
State:	Washington	Filing Company:	Kaiser Foundation Health Plan of Washington
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005C Individual - Other		
Product Name:	2026 Nongrandfathered Individual Rate Filing - KFHPWA		
Project Name/Number:	2026 KPWA IF Rate Filing/		

Filing at a Glance

Company:	Kaiser Foundation Health Plan of Washington
Product Name:	2026 Nongrandfathered Individual Rate Filing - KFHPWA
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:	KFWA-134519366
SERFF Status:	Pending Industry Response
State Tr Num:	484730
State Status:	Active Suspense
Co Tr Num:	KFHPWA-IF-RATE-202601
Effective	01/01/2026
Date Requested:	
Author(s):	Joyce McCarthy, Carrie Wilkie, John-pierre Cardenas, Jessica Gibbs, Karen Nelson, Sidney Stanton Nguyen
Reviewer(s):	Jeff Oberle (primary), Ben Driver
Disposition Date:	
Disposition Status:	
Effective Date:	
Destruction Date:	
State Filing Description:	

State: Washington **Filing Company:** Kaiser Foundation Health Plan of Washington
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005C Individual - Other
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General Information

Project Name: 2026 KPWA IF Rate Filing
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact: 19.2%

Deemer Date:
Submitted By: Jessica Gibbs

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type: Individual
Filing Status Changed: 05/21/2025
State Status Changed: 05/21/2025
Created By: Jessica Gibbs
Corresponding Filing Tracking Number: KFWA-134511037,KFWA-134512838,KFWA-134512840,KFWA-134512836

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Exchange Intentions:

Exchange and outside markets

Filing Description:

This filing includes the Speed to Market Tools documents.

Company and Contact

Filing Contact Information

Jessica Gibbs, Actuary Manager
1300 SW 27th St
Renton, WA 98057

jessica.x.gibbs@kp.org
425-770-6184 [Phone]

Filing Company Information

Kaiser Foundation Health Plan of Washington
1300 SW 27th Street
Renton, WA 98057
(206) 630-4646 ext. [Phone]

CoCode: 95672
Group Code: 1185
Group Name:
FEIN Number: 91-0511770

State of Domicile: Washington
Company Type:
State ID Number: 554

State: Washington **Filing Company:** Kaiser Foundation Health Plan of Washington
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005C Individual - Other
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Filing Fees

State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State Specific

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

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

Kaiser Foundation Health Plan of Washington

TOI/Sub-TOI:

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

Product Name:

2026 Nongrandfathered Individual Rate Filing - KFHPWA

Project Name/Number:

2026 KPWA IF Rate Filing/

Correspondence Summary

Objection Letters and Response Letters

Objection Letters

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

Response Letters

Responded By	Created On	Date Submitted
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Filing Notes

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

State: Washington **Filing Company:** Kaiser Foundation Health Plan of Washington
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005C Individual - Other
Product Name: 2026 Nongrandfathered Individual Rate Filing - KFHPWA
Project Name/Number: 2026 KPWA IF Rate Filing/

Objection Letter

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

Dear Jessica Gibbs,

Introduction:

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

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

The following are based on a preliminary review.

Objection 1

- Duplicate Files (Supporting Document)

Comments: Please remove the Excel copy of the URRT spreadsheet under the Duplicate Files on the Supporting Documentation tab in SERFF. Also, revise the spreadsheet names under the Rating Documents for Extended ARPA Subsidies line on the Supporting Documentation tab to indicate duplicate at the end of the filenames.

Objection 2

- Rate Filing Support Documentation (Supporting Document)

- Duplicate Files (Supporting Document)

Comments: Please revise the company name in WAC 284-43-6660 to remove , Inc. to match the name in the other documentation and the name enter in SERFF.

Objection 3

- Rate Filing Support Documentation (Supporting Document)

- Duplicate Files (Supporting Document)

Comments: Please revise the actuarial memorandum exhibits for the following.

a.Exhibit 2: Remove the data in cells D24-E24. The data is not labeled and the text in C24 is cut off in the PDF.

b.Exhibit 3: Reformat cell L26 to display an additional decimal place to match the accuracy of the same percentage in cell H26 of Exhibit 6, for consistency and clarity.

c.Exhibit 6: Revise the footnote to indicate that Washington state considers voluntary abortion services to be an EHB benefit (Chapter 284-43 WAC, Subchapter L). For Exchange plans only, the impact of coverage of abortion services for which public funding is prohibited must be included as non-EHB in URRT Worksheet 2 (see Checklist #11).

Objection 4

- Rate Schedule, [CA-3957, CA-4220, CA-4100b, CA-4100s, CA-4240, CA-4130, CA-4207, CA-4132s, CA-4142, CA-4178, CA-4238, CA-4132g, CA-4239, CA-4208, CA-4241, CA-4209, CA-4210] (Rate)

- Unified Rate Review Template (URRT)

- Actuarial Memorandum (URRT)

- Actuarial Memorandum - Redacted (URRT)

State: Washington **Filing Company:** Kaiser Foundation Health Plan of Washington
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005C Individual - Other
Product Name: 2026 Nongrandfathered Individual Rate Filing - KFHPWA
Project Name/Number: 2026 KPWA IF Rate Filing/

- Consumer Justification Narrative (URRT)
- Other Supporting Documents (URRT)
- Written Description Justifying the Rate Increase (Supporting Document)
- Rate Filing Support Documentation (Supporting Document)
- Duplicate Files (Supporting Document)
- Rating Documents for Extended ARPA Subsidies (Supporting Document)

Comments: Upon preliminary review, we found that the plan-mapping assumptions in your rate filing do not appear to align with the Washington Health Benefit Exchange (WAHBE) mapping procedures established for plan year 2026.

WAHBE mapping rules will automatically map certain 2025 Exchange silver-plan enrollees to the issuers standardized Cascade Vital Gold plan for 2026 if:

the renewing member does not qualify for cost-sharing reductions (CSR), or
the member qualifies for the 73% CSR silver variant.

For these members, the Vital Gold Plan is expected to offer lower premiums and richer benefits than 2026 silver plans that include CSR silver loaded premiums. Although these members may choose to shop for another plan, rather than accept automatic mapping to the Vital Gold plan, we believe they are unlikely to remain in the Exchange silver plan in 2026. Note that all other members are expected to renew in the same 2025 plan (if still offered in 2026) or follow standard plan-mapping rules.

In response to this objection, please do the following:

i. If you expect members to reject the automatic mapping rules to the gold plan, provide justification for this assumption, including detailed qualitative reasoning and quantitative actuarial support. Ensure that you update your actuarial memo to identify this assumption.

ii. If you agree that the members mapped to the Vital Gold plan will accept that mapping, update the rate filing to reflect the Exchange mapping assumptions:

--a. Update the actuarial memorandum to clearly state the mapping logic and its impact on rate development, projection factors, and morbidity adjustments.

--b. Update the projected membership distribution and downstream components of the rate development to account for this assumption.

--c. Revise the Uniform Product Modification Justification document (Sheet UPMJ Q5) to reflect the mapping procedures by splitting the exchange silver plan membership listed in UPMJ Q1 into two separate rows in UPMJ Q5 (one row for membership renewed in the silver plan and one for exchange silver plan membership mapping to the Cascade Vital Gold plan).

--d. Do not submit a post-submission update to revise the Company Rate Information and the Rate Review Details on the Rate/Rule Schedule tab in SERFF.

Objection 5

- Rating Documents for Extended ARPA Subsidies (Supporting Document)

Comments: Please revise the ARPA Extension documents to show a rate difference from the default documents or submit justification for assuming no change in rates and projections. Based on the 2024 member months listed in Standard WA Exhibit #8 and the total member months listed in URRT Worksheet 1, 14.2% of the membership was enrolled in subsidized silver plan variants. This appears large enough to have an impact on the rates if the subsidies are extended.

Objection 6

- Rate Filing Support Documentation (Supporting Document)
- Duplicate Files (Supporting Document)

Comments: Please revise the formatting of the Company Name and the Plan Name in the Benefit Components so that the

State:	Washington	Filing Company:	Kaiser Foundation Health Plan of Washington
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005C Individual - Other		
Product Name:	2026 Nongrandfathered Individual Rate Filing - KFHPWA		
Project Name/Number:	2026 KPWA IF Rate Filing/		

Note To Filer

Created By:

Jeff Oberle on 05/19/2025 06:17 PM

Last Edited By:

Gail Jones

Submitted On:

05/27/2025 11:37 AM

Subject:

Notice for Second Set of Rates Review Process

Comments:

We are sending this note to clarify when you should update the second set of rate documents included in your rate filing.

Do NOT update the second set of rate documents submitted under the Supporting Documentation tab in SERFF during the normal objection-and-response process, unless an objection specifically instructs you to do so.

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

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

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

State: Washington **Filing Company:** Kaiser Foundation Health Plan of Washington
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005C Individual - Other
Product Name: 2026 Nongrandfathered Individual Rate Filing - KFHPWA
Project Name/Number: 2026 KPWA IF Rate Filing/

Reviewer Note

Created By:

Kelli Armfield on 05/27/2025 11:30 AM

Last Edited By:

Gail Jones

Submitted On:

05/27/2025 11:37 AM

Subject:

Rate Request Summary

Comments:

See attached

Kaiser Foundation Health Plan of Washington – 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:	19.18% <i>average*</i>
Requested effective date:	Jan. 1, 2026
Plans impacted:	Kaiser Foundation Health Plan of Washington's Individual plans
People impacted:	40,266
Counties:	Benton, Columbia, Franklin, Island, King, Kitsap, Lewis, Mason, Pierce, Skagit, Snohomish, Spokane, Thurston, Walla Walla, Whatcom, Whitman and Yakima

Key information used to develop the rate request

(Jan. 2024 - Dec. 2024)

Premiums	\$308,921,495
Claims	\$281,245,962
Administrative expenses	\$31,196,534
Risk adjustment	\$3,160,582
Company lost	-\$360,419

The company expects its annual medical costs to increase 9.5%.

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:

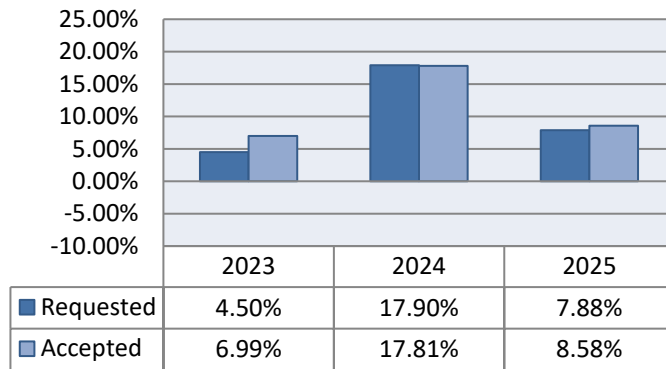
Claims:	88.88%
Administration:	8.12%
Profit:	3.00%

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

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

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

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

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

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

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

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

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

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

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

State:	Washington	Filing Company:	Kaiser Foundation Health Plan of Washington
TOI/Sub-TOI:	HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005C Individual - Other		
Product Name:	2026 Nongrandfathered Individual Rate Filing - KFHPWA		
Project Name/Number:	2026 KPWA IF Rate Filing/		

Rate Information

Rate data applies to filing.

Filing Method:	Review & Approval
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	8.580%
Effective Date of Last Rate Revision:	01/01/2025
Filing Method of Last Filing:	Review & Approval
SERFF Tracking Number of Last Filing:	KFWA-134092082

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):
Kaiser Foundation Health Plan of Washington	Increase	19.200%	19.200%	\$63,035,713	40,266	\$328,627,921	-19.000%	86.700%

State: Washington **Filing Company:** Kaiser Foundation Health Plan of Washington
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Product Name: 2026 Nongrandfathered Individual Rate Filing - KFHPWA
Project Name/Number: 2026 KPWA IF Rate Filing/

Rate Review Detail

COMPANY:

Company Name: Kaiser Foundation Health Plan of Washington
 HHS Issuer Id: 80473

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
KFHPWA Individual and Family Bronze	80473WA099	NA	7854
KFHPWA Individual and Family Catastrophic	80473WA054	NA	319
KFHPWA Individual and Family Flex	80473WA100	NA	31541
KFHPWA Individual and Family HSA	80473WA078	NA	4597

Trend Factors: 9.5% Annual Trend
 Age, Area and Tobacco are the only allowable rating factors.

FORMS:

New Policy Forms: CA-4240, CA-4142, CA-4238, CA-4239, CA-4241
 Affected Forms:
 Other Affected Forms: CA-3957, CA-4220, CA-4100b, CA-4100s, CA-4130, CA-4207, CA-4132s, CA-4178, CA-4132g, CA-4208, CA-4209, CA-4210

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
 Member Months: 624,817
 Benefit Change: None
 Percent Change Requested: Min: -5.52 Max: 17.31 Avg: 7.88

PRIOR RATE:

Total Earned Premium: 337,691,116.00
 Total Incurred Claims: 285,004,088.00
 Annual \$: Min: 180.25 Max: 1,699.80 Avg: 634.98

REQUESTED RATE:

Projected Earned Premium: 275,957,832.00
 Projected Incurred Claims: 235,617,714.00
 Annual \$: Min: 175.90 Max: 1,811.52 Avg: 685.01

State:

Washington

Filing Company:

Kaiser Foundation Health Plan of Washington

TOI/Sub-TOI:

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

Product Name:

2026 Nongrandfathered Individual Rate Filing - KFHPWA

Project Name/Number:

2026 KPWA IF Rate Filing/

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	CA-3957, CA-4220, CA-4100b, CA-4100s, CA-4240, CA-4130, CA-4207, CA-4132s, CA-4142, CA-4178, CA-4238, CA-4132g, CA-4239, CA-4208, CA-4241, CA-4209, CA-4210	Revised	Previous State Filing Number: KFWA-134092082 Percent Rate Change Request: 19.2	Illustrative Example.pdf, Illustrative Example_Duplicate.xlsx, Rate Schedule Duplicate.xlsm, Rate Schedule.pdf,

Kaiser Foundation Health Plan of Washington, 1/1/2026 INDIVIDUAL RATE FILING
Consumer Adjusted Rate Example

Product ID:	80473WA054
Metal Level:	Catastrophic
Plan Name:	Basics Plus Catastrophic
Plan ID:	80473WA0540001
Exchange Plan?	Inside the Exchange
Calibrated Plan Adjusted Index Rate:	\$191.36

Family Member	Rating Area	Group Effective Date	Age on 1/1/2026	Rating Area Factor	Age Factor	Monthly Rate	Age Band	Child Count
Subscriber	Area 4	1/1/2026	35	0.998	1.222	\$233.31	35	0
Spouse	Area 4	1/1/2026	30	0.998	1.135	\$216.70	30	0
Child 1	Area 4	1/1/2026	16	0.998	0.859	\$164.00	16	1
Child 2	Area 4	1/1/2026	6	0.998	0.765	\$146.05	0-14	2
Child 3	Area 4	1/1/2026	5	0.998	0.765	\$146.05	0-14	3
Child 4	Area 4	1/1/2026	4	0.998	0.765	\$0.00	0-14	4
Total						\$906.11		

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

Consumer Adjusted Rate for Area 1 and Different Family Mix:

Family Member	Rating Area	Group Effective Date	Age on 1/1/2026	Rating Area Factor	Age Factor	Monthly Rate	Age Band	Child Count
Subscriber	Area 1	1/1/2026	56	1.000	2.333	\$446.44	56	0
Spouse	Area 1	1/1/2026	52	1.000	1.952	\$373.54	52	0
Child 1	Area 1	1/1/2026	23	1.000	1.000	\$191.36	23	0
Child 2	Area 1	1/1/2026	21	1.000	1.000	\$191.36	21	0
Child 3	Area 1	1/1/2026	19	1.000	0.941	\$180.07	19	1
Total						\$1,382.77		

Kaiser Foundation Health Plan of Washington RATE SCHEDULE

Plan Information

Plan Name: Basics Plus Catastrophic
HIOS Plan ID: 80473WA0540001
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Inside the Exchange
Metal Level: Basics Plus Catastrophic
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Kitsap and Lewis
3	No	
4	Yes	Spokane
5	Yes	Mason, Pierce, and Thurston
6	Yes	Benton, Franklin, and Yakima
7	No	
8	Yes	Island, Skagit, Snohomish, and Whatcom
9	Yes	Columbia, Walla Walla, and 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	146.39	144.33		146.05	148.29	140.54		149.37	161.62	146.39	144.33		146.05	148.29	140.54		149.37	161.62
15	159.40	157.16		159.04	161.47	153.03		162.65	175.98	159.40	157.16		159.04	161.47	153.03		162.65	175.98
16	164.38	162.06		164.00	166.51	157.80		167.73	181.47	164.38	162.06		164.00	166.51	157.80		167.73	181.47
17	169.35	166.97		168.97	171.55	162.58		172.81	186.97	169.35	166.97		168.97	171.55	162.58		172.81	186.97
18	174.71	172.25		174.31	176.98	167.72		178.27	192.88	174.71	172.25		174.31	176.98	167.72		178.27	192.88
19	180.07	177.53		179.66	182.41	172.87		183.74	198.80	180.07	177.53		179.66	182.41	172.87		183.74	198.80
20	185.62	183.00		185.19	188.03	178.20		189.40	204.92	185.62	183.00		185.19	188.03	178.20		189.40	204.92
21	191.36	188.66		190.92	193.85	183.71		195.26	211.26	191.36	188.66		190.92	193.85	183.71		195.26	211.26
22	191.36	188.66		190.92	193.85	183.71		195.26	211.26	191.36	188.66		190.92	193.85	183.71		195.26	211.26
23	191.36	188.66		190.92	193.85	183.71		195.26	211.26	191.36	188.66		190.92	193.85	183.71		195.26	211.26
24	191.36	188.66		190.92	193.85	183.71		195.26	211.26	191.36	188.66		190.92	193.85	183.71		195.26	211.26
25	192.13	189.42		191.69	194.62	184.44		196.04	212.11	192.13	189.42		191.69	194.62	184.44		196.04	212.11
26	195.95	193.19		195.50	198.50	188.12		199.95	216.33	195.95	193.19		195.50	198.50	188.12		199.95	216.33
27	200.55	197.72		200.09	203.15	192.52		204.63	221.40	200.55	197.72		200.09	203.15	192.52		204.63	221.40
28	208.01	205.08		207.53	210.71	199.69		212.25	229.64	208.01	205.08		207.53	210.71	199.69		212.25	229.64
29	214.13	211.11		213.64	216.91	205.57		218.50	236.40	214.13	211.11		213.64	216.91	205.57		218.50	236.40
30	217.19	214.13		216.70	220.02	208.51		221.62	239.78	217.19	214.13		216.70	220.02	208.51		221.62	239.78
31	221.79	218.66		221.28	224.67	212.92		226.31	244.85	221.79	218.66		221.28	224.67	212.92		226.31	244.85
32	226.38	223.19		225.86	229.32	217.32		230.99	249.92	226.38	223.19		225.86	229.32	217.32		230.99	249.92
33	229.25	226.02		228.72	232.23	220.08		233.92	253.09	229.25	226.02		228.72	232.23	220.08		233.92	253.09
34	232.31	229.04		231.78	235.33	223.02		237.05	256.47	232.31	229.04		231.78	235.33	223.02		237.05	256.47
35	233.84	230.55		233.31	236.88	224.49		238.61	258.16	233.84	230.55		233.31	236.88	224.49		238.61	258.16
36	235.37	232.06		234.83	238.43	225.96		240.17	259.85	235.37	232.06		234.83	238.43	225.96		240.17	259.85
37	236.90	233.56		236.36	239.98	227.43		241.73	261.54	236.90	233.56		236.36	239.98	227.43		241.73	261.54
38	238.44	235.07		237.89	241.53	228.90		243.29	263.23	238.44	235.07		237.89	241.53	228.90		243.29	263.23
39	241.50	238.09		240.94	244.63	231.84		246.42	266.61	241.50	238.09		240.94	244.63	231.84		246.42	266.61
40	244.56	241.11		244.00	247.74	234.78		249.54	269.99	244.56	241.11		244.00	247.74	234.78		249.54	269.99
41	249.15	245.64		248.58	252.39	239.19		254.23	275.06	249.15	245.64		248.58	252.39	239.19		254.23	275.06
42	253.55	249.98		252.97	256.85	243.41		258.72	279.92	253.55	249.98		252.97	256.85	243.41		258.72	279.92
43	259.68	256.02		259.08	263.05	249.29		264.97	286.68	259.68	256.02		259.08	263.05	249.29		264.97	286.68
44	267.33	263.56		266.72	270.80	256.64		272.78	295.13	267.33	263.56		266.72	270.80	256.64		272.78	295.13
45	276.32	272.43		275.69	279.91	265.27		281.96	305.06	276.32	272.43		275.69	279.91	265.27		281.96	305.06
46	287.04	282.99		286.38	290.77	275.56		292.89	316.89	287.04	282.99		286.38	290.77	275.56		292.89	316.89
47	299.10	294.88		298.41	302.98	287.13		305.19	330.20	299.10	294.88		298.41	302.98	287.13		305.19	330.20
48	312.87	308.46		312.16	316.94	300.36		319.25	345.41	312.87	308.46		312.16	316.94	300.36		319.25	345.41
49	326.46	321.86		325.71	330.70	313.40		333.11	360.41	326.46	321.86		325.71	330.70	313.40		333.11	360.41
50	341.77	336.95		340.99	346.21	328.10		348.73	377.31	341.77	336.95		340.99	346.21	328.10		348.73	377.31
51	356.89	351.86		356.07	361.52	342.61		364.16	394.00	356.89	351.86		356.07	361.52	342.61		364.16	394.00
52	373.54	368.27		372.68	378.39	358.59		381.15	412.38	373.54	368.27		372.68	378.39	358.59		381.15	412.38
53	390.38	384.87		389.48	395.45	374.76		398.33	430.98	390.38	384.87		389.48	395.45	374.76		398.33	430.98
54	408.56	402.80		407.62	413.86	392.21		416.88	451.04	408.56	402.80		407.62	413.86	392.21		416.88	451.04
55	426.73	420.72		425.75	432.28	409.67		435.43	471.11	426.73	420.72		425.75	432.28	409.67		435.43	471.11
56	446.44	440.15		445.42	452.24	428.59		455.54	492.87	446.44	440.15		445.42	452.24	428.59		455.54	492.87
57	466.35	459.77		465.28	472.40	447.69		475.85	514.85	466.35	459.77		465.28	472.40	447.69		475.85	514.85
58	487.59	480.71		486.47	493.92	468.08		497.52	538.30	487.59	480.71		486.47	493.92	468.08		497.52	538.30
59	498.11	491.09		496.97	504.58	478.19		508.26	549.92	498.11	491.09		496.97	504.58	478.19		508.26	549.92
60	519.35	512.03		518.16	526.10	498.58		529.94	573.37	519.35	512.03		518.16	526.10	498.58		529.94	573.37
61	537.72	530.14		536.49	544.71	516.21		548.68	593.65	537.72	530.14		536.49	544.71	516.21		548.68	593.65
62	549.78	542.03		548.52	556.92	527.79		560.98	606.96	549.78	542.03		548.52	556.92	527.79		560.98	606.96
63	564.90	556.93		563.60	572.23	542.30		576.41	623.65	564.90	556.93		563.60	572.23	542.30		576.41	623.65
64 and over	574.08	565.98		572.76	581.54	551.12		585.78	633.78	574.08	565.98		572.76	581.54	551.12		585.78	633.78

Kaiser Foundation Health Plan of Washington RATE SCHEDULE

Plan Information

Plan Name: Bronze HSA
HIOS Plan ID: 80473WA0780001
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Both inside and outside the exchange
Metal Level: Bronze HSA
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Kitsap and Lewis
3	No	
4	Yes	Spokane
5	Yes	Mason, Pierce, and Thurston
6	Yes	Benton, Franklin, and Yakima
7	No	
8	Yes	Island, Skagit, Snohomish, and Whatcom
9	Yes	Columbia, Walla Walla, and 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	273.09	269.24		272.46	276.63	262.16		278.65	301.49	273.09	269.24		272.46	276.63	262.16		278.65	301.49
15	297.36	293.17		296.68	301.22	285.47		303.42	328.29	297.36	293.17		296.68	301.22	285.47		303.42	328.29
16	306.64	302.32		305.94	310.63	294.38		312.89	338.53	306.64	302.32		305.94	310.63	294.38		312.89	338.53
17	315.92	311.47		315.20	320.03	303.29		322.36	348.78	315.92	311.47		315.20	320.03	303.29		322.36	348.78
18	325.92	321.32		325.17	330.15	312.88		332.56	359.82	325.92	321.32		325.17	330.15	312.88		332.56	359.82
19	335.91	331.18		335.14	340.28	322.48		342.76	370.85	335.91	331.18		335.14	340.28	322.48		342.76	370.85
20	346.27	341.39		345.47	350.76	332.42		353.32	382.28	346.27	341.39		345.47	350.76	332.42		353.32	382.28
21	356.98	351.94		356.16	361.61	342.70		364.25	394.10	356.98	351.94		356.16	361.61	342.70		364.25	394.10
22	356.98	351.94		356.16	361.61	342.70		364.25	394.10	356.98	351.94		356.16	361.61	342.70		364.25	394.10
23	356.98	351.94		356.16	361.61	342.70		364.25	394.10	356.98	351.94		356.16	361.61	342.70		364.25	394.10
24	356.98	351.94		356.16	361.61	342.70		364.25	394.10	356.98	351.94		356.16	361.61	342.70		364.25	394.10
25	358.40	353.35		357.58	363.06	344.07		365.71	395.68	358.40	353.35		357.58	363.06	344.07		365.71	395.68
26	365.54	360.39		364.70	370.29	350.92		372.99	403.56	365.54	360.39		364.70	370.29	350.92		372.99	403.56
27	374.11	368.84		373.25	378.97	359.15		381.73	413.02	374.11	368.84		373.25	378.97	359.15		381.73	413.02
28	388.03	382.56		387.14	393.07	372.51		395.94	428.39	388.03	382.56		387.14	393.07	372.51		395.94	428.39
29	399.46	393.83		398.54	404.64	383.48		407.60	441.00	399.46	393.83		398.54	404.64	383.48		407.60	441.00
30	405.17	399.46		404.24	410.43	388.96		413.42	447.31	405.17	399.46		404.24	410.43	388.96		413.42	447.31
31	413.74	407.90		412.79	419.11	397.19		422.17	456.76	413.74	407.90		412.79	419.11	397.19		422.17	456.76
32	422.30	416.35		421.33	427.79	405.41		430.91	466.22	422.30	416.35		421.33	427.79	405.41		430.91	466.22
33	427.66	421.63		426.68	433.21	410.55		436.37	472.13	427.66	421.63		426.68	433.21	410.55		436.37	472.13
34	433.37	427.26		432.37	439.00	416.03		442.20	478.44	433.37	427.26		432.37	439.00	416.03		442.20	478.44
35	436.23	430.08		435.22	441.89	418.78		445.11	481.59	436.23	430.08		435.22	441.89	418.78		445.11	481.59
36	439.08	432.89		438.07	444.78	421.52		448.03	484.75	439.08	432.89		438.07	444.78	421.52		448.03	484.75
37	441.94	435.71		440.92	447.68	424.26		450.94	487.90	441.94	435.71		440.92	447.68	424.26		450.94	487.90
38	444.79	438.52		443.77	450.57	427.00		453.86	491.05	444.79	438.52		443.77	450.57	427.00		453.86	491.05
39	450.50	444.15		449.47	456.36	432.48		459.68	497.36	450.50	444.15		449.47	456.36	432.48		459.68	497.36
40	456.22	449.78		455.17	462.14	437.97		465.51	503.66	456.22	449.78		455.17	462.14	437.97		465.51	503.66
41	464.78	458.23		463.72	470.82	446.19		474.25	513.12	464.78	458.23		463.72	470.82	446.19		474.25	513.12
42	472.99	466.33		471.91	479.14	454.07		482.63	522.19	472.99	466.33		471.91	479.14	454.07		482.63	522.19
43	484.42	477.59		483.30	490.71	465.04		494.29	534.80	484.42	477.59		483.30	490.71	465.04		494.29	534.80
44	498.70	491.67		497.55	505.17	478.75		508.86	550.56	498.70	491.67		497.55	505.17	478.75		508.86	550.56
45	515.47	508.21		514.29	522.17	494.86		525.98	569.08	515.47	508.21		514.29	522.17	494.86		525.98	569.08
46	535.46	527.92		534.24	542.42	514.05		546.38	591.15	535.46	527.92		534.24	542.42	514.05		546.38	591.15
47	557.95	550.09		556.67	565.20	535.64		569.32	615.98	557.95	550.09		556.67	565.20	535.64		569.32	615.98
48	583.66	575.43		582.32	591.24	560.31		595.55	644.36	583.66	575.43		582.32	591.24	560.31		595.55	644.36
49	609.00	600.42		607.60	616.91	584.64		621.41	672.34	609.00	600.42		607.60	616.91	584.64		621.41	672.34
50	637.56	628.57		636.10	645.84	612.06		650.55	703.87	637.56	628.57		636.10	645.84	612.06		650.55	703.87
51	665.76	656.38		664.23	674.41	639.13		679.33	735.00	665.76	656.38		664.23	674.41	639.13		679.33	735.00
52	696.82	686.99		695.22	705.87	668.95		711.02	769.29	696.82	686.99		695.22	705.87	668.95		711.02	769.29
53	728.23	717.97		726.56	737.69	699.10		743.07	803.97	728.23	717.97		726.56	737.69	699.10		743.07	803.97
54	762.14	751.40		760.40	772.04	731.66		777.67	841.41	762.14	751.40		760.40	772.04	731.66		777.67	841.41
55	796.06	784.84		794.23	806.40	764.22		812.28	878.85	796.06	784.84		794.23	806.40	764.22		812.28	878.85
56	832.83	821.09		830.91	843.64	799.51		849.80	919.44	832.83	821.09		830.91	843.64	799.51		849.80	919.44
57	869.95	857.69		867.95	881.25	835.15		887.68	960.43	869.95	857.69		867.95	881.25	835.15		887.68	960.43
58	909.58	896.75		907.49	921.39	873.19		928.11	1004.17	909.58	896.75		907.49	921.39	873.19		928.11	1004.17
59	929.21	916.11		927.08	941.28	892.04		948.14	1025.85	929.21	916.11		927.08	941.28	892.04		948.14	1025.85
60	968.83	955.18		966.61	981.42	930.08		988.58	1069.59	968.83	955.18		966.61	981.42	930.08		988.58	1069.59
61	1003.10	988.96		1000.80	1016.13	962.98		1023.54	1107.43	1003.10	988.96		1000.80	1016.13	962.98		1023.54	1107.43
62	1025.59	1011.14		1023.24	1038.91	984.57		1046.49	1132.26	1025.59	1011.14		1023.24	1038.91	984.57		1046.49	1132.26
63	1053.79	1038.94		1051.38	1067.48	1011.64		1075.27	1163.39	1053.79	1038.94		1051.38	1067.48	1011.64		1075.27	1163.39
64 and over	1070.93	1055.82		1068.47	1084.83	1028.09		1092.75	1182.30	1070.93	1055.82		1068.47	1084.83	1028.09		1092.75	1182.30

Kaiser Foundation Health Plan of Washington RATE SCHEDULE

Plan Information

Plan Name: Silver HSA
HIOS Plan ID: 80473WA0780002
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Outside the Exchange
Metal Level: Silver HSA
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Kitsap and Lewis
3	No	
4	Yes	Spokane
5	Yes	Mason, Pierce, and Thurston
6	Yes	Benton, Franklin, and Yakima
7	No	
8	Yes	Island, Skagit, Snohomish, and Whatcom
9	Yes	Columbia, Walla Walla, and 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	305.62	301.31		304.92	309.59	293.39		311.85	337.40	305.62	301.31		304.92	309.59	293.39		311.85	337.40
15	332.79	328.09		332.02	337.11	319.47		339.57	367.40	332.79	328.09		332.02	337.11	319.47		339.57	367.40
16	343.17	338.33		342.38	347.63	329.45		350.17	378.86	343.17	338.33		342.38	347.63	329.45		350.17	378.86
17	353.56	348.58		352.75	358.15	339.42		360.76	390.33	353.56	348.58		352.75	358.15	339.42		360.76	390.33
18	364.75	359.60		363.91	369.48	350.16		372.18	402.68	364.75	359.60		363.91	369.48	350.16		372.18	402.68
19	375.93	370.63		375.07	380.81	360.89		383.59	415.03	375.93	370.63		375.07	380.81	360.89		383.59	415.03
20	387.52	382.05		386.63	392.55	372.02		395.41	427.82	387.52	382.05		386.63	392.55	372.02		395.41	427.82
21	399.50	393.87		398.59	404.69	383.52		407.64	441.05	399.50	393.87		398.59	404.69	383.52		407.64	441.05
22	399.50	393.87		398.59	404.69	383.52		407.64	441.05	399.50	393.87		398.59	404.69	383.52		407.64	441.05
23	399.50	393.87		398.59	404.69	383.52		407.64	441.05	399.50	393.87		398.59	404.69	383.52		407.64	441.05
24	399.50	393.87		398.59	404.69	383.52		407.64	441.05	399.50	393.87		398.59	404.69	383.52		407.64	441.05
25	401.10	395.45		400.18	406.31	385.06		409.27	442.82	401.10	395.45		400.18	406.31	385.06		409.27	442.82
26	409.09	403.32		408.15	414.40	392.73		417.43	451.64	409.09	403.32		408.15	414.40	392.73		417.43	451.64
27	418.68	412.78		417.72	424.12	401.93		427.21	462.22	418.68	412.78		417.72	424.12	401.93		427.21	462.22
28	434.26	428.14		433.26	439.90	416.89		443.11	479.42	434.26	428.14		433.26	439.90	416.89		443.11	479.42
29	447.04	440.74		446.02	452.85	429.16		456.15	493.54	447.04	440.74		446.02	452.85	429.16		456.15	493.54
30	453.44	447.04		452.39	459.32	435.30		462.67	500.59	453.44	447.04		452.39	459.32	435.30		462.67	500.59
31	463.02	456.50		461.96	469.04	444.50		472.46	511.18	463.02	456.50		461.96	469.04	444.50		472.46	511.18
32	472.61	465.95		471.53	478.75	453.71		482.24	521.76	472.61	465.95		471.53	478.75	453.71		482.24	521.76
33	478.60	471.86		477.51	484.82	459.46		488.36	528.38	478.60	471.86		477.51	484.82	459.46		488.36	528.38
34	485.00	478.16		483.88	491.30	465.60		494.88	535.44	485.00	478.16		483.88	491.30	465.60		494.88	535.44
35	488.19	481.31		487.07	494.53	468.66		498.14	538.96	488.19	481.31		487.07	494.53	468.66		498.14	538.96
36	491.39	484.46		490.26	497.77	471.73		501.40	542.49	491.39	484.46		490.26	497.77	471.73		501.40	542.49
37	494.58	487.61		493.45	501.01	474.80		504.66	546.02	494.58	487.61		493.45	501.01	474.80		504.66	546.02
38	497.78	490.76		496.64	504.25	477.87		507.92	549.55	497.78	490.76		496.64	504.25	477.87		507.92	549.55
39	504.17	497.06		503.01	510.72	484.01		514.45	556.61	504.17	497.06		503.01	510.72	484.01		514.45	556.61
40	510.56	503.37		509.39	517.20	490.14		520.97	563.66	510.56	503.37		509.39	517.20	490.14		520.97	563.66
41	520.15	512.82		518.96	526.91	499.35		530.75	574.25	520.15	512.82		518.96	526.91	499.35		530.75	574.25
42	529.34	521.88		528.13	536.22	508.17		540.13	584.39	529.34	521.88		528.13	536.22	508.17		540.13	584.39
43	542.13	534.48		540.88	549.17	520.44		553.17	598.51	542.13	534.48		540.88	549.17	520.44		553.17	598.51
44	558.11	550.24		556.82	565.35	535.78		569.48	616.15	558.11	550.24		556.82	565.35	535.78		569.48	616.15
45	576.88	568.75		575.56	584.37	553.81		588.64	636.88	576.88	568.75		575.56	584.37	553.81		588.64	636.88
46	599.25	590.81		597.88	607.04	575.28		611.46	661.58	599.25	590.81		597.88	607.04	575.28		611.46	661.58
47	624.42	615.62		622.99	632.53	599.45		637.15	689.36	624.42	615.62		622.99	632.53	599.45		637.15	689.36
48	653.19	643.98		651.69	661.67	627.06		666.50	721.12	653.19	643.98		651.69	661.67	627.06		666.50	721.12
49	681.55	671.94		679.99	690.40	654.29		695.44	752.43	681.55	671.94		679.99	690.40	654.29		695.44	752.43
50	713.51	703.45		711.87	722.78	684.97		728.05	787.72	713.51	703.45		711.87	722.78	684.97		728.05	787.72
51	745.07	734.57		743.36	754.75	715.27		760.25	822.56	745.07	734.57		743.36	754.75	715.27		760.25	822.56
52	779.83	768.84		778.04	789.96	748.64		795.72	860.93	779.83	768.84		778.04	789.96	748.64		795.72	860.93
53	814.99	803.50		813.11	825.57	782.39		831.59	899.74	814.99	803.50		813.11	825.57	782.39		831.59	899.74
54	852.94	840.91		850.98	864.02	818.82		870.32	941.64	852.94	840.91		850.98	864.02	818.82		870.32	941.64
55	890.89	878.33		888.85	902.46	855.26		909.04	983.54	890.89	878.33		888.85	902.46	855.26		909.04	983.54
56	932.04	918.90		929.90	944.15	894.76		951.03	1028.97	932.04	918.90		929.90	944.15	894.76		951.03	1028.97
57	973.59	959.86		971.35	986.23	934.64		993.43	1074.84	973.59	959.86		971.35	986.23	934.64		993.43	1074.84
58	1017.93	1003.58		1015.60	1031.15	977.22		1038.67	1123.80	1017.93	1003.58		1015.60	1031.15	977.22		1038.67	1123.80
59	1039.91	1025.25		1037.52	1053.41	998.31		1061.09	1148.06	1039.91	1025.25		1037.52	1053.41	998.31		1061.09	1148.06
60	1084.25	1068.97		1081.76	1098.33	1040.88		1106.34	1197.01	1084.25	1068.97		1081.76	1098.33	1040.88		1106.34	1197.01
61	1122.60	1106.78		1120.03	1137.18	1077.70		1145.48	1239.35	1122.60	1106.78		1120.03	1137.18	1077.70		1145.48	1239.35
62	1147.77	1131.59		1145.14	1162.68	1101.86		1171.16	1267.14	1147.77	1131.59		1145.14	1162.68	1101.86		1171.16	1267.14
63	1179.33	1162.71		1176.62	1194.65	1132.16		1203.36	1301.98	1179.33	1162.71		1176.62	1194.65	1132.16		1203.36	1301.98
64 and over	1198.50	1181.61		1195.76	1214.07	1150.56		1222.92	1323.15	1198.50	1181.61		1195.76	1214.07	1150.56		1222.92	1323.15

Kaiser Foundation Health Plan of Washington RATE SCHEDULE

Plan Information

Plan Name: Bronze HSA X
HIOS Plan ID: 80473WA0780003
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Outside the Exchange
Metal Level: Bronze HSA X
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Kitsap and Lewis
3	No	
4	Yes	Spokane
5	Yes	Mason, Pierce, and Thurston
6	Yes	Benton, Franklin, and Yakima
7	No	
8	Yes	Island, Skagit, Snohomish, and Whatcom
9	Yes	Columbia, Walla Walla, and 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	273.09	269.24		272.46	276.63	262.16		278.65	301.49	273.09	269.24		272.46	276.63	262.16		278.65	301.49
15	297.36	293.17		296.68	301.22	285.47		303.42	328.29	297.36	293.17		296.68	301.22	285.47		303.42	328.29
16	306.64	302.32		305.94	310.63	294.38		312.89	338.53	306.64	302.32		305.94	310.63	294.38		312.89	338.53
17	315.92	311.47		315.20	320.03	303.29		322.36	348.78	315.92	311.47		315.20	320.03	303.29		322.36	348.78
18	325.92	321.32		325.17	330.15	312.88		332.56	359.82	325.92	321.32		325.17	330.15	312.88		332.56	359.82
19	335.91	331.18		335.14	340.28	322.48		342.76	370.85	335.91	331.18		335.14	340.28	322.48		342.76	370.85
20	346.27	341.39		345.47	350.76	332.42		353.32	382.28	346.27	341.39		345.47	350.76	332.42		353.32	382.28
21	356.98	351.94		356.16	361.61	342.70		364.25	394.10	356.98	351.94		356.16	361.61	342.70		364.25	394.10
22	356.98	351.94		356.16	361.61	342.70		364.25	394.10	356.98	351.94		356.16	361.61	342.70		364.25	394.10
23	356.98	351.94		356.16	361.61	342.70		364.25	394.10	356.98	351.94		356.16	361.61	342.70		364.25	394.10
24	356.98	351.94		356.16	361.61	342.70		364.25	394.10	356.98	351.94		356.16	361.61	342.70		364.25	394.10
25	358.40	353.35		357.58	363.06	344.07		365.71	395.68	358.40	353.35		357.58	363.06	344.07		365.71	395.68
26	365.54	360.39		364.70	370.29	350.92		372.99	403.56	365.54	360.39		364.70	370.29	350.92		372.99	403.56
27	374.11	368.84		373.25	378.97	359.15		381.73	413.02	374.11	368.84		373.25	378.97	359.15		381.73	413.02
28	388.03	382.56		387.14	393.07	372.51		395.94	428.39	388.03	382.56		387.14	393.07	372.51		395.94	428.39
29	399.46	393.83		398.54	404.64	383.48		407.60	441.00	399.46	393.83		398.54	404.64	383.48		407.60	441.00
30	405.17	399.46		404.24	410.43	388.96		413.42	447.31	405.17	399.46		404.24	410.43	388.96		413.42	447.31
31	413.74	407.90		412.79	419.11	397.19		422.17	456.76	413.74	407.90		412.79	419.11	397.19		422.17	456.76
32	422.30	416.35		421.33	427.79	405.41		430.91	466.22	422.30	416.35		421.33	427.79	405.41		430.91	466.22
33	427.66	421.63		426.68	433.21	410.55		436.37	472.13	427.66	421.63		426.68	433.21	410.55		436.37	472.13
34	433.37	427.26		432.37	439.00	416.03		442.20	478.44	433.37	427.26		432.37	439.00	416.03		442.20	478.44
35	436.23	430.08		435.22	441.89	418.78		445.11	481.59	436.23	430.08		435.22	441.89	418.78		445.11	481.59
36	439.08	432.89		438.07	444.78	421.52		448.03	484.75	439.08	432.89		438.07	444.78	421.52		448.03	484.75
37	441.94	435.71		440.92	447.68	424.26		450.94	487.90	441.94	435.71		440.92	447.68	424.26		450.94	487.90
38	444.79	438.52		443.77	450.57	427.00		453.86	491.05	444.79	438.52		443.77	450.57	427.00		453.86	491.05
39	450.50	444.15		449.47	456.36	432.48		459.68	497.36	450.50	444.15		449.47	456.36	432.48		459.68	497.36
40	456.22	449.78		455.17	462.14	437.97		465.51	503.66	456.22	449.78		455.17	462.14	437.97		465.51	503.66
41	464.78	458.23		463.72	470.82	446.19		474.25	513.12	464.78	458.23		463.72	470.82	446.19		474.25	513.12
42	472.99	466.33		471.91	479.14	454.07		482.63	522.19	472.99	466.33		471.91	479.14	454.07		482.63	522.19
43	484.42	477.59		483.30	490.71	465.04		494.29	534.80	484.42	477.59		483.30	490.71	465.04		494.29	534.80
44	498.70	491.67		497.55	505.17	478.75		508.86	550.56	498.70	491.67		497.55	505.17	478.75		508.86	550.56
45	515.47	508.21		514.29	522.17	494.86		525.98	569.08	515.47	508.21		514.29	522.17	494.86		525.98	569.08
46	535.46	527.92		534.24	542.42	514.05		546.38	591.15	535.46	527.92		534.24	542.42	514.05		546.38	591.15
47	557.95	550.09		556.67	565.20	535.64		569.32	615.98	557.95	550.09		556.67	565.20	535.64		569.32	615.98
48	583.66	575.43		582.32	591.24	560.31		595.55	644.36	583.66	575.43		582.32	591.24	560.31		595.55	644.36
49	609.00	600.42		607.60	616.91	584.64		621.41	672.34	609.00	600.42		607.60	616.91	584.64		621.41	672.34
50	637.56	628.57		636.10	645.84	612.06		650.55	703.87	637.56	628.57		636.10	645.84	612.06		650.55	703.87
51	665.76	656.38		664.23	674.41	639.13		679.33	735.00	665.76	656.38		664.23	674.41	639.13		679.33	735.00
52	696.82	686.99		695.22	705.87	668.95		711.02	769.29	696.82	686.99		695.22	705.87	668.95		711.02	769.29
53	728.23	717.97		726.56	737.69	699.10		743.07	803.97	728.23	717.97		726.56	737.69	699.10		743.07	803.97
54	762.14	751.40		760.40	772.04	731.66		777.67	841.41	762.14	751.40		760.40	772.04	731.66		777.67	841.41
55	796.06	784.84		794.23	806.40	764.22		812.28	878.85	796.06	784.84		794.23	806.40	764.22		812.28	878.85
56	832.83	821.09		830.91	843.64	799.51		849.80	919.44	832.83	821.09		830.91	843.64	799.51		849.80	919.44
57	869.95	857.69		867.95	881.25	835.15		887.68	960.43	869.95	857.69		867.95	881.25	835.15		887.68	960.43
58	909.58	896.75		907.49	921.39	873.19		928.11	1004.17	909.58	896.75		907.49	921.39	873.19		928.11	1004.17
59	929.21	916.11		927.08	941.28	892.04		948.14	1025.85	929.21	916.11		927.08	941.28	892.04		948.14	1025.85
60	968.83	955.18		966.61	981.42	930.08		988.58	1069.59	968.83	955.18		966.61	981.42	930.08		988.58	1069.59
61	1003.10	988.96		1000.80	1016.13	962.98		1023.54	1107.43	1003.10	988.96		1000.80	1016.13	962.98		1023.54	1107.43
62	1025.59	1011.14		1023.24	1038.91	984.57		1046.49	1132.26	1025.59	1011.14		1023.24	1038.91	984.57		1046.49	1132.26
63	1053.79	1038.94		1051.38	1067.48	1011.64		1075.27	1163.39	1053.79	1038.94		1051.38	1067.48	1011.64		1075.27	1163.39
64 and over	1070.93	1055.82		1068.47	1084.83	1028.09		1092.75	1182.30	1070.93	1055.82		1068.47	1084.83	1028.09		1092.75	1182.30

Kaiser Foundation Health Plan of Washington RATE SCHEDULE

Plan Information

Plan Name: VisitsPlus Bronze
HIOS Plan ID: 80473WA0990001
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Both inside and outside the exchange
Metal Level: VisitsPlus Bronze
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Kitsap and Lewis
3	No	
4	Yes	Spokane
5	Yes	Mason, Pierce, and Thurston
6	Yes	Benton, Franklin, and Yakima
7	No	
8	Yes	Island, Skagit, Snohomish, and Whatcom
9	Yes	Columbia, Walla Walla, and 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	276.83	272.93		276.20	280.43	265.76		282.47	305.62	276.83	272.93		276.20	280.43	265.76		282.47	305.62
15	301.44	297.19		300.75	305.35	289.38		307.58	332.79	301.44	297.19		300.75	305.35	289.38		307.58	332.79
16	310.85	306.47		310.13	314.88	298.41		317.18	343.18	310.85	306.47		310.13	314.88	298.41		317.18	343.18
17	320.26	315.74		319.52	324.42	307.45		326.78	353.56	320.26	315.74		319.52	324.42	307.45		326.78	353.56
18	330.39	325.73		329.63	334.68	317.17		337.12	364.75	330.39	325.73		329.63	334.68	317.17		337.12	364.75
19	340.52	335.72		339.74	344.94	326.90		347.46	375.93	340.52	335.72		339.74	344.94	326.90		347.46	375.93
20	351.01	346.07		350.21	355.57	336.97		358.17	387.52	351.01	346.07		350.21	355.57	336.97		358.17	387.52
21	361.87	356.77		361.04	366.57	347.40		369.24	399.51	361.87	356.77		361.04	366.57	347.40		369.24	399.51
22	361.87	356.77		361.04	366.57	347.40		369.24	399.51	361.87	356.77		361.04	366.57	347.40		369.24	399.51
23	361.87	356.77		361.04	366.57	347.40		369.24	399.51	361.87	356.77		361.04	366.57	347.40		369.24	399.51
24	361.87	356.77		361.04	366.57	347.40		369.24	399.51	361.87	356.77		361.04	366.57	347.40		369.24	399.51
25	363.32	358.20		362.48	368.04	348.79		370.72	401.10	363.32	358.20		362.48	368.04	348.79		370.72	401.10
26	370.56	365.33		369.71	375.37	355.73		378.11	409.09	370.56	365.33		369.71	375.37	355.73		378.11	409.09
27	379.24	373.89		378.37	384.17	364.07		386.97	418.68	379.24	373.89		378.37	384.17	364.07		386.97	418.68
28	393.35	387.81		392.45	398.46	377.62		401.37	434.26	393.35	387.81		392.45	398.46	377.62		401.37	434.26
29	404.93	399.23		404.00	410.19	388.74		413.18	447.05	404.93	399.23		404.00	410.19	388.74		413.18	447.05
30	410.72	404.93		409.78	416.06	394.29		419.09	453.44	410.72	404.93		409.78	416.06	394.29		419.09	453.44
31	419.41	413.50		418.45	424.86	402.63		427.95	463.03	419.41	413.50		418.45	424.86	402.63		427.95	463.03
32	428.09	422.06		427.11	433.65	410.97		436.82	472.62	428.09	422.06		427.11	433.65	410.97		436.82	472.62
33	433.52	427.41		432.53	439.15	416.18		442.36	478.61	433.52	427.41		432.53	439.15	416.18		442.36	478.61
34	439.31	433.12		438.30	445.02	421.74		448.26	485.00	439.31	433.12		438.30	445.02	421.74		448.26	485.00
35	442.21	435.97		441.19	447.95	424.52		451.22	488.20	442.21	435.97		441.19	447.95	424.52		451.22	488.20
36	445.10	438.83		444.08	450.88	427.30		454.17	491.39	445.10	438.83		444.08	450.88	427.30		454.17	491.39
37	448.00	441.68		446.97	453.82	430.08		457.12	494.59	448.00	441.68		446.97	453.82	430.08		457.12	494.59
38	450.89	444.53		449.86	456.75	432.86		460.08	497.78	450.89	444.53		449.86	456.75	432.86		460.08	497.78
39	456.68	450.24		455.63	462.61	438.41		465.99	504.18	456.68	450.24		455.63	462.61	438.41		465.99	504.18
40	462.47	455.95		461.41	468.48	443.97		471.89	510.57	462.47	455.95		461.41	468.48	443.97		471.89	510.57
41	471.16	464.51		470.07	477.28	452.31		480.76	520.16	471.16	464.51		470.07	477.28	452.31		480.76	520.16
42	479.48	472.72		478.38	485.71	460.30		489.25	529.34	479.48	472.72		478.38	485.71	460.30		489.25	529.34
43	491.06	484.14		489.93	497.44	471.42		501.06	542.13	491.06	484.14		489.93	497.44	471.42		501.06	542.13
44	505.53	498.41		504.37	512.10	485.31		515.83	558.11	505.53	498.41		504.37	512.10	485.31		515.83	558.11
45	522.54	515.18		521.34	529.33	501.64		533.19	576.89	522.54	515.18		521.34	529.33	501.64		533.19	576.89
46	542.81	535.15		541.56	549.86	521.09		553.87	599.26	542.81	535.15		541.56	549.86	521.09		553.87	599.26
47	565.60	557.63		564.31	572.95	542.98		577.13	624.43	565.60	557.63		564.31	572.95	542.98		577.13	624.43
48	591.66	583.32		590.30	599.34	567.99		603.71	653.19	591.66	583.32		590.30	599.34	567.99		603.71	653.19
49	617.35	608.65		615.93	625.37	592.66		629.93	681.56	617.35	608.65		615.93	625.37	592.66		629.93	681.56
50	646.30	637.19		644.82	654.70	620.45		659.47	713.52	646.30	637.19		644.82	654.70	620.45		659.47	713.52
51	674.89	665.38		673.34	683.66	647.89		688.64	745.08	674.89	665.38		673.34	683.66	647.89		688.64	745.08
52	706.37	696.41		704.75	715.55	678.12		720.77	779.83	706.37	696.41		704.75	715.55	678.12		720.77	779.83
53	738.22	727.81		736.52	747.81	708.69		753.26	814.99	738.22	727.81		736.52	747.81	708.69		753.26	814.99
54	772.59	761.70		770.82	782.63	741.69		788.34	852.94	772.59	761.70		770.82	782.63	741.69		788.34	852.94
55	806.97	795.60		805.12	817.45	774.69		823.42	890.90	806.97	795.60		805.12	817.45	774.69		823.42	890.90
56	844.24	832.34		842.31	855.21	810.48		861.45	932.05	844.24	832.34		842.31	855.21	810.48		861.45	932.05
57	881.88	869.45		879.86	893.33	846.60		899.85	973.60	881.88	869.45		879.86	893.33	846.60		899.85	973.60
58	922.05	909.05		919.93	934.02	885.17		940.84	1017.94	922.05	909.05		919.93	934.02	885.17		940.84	1017.94
59	941.95	928.67		939.79	954.18	904.27		961.14	1039.91	941.95	928.67		939.79	954.18	904.27		961.14	1039.91
60	982.12	968.27		979.86	994.87	942.83		1002.13	1084.26	982.12	968.27		979.86	994.87	942.83		1002.13	1084.26
61	1016.86	1002.52		1014.52	1030.06	976.18		1037.58	1122.61	1016.86	1002.52		1014.52	1030.06	976.18		1037.58	1122.61
62	1039.66	1025.00		1037.27	1053.16	998.07		1060.84	1147.78	1039.66	1025.00		1037.27	1053.16	998.07		1060.84	1147.78
63	1068.24	1053.18		1065.79	1082.12	1025.51		1090.01	1179.34	1068.24	1053.18		1065.79	1082.12	1025.51		1090.01	1179.34
64 and over	1085.61	1070.31		1083.12	1099.71	1042.19		1107.72	1198.52	1085.61	1070.31		1083.12	1099.71	1042.19		1107.72	1198.52

Kaiser Foundation Health Plan of Washington RATE SCHEDULE

Plan Information

Plan Name: Bronze
HIOS Plan ID: 80473WA0990003
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Outside the Exchange
Metal Level: Bronze
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Kitsap and Lewis
3	No	
4	Yes	Spokane
5	Yes	Mason, Pierce, and Thurston
6	Yes	Benton, Franklin, and Yakima
7	No	
8	Yes	Island, Skagit, Snohomish, and Whatcom
9	Yes	Columbia, Walla Walla, and 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	273.25	269.40		272.62	276.80	262.32		278.82	301.67	273.25	269.40		272.62	276.80	262.32		278.82	301.67
15	297.54	293.35		296.86	301.41	285.64		303.60	328.48	297.54	293.35		296.86	301.41	285.64		303.60	328.48
16	306.83	302.50		306.12	310.81	294.55		313.08	338.74	306.83	302.50		306.12	310.81	294.55		313.08	338.74
17	316.11	311.66		315.39	320.22	303.47		322.56	348.99	316.11	311.66		315.39	320.22	303.47		322.56	348.99
18	326.12	321.52		325.37	330.35	313.07		332.76	360.03	326.12	321.52		325.37	330.35	313.07		332.76	360.03
19	336.12	331.38		335.35	340.48	322.67		342.97	371.07	336.12	331.38		335.35	340.48	322.67		342.97	371.07
20	346.48	341.59		345.68	350.98	332.62		353.54	382.51	346.48	341.59		345.68	350.98	332.62		353.54	382.51
21	357.19	352.16		356.37	361.83	342.90		364.47	394.34	357.19	352.16		356.37	361.83	342.90		364.47	394.34
22	357.19	352.16		356.37	361.83	342.90		364.47	394.34	357.19	352.16		356.37	361.83	342.90		364.47	394.34
23	357.19	352.16		356.37	361.83	342.90		364.47	394.34	357.19	352.16		356.37	361.83	342.90		364.47	394.34
24	357.19	352.16		356.37	361.83	342.90		364.47	394.34	357.19	352.16		356.37	361.83	342.90		364.47	394.34
25	358.62	353.57		357.80	363.28	344.28		365.93	395.92	358.62	353.57		357.80	363.28	344.28		365.93	395.92
26	365.76	360.61		364.92	370.52	351.13		373.22	403.80	365.76	360.61		364.92	370.52	351.13		373.22	403.80
27	374.34	369.06		373.48	379.20	359.36		381.96	413.27	374.34	369.06		373.48	379.20	359.36		381.96	413.27
28	388.27	382.79		387.38	393.31	372.74		396.18	428.65	388.27	382.79		387.38	393.31	372.74		396.18	428.65
29	399.70	394.06		398.78	404.89	383.71		407.84	441.27	399.70	394.06		398.78	404.89	383.71		407.84	441.27
30	405.41	399.70		404.48	410.68	389.20		413.67	447.58	405.41	399.70		404.48	410.68	389.20		413.67	447.58
31	413.99	408.15		413.03	419.36	397.43		422.42	457.04	413.99	408.15		413.03	419.36	397.43		422.42	457.04
32	422.56	416.60		421.59	428.05	405.66		431.17	466.50	422.56	416.60		421.59	428.05	405.66		431.17	466.50
33	427.92	421.88		426.93	433.47	410.80		436.64	472.42	427.92	421.88		426.93	433.47	410.80		436.64	472.42
34	433.63	427.52		432.64	439.26	416.29		442.47	478.73	433.63	427.52		432.64	439.26	416.29		442.47	478.73
35	436.49	430.34		435.49	442.16	419.03		445.38	481.88	436.49	430.34		435.49	442.16	419.03		445.38	481.88
36	439.35	433.15		438.34	445.05	421.77		448.30	485.04	439.35	433.15		438.34	445.05	421.77		448.30	485.04
37	442.20	435.97		441.19	447.95	424.52		451.21	488.19	442.20	435.97		441.19	447.95	424.52		451.21	488.19
38	445.06	438.79		444.04	450.84	427.26		454.13	491.35	445.06	438.79		444.04	450.84	427.26		454.13	491.35
39	450.78	444.42		449.74	456.63	432.74		459.96	497.66	450.78	444.42		449.74	456.63	432.74		459.96	497.66
40	456.49	450.06		455.44	462.42	438.23		465.79	503.97	456.49	450.06		455.44	462.42	438.23		465.79	503.97
41	465.06	458.51		464.00	471.10	446.46		474.54	513.43	465.06	458.51		464.00	471.10	446.46		474.54	513.43
42	473.28	466.61		472.19	479.43	454.35		482.92	522.50	473.28	466.61		472.19	479.43	454.35		482.92	522.50
43	484.71	477.88		483.60	491.00	465.32		494.59	535.12	484.71	477.88		483.60	491.00	465.32		494.59	535.12
44	499.00	491.96		497.85	505.48	479.04		509.16	550.89	499.00	491.96		497.85	505.48	479.04		509.16	550.89
45	515.78	508.51		514.60	522.48	495.15		526.29	569.43	515.78	508.51		514.60	522.48	495.15		526.29	569.43
46	535.79	528.23		534.56	542.75	514.36		546.71	591.51	535.79	528.23		534.56	542.75	514.36		546.71	591.51
47	558.29	550.42		557.01	565.54	535.96		569.67	616.35	558.29	550.42		557.01	565.54	535.96		569.67	616.35
48	584.01	575.78		582.67	591.59	560.65		595.91	644.75	584.01	575.78		582.67	591.59	560.65		595.91	644.75
49	609.37	600.78		607.97	617.28	584.99		621.79	672.74	609.37	600.78		607.97	617.28	584.99		621.79	672.74
50	637.94	628.95		636.48	646.23	612.43		650.94	704.29	637.94	628.95		636.48	646.23	612.43		650.94	704.29
51	666.16	656.77		664.63	674.82	639.52		679.74	735.44	666.16	656.77		664.63	674.82	639.52		679.74	735.44
52	697.24	687.41		695.64	706.29	669.35		711.45	769.75	697.24	687.41		695.64	706.29	669.35		711.45	769.75
53	728.67	718.40		727.00	738.14	699.52		743.52	804.45	728.67	718.40		727.00	738.14	699.52		743.52	804.45
54	762.60	751.85		760.85	772.51	732.10		778.14	841.92	762.60	751.85		760.85	772.51	732.10		778.14	841.92
55	796.54	785.31		794.71	806.88	764.68		812.77	879.38	796.54	785.31		794.71	806.88	764.68		812.77	879.38
56	833.33	821.58		831.42	844.15	800.00		850.31	919.99	833.33	821.58		831.42	844.15	800.00		850.31	919.99
57	870.48	858.21		868.48	881.78	835.66		888.21	961.01	870.48	858.21		868.48	881.78	835.66		888.21	961.01
58	910.12	897.29		908.04	921.95	873.72		928.67	1004.78	910.12	897.29		908.04	921.95	873.72		928.67	1004.78
59	929.77	916.66		927.64	941.85	892.58		948.72	1026.47	929.77	916.66		927.64	941.85	892.58		948.72	1026.47
60	969.42	955.75		967.19	982.01	930.64		989.17	1070.24	969.42	955.75		967.19	982.01	930.64		989.17	1070.24
61	1003.71	989.56		1001.40	1016.75	963.56		1024.16	1108.09	1003.71	989.56		1001.40	1016.75	963.56		1024.16	1108.09
62	1026.21	1011.75		1023.86	1039.54	985.16		1047.12	1132.94	1026.21	1011.75		1023.86	1039.54	985.16		1047.12	1132.94
63	1054.43	1039.57		1052.01	1068.13	1012.25		1075.92	1164.09	1054.43	1039.57		1052.01	1068.13	1012.25		1075.92	1164.09
64 and over	1071.57	1056.47		1069.11	1085.49	1028.70		1093.41	1183.02	1071.57	1056.47		1069.11	1085.49	1028.70		1093.41	1183.02

Kaiser Foundation Health Plan of Washington RATE SCHEDULE

Plan Information

Plan Name: VisitsPlus Silver
HIOS Plan ID: 80473WA1000001
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Both inside and outside the exchange
Metal Level: VisitsPlus 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	Kitsap and Lewis
3	No	
4	Yes	Spokane
5	Yes	Mason, Pierce, and Thurston
6	Yes	Benton, Franklin, and Yakima
7	No	
8	Yes	Island, Skagit, Snohomish, and Whatcom
9	Yes	Columbia, Walla Walla, and 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	604.23	595.72		602.85	612.08	580.06		616.55	667.07	604.23	595.72		602.85	612.08	580.06		616.55	667.07
15	657.94	648.67		656.43	666.49	631.63		671.35	726.37	657.94	648.67		656.43	666.49	631.63		671.35	726.37
16	678.48	668.91		676.92	687.29	651.34		692.30	749.04	678.48	668.91		676.92	687.29	651.34		692.30	749.04
17	699.02	689.16		697.41	708.09	671.05		713.26	771.71	699.02	689.16		697.41	708.09	671.05		713.26	771.71
18	721.13	710.96		719.48	730.50	692.29		735.82	796.13	721.13	710.96		719.48	730.50	692.29		735.82	796.13
19	743.25	732.77		741.54	752.90	713.52		758.39	820.54	743.25	732.77		741.54	752.90	713.52		758.39	820.54
20	766.15	755.35		764.39	776.10	735.51		781.76	845.83	766.15	755.35		764.39	776.10	735.51		781.76	845.83
21	789.85	778.71		788.03	800.11	758.25		805.94	871.99	789.85	778.71		788.03	800.11	758.25		805.94	871.99
22	789.85	778.71		788.03	800.11	758.25		805.94	871.99	789.85	778.71		788.03	800.11	758.25		805.94	871.99
23	789.85	778.71		788.03	800.11	758.25		805.94	871.99	789.85	778.71		788.03	800.11	758.25		805.94	871.99
24	789.85	778.71		788.03	800.11	758.25		805.94	871.99	789.85	778.71		788.03	800.11	758.25		805.94	871.99
25	793.01	781.83		791.19	803.31	761.29		809.17	875.48	793.01	781.83		791.19	803.31	761.29		809.17	875.48
26	808.80	797.40		806.95	819.31	776.45		825.28	892.92	808.80	797.40		806.95	819.31	776.45		825.28	892.92
27	827.76	816.09		825.86	838.51	794.65		844.63	913.85	827.76	816.09		825.86	838.51	794.65		844.63	913.85
28	858.56	846.46		856.59	869.72	824.22		876.06	947.86	858.56	846.46		856.59	869.72	824.22		876.06	947.86
29	883.84	871.38		881.81	895.32	848.49		901.85	975.76	883.84	871.38		881.81	895.32	848.49		901.85	975.76
30	896.48	883.84		894.42	908.12	860.62		914.74	989.71	896.48	883.84		894.42	908.12	860.62		914.74	989.71
31	915.43	902.53		913.33	927.32	878.82		934.09	1010.64	915.43	902.53		913.33	927.32	878.82		934.09	1010.64
32	934.39	921.22		932.24	946.53	897.01		953.43	1031.57	934.39	921.22		932.24	946.53	897.01		953.43	1031.57
33	946.24	932.90		944.07	958.53	908.39		965.52	1044.65	946.24	932.90		944.07	958.53	908.39		965.52	1044.65
34	958.88	945.36		956.67	971.33	920.52		978.41	1058.60	958.88	945.36		956.67	971.33	920.52		978.41	1058.60
35	965.19	951.59		962.98	977.73	926.59		984.86	1065.57	965.19	951.59		962.98	977.73	926.59		984.86	1065.57
36	971.51	957.82		969.28	984.13	932.65		991.31	1072.55	971.51	957.82		969.28	984.13	932.65		991.31	1072.55
37	977.83	964.05		975.59	990.53	938.72		997.76	1079.53	977.83	964.05		975.59	990.53	938.72		997.76	1079.53
38	984.15	970.28		981.89	996.93	944.78		1004.20	1086.50	984.15	970.28		981.89	996.93	944.78		1004.20	1086.50
39	996.79	982.74		994.50	1009.73	956.92		1017.10	1100.45	996.79	982.74		994.50	1009.73	956.92		1017.10	1100.45
40	1009.43	995.20		1007.11	1022.54	969.05		1029.99	1114.41	1009.43	995.20		1007.11	1022.54	969.05		1029.99	1114.41
41	1028.38	1013.88		1026.02	1041.74	987.25		1049.34	1135.33	1028.38	1013.88		1026.02	1041.74	987.25		1049.34	1135.33
42	1046.55	1031.79		1044.15	1060.14	1004.69		1067.87	1155.39	1046.55	1031.79		1044.15	1060.14	1004.69		1067.87	1155.39
43	1071.82	1056.71		1069.36	1085.74	1028.95		1093.66	1183.29	1071.82	1056.71		1069.36	1085.74	1028.95		1093.66	1183.29
44	1103.42	1087.86		1100.88	1117.75	1059.28		1125.90	1218.17	1103.42	1087.86		1100.88	1117.75	1059.28		1125.90	1218.17
45	1140.54	1124.46		1137.92	1155.35	1094.92		1163.78	1259.16	1140.54	1124.46		1137.92	1155.35	1094.92		1163.78	1259.16
46	1184.77	1168.07		1182.05	1200.16	1137.38		1208.91	1307.99	1184.77	1168.07		1182.05	1200.16	1137.38		1208.91	1307.99
47	1234.53	1217.13		1231.70	1250.57	1185.15		1259.69	1362.92	1234.53	1217.13		1231.70	1250.57	1185.15		1259.69	1362.92
48	1291.40	1273.20		1288.44	1308.17	1239.74		1317.71	1425.71	1291.40	1273.20		1288.44	1308.17	1239.74		1317.71	1425.71
49	1347.48	1328.48		1344.39	1364.98	1293.58		1374.94	1487.62	1347.48	1328.48		1344.39	1364.98	1293.58		1374.94	1487.62
50	1410.67	1390.78		1407.43	1428.99	1354.24		1439.41	1557.38	1410.67	1390.78		1407.43	1428.99	1354.24		1439.41	1557.38
51	1473.07	1452.30		1469.68	1492.20	1414.14		1503.08	1626.26	1473.07	1452.30		1469.68	1492.20	1414.14		1503.08	1626.26
52	1541.78	1520.05		1538.24	1561.81	1480.11		1573.20	1702.13	1541.78	1520.05		1538.24	1561.81	1480.11		1573.20	1702.13
53	1611.29	1588.57		1607.59	1632.22	1546.84		1644.12	1778.86	1611.29	1588.57		1607.59	1632.22	1546.84		1644.12	1778.86
54	1686.32	1662.55		1682.45	1708.23	1618.87		1720.69	1861.70	1686.32	1662.55		1682.45	1708.23	1618.87		1720.69	1861.70
55	1761.36	1736.53		1757.32	1784.24	1690.91		1797.25	1944.54	1761.36	1736.53		1757.32	1784.24	1690.91		1797.25	1944.54
56	1842.71	1816.74		1838.48	1866.65	1769.01		1880.26	2034.36	1842.71	1816.74		1838.48	1866.65	1769.01		1880.26	2034.36
57	1924.86	1897.72		1920.44	1949.86	1847.86		1964.08	2125.04	1924.86	1897.72		1920.44	1949.86	1847.86		1964.08	2125.04
58	2012.53	1984.16		2007.91	2038.67	1932.03		2053.54	2221.84	2012.53	1984.16		2007.91	2038.67	1932.03		2053.54	2221.84
59	2055.97	2026.99		2051.25	2082.68	1973.73		2097.87	2269.79	2055.97	2026.99		2051.25	2082.68	1973.73		2097.87	2269.79
60	2143.65	2113.43		2138.73	2171.49	2057.90		2187.33	2366.59	2143.65	2113.43		2138.73	2171.49	2057.90		2187.33	2366.59
61	2219.47	2188.18		2214.38	2248.30	2130.69		2264.70	2450.30	2219.47	2188.18		2214.38	2248.30	2130.69		2264.70	2450.30
62	2269.23	2237.24		2264.02	2298.71	2178.46		2315.47	2505.23	2269.23	2237.24		2264.02	2298.71	2178.46		2315.47	2505.23
63	2331.63	2298.76		2326.28	2361.91	2238.36		2379.14	2574.12	2331.63	2298.76		2326.28	2361.91	2238.36		2379.14	2574.12
64 and over	2369.54	2336.13		2364.09	2400.32	2274.75		2417.82	2615.97	2369.54	2336.13		2364.09	2400.32	2274.75		2417.82	2615.97

Kaiser Foundation Health Plan of Washington RATE SCHEDULE

Plan Information

Plan Name: VisitsPlus Gold
HIOS Plan ID: 80473WA1000002
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Both inside and outside the exchange
Metal Level: VisitsPlus 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	Kitsap and Lewis
3	No	
4	Yes	Spokane
5	Yes	Mason, Pierce, and Thurston
6	Yes	Benton, Franklin, and Yakima
7	No	
8	Yes	Island, Skagit, Snohomish, and Whatcom
9	Yes	Columbia, Walla Walla, and 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	356.37	351.34		355.55	360.99	342.11		363.63	393.43	356.37	351.34		355.55	360.99	342.11		363.63	393.43
15	388.04	382.57		387.15	393.08	372.52		395.95	428.40	388.04	382.57		387.15	393.08	372.52		395.95	428.40
16	400.15	394.51		399.24	405.35	384.15		408.31	441.77	400.15	394.51		399.24	405.35	384.15		408.31	441.77
17	412.27	406.45		411.32	417.62	395.78		420.67	455.14	412.27	406.45		411.32	417.62	395.78		420.67	455.14
18	425.31	419.31		424.33	430.83	408.30		433.98	469.54	425.31	419.31		424.33	430.83	408.30		433.98	469.54
19	438.35	432.17		437.35	444.05	420.82		447.29	483.94	438.35	432.17		437.35	444.05	420.82		447.29	483.94
20	451.86	445.49		450.83	457.73	433.79		461.07	498.86	451.86	445.49		450.83	457.73	433.79		461.07	498.86
21	465.84	459.27		464.77	471.89	447.20		475.33	514.28	465.84	459.27		464.77	471.89	447.20		475.33	514.28
22	465.84	459.27		464.77	471.89	447.20		475.33	514.28	465.84	459.27		464.77	471.89	447.20		475.33	514.28
23	465.84	459.27		464.77	471.89	447.20		475.33	514.28	465.84	459.27		464.77	471.89	447.20		475.33	514.28
24	465.84	459.27		464.77	471.89	447.20		475.33	514.28	465.84	459.27		464.77	471.89	447.20		475.33	514.28
25	467.70	461.11		466.63	473.78	448.99		477.23	516.34	467.70	461.11		466.63	473.78	448.99		477.23	516.34
26	477.02	470.29		475.92	483.21	457.94		486.74	526.63	477.02	470.29		475.92	483.21	457.94		486.74	526.63
27	488.20	481.32		487.08	494.54	468.67		498.15	538.97	488.20	481.32		487.08	494.54	468.67		498.15	538.97
28	506.37	499.23		505.20	512.94	486.11		516.68	559.03	506.37	499.23		505.20	512.94	486.11		516.68	559.03
29	521.27	513.92		520.08	528.04	500.42		531.89	575.48	521.27	513.92		520.08	528.04	500.42		531.89	575.48
30	528.73	521.27		527.51	535.59	507.58		539.50	583.71	528.73	521.27		527.51	535.59	507.58		539.50	583.71
31	539.91	532.29		538.67	546.92	518.31		550.91	596.06	539.91	532.29		538.67	546.92	518.31		550.91	596.06
32	551.09	543.32		549.82	558.24	529.04		562.31	608.40	551.09	543.32		549.82	558.24	529.04		562.31	608.40
33	558.07	550.21		556.79	565.32	535.75		569.44	616.11	558.07	550.21		556.79	565.32	535.75		569.44	616.11
34	565.53	557.55		564.23	572.87	542.91		577.05	624.34	565.53	557.55		564.23	572.87	542.91		577.05	624.34
35	569.25	561.23		567.95	576.65	546.48		580.85	628.46	569.25	561.23		567.95	576.65	546.48		580.85	628.46
36	572.98	564.90		571.66	580.42	550.06		584.66	632.57	572.98	564.90		571.66	580.42	550.06		584.66	632.57
37	576.71	568.58		575.38	584.20	553.64		588.46	636.68	576.71	568.58		575.38	584.20	553.64		588.46	636.68
38	580.43	572.25		579.10	587.97	557.22		592.26	640.80	580.43	572.25		579.10	587.97	557.22		592.26	640.80
39	587.89	579.60		586.54	595.52	564.37		599.87	649.03	587.89	579.60		586.54	595.52	564.37		599.87	649.03
40	595.34	586.95		593.97	603.07	571.53		607.47	657.26	595.34	586.95		593.97	603.07	571.53		607.47	657.26
41	606.52	597.97		605.13	614.40	582.26		618.88	669.60	606.52	597.97		605.13	614.40	582.26		618.88	669.60
42	617.23	608.53		615.82	625.25	592.55		629.81	681.43	617.23	608.53		615.82	625.25	592.55		629.81	681.43
43	632.14	623.23		630.69	640.35	606.86		645.02	697.88	632.14	623.23		630.69	640.35	606.86		645.02	697.88
44	650.78	641.60		649.28	659.23	624.74		664.04	718.46	650.78	641.60		649.28	659.23	624.74		664.04	718.46
45	672.67	663.19		671.13	681.41	645.76		686.38	742.63	672.67	663.19		671.13	681.41	645.76		686.38	742.63
46	698.76	688.91		697.15	707.83	670.81		712.99	771.43	698.76	688.91		697.15	707.83	670.81		712.99	771.43
47	728.10	717.84		726.43	737.56	698.98		742.94	803.83	728.10	717.84		726.43	737.56	698.98		742.94	803.83
48	761.64	750.91		759.90	771.54	731.18		777.16	840.86	761.64	750.91		759.90	771.54	731.18		777.16	840.86
49	794.72	783.52		792.89	805.04	762.93		810.91	877.37	794.72	783.52		792.89	805.04	762.93		810.91	877.37
50	831.99	820.26		830.08	842.79	798.71		848.94	918.51	831.99	820.26		830.08	842.79	798.71		848.94	918.51
51	868.79	856.54		866.79	880.07	834.04		886.49	959.14	868.79	856.54		866.79	880.07	834.04		886.49	959.14
52	909.31	896.50		907.23	921.13	872.94		927.84	1003.88	909.31	896.50		907.23	921.13	872.94		927.84	1003.88
53	950.31	936.91		948.13	962.65	912.30		969.67	1049.14	950.31	936.91		948.13	962.65	912.30		969.67	1049.14
54	994.56	980.54		992.28	1007.48	954.78		1014.83	1098.00	994.56	980.54		992.28	1007.48	954.78		1014.83	1098.00
55	1038.82	1024.17		1036.43	1052.31	997.26		1059.99	1146.85	1038.82	1024.17		1036.43	1052.31	997.26		1059.99	1146.85
56	1086.80	1071.48		1084.30	1100.91	1043.33		1108.94	1199.83	1086.80	1071.48		1084.30	1100.91	1043.33		1108.94	1199.83
57	1135.25	1119.24		1132.64	1149.99	1089.84		1158.38	1253.31	1135.25	1119.24		1132.64	1149.99	1089.84		1158.38	1253.31
58	1186.95	1170.22		1184.23	1202.37	1139.48		1211.14	1310.40	1186.95	1170.22		1184.23	1202.37	1139.48		1211.14	1310.40
59	1212.58	1195.48		1209.79	1228.32	1164.07		1237.28	1338.68	1212.58	1195.48		1209.79	1228.32	1164.07		1237.28	1338.68
60	1264.28	1246.46		1261.38	1280.70	1213.71		1290.04	1395.77	1264.28	1246.46		1261.38	1280.70	1213.71		1290.04	1395.77
61	1309.00	1290.55		1306.00	1326.01	1256.64		1335.68	1445.14	1309.00	1290.55		1306.00	1326.01	1256.64		1335.68	1445.14
62	1338.35	1319.48		1335.28	1355.73	1284.82		1365.62	1477.54	1338.35	1319.48		1335.28	1355.73	1284.82		1365.62	1477.54
63	1375.15	1355.77		1372.00	1393.01	1320.15		1403.17	1518.17	1375.15	1355.77		1372.00	1393.01	1320.15		1403.17	1518.17
64 and over	1397.51	1377.81		1394.30	1415.66	1341.60		1425.99	1542.84	1397.51	1377.81		1394.30	1415.66	1341.60		1425.99	1542.84

Kaiser Foundation Health Plan of Washington RATE SCHEDULE

Plan Information

Plan Name: VisitsPlus Silver HD
HIOS Plan ID: 80473WA1000004
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Outside the Exchange
Metal Level: VisitsPlus Silver HD
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Kitsap and Lewis
3	No	
4	Yes	Spokane
5	Yes	Mason, Pierce, and Thurston
6	Yes	Benton, Franklin, and Yakima
7	No	
8	Yes	Island, Skagit, Snohomish, and Whatcom
9	Yes	Columbia, Walla Walla, and 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	300.23	295.99		304.13	288.22			306.34	331.45	300.23	295.99		299.54	304.13	288.22		306.34	331.45
15	326.91	322.31		326.16	331.16	313.84		333.57	360.91	326.91	322.31		326.16	331.16	313.84		333.57	360.91
16	337.12	332.36		336.34	341.50	323.63		343.99	372.18	337.12	332.36		336.34	341.50	323.63		343.99	372.18
17	347.32	342.42		346.52	351.83	333.43		354.40	383.44	347.32	342.42		346.52	351.83	333.43		354.40	383.44
18	358.31	353.26		357.49	362.96	343.98		365.61	395.57	358.31	353.26		357.49	362.96	343.98		365.61	395.57
19	369.30	364.09		368.45	374.10	354.53		376.82	407.71	369.30	364.09		368.45	374.10	354.53		376.82	407.71
20	380.68	375.31		379.81	385.62	365.45		388.44	420.27	380.68	375.31		379.81	385.62	365.45		388.44	420.27
21	392.45	386.92		391.55	397.55	376.76		400.45	433.27	392.45	386.92		391.55	397.55	376.76		400.45	433.27
22	392.45	386.92		391.55	397.55	376.76		400.45	433.27	392.45	386.92		391.55	397.55	376.76		400.45	433.27
23	392.45	386.92		391.55	397.55	376.76		400.45	433.27	392.45	386.92		391.55	397.55	376.76		400.45	433.27
24	392.45	386.92		391.55	397.55	376.76		400.45	433.27	392.45	386.92		391.55	397.55	376.76		400.45	433.27
25	394.02	388.47		393.12	399.14	378.26		402.05	435.00	394.02	388.47		393.12	399.14	378.26		402.05	435.00
26	401.87	396.21		400.95	407.09	385.80		410.06	443.67	401.87	396.21		400.95	407.09	385.80		410.06	443.67
27	411.29	405.49		410.35	416.63	394.84		419.67	454.07	411.29	405.49		410.35	416.63	394.84		419.67	454.07
28	426.60	420.58		425.62	432.14	409.53		435.29	470.96	426.60	420.58		425.62	432.14	409.53		435.29	470.96
29	439.16	432.96		438.15	444.86	421.59		448.10	484.83	439.16	432.96		438.15	444.86	421.59		448.10	484.83
30	445.43	439.16		444.41	451.22	427.62		454.51	491.76	445.43	439.16		444.41	451.22	427.62		454.51	491.76
31	454.85	448.44		453.81	460.76	436.66		464.12	502.16	454.85	448.44		453.81	460.76	436.66		464.12	502.16
32	464.27	457.73		463.21	470.30	445.70		473.73	512.56	464.27	457.73		463.21	470.30	445.70		473.73	512.56
33	470.16	463.53		469.08	476.27	451.35		479.74	519.06	470.16	463.53		469.08	476.27	451.35		479.74	519.06
34	476.44	469.72		475.34	482.63	457.38		486.15	525.99	476.44	469.72		475.34	482.63	457.38		486.15	525.99
35	479.58	472.82		478.48	485.81	460.39		489.35	529.45	479.58	472.82		478.48	485.81	460.39		489.35	529.45
36	482.72	475.91		481.61	488.99	463.41		492.55	532.92	482.72	475.91		481.61	488.99	463.41		492.55	532.92
37	485.86	479.01		484.74	492.17	466.42		495.76	536.39	485.86	479.01		484.74	492.17	466.42		495.76	536.39
38	489.00	482.10		487.87	495.35	469.44		498.96	539.85	489.00	482.10		487.87	495.35	469.44		498.96	539.85
39	495.28	488.29		494.14	501.71	475.46		505.37	546.78	495.28	488.29		494.14	501.71	475.46		505.37	546.78
40	501.56	494.48		500.40	508.07	481.49		511.78	553.72	501.56	494.48		500.40	508.07	481.49		511.78	553.72
41	510.97	503.77		509.80	517.61	490.54		521.39	564.12	510.97	503.77		509.80	517.61	490.54		521.39	564.12
42	520.00	512.67		518.81	526.75	499.20		530.60	574.08	520.00	512.67		518.81	526.75	499.20		530.60	574.08
43	532.56	525.05		531.34	539.48	511.26		543.41	587.95	532.56	525.05		531.34	539.48	511.26		543.41	587.95
44	548.26	540.53		547.00	555.38	526.33		559.43	605.28	548.26	540.53		547.00	555.38	526.33		559.43	605.28
45	566.70	558.71		565.40	574.06	544.03		578.25	625.64	566.70	558.71		565.40	574.06	544.03		578.25	625.64
46	588.68	580.38		587.33	596.33	565.13		600.68	649.90	588.68	580.38		587.33	596.33	565.13		600.68	649.90
47	613.40	604.76		612.00	621.37	588.87		625.90	677.20	613.40	604.76		612.00	621.37	588.87		625.90	677.20
48	641.66	632.62		640.19	650.00	615.99		654.74	708.39	641.66	632.62		640.19	650.00	615.99		654.74	708.39
49	669.53	660.09		667.99	678.22	642.74		683.17	739.16	669.53	660.09		667.99	678.22	642.74		683.17	739.16
50	700.92	691.04		699.31	710.03	672.88		715.20	773.82	700.92	691.04		699.31	710.03	672.88		715.20	773.82
51	731.93	721.61		730.25	741.43	702.65		746.84	808.05	731.93	721.61		730.25	741.43	702.65		746.84	808.05
52	766.07	755.27		764.31	776.02	735.43		781.68	845.74	766.07	755.27		764.31	776.02	735.43		781.68	845.74
53	800.60	789.32		798.77	811.00	768.58		816.92	883.87	800.60	789.32		798.77	811.00	768.58		816.92	883.87
54	837.89	826.08		835.96	848.77	804.37		854.96	925.03	837.89	826.08		835.96	848.77	804.37		854.96	925.03
55	875.17	862.83		873.16	886.54	840.16		893.00	966.19	875.17	862.83		873.16	886.54	840.16		893.00	966.19
56	915.59	902.69		913.49	927.49	878.97		934.25	1010.82	915.59	902.69		913.49	927.49	878.97		934.25	1010.82
57	956.41	942.93		954.21	968.83	918.15		975.90	1055.88	956.41	942.93		954.21	968.83	918.15		975.90	1055.88
58	999.97	985.87		997.68	1012.96	959.97		1020.35	1103.97	999.97	985.87		997.68	1012.96	959.97		1020.35	1103.97
59	1021.56	1007.15		1019.21	1034.82	980.69		1042.37	1127.80	1021.56	1007.15		1019.21	1034.82	980.69		1042.37	1127.80
60	1065.12	1050.10		1062.67	1078.95	1022.51		1086.82	1175.89	1065.12	1050.10		1062.67	1078.95	1022.51		1086.82	1175.89
61	1102.79	1087.25		1100.26	1117.12	1058.68		1125.26	1217.48	1102.79	1087.25		1100.26	1117.12	1058.68		1125.26	1217.48
62	1127.52	1111.62		1124.93	1142.16	1082.42		1150.49	1244.78	1127.52	1111.62		1124.93	1142.16	1082.42		1150.49	1244.78
63	1158.52	1142.19		1155.86	1173.57	1112.18		1182.13	1279.01	1158.52	1142.19		1155.86	1173.57	1112.18		1182.13	1279.01
64 and over	1177.35	1160.76		1174.65	1192.65	1130.27		1201.35	1299.81	1177.35	1160.76		1174.65	1192.65	1130.27		1201.35	1299.81

Kaiser Foundation Health Plan of Washington

RATE SCHEDULE

Plan Information

Plan Name:	Kaiser Permanente Cascade Complete Gold
HIOS Plan ID:	80473WA1000005
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	Inside the Exchange
Metal Level:	Kaiser Permanente Cascade Complete 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	Kitsap and Lewis
3	No	
4	Yes	Spokane
5	Yes	Mason, Pierce, and Thurston
6	Yes	Benton, Franklin, and Yakima
7	No	
8	Yes	Island, Skagit, Snohomish, and Whatcom
9	Yes	Columbia, Walla Walla, and 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	367.80	362.61		366.95	372.57	353.09		375.29	406.05	367.80	362.61		366.95	372.57	353.09		375.29	406.05
15	400.49	394.84		399.57	405.69	384.47		408.65	442.14	400.49	394.84		399.57	405.69	384.47		408.65	442.14
16	412.99	407.17		412.04	418.35	396.47		421.41	455.94	412.99	407.17		412.04	418.35	396.47		421.41	455.94
17	425.49	419.49		424.51	431.02	408.47		434.16	469.74	425.49	419.49		424.51	431.02	408.47		434.16	469.74
18	438.95	432.76		437.94	444.65	421.39		447.90	484.60	438.95	432.76		437.94	444.65	421.39		447.90	484.60
19	452.41	446.04		451.38	458.29	434.32		461.63	499.47	452.41	446.04		451.38	458.29	434.32		461.63	499.47
20	466.36	459.78		465.29	472.41	447.70		475.86	514.86	466.36	459.78		465.29	472.41	447.70		475.86	514.86
21	480.78	474.00		479.68	487.03	461.55		490.58	530.78	480.78	474.00		479.68	487.03	461.55		490.58	530.78
22	480.78	474.00		479.68	487.03	461.55		490.58	530.78	480.78	474.00		479.68	487.03	461.55		490.58	530.78
23	480.78	474.00		479.68	487.03	461.55		490.58	530.78	480.78	474.00		479.68	487.03	461.55		490.58	530.78
24	480.78	474.00		479.68	487.03	461.55		490.58	530.78	480.78	474.00		479.68	487.03	461.55		490.58	530.78
25	482.70	475.90		481.60	488.97	463.40		492.54	532.90	482.70	475.90		481.60	488.97	463.40		492.54	532.90
26	492.32	485.38		491.19	498.71	472.63		502.35	543.52	492.32	485.38		491.19	498.71	472.63		502.35	543.52
27	503.86	496.75		502.70	510.40	483.70		514.12	556.26	503.86	496.75		502.70	510.40	483.70		514.12	556.26
28	522.61	515.24		521.41	529.40	501.70		533.26	576.96	522.61	515.24		521.41	529.40	501.70		533.26	576.96
29	537.99	530.41		536.76	544.98	516.47		548.96	593.94	537.99	530.41		536.76	544.98	516.47		548.96	593.94
30	545.69	537.99		544.43	552.77	523.86		556.80	602.44	545.69	537.99		544.43	552.77	523.86		556.80	602.44
31	557.22	549.37		555.95	564.46	534.94		568.58	615.18	557.22	549.37		555.95	564.46	534.94		568.58	615.18
32	568.76	560.75		567.46	576.15	546.01		580.35	627.91	568.76	560.75		567.46	576.15	546.01		580.35	627.91
33	575.98	567.86		574.65	583.46	552.94		587.71	635.88	575.98	567.86		574.65	583.46	552.94		587.71	635.88
34	583.67	575.44		582.33	591.25	560.32		595.56	644.37	583.67	575.44		582.33	591.25	560.32		595.56	644.37
35	587.51	579.23		586.17	595.14	564.01		599.49	648.62	587.51	579.23		586.17	595.14	564.01		599.49	648.62
36	591.36	583.02		590.00	599.04	567.71		603.41	652.86	591.36	583.02		590.00	599.04	567.71		603.41	652.86
37	595.21	586.82		593.84	602.94	571.40		607.33	657.11	595.21	586.82		593.84	602.94	571.40		607.33	657.11
38	599.05	590.61		597.68	606.83	575.09		611.26	661.35	599.05	590.61		597.68	606.83	575.09		611.26	661.35
39	606.74	598.19		605.35	614.63	582.48		619.11	669.85	606.74	598.19		605.35	614.63	582.48		619.11	669.85
40	614.44	605.78		613.03	622.42	589.86		626.96	678.34	614.44	605.78		613.03	622.42	589.86		626.96	678.34
41	625.98	617.15		624.54	634.11	600.94		638.73	691.08	625.98	617.15		624.54	634.11	600.94		638.73	691.08
42	637.03	628.05		635.57	645.31	611.55		650.01	703.29	637.03	628.05		635.57	645.31	611.55		650.01	703.29
43	652.42	643.22		650.92	660.89	626.32		665.71	720.27	652.42	643.22		650.92	660.89	626.32		665.71	720.27
44	671.65	662.18		670.11	680.37	644.78		685.34	741.50	671.65	662.18		670.11	680.37	644.78		685.34	741.50
45	694.25	684.46		692.65	703.26	666.48		708.39	766.45	694.25	684.46		692.65	703.26	666.48		708.39	766.45
46	721.17	711.00		719.52	730.54	692.32		735.87	796.17	721.17	711.00		719.52	730.54	692.32		735.87	796.17
47	751.46	740.87		749.73	761.22	721.40		766.77	829.61	751.46	740.87		749.73	761.22	721.40		766.77	829.61
48	786.08	774.99		784.27	796.29	754.63		802.09	867.83	786.08	774.99		784.27	796.29	754.63		802.09	867.83
49	820.21	808.65		818.33	830.86	787.40		836.92	905.51	820.21	808.65		818.33	830.86	787.40		836.92	905.51
50	858.67	846.57		856.70	869.83	824.33		876.17	947.98	858.67	846.57		856.70	869.83	824.33		876.17	947.98
51	896.66	884.02		894.60	908.30	860.79		914.93	989.91	896.66	884.02		894.60	908.30	860.79		914.93	989.91
52	938.48	925.25		936.33	950.67	900.94		957.61	1036.09	938.48	925.25		936.33	950.67	900.94		957.61	1036.09
53	980.79	966.97		978.54	993.53	941.56		1000.78	1082.79	980.79	966.97		978.54	993.53	941.56		1000.78	1082.79
54	1026.47	1012.00		1024.11	1039.80	985.41		1047.38	1133.22	1026.47	1012.00		1024.11	1039.80	985.41		1047.38	1133.22
55	1072.14	1057.03		1069.68	1086.07	1029.25		1093.99	1183.64	1072.14	1057.03		1069.68	1086.07	1029.25		1093.99	1183.64
56	1121.66	1105.85		1119.09	1136.23	1076.79		1144.52	1238.31	1121.66	1105.85		1119.09	1136.23	1076.79		1144.52	1238.31
57	1171.66	1155.14		1168.97	1186.88	1124.80		1195.54	1293.51	1171.66	1155.14		1168.97	1186.88	1124.80		1195.54	1293.51
58	1225.03	1207.76		1222.22	1240.94	1176.03		1249.99	1352.43	1225.03	1207.76		1222.22	1240.94	1176.03		1249.99	1352.43
59	1251.47	1233.83		1248.60	1267.73	1201.41		1276.97	1381.62	1251.47	1233.83		1248.60	1267.73	1201.41		1276.97	1381.62
60	1304.84	1286.44		1301.84	1321.79	1252.64		1331.43	1440.54	1304.84	1286.44		1301.84	1321.79	1252.64		1331.43	1440.54
61	1350.99	1331.95		1347.89	1368.54	1296.95		1378.52	1491.50	1350.99	1331.95		1347.89	1368.54	1296.95		1378.52	1491.50
62	1381.28	1361.81		1378.11	1399.22	1326.03		1409.43	1524.94	1381.28	1361.81		1378.11	1399.22	1326.03		1409.43	1524.94
63	1419.26	1399.26		1416.01	1437.70	1362.49		1448.18	1566.87	1419.26	1399.26		1416.01	1437.70	1362.49		1448.18	1566.87
64 and over	1442.34	1422.00		1439.03	1461.08	1384.65		1471.73	1592.34	1442.34	1422.00		1439.03	1461.08	1384.65		1471.73	1592.34

Kaiser Foundation Health Plan of Washington RATE SCHEDULE

Plan Information

Plan Name: Kaiser Permanente Cascade Silver
HIOS Plan ID: 80473WA1000006
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Inside the Exchange
Metal Level: Kaiser Permanente Cascade 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	Kitsap and Lewis
3	No	
4	Yes	Spokane
5	Yes	Mason, Pierce, and Thurston
6	Yes	Benton, Franklin, and Yakima
7	No	
8	Yes	Island, Skagit, Snohomish, and Whatcom
9	Yes	Columbia, Walla Walla, and 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	596.97	588.55		595.60	604.72	573.09		609.13	659.05	596.97	588.55		595.60	604.72	573.09		609.13	659.05
15	650.03	640.87		648.54	658.47	624.03		663.28	717.63	650.03	640.87		648.54	658.47	624.03		663.28	717.63
16	670.32	660.87		668.78	679.03	643.51		683.98	740.03	670.32	660.87		668.78	679.03	643.51		683.98	740.03
17	690.61	680.87		689.02	699.58	662.98		704.68	762.43	690.61	680.87		689.02	699.58	662.98		704.68	762.43
18	712.46	702.41		710.82	721.71	683.96		726.98	786.55	712.46	702.41		710.82	721.71	683.96		726.98	786.55
19	734.31	723.96		732.62	743.85	704.94		749.27	810.68	734.31	723.96		732.62	743.85	704.94		749.27	810.68
20	756.94	746.27		755.20	766.77	726.66		772.36	835.66	756.94	746.27		755.20	766.77	726.66		772.36	835.66
21	780.35	769.35		778.56	790.48	749.13		796.25	861.51	780.35	769.35		778.56	790.48	749.13		796.25	861.51
22	780.35	769.35		778.56	790.48	749.13		796.25	861.51	780.35	769.35		778.56	790.48	749.13		796.25	861.51
23	780.35	769.35		778.56	790.48	749.13		796.25	861.51	780.35	769.35		778.56	790.48	749.13		796.25	861.51
24	780.35	769.35		778.56	790.48	749.13		796.25	861.51	780.35	769.35		778.56	790.48	749.13		796.25	861.51
25	783.47	772.43		781.67	793.65	752.13		799.43	864.95	783.47	772.43		781.67	793.65	752.13		799.43	864.95
26	799.08	787.81		797.24	809.46	767.11		815.36	882.18	799.08	787.81		797.24	809.46	767.11		815.36	882.18
27	817.81	806.28		815.93	828.43	785.09		834.47	902.86	817.81	806.28		815.93	828.43	785.09		834.47	902.86
28	848.24	836.28		846.29	859.26	814.31		865.52	936.46	848.24	836.28		846.29	859.26	814.31		865.52	936.46
29	873.21	860.90		871.21	884.55	838.28		891.00	964.02	873.21	860.90		871.21	884.55	838.28		891.00	964.02
30	885.70	873.21		883.66	897.20	850.27		903.74	977.81	885.70	873.21		883.66	897.20	850.27		903.74	977.81
31	904.42	891.67		902.35	916.17	868.25		922.85	998.48	904.42	891.67		902.35	916.17	868.25		922.85	998.48
32	923.15	910.14		921.03	935.14	886.23		941.96	1019.16	923.15	910.14		921.03	935.14	886.23		941.96	1019.16
33	934.86	921.68		932.71	947.00	897.46		953.91	1032.08	934.86	921.68		932.71	947.00	897.46		953.91	1032.08
34	947.34	933.99		945.17	959.65	909.45		966.65	1045.87	947.34	933.99		945.17	959.65	909.45		966.65	1045.87
35	953.59	940.14		951.40	965.97	915.44		973.02	1052.76	953.59	940.14		951.40	965.97	915.44		973.02	1052.76
36	959.83	946.30		957.63	972.30	921.44		979.39	1059.65	959.83	946.30		957.63	972.30	921.44		979.39	1059.65
37	966.07	952.45		963.85	978.62	927.43		983.76	1066.54	966.07	952.45		963.85	978.62	927.43		983.76	1066.54
38	972.31	958.61		970.08	984.94	933.42		992.13	1073.44	972.31	958.61		970.08	984.94	933.42		992.13	1073.44
39	984.80	970.92		982.54	997.59	945.41		1004.87	1087.22	984.80	970.92		982.54	997.59	945.41		1004.87	1087.22
40	997.29	983.23		995.00	1010.24	957.39		1017.61	1101.00	997.29	983.23		995.00	1010.24	957.39		1017.61	1101.00
41	1016.01	1001.69		1013.68	1029.21	975.37		1036.72	1121.68	1016.01	1001.69		1013.68	1029.21	975.37		1036.72	1121.68
42	1033.96	1019.39		1031.59	1047.39	992.60		1055.03	1141.49	1033.96	1019.39		1031.59	1047.39	992.60		1055.03	1141.49
43	1058.93	1044.01		1056.50	1072.69	1016.58		1080.51	1169.06	1058.93	1044.01		1056.50	1072.69	1016.58		1080.51	1169.06
44	1090.15	1074.78		1087.64	1104.31	1046.54		1112.36	1203.52	1090.15	1074.78		1087.64	1104.31	1046.54		1112.36	1203.52
45	1126.82	1110.94		1124.24	1141.46	1081.75		1149.78	1244.01	1126.82	1110.94		1124.24	1141.46	1081.75		1149.78	1244.01
46	1170.52	1154.02		1167.84	1185.73	1123.70		1194.37	1292.26	1170.52	1154.02		1167.84	1185.73	1123.70		1194.37	1292.26
47	1219.69	1202.49		1216.89	1235.53	1170.90		1244.54	1346.53	1219.69	1202.49		1216.89	1235.53	1170.90		1244.54	1346.53
48	1275.87	1257.88		1272.94	1292.44	1224.84		1301.87	1408.56	1275.87	1257.88		1272.94	1292.44	1224.84		1301.87	1408.56
49	1331.27	1312.51		1328.22	1348.57	1278.02		1358.40	1469.73	1331.27	1312.51		1328.22	1348.57	1278.02		1358.40	1469.73
50	1393.70	1374.06		1390.50	1411.80	1337.95		1422.10	1538.65	1393.70	1374.06		1390.50	1411.80	1337.95		1422.10	1538.65
51	1455.35	1434.83		1452.01	1474.25	1397.14		1485.01	1606.71	1455.35	1434.83		1452.01	1474.25	1397.14		1485.01	1606.71
52	1523.24	1501.77		1519.74	1543.03	1462.31		1554.28	1681.66	1523.24	1501.77		1519.74	1543.03	1462.31		1554.28	1681.66
53	1591.91	1569.47		1588.26	1612.59	1528.24		1624.35	1757.47	1591.91	1569.47		1588.26	1612.59	1528.24		1624.35	1757.47
54	1666.04	1642.56		1662.22	1687.68	1599.40		1699.99	1839.31	1666.04	1642.56		1662.22	1687.68	1599.40		1699.99	1839.31
55	1740.18	1715.65		1736.18	1762.78	1670.57		1775.64	1921.16	1740.18	1715.65		1736.18	1762.78	1670.57		1775.64	1921.16
56	1820.55	1794.89		1816.37	1844.20	1747.73		1857.65	2009.89	1820.55	1794.89		1816.37	1844.20	1747.73		1857.65	2009.89
57	1901.71	1874.90		1897.34	1926.41	1825.64		1940.46	2099.49	1901.71	1874.90		1897.34	1926.41	1825.64		1940.46	2099.49
58	1988.33	1960.30		1983.76	2014.15	1908.80		2028.84	2195.11	1988.33	1960.30		1983.76	2014.15	1908.80		2028.84	2195.11
59	2031.25	2002.61		2026.58	2057.63	1950.00		2072.64	2242.50	2031.25	2002.61		2026.58	2057.63	1950.00		2072.64	2242.50
60	2117.87	2088.01		2113.00	2145.37	2033.15		2161.02	2338.12	2117.87	2088.01		2113.00	2145.37	2033.15		2161.02	2338.12
61	2192.78	2161.87		2187.75	2221.26	2105.07		2237.46	2420.83	2192.78	2161.87		2187.75	2221.26	2105.07		2237.46	2420.83
62	2241.94	2210.34		2236.80	2271.06	2152.26		2287.62	2475.10	2241.94	2210.34		2236.80	2271.06	2152.26		2287.62	2475.10
63	2303.59	2271.12		2298.30	2333.51	2211.45		2350.53	2543.16	2303.59	2271.12		2298.30	2333.51	2211.45		2350.53	2543.16
64 and over	2341.05	2308.04		2335.67	2371.44	2247.39		2388.75	2584.52	2341.05	2308.04		2335.67	2371.44	2247.39		2388.75	2584.52

Kaiser Foundation Health Plan of Washington RATE SCHEDULE

Plan Information

Plan Name: Kaiser Permanente Cascade Bronze
HIOS Plan ID: 80473WA1000007
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Inside the Exchange
Metal Level: Kaiser Permanente Cascade Bronze
Plan Type: Standardized Non-Public Option Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Kitsap and Lewis
3	No	
4	Yes	Spokane
5	Yes	Mason, Pierce, and Thurston
6	Yes	Benton, Franklin, and Yakima
7	No	
8	Yes	Island, Skagit, Snohomish, and Whatcom
9	Yes	Columbia, Walla Walla, and 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	270.89	267.08		270.27	274.41	260.06		276.41	299.07	270.89	267.08		270.27	274.41	260.06		276.41	299.07
15	294.97	290.82		294.30	298.81	283.17		300.98	325.65	294.97	290.82		294.30	298.81	283.17		300.98	325.65
16	304.18	299.89		303.48	308.13	292.01		310.38	335.82	304.18	299.89		303.48	308.13	292.01		310.38	335.82
17	313.39	308.97		312.67	317.46	300.85		319.77	345.98	313.39	308.97		312.67	317.46	300.85		319.77	345.98
18	323.30	318.74		322.56	327.50	310.37		329.89	356.93	323.30	318.74		322.56	327.50	310.37		329.89	356.93
19	333.22	328.52		332.45	337.55	319.89		340.01	367.87	333.22	328.52		332.45	337.55	319.89		340.01	367.87
20	343.49	338.64		342.70	347.95	329.75		350.49	379.21	343.49	338.64		342.70	347.95	329.75		350.49	379.21
21	354.11	349.12		353.30	358.71	339.95		361.33	390.94	354.11	349.12		353.30	358.71	339.95		361.33	390.94
22	354.11	349.12		353.30	358.71	339.95		361.33	390.94	354.11	349.12		353.30	358.71	339.95		361.33	390.94
23	354.11	349.12		353.30	358.71	339.95		361.33	390.94	354.11	349.12		353.30	358.71	339.95		361.33	390.94
24	354.11	349.12		353.30	358.71	339.95		361.33	390.94	354.11	349.12		353.30	358.71	339.95		361.33	390.94
25	355.53	350.51		354.71	360.14	341.31		362.77	392.50	355.53	350.51		354.71	360.14	341.31		362.77	392.50
26	362.61	357.50		361.78	367.32	348.10		370.00	400.32	362.61	357.50		361.78	367.32	348.10		370.00	400.32
27	371.11	365.88		370.26	375.93	356.26		378.67	409.70	371.11	365.88		370.26	375.93	356.26		378.67	409.70
28	384.92	379.49		384.03	389.92	369.52		392.76	424.95	384.92	379.49		384.03	389.92	369.52		392.76	424.95
29	396.25	390.66		395.34	401.40	380.40		404.32	437.46	396.25	390.66		395.34	401.40	380.40		404.32	437.46
30	401.92	396.25		400.99	407.14	385.84		410.10	443.71	401.92	396.25		400.99	407.14	385.84		410.10	443.71
31	410.41	404.63		409.47	415.74	394.00		418.78	453.10	410.41	404.63		409.47	415.74	394.00		418.78	453.10
32	418.91	413.01		417.95	424.35	402.16		427.45	462.48	418.91	413.01		417.95	424.35	402.16		427.45	462.48
33	424.22	418.24		423.25	429.73	407.26		432.87	468.34	424.22	418.24		423.25	429.73	407.26		432.87	468.34
34	429.89	423.83		428.90	435.47	412.69		438.65	474.60	429.89	423.83		428.90	435.47	412.69		438.65	474.60
35	432.72	426.62		431.73	438.34	415.41		441.54	477.73	432.72	426.62		431.73	438.34	415.41		441.54	477.73
36	435.56	429.42		434.56	441.21	418.13		444.43	480.85	435.56	429.42		434.56	441.21	418.13		444.43	480.85
37	438.39	432.21		437.38	444.08	420.85		447.32	483.98	438.39	432.21		437.38	444.08	420.85		447.32	483.98
38	441.22	435.00		440.21	446.95	423.57		450.21	487.11	441.22	435.00		440.21	446.95	423.57		450.21	487.11
39	446.89	440.59		445.86	452.69	429.01		455.99	493.36	446.89	440.59		445.86	452.69	429.01		455.99	493.36
40	452.55	446.17		451.51	458.43	434.45		461.77	499.62	452.55	446.17		451.51	458.43	434.45		461.77	499.62
41	461.05	454.55		459.99	467.04	442.61		470.45	509.00	461.05	454.55		459.99	467.04	442.61		470.45	509.00
42	469.20	462.58		468.12	475.29	450.43		478.76	517.99	469.20	462.58		468.12	475.29	450.43		478.76	517.99
43	480.53	473.75		479.42	486.77	461.31		490.32	530.50	480.53	473.75		479.42	486.77	461.31		490.32	530.50
44	494.69	487.72		493.56	501.12	474.90		504.77	546.14	494.69	487.72		493.56	501.12	474.90		504.77	546.14
45	511.34	504.13		510.16	517.98	490.88		521.75	564.51	511.34	504.13		510.16	517.98	490.88		521.75	564.51
46	531.17	523.68		529.95	538.06	509.92		541.99	586.41	531.17	523.68		529.95	538.06	509.92		541.99	586.41
47	553.47	545.67		552.20	560.66	531.34		564.75	611.04	553.47	545.67		552.20	560.66	531.34		564.75	611.04
48	578.97	570.81		577.64	586.49	555.81		590.77	639.18	578.97	570.81		577.64	586.49	555.81		590.77	639.18
49	604.11	595.60		602.73	611.96	579.95		616.42	666.94	604.11	595.60		602.73	611.96	579.95		616.42	666.94
50	632.44	623.53		630.99	640.66	607.14		645.33	698.21	632.44	623.53		630.99	640.66	607.14		645.33	698.21
51	660.42	651.11		658.90	668.99	634.00		673.87	729.10	660.42	651.11		658.90	668.99	634.00		673.87	729.10
52	691.22	681.48		689.64	700.20	663.57		705.31	763.11	691.22	681.48		689.64	700.20	663.57		705.31	763.11
53	722.38	712.20		720.73	731.77	693.49		737.10	797.51	722.38	712.20		720.73	731.77	693.49		737.10	797.51
54	756.03	745.37		754.29	765.84	725.78		771.43	834.65	756.03	745.37		754.29	765.84	725.78		771.43	834.65
55	789.67	778.53		787.85	799.92	758.08		805.76	871.79	789.67	778.53		787.85	799.92	758.08		805.76	871.79
56	826.14	814.49		824.24	836.87	793.09		842.97	912.06	826.14	814.49		824.24	836.87	793.09		842.97	912.06
57	862.97	850.80		860.99	874.18	828.45		880.55	952.72	862.97	850.80		860.99	874.18	828.45		880.55	952.72
58	902.27	889.55		900.20	913.99	866.18		920.66	996.11	902.27	889.55		900.20	913.99	866.18		920.66	996.11
59	921.75	908.75		919.63	933.72	884.88		940.53	1017.61	921.75	908.75		919.63	933.72	884.88		940.53	1017.61
60	961.06	947.51		958.85	973.54	922.61		980.64	1061.00	961.06	947.51		958.85	973.54	922.61		980.64	1061.00
61	995.05	981.02		992.77	1007.97	955.25		1015.33	1098.53	995.05	981.02		992.77	1007.97	955.25		1015.33	1098.53
62	1017.36	1003.02		1015.02	1030.57	976.66		1038.09	1123.16	1017.36	1003.02		1015.02	1030.57	976.66		1038.09	1123.16
63	1045.33	1030.60		1042.93	1058.91	1003.52		1066.63	1154.05	1045.33	1030.60		1042.93	1058.91	1003.52		1066.63	1154.05
64 and over	1062.33	1047.35		1059.89	1076.13	1019.84		1083.98	1172.81	1062.33	1047.35		1059.89	1076.13	1019.84		1083.98	1172.81

Kaiser Foundation Health Plan of Washington RATE SCHEDULE

Plan Information

Plan Name: Kaiser Permanente Cascade Vital Gold
HIOS Plan ID: 80473WA1000011
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Inside the Exchange
Metal Level: Kaiser Permanente Cascade Vital 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	Kitsap and Lewis
3	No	
4	Yes	Spokane
5	Yes	Mason, Pierce, and Thurston
6	Yes	Benton, Franklin, and Yakima
7	No	
8	Yes	Island, Skagit, Snohomish, and Whatcom
9	Yes	Columbia, Walla Walla, and 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	344.94	340.08		344.15	349.43	331.15		351.97	380.82	344.94	340.08		344.15	349.43	331.15		351.97	380.82
15	375.61	370.31		374.74	380.49	360.58		383.26	414.67	375.61	370.31		374.74	380.49	360.58		383.26	414.67
16	387.33	381.87		386.44	392.36	371.84		395.22	427.61	387.33	381.87		386.44	392.36	371.84		395.22	427.61
17	399.05	393.43		398.14	404.24	383.09		407.19	440.56	399.05	393.43		398.14	404.24	383.09		407.19	440.56
18	411.68	405.88		410.73	417.03	395.21		420.07	454.49	411.68	405.88		410.73	417.03	395.21		420.07	454.49
19	424.30	418.32		423.33	429.82	407.33		432.95	468.43	424.30	418.32		423.33	429.82	407.33		432.95	468.43
20	437.38	431.22		436.38	443.06	419.89		446.29	482.87	437.38	431.22		436.38	443.06	419.89		446.29	482.87
21	450.91	444.55		449.87	456.76	432.87		460.10	497.80	450.91	444.55		449.87	456.76	432.87		460.10	497.80
22	450.91	444.55		449.87	456.76	432.87		460.10	497.80	450.91	444.55		449.87	456.76	432.87		460.10	497.80
23	450.91	444.55		449.87	456.76	432.87		460.10	497.80	450.91	444.55		449.87	456.76	432.87		460.10	497.80
24	450.91	444.55		449.87	456.76	432.87		460.10	497.80	450.91	444.55		449.87	456.76	432.87		460.10	497.80
25	452.71	446.33		451.67	458.59	434.60		461.94	499.79	452.71	446.33		451.67	458.59	434.60		461.94	499.79
26	461.73	455.22		460.67	467.73	443.26		471.14	509.75	461.73	455.22		460.67	467.73	443.26		471.14	509.75
27	472.55	465.89		471.47	478.69	453.65		482.18	521.70	472.55	465.89		471.47	478.69	453.65		482.18	521.70
28	490.14	483.23		489.01	496.50	470.53		500.12	541.11	490.14	483.23		489.01	496.50	470.53		500.12	541.11
29	504.57	497.45		503.41	511.12	484.38		514.85	557.04	504.57	497.45		503.41	511.12	484.38		514.85	557.04
30	511.78	504.57		510.61	518.43	491.31		522.21	565.01	511.78	504.57		510.61	518.43	491.31		522.21	565.01
31	522.60	515.24		521.40	529.39	501.70		533.25	576.95	522.60	515.24		521.40	529.39	501.70		533.25	576.95
32	533.42	525.90		532.20	540.35	512.09		544.29	588.90	533.42	525.90		532.20	540.35	512.09		544.29	588.90
33	540.19	532.57		538.95	547.20	518.58		551.20	596.37	540.19	532.57		538.95	547.20	518.58		551.20	596.37
34	547.40	539.69		546.15	554.51	525.51		558.56	604.33	547.40	539.69		546.15	554.51	525.51		558.56	604.33
35	551.01	543.24		549.74	558.17	528.97		562.24	608.31	551.01	543.24		549.74	558.17	528.97		562.24	608.31
36	554.62	546.80		553.34	561.82	532.43		565.92	612.30	554.62	546.80		553.34	561.82	532.43		565.92	612.30
37	558.22	550.36		556.94	565.47	535.90		566.60	616.28	558.22	550.36		556.94	565.47	535.90		566.60	616.28
38	561.83	553.91		560.54	569.13	539.36		573.28	620.26	561.83	553.91		560.54	569.13	539.36		573.28	620.26
39	569.05	561.02		567.74	576.44	546.28		580.64	628.23	569.05	561.02		567.74	576.44	546.28		580.64	628.23
40	576.26	568.14		574.94	583.75	553.21		588.00	636.19	576.26	568.14		574.94	583.75	553.21		588.00	636.19
41	587.08	578.81		585.73	594.71	563.60		599.05	648.14	587.08	578.81		585.73	594.71	563.60		599.05	648.14
42	597.45	589.03		596.08	605.21	573.56		609.63	659.59	597.45	589.03		596.08	605.21	573.56		609.63	659.59
43	611.88	603.26		610.48	619.83	587.41		624.35	675.52	611.88	603.26		610.48	619.83	587.41		624.35	675.52
44	629.92	621.04		628.47	638.10	604.72		642.75	695.43	629.92	621.04		628.47	638.10	604.72		642.75	695.43
45	651.11	641.93		649.62	659.57	625.07		664.38	718.83	651.11	641.93		649.62	659.57	625.07		664.38	718.83
46	676.36	666.83		674.81	685.15	649.31		690.14	746.70	676.36	666.83		674.81	685.15	649.31		690.14	746.70
47	704.77	694.83		703.15	713.92	676.58		719.13	778.07	704.77	694.83		703.15	713.92	676.58		719.13	778.07
48	737.23	726.84		735.54	746.81	707.75		752.26	813.91	737.23	726.84		735.54	746.81	707.75		752.26	813.91
49	769.25	758.41		767.48	779.24	738.48		784.92	849.25	769.25	758.41		767.48	779.24	738.48		784.92	849.25
50	805.32	793.97		803.47	815.78	773.11		821.73	889.08	805.32	793.97		803.47	815.78	773.11		821.73	889.08
51	840.94	829.09		839.01	851.87	807.31		858.08	928.40	840.94	829.09		839.01	851.87	807.31		858.08	928.40
52	880.17	867.76		878.15	891.60	844.97		898.11	971.71	880.17	867.76		878.15	891.60	844.97		898.11	971.71
53	919.85	906.89		917.74	931.80	883.06		938.60	1015.52	919.85	906.89		917.74	931.80	883.06		938.60	1015.52
54	962.69	949.12		960.48	975.19	924.18		982.31	1062.81	962.69	949.12		960.48	975.19	924.18		982.31	1062.81
55	1005.53	991.35		1003.22	1018.59	965.30		1026.01	1110.10	1005.53	991.35		1003.22	1018.59	965.30		1026.01	1110.10
56	1051.97	1037.14		1049.55	1065.63	1009.89		1073.40	1161.37	1051.97	1037.14		1049.55	1065.63	1009.89		1073.40	1161.37
57	1098.86	1083.37		1096.34	1113.14	1054.91		1121.25	1213.15	1098.86	1083.37		1096.34	1113.14	1054.91		1121.25	1213.15
58	1148.91	1132.72		1146.28	1163.84	1102.96		1172.32	1268.40	1148.91	1132.72		1146.28	1163.84	1102.96		1172.32	1268.40
59	1173.71	1157.17		1171.02	1188.96	1126.77		1197.63	1295.78	1173.71	1157.17		1171.02	1188.96	1126.77		1197.63	1295.78
60	1223.76	1206.51		1220.96	1239.66	1174.81		1248.70	1351.04	1223.76	1206.51		1220.96	1239.66	1174.81		1248.70	1351.04
61	1267.05	1249.19		1264.14	1283.51	1216.37		1292.87	1398.83	1267.05	1249.19		1264.14	1283.51	1216.37		1292.87	1398.83
62	1295.46	1277.20		1292.49	1312.29	1243.64		1321.86	1430.19	1295.46	1277.20		1292.49	1312.29	1243.64		1321.86	1430.19
63	1331.08	1312.32		1328.03	1348.37	1277.84		1358.20	1469.51	1331.08	1312.32		1328.03	1348.37	1277.84		1358.20	1469.51
64 and over	1352.72	1333.65		1349.61	1370.28	1298.61		1380.29	1493.40	1352.72	1333.65		1349.61	1370.28	1298.61		1380.29	1493.40

Kaiser Foundation Health Plan of Washington RATE SCHEDULE

Plan Information

Plan Name: VisitsPlus Silver 4500
HIOS Plan ID: 80473WA1000012
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Outside the Exchange
Metal Level: VisitsPlus Silver 4500
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Kitsap and Lewis
3	No	
4	Yes	Spokane
5	Yes	Mason, Pierce, and Thurston
6	Yes	Benton, Franklin, and Yakima
7	No	
8	Yes	Island, Skagit, Snohomish, and Whatcom
9	Yes	Columbia, Walla Walla, and 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	292.18	288.06		291.51	295.98	280.50		298.14	322.57	292.18	288.06		291.51	295.98	280.50		298.14	322.57
15	318.16	313.67		317.42	322.29	305.43		324.64	351.24	318.16	313.67		317.42	322.29	305.43		324.64	351.24
16	328.09	323.46		327.33	332.35	314.96		334.77	362.21	328.09	323.46		327.33	332.35	314.96		334.77	362.21
17	338.02	333.25		337.24	342.41	324.50		344.90	373.17	338.02	333.25		337.24	342.41	324.50		344.90	373.17
18	348.71	343.79		347.91	353.24	334.76		355.82	384.98	348.71	343.79		347.91	353.24	334.76		355.82	384.98
19	359.40	354.34		358.58	364.07	345.03		366.73	396.78	359.40	354.34		358.58	364.07	345.03		366.73	396.78
20	370.48	365.26		369.63	375.29	355.66		378.03	409.01	370.48	365.26		369.63	375.29	355.66		378.03	409.01
21	381.94	376.55		381.06	386.90	366.66		389.72	421.66	381.94	376.55		381.06	386.90	366.66		389.72	421.66
22	381.94	376.55		381.06	386.90	366.66		389.72	421.66	381.94	376.55		381.06	386.90	366.66		389.72	421.66
23	381.94	376.55		381.06	386.90	366.66		389.72	421.66	381.94	376.55		381.06	386.90	366.66		389.72	421.66
24	381.94	376.55		381.06	386.90	366.66		389.72	421.66	381.94	376.55		381.06	386.90	366.66		389.72	421.66
25	383.47	378.06		382.59	388.45	368.13		391.28	423.35	383.47	378.06		382.59	388.45	368.13		391.28	423.35
26	391.11	385.59		390.21	396.19	375.46		399.07	431.78	391.11	385.59		390.21	396.19	375.46		399.07	431.78
27	400.27	394.63		399.35	405.47	384.26		408.43	441.90	400.27	394.63		399.35	405.47	384.26		408.43	441.90
28	415.17	409.31		414.21	420.56	398.56		423.63	458.34	415.17	409.31		414.21	420.56	398.56		423.63	458.34
29	427.39	421.36		426.41	432.94	410.29		436.10	471.84	427.39	421.36		426.41	432.94	410.29		436.10	471.84
30	433.50	427.39		432.51	439.13	416.16		442.33	478.58	433.50	427.39		432.51	439.13	416.16		442.33	478.58
31	442.67	436.43		441.65	448.42	424.96		451.69	488.70	442.67	436.43		441.65	448.42	424.96		451.69	488.70
32	451.83	445.46		450.80	457.70	433.76		461.04	498.82	451.83	445.46		450.80	457.70	433.76		461.04	498.82
33	457.56	451.11		456.51	463.51	439.26		466.89	505.15	457.56	451.11		456.51	463.51	439.26		466.89	505.15
34	463.67	457.14		462.61	469.70	445.13		473.12	511.90	463.67	457.14		462.61	469.70	445.13		473.12	511.90
35	466.73	460.15		465.66	472.79	448.06		476.24	515.27	466.73	460.15		465.66	472.79	448.06		476.24	515.27
36	469.78	463.16		468.71	475.89	450.99		479.36	518.64	469.78	463.16		468.71	475.89	450.99		479.36	518.64
37	472.84	466.17		471.75	478.98	453.93		482.48	522.02	472.84	466.17		471.75	478.98	453.93		482.48	522.02
38	475.90	469.19		474.80	482.08	456.86		485.59	525.39	475.90	469.19		474.80	482.08	456.86		485.59	525.39
39	482.01	475.21		480.90	488.27	462.73		491.83	532.14	482.01	475.21		480.90	488.27	462.73		491.83	532.14
40	488.12	481.24		487.00	494.46	468.59		498.06	538.88	488.12	481.24		487.00	494.46	468.59		498.06	538.88
41	497.28	490.27		496.14	503.74	477.39		507.42	549.00	497.28	490.27		496.14	503.74	477.39		507.42	549.00
42	506.07	498.93		504.91	512.64	485.83		516.38	558.70	506.07	498.93		504.91	512.64	485.83		516.38	558.70
43	518.29	510.98		517.10	525.02	497.56		528.85	572.19	518.29	510.98		517.10	525.02	497.56		528.85	572.19
44	533.57	526.05		532.34	540.50	512.23		544.44	589.06	533.57	526.05		532.34	540.50	512.23		544.44	589.06
45	551.52	543.74		550.25	558.68	529.46		562.76	608.88	551.52	543.74		550.25	558.68	529.46		562.76	608.88
46	572.91	564.83		571.59	580.35	549.99		584.58	632.49	572.91	564.83		571.59	580.35	549.99		584.58	632.49
47	596.97	588.55		595.60	604.72	573.09		609.13	659.06	596.97	588.55		595.60	604.72	573.09		609.13	659.06
48	624.47	615.67		623.04	632.58	599.49		637.19	689.41	624.47	615.67		623.04	632.58	599.49		637.19	689.41
49	651.59	642.40		650.09	660.05	625.52		664.86	719.35	651.59	642.40		650.09	660.05	625.52		664.86	719.35
50	682.14	672.53		680.58	691.00	654.86		696.04	753.09	682.14	672.53		680.58	691.00	654.86		696.04	753.09
51	712.32	702.27		710.68	721.57	683.82		726.83	786.40	712.32	702.27		710.68	721.57	683.82		726.83	786.40
52	745.54	735.03		743.83	755.23	715.72		760.74	823.08	745.54	735.03		743.83	755.23	715.72		760.74	823.08
53	779.16	768.17		777.37	789.28	747.99		795.03	860.19	779.16	768.17		777.37	789.28	747.99		795.03	860.19
54	815.44	803.94		813.57	826.03	782.82		832.06	900.25	815.44	803.94		813.57	826.03	782.82		832.06	900.25
55	851.72	839.72		849.77	862.79	817.65		869.08	940.30	851.72	839.72		849.77	862.79	817.65		869.08	940.30
56	891.06	878.50		889.02	902.64	855.42		909.22	983.73	891.06	878.50		889.02	902.64	855.42		909.22	983.73
57	930.78	917.66		928.65	942.87	893.55		949.75	1027.59	930.78	917.66		928.65	942.87	893.55		949.75	1027.59
58	973.18	959.46		970.95	985.82	934.25		993.01	1074.39	973.18	959.46		970.95	985.82	934.25		993.01	1074.39
59	994.19	980.17		991.90	1007.10	954.42		1014.44	1097.58	994.19	980.17		991.90	1007.10	954.42		1014.44	1097.58
60	1036.58	1021.97		1034.20	1050.05	995.12		1057.70	1144.39	1036.58	1021.97		1034.20	1050.05	995.12		1057.70	1144.39
61	1073.25	1058.12		1070.78	1087.19	1030.32		1095.12	1184.87	1073.25	1058.12		1070.78	1087.19	1030.32		1095.12	1184.87
62	1097.31	1081.84		1094.79	1111.56	1053.42		1119.67	1211.43	1097.31	1081.84		1094.79	1111.56	1053.42		1119.67	1211.43
63	1127.48	1111.59		1124.90	1142.13	1082.38		1150.46	1244.74	1127.48	1111.59		1124.90	1142.13	1082.38		1150.46	1244.74
64 and over	1145.82	1129.65		1143.18	1160.70	1099.98		1169.16	1264.98	1145.82	1129.65		1143.18	1160.70	1099.98		1169.16	1264.98

Kaiser Foundation Health Plan of Washington RATE SCHEDULE

Plan Information

Plan Name: Gold HSA
HIOS Plan ID: 80473WA1000013
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Both inside and outside the exchange
Metal Level: Gold HSA
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Kitsap and Lewis
3	No	
4	Yes	Spokane
5	Yes	Mason, Pierce, and Thurston
6	Yes	Benton, Franklin, and Yakima
7	No	
8	Yes	Island, Skagit, Snohomish, and Whatcom
9	Yes	Columbia, Walla Walla, and 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	344.32	339.47		343.53	348.79	330.55		351.34	380.13	344.32	339.47		343.53	348.79	330.55		351.34	380.13
15	374.93	369.64		374.07	379.80	359.93		382.57	413.92	374.93	369.64		374.07	379.80	359.93		382.57	413.92
16	386.63	381.18		385.74	391.65	371.16		394.51	426.84	386.63	381.18		385.74	391.65	371.16		394.51	426.84
17	398.33	392.72		397.42	403.50	382.40		406.45	439.76	398.33	392.72		397.42	403.50	382.40		406.45	439.76
18	410.93	405.14		409.99	416.27	394.50		419.31	453.67	410.93	405.14		409.99	416.27	394.50		419.31	453.67
19	423.54	417.57		422.56	429.04	406.59		432.17	467.58	423.54	417.57		422.56	429.04	406.59		432.17	467.58
20	436.59	430.43		435.59	442.26	419.12		445.48	481.99	436.59	430.43		435.59	442.26	419.12		445.48	481.99
21	450.09	443.75		449.06	455.94	432.09		459.26	496.90	450.09	443.75		449.06	455.94	432.09		459.26	496.90
22	450.09	443.75		449.06	455.94	432.09		459.26	496.90	450.09	443.75		449.06	455.94	432.09		459.26	496.90
23	450.09	443.75		449.06	455.94	432.09		459.26	496.90	450.09	443.75		449.06	455.94	432.09		459.26	496.90
24	450.09	443.75		449.06	455.94	432.09		459.26	496.90	450.09	443.75		449.06	455.94	432.09		459.26	496.90
25	451.89	445.52		450.85	457.76	433.82		461.10	498.89	451.89	445.52		450.85	457.76	433.82		461.10	498.89
26	460.89	454.40		459.84	466.88	442.46		470.28	508.83	460.89	454.40		459.84	466.88	442.46		470.28	508.83
27	471.70	465.05		470.61	477.82	452.83		481.31	520.75	471.70	465.05		470.61	477.82	452.83		481.31	520.75
28	489.25	482.35		488.13	495.60	469.68		499.22	540.13	489.25	482.35		488.13	495.60	469.68		499.22	540.13
29	503.65	496.55		502.50	510.19	483.51		513.91	556.03	503.65	496.55		502.50	510.19	483.51		513.91	556.03
30	510.85	503.65		509.68	517.49	490.42		521.26	563.98	510.85	503.65		509.68	517.49	490.42		521.26	563.98
31	521.66	514.30		520.46	528.43	500.79		532.29	575.91	521.66	514.30		520.46	528.43	500.79		532.29	575.91
32	532.46	524.95		531.24	539.37	511.16		543.31	587.83	532.46	524.95		531.24	539.37	511.16		543.31	587.83
33	539.21	531.61		537.97	546.21	517.64		550.20	595.29	539.21	531.61		537.97	546.21	517.64		550.20	595.29
34	546.41	538.71		545.16	553.51	524.55		557.54	603.24	546.41	538.71		545.16	553.51	524.55		557.54	603.24
35	550.01	542.26		548.75	557.16	528.01		561.22	607.21	550.01	542.26		548.75	557.16	528.01		561.22	607.21
36	553.61	545.81		552.34	560.80	531.47		564.89	611.19	553.61	545.81		552.34	560.80	531.47		564.89	611.19
37	557.21	549.36		555.93	564.45	534.92		568.57	615.16	557.21	549.36		555.93	564.45	534.92		568.57	615.16
38	560.81	552.91		559.53	568.10	538.38		572.24	619.14	560.81	552.91		559.53	568.10	538.38		572.24	619.14
39	568.01	560.01		566.71	575.39	545.29		579.59	627.09	568.01	560.01		566.71	575.39	545.29		579.59	627.09
40	575.22	567.11		573.90	582.69	552.21		586.94	635.04	575.22	567.11		573.90	582.69	552.21		586.94	635.04
41	586.02	577.76		584.67	593.63	562.58		597.96	646.96	586.02	577.76		584.67	593.63	562.58		597.96	646.96
42	596.37	587.96		595.00	604.12	572.52		608.52	658.39	596.37	587.96		595.00	604.12	572.52		608.52	658.39
43	610.77	602.16		609.37	618.71	586.34		623.22	674.29	610.77	602.16		609.37	618.71	586.34		623.22	674.29
44	628.78	619.91		627.33	636.94	603.63		641.59	694.17	628.78	619.91		627.33	636.94	603.63		641.59	694.17
45	649.93	640.77		648.44	658.37	623.93		663.17	717.52	649.93	640.77		648.44	658.37	623.93		663.17	717.52
46	675.14	665.62		673.59	683.91	648.13		688.89	745.35	675.14	665.62		673.59	683.91	648.13		688.89	745.35
47	703.49	693.58		701.88	712.63	675.35		717.83	776.66	703.49	693.58		701.88	712.63	675.35		717.83	776.66
48	735.90	725.52		734.21	745.46	706.46		750.89	812.43	735.90	725.52		734.21	745.46	706.46		750.89	812.43
49	767.86	757.03		766.09	777.83	737.14		783.50	847.71	767.86	757.03		766.09	777.83	737.14		783.50	847.71
50	803.86	792.53		802.02	814.30	771.71		820.24	887.46	803.86	792.53		802.02	814.30	771.71		820.24	887.46
51	839.42	827.59		837.49	850.32	805.84		856.52	926.72	839.42	827.59		837.49	850.32	805.84		856.52	926.72
52	878.58	866.19		876.56	889.99	843.43		896.48	969.95	878.58	866.19		876.56	889.99	843.43		896.48	969.95
53	918.19	905.24		916.08	930.11	881.46		936.90	1013.68	918.19	905.24		916.08	930.11	881.46		936.90	1013.68
54	960.94	947.40		958.74	973.43	922.51		980.53	1060.88	960.94	947.40		958.74	973.43	922.51		980.53	1060.88
55	1003.70	989.55		1001.40	1016.74	963.56		1024.16	1108.09	1003.70	989.55		1001.40	1016.74	963.56		1024.16	1108.09
56	1050.06	1035.26		1047.65	1063.70	1008.06		1071.46	1159.27	1050.06	1035.26		1047.65	1063.70	1008.06		1071.46	1159.27
57	1096.87	1081.41		1094.35	1111.12	1053.00		1119.22	1210.95	1096.87	1081.41		1094.35	1111.12	1053.00		1119.22	1210.95
58	1146.83	1130.67		1144.20	1161.73	1100.96		1170.20	1266.10	1146.83	1130.67		1144.20	1161.73	1100.96		1170.20	1266.10
59	1171.59	1155.07		1168.90	1186.80	1124.72		1195.46	1293.43	1171.59	1155.07		1168.90	1186.80	1124.72		1195.46	1293.43
60	1221.55	1204.33		1218.74	1237.41	1172.69		1246.44	1348.59	1221.55	1204.33		1218.74	1237.41	1172.69		1246.44	1348.59
61	1264.76	1246.93		1261.85	1281.18	1214.17		1290.53	1396.29	1264.76	1246.93		1261.85	1281.18	1214.17		1290.53	1396.29
62	1293.11	1274.88		1290.14	1309.91	1241.39		1319.46	1427.60	1293.11	1274.88		1290.14	1309.91	1241.39		1319.46	1427.60
63	1328.67	1309.94		1325.62	1345.93	1275.52		1355.74	1466.85	1328.67	1309.94		1325.62	1345.93	1275.52		1355.74	1466.85
64 and over	1350.27	1331.24		1347.17	1367.81	1296.26		1377.78	1490.70	1350.27	1331.24		1347.17	1367.81	1296.26		1377.78	1490.70

Kaiser Foundation Health Plan of Washington RATE SCHEDULE

Plan Information

Plan Name: VisitsPlus Gold LD
HIOS Plan ID: 80473WA1000014
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Outside the Exchange
Metal Level: VisitsPlus Gold LD
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Kitsap and Lewis
3	No	
4	Yes	Spokane
5	Yes	Mason, Pierce, and Thurston
6	Yes	Benton, Franklin, and Yakima
7	No	
8	Yes	Island, Skagit, Snohomish, and Whatcom
9	Yes	Columbia, Walla Walla, and 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	363.07	357.95		362.24	367.79	348.55		370.47	400.83	363.07	357.95		362.24	367.79	348.55		370.47	400.83
15	395.35	389.77		394.44	400.48	379.53		403.40	436.46	395.35	389.77		394.44	400.48	379.53		403.40	436.46
16	407.69	401.94		406.75	412.98	391.38		415.99	450.08	407.69	401.94		406.75	412.98	391.38		415.99	450.08
17	420.02	414.10		419.06	425.48	403.22		428.58	463.71	420.02	414.10		419.06	425.48	403.22		428.58	463.71
18	433.31	427.21		432.32	438.94	415.98		442.14	478.38	433.31	427.21		432.32	438.94	415.98		442.14	478.38
19	446.60	440.31		445.58	452.40	428.74		455.70	493.05	446.60	440.31		445.58	452.40	428.74		455.70	493.05
20	460.37	453.88		459.31	466.35	441.95		469.75	508.24	460.37	453.88		459.31	466.35	441.95		469.75	508.24
21	474.60	467.91		473.51	480.77	455.62		484.28	523.96	474.60	467.91		473.51	480.77	455.62		484.28	523.96
22	474.60	467.91		473.51	480.77	455.62		484.28	523.96	474.60	467.91		473.51	480.77	455.62		484.28	523.96
23	474.60	467.91		473.51	480.77	455.62		484.28	523.96	474.60	467.91		473.51	480.77	455.62		484.28	523.96
24	474.60	467.91		473.51	480.77	455.62		484.28	523.96	474.60	467.91		473.51	480.77	455.62		484.28	523.96
25	476.50	469.79		475.41	482.69	457.44		486.21	526.06	476.50	469.79		475.41	482.69	457.44		486.21	526.06
26	485.99	479.14		484.88	492.31	466.55		495.90	536.54	485.99	479.14		484.88	492.31	466.55		495.90	536.54
27	497.39	490.37		496.24	503.85	477.49		507.52	549.11	497.39	490.37		496.24	503.85	477.49		507.52	549.11
28	515.89	508.62		514.71	522.60	495.26		526.41	569.55	515.89	508.62		514.71	522.60	495.26		526.41	569.55
29	531.08	523.60		529.86	537.98	509.84		541.90	586.31	531.08	523.60		529.86	537.98	509.84		541.90	586.31
30	538.68	531.08		537.44	545.67	517.13		549.65	594.70	538.68	531.08		537.44	545.67	517.13		549.65	594.70
31	550.07	542.31		548.80	557.21	528.06		561.27	607.27	550.07	542.31		548.80	557.21	528.06		561.27	607.27
32	561.46	553.54		560.17	568.75	539.00		572.90	619.85	561.46	553.54		560.17	568.75	539.00		572.90	619.85
33	568.58	560.56		567.27	575.96	545.83		580.16	627.71	568.58	560.56		567.27	575.96	545.83		580.16	627.71
34	576.17	568.05		574.85	583.65	553.12		587.91	636.09	576.17	568.05		574.85	583.65	553.12		587.91	636.09
35	579.97	571.79		578.64	587.50	556.77		591.78	640.28	579.97	571.79		578.64	587.50	556.77		591.78	640.28
36	583.76	575.53		582.42	591.35	560.41		595.66	644.47	583.76	575.53		582.42	591.35	560.41		595.66	644.47
37	587.56	579.28		586.21	595.19	564.06		599.53	648.67	587.56	579.28		586.21	595.19	564.06		599.53	648.67
38	591.36	583.02		590.00	599.04	567.70		603.41	652.86	591.36	583.02		590.00	599.04	567.70		603.41	652.86
39	598.95	590.51		597.58	606.73	574.99		611.16	661.24	598.95	590.51		597.58	606.73	574.99		611.16	661.24
40	606.54	597.99		605.15	614.42	582.28		618.90	669.62	606.54	597.99		605.15	614.42	582.28		618.90	669.62
41	617.93	609.22		616.52	625.96	593.22		630.53	682.20	617.93	609.22		616.52	625.96	593.22		630.53	682.20
42	628.85	619.99		627.41	637.02	603.70		641.66	694.25	628.85	619.99		627.41	637.02	603.70		641.66	694.25
43	644.04	634.96		642.56	652.40	618.28		657.16	711.02	644.04	634.96		642.56	652.40	618.28		657.16	711.02
44	663.02	653.68		661.50	671.63	636.50		676.53	731.98	663.02	653.68		661.50	671.63	636.50		676.53	731.98
45	685.33	675.67		683.76	694.23	657.92		699.29	756.60	685.33	675.67		683.76	694.23	657.92		699.29	756.60
46	711.91	701.87		710.27	721.15	683.43		726.41	785.94	711.91	701.87		710.27	721.15	683.43		726.41	785.94
47	741.81	731.35		740.10	751.44	712.13		756.92	818.95	741.81	731.35		740.10	751.44	712.13		756.92	818.95
48	775.98	765.04		774.20	786.06	744.94		791.79	856.68	775.98	765.04		774.20	786.06	744.94		791.79	856.68
49	809.67	798.26		807.82	820.19	777.29		826.17	893.88	809.67	798.26		807.82	820.19	777.29		826.17	893.88
50	847.64	835.69		845.70	858.65	813.74		864.92	935.80	847.64	835.69		845.70	858.65	813.74		864.92	935.80
51	885.14	872.66		883.11	896.63	849.73		903.17	977.19	885.14	872.66		883.11	896.63	849.73		903.17	977.19
52	926.43	913.37		924.30	938.46	889.37		945.30	1022.78	926.43	913.37		924.30	938.46	889.37		945.30	1022.78
53	968.19	954.54		965.97	980.77	929.47		987.92	1068.88	968.19	954.54		965.97	980.77	929.47		987.92	1068.88
54	1013.28	999.00		1010.95	1026.44	972.75		1033.93	1118.66	1013.28	999.00		1010.95	1026.44	972.75		1033.93	1118.66
55	1058.37	1043.45		1055.94	1072.11	1016.03		1079.93	1168.44	1058.37	1043.45		1055.94	1072.11	1016.03		1079.93	1168.44
56	1107.25	1091.64		1104.71	1121.63	1062.96		1129.81	1222.41	1107.25	1091.64		1104.71	1121.63	1062.96		1129.81	1222.41
57	1156.61	1140.31		1153.96	1171.63	1110.35		1180.18	1276.90	1156.61	1140.31		1153.96	1171.63	1110.35		1180.18	1276.90
58	1209.29	1192.24		1206.52	1225.00	1160.92		1233.93	1335.06	1209.29	1192.24		1206.52	1225.00	1160.92		1233.93	1335.06
59	1235.39	1217.98		1232.56	1251.44	1185.98		1260.57	1363.88	1235.39	1217.98		1232.56	1251.44	1185.98		1260.57	1363.88
60	1288.08	1269.92		1285.12	1304.81	1236.55		1314.32	1422.04	1288.08	1269.92		1285.12	1304.81	1236.55		1314.32	1422.04
61	1333.64	1314.84		1330.58	1350.96	1280.29		1360.81	1472.34	1333.64	1314.84		1330.58	1350.96	1280.29		1360.81	1472.34
62	1363.54	1344.32		1360.41	1381.25	1309.00		1391.32	1505.35	1363.54	1344.32		1360.41	1381.25	1309.00		1391.32	1505.35
63	1401.03	1381.28		1397.82	1419.23	1344.99		1429.58	1546.74	1401.03	1381.28		1397.82	1419.23	1344.99		1429.58	1546.74
64 and over	1423.80	1403.73		1420.53	1442.31	1366.86		1452.83	1571.88	1423.80	1403.73		1420.53	1442.31	1366.86		1452.83	1571.88

Kaiser Foundation Health Plan of Washington RATE SCHEDULE

Plan Information

Plan Name: VisitsPlus Silver X
HIOS Plan ID: 80473WA1000015
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Outside the Exchange
Metal Level: VisitsPlus Silver X
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Kitsap and Lewis
3	No	
4	Yes	Spokane
5	Yes	Mason, Pierce, and Thurston
6	Yes	Benton, Franklin, and Yakima
7	No	
8	Yes	Island, Skagit, Snohomish, and Whatcom
9	Yes	Columbia, Walla Walla, and 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	305.15	300.85		304.45	309.12	292.95		311.37	336.89	305.15	300.85		304.45	309.12	292.95		311.37	336.89
15	332.28	327.60		331.52	336.60	318.99		339.05	366.84	332.28	327.60		331.52	336.60	318.99		339.05	366.84
16	342.65	337.82		341.86	347.10	328.94		349.63	378.29	342.65	337.82		341.86	347.10	328.94		349.63	378.29
17	353.02	348.05		352.21	357.61	338.90		360.22	389.74	353.02	348.05		352.21	357.61	338.90		360.22	389.74
18	364.19	359.06		363.35	368.92	349.62		371.61	402.07	364.19	359.06		363.35	368.92	349.62		371.61	402.07
19	375.36	370.07		374.50	380.24	360.35		383.01	414.40	375.36	370.07		374.50	380.24	360.35		383.01	414.40
20	386.93	381.47		386.04	391.95	371.45		394.81	427.17	386.93	381.47		386.04	391.95	371.45		394.81	427.17
21	398.89	393.27		397.98	404.08	382.94		407.02	440.38	398.89	393.27		397.98	404.08	382.94		407.02	440.38
22	398.89	393.27		397.98	404.08	382.94		407.02	440.38	398.89	393.27		397.98	404.08	382.94		407.02	440.38
23	398.89	393.27		397.98	404.08	382.94		407.02	440.38	398.89	393.27		397.98	404.08	382.94		407.02	440.38
24	398.89	393.27		397.98	404.08	382.94		407.02	440.38	398.89	393.27		397.98	404.08	382.94		407.02	440.38
25	400.49	394.84		399.57	405.69	384.47		408.65	442.14	400.49	394.84		399.57	405.69	384.47		408.65	442.14
26	408.47	402.71		407.53	413.77	392.13		416.79	450.95	408.47	402.71		407.53	413.77	392.13		416.79	450.95
27	418.04	412.15		417.08	423.47	401.32		426.56	461.52	418.04	412.15		417.08	423.47	401.32		426.56	461.52
28	433.60	427.49		432.60	439.23	416.25		442.43	478.69	433.60	427.49		432.60	439.23	416.25		442.43	478.69
29	446.36	440.07		445.34	452.16	428.51		455.46	492.78	446.36	440.07		445.34	452.16	428.51		455.46	492.78
30	452.75	446.36		451.71	458.63	434.64		461.97	499.83	452.75	446.36		451.71	458.63	434.64		461.97	499.83
31	462.32	455.80		461.26	468.32	443.83		471.74	510.40	462.32	455.80		461.26	468.32	443.83		471.74	510.40
32	471.89	465.24		470.81	478.02	453.02		481.51	520.97	471.89	465.24		470.81	478.02	453.02		481.51	520.97
33	477.88	471.14		476.78	484.08	458.76		487.61	527.57	477.88	471.14		476.78	484.08	458.76		487.61	527.57
34	484.26	477.43		483.15	490.55	464.89		494.13	534.62	484.26	477.43		483.15	490.55	464.89		494.13	534.62
35	487.45	480.58		486.33	493.78	467.95		497.38	538.14	487.45	480.58		486.33	493.78	467.95		497.38	538.14
36	490.64	483.72		489.51	497.01	471.01		500.64	541.67	490.64	483.72		489.51	497.01	471.01		500.64	541.67
37	493.83	486.87		492.70	500.25	474.08		503.89	545.19	493.83	486.87		492.70	500.25	474.08		503.89	545.19
38	497.02	490.02		495.88	503.48	477.14		507.15	548.71	497.02	490.02		495.88	503.48	477.14		507.15	548.71
39	503.41	496.31		502.25	509.94	483.27		513.66	555.76	503.41	496.31		502.25	509.94	483.27		513.66	555.76
40	509.79	502.60		508.62	516.41	489.40		520.18	562.81	509.79	502.60		508.62	516.41	489.40		520.18	562.81
41	519.36	512.04		518.17	526.11	498.59		529.94	573.37	519.36	512.04		518.17	526.11	498.59		529.94	573.37
42	528.54	521.08		527.32	535.40	507.39		539.31	583.50	528.54	521.08		527.32	535.40	507.39		539.31	583.50
43	541.30	533.67		540.06	548.33	519.65		552.33	597.60	541.30	533.67		540.06	548.33	519.65		552.33	597.60
44	557.26	549.40		555.98	564.49	534.97		568.61	615.21	557.26	549.40		555.98	564.49	534.97		568.61	615.21
45	576.00	567.88		574.68	583.49	552.96		587.74	635.91	576.00	567.88		574.68	583.49	552.96		587.74	635.91
46	598.34	589.91		596.97	606.11	574.41		610.53	660.57	598.34	589.91		596.97	606.11	574.41		610.53	660.57
47	623.47	614.68		622.04	631.57	598.53		636.18	688.31	623.47	614.68		622.04	631.57	598.53		636.18	688.31
48	652.19	643.00		650.70	660.66	626.11		665.48	720.02	652.19	643.00		650.70	660.66	626.11		665.48	720.02
49	680.51	670.92		678.95	689.35	653.29		694.38	751.29	680.51	670.92		678.95	689.35	653.29		694.38	751.29
50	712.43	702.38		710.79	721.68	683.93		726.94	786.52	712.43	702.38		710.79	721.68	683.93		726.94	786.52
51	743.94	733.45		742.23	753.60	714.18		759.10	821.31	743.94	733.45		742.23	753.60	714.18		759.10	821.31
52	778.64	767.67		776.86	788.76	747.50		794.51	859.62	778.64	767.67		776.86	788.76	747.50		794.51	859.62
53	813.75	802.27		811.88	824.31	781.20		830.33	898.37	813.75	802.27		811.88	824.31	781.20		830.33	898.37
54	851.64	839.63		849.69	862.70	817.57		868.99	940.21	851.64	839.63		849.69	862.70	817.57		868.99	940.21
55	889.54	877.00		887.49	901.09	853.95		907.66	982.05	889.54	877.00		887.49	901.09	853.95		907.66	982.05
56	930.62	917.50		928.49	942.71	893.40		949.58	1027.41	930.62	917.50		928.49	942.71	893.40		949.58	1027.41
57	972.11	958.40		969.87	984.73	933.22		991.91	1073.21	972.11	958.40		969.87	984.73	933.22		991.91	1073.21
58	1016.38	1002.06		1014.05	1029.58	975.73		1037.09	1122.09	1016.38	1002.06		1014.05	1029.58	975.73		1037.09	1122.09
59	1038.32	1023.69		1035.94	1051.81	996.79		1059.48	1146.31	1038.32	1023.69		1035.94	1051.81	996.79		1059.48	1146.31
60	1082.60	1067.34		1080.12	1096.66	1039.30		1104.66	1195.19	1082.60	1067.34		1080.12	1096.66	1039.30		1104.66	1195.19
61	1120.89	1105.09		1118.32	1135.45	1076.06		1143.73	1237.47	1120.89	1105.09		1118.32	1135.45	1076.06		1143.73	1237.47
62	1146.02	1129.87		1143.39	1160.91	1100.18		1169.38	1265.21	1146.02	1129.87		1143.39	1160.91	1100.18		1169.38	1265.21
63	1177.54	1160.94		1174.83	1192.83	1130.44		1201.53	1300.00	1177.54	1160.94		1174.83	1192.83	1130.44		1201.53	1300.00
64 and over	1196.67	1179.81		1193.94	1212.23	1148.82		1221.06	1321.14	1196.67	1179.81		1193.94	1212.23	1148.82		1221.06	1321.14

SERFF Tracking #:	KFWA-134519366	State Tracking #:	484730	Company Tracking #:	KFHPWA-IF-RATE-202601
State:	Washington	Filing Company:	Kaiser Foundation Health Plan of Washington		
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005C Individual - Other				
Product Name:	2026 Nongrandfathered Individual Rate Filing - KFHPWA				
Project Name/Number:	2026 KPWA IF Rate Filing/				

URRT

State Determination

Review Status:	Incomplete
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State:	Washington	Filing Company:	Kaiser Foundation Health Plan of Washington
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005C Individual - Other		
Product Name:	2026 Nongrandfathered Individual Rate Filing - KFHPWA		
Project Name/Number:	2026 KPWA IF Rate Filing/		

URRT Items

Item Name	Attachment(s)
Unified Rate Review Template	<i>UnifiedRateReviewSubmission_20250513194640.xml</i>
Actuarial Memorandum	<i>Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf</i>
Actuarial Memorandum - Redacted	<i>Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum_r.pdf</i>
Consumer Justification Narrative	<i>Part_II_Written_Description_Justifying_the_Rate_Increase.pdf</i>
Other Supporting Documents	<i>Part_I_Unified_Rate_Review_Template.pdf</i>

**Kaiser Foundation Health Plan of Washington
Individual Rate Filing Effective January 1, 2026
Part III - Actuarial Memorandum and Certification**

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1. Purpose and Scope

This document contains the Part III Rate Filing Documentation and Actuarial Memorandum for the Kaiser Foundation Health Plan of Washington (KFHPWA) Affordable Care Act (ACA) compliant individual products in Washington State. Plans and premium rates presented in this filing are offered with an effective date of January 1, 2026, and are guaranteed through December 31, 2026.

This document provides justifications for the assumptions, data and methodologies used to develop the inputs, rating elements, and resulting premium increase in the Part I Unified Rate Review Template (URRT). This filing is not to be used for any other purposes.

The rates in this filing are determined in accordance with sound and commonly accepted actuarial principles. The rates are reasonable and not excessive, inadequate nor unfairly discriminatory. The information contained in this memorandum and accompanying Part III Rate Filing Memorandum Exhibits is sufficient to demonstrate the above to an actuary qualified in the same practice area in which the filing is made.

2. General Information

Company Information

Company Legal Name: Kaiser Foundation Health Plan of Washington
State: Washington
HIOS Issuer ID: 80473
Market: Individual
Effective Date: January 1, 2026

Company Contact Information

Contact Name: John-Pierre Cardenas
Contact Telephone number: (213) 509-6503
Contact Email Address: john-pierre.x.cardenas@kp.org

This filing contains seventeen plans; twelve renewing plans and five new ones. KFHPWA offers these plans in seventeen WA counties. The plan offerings by exchange status and counties are summarized below.

Plan Name	HIOS Plan ID	Exchange Status
Basics Plus Catastrophic	80473WA0540001	In the exchange
Bronze HSA	80473WA0780001	In the exchange
Silver HSA	80473WA0780002	Outside the exchange
Bronze HSA X	80473WA0780003	Outside the exchange
VisitsPlus Bronze	80473WA0990001	Both inside and outside the exchange
Bronze	80473WA0990003	Outside the exchange
VisitsPlus Silver	80473WA1000001	In the exchange
VisitsPlus Gold	80473WA1000002	Both inside and outside the exchange
VisitsPlus Silver HD	80473WA1000004	Outside the exchange
Kaiser Permanente Cascade Complete Gold	80473WA1000005	In the exchange
Kaiser Permanente Cascade Silver	80473WA1000006	In the exchange
Kaiser Permanente Cascade Bronze	80473WA1000007	In the exchange
Kaiser Permanente Cascade Vital Gold	80473WA1000011	In the exchange
VisitsPlus Silver 4500	80473WA1000012	Outside the exchange
Gold HSA	80473WA1000013	In the exchange
VisitsPlus Gold LD	80473WA1000014	In the exchange
VisitsPlus Silver X	80473WA1000015	Outside the exchange

3. Proposed Rate Increases

As of March 2025, there were 40,266 enrollees that will be impacted by the 2026 rate change. The overall average increase requested in the UPMJ attached to this filing is 19.2 percent. Taking into account the mapping of members in Silver Loaded 70% AV and 73% AV plans to Gold plans, the average rate increase is 12.8 percent. The rate increase varies by plan, from a minimum of -19.0 percent to a maximum of 86.7 percent. Apart from the Silver loaded and Catastrophic plans, increases range between -0.87 percent and 10.7 percent. The variance is driven by cost share changes, pricing actuarial value updates, and changes in plan-level adjustments. Final premiums charged to our members will vary based on age, geographic area, and family composition.

The main components driving the rate changes are:

Change from 2025 Filing	Increase
Impact of actual vs projected 2024 claims	9.3%
Impact of 2026 claims trend	8.1%
Impact of Worksheet 1non-trend projection factors	+5.5%
Impact of Cost Sharing and Benefit Leveraging	+1.3%
Impact of Paid to Allowed Ratio	-5.7%
Impact of Risk Adj and Exchange Fees	-5.6%
Impact of Surplus and Risk	-1.8%
Rate Impact of Major Drivers	+11.1%
Rate Impact of Other Drivers	+1.7%
Rate Change Developed in this Filing	+12.8%
Rate Increase Proposed in UPMJ	+19.2%

A summary of the rate increase components by plan is laid out in more detail in Exhibit 16 and the Uniform Product Modification Justification Q5b attached to this submission.

4. Market Experience

The data in this filing has generally been pulled from KFHPWA systems and internal data sources. We have reviewed it for reasonableness and consistency using internal financial reports by line of business which are reviewed prior to being published and are reconciled to monthly accounting reports and membership operation systems. The financial data in URRT Worksheet 1, Section 1 and the WAC 284-43-6660 summary are consistent as of March 2025.

Data reconciliation for claims, premium and membership between the URRT and across all supporting exhibits for this memo are shown in Exhibit 3a.

4.1 Incurred Claims

The experience period for the single risk pool incurred and allowed claims is January 1, 2024, through December 31, 2024, with runout through March 31, 2025.

All claims are processed through KFHPWA's claims systems except pharmacy claims, which are processed through the claims system of Optum RX, our contracted pharmacy benefit manager. Paid claims are net of cost shares and do not include risk adjustment. Pharmacy claims are net of \$3.1 million of drug rebates. KFHPWA does not receive or retain any prescription drug price concessions beyond the rebate amount stated.

The allowed and paid amounts in Worksheet 1, section 1 are taken directly from reports from the claims systems and are not derived from adding cost shares to paid amounts.

The completion factors used to develop both the paid and allowed IBNR amounts are consistent with the factors developed by our reserving department. Completion factors are developed using KFHPWA's individual line of business claims experience. The methodology provides consideration for both reported and unreported claims and known operational shifts in claims processing. In addition, known seasonal variations are taken into consideration in determining the best liability estimate. Completion factors are developed using recent historical experience and are then used to calculate incurred claims estimates.

Completion as a percentage of incurred claims for the current filing is 1.5 percent.

Buildup of Total 2024 Incurred Claims for URRT Worksheet 1					
	(a) Paid Claims Processed Through Optum Rx	(b) Paid Claims Processed through KFHPWA Claim System	(c) = (a) + (b) Claims Incurred in 2024 and paid through 3/31/2024	(d) IBNR Reserves	(e) = (c) + (d) Total 2024 Incurred [URRT Worksheet 1] ¹
Allowed Amount	\$61,807,396	\$272,564,734	\$334,372,130	\$4,978,633	\$339,350,763
Paid Amount	\$50,703,848	\$226,340,202	\$277,044,050	\$4,201,912	\$281,245,962

4.2. Projected MLR Rebate for the Experience Period:

Kaiser Foundation Health Plan of Washington expects no MLR rebate for 2024 for its individual plans. This is based on the preliminary 2024 MLR information in the Supplemental Health Care forms submitted to the Washington State Office of the Insurance Commissioner.

4.3 Comparison of Filing Data with Supplemental Data Statement

a. Premiums

2024 premiums in URRT Worksheet 2 are calculated using list rates multiplied by total categorized membership . Membership categories include rating categories such as plan, age, area, tobacco use status, and billable children.

The URRT premiums tie to within two percent of the 2024 Supplemental Data Statement premiums. This is demonstrated in Exhibit 23.

The reconciling items 2024 Risk Adjustment for Current Year, 2024 Risk Adjustment for Prior Years, and Statutory Bad Debt Allowance are accounting entries that are not listed as separate amounts in the 2024 Annual Statement.

b. Claims

Claims between the Supplemental Data Statement and the URRT tie to within three hundredths of a percent. We include an adjustment for 2024 External Delivery System (EDS) claims IBNR. Internal Delivery System (IDS) claims IBNR is not a consideration because there is very little in unknown or outstanding claims from KP internal providers due to the integrated nature of the KP medical system.

The EDS 2024 incurred claims are developed using the following process:

¹ Totals may not sum due to rounding for display in this table.

1. Create 2024 EDS incurred claims on a financial statement basis as the sum of 2024 paid claims and the December 2024 financial statement claims reserve less the December 2023 financial statement claims reserve.
2. Calculate 2024 EDS incurred claims on the URRT claims basis as the sum of 2024 paid claims and the December 2024 claims reserve restated as of March 2025 less the December 2023 claims reserve restated as of March 2025.
3. Item e in Exhibit 23 the 2024 Statutory Pension Adjustment is an accounting entry that is not listed as a separate amount in the 2024 Annual Statement.
4. Item f in Exhibit 23 equals the 2024 EDS incurred claims on the financial statement basis less the 2024 EDS incurred claims on the URRT basis.
5. Item g in Exhibit 23 is the result of a contractual medical audit payment for years prior to 2024
6. Item h in Exhibit 23 is the result of a retroactive membership adjustment in the individual line of business that was not accounted for in the supplemental data statement.

c. Membership

The membership differs by 0.6 percent between the URRT membership and the quarterly average of the 2024 Supplemental Data Statement. Contributing to the difference is the fact that the URRT uses retroactive enrollment as of March 2024 while the Additional Data Statement uses static enrollment as of December 2024.

5.0 Benefit Service Category Determination

KFHPWA used Milliman's Health Cost Guidelines (HCG) Grouper to categorize historical claims into the benefit categories in Worksheet 1, Section II. The HCG Grouper uses a combination of HCPCS Codes, Revenue Codes, DRGs, Specialty Codes, Diagnosis Codes, and other indicators to categorize claim-level detail into benefit categories. Milliman updates the HCG Grouper code sets annually to incorporate new HCPCS, revenue codes, specialty codes, etc., so the classification methodology remains current.

The benefits are categorized as follows:

- **Inpatient Hospital** includes services incurred in inpatient facilities.
- **Outpatient Hospital** includes services incurred in outpatient facilities.
- **Professional Services** includes primary care physician, specialty care physician, chiropractic, physical therapy, pediatric vision exams, and other professional services. This category excludes non-EHB claims for adult vision exams.
- **Other Medical** includes lab and radiology, durable medical equipment, pediatric vision hardware, home health, and other services. This category excludes non-EHB claims for adult vision hardware. The utilization (unit count) for Other Medical services sums the counts of procedures or visits, as appropriate.
- **Capitation** includes services from providers through capitation arrangements. KFHPWA has no claims from capitation arrangements.
- **Prescription Drugs** consists of outpatient drugs obtained via a prescription from a physician, net of pharmacy rebates.

6.0 Projection Factors for URRT Worksheet 1

The following subsections are included to document the data, assumptions, and methodologies that KFHPWA used to develop the Projected Index Rate and Market Adjusted Index Rate in the URRT Worksheet 1, section 2. The layout of this section generally follows the order of the URRT template steps and inputs.

We address our Risk Adjustment analysis for both the 2024 experience period and 2026 projection period separately in Section 7.0. Support for our non-benefit expenses and profit and risk can be found in Section 8.0.

6.1 Trend Selection

Trends are developed from reviewing KFHPWA individual allowed claims experience with consideration of other factors that may impact unit cost and utilization trends in 2026 and 2025 compared to the experience of 2024.

a. Historical Allowed Claims Trends

The OIC Standard Rate Exhibit 4 – Normalized Trend develops 12-month rolling historical average allowed claim trends.

b. Incurred Claims Trends

Incurred claims trends are developed in Exhibit 17 and 18. The incurred trend differs from the allowed trend in that it reflects the impact of leveraging of fixed-cost shares. On Exhibit 17, we demonstrate the process we use to develop the leveraging component applied to calculate incurred trends and how that leveraging component feeds into the WAC. Exhibit 18 demonstrates the impact of EHB and NonEHB on both Allowed and Incurred claims trend along with a summary to show the reconciliation of consistency of trend assumptions across this filing.

c. Final Trend Selections

The projected allowed claim trends are determined with consideration of several factors including: expected expense trends, future fixed costs, membership projections, expected utilization of internal and external services and contractual unit cost increases. For traditional carriers, projected claims trends are developed to project expected costs. However, KFHPWA is unique in the market in that we have both internal delivery system (IDS) claims and external delivery system (EDS) claims.

As an integrated health care provider, a large portion of KFHPWA expenses are comprised of fixed costs associated with providing medical care through our Kaiser-owned facilities. Given the fixed cost structure of KFHPWA, our projected claims costs are driven not only by the changing mix and costs of services by our members, but also by the allocation of medical expenses that are included in our budgeted revenue requirements. We complement our internal and fixed cost trends with unit cost and utilization trend factors that impact our external claims.

We combine expected cost and utilization trends for both IDS and EDS services for the purpose of loading the estimates into the URRT. Trend estimates are established using the entire block of claims for the individual line of business and then balanced back to the overall expected claims trends used in the URRT. We validate reasonability through our internal budget and external cost management departments, including pharmacy and finance.

As discussed above, the paid claims trends listed in accordance with WAC 284-43-6660 are calculated by applying a leveraging factor to the allowed claims trends.

For the PY2026 URRT process we have broken our trends into separate 2025 and 2026 estimates. Unit cost trends were determined in close collaboration with our finance and provider contracting teams. Utilization trends were determined in close collaboration with our medical and pharmacy management teams. Our resulting final trend selections are consistent with KFHPWA budget and revenue planning cycles.

We have selected a combined overall allowed trend assumption of 9.0% percent compared to the observed 12-month rolling trend of 20.8% percent displayed in the OIC Standard Rate Exhibit 4.

Medical Utilization

As we continue to move further out from the COVID years, more hospital beds have become available to the non-Medicare population. We expect inpatient and outpatient utilization and service mix trends to increase

through 2025 and 2026 at a moderate one to two percent, as reflected in Exhibit 18 and URRT Worksheet 1 for the Inpatient and Outpatient hospital EHB category.

We have also observed a rise in utilization and service mix both internally and externally for professional and other services, which we expect to continue through 2026, although not at the same level observed in 2024. The professional and other services utilization trend is selected at one percent for both 2025 and 2026.

Medical Cost per Service

Medical cost per service trend is based on completed as well as expected contractual negotiations. We expect our inpatient medical cost per service to increase by 5.7 percent in 2025 and 12.8 percent in 2026. This is driven by inflation of goods, wages and leveraging our internal fixed costs as drivers for our internal claims and contractual negotiations for our external claims experience.

We selected cost per service trends in Professional and Other Medical services in 2025 at 3.3 percent and 2.5 percent respectively. In 2026 we expect those trends to be 4.3 percent and 3.6 percent.

Pharmacy Trends

The pharmacy trends have been determined through close collaboration with our pharmacy management team. Nearly 90 percent of our pharmacy claims come through as internal claims, so we have significant insight into expected costs and utilization for this EHB category. We expect utilization and script mix to increase by 18 percent in 2025 and seven percent in 2026. These trends are mostly driven by oncology and anti-diabetics, including significant growth in GLP1 medications such as Ozempic.

We expect cost per script trend in 2025 and 2026 to be two percent and seven percent respectively.

Non-EHB Trends

The non-EHB services in this filing represent Adult Vision claims and services. In this filing we assume cost per service trend consistent with our Professional cost per service trend.

This non-EHB benefit is limited to one visit per year, given this limitation we assume zero percent utilization trend.

Administrative Cost Trends

This filing assumes a nine percent administrative cost trend. This value was provided to us by our finance partners through our annual budget and forecasting process. Our administrative costs are expected to increase due to inflation, cost-of-living adjustments to employee compensation and a shrinking membership base. Because a portion of KP administrative costs are fixed, they increase on a PMPM basis as the membership base declines.

6.2. Development of Projected Index Rate

a. Morbidity Changes

This filing assumes that the enhanced premium tax credits that were extended by the Inflation Reduction Act will expire at the end of 2025. However, we have included no additional load in the morbidity assumptions in Worksheet 1. For plan year 2026, there is a mandated 43.5 percent silver load for on-exchange plans, significantly increasing the premium for the benchmark plan and thereby making bronze and gold plans more affordable for members receiving premium subsidies. Between the increased subsidies and the already low uninsured rate in Washington, our best estimate is that neither the population nor its average morbidity will change with the expiration of the enhanced premium tax credits.

b. Demographic Shift

The demographic shift is projected to decrease allowed claims by 0.5 percent in 2026. The development of this factor is shown in Exhibit 7. The demographic shift accounts for the differences between the average mix of the population by age and area expected in the projection period compared to the experience period. The membership projected for benefit year 2026 is expected to be less than March 2025.

We used our projected 2026 area factors to model the impact of the 2024 and projected 2026 members by area.

c. Plan Design Changes

Removal of First Fill Pharmacy Program

The First Fill pharmacy program encouraged increased use of KFHPWA owned and operated mail-order pharmacies for filling maintenance drugs by requiring certain maintenance drugs to be filled by mail order after one fill at any network pharmacy. By maximizing existing capacities, resources and infrastructure, the cost for filling maintenance drugs at our internal mail-order operated facilities is much lower than the cost incurred at external retail facilities. This program was removed in all plans except the Virtual Plus plans in 2024. Because the Virtual Plus plans make up only 7 percent of the experience period claims and the impact of this program was not material, we have made no adjustment to remove this impact in 2026.

Advanced Care at Home

In 2024 Kaiser Permanente introduced a program called Advanced Care at Home into some of our plans. The program was discontinued in 2025. We have not made any plan design adjustments for the removal of this program given the limited implementation and immateriality of the savings estimate.

Cost Sharing using Direct Support by Drug Manufacturers

Per 45 CFR §156.130(h), 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 that have a generic equivalent are not required to be counted toward the annual limitation on cost sharing. For covered outpatient prescription drugs (and items covered under drugs in the contract) and obtained at a pharmacy owned and operated by KFHPWA, a member may be able to use approved manufacturer coupons as payment for the cost sharing that a member owes, as allowed under KFHPWA's coupon program. When a member uses an approved coupon for payment of their cost sharing, the coupon amount and any additional payment that they make will accumulate to their deductible and out-of-pocket limit. Because this policy has been in effect for many years, it has no pricing impact on this filing.

Essential Health Benefit Changes

For plan years beginning on or after January 1, 2026, the Washington State Essential Health Benefits are required to include hearing aids, human donor milk and artificial insemination. KFHPWA estimates the impact of the new hearing aid EHB to be 0.2 percent increase to our allowed costs. This load is developed on Exhibit 20. Human donor milk and artificial insemination were analyzed similarly to hearing aids. However, the estimated costs were deemed to be immaterial. Therefore, no load was added for these benefits.

d. Other

The Other Factor loaded into URRT Worksheet 1 represents a benefit selection adjustment developed in Exhibit 5. As discussed in section 10.4, this adjustment ensures the total premium collected is appropriately based on KFHPWA pool experience and not the federal AV calculator.

e. Manual EHB Allowed Claims PMPM

The 2024 KFHPWA individual claims experience is fully credible, so no manual rate adjustments were made.

f. Applied Credibility

KFHPWA uses a claims credibility formula based on the formula used for Medicare. The Medicare credibility formula relies on a principle applicable to any insured block: that if each insured has an independent and identically distributed annual claims amount, then the sum of those claims amounts for a block of business approaches a normal probability function as the number of insureds increases (also known as the Central Limit Theorem). From this, the formula to determine credibility is calculated as the 95 percent probability that the observed mean claims amount is within 10 percent of the actual mean claims amount using a normal probability curve. We choose to apply the same principles in determining full credibility for this Individual rate filing.

Using this credibility threshold, KFHPWA Individual business is fully credible.

See Exhibit 14 for more detailed documentation supporting our credibility standard.

g. Reinsurance

KFHPWA is expected to have a reinsurance program in place for 2026. The program will be administered through Lokahi, which is a captive insurer. Although the 2026 contract is still in negotiation, our expectation is that the program is being underwritten at cost. Because the expected premiums paid are expected to be equal to the claims recovery of the excess stop loss, we have added a net cost of reinsurance of zero to the administrative component of the filing.

h. Projected Member Months

The total projected member months for 2026 reflect KFHPWA 2026 budget membership projections. We scale the membership using March 2025 distribution by plan, area, and age, and made additional adjustments to account for the expected On-Exchange silver membership shift due to the PY2026 CSR Silver Loading Rule. Specifically, we mapped any expected membership enrolled in a base Silver or CSR 73 variant to a Gold on-exchange plan.

i. Projected Index Rate

Adult vision exams are the only non-essential health benefit offered in 2024. The claims were identified through KFHPWA data warehouse benefit categorization for adults aged 19 and older and these claims are excluded from the EHB allowed claims, experience period index rate and the 2026 projected index rate.

j. Market-wide Adjusted Index Rate

The Market-wide Adjusted Index Rate equals the projection period index rate minus the net risk adjustment PMPM (not including the risk adjustment user fee) plus the Exchange fee, both on an allowed basis. The projected allowed claims are calculated as the 2026 projected index rate adjusted for plan specific induced utilization and non-EHB benefits. This calculation is demonstrated in Exhibit 5 and developed as an input for URRT Row 4.11.

7.0 Risk Adjustment

7.1 Experience Period Risk Adjustment

Risk Adjustment Transfer PMPMs including High-Cost Risk Pool payments and charges for the experience period use the projected 2024 ACA Risk Adjustment factors from the Wakely National Risk Adjustment Reporting Project report with experience through December 2024. From the report, "This model has been developed by Wakely Consulting Group for purposes of the National Risk Reporting Project, to assist health plans in preparing data for the ACA risk adjustment program and pricing applicable products."

The certifying actuary finds this to be a reasonable estimate to use until the final payments are determined later this summer.

The High-Cost Risk Pool 2024 estimated charge is set using the final 2023 percentage of premium charge multiplied by the 2024 experience premium.

The High-Cost Risk Pool receipt is set equal to the amount of the projected 2024 charge due to the uncertainty in the amount of receipts.

Billable members exclude children who are not billed (i.e., fourth or more children in a family) while the 2024 member months in Worksheet 1 includes all members. Also, billable member months define a member month as 30 days while Worksheet 1 member months define a member month as a calendar month.

Further details of our 2024 Estimated Risk adjustment and HCRP transfers can be found on Exhibit 10.

7.2 Projected Period Risk Adjustment

The development of our market average premiums for metal and catastrophic plans are shown in Exhibit 10. We adjust the premiums by 14 percent to account for the administrative costs not related to claims. This adjustment is in accordance with the 2026 Notice of Benefit and Payment Parameters.

KFHPWA is the only carrier with a catastrophic plan in the 2024 and 2025 plan years, and we assume that this status will continue into the 2026 plan year. Because of this, we set the 2026 risk adjustment transfer for this plan to zero.

The 2026 risk adjustment projection is based on version 9 of The Wakely National Risk Adjustment Reporting Project report for the claim period from January 2024 to December 2024, paid through December 2024. We made an additional adjustment to lower the projected gold PLRS to account for the expected shift of current silver membership into the gold tier due to the Silver loading rules being enacted for PY2026.

The High-Cost Risk Pool (HCRP) charge is assumed to 0.37 percent of premium based on the final 2023 charge percentage. We believe this is reasonable until the final 2024 HCRP payment details are available later this summer. The future receipts of the HCRP are highly volatile given the million-dollar threshold. Past experience will not necessarily predict future results, so we have set the 2025 HCRP receipt equal to the HCRP charges. Overall, the net impact of the HCRP cost on the pool is zero.

Risk Adjustment Data Validation transfers are not predictable nor consistent and no impact has been forecasted based on RADV transfers in prior years.

The final risk adjustment transfer PMPM amount is converted to an allowed basis and the result is used in the URRT Worksheet 1 to calculate the pool Market Adjusted Index Rate, which is applied equally across all plans.

Further details, including market and plan-level assumptions, development of projected 2026 risk adjustment, and pooled market-level impact on premium can be found in Exhibit 10 along with Exhibit 1 and Exhibit 2.

8.0 Non-Benefit Expenses and Profit & Risk

Kaiser Foundation Health Plan of Washington individual plan's non-benefit expenses along with profit and risk margins are summarized in Exhibit 8.

8.1 Administrative Expense Load

The 2024 KFHPWA statutory operating expense was used as the basis to project the 2026 operating expense. Health care quality expenses are included in the KFHPWA statutory operating expenses. As discussed in section 6.1, we have applied an annual trend of 9.0 percent to generate an operating expense PMPM assumption of \$42.06.

We have included a minimal offset in our admin development to account for investment income we expect to earn during the year. The development of this investment income credit is laid out in Exhibit 8.

Our PY2026 filing develops the administrative expense load as a fixed PMPM load and applies this to all plans. This approach is different from last year. This change is appropriate because it is more consistent with the way in which KFHPWA allocates administrative costs. The approach continues to align with the pool average approach to rating.

8.2 Profit and Risk

Kaiser Foundation Health Plan of Washington's target 2026 contribution to surplus is 2.0 percent. We believe this is an appropriate target given the need to balance membership growth projections and financial results for this line of business.

The contribution to surplus load does not vary by product or plan.

The load for risk and contingency is 1.0 percent. This is consistent with the margin in prior rate filings submissions and does not vary by product or plan.

8.3 Taxes and Fees

Taxes and fees include:

- The Washington State premium tax of 2 percent per RCW 48.14.020.
- The OIC's standard regulatory surcharge per RCW 48.02.190 is 0.0894 percent. However, there have been credits to this charge, so we are using the 2024 charge, including credit, of 0.078844 percent. We expect the credit for 2026 to match the 2024 credit.
- The OIC's standard insurance fraud surcharge is 0.0052 percent. However, there have been credits to this charge, so we are using the 2024 charge, including credit, of 0.00469 percent. We expect the credit for 2026 to match the 2024 credit.
- The ACA carrier tax assessed by the federal government per section 9010 of the ACA was repealed for calendar years after 2020 as part of the Further Consolidated Appropriations Act, 2020. This filing assumes this tax will not be assessed in 2026.
- The Washington State Health Insurance Pool (WSHIP) assessment fee is assessed to carriers for deficits in operating the WA high-risk pool per RCW 48.41.090. The WSHIP load for PY2026 is assumed to be \$0.14 PMPM, consistent with the load for PY2025.
- The ACA PCORI (Patient-Centered Outcomes Research Institute) is assessed by the federal government per section 4375 of the ACA. The projected 2026 fee of \$0.32 PMPM is calculated in Table b on Exhibit 8.
- The 2026 per capita risk adjustment user fee is \$0.20 PMPM²
- The Exchange User fee is the fee paid by carriers to support the operation of the Washington State Exchange. The projected 2026 fee of \$3.63 PMPM is calculated from the 2026 total assessed fee of \$5.11 PMPM multiplied by the percent of KFHPWA individual members expected to enroll through the Exchange in 2026.
- The Washington Partnership Access Line (WAPAL) fee for 2026 is expected to be the same as 2025 at \$0.06 PMPM, per the June 5, 2024 letter from the WAPAL Fund to carriers.
- KFHPWA covers all benefits under state or federal law and any benefit mandated or required by Title 48 RCW or rules adopted by the commissioner, so there is no Mitigating Inequity Fee in this filing.

As a nonprofit enterprise, KFHPWA does not pay federal taxes.

9.0 Projected Medical Loss Ratio

The projected 2026 MLR (Medical Loss Ratio) is 92.7 percent. It was derived using the federally prescribed method presented in the bottom section of Exhibit 7c.

² HHS Notice of Benefit and Payment Parameters for 2026 Final Rule

The 2026 projected community benefit expenditure is set at 2.0% of earned 2026 premium, this assumption is based on support from KFHPWA finance team. See Exhibit 8 for more details.

The projected 2026 loss ratio in Worksheet 2, Section IV is not the same as the 2026 federal MLR, since the Worksheet 2 loss ratio is calculated as incurred claims divided by the sum of risk adjustment and premium.

The list of improving health quality expenses quantified in the 2024 Supplemental Health Care Exhibit includes activities to improve health outcomes, prevent hospital readmissions, improve patient safety, reduce medical errors, promote wellness and health, and related health information technology expenses.

10.0 Application of Market Reform Rating Rules

10.1 Single Risk Pool

The single risk pool used in this filing conforms to the requirements of 45 CFR 156.80 and the requirements delineated in Part III Actuarial Memorandum instructions of the 2026 Unified Rate Review Instructions. The single risk pool includes all 2024 KFHPWA individual plan members for every metal level and subsidy level for all product/plan combinations for KFHPWA in the state of Washington. The experience includes data for the American Indian/Alaska Native (AIAN) population per the 2026 WA OIC checklist instructions.

10.2 Index Rate

The impact of projection changes between 2024 and 2026 develops the Projected Index Rate (PIR) and loaded into the URRT Worksheet 1 as described in Section 6.2 above and demonstrated in Exhibit 1.

10.3 Market Adjusted Index Rate

The Market Adjusted Index Rate (MAIR) for the projection period is shown in Exhibit 1. The MAIR is derived from the PIR and market-wide adjustments including Risk Adjustment transfer and Exchange fees (Marketplace User fee).

The Risk Adjustment transfer and Exchange fees are converted to an allowed basis using the projected 2026 member month weighted average Paid to Allowed factor. This factor is developed in Exhibit 6.

10.4 Plan Adjusted Index Rates

The Plan Adjusted Index Rates are calculated as a product of the MAIR, plan specific paid to allowed ratios, silver loading as mandated by the OIC, induced demand factors, the non-EHB adjustment (for covered benefits in excess of the EHB requirement), a Catastrophic Factor, and adjustments for Administrative Expenses. The factors and the resulting index rate are documented and developed on Exhibits 5 and 6.

a. Plan Level Paid to Allowed

For the 2026 plan year, KFHPWA relied on the federal AV calculator (AVC) as the basis for our pricing AV's. We made additional adjustments at the plan level to address the impact of benefit components not accounted for in the AVC. The result is a plan level paid to allowed that is based on a standard population, adheres to the OIC Emergency rule AV mandate, and reflects the KFHPWA benefit designs. This factor is demonstrated in Exhibit 5, Table 2.

b. Induced Demand

To calculate the induced demand component, KFHPWA used the HHS Induced Demand formula and then normalized the result using the membership weighted pool-wide average. This process generates an induced demand factor that adheres to the OIC Emergency Rule Induced Demand mandate and is normalized to the KFHPWA Single Risk Pool. This factor is demonstrated in Exhibit 5, Table 2.

c. Silver Loading

KFHPWA used the OIC Emergency Rule mandated load of 43.5% to on-exchange silver plans. This load implies an expected CSR load revenue of \$12.2 million. Actual CSR payments in 2024 were approximately \$5.1 million or 8.1 percent of claims for on-exchange silver plans.

The 2024 CSR load of \$7.6 million was based on the 2019 paid amounts at each CSR level compared to the base silver incurred claims prior to the load trended out to 2024.

d. Benefit Richness/Impact of Selection

Basing our pricing AV's off the standard population from the AVC necessitates an additional load to account for the utilization of our KFHPWA specific population.

When selecting health plans, subscribers generally choose based on their anticipated healthcare needs. Healthier individuals often prefer lower-cost options, while those with greater healthcare needs are more likely to enroll in plans with more comprehensive coverage. Although the URR guidelines do not allow for plan-level selection adjustments, not accounting for this dynamic can lead to an understatement of total premium. This occurs because higher-benefit plans tend to bear a larger portion of allowed costs due to adverse selection that goes beyond what is explained by benefit richness alone.

While we do not reflect selection at the plan level, we do need to apply a factor at the pool-wide level to ensure that premiums are reasonable relative to expected claims. This factor ensures that the resulting total paid claims remain accurate once plan-level adjustments are applied across the full range of offerings.

Exhibit 5 illustrates this effect. The Benefit Richness/Other load developed in this exhibit accounts for the differences between the OIC-mandated AVs based on a standard population and the 2026 expected paid-to-allowed ratio for the KFHPWA population, as shown in Exhibit 5, Table 2.

The right side of Table 2 develops the projected claims using the OIC mandated AV Components for URRT row 3.3. The left side of Table 2 develops the projected claims using KFHPWA actual 2024 observed experience by plan. The ratio of these two methods demonstrates that the claims projected using the prescribed emergency rule approach are 6.9percent lower than the claims we expect to pay out in plan year 2026.

Thus, we have included a factor of 6.9 percent in the "Other" category of URRT Worksheet 1 to ensure alignment of premiums and expected claims.

e. Non-EHB Adjustment

Because the non-EHB claims have been pulled out of the base rate, we create an adjustment to load them back into the premium in row 3.5 of Worksheet 2, section IV. This load is developed in Exhibit 6, column 3.5.

As noted in section 6.2, Adult Vision exams are the only non-EHB covered in this filing. As demonstrated in Exhibit 3, the non-EHB percent of claims is 0.6 percent.

The URRT rules require the non-EHB adjustment for On-Exchange plan to include \$1 PMPM for non-Hyde abortions, even if they are covered as a state EHB, and to reflect the adjustment in the URRT Worksheet 2, line 3.5. To account for this, we adjust URRT worksheet 2, line 3.5 to add one dollar. Line 3.3 AV and Cost Sharing Design of Plan is adjusted downward to create an overall neutral adjustment. All this is demonstrated in Exhibit 6.

f. Network Adjustment

This filing has no network adjustments as they are serviced by the same provider network and utilization management practices.

g. Catastrophic Adjustment

KFHPWA has traditionally been the only carrier in WA to offer a Catastrophic plan, and we expect this to continue in 2026. Eligibility to enroll in the Catastrophic plan requires the member to be younger than age 30. The catastrophic adjustment reflects the difference in anticipated demographics and morbidity of the catastrophic population compared to the rest of the pool.

To determine the catastrophic factor, we relied upon the difference between the average age factor of current enrollees on the catastrophic plan compared to the average age of the entire KFHPWA pool. This calculation can be found on Exhibit 12.

10.5 Calibration

The projected index rate in URRT Worksheet 1 is adjusted in order to calculate a Calibrated Plan Adjusted Index Rate (CPAIR). This adjustment is necessary since the Plan Adjusted Index Rate (PAIR) is developed for the average individual within the single risk pool. Using the allowable rating parameters, calibration factors are developed to adjust the PAIR so that when individual specific rating factors are applied the resulting premiums are appropriate and adequate.

To determine the calibration factors, we project the 2026 membership by allowable rating classification using the March 2025 membership distribution. We then weight the proposed 2026 rating factor with the membership projection. The calibration factors are applied uniformly to all plans in the single risk pool.

a. Age Curve Calibration

The weighted average age for the projected risk pool is shown at the bottom of Exhibit 12. The average age factor is 1.7377 which produces a calibration factor of 0.5755, as demonstrated at the top of Exhibit 12.

To calculate the average age factor and resulting calibration factor, the projected member counts in each age band (excluding the fourth or further children in a family) are multiplied by the corresponding ACA age factor. The sum of the products is then divided by the total members (including all children in a family).

This method conforms to the rating rules in 45 CFR 147.102 because it uses the ACA standard age curve and counts no more than 3 children in a family.

b. Tobacco Factor Calibration

KFHPWA has removed the tobacco factor as a rating criteria for PY 2026.

c. Area Calibration

For the 2026 plan year KFHPWA continued the area factor update initiated in 2025. We discuss these changes in more detail in the Consumer Adjusted Premium Rates section below.

10.6 Consumer Adjusted Premium Rates

The Consumer Adjusted Premium Rates are defined as the Calibrated Plan Adjusted Index Rate times the allowable Age, Tobacco, and Area rating factors for a specific individual.

a. Age Factors

The age factor table (Exhibit 12) used to develop age specific rates is consistent with the HHS Standard Age Curve.

b. Tobacco Factors

KFHPWA has removed Tobacco as a rating factor for PY2026.

c. Area Factors

In 2025, KFHPWA evaluated the experience of members by area and updated the area factors using a phased-in approach. In 2026, we continue this methodology.

Exhibit 13 shows a detailed calculation of our analysis and resulting factors.

A written description of the process is as follows:

1. We start with 2022 and 2023 Allowed PMPM by area. At the time of the analysis, calendar years 2022 and 2023 were the most complete set of claims data available.
2. We obtain DxCG risk scores, which are calculated using encounter data by area.
3. We back out the area specific risk score from the allowed claims to get risk-adjusted allowed claims PMPM.
4. The raw area factor was created by dividing the risk-adjusted area specific PMPM claims by the membership weighted average PMPM.
5. We normalized the prior approved 2025 factors by dividing the current area factor by the membership weighed average total
6. To minimize the member impact of this new area factor approach, we chose in 2025 to phase the changes in over a three-year period.
 - A three-year phase-in was determined in conjunction with our KFHPWA business leadership as a good balance between making necessary adjustments to rating factors while minimizing membership disruption.
 - The selected phased-in 2026 factor applies the second year of the three-year phase-in.
7. Finally, we incorporated an adjustment to account for unit cost relativities by area expected in 2026 that are not yet captured in the currently-approved 2025 area factors.
 - To determine the unit cost relativities by area, we weighted our expected 2026 unit cost trends with our 2024 internal and external claims by medical benefit category as appropriate for each rating area. The expected 2026 unit cost trends are consistent with the values loaded into URRT Worksheet 1. We used Area 1 as our base for the ratios as directed by Washington law.
8. To determine the final factor used in rating, we re-normalize the selected phased-in factor so that King County (Area 1) is a 1.0000. We restrict the relationship between the highest and lowest factors to a 15 percent delta.

Differences in area are not based on the following prohibited factors:

- (i) Health status of enrollees or the population in an area
- (ii) Medical condition of enrollees or the population in an area including both physical and mental illnesses
- (iii) Claims experience
- (iv) Health services utilization in the area
- (v) Medical history of enrollees or the population in an area
- (vi) Genetic information of enrollees or the population in an area
- (vii) Disability status of enrollees or the population in an area
- (viii) Other evidence of insurability applicable in the area.

11.0 Plan Product Information

11.1 AV Metal Values

The AV Metal Values for each plan are included in Exhibit 5. These are derived using the final 2026 AV Calculator.

The final AVs are within the allowed metal level range for each plan. The AV Metal Value of non-standardized silver health plans offered on the Exchange are not less than the AV Metal Value of the standardized silver health plan with the lowest AV Metal Value.

KFHPWA offers a unique drug tier cost share related to non-preferred generic drugs on all our plans. Because the AV calculator is unable to accommodate this additional tier, our metal plans are determined to be unique. In order to test our plans through the AV calculator, we made a simplifying assumption to input the preferred generic cost share for the purpose of testing plans in the AV calculator. This was deemed appropriate since the preferred tier represents 99 percent of the generic utilization and remaining non-preferred cost share would have an immaterial impact on the AV calculator results.

The catastrophic benefit is designed at a federal level, however, there is no definitive guidance on what the AV should be. For the purposes of the URRT, Worksheet II row 1.6, we have set the AV at 0.57, consistent with the HHS Risk transfer AV.

See the attached “UniquePlanDesign-SupportingDocumentationandJustification.pdf” certification as well as the AV Screenshots for more detailed information.

11.2 Terminated Plan Offerings

There are no terminated plans for plan year 2026.

11.3 Plan Type

Only standard plan types have been used on Worksheet 2, Section 1 of the URRT.

11.4 Mental Health and Substance Use Disorder Parity

Mental Health and Substance Use Disorder Financial Testing is shown in the “Certification-Rates-2026-MHSUD-Parity-Calculations.pdf” attachment.

In developing the methodology and data used for MHSUD testing:

- Plans were tested using KFHPWA 2024 individual allowed claim data by benefit category trended forward to 2026.
- The data is consistent with the data used to project the plan year 2026 claims and premium rates.
- The data is separated by plan level for testing based on the percent of projected 2026 allowed claims by plan.
- The data is categorized using Milliman’s Health Cost Guidelines (HCG) grouper.
- The data used for testing excludes mental health and substance use disorder claims.
- For the purposes of demonstrating compliance, we have assumed that each Loaded Silver 70% and Silver 73% plans have one member.

Additional considerations as outlined in the “Mental Health and Substance Use Disorder (MH/SUD) Financial Requirement Parity Certification” document and include:

- According to 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 MH/SUD benefits in the same classification.”

KFHPWA certifies that the MH/SUD cost-sharing is no more restrictive than the least restrictive level of financial requirement applying to at least two-thirds of medical/surgical benefits across all provider tiers in a classification.

- According to WAC 284-43-7020(5)(b): “If a plan or issuer classifies providers into tiers and varies cost-sharing based on the different tiers, the criteria for classification must be applied to generalists and specialists providing MH/SUD services no more restrictively than such criteria are applied to medical/surgical benefit providers.”

KFHPWA cost sharing tiers are such that cost share for generalists and specialists providing MH/SUD services apply no more restrictively than those providing medical/surgical benefits.

- According to WAC 284-43-7020(6)(b): “A plan or issuer may divide its benefits furnished on an in-network basis into sub-classifications that reflect network tiers, if the tiering is based on reasonable factors and without regard to whether a provider is an MH/SUD provider or a medical/surgical provider.”

KFHPWA in-network tiering is based on reasonable factors (channel of care and applicable cost shares) and without regard to whether a provider is an MH/SUD provider or a medical/surgical provider.

- According to WAC 284-43-7020(6)(c): “After network tiers are established, the plan or issuer may not impose any financial requirement on MH/SUD benefits in any tier that is more restrictive than the predominant financial requirement that applies to substantially all medical/surgical benefits in that tier.”

KFHPWA does not impose any financial requirement on MH/SUD benefits in any tier that is more restrictive than the predominant financial requirement that applies to substantially all medical/surgical benefits in that tier.

- According to 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 MH/SUD 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.”

KFHPWA applies different levels of financial requirements to different tiers of prescription drug benefits. This is based on reasonable factors and without regard to whether a drug is generally prescribed with respect to medical/surgical benefits or with respect to MH/SUD benefits.

12.0 Effective Rate Review

In preparing this filing, and to support the Effective Rate Review for the Washington OIC, the KFHPWA team has included the WA Standard Rate exhibits as required.

13.0 Miscellaneous

13.1 Rating Compliance with 45 CFR 156.280 and WAC 284-07-540

KFHPWA has segregated funds for abortion services. Voluntary abortion claims costs are included in the 2024 experience used to build the rates. KFHPWA has not rated for any cost reduction estimated to result from voluntary abortion, including prenatal care, delivery, or postnatal care. KFHPWA estimates the cost for voluntary abortion to be much less than \$1 premium PMPM, even at no member cost shares as required by WA Senate Bill 5242 passed in 2024. Therefore, we have carved out the minimum \$1 PMPM of premium as non-EHB for voluntary abortion for all on-exchange plans as shown in Exhibit 6.

13.2 Effects of 1332 Waiver

KFHPWA does not anticipate any substantive impact to market or company morbidity from the inclusion of the 1332 waiver, and no adjustments were made in the development of rates to account for the waiver.

14.0 Actuarial Certification

I, Jessica Gibbs, am a member in good standing of the American Academy of Actuaries and Fellow of the Society of Actuaries. I obtained my Fellowship in 2018, under the Group and Health Insurance Track and I have the education and experience necessary to perform this work. I meet the qualification standards as laid out in

section 2.1 (Basic Education and Experience) and 2.2 (Continuing Education Requirement) of the Qualification Standards from the American Academy of Actuaries.

This Actuarial Certification applies to the attached filing under SERFF Tracking number KFWA-134519366, which seeks approval of premium rates effective January 1, 2026, for Kaiser Foundation Health Plan of Washington's Individual plans sold on and off the Exchange. This memo and the supporting exhibits document the assumptions, sources of data and methods used to develop the proposed rates and the URRT contained within.

I have developed rates in accordance with the appropriate ASOPs (including No. 5, No. 8, No. 12, No. 23, No. 25, No. 26, No. 41, No. 45, No. 50, and No. 56) and the professional code of conduct.

I hereby certify the projected index rate is compliant with all applicable State and Federal Statutes and Regulations (45 CFR 156.80 and 147.102) and developed in compliance with the applicable Actuarial Standards of Practice; and that the resulting rates in this filing are reasonable in relation to the benefits provided and population anticipated to be covered and neither excessive nor deficient nor discriminatory.

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

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

I certify that the percent of total premium that represents essential health benefits were calculated in accordance with actuarial standards of practice and is appropriate for the calculation of advanced payment of premium tax credits and was calculated in accordance with Actuarial Standards of Practice.

I certify that the final 2026 CMS AV Calculator was used to determine the AV metal values shown in Worksheet 2 of Part I Unified Rate Review Template for all plans. For the non-standard plans, all KFHPWA plans are unique plan designs with adjustments to the plan designs entered in the 2026 CMS-AVC in compliance with 45 CFR §156.135. AV Metal Values for standard plans were provided as documented in the Reliance section of this memorandum and have been reviewed for reasonableness. A copy of the actuarial certification required by 45 CFR Part 156.135 is provided in the Unique Plan Design Supporting Documentation and Justification document.

This filing is consistent with KFHPWA's internal business plans.

To the best of my knowledge the information contained within this filing reflects the Washington State and Federal statutes, rules, regulations, and guidance as of May 12, 2025.

The Unified Rate Review Template developed within this filing does not demonstrate the process used by KFHPWA to develop the rates. Rather, it represents information required by Federal regulation to be provided in support of the review of rate increases for certification of Qualified Health Plans for Federally-facilitated Marketplaces and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Signed



Jessica D. Gibbs, FSA, MAAA
Sr. Manager, Actuarial Services
Kaiser Foundation Health Plan of Washington

Date: May 12, 2025

15.0 Disclosures

Information Date: The analysis provided in the report is based on information as known on May 12, 2025.

Intended Users: This material has been prepared for the Washington Office of Insurance Commissioner for the purposes of their review. KFHPWA understands that this memorandum and the accompanying exhibits will be posted publicly.

Uncertainty or Risk: Future events will affect the results presented in this memorandum. The degree to which future events may materially change the adequacy or excessiveness of the rates is unknown.

Reliance:

In preparing this filing and URRT submission accompanying it, the certifying actuary relied on information from the following entities:

- 2024 and 2026 risk adjustment transfer estimates were developed using The Wakely National Risk Adjustment Reporting Project report for the claim period from January 2024 to December 2024, paid through December 2024.
- The opining actuary also relied on data supplied by the WA OIC regarding statewide weighted-average premiums expected in 2024 and 2025.
- Milliman's Health Cost Guidelines (HCG) Grouper to define benefit categories.
- Claims and enrollment data from internal KFHPWA data systems pulled by a team of data analysts and reviewed for consistency and reasonableness by the certifying actuary, but no audit was performed.
- Budget, membership, and internal cost estimates provided by KFHPWA Finance and Strategic Market Planning teams.
- In preparing this filing and URRT submission accompanying it, the certifying actuary also relied on Wakely's certification of the standard plan (and CSR variants) AV Metal values provided by Wakely in their "Certification for WAHBE 2025 Standard Medical Plan Designs." These factors were assessed and determined to be reasonable.
- Federal AVs were developed using a model provided by HHS.
- In determining the area factor relativity, the certifying actuary relied on the DxCG scores provided by the KFHPWA Risk Adjustment team as determined using encounter data specific to the area factor analysis performed.

Appendix of Exhibits

The following exhibits are attached as part of this memo in the supporting documentation called “Part III – Memo Exhibits”.

Kaiser Foundation Health Plan of Washington, 1/1/2026 INDIVIDUAL RATE FILING

Index of Exhibit for Part III - Actuarial Memo

- Exhibit 1 - URRT Worksheet 1
- Exhibit 2 - URRT Worksheet 2
- Exhibit 3 - Experience Period Claims
- Exhibit 3a - Rate Filing Data Consistency
- Exhibit 4 - Claims Triangles
- Exhibit 5 - Development of "Other" Factor
- Exhibit 6 - URRT Wk2 Section III PAIR Development
- Exhibit 7 - Demographic Shift
- Exhibit 8 - Administrative Expenses
- Exhibit 9 - Commission Calculation
- Exhibit 10 - Experience and Projection Period Risk Adjustment Estimates
- Exhibit 11 - HCRP Projections
- Exhibit 12 - Calibration Factors
- Exhibit 13 - Geography Factor
- Exhibit 14 - Credibility
- Exhibit 15 - Months of Surplus
- Exhibit 16 - Key Drivers of Rate Change
- Exhibit 17 - Trend Summary
- Exhibit 18- Pricing Trend
- Exhibit 19 - Projected MLR
- Exhibit 20 - EHB Benchmark Loads
- Exhibit 21 Summary of Pooled Experience with Adjustments
- Exhibit 22 - Summary of Pooled Experience with Adjustments, Difference from 2025 Filing
- Exhibit 23 - Supplemental Data Statement Reconciliation
- Exhibit 24 - Paid to Allowed by Metal Level
- Exhibit 25 - SERFF Data Tab

**Kaiser Foundation Health Plan of Washington
Individual Rate Filing Effective January 1, 2026
Part III - Actuarial Memorandum and Certification**

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1. Purpose and Scope

This document contains the Part III Rate Filing Documentation and Actuarial Memorandum for the Kaiser Foundation Health Plan of Washington (KFHPWA) Affordable Care Act (ACA) compliant individual products in Washington State. Plans and premium rates presented in this filing are offered with an effective date of January 1, 2026, and are guaranteed through December 31, 2026.

This document provides justifications for the assumptions, data and methodologies used to develop the inputs, rating elements, and resulting premium increase in the Part I Unified Rate Review Template (URRT). This filing is not to be used for any other purposes.

The rates in this filing are determined in accordance with sound and commonly accepted actuarial principles. The rates are reasonable and not excessive, inadequate nor unfairly discriminatory. The information contained in this memorandum and accompanying Part III Rate Filing Memorandum Exhibits is sufficient to demonstrate the above to an actuary qualified in the same practice area in which the filing is made.

2. General Information

Company Information

Company Legal Name: Kaiser Foundation Health Plan of Washington
State: Washington
HIOS Issuer ID: 80473
Market: Individual
Effective Date: January 1, 2026

Company Contact Information

Contact Name: John-Pierre Cardenas
Contact Telephone number: (213) 509-6503
Contact Email Address: john-pierre.x.cardenas@kp.org

This filing contains seventeen plans; twelve renewing plans and five new ones. KFHPWA offers these plans in seventeen WA counties. The plan offerings by exchange status and counties are summarized below.

Plan Name	HIOS Plan ID	Exchange Status
Basics Plus Catastrophic	80473WA0540001	In the exchange
Bronze HSA	80473WA0780001	In the exchange
Silver HSA	80473WA0780002	Outside the exchange
Bronze HSA X	80473WA0780003	Outside the exchange
VisitsPlus Bronze	80473WA0990001	Both inside and outside the exchange
Bronze	80473WA0990003	Outside the exchange
VisitsPlus Silver	80473WA1000001	In the exchange
VisitsPlus Gold	80473WA1000002	Both inside and outside the exchange
VisitsPlus Silver HD	80473WA1000004	Outside the exchange
Kaiser Permanente Cascade Complete Gold	80473WA1000005	In the exchange
Kaiser Permanente Cascade Silver	80473WA1000006	In the exchange
Kaiser Permanente Cascade Bronze	80473WA1000007	In the exchange
Kaiser Permanente Cascade Vital Gold	80473WA1000011	In the exchange
VisitsPlus Silver 4500	80473WA1000012	Outside the exchange
Gold HSA	80473WA1000013	In the exchange
VisitsPlus Gold LD	80473WA1000014	In the exchange
VisitsPlus Silver X	80473WA1000015	Outside the exchange

3. Proposed Rate Increases

As of March 2025, there were 40,266 enrollees that will be impacted by the 2026 rate change. The overall average increase requested in the UPMJ attached to this filing is 19.2 percent. Taking into account the mapping of members in Silver Loaded 70% AV and 73% AV plans to Gold plans, the average rate increase is 12.8 percent. The rate increase varies by plan, from a minimum of -19.0 percent to a maximum of 86.7 percent. Apart from the Silver loaded and Catastrophic plans, increases range between -0.87 percent and 10.7 percent. The variance is driven by cost share changes, pricing actuarial value updates, and changes in plan-level adjustments. Final premiums charged to our members will vary based on age, geographic area, and family composition.

The main components driving the rate changes are:

Change from 2025 Filing	Increase
Impact of actual vs projected 2024 claims	9.3%
Impact of 2026 claims trend	8.1%
Impact of Worksheet 1non-trend projection factors	+5.5%
Impact of Cost Sharing and Benefit Leveraging	+1.3%
Impact of Paid to Allowed Ratio	-5.7%
Impact of Risk Adj and Exchange Fees	-5.6%
Impact of Surplus and Risk	-1.8%
Rate Impact of Major Drivers	+11.1%
Rate Impact of Other Drivers	+1.7%
Rate Change Developed in this Filing	+12.8%
Rate Increase Proposed in UPMJ	+19.2%

A summary of the rate increase components by plan is laid out in more detail in Exhibit 16 and the Uniform Product Modification Justification Q5b attached to this submission.

4. Market Experience

The data in this filing has generally been pulled from KFHPWA systems and internal data sources. We have reviewed it for reasonableness and consistency using internal financial reports by line of business which are reviewed prior to being published and are reconciled to monthly accounting reports and membership operation systems. The financial data in URRT Worksheet 1, Section 1 and the WAC 284-43-6660 summary are consistent as of March 2025.

Data reconciliation for claims, premium and membership between the URRT and across all supporting exhibits for this memo are shown in Exhibit 3a.

4.1 Incurred Claims

The experience period for the single risk pool incurred and allowed claims is January 1, 2024, through December 31, 2024, with runout through March 31, 2025.

All claims are processed through KFHPWA's claims systems except pharmacy claims, which are processed through the claims system of Optum RX, our contracted pharmacy benefit manager. Paid claims are net of cost shares and do not include risk adjustment. Pharmacy claims are net of \$3.1 million of drug rebates. KFHPWA does not receive or retain any prescription drug price concessions beyond the rebate amount stated.

The allowed and paid amounts in Worksheet 1, section 1 are taken directly from reports from the claims systems and are not derived from adding cost shares to paid amounts.

The completion factors used to develop both the paid and allowed IBNR amounts are consistent with the factors developed by our reserving department. Completion factors are developed using KFHPWA's individual line of business claims experience. The methodology provides consideration for both reported and unreported claims and known operational shifts in claims processing. In addition, known seasonal variations are taken into consideration in determining the best liability estimate. Completion factors are developed using recent historical experience and are then used to calculate incurred claims estimates.

Completion as a percentage of incurred claims for the current filing is 1.5 percent.

Buildup of Total 2024 Incurred Claims for URRT Worksheet 1					
	(a) Paid Claims Processed Through Optum Rx	(b) Paid Claims Processed through KFHPWA Claim System	(c) = (a) + (b) Claims Incurred in 2024 and paid through 3/31/2024	(d) IBNR Reserves	(e) = (c) + (d) Total 2024 Incurred [URRT Worksheet 1] ¹
Allowed Amount	\$61,807,396	\$272,564,734	\$334,372,130	\$4,978,633	\$339,350,763
Paid Amount	\$50,703,848	\$226,340,202	\$277,044,050	\$4,201,912	\$281,245,962

4.2. Projected MLR Rebate for the Experience Period:

Kaiser Foundation Health Plan of Washington expects no MLR rebate for 2024 for its individual plans. This is based on the preliminary 2024 MLR information in the Supplemental Health Care forms submitted to the Washington State Office of the Insurance Commissioner.

4.3 Comparison of Filing Data with Supplemental Data Statement

a. Premiums

2024 premiums in URRT Worksheet 2 are calculated using list rates multiplied by total categorized membership . Membership categories include rating categories such as plan, age, area, tobacco use status, and billable children.

The URRT premiums tie to within two percent of the 2024 Supplemental Data Statement premiums. This is demonstrated in Exhibit 23.

The reconciling items 2024 Risk Adjustment for Current Year, 2024 Risk Adjustment for Prior Years, and Statutory Bad Debt Allowance are accounting entries that are not listed as separate amounts in the 2024 Annual Statement.

b. Claims

Claims between the Supplemental Data Statement and the URRT tie to within three hundredths of a percent. We include an adjustment for 2024 External Delivery System (EDS) claims IBNR. Internal Delivery System (IDS) claims IBNR is not a consideration because there is very little in unknown or outstanding claims from KP internal providers due to the integrated nature of the KP medical system.

The EDS 2024 incurred claims are developed using the following process:

¹ Totals may not sum due to rounding for display in this table.

1. Create 2024 EDS incurred claims on a financial statement basis as the sum of 2024 paid claims and the December 2024 financial statement claims reserve less the December 2023 financial statement claims reserve.
2. Calculate 2024 EDS incurred claims on the URRT claims basis as the sum of 2024 paid claims and the December 2024 claims reserve restated as of March 2025 less the December 2023 claims reserve restated as of March 2025.
3. Item e in Exhibit 23 the 2024 Statutory Pension Adjustment is an accounting entry that is not listed as a separate amount in the 2024 Annual Statement.
4. Item f in Exhibit 23 equals the 2024 EDS incurred claims on the financial statement basis less the 2024 EDS incurred claims on the URRT basis.
5. Item g in Exhibit 23 is the result of a contractual medical audit payment for years prior to 2024
6. Item h in Exhibit 23 is the result of a retroactive membership adjustment in the individual line of business that was not accounted for in the supplemental data statement.

c. Membership

The membership differs by 0.6 percent between the URRT membership and the quarterly average of the 2024 Supplemental Data Statement. Contributing to the difference is the fact that the URRT uses retroactive enrollment as of March 2024 while the Additional Data Statement uses static enrollment as of December 2024.

5.0 Benefit Service Category Determination

KFHPWA used Milliman's Health Cost Guidelines (HCG) Grouper to categorize historical claims into the benefit categories in Worksheet 1, Section II. The HCG Grouper uses a combination of HCPCS Codes, Revenue Codes, DRGs, Specialty Codes, Diagnosis Codes, and other indicators to categorize claim-level detail into benefit categories. Milliman updates the HCG Grouper code sets annually to incorporate new HCPCS, revenue codes, specialty codes, etc., so the classification methodology remains current.

The benefits are categorized as follows:

- **Inpatient Hospital** includes services incurred in inpatient facilities.
- **Outpatient Hospital** includes services incurred in outpatient facilities.
- **Professional Services** includes primary care physician, specialty care physician, chiropractic, physical therapy, pediatric vision exams, and other professional services. This category excludes non-EHB claims for adult vision exams.
- **Other Medical** includes lab and radiology, durable medical equipment, pediatric vision hardware, home health, and other services. This category excludes non-EHB claims for adult vision hardware. The utilization (unit count) for Other Medical services sums the counts of procedures or visits, as appropriate.
- **Capitation** includes services from providers through capitation arrangements. KFHPWA has no claims from capitation arrangements.
- **Prescription Drugs** consists of outpatient drugs obtained via a prescription from a physician, net of pharmacy rebates.

6.0 Projection Factors for URRT Worksheet 1

The following subsections are included to document the data, assumptions, and methodologies that KFHPWA used to develop the Projected Index Rate and Market Adjusted Index Rate in the URRT Worksheet 1, section 2. The layout of this section generally follows the order of the URRT template steps and inputs.

We address our Risk Adjustment analysis for both the 2024 experience period and 2026 projection period separately in Section 7.0. Support for our non-benefit expenses and profit and risk can be found in Section 8.0.

6.1 Trend Selection

Trends are developed from reviewing KFHPWA individual allowed claims experience with consideration of other factors that may impact unit cost and utilization trends in 2026 and 2025 compared to the experience of 2024.

a. Historical Allowed Claims Trends

The OIC Standard Rate Exhibit 4 – Normalized Trend develops 12-month rolling historical average allowed claim trends.

b. Incurred Claims Trends

Incurred claims trends are developed in Exhibit 17 and 18. The incurred trend differs from the allowed trend in that it reflects the impact of leveraging of fixed-cost shares. On Exhibit 17, we demonstrate the process we use to develop the leveraging component applied to calculate incurred trends and how that leveraging component feeds into the WAC. Exhibit 18 demonstrates the impact of EHB and NonEHB on both Allowed and Incurred claims trend along with a summary to show the reconciliation of consistency of trend assumptions across this filing.

c. Final Trend Selections

The projected allowed claim trends are determined with consideration of several factors including: expected expense trends, future fixed costs, membership projections, expected utilization of internal and external services and contractual unit cost increases. For traditional carriers, projected claims trends are developed to project expected costs. However, KFHPWA is unique in the market in that we have both internal delivery system (IDS) claims and external delivery system (EDS) claims.

As an integrated health care provider, a large portion of KFHPWA expenses are comprised of fixed costs associated with providing medical care through our Kaiser-owned facilities. Given the fixed cost structure of KFHPWA, our projected claims costs are driven not only by the changing mix and costs of services by our members, but also by the allocation of medical expenses that are included in our budgeted revenue requirements. We complement our internal and fixed cost trends with unit cost and utilization trend factors that impact our external claims.

We combine expected cost and utilization trends for both IDS and EDS services for the purpose of loading the estimates into the URRT. Trend estimates are established using the entire block of claims for the individual line of business and then balanced back to the overall expected claims trends used in the URRT. We validate reasonability through our internal budget and external cost management departments, including pharmacy and finance.

As discussed above, the paid claims trends listed in accordance with WAC 284-43-6660 are calculated by applying a leveraging factor to the allowed claims trends.

For the PY2026 URRT process we have broken our trends into separate 2025 and 2026 estimates. Unit cost trends were determined in close collaboration with our finance and provider contracting teams. Utilization trends were determined in close collaboration with our medical and pharmacy management teams. Our resulting final trend selections are consistent with KFHPWA budget and revenue planning cycles.

We have selected a combined overall allowed trend assumption of 9.0% percent compared to the observed 12-month rolling trend of 20.8% percent displayed in the OIC Standard Rate Exhibit 4.

Medical Utilization

As we continue to move further out from the COVID years, more hospital beds have become available to the non-Medicare population. We expect inpatient and outpatient utilization and service mix trends to increase

through 2025 and 2026 at a moderate one to two percent, as reflected in Exhibit 18 and URRT Worksheet 1 for the Inpatient and Outpatient hospital EHB category.

We have also observed a rise in utilization and service mix both internally and externally for professional and other services, which we expect to continue through 2026, although not at the same level observed in 2024. The professional and other services utilization trend is selected at one percent for both 2025 and 2026.

Medical Cost per Service

Medical cost per service trend is based on completed as well as expected contractual negotiations. We expect our inpatient medical cost per service to increase by 5.7 percent in 2025 and 12.8 percent in 2026. This is driven by inflation of goods, wages and leveraging our internal fixed costs as drivers for our internal claims and contractual negotiations for our external claims experience.

We selected cost per service trends in Professional and Other Medical services in 2025 at 3.3 percent and 2.5 percent respectively. In 2026 we expect those trends to be 4.3 percent and 3.6 percent.

Pharmacy Trends

The pharmacy trends have been determined through close collaboration with our pharmacy management team. Nearly 90 percent of our pharmacy claims come through as internal claims, so we have significant insight into expected costs and utilization for this EHB category. We expect utilization and script mix to increase by 18 percent in 2025 and seven percent in 2026. These trends are mostly driven by oncology and anti-diabetics, including significant growth in GLP1 medications such as Ozempic.

We expect cost per script trend in 2025 and 2026 to be two percent and seven percent respectively.

Non-EHB Trends

The non-EHB services in this filing represent Adult Vision claims and services. In this filing we assume cost per service trend consistent with our Professional cost per service trend.

This non-EHB benefit is limited to one visit per year, given this limitation we assume zero percent utilization trend.

Administrative Cost Trends

This filing assumes a nine percent administrative cost trend. This value was provided to us by our finance partners through our annual budget and forecasting process. Our administrative costs are expected to increase due to inflation, cost-of-living adjustments to employee compensation and a shrinking membership base. Because a portion of KP administrative costs are fixed, they increase on a PMPM basis as the membership base declines.

6.2. Development of Projected Index Rate

a. Morbidity Changes

This filing assumes that the enhanced premium tax credits that were extended by the Inflation Reduction Act will expire at the end of 2025. However, we have included no additional load in the morbidity assumptions in Worksheet 1. For plan year 2026, there is a mandated 43.5 percent silver load for on-exchange plans, significantly increasing the premium for the benchmark plan and thereby making bronze and gold plans more affordable for members receiving premium subsidies. Between the increased subsidies and the already low uninsured rate in Washington, our best estimate is that neither the population nor its average morbidity will change with the expiration of the enhanced premium tax credits.

b. Demographic Shift

The demographic shift is projected to decrease allowed claims by 0.5 percent in 2026. The development of this factor is shown in Exhibit 7. The demographic shift accounts for the differences between the average mix of the population by age and area expected in the projection period compared to the experience period. The membership projected for benefit year 2026 is expected to be less than March 2025.

We used our projected 2026 area factors to model the impact of the 2024 and projected 2026 members by area.

c. Plan Design Changes

Removal of First Fill Pharmacy Program

The First Fill pharmacy program encouraged increased use of KFHPWA owned and operated mail-order pharmacies for filling maintenance drugs by requiring certain maintenance drugs to be filled by mail order after one fill at any network pharmacy. By maximizing existing capacities, resources and infrastructure, the cost for filling maintenance drugs at our internal mail-order operated facilities is much lower than the cost incurred at external retail facilities. This program was removed in all plans except the Virtual Plus plans in 2024. Because the Virtual Plus plans make up only 7 percent of the experience period claims and the impact of this program was not material, we have made no adjustment to remove this impact in 2026.

Advanced Care at Home

In 2024 Kaiser Permanente introduced a program called Advanced Care at Home into some of our plans. The program was discontinued in 2025. We have not made any plan design adjustments for the removal of this program given the limited implementation and immateriality of the savings estimate.

Cost Sharing using Direct Support by Drug Manufacturers

Per 45 CFR §156.130(h), 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 that have a generic equivalent are not required to be counted toward the annual limitation on cost sharing. For covered outpatient prescription drugs (and items covered under drugs in the contract) and obtained at a pharmacy owned and operated by KFHPWA, a member may be able to use approved manufacturer coupons as payment for the cost sharing that a member owes, as allowed under KFHPWA's coupon program. When a member uses an approved coupon for payment of their cost sharing, the coupon amount and any additional payment that they make will accumulate to their deductible and out-of-pocket limit. Because this policy has been in effect for many years, it has no pricing impact on this filing.

Essential Health Benefit Changes

For plan years beginning on or after January 1, 2026, the Washington State Essential Health Benefits are required to include hearing aids, human donor milk and artificial insemination. KFHPWA estimates the impact of the new hearing aid EHB to be 0.2 percent increase to our allowed costs. This load is developed on Exhibit 20. Human donor milk and artificial insemination were analyzed similarly to hearing aids. However, the estimated costs were deemed to be immaterial. Therefore, no load was added for these benefits.

d. Other

The Other Factor loaded into URRT Worksheet 1 represents a benefit selection adjustment developed in Exhibit 5. As discussed in section 10.4, this adjustment ensures the total premium collected is appropriately based on KFHPWA pool experience and not the federal AV calculator.

e. Manual EHB Allowed Claims PMPM

The 2024 KFHPWA individual claims experience is fully credible, so no manual rate adjustments were made.

f. Applied Credibility

KFHPWA uses a claims credibility formula based on the formula used for Medicare. The Medicare credibility formula relies on a principle applicable to any insured block: that if each insured has an independent and identically distributed annual claims amount, then the sum of those claims amounts for a block of business approaches a normal probability function as the number of insureds increases (also known as the Central Limit Theorem). From this, the formula to determine credibility is calculated as the 95 percent probability that the observed mean claims amount is within 10 percent of the actual mean claims amount using a normal probability curve. We choose to apply the same principles in determining full credibility for this Individual rate filing.

Using this credibility threshold, KFHPWA Individual business is fully credible.

See Exhibit 14 for more detailed documentation supporting our credibility standard.

g. Reinsurance

KFHPWA is expected to have a reinsurance program in place for 2026. The program will be administered through Lokahi, which is a captive insurer. Although the 2026 contract is still in negotiation, our expectation is that the program is being underwritten at cost. Because the expected premiums paid are expected to be equal to the claims recovery of the excess stop loss, we have added a net cost of reinsurance of zero to the administrative component of the filing.

h. Projected Member Months

The total projected member months for 2026 reflect KFHPWA 2026 budget membership projections. We scale the membership using March 2025 distribution by plan, area, and age, and made additional adjustments to account for the expected On-Exchange silver membership shift due to the PY2026 CSR Silver Loading Rule. Specifically, we mapped any expected membership enrolled in a base Silver or CSR 73 variant to a Gold on-exchange plan.

i. Projected Index Rate

Adult vision exams are the only non-essential health benefit offered in 2024. The claims were identified through KFHPWA data warehouse benefit categorization for adults aged 19 and older and these claims are excluded from the EHB allowed claims, experience period index rate and the 2026 projected index rate.

j. Market-wide Adjusted Index Rate

The Market-wide Adjusted Index Rate equals the projection period index rate minus the net risk adjustment PMPM (not including the risk adjustment user fee) plus the Exchange fee, both on an allowed basis. The projected allowed claims are calculated as the 2026 projected index rate adjusted for plan specific induced utilization and non-EHB benefits. This calculation is demonstrated in Exhibit 5 and developed as an input for URRT Row 4.11.

7.0 Risk Adjustment

7.1 Experience Period Risk Adjustment

Risk Adjustment Transfer PMPMs including High-Cost Risk Pool payments and charges for the experience period use the projected 2024 ACA Risk Adjustment factors from the Wakely National Risk Adjustment Reporting Project report with experience through December 2024. From the report, "This model has been developed by Wakely Consulting Group for purposes of the National Risk Reporting Project, to assist health plans in preparing data for the ACA risk adjustment program and pricing applicable products."

The certifying actuary finds this to be a reasonable estimate to use until the final payments are determined later this summer.

The High-Cost Risk Pool 2024 estimated charge is set using the final 2023 percentage of premium charge multiplied by the 2024 experience premium.

The High-Cost Risk Pool receipt is set equal to the amount of the projected 2024 charge due to the uncertainty in the amount of receipts.

Billable members exclude children who are not billed (i.e., fourth or more children in a family) while the 2024 member months in Worksheet 1 includes all members. Also, billable member months define a member month as 30 days while Worksheet 1 member months define a member month as a calendar month.

Further details of our 2024 Estimated Risk adjustment and HCRP transfers can be found on Exhibit 10.

7.2 Projected Period Risk Adjustment

The development of our market average premiums for metal and catastrophic plans are shown in Exhibit 10. We adjust the premiums by 14 percent to account for the administrative costs not related to claims. This adjustment is in accordance with the 2026 Notice of Benefit and Payment Parameters.

KFHPWA is the only carrier with a catastrophic plan in the 2024 and 2025 plan years, and we assume that this status will continue into the 2026 plan year. Because of this, we set the 2026 risk adjustment transfer for this plan to zero.

The 2026 risk adjustment projection is based on version 9 of The Wakely National Risk Adjustment Reporting Project report for the claim period from January 2024 to December 2024, paid through December 2024. We made an additional adjustment to lower the projected gold PLRS to account for the expected shift of current silver membership into the gold tier due to the Silver loading rules being enacted for PY2026.

The High-Cost Risk Pool (HCRP) charge is assumed to 0.37 percent of premium based on the final 2023 charge percentage. We believe this is reasonable until the final 2024 HCRP payment details are available later this summer. The future receipts of the HCRP are highly volatile given the million-dollar threshold. Past experience will not necessarily predict future results, so we have set the 2025 HCRP receipt equal to the HCRP charges. Overall, the net impact of the HCRP cost on the pool is zero.

Risk Adjustment Data Validation transfers are not predictable nor consistent and no impact has been forecasted based on RADV transfers in prior years.

The final risk adjustment transfer PMPM amount is converted to an allowed basis and the result is used in the URRT Worksheet 1 to calculate the pool Market Adjusted Index Rate, which is applied equally across all plans.

Further details, including market and plan-level assumptions, development of projected 2026 risk adjustment, and pooled market-level impact on premium can be found in Exhibit 10 along with Exhibit 1 and Exhibit 2.

8.0 Non-Benefit Expenses and Profit & Risk

Kaiser Foundation Health Plan of Washington individual plan's non-benefit expenses along with profit and risk margins are summarized in Exhibit 8.

8.1 Administrative Expense Load

The 2024 KFHPWA statutory operating expense was used as the basis to project the 2026 operating expense. Health care quality expenses are included in the KFHPWA statutory operating expenses. As discussed in section 6.1, we have applied an annual trend of 9.0 percent to generate an operating expense PMPM assumption of \$42.06.

We have included a minimal offset in our admin development to account for investment income we expect to earn during the year. The development of this investment income credit is laid out in Exhibit 8.

Our PY2026 filing develops the administrative expense load as a fixed PMPM load and applies this to all plans. This approach is different from last year. This change is appropriate because it is more consistent with the way in which KFHPWA allocates administrative costs. The approach continues to align with the pool average approach to rating.

8.2 Profit and Risk

Kaiser Foundation Health Plan of Washington's target 2026 contribution to surplus is 2.0 percent. We believe this is an appropriate target given the need to balance membership growth projections and financial results for this line of business.

The contribution to surplus load does not vary by product or plan.

The load for risk and contingency is 1.0 percent. This is consistent with the margin in prior rate filings submissions and does not vary by product or plan.

8.3 Taxes and Fees

Taxes and fees include:

- The Washington State premium tax of 2 percent per RCW 48.14.020.
- The OIC's standard regulatory surcharge per RCW 48.02.190 is 0.0894 percent. However, there have been credits to this charge, so we are using the 2024 charge, including credit, of 0.078844 percent. We expect the credit for 2026 to match the 2024 credit.
- The OIC's standard insurance fraud surcharge is 0.0052 percent. However, there have been credits to this charge, so we are using the 2024 charge, including credit, of 0.00469 percent. We expect the credit for 2026 to match the 2024 credit.
- The ACA carrier tax assessed by the federal government per section 9010 of the ACA was repealed for calendar years after 2020 as part of the Further Consolidated Appropriations Act, 2020. This filing assumes this tax will not be assessed in 2026.
- The Washington State Health Insurance Pool (WSHIP) assessment fee is assessed to carriers for deficits in operating the WA high-risk pool per RCW 48.41.090. The WSHIP load for PY2026 is assumed to be \$0.14 PMPM, consistent with the load for PY2025.
- The ACA PCORI (Patient-Centered Outcomes Research Institute) is assessed by the federal government per section 4375 of the ACA. The projected 2026 fee of \$0.32 PMPM is calculated in Table b on Exhibit 8.
- The 2026 per capita risk adjustment user fee is \$0.20 PMPM²
- The Exchange User fee is the fee paid by carriers to support the operation of the Washington State Exchange. The projected 2026 fee of \$3.63 PMPM is calculated from the 2026 total assessed fee of \$5.11 PMPM multiplied by the percent of KFHPWA individual members expected to enroll through the Exchange in 2026.
- The Washington Partnership Access Line (WAPAL) fee for 2026 is expected to be the same as 2025 at \$0.06 PMPM, per the June 5, 2024 letter from the WAPAL Fund to carriers.
- KFHPWA covers all benefits under state or federal law and any benefit mandated or required by Title 48 RCW or rules adopted by the commissioner, so there is no Mitigating Inequity Fee in this filing.

As a nonprofit enterprise, KFHPWA does not pay federal taxes.

9.0 Projected Medical Loss Ratio

The projected 2026 MLR (Medical Loss Ratio) is 92.7 percent. It was derived using the federally prescribed method presented in the bottom section of Exhibit 7c.

² HHS Notice of Benefit and Payment Parameters for 2026 Final Rule

The 2026 projected community benefit expenditure is set at 2.0% of earned 2026 premium, this assumption is based on support from KFHPWA finance team. See Exhibit 8 for more details.

The projected 2026 loss ratio in Worksheet 2, Section IV is not the same as the 2026 federal MLR, since the Worksheet 2 loss ratio is calculated as incurred claims divided by the sum of risk adjustment and premium.

The list of improving health quality expenses quantified in the 2024 Supplemental Health Care Exhibit includes activities to improve health outcomes, prevent hospital readmissions, improve patient safety, reduce medical errors, promote wellness and health, and related health information technology expenses.

10.0 Application of Market Reform Rating Rules

10.1 Single Risk Pool

The single risk pool used in this filing conforms to the requirements of 45 CFR 156.80 and the requirements delineated in Part III Actuarial Memorandum instructions of the 2026 Unified Rate Review Instructions. The single risk pool includes all 2024 KFHPWA individual plan members for every metal level and subsidy level for all product/plan combinations for KFHPWA in the state of Washington. The experience includes data for the American Indian/Alaska Native (AIAN) population per the 2026 WA OIC checklist instructions.

10.2 Index Rate

The impact of projection changes between 2024 and 2026 develops the Projected Index Rate (PIR) and loaded into the URRT Worksheet 1 as described in Section 6.2 above and demonstrated in Exhibit 1.

10.3 Market Adjusted Index Rate

The Market Adjusted Index Rate (MAIR) for the projection period is shown in Exhibit 1. The MAIR is derived from the PIR and market-wide adjustments including Risk Adjustment transfer and Exchange fees (Marketplace User fee).

The Risk Adjustment transfer and Exchange fees are converted to an allowed basis using the projected 2026 member month weighted average Paid to Allowed factor. This factor is developed in Exhibit 6.

10.4 Plan Adjusted Index Rates

The Plan Adjusted Index Rates are calculated as a product of the MAIR, plan specific paid to allowed ratios, silver loading as mandated by the OIC, induced demand factors, the non-EHB adjustment (for covered benefits in excess of the EHB requirement), a Catastrophic Factor, and adjustments for Administrative Expenses. The factors and the resulting index rate are documented and developed on Exhibits 5 and 6.

a. Plan Level Paid to Allowed

For the 2026 plan year, KFHPWA relied on the federal AV calculator (AVC) as the basis for our pricing AV's. We made additional adjustments at the plan level to address the impact of benefit components not accounted for in the AVC. The result is a plan level paid to allowed that is based on a standard population, adheres to the OIC Emergency rule AV mandate, and reflects the KFHPWA benefit designs. This factor is demonstrated in Exhibit 5, Table 2.

b. Induced Demand

To calculate the induced demand component, KFHPWA used the HHS Induced Demand formula and then normalized the result using the membership weighted pool-wide average. This process generates an induced demand factor that adheres to the OIC Emergency Rule Induced Demand mandate and is normalized to the KFHPWA Single Risk Pool. This factor is demonstrated in Exhibit 5, Table 2.

c. Silver Loading

KFHPWA used the OIC Emergency Rule mandated load of 43.5% to on-exchange silver plans. This load implies an expected CSR load revenue of \$12.2 million. Actual CSR payments in 2024 were approximately \$5.1 million or 8.1 percent of claims for on-exchange silver plans.

The 2024 CSR load of \$7.6 million was based on the 2019 paid amounts at each CSR level compared to the base silver incurred claims prior to the load trended out to 2024.

d. Benefit Richness/Impact of Selection

Basing our pricing AV's off the standard population from the AVC necessitates an additional load to account for the utilization of our KFHPWA specific population.

When selecting health plans, subscribers generally choose based on their anticipated healthcare needs. Healthier individuals often prefer lower-cost options, while those with greater healthcare needs are more likely to enroll in plans with more comprehensive coverage. Although the URR guidelines do not allow for plan-level selection adjustments, not accounting for this dynamic can lead to an understatement of total premium. This occurs because higher-benefit plans tend to bear a larger portion of allowed costs due to adverse selection that goes beyond what is explained by benefit richness alone.

While we do not reflect selection at the plan level, we do need to apply a factor at the pool-wide level to ensure that premiums are reasonable relative to expected claims. This factor ensures that the resulting total paid claims remain accurate once plan-level adjustments are applied across the full range of offerings.

Exhibit 5 illustrates this effect. The Benefit Richness/Other load developed in this exhibit accounts for the differences between the OIC-mandated AVs based on a standard population and the 2026 expected paid-to-allowed ratio for the KFHPWA population, as shown in Exhibit 5, Table 2.

The right side of Table 2 develops the projected claims using the OIC mandated AV Components for URRT row 3.3. The left side of Table 2 develops the projected claims using KFHPWA actual 2024 observed experience by plan. The ratio of these two methods demonstrates that the claims projected using the prescribed emergency rule approach are 6.9percent lower than the claims we expect to pay out in plan year 2026.

Thus, we have included a factor of 6.9 percent in the "Other" category of URRT Worksheet 1 to ensure alignment of premiums and expected claims.

e. Non-EHB Adjustment

Because the non-EHB claims have been pulled out of the base rate, we create an adjustment to load them back into the premium in row 3.5 of Worksheet 2, section IV. This load is developed in Exhibit 6, column 3.5.

As noted in section 6.2, Adult Vision exams are the only non-EHB covered in this filing. As demonstrated in Exhibit 3, the non-EHB percent of claims is 0.6 percent.

The URRT rules require the non-EHB adjustment for On-Exchange plan to include \$1 PMPM for non-Hyde abortions, even if they are covered as a state EHB, and to reflect the adjustment in the URRT Worksheet 2, line 3.5. To account for this, we adjust URRT worksheet 2, line 3.5 to add one dollar. Line 3.3 AV and Cost Sharing Design of Plan is adjusted downward to create an overall neutral adjustment. All this is demonstrated in Exhibit 6.

f. Network Adjustment

This filing has no network adjustments as they are serviced by the same provider network and utilization management practices.

g. Catastrophic Adjustment

KFHPWA has traditionally been the only carrier in WA to offer a Catastrophic plan, and we expect this to continue in 2026. Eligibility to enroll in the Catastrophic plan requires the member to be younger than age 30. The catastrophic adjustment reflects the difference in anticipated demographics and morbidity of the catastrophic population compared to the rest of the pool.

To determine the catastrophic factor, we relied upon the difference between the average age factor of current enrollees on the catastrophic plan compared to the average age of the entire KFHPWA pool. This calculation can be found on Exhibit 12.

10.5 Calibration

The projected index rate in URRT Worksheet 1 is adjusted in order to calculate a Calibrated Plan Adjusted Index Rate (CPAIR). This adjustment is necessary since the Plan Adjusted Index Rate (PAIR) is developed for the average individual within the single risk pool. Using the allowable rating parameters, calibration factors are developed to adjust the PAIR so that when individual specific rating factors are applied the resulting premiums are appropriate and adequate.

To determine the calibration factors, we project the 2026 membership by allowable rating classification using the March 2025 membership distribution. We then weight the proposed 2026 rating factor with the membership projection. The calibration factors are applied uniformly to all plans in the single risk pool.

a. Age Curve Calibration

The weighted average age for the projected risk pool is shown at the bottom of Exhibit 12. The average age factor is 1.7377 which produces a calibration factor of 0.5755, as demonstrated at the top of Exhibit 12.

To calculate the average age factor and resulting calibration factor, the projected member counts in each age band (excluding the fourth or further children in a family) are multiplied by the corresponding ACA age factor. The sum of the products is then divided by the total members (including all children in a family).

This method conforms to the rating rules in 45 CFR 147.102 because it uses the ACA standard age curve and counts no more than 3 children in a family.

b. Tobacco Factor Calibration

KFHPWA has removed the tobacco factor as a rating criteria for PY 2026.

c. Area Calibration

For the 2026 plan year KFHPWA continued the area factor update initiated in 2025. We discuss these changes in more detail in the Consumer Adjusted Premium Rates section below.

10.6 Consumer Adjusted Premium Rates

The Consumer Adjusted Premium Rates are defined as the Calibrated Plan Adjusted Index Rate times the allowable Age, Tobacco, and Area rating factors for a specific individual.

a. Age Factors

The age factor table (Exhibit 12) used to develop age specific rates is consistent with the HHS Standard Age Curve.

b. Tobacco Factors

KFHPWA has removed Tobacco as a rating factor for PY2026.

c. Area Factors

In 2025, KFHPWA evaluated the experience of members by area and updated the area factors using a phased-in approach. In 2026, we continue this methodology.

Exhibit 13 shows a detailed calculation of our analysis and resulting factors.

A written description of the process is as follows:

1. We start with 2022 and 2023 Allowed PMPM by area. At the time of the analysis, calendar years 2022 and 2023 were the most complete set of claims data available.
2. We obtain DxCG risk scores, which are calculated using encounter data by area.
3. We back out the area specific risk score from the allowed claims to get risk-adjusted allowed claims PMPM.
4. The raw area factor was created by dividing the risk-adjusted area specific PMPM claims by the membership weighted average PMPM.
5. We normalized the prior approved 2025 factors by dividing the current area factor by the membership weighed average total
6. To minimize the member impact of this new area factor approach, we chose in 2025 to phase the changes in over a three-year period.
 - A three-year phase-in was determined in conjunction with our KFHPWA business leadership as a good balance between making necessary adjustments to rating factors while minimizing membership disruption.
 - The selected phased-in 2026 factor applies the second year of the three-year phase-in.
7. Finally, we incorporated an adjustment to account for unit cost relativities by area expected in 2026 that are not yet captured in the currently-approved 2025 area factors.
 - To determine the unit cost relativities by area, we weighted our expected 2026 unit cost trends with our 2024 internal and external claims by medical benefit category as appropriate for each rating area. The expected 2026 unit cost trends are consistent with the values loaded into URRT Worksheet 1. We used Area 1 as our base for the ratios as directed by Washington law.
8. To determine the final factor used in rating, we re-normalize the selected phased-in factor so that King County (Area 1) is a 1.0000. We restrict the relationship between the highest and lowest factors to a 15 percent delta.

Differences in area are not based on the following prohibited factors:

- (i) Health status of enrollees or the population in an area
- (ii) Medical condition of enrollees or the population in an area including both physical and mental illnesses
- (iii) Claims experience
- (iv) Health services utilization in the area
- (v) Medical history of enrollees or the population in an area
- (vi) Genetic information of enrollees or the population in an area
- (vii) Disability status of enrollees or the population in an area
- (viii) Other evidence of insurability applicable in the area.

11.0 Plan Product Information

11.1 AV Metal Values

The AV Metal Values for each plan are included in Exhibit 5. These are derived using the final 2026 AV Calculator.

The final AVs are within the allowed metal level range for each plan. The AV Metal Value of non-standardized silver health plans offered on the Exchange are not less than the AV Metal Value of the standardized silver health plan with the lowest AV Metal Value.

KFHPWA offers a unique drug tier cost share related to non-preferred generic drugs on all our plans. Because the AV calculator is unable to accommodate this additional tier, our metal plans are determined to be unique. In order to test our plans through the AV calculator, we made a simplifying assumption to input the preferred generic cost share for the purpose of testing plans in the AV calculator. This was deemed appropriate since the preferred tier represents 99 percent of the generic utilization and remaining non-preferred cost share would have an immaterial impact on the AV calculator results.

The catastrophic benefit is designed at a federal level, however, there is no definitive guidance on what the AV should be. For the purposes of the URRT, Worksheet II row 1.6, we have set the AV at 0.57, consistent with the HHS Risk transfer AV.

See the attached “UniquePlanDesign-SupportingDocumentationandJustification.pdf” certification as well as the AV Screenshots for more detailed information.

11.2 Terminated Plan Offerings

There are no terminated plans for plan year 2026.

11.3 Plan Type

Only standard plan types have been used on Worksheet 2, Section 1 of the URRT.

11.4 Mental Health and Substance Use Disorder Parity

Mental Health and Substance Use Disorder Financial Testing is shown in the “Certification-Rates-2026-MHSUD-Parity-Calculations.pdf” attachment.

In developing the methodology and data used for MHSUD testing:

- Plans were tested using KFHPWA 2024 individual allowed claim data by benefit category trended forward to 2026.
- The data is consistent with the data used to project the plan year 2026 claims and premium rates.
- The data is separated by plan level for testing based on the percent of projected 2026 allowed claims by plan.
- The data is categorized using Milliman’s Health Cost Guidelines (HCG) grouper.
- The data used for testing excludes mental health and substance use disorder claims.
- For the purposes of demonstrating compliance, we have assumed that each Loaded Silver 70% and Silver 73% plans have one member.

Additional considerations as outlined in the “Mental Health and Substance Use Disorder (MH/SUD) Financial Requirement Parity Certification” document and include:

- According to 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 MH/SUD benefits in the same classification.”

KFHPWA certifies that the MH/SUD cost-sharing is no more restrictive than the least restrictive level of financial requirement applying to at least two-thirds of medical/surgical benefits across all provider tiers in a classification.

- According to WAC 284-43-7020(5)(b): “If a plan or issuer classifies providers into tiers and varies cost-sharing based on the different tiers, the criteria for classification must be applied to generalists and specialists providing MH/SUD services no more restrictively than such criteria are applied to medical/surgical benefit providers.”

KFHPWA cost sharing tiers are such that cost share for generalists and specialists providing MH/SUD services apply no more restrictively than those providing medical/surgical benefits.

- According to WAC 284-43-7020(6)(b): “A plan or issuer may divide its benefits furnished on an in-network basis into sub-classifications that reflect network tiers, if the tiering is based on reasonable factors and without regard to whether a provider is an MH/SUD provider or a medical/surgical provider.”

KFHPWA in-network tiering is based on reasonable factors (channel of care and applicable cost shares) and without regard to whether a provider is an MH/SUD provider or a medical/surgical provider.

- According to WAC 284-43-7020(6)(c): “After network tiers are established, the plan or issuer may not impose any financial requirement on MH/SUD benefits in any tier that is more restrictive than the predominant financial requirement that applies to substantially all medical/surgical benefits in that tier.”

KFHPWA does not impose any financial requirement on MH/SUD benefits in any tier that is more restrictive than the predominant financial requirement that applies to substantially all medical/surgical benefits in that tier.

- According to 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 MH/SUD 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.”

KFHPWA applies different levels of financial requirements to different tiers of prescription drug benefits. This is based on reasonable factors and without regard to whether a drug is generally prescribed with respect to medical/surgical benefits or with respect to MH/SUD benefits.

12.0 Effective Rate Review

In preparing this filing, and to support the Effective Rate Review for the Washington OIC, the KFHPWA team has included the WA Standard Rate exhibits as required.

13.0 Miscellaneous

13.1 Rating Compliance with 45 CFR 156.280 and WAC 284-07-540

KFHPWA has segregated funds for abortion services. Voluntary abortion claims costs are included in the 2024 experience used to build the rates. KFHPWA has not rated for any cost reduction estimated to result from voluntary abortion, including prenatal care, delivery, or postnatal care. KFHPWA estimates the cost for voluntary abortion to be much less than \$1 premium PMPM, even at no member cost shares as required by WA Senate Bill 5242 passed in 2024. Therefore, we have carved out the minimum \$1 PMPM of premium as non-EHB for voluntary abortion for all on-exchange plans as shown in Exhibit 6.

13.2 Effects of 1332 Waiver

KFHPWA does not anticipate any substantive impact to market or company morbidity from the inclusion of the 1332 waiver, and no adjustments were made in the development of rates to account for the waiver.

14.0 Actuarial Certification

I, Jessica Gibbs, am a member in good standing of the American Academy of Actuaries and Fellow of the Society of Actuaries. I obtained my Fellowship in 2018, under the Group and Health Insurance Track and I have the education and experience necessary to perform this work. I meet the qualification standards as laid out in

section 2.1 (Basic Education and Experience) and 2.2 (Continuing Education Requirement) of the Qualification Standards from the American Academy of Actuaries.

This Actuarial Certification applies to the attached filing under SERFF Tracking number KFWA-134519366, which seeks approval of premium rates effective January 1, 2026, for Kaiser Foundation Health Plan of Washington's Individual plans sold on and off the Exchange. This memo and the supporting exhibits document the assumptions, sources of data and methods used to develop the proposed rates and the URRT contained within.

I have developed rates in accordance with the appropriate ASOPs (including No. 5, No. 8, No. 12, No. 23, No. 25, No. 26, No. 41, No. 45, No. 50, and No. 56) and the professional code of conduct.

I hereby certify the projected index rate is compliant with all applicable State and Federal Statutes and Regulations (45 CFR 156.80 and 147.102) and developed in compliance with the applicable Actuarial Standards of Practice; and that the resulting rates in this filing are reasonable in relation to the benefits provided and population anticipated to be covered and neither excessive nor deficient nor discriminatory.

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

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

I certify that the percent of total premium that represents essential health benefits were calculated in accordance with actuarial standards of practice and is appropriate for the calculation of advanced payment of premium tax credits and was calculated in accordance with Actuarial Standards of Practice.

I certify that the final 2026 CMS AV Calculator was used to determine the AV metal values shown in Worksheet 2 of Part I Unified Rate Review Template for all plans. For the non-standard plans, all KFHPWA plans are unique plan designs with adjustments to the plan designs entered in the 2026 CMS-AVC in compliance with 45 CFR §156.135. AV Metal Values for standard plans were provided as documented in the Reliance section of this memorandum and have been reviewed for reasonableness. A copy of the actuarial certification required by 45 CFR Part 156.135 is provided in the Unique Plan Design Supporting Documentation and Justification document.

This filing is consistent with KFHPWA's internal business plans.

To the best of my knowledge the information contained within this filing reflects the Washington State and Federal statutes, rules, regulations, and guidance as of May 12, 2025.

The Unified Rate Review Template developed within this filing does not demonstrate the process used by KFHPWA to develop the rates. Rather, it represents information required by Federal regulation to be provided in support of the review of rate increases for certification of Qualified Health Plans for Federally-facilitated Marketplaces and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Signed



Jessica D. Gibbs, FSA, MAAA
Sr. Manager, Actuarial Services
Kaiser Foundation Health Plan of Washington

Date: May 12, 2025

15.0 Disclosures

Information Date: The analysis provided in the report is based on information as known on May 12, 2025.

Intended Users: This material has been prepared for the Washington Office of Insurance Commissioner for the purposes of their review. KFHPWA understands that this memorandum and the accompanying exhibits will be posted publicly.

Uncertainty or Risk: Future events will affect the results presented in this memorandum. The degree to which future events may materially change the adequacy or excessiveness of the rates is unknown.

Reliance:

In preparing this filing and URRT submission accompanying it, the certifying actuary relied on information from the following entities:

- 2024 and 2026 risk adjustment transfer estimates were developed using The Wakely National Risk Adjustment Reporting Project report for the claim period from January 2024 to December 2024, paid through December 2024.
- The opining actuary also relied on data supplied by the WA OIC regarding statewide weighted-average premiums expected in 2024 and 2025.
- Milliman's Health Cost Guidelines (HCG) Grouper to define benefit categories.
- Claims and enrollment data from internal KFHPWA data systems pulled by a team of data analysts and reviewed for consistency and reasonableness by the certifying actuary, but no audit was performed.
- Budget, membership, and internal cost estimates provided by KFHPWA Finance and Strategic Market Planning teams.
- In preparing this filing and URRT submission accompanying it, the certifying actuary also relied on Wakely's certification of the standard plan (and CSR variants) AV Metal values provided by Wakely in their "Certification for WAHBE 2025 Standard Medical Plan Designs." These factors were assessed and determined to be reasonable.
- Federal AVs were developed using a model provided by HHS.
- In determining the area factor relativity, the certifying actuary relied on the DxCG scores provided by the KFHPWA Risk Adjustment team as determined using encounter data specific to the area factor analysis performed.

Appendix of Exhibits

The following exhibits are attached as part of this memo in the supporting documentation called “Part III – Memo Exhibits”.

Kaiser Foundation Health Plan of Washington, 1/1/2026 INDIVIDUAL RATE FILING

Index of Exhibit for Part III - Actuarial Memo

- Exhibit 1 - URRT Worksheet 1
- Exhibit 2 - URRT Worksheet 2
- Exhibit 3 - Experience Period Claims
- Exhibit 3a - Rate Filing Data Consistency
- Exhibit 4 - Claims Triangles
- Exhibit 5 - Development of "Other" Factor
- Exhibit 6 - URRT Wk2 Section III PAIR Development
- Exhibit 7 - Demographic Shift
- Exhibit 8 - Administrative Expenses
- Exhibit 9 - Commission Calculation
- Exhibit 10 - Experience and Projection Period Risk Adjustment Estimates
- Exhibit 11 - HCRP Projections
- Exhibit 12 - Calibration Factors
- Exhibit 13 - Geography Factor
- Exhibit 14 - Credibility
- Exhibit 15 - Months of Surplus
- Exhibit 16 - Key Drivers of Rate Change
- Exhibit 17 - Trend Summary
- Exhibit 18- Pricing Trend
- Exhibit 19 - Projected MLR
- Exhibit 20 - EHB Benchmark Loads
- Exhibit 21 Summary of Pooled Experience with Adjustments
- Exhibit 22 - Summary of Pooled Experience with Adjustments, Difference from 2025 Filing
- Exhibit 23 - Supplemental Data Statement Reconciliation
- Exhibit 24 - Paid to Allowed by Metal Level
- Exhibit 25 - SERFF Data Tab

Kaiser Foundation Health Plan of Washington

Individual Rate Filing Effective January 1, 2026

Part II – Written Description Justifying the Rate Increase

Scope and Change of the Rate Increase

This filing contains twelve renewing plans and five new plans. KFHPWA offers these plans in seventeen WA counties. The plan offerings by exchange status and counties are summarized below.

- All four standard plans (Kaiser Permanente Cascade Gold, Kaiser Permanente Cascade Vital Gold, Kaiser Permanente Cascade Silver, and Kaiser Permanente Cascade Bronze), VisitsPlus Silver, VisitsPlus Gold LD, Gold HSA, Bronze HSA, and the Basics Plus Catastrophic plan are offered in all counties inside the Exchange only.
- VisitsPlus Gold, and VisitsPlus Bronze are offered in all counties both inside and outside the Exchange.
- Bronze HSA X, VisitsPlus Silver X, VisitsPlus Silver HD, VisitsPlus Silver 4500, Bronze, and Silver HSA are offered in all counties outside the Exchange only.

All silver plans offered in the Exchange and only silver plans offered in the Exchange are loaded for cost-share reduction subsidies.

As of March 2025, there were 40,266 enrollees that will be impacted by the 2026 rate change. The average requested rate increase estimated for members enrolled as of March 2024 is 19.2%. The rate increase varies by plan from -19.0% to 86.7%.

The variance is driven by benefit design (cost share) changes, silver loading requirements, and Pricing Actuarial Value model updates. Final premiums charged to consumers will vary based on age, tobacco use, geographic area, and family composition.

Financial Experience by Benefit Year

The financial results from 2022 through 2024 are as follows:

Summary of Pooled Experience with Adjustments						
	Experience Period			First Prior Period		Second Prior Period
	From	1/1/2024	To 12/31/2024	From	1/1/2023	To 12/31/2023
Member Months		477,943			624,817	
Earned Premium		308,921,495			333,709,028	
Paid Claims		289,449,006			298,513,031	
Beginning Claim Reserve		27,728,923			28,884,449	
Ending Claim Reserve		19,525,879			27,728,923	
Incurred Claims		281,245,962			297,357,504	
Expenses		31,196,534			36,263,568	
Gain/Loss		-\$3,521,001			\$87,956	
Loss Ratio Percentage		91.04%			89.11%	
Risk Adjustment (Risk Transfer Amount Only)*		\$3,160,582			-\$15,368,666	
High-Cost Risk Pool Transfer Amount		\$1,085,940			\$1,969,414	
High-Cost Risk Pool Assessment		-\$1,085,940			-\$1,197,660	
HHS-RADV Adjustment		\$0			\$0	
Commercial Reinsurance		\$0			\$0	
Adjusted Gain/Loss, Excluding MLR Rebates (Dollars)		-\$360,420			-\$14,508,956	
Adjusted Gain/Loss, Excluding MLR Rebates (% of Premium)		-0.1%			-4.3%	
Anticipated MLR Rebates		\$0			\$0	
Prior Years Risk Adjustment**		-\$2,362,982			\$20,108,713	

*Risk adjustment user fee is included in expenses

**This is a statutory financial adjustment and doesn't affect the final CMS risk adjustments presented here.

Risk Adjustment Transfer Amounts, High-Cost Risk Pool charges, and High-Cost Risk Pool receipts for the experience period are the estimated 2024 ACA risk adjustment amounts. The risk adjustment user fees are included in expenses. KFHPWA has no commercial reinsurance program.

With the proposed rate change, Kaiser Foundation Health Plan of Washington projects an overall loss ratio percentage of 89.03% and an ACA medical loss ratio (MLR) of 92.8% in 2026. The overall loss ratio is not the same as the 2026 federal MLR. It is calculated as incurred claims / (risk adjustment + premium) and represents the average loss ratio across all products using 2026 projected enrollment for each plan.

Changes in Medical Service Costs

Change from 2025 Filing	Increase
Impact of actual vs projected 2024 claims	9.3%
Impact of 2026 claims trend	8.1%
Impact of Worksheet 1 non-trend projection factors	+5.5%
Impact of Cost Sharing and Benefit Leveraging	+1.3%
Impact of Paid to Allowed Ratio	-5.7%
Impact of Risk Adj and Exchange Fees	-5.6%
Impact of Surplus and Risk	-1.8%
Rate Increase Accounted for in this table	+11.1%
Rate Increase Proposed for Population	+12.8%
Rate Increase Proposed in UPMJ Q5	+19.2%

Changes in Benefits and Cost Share Changes

[Benefit Changes from 2025 coverage]

Deductibles, maximum out of pocket costs, coinsurance, and copays were changed for a few plans to comply with metal level actuarial values or to control the cost and utilization of health care services. The cost share changes for renewing plans are summarized in the following table:

	Cost-Share Changes		
Renewing Plans	Cost-Share Description	2025	2026
Basics Plus Catastrophic	Deductible	\$9,200	\$10,150
	MOOP	\$9,200	\$10,150
Bronze HSA	MOOP	\$7,000	\$7,500
Silver HSA	Deductible	\$3,300	\$3,500
	MOOP	\$6,250	\$7,000
Bronze HSA X	MOOP	\$7,000	\$7,500
VisitsPlus Bronze	Deductible	\$6,000	\$6,500
	MOOP	\$9,200	\$10,100
Bronze	MOOP	\$8,750	\$8,000
	Retail Preferred Generic Drugs (Tier 1)	40% after deductible	\$30 copay

	Mail Order Preferred Generic Drugs (Tier 1)	35% after deductible	\$25 copay
VisitsPlus Silver	Retail Preferred Generic Drugs (Tier 1)	\$10 copay	\$20 copay
	Retail Brand Preferred Drugs (Tier 2)	50% after deductible	40% after deductible
	Mail Order Preferred Generic Drugs (Tier 1)	\$5 copay	\$15 copay
	Mail Order Brand Preferred Drugs (Tier 2)	45% after deductible	35% after deductible
VisitsPlus Gold	Retail Specialty Drugs (Tier 4)	40% after deductible	50% after deductible
	Mail Order Specialty Drugs (Tier 4)	40% after deductible	50% after deductible
VisitsPlus Silver HD	Retail Preferred Generic Drugs (Tier 1)	\$15 copay	\$25 copay
	Mail Order Preferred Generic Drugs (Tier 1)	\$10 copay	\$20 copay
Kaiser Permanente Cascade Gold	Deductible	\$600	\$1,000
Kaiser Permanente Cascade Silver	MOOP	\$9,200	\$9,750
	Primary Care - includes mental health office visits	First 2 visits \$1, then \$30	First 2 visits \$1, then \$20
Kaiser Permanente Cascade Bronze	MOOP	\$9,200	\$10,150
	Primary Care - includes mental health office visits	First 2 visits \$1, then \$50	First 2 visits \$1, then \$40

	Specialty Care	\$100 after deductible	\$100
	Oncology	\$100 after deductible	\$100

Administrative Costs and Anticipated Profits

Projected administrative expenses plus commissions plus investment income credit for 2026 is 5.48% of premium compared to 6.1% in the 2025 filing. Regulatory taxes and fees for 2026 is 2.17% of premium compared to 2.2% of premium in the 2025 filing. The target contribution to surplus for 2026 is 2% of premium and the risk and contingency load for 2026 is 1% of premium. The contribution to surplus load was 3.5% in the 2025 filing. The risk and contingency load was 1% in the 202 filing.

	Percent of Premium	
	2024	2025
Administrative Expenses Plus Commissions	6.1%	5.48%
Regulatory Taxes and Fees	2.2%	2.17%
Target Contribution to Surplus	3.5%	2%
Risk and Contingency Load	1%	1%

Other Changes Impacting Rates

There are no other changes impacting the rates in this filing.

Per new 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 that have a generic equivalent are not required to be counted toward the annual limitation on cost sharing. For covered outpatient prescription drugs (and items covered under drugs in the contract) and obtained at a pharmacy owned and operated by KFHPWA, a member may be able to use approved manufacturer coupons as payment for the cost sharing that a member owes, as allowed under KFHPWA's coupon program. When a member uses an approved coupon for payment of their cost sharing, the coupon amount and any additional payment that they make will accumulate to their deductible and out-of-pocket limit.

KFHPWA does not pay federal taxes, it is a nonprofit entity.

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Unified Rate Review v6.1

Company Legal Name:

Kaiser Foundation Healthplan of Washington

HIOS Issuer ID:

80473

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:

1/1/2024

to

12/31/2024

Total

PMPM

Allowed Claims

\$339,350,763.01

\$710.02

Reinsurance

\$0.00

\$0.00

Incurred Claims in Experience Period

\$281,245,962.49

\$588.45

Risk Adjustment

\$3,160,581.61

\$6.61

Experience Period Premium

\$308,921,495.22

\$646.36

Experience Period Member Months

477,943

Section II: Projections

Benefit Category

Experience Period Index Rate PMPM

Year 1 Trend

Year 2 Trend

Trended EHB Allowed Claims PMPM

Inpatient Hospital

\$101.63

1.057

1.020

1.128

1.010

\$124.84

Outpatient Hospital

\$140.55

1.077

1.020

1.077

1.010

\$167.94

Professional

\$313.53

1.033

1.010

1.043

1.010

\$344.47

Other Medical

\$20.86

1.025

1.010

1.036

1.010

\$22.59

Capitation

\$0.00

1.000

1.000

1.000

1.000

\$0.00

Prescription Drug

\$129.32

1.020

1.180

1.070

1.070

\$178.20

Total

\$705.89

\$838.05

Morbidity Adjustment

1.000

Demographic Shift

0.995

Plan Design Changes

1.003

Other

1.064

Adjusted Trended EHB Allowed Claims PMPM for

1/1/2026

\$889.39

Manual EHB Allowed Claims PMPM

\$0.00

Applied Credibility %

100.00%

Projected Period Totals

Projected Index Rate for

1/1/2026

\$889.39

\$339,892,839.96

Reinsurance

\$0.00

\$0.00

Risk Adjustment Payment/Charge

\$13.62

\$5,203,208.96

Exchange User Fees

0.53%

\$1,791,610.59

Market Adjusted Index Rate

\$880.46

\$336,481,241.59

Projected Member Months

382,164

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 1

Product-Plan Data Collection

Company Legal Name: Kaiser Foundation Healthplan of Washington
HIOS Issue ID: 80473 State: WA
Effective Date of Rate Change(s): 1/1/2026 Market: Individual

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

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

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

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

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

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

Product/Plan Level Calculations

Section I: General Product and Plan Information

1.1 Product Name		GHG		Core Basics Plus Cash		Health Cooperative Individual and Family Core H.S.A. Excl		Health Cooperative Individual and Family		Group Health Cooperative Individual and Family Flex																													
1.2 Product ID		80473WA054		80473WA078		80473WA099		80473WA099		80473WA100																													
1.3 Plan Name		Catastrophic		Bronze HSA		Silver HSA		Bronze HSA X		VistaPlus Bronze		Bronze		VistaPlus Silver		VistaPlus Gold		HD		Permanente		Permanente		Permanente		Virtual Plus Silver		Bronze		Silver		Gold		Gold		Silver		Silver	
1.4 Plan ID (Standard Component ID)		80473WA0540001		80473WA0780001		80473WA0990001		80473WA0990001		80473WA1000001		80473WA1000001		80473WA1000001		80473WA1000001		80473WA1000001		80473WA1000001		80473WA1000001		80473WA1000001		80473WA1000001		80473WA1000001		80473WA1000001		80473WA1000001		80473WA1000001		80473WA1000001			
1.5 Metal		Catastrophic		Silver		Bronze		Bronze		Bronze		Silver		Gold		Gold		Silver		Bronze		Bronze		Bronze		Silver		Silver		Gold		Gold		Silver		Silver			
1.6 AV Metal Value		0.570		0.649		0.712		0.649		0.649		0.634		0.719		0.799		0.698		0.818		0.713		0.636		0.719		0.647		0.719		0.781		0.686		0.780			
1.7 Plan Category		Renewing		Renewing		Renewing		Renewing		Renewing		Renewing		Renewing		Renewing		Renewing		Renewing		Renewing		Renewing		Terminated		Terminated		Terminated		New		New		New			
1.8 Plan Type		HMO		HMO		HMO		HMO		HMO		HMO		HMO		HMO		HMO		HMO		HMO		HMO		HMO		HMO		HMO		HMO		HMO		HMO			
1.9 Exchange Plan?		Yes		Yes		No		No		Yes		No		Yes		No		Yes		Yes		No		Yes		No		No		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		1/1/2026		1/1/2026		1/1/2026		1/1/2026		1/1/2026		1/1/2026			
1.11 Cumulative Rate Change % (over 12 mos prior)		-19.02%		-0.83%		1.68%		-0.87%		10.68%		4.42%		86.75%		6.18%		6.18%		2.18%		76.54%		-0.73%		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%			
1.12 Product Rate Increase %		-19.02%				-0.18%				10.56%																													
1.13 Submission Level Rate Increase %																																							

21.34%

Worksheet 1 Totals

Section II: Experience Period and Current Plan Level Information

	2.1 Plan ID (Standard Component ID)	Total	80473WA0540001	80473WA0780001	80473WA0990001	80473WA0990001	80473WA1000001	80473WA1000001	80473WA1000002	80473WA1000003	80473WA1000004	80473WA1000005	80473WA1000006	80473WA1000007	80473WA1000008	80473WA1000009	80473WA1000010	80473WA1000011	80473WA1000012	80473WA1000013	80473WA1000014	80473WA1000015
\$339,350.763	2.2 Allowed Claims	\$339,350.763	\$371,924	\$5,394.853	\$10,293,534	\$12,723,869	\$39,140,493	\$1,421,815	\$9,538,083	\$61,650,536	\$16,290,623	\$70,992,480	\$54,640,270	\$32,664,513	\$7,284,618	\$14,721,031	\$2,114,260	\$0	\$0	\$0	\$0	\$0
\$0	2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
\$0	2.4 Member Cost Sharing	\$58,104,801	\$153,512	\$1,488,407	\$2,384,542	\$3,460,152	\$10,317,322	\$237,194	\$1,511,999	\$8,622,906	\$4,107,980	\$6,310,217	\$6,386,329	\$8,320,344	\$928,237	\$3,404,670	\$470,990	\$0	\$0	\$0	\$0	\$0
\$0	2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
\$281,245,962	2.6 Incurred Claims	\$281,245,962	\$318,446	\$7,909,992	\$9,263,618	\$28,821,171	\$1,184,621	\$9,024,084	\$53,027,630	\$172,042	\$64,682,141	\$48,213,043	\$48,213,043	\$6,356,161	\$11,316,132	\$1,843,270	\$0	\$0	\$0	\$0	\$0	
\$1,160,582	2.7 Risk Adjustment Transfer Amount	\$3,160,582	\$3,160,582	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
\$308,921,495	2.8 Premium	\$308,921,495	\$628,232	\$6,511,147	\$9,157,254	\$15,944,475	\$50,082,017	\$1,537,677	\$11,045,071	\$80,012,908	\$17,230,572	\$41,843,858	\$51,088,086	\$41,707,767	\$9,563,566	\$20,318,822	\$2,250,044	\$0	\$0	\$0	\$0	\$0
477,943	2.9 Experience Period Member Months	477,943	2,386	10,107	14,975	25,715	81,821	2,481	12,849	40,810	28,301	59,556	70,426	71,299	13,726	38,439	4,250	0	0	0	0	0
2,10	Current Enrollment	40,266	479	1,087	1,080	1,701	5,553	718	1,267	3,646	2,643	5,201	6,842	6,549	0	0	0	0	0	0	0	
2,11	Current Premium PMPM	\$224.18	\$224.18	\$684.34	\$688.11	\$689.47	\$605.86	\$532.27	\$816.32	\$722.81	\$620.27	\$751.82	\$770.13	\$659.27	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
90.12%	2.12 Loss Ratio	90.12%	34.77%	79.12%	89.32%	79.51%	79.14%	112.12%	74.40%	110.36%	73.13%	94.64%	97.16%	81.69%	68.45%	81.41%	85.18%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Per Member Per Month																					
2,13	Allowed Claims	\$780.02	\$355.88	\$524.87	\$687.38	\$494.80	\$478.27	\$499.51	\$742.17	\$1,510.67	\$575.38	\$1,184.07	\$775.85	\$468.13	\$530.72	\$382.97	\$544.53	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2,14	Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2,15	Member Cost Sharing	\$121.57	\$64.34	\$147.26	\$159.23	\$134.56	\$117.67	\$117.67	\$117.67	\$105.35	\$90.68	\$116.70	\$116.70	\$88.57	\$110.82	\$110.82	\$110.82	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2,16	Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2,17	Incurred Claims	\$588.45	\$91.54	\$377.60	\$528.15	\$380.24	\$352.27	\$411.18	\$624.49	\$1,299.38	\$430.44	\$1,078.83	\$685.17	\$341.44	\$465.09	\$294.40	\$433.71	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2,18	Risk Adjustment Transfer Amount	\$6.61	\$0.00	\$166.99	\$20.24	\$166.99	\$166.99	\$166.99	\$20.24	\$441.98	\$20.24	\$441.98	\$20.24	\$166.99	\$20.24	\$166.99	\$20.24	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2,19	Premium	\$646.36	\$263.30	\$644.22	\$611.50	\$620.05	\$612.09	\$533.73	\$859.61	\$735.43	\$608.79	\$697.91	\$725.42	\$584.97	\$696.75	\$528.60	\$529.42	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Section III: Plan Adjustment Factors

3.1 Plan ID (Standard Component ID)	80473WA0540001	80473WA0780001	80473WA0990001	80473WA0990001	80473WA1000001	80473WA1000002	80473WA1000003	80473WA1000004	80473WA1000005	80473WA1000006	80473WA1000007	80473WA1000008	80473WA1000009	80473WA1000010	80473WA1000011	80473WA1000012	80473WA1000013	80473WA1000014	80473WA1000015
3.2 Market Adjusted Index Rate																			
3.3 AV and Cost Sharing Design of Plan	0.5385	0.6193	0.6999	0.6203	0.6285	0.6207	1.4291	0.8230	0.6867	0.8509	1.4113	0.6140	0.0000	0.0000	0.0000	0.7950	0.6670	0.7935	0.8404
3.4 Provider Network Adjustment	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.5 Benefits In Addition to EHB	1.0089	1.0075	1.0059	1.0059	1.0059	1.0059	1.0066	1.0071	1.0059	1.0071	1.0066	1.0075	0.0000	0.0000	0.0000	1.0072	1.0059	1.0072	1.0059
Administrative Costs																			
3.6 Administrative Expense	12.58%	6.74%	6.03%	6.74%	6.65%	6.74%	3.05%	5.17%	6.13%	5.01%	3.99%	6.80%	0.00%	0.00%	0.00%	5.34%	6.30%	5.35%	5.07%
3.7 Taxes and Fees	2.17%	2.17%	2.17%	2.17%	2.17%	2.17%	2.17%	2.17%	2.17%	2.17%	2.17%	2.17%	0.00%	0.00%	0.00%	2.17%	2.17%	2.17%	2.17%
3.8 Profit & Risk Load	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	0.00%	0.00%	0.00%	3.00%	3.00%	3.00%	3.00%
3.9 Catastrophic Adjustment	0.5749	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate	\$334.31	\$623.68	\$697.98	\$623.68	\$632.23	\$624.06	\$1,379.96	\$813.88	\$685.66	\$839.98	\$1,363.36	\$618.67	\$0.00	\$0.00	\$0.00	\$787.79	\$667.29	\$786.36	\$829.19
3.11 Age Calibration Factor	0.575467963								0.5755										
3.12 Geographic Calibration Factor	0.994610216								0.9946										
3.13 Tobacco Calibration Factor	1								1.0000										
3.14 Calibrated Plan Adjusted Index Rate	\$191.36	\$356.98	\$399.50	\$356.98	\$361.87	\$357.19	\$789.81	\$465.84	\$392.45	\$480.78	\$780.35	\$354.11	\$0.00	\$0.00	\$0.00	\$450.91	\$381.94	\$450.09	\$474.60

Section IV: Projected Plan Level Information

4.1 Plan ID (Standard Component ID)	Total	80473WA0540001	80473WA0780001	80473WA0990001	80473WA0990001	80473WA1000001	80473WA1000002	80473WA1000003	80473WA1000004	80473WA1000005	80473WA1000006	80473WA1000007	80473WA1000008	80473WA1000009	80473WA1000010	80473WA1000011	80473WA1000012	80473WA1000013	80473WA1000014	80473WA1000015
4.2 Allowed Claims	\$341,873,301	\$3,855,257	\$8,888,168	\$9,031,065	\$13,900,681	\$78,274,803	\$1,777,813	\$7,275,489	\$26,920,944	\$11,004,945	\$45,917,070	\$32,862,809	\$53,454,388	\$0	\$0	\$28,589,935	\$10,939,393	\$3,376,423	\$4,979,566	\$824,551
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$77,297,215	\$2,591,965	\$3,161,223	\$2,614,723	\$4,944,025	\$27,214,874	\$631,680	\$2,181,623	\$5,364,544	\$3,301,598	\$8,301,379	\$9,529,325	\$19,204,002	\$0	\$0	\$6,243,074	\$3,456,617	\$740,890	\$97,922	\$239,467
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$264,576,086	\$1,263,292	\$5,726,945	\$6,416,341	\$8,596,676	\$51,059,929	\$1,146,133	\$9,457,122	\$21,556,400	\$7,703,437	\$37,615,692	\$42,392,134	\$34,190,086	\$0	\$0	\$22,346,861	\$7,482,776	\$2,635,533	\$4,041,644	\$585,084
4.7 Risk Adjustment Transfer Amount	\$4,026,769	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.8 Premium	\$291,155,562	\$1,520,336	\$6,436,299	\$7,115,399	\$10,066,220	\$57,325,817	\$1,388,955	\$10,200,667	\$33,800,945	\$8,598,225	\$41,445,167	\$45,745,614	\$38,446,343	\$0	\$0	\$24,720,908	\$8,347,865	\$2,915,838	\$4,407,735	\$652,315

Rating Area Data Collection

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

Rating Area	Rating Factor
Rating Area 1	1.0000
Rating Area 2	0.9859
Rating Area 4	0.9977
Rating Area 5	1.0130
Rating Area 6	0.9600
Rating Area 8	1.0204
Rating Area 9	1.1040

State:	Washington	Filing Company:	Kaiser Foundation Health Plan of Washington
TOI/Sub-TOI:	HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005C Individual - Other		
Product Name:	2026 Nongrandfathered Individual Rate Filing - KFHPWA		
Project Name/Number:	2026 KPWA IF Rate Filing/		

Supporting Document Schedules

Bypassed - Item:	Written Description Justifying the Rate Increase
Bypass Reason:	Part II Written Description Justifying the Rate Increase" document is included in the URRT tab under "Consumer Justification Narrative
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Rate Filing Support Documentation
Comments:	
Attachment(s):	2026 KFHPWA Individual AV Screenshots.pdf certification-rates-2026-mental-health-and-substance-use-disorder-financial-req-parity.pdf Commission Information and Officer Certification.pdf UniquePlanDesign-SupportingDocumentationandJustification.pdf KPWA KPNW Waiver Request for \$0 Hospice Care Cost Sharing in 2026 Cascade Care Plans (041725).pdf HCIS Supplement KFHPW 2024.pdf WAC 284-43-6660.pdf checklist-rates-individual-supplemental-checklist-for-1332-waiver-reporting.pdf Wakely - WAHBE 2026 Medical AV Certification 78% Gold 202500415.pdf checklist-rates-2026-individual-nongrandfathered-health-plans.pdf 2026 KPWA IND Part III - Memo Exhibits.pdf 2026 KPWA IND WA Standardized Rate Exhibits.pdf Uniform Product Modification Justification.pdf Benefit Components Duplicate.pdf Certification-Rates-2026-MHSUD-Parity-Calculations.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Duplicate Files
Comments:	
Attachment(s):	Benefit Components Duplicate.xlsm Certification-Rates-2026-MHSUD-Parity-Calculations Duplicate.xlsm WAC-284-43-6660_Duplicate.xlsx 2026 KPWA IND Part III - Memo Exhibits_Duplicate.xlsx Uniform Product Modification Justification Duplicate.xlsx Part_I_Unified_Rate_Review_Template_Duplicate.xlsm 2026 KPWA IND WA Standardized Rate Exhibits_duplicate.xlsx
Item Status:	
Status Date:	
Satisfied - Item:	Rating Documents for Extended ARPA Subsidies

State:	Washington	Filing Company:	Kaiser Foundation Health Plan of Washington
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005C Individual - Other		
Product Name:	2026 Nongrandfathered Individual Rate Filing - KFHPWA		
Project Name/Number:	2026 KPWA IF Rate Filing/		

Comments:	
Attachment(s):	Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum_withARPAExtension.pdf Rate Schedule Duplicate_withARPAExtension.xlsm Rate Schedule_withARPAExtension.pdf URRT_Duplicate_withARPAExtension.xlsm URRT_withARPAExtension.pdf
Item Status:	
Status Date:	

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 (\$)			\$5,500.00
Coinsurance (%; Insurer's Cost Share)			60.00%
MOOP (\$)			\$7,500.00
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deducti	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input 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 type="checkbox"/>
# Days (1-10):	
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: Bronze HSA Plan
Name: Bronze HSA
Plan HIOS ID: 80473WA0780001
Issuer HIOS ID: 80473
AVC Version: 2026_1b

Output

Calculate

Status/Error Messages: Expanded Bronze Standard (58% to 65%), Calculation Successful.
Actuarial Value: 64.91%
Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.125 seconds

Final 2026 AV Calculator

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 (\$)			\$5,500.00
Coinsurance (% , Insurer's Cost Share)			60.00%
MOOP (\$)			\$7,500.00
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deducti	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input 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 type="checkbox"/>
# Days (1-10):	
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: Bronze HSA X Plan
Name: Bronze HSA X
Plan HIOS ID: 80473WA0780003
Issuer HIOS ID: 80473
AVC Version: 2026_1b

Output

Calculate

Status/Error Messages: Expanded Bronze Standard (58% to 65%), Calculation Successful.
Actuarial Value: 64.91%
Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.125 seconds

Final 2026 AV Calculator

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 (\$)		\$8,000.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deducti	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input 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 type="checkbox"/>
# Days (1-10):	
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: Bronze Plan
Name: Bronze
Plan HIOS ID: 80473WA0990003
Issuer HIOS ID: 80473
AVC Version: 2026_1b

Output

Calculate

Status/Error Messages: Expanded Bronze Standard (58% to 65%), Calculation Successful.
Actuarial Value: 63.43%
Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.125 seconds

Final 2026 AV Calculator

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
Deductible (\$)			\$2,100.00
Coinsurance (% , Insurer's Cost Share)			80.00%
MOOP (\$)			\$6,100.00
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deducti	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input 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 type="checkbox"/>
# Days (1-10):	
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: Gold HSA Plan
Name: Gold HSA
Plan HIOS ID: 80473WA1000013
Issuer HIOS ID: 80473
AVC Version: 2026_1b

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2026 AV Calculator

Calculation Successful.

78.01%

Gold

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

0.1875 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		
	Medical	Drug	Combined
Deductible (\$)			\$3,500.00
Coinurance (% , Insurer's Cost Share)			80.00%
MOOP (\$)			\$7,000.00
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deducti	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80.00%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60.00%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input 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 type="checkbox"/>
# Days (1-10):	
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: Silver HSA Plan
Name: Silver HSA
Plan HIOS ID: 80473WA0780002
Issuer HIOS ID: 80473
AVC Version: 2026_1b

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 71.24%
Metal Tier: Silver

Additional Notes:

Calculation Time: 0.1406 seconds

Final 2026 AV Calculator

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 (\$)			\$6,500.00
Coinsurance (% , Insurer's Cost Share)			60.00%
MOOP (\$)			\$10,100.00
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deducti	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$85.00	<input 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"/>		\$50.00	<input 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$85.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$85.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$85.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$85.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$700.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60.00%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input 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 type="checkbox"/>
# Days (1-10):	
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: VisitsPlus Bronze Plan

Name: VisitsPlus Bronze
Plan HIOS ID: 80473WA0990001
Issuer HIOS ID: 80473
AVC Version: 2026_1b

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2026 AV Calculator

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

64.89%

Bronze

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

0.3203 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		
	Medical	Drug	Combined
Deductible (\$)			\$1,000.00
Coinsurance (% , Insurer's Cost Share)			70.00%
MOOP (\$)			\$7,500.00
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deducti	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input 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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input 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"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60.00%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input 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 type="checkbox"/>
# Days (1-10):	
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: VisitsPlus Gold Plan

Name: VisitsPlus Gold
Plan HIOS ID: 80473WA1000002
Issuer HIOS ID: 80473
AVC Version: 2026_1b

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2026 AV Calculator

Calculation Successful.

79.92%

Gold

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

0.1406 seconds

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate MOOP for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
Desired Metal Tier 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
Deductible (\$)		\$3,000.00
Coinsurance (% , Insurer's Cost Share)		70.00%
MOOP (\$)		\$9,200.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deducti	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$85.00	<input 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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$55.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$55.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$550.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60.00%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input 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 type="checkbox"/>
# Days (1-10):	
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: VisitsPlus Silver HD Plan

Name: VisitsPlus Silver HD
Plan HIOS ID: 80473WA1000004
Issuer HIOS ID: 80473
AVC Version: 2026_1b

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2026 AV Calculator

Standard On-Exchange Individual Silver Plans must meet a [0, +2] percent de minimis range; Calculation Successful.

69.83%

Silver Off-Exchange and Small Group Market

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

0.2734 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		
Medical	Drug	Combined
Deductible (\$)		\$500.00
Coinsurance (% , Insurer's Cost Share)		70.00%
MOOP (\$)		\$7,500.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deducti	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input 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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input 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"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60.00%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input 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 type="checkbox"/>
# Days (1-10):	
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: VisitsPlus Gold LD Plan

Name: VisitsPlus Gold LD
Plan HIOS ID: 80473WA1000014
Issuer HIOS ID: 80473
AVC Version: 2026_1b

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2026 AV Calculator

Calculation Successful.

81.02%

Gold

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

0.25 seconds

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate MOOP for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
Desired Metal Tier 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
Deductible (\$)			\$2,500.00
Coinsurance (% , Insurer's Cost Share)			65.00%
MOOP (\$)			\$9,200.00
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deducti	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input 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"/>		\$15.00	<input 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$550.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60.00%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input 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 type="checkbox"/>
# Days (1-10):	
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: VisitsPlus Silver Plan

Name: VisitsPlus Silver
Plan HIOS ID: 80473WA1000001
Issuer HIOS ID: 80473
AVC Version: 2026_1b

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Successful.

71.92%

Silver

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

Calculation Time:

0.1562 seconds

Final 2026 AV Calculator

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
Deductible (\$)		\$4,500.00
Coinsurance (% , Insurer's Cost Share)		70.00%
MOOP (\$)		\$9,800.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deducti	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$85.00	<input 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"/>		\$35.00	<input 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$550.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input 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 type="checkbox"/>
# Days (1-10):	
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: VisitsPlus Silver 4500 Plan

Name: VisitsPlus Silver 4500
Plan HIOS ID: 80473WA1000012
Issuer HIOS ID: 80473
AVC Version: 2026_1b

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2026 AV Calculator

Standard On-Exchange Individual Silver Plans must meet a [0, +2] percent de minimis range; Calculation Successful.

68.64%

Silver Off-Exchange and Small Group Market

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

0.1875 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		
	Medical	Drug	Combined
Deductible (\$)			\$2,500.00
Coinsurance (% , Insurer's Cost Share)			65.00%
MOOP (\$)			\$9,200.00
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deducti	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input 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"/>		\$15.00	<input 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$550.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60.00%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input 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 type="checkbox"/>
# Days (1-10):	
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: VisitsPlus Silver X Plan

Name: VisitsPlus Silver X
Plan HIOS ID: 80473WA1000015
Issuer HIOS ID: 80473
AVC Version: 2026_1b

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2026 AV Calculator

Calculation Successful.

71.92%

Silver

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

0.2656 seconds

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:	Kaiser Foundation Health Plan of Washington, Inc.
Applicable Market:	Individual
Plan Year:	2026

- Please complete and submit one set of MHSUD financial requirement parity certification documents for each rate filing.
 - Certification: PDF version of this certification document.
 - Calculations: Excel file (and its corresponding PDF file) demonstrating financial requirement parity testing results. See below for details.

2. For the calculations, use the OIC-developed Excel template found on our website ([Certification - Rates - 2026 Mental Health and Substance Use Disorder Financial Req Parity Calculations](#)).
 - a) Review instructions on the first worksheet tab.
 - b) Create and populate a separate detailed worksheet for each plan.
 - c) After fully populating the Excel file, create a PDF version of the file. In SERFF, submit both the Excel and PDF file formats. Remember the Excel and PDF file contents and file names should exactly match with the only exception being that the Excel file name will end in "DUPLICATE."
3. Actuarial certification:
 - a) Complete the actuarial certification below.
 - b) Enter requested information, as needed.
 - c) Check attestation boxes, where appropriate, to indicate your agreement.
 - d) Then, complete the signature block.
 - e) Create a PDF version of the file, and upload the PDF version to SERFF.
4. List below the names of the supporting files:

[certification-rates-2026-mhsud-parity-calculations.pdf](#)
[certification-rates-2026-mhsud-parity-calculations DUPLICATE.xlsm](#)

**Actuarial Certification
of MHSUD Financial Requirement Parity
for the PY2026 ACA Rate Filing:**

I, Jessica Gibbs, FSA, MAAA, certify the following:

- ☒ I am an employee of Kaiser Foundation Health Plan of Washington or
☐ I am a consultant associated with the firm of
- ☒ 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 (*certification-rates-2025-mhsud-parity-calculations DUPLICATE.xlsm*) and as otherwise discussed in this rate filing.

☒ Projected plan dollar amounts:

I attest to the following related to dollar amounts used to test MHSUD financial requirement parity:

- ☐ Projected dollar amounts are consistent with plan-specific projected allowed amounts used elsewhere in this rate filing, or
- ☒ Projected dollar amounts differ from plan-specific projected allowed amounts used elsewhere in this rate filing as explained in the Part III actuarial memorandum. ["Part III Rate Filing Documentation and Actuarial Memorandum.pdf" Section 11.4](#)
- ☒ Projected dollar amounts reflect what the plan allows before reductions for enrollee cost sharing.
- ☒ Plan-level dollar amounts do not reflect aggregate data for the book of business.
- ☒ A reasonable actuarial method was used to project amounts for each plan in accordance with WAC 284-43-7040(1)(c)(ii) and applicable Actuarial Standards of Practice (ASOPs).
- ☒ Additional data details are available on the 'Data Information' tab in the Excel workbook of MHSUD financial requirement parity calculations.

☒ Financial requirement parity:

I attest to parity between MHSUD benefits and medical/surgical benefits in

- ☒ Financial requirements as outlined in Chapter 284-43 WAC Subchapter K Mental Health and Substance Use Disorder and
- ☒ Financial accumulators, such as deductibles and out-of-pocket maximums, by plan and classification. [Note especially WAC 284-43-7040(3).]

☒ Substantially all and predominance:

I certify that each plan submitted in this rate filing meets the "substantially all" and "predominant" / "predominant level" financial requirement parity testing requirements under MHPAEA and Chapter 284-43 WAC, Subchapter K Mental Health and Substance Use Disorder.

- ☒ Type: I attest that for each plan, the type of financial requirement imposed upon MHSUD benefits in each classification (or applicable subclassification) applies to at least two-thirds of projected allowed amounts for medical/surgical benefits within that classification (or applicable subclassification).

- ☒ Level: I attest that for each plan, the level of financial requirement imposed upon MHSUD benefits in each classification (or applicable subclassification) is no more restrictive than the level of financial requirement imposed upon more than one-half of projected allowed amounts for medical/surgical benefits within that classification (or applicable subclassification).
- ☒ I attest that if a single financial requirement did not meet the one-half threshold for a particular plan and classification (or applicable subclassification), then the level of financial requirement imposed upon MHSUD benefits was determined after combining levels until the combination of levels covered more than one-half of projected allowed amounts for medical/surgical benefits within that classification (or applicable subclassification), as described in WAC 284-43-7040(2)(b)(ii) and (iii).
- ☒ I attest that the above statements are supported by details in the complementary MHSUD financial requirement calculation workbook (cited above) and submitted as part of this rate filing.

☐ Parity across tiers:

- WAC 284-43-7020(5)(a): A plan or issuer must treat the least restrictive level of the financial requirement that applies to at least two-thirds of medical/surgical benefits across all provider tiers in a classification as the predominant level that it may apply to MHSUD benefits in the same classification.
 - ☐ I certify that this does not apply to any plans in this rate filing. The plans do not use provider tiers, or the financial requirements do not vary by provider tier.
 - ☒ This situation applies to at least one plan in this rate filing, and I certify that the requirements were met. See this related file for additional documentation and explanation: [certification-rates-2026-mhsud-parity-calculations.pdf](#)
- 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: [certification-rates-2026-mhsud-parity-calculations.pdf](#)
- WAC 284-43-7020(6)(b): A plan or issuer may divide its benefits furnished on an in-network basis into subclassifications that reflect network tiers if the tiering is based on reasonable factors and without regard to whether a provider is an MHSUD provider or a medical/surgical provider.
 - ☒ I certify that this does not apply to plans in this rate filing. The plans do not use network tiers.
 - ☐ This situation applies to at least one plan in this rate filing, and I certify that the requirements were met. See this related file for additional documentation and explanation:
- 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.

Mental Health and Substance Use Disorder (MHSUD) Financial Requirement Parity Certification
– Submit with Plan Year 2026 ACA Individual and Small Group Market Rate Filings

☐ 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:

- 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:

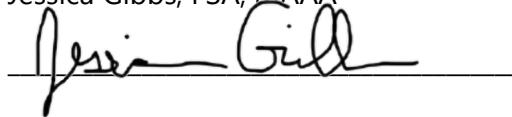
WAC 284-43-7080 (*including rule updates effective January 1, 2022, for gender affirming treatment*): A plan may not exclude MHSUD treatments or services for any of the reasons documented in WAC 284-43-7080.

☒ 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: Jessica Gibbs, FSA, MAAA

Signature:



Title:

Actuary Manager

Contact Information:

Email: Jessica.X.Gibbs@kp.org

Date of Attestation:

05/08/2025

**Kaiser Foundation Health Plan of Washington
Individual & Family Plans**

Commissions are paid to licensed producers supporting enrollment for eligible individual and family members. Standard commissions are paid as per member per month (PMPM).

The following commission schedule sets forth commissions in effect as of January 1, 2026, for individual and family market coverage offered by Kaiser Foundation Health Plan of Washington:

- Continuously Active Members: paid for active clients whose continuous coverage was in force prior to January 1, 2019, who are renewing on an individual or family plan: \$22 PMPM
- All Other: for enrollments effective January 1, 2019, or after \$20 PMPM

I, April Coiteux, am the Vice President of Marketing Sales and Business Development for Kaiser Foundation Health Plan of Washington. In my capacity, I approve the producer commission schedule for the Washington market. I certify, to the best of my knowledge, the commission information provided above is accurate as of the date of the rate submission for plan year 2026.



April D. Coiteux

Vice President, Marketing Sales and Business Development

Date:

Unique Plan Design—Supporting Documentation and Justification

Issuers must fill in the following information.

Health Insurance Oversight System (HIOS) Issuer ID:

80473

HIOS Product IDs:

80473WA100, 80473WA099, 80473WA078

Applicable HIOS Plan IDs (Standard Component):

80473WA1000001, 80473WA1000002, 80473WA1000004, 80473WA1000005 80473WA1000006, 80473WA1000007, 80473WA1000011, 80473WA1000012, 80473WA1000013, 80473WA1000014, 80473WA1000015, 80473WA0990001, 80473WA0990003, 80473WA0780001, 80473WA0780002, 80473WA0780003,

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:

Plan IDs	Reason plan design is unique
80473WA1000001 80473WA1000002 80473WA1000004 80473WA1000006 80473WA1000007 80473WA1000012 80473WA1000013 80473WA1000014 80473WA1000015 80473WA0990001 80473WA0990003	These plans have different member cost shares for mental health and substance use disorder office visits and all other outpatient services. This does not fit into the AV calculator.
80473WA1000006	This plan has the first two primary care, mental health, and substance use disorder visits covered at \$1 copay then \$30 copay thereafter. This does not fit into the AV calculator.
80473WA1000007	This plan has the first two primary care, mental health, and substance use disorder visits covered at \$1 copay then \$50 copay thereafter. This does not fit into the AV calculator.

Plan IDs	Reason plan design is unique
80473WA1000001 80473WA1000002 80473WA1000004 80473WA1000005 80473WA1000006 80473WA1000007 80473WA1000012 80473WA1000013 80473WA1000014 80473WA1000015 80473WA0990001 80473WA0990003 80473WA0780001 80473WA0780002 80473WA0780003	These plans have two generic drug tiers: a preferred tier subject to certain member cost-sharing and a non-preferred tier subject to a different level of member cost-sharing, which doesn't fit into the AV metal calculator.

Acceptable alternate method used per *Code of Federal Regulations* (CFR) 156.135(b)(2) or 156.135(b)(3):

Plan IDs	Alternate Method Used
80473WA1000001 80473WA1000002 80473WA1000004 80473WA1000005 80473WA1000006 80473WA1000007 80473WA1000012 80473WA1000013 80473WA1000014 80473WA1000015 80473WA0990001 80473WA0990003 80473WA0780001 80473WA0780002 80473WA0780003	Use 156.135(b)(2)
80473WA1000006 80473WA1000007	Use 156.135(b)(3)

Confirmation that only in-network cost sharing, including multitier networks, was considered:

Only in-network cost sharing, including multitier networks were considered.



Description of the standardized plan population data used:

Data from the HHS AV calculator was used to calculate all the necessary scenarios.

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:

For Plan ID's 80473WA1000001, 80473WA1000002, 80473WA1000004, 80473WA1000006, 80473WA1000007, 80473WA1000012, 80473WA1000013, 80473WA1000014, 80473WA1000015, 80473WA0990001, 80473WA0990003 –

We used a simplified approach that measured the impact of the MHSUD at the office visit cost share. The AV calculator at all metal levels shows that outpatient facility MHSUD utilization is close to 2 percent. Consequently, the certifying actuary concluded that including outpatient facility cost-shares would not result in a materially different AV outcome from the tested scenario.

For Plan ID's 80473WA1000001, 80473WA1000002, 80473WA1000004, 80473WA0990001, 80473WA0990003, 80473WA0780001, 80473WA0780002, 80473WA0780003, 80473WA1000006, 80473WA1000007, and 80473WA1000005 –

We used a simplified approach that measured the impact of the preferred generic cost share within the AV calculator. KPWA data shows that the preferred tier represents 98.9 percent of our generic utilization. Consequently, the certifying actuary concluded that including non-preferred generics would not result in a materially different AV outcome from the tested scenario.

If the method described in CFR 156.135(b)(3) was used, a description of the data and method used to develop the adjustments:

For Plan IDs 80473WA1000006 and 80473WA1000007 – Acumen used the 2025 AV calculator continuance tables with modifications to the continuance tables in AVC to accommodate the unique plan design features.

According to the "2026 Standard Plans Actuarial Value Certification and Unique Plan Design Supporting Documentation and Justification" provided by WHBE, three alternative boundary plan designs were used to test the reasonable AV ranges.

In preparing this filing and URRT submission accompanying it, the certifying actuary also relied on the adjustment factors developed by Wakely in their "Certification for WAHBE 2026 Standard Medical Plan Designs." These factors were assessed by the certifying actuary and were determined to be reasonable.

Kaiser Foundation Health Plan of Washington deviated from these standard plans to include a non-preferred generic drug tier. As mentioned in section CFR 156.135(b)(2) above, the impact of this modification is immaterial to the AV calculator results.



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:

A handwritten signature in black ink that reads "Jessica Gibbs". The signature is fluid and cursive, with the first name "Jessica" and the last name "Gibbs" clearly distinguishable.

Actuary Printed Name: Jessica Gibbs, FSA, MAAA

Date: 5/3/2025

Archived: Thursday, April 17, 2025 2:55:06 PM

From: Villas, Kristin

Sent: Thursday, April 17, 2025 2:39:36 PM

To: John-pierre Cardenas

Cc: Marcella J Lopez Katherine Wait Gibert, Christine Nestor, Julia (She/Her) Marcella J Lopez

Subject: RE: [REQUEST] KPWA & KPNW Waiver Request for \$0 Hospice Care Cost Sharing in 2026 Cascade Care Plans (041725)

Importance: Normal

Sensitivity: None

Caution: This email came from outside Kaiser Permanente. Do not open attachments or click on links if you do not recognize the sender.

Hi John-Pierre,
This exception is approved.

Thank you,
Kristin

Kristin Villas | MPA | Senior Policy Analyst |Pronouns: She/Her/Hers | Washington Health Benefit Exchange | 810 Jefferson St. SE | P.O. Box 657 | Olympia, WA 98507 | Office: 360-688-7748| kristin.villas@wabhexchange.org | www.wabhexchange.org | www.wahealthplanfinder.org



From: John-pierre Cardenas <John-Pierre.X.Cardenas@kp.org>

Sent: Thursday, April 17, 2025 2:24 PM

To: Gibert, Christine <christine.gibert@wabhexchange.org>; Villas, Kristin <kristin.villas@wabhexchange.org>; Nestor, Julia (She/Her) <julia.nestor@wabhexchange.org>

Cc: Marcella J Lopez <marcella.j.lopez@kp.org>; Wait, Katherine (Kaiser) <katherine.r.wait@kp.org>

Subject: [REQUEST] KPWA & KPNW Waiver Request for \$0 Hospice Care Cost Sharing in 2026 Cascade Care Plans (041725)

EXTERNAL EMAIL

Good afternoon Christine, Kristin, and Julia,

I hope you are well today. As requested for 2025 Cascade Care plans, we respectfully request WAHBE approval for KPNW & KPWA to offer hospice services at \$0 cost-sharing for 2026 Cascade Care plans.

• *

Given that both KPNW & KPWA have received objections from the OIC/WAHBE in previous cycles for these cost-sharing variances, we believe that submitting WAHBE approval with the initial filings would support timely OIC approval for the 2026 cycle.

Best,
John-Pierre

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Health Carrier Information Filing Form
(Supplemental Data Statement)
[\(as required by RCW 48.43.049\)](#)

Cells that require input
Cells that self calculate

Company Information

Company Name: Kaiser Foundation Health Plan of Washington
NAIC No: 95672
WAOIC No: 554
Data Year: 2024

Contact Information

Name
First: David
Middle: M
Last: Peterson
Email: david.m.peterson@kp.org
Phone No: 503-310-1982

Individual Information

Total Member Months:	480,544
Total Revenue Amount:	\$ 316,124,189
Total Hospital and Medical Payments:	\$ 266,804,044
Medical Loss Ratio:	84%
Average Monthly Premium:	\$ 658

Small Group Information

Total Member Months:	203216
Total Revenue Amount:	\$ 100,435,988
Total Hospital and Medical Payments:	\$ 84,406,480
Medical Loss Ratio:	84%
Average Monthly Premium:	\$ 494

Large Group Information

Total Member Months:	997946
Total Revenue Amount:	\$ 567,859,175
Total Hospital and Medical Payments:	\$ 466,219,036
Medical Loss Ratio:	82%
Average Monthly Premium:	\$ 569

Government Group Information

Total Member Months:	1184084
Total Revenue Amount:	\$ 738,369,253
Total Hospital and Medical Payments:	\$ 635,670,495
Medical Loss Ratio:	86%
Average Monthly Premium:	\$ 624

Total Information

Total Member Months:	2865790
Total Revenue Amount:	\$ 1,722,788,605
Total Hospital and Medical Payments:	\$ 1,453,100,055
Medical Loss Ratio:	84%
Average Monthly Premium:	\$ 601

Miscellaneous Information

WSHIP Assessment:	\$ 353,057
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INDIVIDUAL AND SMALL GROUP FILING SUMMARY

Carrier Name	Kaiser Foundation Health Plan of Washington, Inc.
Address	1300 SW 27th Street
	Renton, WA 98057
Carrier Identification Number	GROUPHC240JG

Rate Renewal Period:	From	1/1/2026	To	12/31/2026
Date Submitted:		5/14/2025		

Proposed Rate Summary

Current community rate:	\$643.64	per month
Proposed community rate:	\$767.09	per month
Percentage change:	19.18%	%
Portion of carrier's total enrollment affected:	11.85	%
Portion of carrier's total premium revenue affected:	10.29	%

Components of Proposed Community Rate

	Dollars Per Month	% of Total
a) Claims	\$681.77	88.88%
b) Expenses	\$64.91	8.46%
c) Contribution to surplus contingency charges, or risk charges	\$23.01	3.00%
d) Investment earnings	\$2.61	0.34%
e) Total (a + b + c - d)	\$767.09	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
	477943		624817		733630	
Earned Premium	\$308,921,495.22		\$333,709,028.04		\$354,286,963.70	
Paid Claims	\$289,449,005.93		\$298,513,030.57		\$314,020,280.59	
Beginning Claim Reserve	\$27,728,922.61		\$28,884,449.09		\$29,909,624.46	
Ending Claim Reserve	\$19,525,879.16		\$27,728,922.61		\$28,884,449.09	
Incurred Claims	\$281,245,962.49		\$297,357,504.08		\$312,995,105.22	
Expenses	\$31,196,533.90		\$36,263,568.00		\$40,532,368.00	
Gain/Loss	-\$3,521,001.17		\$87,955.96		\$759,490.48	
Loss Ratio Percentage	91.04%		89.11%		88.35%	

General Information

1. Trend Factor Summary

Types of Service	Annual Trend Assumed	Portion of Claim Dollars
Hospital	9.95%	34.15%
Professional	4.81%	44.67%
Prescription Drugs	17.39%	18.24%
Dental	N/A	N/A
Other	4.08%	2.94%

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

1)

1/1/2025	8.58%
Date	%

2)

1/1/2024	17.81%
Date	%

3)

1/1/2023	6.99%
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) <table><tr><td>Rating Trend</td></tr></table>	Rating Trend	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Rating Trend			

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

See Rate Schedule

5. Attach comments or additional Information

Notes about "Components of Proposed Community Rate" calculation above:

- The load for Investment income is added to the Expenses line, part (b).
- Component (a) Claims do not match (URRT Worksheet 2, Section IV field 4.15 Incurred Claims PMPM) minus (URRT Worksheet 2, Section IV field 4.16 Risk Adjustment Transfer Amount PMPM). Part (a) is calculated as the remainder of the Proposed community rate after accounting for parts (b)-(d).

In the Summary of Pooled Experience above:

For 2024: The Estimated CMS Risk-Adjustment Transfer including Net High Cost Risk Pool is \$3,160,582 (not included in Earned Premium)

For 2023: The Final CMS Risk-Adjustment Transfer including Net High Cost Risk Pool is -\$15,010,813 (not included in Earned Premium)

Changes from 2025 Rate Filing Information: Ending Reserve and Incurred Claims were impacted (decreased) by more complete claims runoff.

Lower Ending Reserves and Incurred Claims decreased the magnitude of Gain/Loss and Loss Ratio.

For 2022: The Final CMS Risk-Adjustment Transfer including Net High Cost Risk Pool is -\$30,203,074 (not included in Earned Premium)

6. Preparer's Information

Name:	Jessica Gibbs, FSA, MAAA
Title:	Manager - Actuary Services
Telephone Number:	425-770-6184

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:	Kaiser Foundation Health Plan of Washington
Applicable Market:	Individual Medical
Plan Year:	2026

Section I – Please provide a response for each item.

General Assumptions

1. Are the reporting issuer's PY 2026 premium rates impacted?
 - a. If the waiver were not in effect, would the reporting issuer's premium rates differ by rating cell (i.e., by plan, smoker/non-smoker, geographic rating area, age band) in the Rate Schedule?
☐ Yes ☒ No
 - b. If the waiver were not in effect, would the reporting issuer's total projected earned premiums be different?
☐ Yes ☒ No
2. If yes for #1a and/or #1b, how are the reporting issuer's PY 2026 premium rates impacted?
 - a. If yes for #1a, please describe the projected impact by rating cell (i.e., by plan, smoker/non-smoker, geographic rating area, age band), including any quantitative factors used to differentiate premium rates with-waiver versus without-waiver. Note that the purpose of this item is to identify any potential population acuity factors due to the waiver.
 - b. If yes for #1b, please describe the projected impact to total premiums. Please describe any other differences that apply beyond those by rating cell already described above under #2a. If differences are only due to factors described above in #2a, please explain.

Enrollment

Note that “average annual members” is equal to total member months for the year divided by 12.

3. What is the reporting issuer’s projected with-waiver enrollment for PY 2026?

Provide the reporting issuer’s average annual members by rating area as well as summed across the issuer’s rating areas. The total number summed across the rating areas and multiplied by 12 months should reconcile to the value reported in the Unified Rate Review Template (URRT), Worksheet 2 – Product-Plan Data, Section IV: Projected Plan Level Information, field **4.9 Projected Member Months**.

Rating Area	Projected 2026 Membership
Area 1	16,546
Area 2	1,700
Area 4	1,945
Area 5	4,187
Area 6	1,282
Area 8	8,076
Area 9	440
Total	34,176

4. What is the reporting issuer's projected without-waiver enrollment for PY 2026?

Provide the reporting issuer's average annual members by rating area as well as summed across the issuer's rating areas.

Rating Area	Projected 2026 Membership
Area 1	16,546
Area 2	1,700
Area 4	1,945
Area 5	4,187
Area 6	1,282
Area 8	8,076
Area 9	440
Total	34,176

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.

KFHPWA does not anticipate any substantive impact to market or company morbidity from the inclusion of the 1332 waiver and no adjustments were made in the development of rates to account for the waiver.

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	Enrollment	Premium
Area 1	16,546	\$148,050,815.63
Area 2	1,700	\$14,108,725.64
Area 4	1,945	\$16,182,085.19
Area 5	4,187	\$35,257,690.01
Area 6	1,282	\$10,275,265.08
Area 8	8,076	\$66,115,882.62
Area 9	440	\$3,599,033.10
Total	34,176	\$293,589,497.28

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	Enrollment	Premium
Area 1	16,546	\$148,050,815.63
Area 2	1,700	\$14,108,725.64
Area 4	1,945	\$16,182,085.19
Area 5	4,187	\$35,257,690.01
Area 6	1,282	\$10,275,265.08
Area 8	8,076	\$66,115,882.62
Area 9	440	\$3,599,033.10
Total	34,176	\$293,589,497.28

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.

KFHPWA does not anticipate any substantive impact to market or company morbidity from the inclusion of the 1332 waiver and no adjustments were made in the development of rates to account for the waiver.

Service Area

9. For PY 2026, would the service area offered by the reporting issuer have differed if the waiver were not in effect?

☐ Yes ☒ No

10. If yes for #9, please describe how the reporting issuer's PY 2026 service area participation would have differed without the waiver.

Medical Spending (a.k.a. Claims or Costs)

11. What is the reporting issuer's PY 2026 with-waiver total projected medical allowed claims spending (i.e., the sum of incurred claims and member cost shares)?

2026 Projected Total	
Member Months	\$382,164.00
Incurred Claims	\$262,093,758.13
Member Cost Share	\$76,573,724.17
Total Medical Spending	\$338,667,482.30
2026 Transfer Including HCRP	\$4,026,768.56

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	Enrollment	Allowed Claims
Area 1	16,546	\$170,782,665.75
Area 2	1,700	\$16,274,991.57
Area 4	1,945	\$18,666,696.53
Area 5	4,187	\$40,671,186.19
Area 6	1,282	\$11,852,938.16
Area 8	8,076	\$76,267,372.35
Area 9	440	\$4,151,631.75
Total	34,176	\$338,667,482.30

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	Enrollment	Allowed Claims
Area 1	16,546	\$170,782,665.75
Area 2	1,700	\$16,274,991.57
Area 4	1,945	\$18,666,696.53
Area 5	4,187	\$40,671,186.19
Area 6	1,282	\$11,852,938.16
Area 8	8,076	\$76,267,372.35
Area 9	440	\$4,151,631.75
Total	34,176	\$338,667,482.30

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.

KFHPWA does not anticipate any substantive impact to market or company morbidity from the inclusion of the 1332 wavier and no adjustments were made in the development of rates to account for the waiver.

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.

KFHPWA does not anticipate any substantive impact to market or company morbidity from the inclusion of the 1332 wavier and no adjustments were made in the development of rates to account for the waiver.

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.

KFHPWA does not anticipate any substantive impact to market or company morbidity from the inclusion of the 1332 wavier and no adjustments were made in the development of rates to account for the 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 SLCSP rates for individual health insurance coverage for a representative individual in each rating area or service area (if premiums vary by geographies smaller than rating areas) would have been absent approval of this waiver for the applicable plan year, that are actuarially certified. The state must include with this information the methods and assumptions the state used to estimate the final SLCSP rates and state's estimate of what the final SLCSP rates would have been absent approval of the waiver for each rating area or service area absent approval of this waiver. Also include the actuarial memoranda;
- (c) From each issuer, the estimate of the total amount of all premiums expected to be paid for individual health insurance coverage for the applicable plan year;
- (d) From each issuer, the estimate of the total premiums that would have been expected to be paid for individual health insurance coverage for the applicable plan year without the waiver;
- (e) From each issuer, the estimate of the total amount of all medical spending expected to be paid for individual health insurance enrollees for the applicable plan year, along with any underlying analyses;
- (f) From each issuer, the estimate of the total amount of all medical spending that would have been expected to be paid for individual health insurance enrollees for applicable plan year without the waiver, along with any underlying analyses;
- (g) The state specific age curve premium variation for the current and upcoming plan year;
- (h) Reports of the estimated total state subsidy program reimbursements for the upcoming plan year;
- (i) Reports of the total enrollment estimates for individual health insurance coverage, both with and without the waiver for the upcoming plan year;
- (j) An explanation of why the experience for the upcoming plan year may vary from previous estimates and how assumptions used to estimate the impact have changed. This includes an explanation of changes in the estimated impact of the waiver on aggregate premiums, the estimated impact to the SLCSP rates, and the estimated impact on enrollment. The state should also explain changes to the estimated state subsidy program estimates relative to prior estimates.



April 15, 2025

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

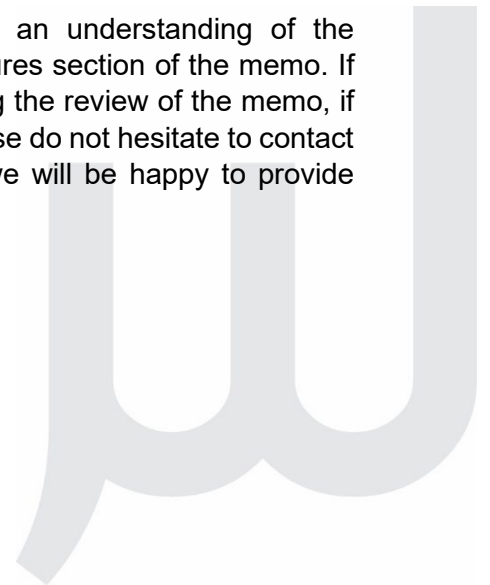
RE: CERTIFICATION FOR WAHBE 2026 STANDARD PLAN DESIGNS

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

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

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

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



Washington Health Benefit Exchange

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

April 15, 2025

Prepared by:
Wakely Consulting Group, LLC

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

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Appendix A – Actuarial Value Certification

Appendix B – Unique Plan Design Supporting Documentation and Justification

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

Appendix D – WAHBE 2026 Standard Plan Designs

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

Background

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

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

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

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

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

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

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

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

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

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

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

Methodology

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

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

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

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

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

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

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

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

Table 1 – Summary of Original and Adjusted Federal AVs

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

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

Wakely believes that the methodology that Acumen used to adjust the AVs is appropriate based on the reasonability testing of Acumen’s adjusted AVs. To determine whether the adjusted AVs were reasonable, Wakely tested three alternative plan designs in the original AVC that would serve as the boundary cases for the adjusted AVs. The expectation was that the adjusted AV should fall within the range of AVs produced by these alternative boundary cases. Wakely ran this test for all standard plans that offer the two MH/SUD \$1 copay visits (all except the two gold designs). Two boundary designs were needed for all plans other than expanded bronze, where three boundary designs

were considered.

The three alternative boundary plan designs used to test the reasonable AV range were as follows:

1. 2026 standard plan designs for each metal, with the same cost sharing applied to all PCP and outpatient MH/SUD services. For the expanded bronze plan design, two lower boundary designs were included:
 - (a) a design with the deductible and coinsurance cost sharing applied to all outpatient MH/SUD services; and
 - (b) a design with \$40 copay cost sharing applied to all PCP visits and outpatient MH/SUD services.
2. 2026 standard plan designs for each metal, with \$0 cost-sharing applied to first two PCP visits and all outpatient MH/SUD services. This is a richer boundary case than \$1 copay, but the AVC does not allow for a \$1 copay for initial visits. As such, this provides the closest boundary case within the design of AV calculator.

Wakely modeled each of these plan designs in the 2026 federal revised final AV calculator. For the expanded bronze plan, the AV for the mixed cost sharing applied to outpatient MH/SUD services (copay for office visits and deductible and coinsurance for all other services) would be a weighted average of the two AVs produced in (1a) and (1b). The resulting AVs are presented in the Table 2 below.

For all plans above, Acumen's 2026 adjusted AV falls within the AV range produced by the lower and upper boundary plan designs. For expanded bronze plan, the adjusted actuarial value exceeds both lower bound AVs with different types of cost sharing applied to all MH/SUD outpatient services (copays and deductible / coinsurance). Considering the range of AVs created by these two plans was narrow and considering that the adjusted AV logically fell within this range, Wakely deemed the adjusted AVs calculated by Acumen to be reasonable and actuarially sound.

Table 2 – Summary of Original and Adjusted Federal AVs

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

Note that the upper bound of the silver CSR 73% variation, the silver standard, and the standard expanded bronze AVs all fall above the de minimis range. However, the application of normal copays on the PCP and MH/SUD visits after the first two (and for expanded bronze, deductible/coinsurance cost sharing on OP Facility MH/SUD) would decrease the plan richness and the AV below the maximum levels (see below and Table 3 for additional detail).

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

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

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

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

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

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

Table 3 – Summary of Calculations for Blended Copay AVs

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

Disclosures and Limitations

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

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

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

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

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

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

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

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

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

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

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

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

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

ASOP No. 23 Data Quality;
ASOP No. 25 Credibility Procedures;
ASOP No. 41 Actuarial Communications;
ASOP No. 50 Determining Minimum Value and Actuarial Value under the Affordable Care Act; and
ASOP No. 56 Modeling.

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

Sincerely,



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



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

Appendix A - Actuarial Value Certification

Washington Health Benefit Exchange Standard Plan Designs Effective January 1, 2026

I, Ksenia Whittal, am associated with the firm of Wakely Consulting Group, LLC, an HMA Company (Wakely), am a Fellow of the Society of Actuaries and a member of the American Academy of Actuaries and meet its Qualification Standards for Statements of Actuarial Opinion. Wakely was retained by Washington Health Benefit Exchange (WAHBE) to provide a certification of the adjusted actuarial value of the standard plan designs offered through WAHBE that are effective January 1, 2026. This certification may not be appropriate for other purposes.

To the best of my information, knowledge and belief, the adjusted actuarial values provided with this certification are considered actuarially sound for purposes of 45 CFR § 156.135(b), according to the following criteria:

- The revised final 2026 federal Actuarial Value Calculator was used to determine the AV for the plan provisions that fit within the calculator parameters;
- Appropriate adjustments were calculated, to the AV identified by the calculator, for plan design features that deviate substantially from the parameters of the AV calculator;
- The actuarial values have been developed in accordance with generally accepted actuarial principles and practices; and
- The actuarial values meet the requirements of 45 CFR § 156.135(b).

The assumptions and methodology used to develop the actuarial values have been documented in this report. The actuarial values associated with this certification are for the 2026 WAHBE standard expanded bronze, silver, silver 73% CSR, silver 87% CSR, silver 94% CSR, vital gold and complete gold plan designs that will be effective as of January 1, 2026 for individual coverage sold on the Washington Health Benefit Exchange.

The developed actuarial values are for the purposes of classifying plan designs of similar value and do not represent the expected actuarial value of a plan. Actual AVs will vary based on a plan's specific population, utilization, unit cost and other variables.

In developing this opinion, I have relied upon the final federal Actuarial Value calculator and the adjustment methodology provided by Acumen. Actuarial methods, considerations, and analyses used in forming my opinion conform to the appropriate Standards of Practice as promulgated from time-to-time by the Actuarial Standards Board, whose standards form the basis of this Statement of Opinion.



Ksenia Whittal, FSA, MAAA
Senior Consulting Actuary
Wakely Consulting Group, LLC, an HMA Company
April 15, 2025

Appendix B - Unique Plan Design Supporting Documentation and Justification

Applicable Plans: 2026 Standard Silver, the Silver 73% CSR, the Silver 87% CSR, the Silver 94% CSR and the Expanded Bronze Standard Option

Reasons the plan design is unique (benefits that are not compatible with the parameters of the AV calculator, and the materiality of those benefits): For the Expanded Bronze, Silver, Silver 73% CSR, Silver 87% CSR, and Silver 94% CSR plans, Mental Health and Substance Use Disorder Outpatient Services have different cost sharing for office visits and all other services. The AVC combines these services and only allows a single input for these services. For the Expanded Bronze, Silver, Silver 73% CSR, and Silver 87% CSR plans, there is a \$1 copay for the first two primary care and Mental Health and Substance Use Disorder Outpatient office visits. The AVC input does not accommodate this feature.

Acceptable alternate method used per 156.135(b) (2) or 156.135(b) (3): Method 156.135(b) (3) was utilized in developing the actuarial values for the plans.

Confirmation that only in-network cost-sharing, including multitier networks, was considered: Only in-network cost sharing was considered in the development of the actuarial values.

Description of the standardized plan population data used: Acumen used the data underlying the continuance tables in the 2026 federal AV calculator.

If the method described in 156.135(b) (2) was used, a description of how the benefits were modified to fit the parameters of the AV calculator: n/a

If the method described in 156.135(b) (3) was used, a description of the data and method used to develop the adjustments: Acumen developed adjustments to the continuance tables in AVC to accommodate the unique plan design features. Wakely did not replicate these changes but rather performed reasonability testing of Acumen's methodology by testing three sets of alternative plan designs in the original AVC that would serve as the boundary cases for the adjusted AVs. The expectation was that the adjusted AV should fall within the range of AVs produced by these alternative boundary cases. Wakely tested all standard plans that offer the first two PCP and two MH/SUD at a \$1 copay visits (all except both gold designs).

The three alternative boundary plan designs used to test the reasonable AV range were as follows:

1. 2026 standard plan designs for each metal, with the same cost sharing applied to all PCP and outpatient MH/SUD services. For the expanded bronze plan design, two boundary designs were included:
 - (a) a design with the deductible and coinsurance cost sharing applied to all outpatient MH/SUD services; and
 - (b) a design with \$40 copay cost sharing applied to all PCP visits and outpatient MH/SUD services.
2. 2026 standard plan designs for each metal, with \$0 cost-sharing applied to first two PCP

visits and all outpatient MH/SUD services. This is a richer boundary case than \$1 copay but the AVC does not allow for a \$1 copay for initial visits. As such, this provides the closest boundary case within the design of AV calculator.

Wakely modeled each of these plan designs in the revised final 2026 federal AV calculator. For the expanded bronze plan, the AV for the mixed cost sharing applied to outpatient MH/SUD services (copay for office visits and deductible and coinsurance for all other services) would be a weighted average of the two AVs produced in (1a) and (1b). For all plans above, Acumen's 2026 adjusted AV falls within the AV range produced by the lower and upper boundary plan designs. For the expanded bronze plan, the adjusted actuarial value exceeds both lower bound AVs with different types of cost sharing applied to all MH/SUD outpatient services (copays and deductible / coinsurance). Considering the range of AVs created by these two plans was narrow and considering that the adjusted AV logically fell within this range, Wakely deemed the adjusted AVs calculated by Acumen to be reasonable and actuarially sound.

Note that the upper bound of the silver CSR 73% variation, the silver standard, and the standard expanded bronze AVs all fall above the de minimis range. Wakely tested an alternative design for each of these by calculating a blended best estimate PCP and MH/SUD copay using an alternative assumption for the portion of MH/SUD annual utilization for the first two visits for a member in a given year. For the expanded bronze plan, this result was further blended with the alternative plan design that treated all OP MH/SUD as subject to the deductible and coinsurance. Using these assumptions, a revised blended cost sharing for PCP and MH/SUD yielded close to best estimate actuarial values within the de minimis ranges for each of the three impacted plans. Since both Acumen and Wakely methodologies resulted in compliant AVs we can thus be confident the WAHBE Standard Plans are within the de minimis range.

Certification Language:

The development of the actuarial value is based on one of the acceptable alternative methods outlined in 156.135(b) (2) or 156.135(b) (3) for those benefits that deviate substantially from the parameters of the AV Calculator and have a material impact on the AV.

The analysis was

- (i) conducted by a member of the American Academy of Actuaries; and
- (ii) performed in accordance with generally accepted actuarial principles and methodologies.

Actuary signature: _____



Actuary Printed Name: Ksenia Whittal, FSA, MAAA

Date: April 15, 2025

Appendix C - Acumen's Actuarial Value Calculator Modification Methodology Memorandum

(Begins on next page)

MEMORANDUM



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

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

Modifications for Office Visit Cost-Sharing

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

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

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

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

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

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

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

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

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

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

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

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

= Col (2) / Col (1)

1-Visit Factor: 59.0%

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

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

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

Total MHSUD Office Visit Cost: \$134.50

Final Calculations:

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

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

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

Appendix D - WAHBE 2026 Standard Plan Designs

(Begins on next page)

WAHBE Required 2026 Standard Plan Designs

Individual Market Gold, Silver, and Bronze Plans

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

Shaded Items are not Subject to Deductible.

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

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

Individual Market Silver Plan and CSR Variations

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

Shaded Items are not Subject to Deductible.

* Per day copay, maximum of five copays per stay

** Per day copay

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

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

2026 Standard Plans Designs Appendix A

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

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

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

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

2026 Standard Plans Designs Appendix B Plan and Benefit Template Standardization

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

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

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

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

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

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

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

(Begins on next page)

Individual Market Standard Complete Gold Plan

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
 Apply Inpatient Copay per Day? ☒
 Apply Skilled Nursing Facility Copay per Day? ☒
 Use Separate MOOP for Medical and Drug Spending? ☐
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
 Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$1,000.00
		80.00%
		\$7,000.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$450.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input type="checkbox"/>		\$525.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:
 Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

Calculation Successful.

81.81%
 Gold

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

0.1094 seconds

Individual Market Standard Vital Gold Plan

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
 Apply Inpatient Copay per Day? ☒
 Apply Skilled Nursing Facility Copay per Day? ☒
 Use Separate MOOP for Medical and Drug Spending? ☐
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
 Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$1,900.00			
		80.00%			
		\$8,800.00			



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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input type="checkbox"/>		\$650.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

78.06%

Gold

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

Additional Notes:

Calculation Time:

0.1523 seconds

Revised Final 2026 AV Calculator

Individual Market Standard Silver Plan

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
 Apply Inpatient Copay per Day? ☒
 Apply Skilled Nursing Facility Copay per Day? ☒
 Use Separate MOOP for Medical and Drug Spending? ☐
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
 Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$2,500.00
		70.00%
		\$9,750.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	2
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

Calculation Successful.

71.33%

Silver

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

0.1172 seconds

Individual Market Standard Silver, CSR 73% Plan

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
 Apply Inpatient Copay per Day? ☒
 Apply Skilled Nursing Facility Copay per Day? ☒
 Use Separate MOOP for Medical and Drug Spending? ☐
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒
 Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$2,500.00
		70.00%
		\$7,950.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$24.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	2
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

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

73.49%

Silver

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

0.1055 seconds

Individual Market Standard Silver, CSR 87% Plan

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
 Apply Inpatient Copay per Day? ☒
 Apply Skilled Nursing Facility Copay per Day? ☒
 Use Separate MOOP for Medical and Drug Spending? ☐
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒
 Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$750.00			
		80.00%			
		\$2,850.00			



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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$425.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$425.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$425.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$325.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$160.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$160.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay? <input checked="" type="checkbox"/>	
# Days (1-10):	5
Begin Primary Care 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



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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$1.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? <input checked="" type="checkbox"/>
Days (1-10): 5
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
Copays (1-10):

Plan Description:

Name:
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

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

94.76%

Platinum

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

0.1055 seconds

Individual Market Standard Expanded Bronze Plan

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
 Apply Inpatient Copay per Day? ☐
 Apply Skilled Nursing Facility Copay per Day? ☐
 Use Separate MOOP for Medical and Drug Spending? ☐
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒

Desired Metal Tier: Bronze

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$6,000.00
		60.00%
		\$10,150.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$32.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	2
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2026_1d

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

Expanded Bronze Standard (56% to 65%), Calculation Successful.

63.64%

Bronze

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

0.1055 seconds

Individual Market Standard Silver Plan (Adjusted)

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
 Apply Inpatient Copay per Day? ☒
 Apply Skilled Nursing Facility Copay per Day? ☒
 Use Separate MOOP for Medical and Drug Spending? ☐
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
 Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$2,500.00
		70.00%
		\$9,750.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care & MHSUD Office Visits	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services other than Office Visits	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care & MHSUD Office Visit Cost-Sharing After a Set Number of \$1 Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	2
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	
Set a Maximum on Outpatient Facility Fee Coinsurance Payments?	<input type="checkbox"/>
Outpatient Facility Fee Coinsurance Maximum:	

Plan Description:

Name:
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2026_1d_Coins_Cap

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

71.84%

Metal Tier:

Silver

Additional Notes:

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

Calculation Time:

0.1133 seconds

WAHBE Revised Final 2026 AV Calculator

Individual Market Standard Silver, CSR 73% Plan (Adjusted)

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
 Apply Inpatient Copay per Day? ☒
 Apply Skilled Nursing Facility Copay per Day? ☒
 Use Separate MOOP for Medical and Drug Spending? ☐
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒
 Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$2,500.00
		70.00%
		\$7,950.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care & MHSUD Office Visits	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services other than Office Visits	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$24.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care & MHSUD Office Visit Cost-Sharing After a Set Number of \$1 Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	2
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	
Set a Maximum on Outpatient Facility Fee Coinsurance Payments?	<input type="checkbox"/>
Outpatient Facility Fee Coinsurance Maximum:	

Plan Description:

Name:
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2026_1d_Coins_Cap

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

WAHBE Revised Final 2026 AV Calculator

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

73.95%

Silver

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

0.1055 seconds

Individual Market Standard Silver, CSR 87% Plan (Adjusted)

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
 Apply Inpatient Copay per Day? ☒
 Apply Skilled Nursing Facility Copay per Day? ☒
 Use Separate MOOP for Medical and Drug Spending? ☐
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒
 Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$750.00
		80.00%
		\$2,850.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$425.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$425.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care & MHSUD Office Visits	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services other than Office Visits	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$425.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$325.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$160.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$160.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care & MHSUD Office Visit Cost-Sharing After a Set Number of \$1 Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	2
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	
Set a Maximum on Outpatient Facility Fee Coinsurance Payments?	<input type="checkbox"/>
Outpatient Facility Fee Coinsurance Maximum:	

Plan Description:

Name:
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2026_1d_Coins_Cap

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

WAHBE Revised Final 2026 AV Calculator

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

87.87%

Gold

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

0.1016 seconds

Individual Market Standard Silver, CSR 94% Plan (Adjusted)

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
 Apply Inpatient Copay per Day? ☒
 Apply Skilled Nursing Facility Copay per Day? ☒
 Use Separate MOOP for Medical and Drug Spending? ☐
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒

Desired Metal Tier Platinum

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

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?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care & MHSUD Office Visits	<input type="checkbox"/>	<input type="checkbox"/>		\$1.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services other than Office Visits	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care & MHSUD Office Visit Cost-Sharing After a Set Number of \$1 Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/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?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care & MHSUD Office Visits	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services other than Office Visits	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$32.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care & MHSUD Office Visit Cost-Sharing After a Set Number of \$1 Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	2
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	
Set a Maximum on Outpatient Facility Fee Coinsurance Payments?	<input type="checkbox"/>
Outpatient Facility Fee Coinsurance Maximum:	

Plan Description:

Name:
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2026_1d_Coins_Cap

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

WAHBE Revised Final 2026 AV Calculator

Expanded Bronze Standard (56% to 65%), Calculation Successful.

64.97%

Bronze

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

0.1055 seconds

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: **Kaiser Foundation Health Plan of Washington**

A. **Market:** Medical – Individual

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

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

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

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

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

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

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

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

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

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

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

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

☐ Pediatric dental embedded.

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

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

Standard Plans Offered (excluding the subsidized benefit plan variations)

HIOS Plan ID	Standard Plan Name	Public Option Plan (Yes, Cascade Select/ No, Cascade)	Metal Level	AV Metal Value
80473WA1000005	Kaiser Permanente Cascade Complete Gold	No	Gold	0.818
80473WA1000006	Kaiser Permanente Cascade Silver	No	Silver	0.713
80473WA1000007	Kaiser Permanente Cascade Bronze	No	Bronze	0.636
80473WA1000011	Kaiser Permanente Cascade Vital Gold	No	Gold	0.781

All Plans Offered (excluding the subsidized benefit plan variations)

HIOS Plan ID	Plan Name	Unique Benefit Design (UBD)		Pediatric Dental Embedded (Yes/No)	Description of Non-Essential Health Benefits (Non-EHBs)
		(Yes/No)	If yes, briefly explain why. If no, "N/A."		
80473WA0540001	Basics Plus Catastrophic	No	N/A		Adult Vision Exams
80473WA0780001	Bronze HSA	Yes	Plans include a preferred and non-preferred generic drug tier		Adult Vision Exams
80473WA0780002	Silver HSA	Yes	Plans include a preferred and non-preferred generic drug tier		Adult Vision Exams
80473WA0780003	Bronze HSA X	Yes	Plans include a preferred and non-preferred generic drug tier		Adult Vision Exams
80473WA0990001	VisitsPlus Bronze	Yes	Plans include a preferred and non-preferred generic drug tier		Adult Vision Exams
80473WA0990003	Bronze	Yes	Plans include a preferred and non-preferred generic drug tier		Adult Vision Exams
80473WA1000001	VisitsPlus Silver	Yes	Plans include a preferred and non-preferred generic drug tier		Adult Vision Exams
80473WA1000002	VisitsPlus Gold	Yes	Plans include a preferred and non-preferred generic drug tier		Adult Vision Exams
80473WA1000004	VisitsPlus Silver HD	Yes	Plans include a preferred and non-preferred generic drug tier		Adult Vision Exams

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."		
80473WA1000005	Kaiser Permanente Cascade Complete Gold	Yes	Plans include a preferred and non-preferred generic drug tier		Adult Vision Exams
80473WA1000006	Kaiser Permanente Cascade Silver	Yes	Plans include a preferred and non-preferred generic drug tier		Adult Vision Exams
80473WA1000007	Kaiser Permanente Cascade Bronze	Yes	Plans include a preferred and non-preferred generic drug tier		Adult Vision Exams
80473WA1000011	Kaiser Permanente Cascade Vital Gold	Yes	Plans include a preferred and non-preferred generic drug tier		Adult Vision Exams
80473WA1000012	VisitsPlus Silver 4500	Yes	Plans include a preferred and non-preferred generic drug tier		Adult Vision Exams
80473WA1000013	Gold HSA	Yes	Plans include a preferred and non-preferred generic drug tier		Adult Vision Exams
80473WA1000014	VisitsPlus Gold LD	Yes	Plans include a preferred and non-preferred generic drug tier		Adult Vision Exams
80473WA1000015	VisitsPlus Silver X	Yes	Plans include a preferred and non-preferred generic drug tier		Adult Vision Exams

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

☐ No

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

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

(b) That each plan is either

(1) A High Deductible Health Plan ¹ or

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

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

Washington State OIC 2026 Individual Medical Rate Filing Checklist

HIOS Plan ID	Plan Name	High Deductible Health Plan (Yes/No) ¹	Major Service covered prior to the deductible ²	
			Yes/No	Service
80473WA0780001	Bronze HSA	Yes		
80473WA0780003	Bronze HSA X	Yes		
80473WA0990003	Bronze	No	Yes	Generic Drugs

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

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

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

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

☒ No

☐ Yes. We are making the following changes:

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

Washington State OIC 2026 Individual Medical Rate Filing Checklist

9		
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F. Network Information:

Network Name	Type (EPO, HMO, POS, or PPO)	Tiered or Single	Date Filed

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

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

Section II – Experience Data and Projections

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

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

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

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
EXPERIENCE PERIOD DATA			
1	<p>Complete Experience:</p> <p>Include the complete experience for all 2024 individual non-grandfathered plans which includes subsidized populations defined under the Cost Sharing Reduction (CSR) programs.</p> <ul style="list-style-type: none">Per CCIIIO, include experience data for the American Indian/Alaska Native (AIAN) population (see https://www.healthcare.gov/american-indians-alaska-natives/coverage/).Include experience for membership covered by plans with benefits and subsidy levels (73%, 87%, and 94% AV levels, as well as any zero cost-share subsidies for the AIAN population) sold in the market. <p>Note: per CCIIIO, the AIAN population is not restricted to silver level plans, however, eligible individuals must select a metal level plan (i.e., they are not eligible for AIAN-related subsidies with a catastrophic plan).</p> <ul style="list-style-type: none">Net of Rx rebates: Any prescription drug claims should be net of rebates received from drug manufacturers; please document in the Part III Actuarial Memorandum where and how this is addressed.Note: if financial data paid through March 2025 is not directly used as the foundation for this rate filing, discuss why the March 2025 data was not available. Discuss what data was used instead and how it was or was not adjusted to mimic data paid through March 2025.		
	<p>a 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>	2026 KPWA IND Part III – Memo Exhibits_Duplicate .xlsx	Exhibit 3a

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
		2026 KPWA IND Part III – Memo Exhibits.pdf	
b	<p>Support for URRT Worksheet 1, Section I experience period data for 2024: Provide separately for medical and prescription drugs (Rx), as appropriate:</p> <ul style="list-style-type: none"> By incurred month and paid month, for claims paid through March 2025: allowed claims and incurred claims (Note that any embedded pediatric dental claims experience should also be included and will be considered part of EHB experience; see URR Instructions' section 1.4 for additional information.) Any annual estimated payable and/or receivable amounts (e.g., reserves, reinsurance, overpayments, rebates, and other) as of March 2025, including justification of such amounts Any annual risk adjustment transfer amounts, including justification of such amounts Monthly premium amounts Monthly membership 	<p>2026 KPWA IND Part III – Memo Exhibits_Duplicate.xlsx</p> <p>2026 KPWA IND Part III – Memo Exhibits.pdf</p>	<p>Exhibit 4</p> <p>Exhibit 10</p>
c	<p>Consistent with #1.b above, provide the following to support benefit category experience data in URRT Worksheet 1, Section II, and the WAC 284-43-6660 summary:</p> <p>(i) Provide the following separately for 2024 allowed claims and incurred claims as well as by incurred month and benefit category (i.e., categories as defined for URRT Worksheet 1, Section II, plus separate categories for each non-EHB):</p> <ul style="list-style-type: none"> Change in reserves between the beginning (i.e., previous year's 3/31) claim reserves and ending (i.e., current year's 3/31) claim reserves. Total claims. PMPM (i.e., use monthly membership from #1.b above to calculate claims per member per month (PMPM)). Paid-to-allowed ratios of paid (incurred) claims to allowed claims. <p>(ii) Explain if EHB allowed claims were obtained from claims records or imputed from paid claims. If amounts were imputed, please elaborate about how they were imputed.</p> <p>(iii) Demonstrate how URRT Worksheet 1, Section II, categories map to WAC 284-43-6660 summary categories. Reconcile data between the two summaries.</p>	<p>2026 KPWA IND Part III – Memo Exhibits_Duplicate.xlsx</p> <p>2026 KPWA IND Part III – Memo Exhibits.pdf</p> <p>2026 KPWA IND Standardized Rate Exhibits_Duplicate.xlsx</p> <p>2026 KPWA IND Standardized Rate Exhibits.pdf</p>	<p>Exhibit 3</p> <p>WA Exhibit 1</p>

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	(iv) Additionally, provide related monthly information in WA Exhibit 1.		
d	<p>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.</p> <p>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.</p>	<p>2026 KPWA IND Standardized Rate Exhibits_Duplicate.xlsx</p> <p>2026 KPWA IND Standardized Rate Exhibits.pdf</p>	Exhibit 2
e	<p>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.</p> <p>If you are not terminating any counties, respond "N/A."</p>	N/A	N/A
2	<p>Manual EHB Allowed Claims: If credibility is 100%, respond "N/A" for each item.</p> <ul style="list-style-type: none"> If you use a credibility-blended estimate, explain the processes in detail (i) per guidance in URR Instructions 4.4.3.3, to establish the Manual EHB Allowed Claims PMPM for WA and (ii) per 4.4.3.4 to establish the credibility percentage for URRT Worksheet 1, Section II. Note: if the 2024 experience is 0.00% credible, then the trend, morbidity, demographic, plan design, and other factors in URRT Worksheet 1, Section II can be listed as 1.000. In that case, only analyses of the manual trend and adjustment factors are required. 		
a	<p>Manual data relevance: Explain the relevance of the data used to determine the Manual EHB Allowed Claims PMPM.</p>	N/A	N/A
b	<p>Manual EHB allowed claims PMPM:</p> <ul style="list-style-type: none"> Show the detailed calculation of the Manual EHB Allowed Claims PMPM entered in URRT Worksheet 1, Section II. 	N/A	N/A

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Line	Task	Issuer Response:	
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	<ul style="list-style-type: none"> Justify any adjustments made to the data, such as adjustments for trend, morbidity, demographics, plan design, and geographic areas. Your response should clearly identify how your estimate considers the cost and utilization characteristics of your individual health plan market service area in the State of Washington. Note: the manual rate must be developed in a manner consistent with 100% credibility. See #2.c below. 		
c	<p>Credibility of experience data: Describe the credibility methodology and assumptions used, per Actuarial Standard of Practice (ASOP) No. 25.</p> <ul style="list-style-type: none"> Identify the actuarially sound and appropriate credibility procedure used to develop your credibility estimate. At what level is experience determined to be more than 0% credible? How is partial credibility determined? At what level is experience determined to be 100% credible? 	<p>Part III – Actuarial Memo.pdf</p> <p>2026 KPWA IND Part III – Memo Exhibits_Duplicate.xlsx</p> <p>2026 KPWA IND Part III – Memo Exhibits.pdf</p>	<p>Section 6.2.f</p> <p>Exhibit 14</p>
d	<p>Show how you estimated credibility of the 2024 allowed claims and member months used in rate development. Use your credibility procedure.</p>	<p>Part III – Actuarial Memo.pdf</p> <p>2026 KPWA IND Part III – Memo Exhibits_Duplicate.xlsx</p> <p>2026 KPWA IND Part III – Memo Exhibits.pdf</p>	<p>Section 6.2.f</p> <p>Exhibit 14</p>

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Line	Task	Issuer Response:	
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3	Experience in WAC 284-43-6660 Summary, and Summary of Pooled Experience with Adjustments:		
a	<p>WAC 284-43-6660 summary, experience: Complete the WAC 284-43-6660 summary for Individual and Small Group Contract filings.</p> <ul style="list-style-type: none"> Provide data to support WAC 284-43-6660 without adjustments for Risk Adjustment and High-Cost Risk Pool (HCRP) receipts and assessments. Data should be based on the incurred years 2024, 2023, and 2022. 	<p>WAC 284-43-6660_Duplicate.xlsx WAC 284-43-6660.pdf</p>	
b	<p>Summary of Pooled Experience with Adjustments:</p> <ul style="list-style-type: none"> Create a document or exhibit called "Summary of Pooled Experience with Adjustments" for calendar years 2024, 2023, and 2022. <p>Start with the "Summary of Pooled Experience" table from the WAC 284-43-6660 summary and add the following rows:</p> <ul style="list-style-type: none"> Risk Adjustment transfer amounts HCRP receipts HCRP assessments HHS-RADV adjustments: Indicate the source of each RADV amount and specify each applicable Benefit Year (BY) and HHS report date. List amounts from different reports on separate lines. Commercial reinsurance reimbursements received and expected Adjusted Gain/Loss, excluding anticipated Medical Loss Ratio (MLR) rebates, as a dollar amount Adjusted Gain/Loss, excluding anticipated MLR rebates, as a percent of premium Anticipated MLR rebates Subsequent adjustments: If necessary, also list any subsequent adjustments for prior years according to when payments were received. Document the amount and incurred year for each adjustment. For example, if a Risk Adjustment transfer amount was received or paid in 2024 for a period prior to 2024 at an 	<p>2026 KPWA IND Part III – Memo Exhibits_Duplicate.xlsx 2026 KPWA IND Part III – Memo Exhibits.pdf</p>	Exhibit 21

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Line	Task	Issuer Response:	
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	<p>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.</p> <ul style="list-style-type: none"> • Add a copy of this table to the Part II Written Description. • Document and justify every estimated amount. • For each federal Risk Adjustment transfer amount, identify either (1) the final federal Risk Adjustment Payments Report used or (2) the interim risk adjustment report used. Note: only use an interim report for periods when a final report is not yet available. • Note: Since the federal Reinsurance and Risk Corridor programs ended in 2016, they should not be included in the summary. 		
	<p>c Changes to prior period experience: If applicable, justify and show line-item differences in 2023 and 2022 experience in this rate filing's summary versus the final version of the "Summary of Pooled Experience with Adjustments" in last year's filing. Also, describe any such changes in the WAC 284-43-6660 summary under General Information #5.</p>	<p>2026 KPWA IND Part III – Memo Exhibits_Duplicate.xlsx 2026 KPWA IND Part III – Memo Exhibits.pdf</p>	<p>Exhibit 21</p>
4	<p>Plan Level Experience and Current Data: Document and justify URRT Worksheet 2, Section II Experience Period and Current Plan Level Information.</p> <ul style="list-style-type: none"> • Explain whether amounts are based on each plan's experience or allocated to plans. If amounts are allocated, demonstrate and justify the allocation method. • Explain any differences between totals in URRT Worksheet 2, Section II and URRT Worksheet 1, Section I. 	<p>Part III – Actuarial Memo.pdf</p>	<p>Section 4.1</p>

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TREND FACTORS			
5	<p>Allowed Claims Trends:</p> <p>Trend assumptions should reflect your best estimates by URRT Worksheet 1 benefit category and one or more categories of non-EHBs, as applicable.</p> <p>Rely on market-specific information for Washington State to the extent possible. Justify use of any alternative data.</p> <p>As indicated in URR Instructions, describe the trend development in the Part III actuarial memorandum.</p>		
	<p>a Allowed claims EHB trend analysis:</p> <ul style="list-style-type: none">In WA Exhibit 3, provide annual EHB trends by benefit category. See instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.In WA Exhibit 4, provide your retrospective analysis of normalized EHB allowed claim trends. See instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.In WA Exhibit 5, provide aggregate actual experience (A) EHB trends, projected (i.e., expected; E) EHB trends, and actual-to-expected (a.k.a. A:E) EHB trend analysis. See instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.	<p>2026 KPWA IND Standardized Rate Exhibits_Duplicate.xlsx</p> <p>2026 KPWA IND Standardized Rate Exhibits.pdf</p>	<p>Exhibit 3</p> <p>Exhibit 4</p> <p>Exhibit 5</p>
	<p>b Allowed claims non-EHB trend analysis:</p> <p>If applicable, include an exhibit that develops the non-EHB allowed claims trend.</p>	<p>2026 KPWA IND Part III – Memo Exhibits_Duplicate.xlsx</p> <p>2026 KPWA IND Part III – Memo Exhibits.pdf</p>	<p>Exhibit 18</p>
	<p>c Projected allowed claims trend development (EHB & non-EHB):</p>	<p>2026 KPWA IND Standardized Rate</p>	<p>Exhibit 3</p>

Line	Task	Issuer Response:	
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	<ul style="list-style-type: none"> As outlined in URR Instructions 4.4.3.1, describe how you arrived at your allowed claims trend assumptions, including the data used, credibility of the data used, and any adjustments made to the data. Provide an overall allowed claims trend estimate as well as EHB breakdowns into URRT worksheet 1 benefit categories (or at least medical and prescription drug categories). <ul style="list-style-type: none"> Further break the EHB trends down into utilization, unit cost, and service mix/intensity components. Upload relevant EHB details to WA Exhibit 3; see instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file. If your overall trend, indicated in URRT Worksheet 1, Section II, differs materially from the retrospective trend indicated in WA Exhibit 4, provide detailed actuarial support for the difference. Address the following: <ul style="list-style-type: none"> Actuarial support must provide both qualitative and quantitative bases for the difference. Refer to other WA Exhibits and/or separate issuer-developed actuarial exhibits for support, where appropriate. Prospective trend adjustments should identify all data, assumptions, methods, and models. Note that prospective trend adjustments are NOT exempt from actuarial support requirements. Reliance statements do not exempt carriers from actuarial support requirements. Address how your estimates reflect trends specific to the State of Washington. Note that nationwide trend analysis is not sufficient support for Washington State unit cost trend projections. <ul style="list-style-type: none"> Address whether and how unit cost projections reflect projected network and provider contract changes for the projection period. Comment about how much of the provider contracting is already complete for plan year 2026 and how much of the projected reimbursement trend is already locked in for plan year 2026. 	Exhibits_Duplicate.xlsx 2026 KPWA IND Standardized Rate Exhibits.pdf 2026 KPWA IND Part III – Memo Exhibits_Duplicate.xlsx 2026 KPWA IND Part III – Memo Exhibits.pdf Part III – Actuarial Memo.pdf	Exhibit 18 Section 6.1

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Line	Task	Issuer Response:	
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d	<p>Independence of various utilization changes:</p> <ul style="list-style-type: none"> Explain how you separated expected utilization changes due to (i) changes in average health status of the population (a.k.a. morbidity) versus (ii) other projected utilization changes (e.g., change in mix of services). Clarify how the various utilization and morbidity adjustments in the rate filing are independent (i.e., do not overlap nor depend on one another). 	Part III – Actuarial Memo.pdf	Section 6.1
6	<p>Incurred Claims Trends:</p> <ul style="list-style-type: none"> Trend assumptions should reflect your best estimates by URRT Worksheet 1 benefit category and one or more separate non-EHB categories, as applicable. They should also be available for each type of service in the WAC 284-43-6660 trend factor summary. Incurred claims trends differ from allowed claims trends in that they reflect leveraging of fixed cost-shares. Rely on market-specific information for Washington State to the extent possible. Justify use of any alternative data. Describe the trend development in the Part III actuarial memorandum. 		
a	<p>Incurred claims projected trend (EHB & non-EHB): (see also #32.c of this checklist)</p> <ul style="list-style-type: none"> Include an exhibit that develops the incurred claims trend percentages entered in the WAC 284-43-6660 summary. Justify the projected incurred claims trend percentages. Show how to calculate the Portion of Claim Dollars for trends in the WAC 284-43-6660 summary. Note: the percentages should be based on the 2024 incurred claims dollars by trend category. The total incurred claims used in the calculation should be consistent with the incurred claims PMPM in URRT Worksheet 2, Section II Experience Period and Current Plan Level Information, Field 2.17. 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). 	<p>2026 KPWA IND Part III – Memo Exhibits_Duplicate.xlsx</p> <p>2026 KPWA IND Part III – Memo Exhibits.pdf</p>	<p>Exhibit 18</p> <p>Exhibit 3a</p>

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
URRT WORKSHEET 1, SECTION II EXPERIENCE PERIOD and CURRENT PLAN LEVEL INFORMATION, NON-TREND EHB ADJUSTMENT FACTORS			
7	<p>URRT Worksheet 1, Section II Non-Trend EHB Factors:</p> <p>Explain and show the detailed calculations for actuarial assumptions underlying each non-trend EHB factor used in URRT Worksheet 1, Section II Experience Period and Current Plan Level Information. Provide actual experience, projections, and actual-to-expected information in WA Exhibit 5; see instructions in the exhibit template.</p> <ul style="list-style-type: none">• Morbidity Adjustment• Demographic Shift• Plan Design Changes• Other <p>If applicable, provide a detailed breakdown of any adjustments made under the “Other” category such as significant provider network or pharmacy rebate changes from the experience period.</p>	2026 KPWA IND Part III – Memo Exhibits_Duplicate.xlsx 2026 KPWA IND Part III – Memo Exhibits.pdf	Exhibit 5 Exhibit 7 Exhibit 20
URRT WORKSHEET 2, SECTION I GENERAL PRODUCT and PLAN INFORMATION, AV METAL VALUES			
8	<p>AVC Screenshots:</p> <p>(see also #9 below)</p> <ul style="list-style-type: none">• Provide the Actuarial Value Calculator (AVC) screenshots in PDF format showing “Calculation Successful.” State the corresponding HIOS Plan ID on each AVC Screenshot. For the 2026 AV Calculator and Methodology, see link: https://www.cms.gov/ccio/resources/regulations-and-guidance/index.html <p>Please do not submit AVC screenshots for every CSR plan variation (i.e., 73%, 87%, and 94%), however, be mindful of the de minimis variation limit of 0/+1 percentage points.</p> <p>NOTE: if you rely on AV Metal Values calculated by the Exchange’s actuaries, do not submit your own AVC screenshot copies for standardized plans. Instead, document such reliance in your Part III actuarial memorandum and include in SERFF Supporting Documentation a copy of the Exchange’s actuarial certification of AV Metal Values for standardized plans.</p> <ul style="list-style-type: none">• MHSUD cost-share: You may list the MHSUD office visit cost-share in the AVC if you include justification in the actuarial memorandum that blending the cost-share with the MHSUD other outpatient cost-share has a negligible impact on the final AV Metal Value.	2026 KFHPWA Individual AV Screenshots.pdf	

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

	<ul style="list-style-type: none"> • Notes About Plan Designs in the AVC: <ul style="list-style-type: none"> ○ To be consistent with the requirements in the AVC User Guide (see FAQ Q2 & Q3), all plans with a \$0 Rx or a \$0 medical deductible should indicate an integrated medical and drug deductible when possible. For illustrative purposes, consider a plan with a non-zero medical deductible and a \$0 drug deductible, which is equivalent to saying that none of the drug tiers (i.e., benefits) is subject to any kind of deductible: <ul style="list-style-type: none"> ▪ Case 1: One or more of the drug tiers are subject to coinsurance (which, from our earlier assumption, apply before any deductible). ▪ Case 2: Each drug tier is either fully covered or subject to a copay. ▪ For Case 1, using a combined deductible would force the drug coinsurance(s) to apply after the medical deductible (given the limitations of the AVC with regards to entering coinsurance before the deductible). For Case 2, an integrated deductible should be used. ○ The reverse situation with \$0 medical and non-zero Rx deductibles is similar, however, only coinsurance for the medical benefits listed in the AVC are considered. If, for example, a coinsurance is only applied to the ambulance benefit, which is not part of the AVC, a combined deductible should be applied. ○ <i>Plans that include Coinsurance During the Deductible Phase or can otherwise be described as having "Services not Subject to Deductible and without a copay":</i> Excel row 72 on the User Guide sheet of the AVC states, "Services not subject to deductible and without a copay are treated as covered at 100 percent by the plan until the deductible is met through enrollee payments for other services." When this occurs, the AVC output is higher than that of the actual plan design; the difference depends on the size of the deductible and impact of the corresponding benefit on the actuarial value. The exact difference, however, is unknown without using an effective copay, which requires a unique benefit design, to approximate the coinsurance in the deductible range. If your plans include this type of cost-sharing design, you are required to show that their AVs are within the acceptable metal level range using unique benefit designs. See the AVC User Guide sheet FAQ Q16 for additional information. ○ <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. ○ <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 	
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	<p>Benefit Components document and (2) account for the differences between the plan design and the AVC functionality in your AV Metal Value calculations.</p> <p>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.</p>		
	<p>a If using the unique benefit design certification method in 45 CFR §156.135(b)(2):</p> <ul style="list-style-type: none"> • Provide the required actuarial certification language as well as justification and <u>detailed calculations</u> of how you estimated a fit of the plan design into the parameters of the AVC. • Submit one AVC screenshot for each plan to show that the benefit design after the fit is a legal metal plan. 	<p>UniquePlanDesign - SupportingDocumentationandJustification.pdf</p> <p>2026 KFHPWA Individual AV Screenshots.pdf</p> <p>Part III – Actuarial Memo.pdf</p>	Section 11.1
	<p>b If using the unique benefit design certification method in 45 CFR §156.135(b)(3):</p> <ul style="list-style-type: none"> • Provide the required actuarial certification language as well as justification and <u>detailed calculations</u> of (i) how the AVC was used to determine the AV Metal Value for the plan provisions that fit within the calculator parameters while (ii) appropriate adjustments were made to the AVC output(s) for plan design features that deviate substantially from AVC parameters. • Submit two or more AVC screenshots including at least one extreme high AV Metal Value and one extreme low AV Metal Value based on features like those of the plan. • Using the filed AVC screenshot results, explain how adjustments are made to generate each plan's EXACT final AV Metal Value used in the URRT. 	<p>UniquePlanDesign - SupportingDocumentationandJustification.pdf</p> <p>2026 KFHPWA Individual AV Screenshots.pdf</p> <p>Part III – Actuarial Memo.pdf</p>	Section 11.1

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c	Unique Plan Design Supporting Documentation and Justification: Include a completed Unique Plan Design Supporting Documentation and Justification form (a blank form can be found on the CMS website). Note: You may submit your own version of the official form, to accommodate your complete responses and improve readability.	UniquePlanDesign - SupportingDocumentationandJustification.pdf	
	d Pharmacy tiers: If your prescription drug tiers do not exactly match those in the AVC and you do not identify the plans as having unique benefits, please add a discussion to the Part III actuarial memorandum. Consider guidance in relevant documents such as the PY2025 QHP Issuer Application Instructions (e.g., 5.8 Suggested Coordination of Drug Data between Templates) and AVC supporting documentation.	UniquePlanDesign - SupportingDocumentationandJustification.pdf	
10	AV Metal Values: (URRT Worksheet 2, Section I General Product and Plan Information, Field 1.6) Load the final PY2026 AV Metal Values into URRT Worksheet 2 and WA Exhibit 6. Additionally, load prior AV Metal Values into WA Exhibit 6; see instructions in the exhibit template.	2026 KPWA IND Part III – Memo Exhibits_Duplicate.xlsx 2026 KPWA IND Part III – Memo Exhibits.pdf 2026 KPWA IND Standardized Rate Exhibits_Duplicate.xlsx 2026 KPWA IND Standardized Rate Exhibits.pdf	Exhibit 2 Exhibit 6
URRT WORKSHEET 2, SECTION III PLAN ADJUSTMENT FACTORS			

11	<p>AV and Cost Sharing Design of Plan Factors: (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.3) Document and justify the factors including #11.a through #11.d below.</p> <p>Then, address items #11.e through #11.h below. Include aggregate actual experience, projections, and actual-to-expected analysis in WA Exhibit 7; see the instructions in the exhibit template.</p> <p>URR Instructions Section 2.2.3 and URRT Worksheet 2, Section III include four adjustments directly related to plan-level incurred claims rate development.</p> <ul style="list-style-type: none"> • These adjustments are the “AV and Cost Sharing Design of Plan”, “Provider Network Adjustment” (see checklist #12), “Benefits in Addition to EHB” (see checklist #13), and “Catastrophic Adjustment” (see checklist #14). • Do not include morbidity of the population expected to enroll in the plan (i.e., differences due to health status) per URR Instructions Section 4.4.4. • Each of these adjustments should be normalized to not double count the impact of the other factors. <p>To derive the “AV and Cost Sharing Design of Plan”:</p> <ul style="list-style-type: none"> • There are four subcomponents of the adjustment defined in WAC 284-43-6810(1); they are: <ul style="list-style-type: none"> ○ AV pricing value, ○ Induced demand factor (IDF), ○ Cost-sharing reduction (CSR) silver load (if applicable), and ○ Exclusion of funds for abortion services per 45 CFR §156.280(e) (if applicable). • Definitions of these terms and related terms can be found in WAC 284-43-6800. • Detailed guidance related to each subcomponent of the “AV and Cost Sharing Design of Plan” is provided in this checklist in sections 11 (a)-(h). • The formula combining the subcomponents of the “AV and Cost Sharing Design of Plan” is expected to be the following: (AV and Cost Sharing Design of Plan) = (AV Pricing Value) x (Induced Demand Factor, IDF) x (CSR Silver Load and/or AIAN adjustment, as applicable) x (Factor to exclude the cost of abortion services for which public funding is prohibited); where the AV Pricing Value and IDF are on an appropriate relativity basis. <p>Note the following:</p> <ul style="list-style-type: none"> • For benefit differences relate to EHB-only cost sharing. See #11.a below. 	
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Washington State OIC 2026 Individual Medical Rate Filing Checklist

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	<ul style="list-style-type: none"> For expected utilization adjustments due to differences in cost-sharing (i.e., induced demand). See #11.b below. For CSR silver load and exclusion of funds for abortion services per 45 CFR §156.280(e): <ul style="list-style-type: none"> If CSR payments are not funded, a CSR silver load factor should be included for the on-Exchange silver plans; this is an additional step not covered in the URR Instructions. See #11.c below. For all plans offered on the Exchange, include an adjustment to remove the impact of coverage of abortion services for which public funding is prohibited. See #11.d below. To determine aggregate weighted averages for items covered by this #11, unless otherwise specified, apply each plan's projected membership as weights. 		
a	<p>AV Pricing Value (a.k.a. EHB paid-to-allowed factors) by plan:</p> <ul style="list-style-type: none"> Provide the factor for each plan that shows the impact of benefit differences for EHB-only cost sharing. See WAC 284-43-6800(3) for the definition of AV pricing value and WAC 284-43-6800(1) for the definition of AV metal value. Per WAC 284-43-6810(3): <ul style="list-style-type: none"> Rate development exhibits should demonstrate compliance with the following: <ul style="list-style-type: none"> "The AV pricing value must be within $\pm 2\%$ of a plan's designated AV metal value." "The allowable range of AV pricing value may be increased or decreased by 1% and must not result in a total adjustment exceeding $\pm 3\%$, if the plan has significant features that are not considered in the AV metal value calculation. Applicable plan features may include, but are not limited to, an embedded pediatric dental benefit, aggregate family deductible, or significant out-of-network utilization." If you are requesting the expanded AV Pricing Value range of $\pm 3\%$, identify this in WA Exhibit 9 and provide supporting documentation for the request. Documentation for this request must show significant plan features impact EHBs, those plan features are excluded from consideration in the federal AV calculator and AV metal value, and those plan features have a material pricing impact supported by actuarial analysis. 	<p>2026 KPWA IND Standardized Rate Exhibits_Duplicate.xlsx</p> <p>2026 KPWA IND Standardized Rate Exhibits.pdf</p> <p>2026 KPWA IND Part III – Memo Exhibits_Duplicate.xlsx</p> <p>2026 KPWA IND Part III – Memo Exhibits.pdf</p> <p>Part III – Actuarial Memo.pdf</p>	<p>Exhibit 9</p> <p>Exhibit 5</p> <p>Section 10.4.a</p>

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	<ul style="list-style-type: none"> ▪ Note that AV pricing value must be actuarially sound, and the ranges referenced above should not be used as an adjustment (i.e., ceiling or floor) to AV pricing values. ▪ AV pricing values should be normalized for impacts of all other allowable plan-level rating adjustments (including subcomponents of the “AV and Cost Sharing Design of Plan”) and for use in the calculations of the “AV and Cost Sharing Design of Plan” factors. ○ The Part III actuarial memorandum in the rate filing must include the following information related to AV metal value and AV pricing value: <ul style="list-style-type: none"> ▪ Each plan's AV metal value, AV pricing value, and the method used to develop AV pricing values. ▪ The methodology that was used to develop the AV pricing value including that it is based on a standardized population. The carrier must identify all material changes in the AV pricing value development and their impacts. ▪ Note that if you have a commercial or other (e.g., internal) reinsurance/pooling agreement, consider projected recoverable amounts in the overall AV Pricing Value. 		

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
b	Induced demand factors (IDFs) by plan: <ul style="list-style-type: none"> Each plan's IDF can vary by plan design but must be consistent with the federal risk adjustment transfer formula per WAC 284-43-6810(2). Therefore, plan IDFs should be determined by the formula $(AV \text{ pricing value})^2 - (AV \text{ pricing value}) + 1.24$. Note the following: <ul style="list-style-type: none"> The MAIR reflects average induced demand for the pool. IDFs adjust average pool-level projected allowed claims to plan-level amounts. IDFs reflect the impact of plan design on plan-level utilization (i.e., induced demand or anti-selection) relative to the average induced demand in the pool. IDFs should not change the overall expected allowed claims nor the paid-to-allowed claims ratio. Calculate the aggregate impact of your pool's projected induced demand factors. If it is not 1.000, apply an adjustment in URRT worksheet 1's "Other" adjustment. Such an adjustment should equal $1 / (\text{aggregate impact of your pool's projected induced demand factors})$. The net impact should be 1.000. 	2026 KPWA IND Standardized Rate Exhibits_Duplicate.xlsx	Exhibit 9
		2026 KPWA IND Standardized Rate Exhibits.pdf	Exhibit 5
c	Cost-sharing reduction (CSR) silver load factors by plan: <ul style="list-style-type: none"> Note: In this case, references to "CSR" subsidies include subsidies for the AIAN population. Include actual experience and the projected CSR silver load factor in WA Exhibit 8; see the instructions in the exhibit template. Consult WAC 284-43-6820 for guidance on the uniform CSR silver load adjustment factor for plan year 2026. 	2026 KPWA IND Part III – Memo Exhibits_Duplicate.xlsx	Section 10.4.b
		2026 KPWA IND Part III – Memo Exhibits.pdf	
		Part III – Actuarial Memo.pdf	
		2026 KPWA IND Standardized Rate Exhibits_Duplicate.xlsx	Exhibit 9
		2026 KPWA IND Standardized Rate Exhibits.pdf	Exhibit 5
		2026 KPWA IND Part III – Memo Exhibits_Duplicate.xlsx	Section 10.4.c

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
		2026 KPWA IND Part III – Memo Exhibits.pdf Part III – Actuarial Memo.pdf	
d	<p>Exchange plan adjustment for cost of covering certain abortion services: (see also #13 & #27 of this checklist)</p> <p>For Exchange plans only, include an adjustment factor to remove the impact of coverage of abortion services for which public funding is prohibited. Per 45 CFR §156.280(e)(4)(iii), you may not estimate such a cost at less than one dollar per enrollee, per month (i.e., \$1.00 premium PMPM, see https://www.cms.gov/files/document/qhp-abortion-faq.pdf Q3).</p> <ul style="list-style-type: none"> Note that you must include abortion services in URRT Worksheet 1, Section II because Washington considers abortion services to be EHBs. The impact of coverage of abortion services for which public funding is prohibited should be addressed in URRT Worksheet 2, Section II Experience Period and Current Plan Level Information. In other words, related costs should flow through with other claim experience. For Exchange plans: <ul style="list-style-type: none"> Include the impact as part of URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.5 Benefits in Addition to EHB. Remove the impact from URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.3 AV and Cost Sharing Design of Plan. The abortion adjustment applied to Field 3.3 is the reciprocal of the abortion adjustment applied to Field 3.5. (URR Instructions Section 2.2.3). This load should be explicitly listed as a separate column in your development exhibit for the AV and Cost Sharing Design of Plan factors. 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. 	2026 KPWA IND Part III – Memo Exhibits_Duplicate .xlsx 2026 KPWA IND Part III – Memo Exhibits.pdf	Exhibit 6

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
e	AV and Cost Sharing Design of Plan factors: (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.3) Discuss and demonstrate the calculation of the final plan adjustment factors used in 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).	2026 KPWA IND Part III – Memo Exhibits_Duplicate .xlsx 2026 KPWA IND Part III – Memo Exhibits.pdf	Exhibit 6
f	Compare the AV Metal Value and the AV Pricing Value: Provide the comparison of the AV Metal Values and AV Pricing Values in WA Exhibits 6 and 9.	2026 KPWA IND Standardized Rate Exhibits_Duplicate .xlsx 2026 KPWA IND Standardized Rate Exhibits.pdf	Exhibit 6 Exhibit 9
g	Base premium rates versus CPAIR: Calculate the difference between the 1.0000 premium rates (i.e., age factor 1.0000 such as for age 21; area factor 1.0000; tobacco factor 1.0000 for non-smoker) for each plan in the Rate Schedule and the Calibrated Plan Adjusted Index Rate (CPAIR) amounts in 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)	2026 KPWA IND Part III – Memo Exhibits_Duplicate .xlsx 2026 KPWA IND Part III – Memo Exhibits.pdf	Exhibit 3a
h	Experience period incurred claims, allowed claims, and paid-to-allowed ratios: Include a table that shows by metal level the 2024 paid (incurred) claims and allowed claims experience and calculates the paid-to-allowed ratios. See also #1.c and #1.d of this checklist.	2026 KPWA IND Part III – Memo Exhibits_Duplicate .xlsx 2026 KPWA IND Part III – Memo Exhibits.pdf	Exhibit 3a

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
12	<p>Provider Network Adjustment Factors: (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.4)</p> <p>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.</p> <p>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):</p> <ul style="list-style-type: none"> Average incurred claims with risk adjustment and Exchange user fee: Sum product of the projected membership x MAIR x (AV and Cost Sharing Design of Plan) x (Benefits in Addition to EHB) x (Catastrophic Adjustment) divided by the total projected membership. Average incurred claims with risk adjustment and Exchange fee as well as provider network adjustment factors: Sum product as described above with Provider Network Adjustment factors also incorporated. <p>If applicable, include a discussion of the network for the public option plans (i.e., Cascade Select plans).</p>	N/A	N/A
13	<p>Benefits in Addition to EHB Factors: (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.5)</p> <p>Document and justify these factors. Note that they should be developed as loads on EHB incurred claims. See URR Instructions and 45 CFR §156.115(d) for additional information. Include aggregate actual experience, projections, and actual-to-expected analysis in WA Exhibit 7; see the instructions in the exhibit template.</p> <p>If plans do not include non-EHBs (non-essential health benefits) and all plans are outside the Exchange, please respond "N/A."</p> <p>Notes about abortion services for URRT purposes (see also #11.d & #27 of this checklist):</p> <ul style="list-style-type: none"> Exchange plans that include coverage of abortion services for which public funding is prohibited must calculate such abortion services as non-EHBs. For plans offered Outside Market Only, such abortion services must be calculated as EHBs. Then, only non-EHBs, if applicable, should be addressed as part of Benefits in Addition to EHB. 	<p>2026 KPWA IND Standardized Rate Exhibits_Duplicate.xlsx</p> <p>2026 KPWA IND Standardized Rate Exhibits.pdf</p> <p>2026 KPWA IND Part III – Memo Exhibits_Duplicate.xlsx</p>	<p>Exhibit 7</p> <p>Exhibit 6</p>

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
		2026 KPWA IND Part III – Memo Exhibits.pdf	
14	Catastrophic Adjustment Factors: (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.9) Document and justify any such factor(s). Include aggregate actual experience, projections, and actual-to-expected analysis in WA Exhibit 7; see the instructions in the exhibit template.	Part III – Actuarial Memo.pdf	Section 10.4.g
URRT WORKSHEET 2, SECTION III PLAN ADJUSTMENT FACTORS, CALIBRATION FACTORS			
15	Age Factors and Age Calibration Factors:		
	a Age calibration factor development: Provide the 2026 age factors and the calculation of the age calibration factor used in URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.11. Note: each calibration factor (age, geographic, and tobacco) must be calculated independently.	2026 KPWA IND Part III – Memo Exhibits_Duplicate.xlsx 2026 KPWA IND Part III – Memo Exhibits.pdf	Exhibit 12
	b Age calibration factors, projected versus prior: Compare the 2026 age calibration factor to the 2023, 2024, and 2025 factors.	2026 KPWA IND Part III – Memo Exhibits_Duplicate.xlsx 2026 KPWA IND Part III – Memo Exhibits.pdf	Exhibit 12

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
c	<p>Average age:</p> <p>Show the average age and provide actuarial justification for the methodology employed to calculate the average age.</p>	<p>2026 KPWA IND Part III – Memo Exhibits_Duplicate .xlsx 2026 KPWA IND Part III – Memo Exhibits.pdf</p>	Exhibit 12
16	<p>Area Factors and Geographic Calibration Factors:</p> <p>See WAC 284-43-6701 for geographic rating areas effective on or after January 1, 2019.</p> <p>Note, if Area 1 (King County) is in your service area, its factor must be set at 1.0000. If Area 1 (King County) is not in your service area, the geographic rating area of the county with the largest enrollment in your service area must be set at 1.0000. If you are an insurer new to the Washington state market, the geographic area with the greatest number of counties must be set at 1.0000.</p>		
a	<p>Area factor development:</p> <p>Note: if your service area is limited to a single area, please respond "N/A," since the area factor is 1.0000.</p> <p>Demonstrate the build-up of the geographic rating area factors.</p> <p>Document and justify the 2026 factors with details including, but not limited to, the following:</p> <ul style="list-style-type: none"> • Certify that the following items were not used to establish any geographic rating area factor: <ul style="list-style-type: none"> ○ Health status of enrollees or the population in an area. ○ Medical condition of enrollees or the population in an area including physical, mental, and behavioral health illnesses. ○ Claims experience. ○ Health services utilization in the area. ○ Medical history of enrollees or the population in an area. ○ Genetic information of enrollees or the population in an area. ○ Disability status of enrollees or the population in an area. ○ Other evidence of insurability applicable in the area. 	<p>2026 KPWA IND Part III – Memo Exhibits_Duplicate .xlsx 2026 KPWA IND Part III – Memo Exhibits.pdf</p>	Exhibits 13

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"> Clarify how projected unit cost changes were considered for each area. Also, clarify how credibility was considered. Like trends, you should not solely rely on historical information, especially if it is not considered to be 100% credible or if significant changes are projected in the future. 		
b	<p>Area factors, highest versus lowest:</p> <p>Demonstrate that your geographic rating area factors comply with WAC 284-43-6681 highest to lowest cost ratio requirements of</p> <ul style="list-style-type: none"> 1.40 if offering an Exchange QHP in every county, 1.22 if offering an Exchange QHP in every county in six or more rating areas, or 1.15 in all other cases. 	<p>2026 KPWA IND Part III – Memo Exhibits_Duplicate.xlsx</p> <p>2026 KPWA IND Part III – Memo Exhibits.pdf</p>	Exhibit 13
c	<p>Area factors, projected versus prior:</p> <p>Compare the 2026 area factors and calibration factor to the 2023, 2024, and 2025 factors. If the 2026 factors did not change from those in the prior filing, indicate why the factors did not change; indicate when the factors were last evaluated and what data was used in that evaluation.</p> <p>Note: Our opinion is that the geographic area factors should be regularly evaluated.</p>	<p>2026 KPWA IND Part III – Memo Exhibits_Duplicate.xlsx</p> <p>2026 KPWA IND Part III – Memo Exhibits.pdf</p>	Exhibit 12
d	<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>	<p>2026 KPWA IND Part III – Memo Exhibits_Duplicate.xlsx</p> <p>2026 KPWA IND Part III – Memo Exhibits.pdf</p>	Exhibit 12

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.	2026 KPWA IND Part III – Memo Exhibits_Duplicate .xlsx 2026 KPWA IND Part III – Memo Exhibits.pdf	Exhibit 2
17	Tobacco Use Factor and Tobacco Calibration Factor:		
a	Tobacco use factor development: Document and justify the 2026 Tobacco Use factor. <ul style="list-style-type: none"> The maximum factor is 1.500 (see 45 CFR §147.102(a)(1)(iv)). If the factor did not change from the prior filing, indicate when the factor was last evaluated and what data was used in that evaluation. Note: Our opinion is that the factor should be re-evaluated periodically. 	KPWA has removed tobacco as a rating factor for PY 2026	N/A
b	URRT tobacco calibration factor: Provide the calculation of the tobacco calibration factor used in URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.13. Note: each calibration factor (age, geographic, and tobacco) must be calculated independently.	N/A	N/A
c	Tobacco factors, projected versus prior: Compare the 2026 tobacco use factor and calibration factor to amounts for 2023, 2024, and 2025.	N/A	N/A
RISK ADJUSTMENT AND HIGH-COST RISK POOL (HCRP)			
18	Experience Period Risk Adjustment & HCRP:		
a	Experience period risk adjustment formula details:	2026 KPWA IND Part III – Memo Exhibits_Duplicate .xlsx	Exhibit 10

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 NOT revise the sign (receivables positive; payables negative) of the actual or projected risk adjustment transfer and HCRP amounts in any exhibit unless specifically instructed to do so. Clearly document the instances when the instructions specify a change in sign.</p>	<p>2026 KPWA IND Part III – Memo Exhibits.pdf</p> <p>2026 KPWA IND Standardized Rate Exhibits_Duplicate.xlsx</p> <p>2026 KPWA IND Standardized Rate Exhibits.pdf</p>	<p>Exhibit 10</p>
	<p>b Experience period risk adjustment & HCRP by plan: (URRT Worksheet 2, Section II Experience Period and Current Plan Level Information, Field 2.7) Using formulae, please address 2024 risk adjustment transfer amounts, HCRP assessments, and HCRP receipts.</p>	<p>2026 KPWA IND Part III – Memo Exhibits_Duplicate.xlsx</p> <p>2026 KPWA IND Part III – Memo Exhibits.pdf</p> <p>2026 KPWA IND Standardized Rate Exhibits_Duplicate.xlsx</p> <p>2026 KPWA IND Standardized Rate Exhibits.pdf</p>	<p>Exhibit 10</p> <p>Exhibit 11</p> <p>Exhibit 10</p>
19	Projection Period Risk Adjustment & HCRP:		
	<p>a Projection period incurred risk adjustment & HCRP development: (URRT Worksheet 2, Section IV Projected Plan Level Information, Fields 4.7 and 4.16)</p>	<p>2026 KPWA IND Part III – Memo</p>	<p>Exhibit 10</p> <p>Exhibit 11</p>

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	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.	Exhibits_Duplicate .xlsx 2026 KPWA IND Part III – Memo Exhibits.pdf 2026 KPWA IND Standardized Rate Exhibits_Duplicate .xlsx 2026 KPWA IND Standardized Rate Exhibits.pdf	Exhibit 10
b	<p>Projection period risk adjustment & HCRP for URRT Worksheet 2 (on incurred claims basis), Development and justification: (URRT Worksheet 2, Section IV Projected Plan Level Information, Fields 4.7 and 4.16)</p> <ul style="list-style-type: none"> Explain in detail in the Part III actuarial memorandum how you estimated the 2026 risk adjustment factors (e.g., PLRS, IDF, GCF, AV, and ARF), including the four membership groupings in (a), as applicable. (See URR Instructions regarding the requirements to provide detailed information and justification for risk adjustment.) Provide detailed support and rationale for each assumption, including persisting membership, stating the most current data used, its “as of” date, and its source (e.g., internal, CMS, etc.). Describe how your projections considered the 2026 risk adjustment model changes. Explain 2026 HCRP estimated assessments and receipts. 	2026 KPWA IND Part III – Memo Exhibits_Duplicate .xlsx 2026 KPWA IND Part III – Memo Exhibits.pdf 2026 KPWA IND Standardized Rate Exhibits_Duplicate .xlsx 2026 KPWA IND Standardized Rate Exhibits.pdf	Exhibit 10 Exhibit 11 Exhibit 10

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> We expect the following: <ul style="list-style-type: none"> Since the URRT applies total pool-level projected risk adjustment in Worksheet 1, Section II, the projected risk adjustment loaded into Worksheet 2, Section IV can use total pool-level projections rather than metal/catastrophic or plan projections. Applicable risk adjustment transfer amount parameters projected for your own risk pool will be consistent with assumptions in the rate development (e.g., population and other factors in URRT, age and geographic calibration factors, etc.). Please explain any deviations. 		
c	<p>Projection period risk adjustment & HCRP for URRT Worksheet 1 (on allowed claims basis): (URRT Worksheet 1, Section II Projections)</p> <p>Provide the calculation of the projected Risk Adjustment Payment/Charge, on an allowed claim dollar basis, as entered in URRT Worksheet 1, Section II. For additional details, see #28 of this checklist.</p>	<p>2026 KPWA IND Part III – Memo Exhibits_Duplicate.xlsx</p> <p>2026 KPWA IND Part III – Memo Exhibits.pdf</p> <p>2026 KPWA IND Standardized Rate Exhibits_Duplicate.xlsx</p> <p>2026 KPWA IND Standardized Rate Exhibits.pdf</p>	<p>Exhibit 10</p> <p>Exhibit 10</p>
d	<p>Projected 2026 RADV impacts:</p> <p>Explain in the Part III actuarial memorandum any impacts due to Risk Adjustment Data Validation (RADV) audits. For example, explain any impact to the company or statewide 2026 PLRS projections due to the 2022 RADV audit report.</p>	<p>Part III – Actuarial Memo.pdf</p>	<p>Section 7.2</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.	2026 KPWA IND Part III – Memo Exhibits_Duplicate .xlsx 2026 KPWA IND Part III – Memo Exhibits.pdf	Exhibit 11
	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.	2026 KPWA IND Part III – Memo Exhibits_Duplicate .xlsx 2026 KPWA IND Part III – Memo Exhibits.pdf	Exhibit 10 Exhibit 11

Line	Task	Issuer Response:		
		Document Name	Section / Page / Exhibit Number	
RETENTION LOADS				
URRT WORKSHEET 2, SECTION III PLAN ADJUSTMENT FACTORS, ADMINISTRATIVE COSTS				
20	<p>Administrative Expense: (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.6) Provide the requested information in WA Exhibit 11; see instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.</p> <p>Projection period administrative expense development:</p> <ul style="list-style-type: none"> In the Part III actuarial memorandum and supporting exhibits, justify the 2026 PMPM and/or percent of premium load for each item, and comment why various amounts do or do not vary by plan. In the Part III actuarial memorandum, justify any item with a \$0.00 load. For example, if no offset is projected for investment income, please explain why. Note: it is insufficient to simply state that an amount is considered immaterial. In the Part III actuarial memorandum, describe planned quality improvement initiatives. At a minimum, include detailed calculations of the following projected amounts: <ul style="list-style-type: none"> Quality improvement (QI) expenses Commissions Commercial reinsurance premium (if applicable) Offset for anticipated investment income (if applicable) General administrative expenses 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. <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>Taxes and Fees: (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.7) Provide the requested information in WA Exhibit 11; see instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.</p> <p>Projection period taxes and fees' development:</p> <ul style="list-style-type: none"> In the Part III actuarial memorandum and supporting exhibits, justify the 2026 PMPM and/or percent of premium load for each item, and explain why various amounts do or do not vary by plan. In the Part III actuarial memorandum, justify any item with a \$0.00 load. Note: it is insufficient to simply state that an amount is considered immaterial. At a minimum, include detailed calculations of the following projected amounts: <ul style="list-style-type: none"> Premium Tax [RCW 48.14.020 or 0201] Federal Income Tax Regulatory Surcharge [RCW 48.02.190] Include a discussion of the current information available at https://www.insurance.wa.gov/regulatory-surcharge-calculation. Insurance Fraud Surcharge [RCW 48.02.190] Include a discussion of the current information available at https://www.insurance.wa.gov/fraud-surcharge-calculation. Risk Adjustment user fee The 2026 per capita risk adjustment user fee is set at \$0.20 PMPM. PCORI Patient-Centered Outcomes Research Institute (PCORI) Fee (Internal Revenue Code sections 4375 and 4376). Include a discussion of the latest information on the IRS website and the National Health Expenditure (NHE) trend projections. Note that the fee changes annually by policy end date; for this Individual market rate filing, assume all plans end 12/31/2026. Mitigating Inequity Fee [WAC 284-43-6590], if applicable (see also #38 of this checklist). 		

Washington State OIC 2026 Individual Medical Rate Filing Checklist

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

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
23	Company Rate Information and Rate Review Detail: For the “Company Rate Information” and “View Rate Review Detail” on the Rate/Rule Schedule tab of the SERFF rate filing, provide an exhibit with the following information. <ul style="list-style-type: none"> The information should represent your initial requested rate change. Note: If post submission updates are necessary to correct any information, update the exhibit to indicate what was updated and the reason for the update(s). Issuers with renewal plans must address the items below. For more information related to “Company Rate Information” and “View Rate Review Detail,” see SERFF and Rate Filing Instructions. 		
	a SERFF Company Rate Information: Provide the calculation, explanation, and/or source of the information. Note the following: <ul style="list-style-type: none"> Number of policy holders affected for this program: The number of subscribers as of March 2025. Minimum and Maximum % changes: From the initial Uniform Product Modification Justification (UPMJ) Q5 rate changes by plan. Overall % rate impact: The calculated overall average rate change in UPMJ Q5. Written Premium for this Program and Written Premium Change for this Program: Annual amounts; see Written Premium in the NAIC glossary. 	2026 KPWA IND Part III – Memo Exhibits_Duplicate.xlsx 2026 KPWA IND Part III – Memo Exhibits.pdf	Exhibit 25
	b SERFF Rate Review Detail (RRD): Provide the calculation, explanation, and/or source of the information. <ul style="list-style-type: none"> (i) Products, Number of Covered Lives: The number of covered lives (members) as of March 2025. If applicable, differentiate renewing products which list current lives versus new products which list projected lives (see instructions in the RRD in SERFF). (ii) Trend Factors: Annual incurred claims trend factor, including leveraging, which matches the weighted average of the trends by category in the initial 2026 WAC 284-43-6660 summary. (see also #6.b of this checklist) 	2026 KPWA IND Part III – Memo Exhibits_Duplicate.xlsx 2026 KPWA IND Part III – Memo Exhibits.pdf	Exhibit 25

Washington State OIC 2026 Individual Medical Rate Filing Checklist

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

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
c	<p>Current enrollment:</p> <p>Compare current enrollment information across the various rate filing exhibits, including, but not limited to the following:</p> <ul style="list-style-type: none"> • RRD Number of Covered Lives • URRT Worksheet 2, Section II Experience Period and Current Plan Level Information, Field 2.10 Current Enrollment • UPMJ Q1 Enrollment as of 3/31/2025 • Part III supporting exhibits' current enrollment <p>Explain any inconsistencies.</p>	<p>2026 KPWA IND Part III – Memo Exhibits_Duplicate.xlsx</p> <p>2026 KPWA IND Part III – Memo Exhibits.pdf</p>	Exhibit 3a
d	<p>Projected enrollment:</p> <p>Compare projected enrollment information across the various rate filing exhibits, including, but not limited to the following:</p> <ul style="list-style-type: none"> • RRD (Projected Earned Premium) / (Requested Rate Weighted Avg. PMPM) • URRT Worksheet 2, Section IV Projected Plan Level Information, Field 4.9 Projected Member Months • Part II written explanation projected enrollment • Part III supporting exhibits' projected enrollment <p>Explain any inconsistencies.</p>	<p>2026 KPWA IND Part III – Memo Exhibits_Duplicate.xlsx</p> <p>2026 KPWA IND Part III – Memo Exhibits.pdf</p>	Exhibit 3a
24	<p>Impacts of Changes 45 CFR §154.301(a)(4):</p> <ul style="list-style-type: none"> • Document the methodology, justification, and calculations used to determine the impacts of the changes outlined in the Effective Rate Review Program under 45 CFR §154.301(a)(4) (i) through (xv). • Note that if you change the contribution to surplus from the prior submission, you must provide additional support for why the change is warranted. • <u>To add context to the factors listed below, please also summarize in the Part III actuarial memorandum the approximate percent impact of the most significant contributors to the proposed aggregate rate change (see URR Instructions section 4.3, for example).</u> 		
	<p>(i) The impact of medical cost trend <u>changes by major service category</u>. Include a discussion of the cost trend change for each specific benefit category listed in URRT Worksheet 1, Section II.</p>	Part III – Actuarial Memo.pdf	Section 6.1

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	(ii) The impact of utilization <u>changes by major service category</u> . Include a discussion of the utilization trend change for each specific benefit category listed in URRT Worksheet 1, Section II.	Part III – Actuarial Memo.pdf	Section 6.1
	(iii) The impact of cost-sharing <u>changes by major service category</u> , including actuarial values. Include a discussion of the cost-share changes for each specific benefit category listed in URRT Worksheet 1, Section II.	Part III – Actuarial Memo.pdf	Section 6.2.c
	(iv) The impact of benefit <u>changes</u> , including essential health benefits (EHBs) and non-essential health benefits (non-EHBs). Address the new essential health benefits for non-grandfathered individual and small group health insurance coverage in the State of Washington for plan years beginning on or after January 1, 2026. For each new EHB, describe whether your plan designs already covered the benefit or describe what plan design changes were required. Clearly demonstrate and justify any rate changes due to these new EHBs.	2026 KPWA IND Part III – Memo Exhibits_Duplicate.xlsx 2026 KPWA IND Part III – Memo Exhibits.pdf Part III – Actuarial Memo.pdf	Exhibit 20 Section 6.2.c
	(v) The impact of <u>changes in</u> enrollee risk profile and pricing, including rating limitations for age and tobacco use under section 2701 of the Public Health Service Act.	Illustrative Example_Duplicate.xlsx Illustrative Example.pdf	

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	(vi) The impact of any <u>overestimate or underestimate</u> of medical trend for prior year periods related to the rate increase. Include a discussion and analysis of actual to expected medical trends.	Part III – Actuarial Memo 2026 KPWA IND Part III – Memo Exhibits_Duplicate.xlsx 2026 KPWA IND Part III – Memo Exhibits.pdf	Section 6.1 Exhibit 16
	(vii) The impact of <u>changes in</u> reserve needs. Include a discussion of any change in reserve needs.	N/A	
	(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 – Actuarial Memo.pdf	Section 8.1
	(ix) The impact of <u>changes in</u> other administrative costs. Include a discussion of any such changes.	Part III – Actuarial Memo.pdf	Section 8.1
	(x) The impact of <u>changes in</u> applicable taxes, licensing, or regulatory fees. Include a discussion of any such changes.	Part III – Actuarial Memo.pdf	Section 8.2
	(xi) Medical loss ratio (MLR). Include a projected federal MLR calculation [45 CFR §158.221; see also CMS MLR Filing Instructions]. Note: This is one of only two 45 CFR §154.301(a)(4) items not written in terms of the impact of changes; the other is (xii) for the issuer's capital and surplus. Note: As stated in the Final 2026 NBPP, determination of a “qualifying issuer” is “based on an issuer’s 3-year aggregate ratio of net payments related to the risk adjustment program...to earned premiums.” See 45 CFR §158.103 for full definition details. <ul style="list-style-type: none"> <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> 	2026 KPWA IND Part III – Memo Exhibits.pdf	Exhibit 19

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

Washington State OIC 2026 Individual Medical Rate Filing Checklist

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

Washington State OIC 2026 Individual Medical Rate Filing Checklist

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

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<p>q = expenditures on quality improving activities</p> <p>p = earned premiums</p> <p>t = Federal and State taxes</p> <p>f = licensing and regulatory fees including \$0 for transitional reinsurance contributions</p> <p>s = issuer's transitional reinsurance receipts (= \$0)</p> <p>na = issuer's risk adjustment related payments</p> <p>nc = issuer's risk corridors related payments (= \$0)</p> <p>ra = issuer's risk adjustment related receipts</p> <p>rc = issuer's risk corridors related receipts (= \$0)</p> <p>c = credibility adjustment, if any</p>		
	<p>(xii) The health insurance issuer's capital and surplus (i.e., if and how rate development considered your issuer's current capital and surplus levels). For example, are changes required to your issuer's premium to surplus ratio? Include a discussion in the Part III actuarial memorandum.</p> <p>Note: This is one of only two 45 CFR §154.301(a)(4) items not written in terms of the impact of changes; the other is (xi) for MLR.</p>	Part III – Actuarial Memo.pdf	Section 8.2
	(xiii) The impacts of geographic factors and variations.	Part III – Actuarial Memo.pdf	Section 10.6.b
	(xiv) The impact of <u>changes within</u> a single risk pool to all products or plans within the risk pool.	Part III – Actuarial Memo.pdf	Section 1 Section 6.2
	(xv) The impact of reinsurance (which is N/A for Washington) and risk adjustment payments and charges under sections 1341 and 1343 of the Affordable Care Act.	N/A	

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
25	Drug Manufacturer Support of Member Out-of-Pocket Costs: Per revised 45 CFR §156.130(h), for plan years beginning on or after January 1, 2020, amounts paid toward cost sharing using any form of direct support offered by drug manufacturers to insured patients to reduce or eliminate immediate out-of-pocket costs for specific prescription brand drugs are permitted, but not required, to be counted toward the annual limitation on cost sharing. RCW 48.43.435 further outlines requirements for plans issued or renewed on or after January 1, 2024. Indicate what you implemented related to these requirements and justify any impact to your rate development.	Part III – Actuarial Memo.pdf	Section 6.2.c
26	Financial Statement Analysis:		
a	Reconcile to Additional Data Statement (ADS) for the year ending December 31, 2024: <ul style="list-style-type: none"> For carriers not required to file an ADS, please respond "N/A." For ease of review for carriers who file an ADS, please include with the rate filing a copy of the ADS pages. For HMOs and HCSCs, show ADS amounts total revenues (line 7), total hospital and medical claims (line 17), and administrative expenses (line 19 + line 20). Please include a detailed list of adjustments required to reconcile between ADS amounts and amounts in the Summary of Pooled Experience in the WAC 284-43-6660 summary and in URRT Worksheet 1, Section I. Calculate the amount and percentage unreconciled, and explain any significant unreconciled amounts. Explain any difference in the projected risk adjustment amount included in the ADS premium amount versus the experience period risk adjustment amount entered in URRT Worksheet 1, Section I. Also, compare the average monthly membership from the WAC 284-43-6660 summary's 2024 experience period with the average monthly membership calculated from the quarter ending enrollment listed in the ADS. Explain any significant differences. 	2026 KPWA IND Part III – Memo Exhibits_Duplicate.xlsx 2026 KPWA IND Part III – Memo Exhibits.pdf Part III – Actuarial Memo.pdf	Exhibit 23 Section 4.3.b

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
b	<p>Months of surplus:</p> <p>For all issuers, please provide a calculation of your company's Months of Surplus using information in the 2024 annual statement and one of the following formulas, with one decimal place of accuracy.</p> <p><u>Health Statement</u>: Months of Surplus = [(Annual Statement Page 3, Line 33: Total capital and surplus) / (Page 4, Line 18: Total hospital and medical (Lines 16 minus 17))] * 12.</p> <p><u>Life Statement</u>: Months of Surplus = [(Annual Statement Page 3, Line 38: Total (Lines 29, 30, & 37)) / (Page 4, Line 20: Total (Lines 10 to 19))] * 12.</p>	<p>2026 KPWA IND Part III – Memo Exhibits_Duplicate.xlsx</p> <p>2026 KPWA IND Part III – Memo Exhibits.pdf</p>	Exhibit 15
27	<p>Abortion Services for Which Public Funding is Prohibited:</p> <p>(see also #11.d & #13 of this checklist)</p> <p>For Exchange filings, document the pricing per member per month (PMPM) for voluntary abortion services and the "EHB Percent of Total Premium" to be listed in the Plans & Benefit Template (PBT) in the binder filing [45 CFR §156.280(e)(4)]. See also QHP Application Instructions for EHB Percent of Total Premium calculation guidance.</p> <p>Note: The Index Rates in URRT Worksheet 1, Section II must include allowed claims for abortion services even for Exchange plans. Voluntary abortion services are <u>only</u> considered a non-EHB for Exchange plans in the percentages listed in the PBT and in URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.5. Otherwise, the State of Washington considers voluntary abortion services as EHBs for Exchange plans. Additionally, non-Exchange plans will consistently consider voluntary abortion services as EHBs.</p>	<p>2026 KPWA IND Part III – Memo Exhibits_Duplicate.xlsx</p> <p>2026 KPWA IND Part III – Memo Exhibits.pdf</p>	Exhibit 6
<p>SEPARATE DOCUMENTS</p> <p>Address the following items together with other relevant items covered elsewhere in this checklist.</p>			
28	<p>Part I Unified Rate Review Template (URRT):</p> <p>Note: The various index rates (Index Rate, MAIR, etc.) in the URRT are the official amounts. For calculations in your supporting exhibits requiring one of these amounts, such as the Exchange User Fee</p>		

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<p>input for URRT Worksheet 1 Section II, please use and reference the applicable amount(s) calculated in the URRT.</p> <p>Please do not disable the macros in the Excel version of the URRT; please submit a macro-enabled URRT workbook.</p> <p>The URRT worksheets allow up to 16 characters including decimal places. Only apply rounding to amounts directly loaded into the URRT and only to the extent necessary to meet the 16-character limitation. Do not round any intermediate amounts.</p>		
	<p>a URRT Exchange User Fees: (URRT Worksheet 1, Section II Projections) If the issuer is only outside the exchange, please respond "N/A."</p> <p>The Exchange user fee for 2026 is \$5.11 PMPM.</p> <ul style="list-style-type: none"> For issuers marketing both inside and outside the Exchange, confirm that the Exchange user fees, or Exchange assessment fees, are spread across the entire pool. For issuers only marketing inside the Exchange: The default expectation is that 100% of membership will be on the Exchange. If your project less than 100% Exchange membership, include an explanation in the Part III actuarial memorandum. Justify the Exchange User Fees' percentage load entered in URRT Worksheet 1, Section II. Compare the result against the required amount per member per month (PMPM). There should be a reasonable assumption for the distribution of enrollees inside and outside the Exchange. If any Exchange membership is projected for plan year 2026, please check that a nonzero dollar amount flows through to URRT Worksheet 1, Section II Exchange User Fees. Ensure the amount is adjusted to reflect an allowed dollar basis as discussed in #28.b of this checklist. 	<p>2026 KPWA IND Part III – Memo Exhibits_Duplicate.xlsx</p> <p>2026 KPWA IND Part III – Memo Exhibits.pdf</p>	<p>Exhibit 8</p>
	<p>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>	<p>2026 KPWA IND Part III – Memo Exhibits_Duplicate.xlsx</p>	<p>Exhibit 6</p>

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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.	2026 KPWA IND Part III – Memo Exhibits.pdf	
c	URRT Worksheet 1, Section II, 2026 versus 2025: Compare the projections in URRT Worksheet 1, Section II in this year's filing for 2026 versus those in last year's filing for 2025.	2026 KPWA IND Standardized Rate Exhibits_Duplicate.xlsx 2026 KPWA IND Standardized Rate Exhibits.pdf	Exhibit 5
d	URRT Worksheet 2 terminated plan mapping: Document and justify URRT Worksheet 2 product and plan mapping for terminated plans, in accordance with the following: <ul style="list-style-type: none"> For the inside Exchange plans and plans that are both inside and outside Exchange, follow the mapping information you (the issuer) provided to WAHBE and as required by 45 CFR §155.335(j). For the outside Exchange plans, follow your procedure as indicated in the letter(s) provided to the policyholder(s) and consistent with Uniform Product Modification Justification (UPMJ). Note: each 2025 plan should map all members in the plan to the same 2026 plan. Respond "N/A" if no 2025 plans are terminating.	N/A	N/A
e	URRT Worksheet 2, Section I, general product and plan information, Cumulative rate change % for composite plans: For any plan in URRT Worksheet 2 which is the composite of more than one plan in UPMJ Q5, include an exhibit detailing the calculation of the Cumulative Rate Change % (over 12 mos. prior) based on the overall average rate change by plan in UPMJ Q5. If there are no composite plan rate changes, respond as "N/A."	N/A	N/A

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
f	<p>URRT Worksheet 2, Section IV Projected Plan Level Information</p> <p>Projected allowed claims, incurred claims & premiums:</p> <ul style="list-style-type: none"> • Include an exhibit that calculates the projected dollar amounts by plan for URRT Worksheet 2, Section IV Projected Plan Level Information. • For clarity, please also show calculations of the plan-specific and aggregate projected PMPM amounts for Fields 4.11 through 4.17. • 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. <p>Note that although reconciliation is expected in aggregate, differences may be reasonable for specific plans.</p> <ul style="list-style-type: none"> • Note that the following results are expected: <ul style="list-style-type: none"> ○ The Total Allowed Claims PMPM in Field 4.11 should be consistent with the [Projected Index Rate] + [average PMPM of the CSR load (on an allowed basis)] + [average PMPM for non-EHB, excluding abortion services reported as non-EHB (on an allowed basis)]. ○ The Allowed Claims PMPM by plan in Field 4.11 should only differ from the Total Allowed Claims PMPM due to URRT Worksheet 2, Section III Plan Adjustment Factors, Fields 3.3 AV and Cost Sharing Design of Plan (a.k.a. Pricing AV), 3.4 Provider Network Adjustment, 3.5 Benefits in Addition to EHB, and 3.9 Catastrophic Adjustment. 	<p>2026 KPA IND Part III – Memo Exhibits_Duplicate.xlsx</p> <p>2026 KPA IND Part III – Memo Exhibits.pdf</p>	<p>Exhibit 6</p> <p>Exhibit 2</p>
g	<p>URRT projected members by plan:</p> <p>Please document the following in the Part III actuarial memorandum:</p> <ul style="list-style-type: none"> • Explain how member months were projected by plan. • Explain how URRT membership projections align with 2026 company expectations for the product line. • Justify any new or renewing plans with zero projected enrollment. • If the opening actuary relied on membership projections from another area of your company, please indicate as such in the reliance section of the actuarial certification. 	<p>Part III – Actuarial Memo.pdf</p>	<p>Section 6.2.h</p>

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
h	URRT projected PAIR versus premium PMPM: Compare the weighted-average Plan Adjusted Index Rate (PAIR; URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.10) to the aggregate premium PMPM projected in Field 4.17. Weight the PAIR amounts by projected member months. Explain any differences.	2026 KPWA IND Part III – Memo Exhibits.pdf	URRT Worksheet 2
		2026 KPWA IND Standardized Rate Exhibits_Duplicate .xlsx 2026 KPWA IND Standardized Rate Exhibits.pdf	WA Exhibit 12
i	URRT controlled group renewal clarification: Based on input from CMS/CCIIO, if you are an issuer renewing only one 2025 plan that will be offered by a health insurance issuer within your controlled group, please include the following (see also #30.b and #31.c of this checklist). If not applicable, indicate "N/A." In URRT Worksheet 2 Section I General Product and Plan Information and Section II Experience Period and Current Plan Level Information, for the current and new issuers: <ul style="list-style-type: none"> The Plan Name (Field 1.3) and Plan ID (Field 1.4) will be unique to each issuer. Indicate the plan as a renewing plan (Field 1.7). Include the current rate from the current issuer (Field 2.11) in the new issuer's URRT. Use the current rate in the calculation of the rate increase (Field 1.11) in the new issuer's URRT. For consistency across the worksheets, only include experience in the current issuer's URRT Worksheets 1 and 2. 	N/A	N/A
29	Part II Written Description Justifying the Rate Increase: (a) Follow content guidance outlined in URR Instructions. (b) Include key drivers of the risk pool's rate increase as well as relevant plan details such as those described below.	Part_II_Written_D escription_Justifyi ng_the_Rate_Incre ase.pdf	

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"> Changes in Benefits: Consumers tend to view cost-share changes as “benefit changes,” so a summary of the cost-share changes should be included in this section along with other significant benefit changes. Note: the cost-share changes in this document should just be an overview of major changes, such as general discussion of the range of deductibles or changes in copays, rather than a repeat of the detailed list in UPMJ Q4a & 4b. Administrative Costs and Anticipated Margins: Consumers tend to view all retention loads, other than profit, as “administrative costs,” so taxes and fees should be included in this section along with other administrative expenses. Please also note the pool’s projected profit & risk load. 		
30	Part III Actuarial Memorandum and Certification: <ul style="list-style-type: none"> Submit the actuarial memorandum exhibits in a separate Excel spreadsheet and corresponding PDF. Note: the PDF version of the actuarial memorandum exhibits can be submitted on the URRT tab rather than the Supporting Documentation tab in SERFF so that it will be uploaded to CMS. The Excel spreadsheet, however, must be submitted on the Supporting Documentation tab. Note: to reduce the review time required to sift through duplicate file versions, please do NOT submit additional complete copies of the URRT worksheets, the WAC 284-43-6660 summary, or the Rate Schedules with the actuarial memorandum exhibits. Note: The State of Washington requires that the redacted actuarial memorandum must match the unredacted actuarial memorandum. 		
	a Actuarial certification: Include an actuarial certification as prescribed in the Part III Actuarial Memorandum and Certification Instructions found in the URR Instructions. Include the signature date in the signatory block of the certification and update the date throughout the filing review season, as needed, if assumptions or rates change.	Part III – Actuarial Memo.pdf	Section 14

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
b	Controlled group renewal clarification for Part III: Based on input from CMS/CCIIO, if you are an issuer renewing only one 2025 plan that will be offered by a health insurance issuer within your controlled group, please include the following (see also #28.i and #31.c of this checklist). If not applicable, indicate "N/A." In both the current and new issuers' Part III actuarial memorandums, add a crosswalk detailing the current and renewing plan information. Include: <ul style="list-style-type: none"> The name of the current and new issuers offering the plan. A comparison of the 2025 and 2026 HIOS Plan IDs and plan names. A comparison of the 2025 counties in the service area for the renewing plan and the 2026 counties offered by the new issuer to demonstrate meeting the requirement to cover a majority of the same service area. Discuss the cost-share changes to the plan and confirm that the product network type and covered benefits remain the same. 	N/A	N/A
	c UPMJ versus URRT rate changes: Rate changes by plan in URRT Worksheet 2, Section I General Product and Plan Information, Field 1.11 should match rate changes by plan in UPMJ Q5. For clarity, discuss in the Part III actuarial memorandum the differences in the calculation of the official aggregate rate change in UPMJ Q5 and the rate change amounts in URRT Worksheet 2, Section I General Product and Plan Information, Fields 1.12 and 1.13.	Part III – Actuarial Memo.pdf	Section 16
31	Uniform Product Modification Justification (UPMJ): Review and follow the general instructions as well as the UPMJ instructions for each question. The UPMJ template can be found on the Washington State OIC website .		
a	UPMJ Q4a & 4b: <ul style="list-style-type: none"> For UPMJ Q4a, keep in mind that the content will ultimately be included in our decision memorandum that is posted for public consumption, so explain the cost-share changes as you would to an existing or prospective member. 	Uniform Product Modification Justification_Duplicate.xlsx	

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"> For each cost-share amount listed in UPMJ Q4a, include dollar, comma, and percent symbols as well as numeric amounts. Spell out the first occurrence of each acronym in Q4a and Q4b. For example, "Maximum Out-of-Pocket (MOOP)." Note: For plans that add or remove out-of-network (OON) coverage, the change should be listed as a member cost-share change rather than a benefit change. 	Uniform Product Modification Justification.pdf	
b	<p>UPMJ Q5:</p> <p>(i) Column 5(d):</p> <ul style="list-style-type: none"> Only include enrollment from renewing counties. If you are exiting any counties, please address the following: Since you are exiting counties, total enrollment in Q5 may not match the UPMJ Q1 total, so include an exhibit in the filing with current enrollment by plan split between renewing and terminating counties. Note that UPMJ Q1 should include all enrollment before reductions for terminating counties. <p>(ii) Display rate changes for every renewing and terminated plan, even if the 03/31/2025 enrollment is 0. A plan should only reflect 0.00% across columns 5(g), 5(h), 5(i), and 5(j) if there are no experience, benefit, and cost-share rate changes for the plan.</p> <p>(iii) Submit an exhibit supporting rate changes for each UPMJ Q5 column.</p> <ul style="list-style-type: none"> Ensure UPMJ Q5 rate changes are consistent with the benefit and cost-share changes in UPMJ Q4a and Q4b. Justify each rate change by showing the calculation or explaining how the percentages were determined and ensure rate filing documents consistently support the rate changes. Explain how plan-specific rate changes disregard the morbidity of the population expected to enroll in each plan. Note that it is acceptable to back into column 5(g), Experience Rate Change for Plan, using justified amounts for 5(j), Overall Average Rate Change for Plan; 5(i), Cost-Share Rate Change for Plan; and 5(h), Benefit Rate Change for Plan. 	Uniform Product Modification Justification_Duplicate.xlsx Uniform Product Modification Justification.pdf	

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> Explain any large plan variations in 5(g), Experience Rate Change for Plan. We expect that there should be little variability due to the single risk pool requirement. Specify the source of the 2025 and 2026 rates used to calculate the overall increase for each plan. The changes should be consistent with the changes to the Rate Schedule. They should be weighted by the plan's current enrollment distribution for age, geographic area, and tobacco status (see URR Instructions 2.2.1 and 4.3). 		
c	<p>Controlled group renewal clarification for UPMJ:</p> <p>Based on input from CMS/CCIIO, if you are an issuer renewing only one 2025 plan that will be offered by a health insurance issuer within your controlled group, please include the following (see also #28.i and #30.b of this checklist).</p> <p>If not applicable, indicate "N/A."</p> <ul style="list-style-type: none"> <i>Current issuer:</i> UPMJ Q4a and Q5 will be blank. <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. 	N/A	N/A
32	<p>WAC 284-43-6660 summary:</p> <p>Complete and submit the template "Format – Rates – WAC 284-43-6660 Summary Duplicate" provided on the Washington State OIC website. See below for additional information.</p>		
a	<p>Proposed rate summary:</p> <ul style="list-style-type: none"> Proposed Community Rate must be consistent with the aggregate projected premium PMPM in URR Worksheet 2, Section IV Projected Plan Level Information, Field 4.17. Percentage Change must be consistent with the overall average rate change in UPMJ Q5. Current Community Rate = (Proposed Community Rate) / (1 + Percentage Change). 	<p>WAC 284-43-6660_Duplicate.xlsx</p> <p>WAC 284-43-6660-summary.pdf</p>	

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
b	<p>Components of proposed community rate:</p> <ul style="list-style-type: none"> Component (a) Claims should match (URRT Worksheet 2, Section IV Projected Plan Level Information, Field 4.15 Incurred Claims PMPM) minus (URRT Worksheet 2, Section IV Projected Plan Level Information, Field 4.16 Risk Adjustment Transfer Amount PMPM). Component (b) Expenses combined with component (d) Investment Earnings must be consistent with the combined values of (Exchange User Fees in URRT Worksheet 1, Section II) + (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.6 Administrative Expense) + (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.7 Taxes and Fees). Component (c) Contribution to Surplus Contingency Charges, or Risk Charges must be consistent with (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.8 Profit & Risk Load). Total row (e) must match the Proposed Community Rate from #32.a above (i.e., Proposed rate summary) in the WAC 284-43-6660 summary. 	<p>WAC 284-43-6660_Duplicate.xlsx</p> <p>WAC 284-43-6660.pdf</p>	
	<p>c Trend factor summary: (see also #6.b of this checklist)</p> <ul style="list-style-type: none"> If the WAC 284-43-6660 summary shows the same trend for each type of service, please explain whether you expect any variation by type of service. If variation is expected, please explain the choice of a single trend factor for this summary. For plans with embedded dental (pediatric or adult), ensure the embedded dental trend is included in the Other trend category, and then add a note to the General Information section #5 that the embedded dental trend is included in the Other trend category. This is to be consistent with the URR Instructions, section 2.1.3.1. 	Part III – Actuarial Memo.pdf	Section 6.1
	<p>d General Information section #4: Respond with “See Rate Schedule.”</p>	See Rate Schedule	

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
33	Benefit Components: Provide a completed Benefit Components Speed-to-Market Tool. <ul style="list-style-type: none"> The file "Format - Rates - 2026 Med Benefit Components" is provided on the Washington State OIC website. The cost-shares for all embedded benefits, including pediatric dental, must have every different cost-share visible such as for different kinds of pediatric dental care (e.g., cleaning versus extensive surgeries, or as preventive, basic, major services), if applicable. Note: the information you provide in this file should be consistent with the other documents in your binder, rate, and form filings (e.g., PBT, AVC Screenshots, MH/SUD Certification). Include the benefit components for the Exchange silver plan CSR variations. The plans should indicate integrated or separate medical and drug deductibles consistent with the AVC screenshots (see also #9 of this checklist). 	Benefit Components_Duplicate.xlsx Benefit Components.pdf	
34	Mental Health and Substance Use Disorder (MH/SUD) Financial Requirement Parity:		
	a 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 Washington State OIC website .	Certification-Rates-2026-MHSUD-Parity-Calculations.xlsx Certification-Rates-2026-MHSUD-Parity-Calculations.pdf	
	b MH/SUD parity calculations: Complete an MH/SUD Parity Speed-to-Market Tool that documents MHSUD financial requirement parity testing calculations. See file template "Certification - Rates - 2026 Mental Health and Substance Use Disorder Financial Req Parity Calculations" on the Washington State OIC website .	Certification-Rates-2026-MHSUD-Parity-Calculations.xlsx Certification-Rates-2026-MHSUD-Parity-Calculations.pdf	

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"> In the Mapping Information and each MHSUD Parity Testing Worksheet, please use the same benefit descriptions listed (both EHB and non-EHB) in the Benefit Components. The list should include all benefits, including inpatient, emergency care and prescription drugs. Carriers must either test all outpatient services in one category or test both outpatient office visits and all other outpatient services separately. Categories can be split in some cases if, for example, you want to split services between office visits and all other outpatient services. If you combine categories, indicate in the notes which categories are included. For example, a therapies category in the testing can combine rehabilitative speech therapy and rehabilitative occupational and physical therapies from the Benefit Components. For easy comparison, enter the plans in the same order and use the same tab names in the MHSUD Parity and Benefit Components workbooks. It would also be helpful if the Service Descriptions in the worksheets are in the same order as the Benefit Components. Plan projected allowed amounts should be annual dollar amounts which reflect a reasonable projected dollar amount [WAC 284-43-7040(1)(c)(ii)] as attested to in the MH/SUD Financial Requirement Parity Certification (section II.B.2). The amounts should be consistent with the allowed claims projected in URRT Worksheet 2, Section IV Projected Plan Level Information. The cost-shares for all embedded benefits, including dental and vision, must have every different cost-share visible, such as for different kinds of pediatric dental care, in the list of medical/surgical benefits. Include the parity calculations for the Exchange silver plan CSR variations. As noted in WAC 284-43-7020(5)(a), a plan or issuer must treat the least restrictive level of the financial requirement limitation that applies to at least two-thirds of medical/surgical benefits across all provider tiers in a classification as the predominant level that it may apply to mental health or substance use disorder benefits in the same classification. <p>In the case of multiple cost shares across provider tiers, we recommend demonstrating parity by comparing each tier's MH/SUD cost shares versus the least restrictive level of medical/surgical benefit cost shares across all provider tiers in the classification.</p>		

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
35	<p>Commission Certification: (see also #20.a of this checklist)</p> <p>Provide detailed proposed commission schedules, even if no commissions are expected to be paid for this block of business for plan year 2026. They should be signed and dated by an officer or a senior manager of your company who oversees commission schedule implementation. The officer or senior manager should certify that the information is accurate to the best of their knowledge at the time of the rate submission. The commission schedule must comply with CMS guidance below and 45 CFR §147.104(e) and §156.225(b).</p> <p>https://www.cms.gov/files/document/agent-broker-compensation-and-guaranteed-availability-coverage.pdf?utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term=</p> <p>Commission schedules should not differ for special enrollment periods.</p> <p>Broker bonus programs determined across multiple lines of business are not part of this certification, but they should be noted and accounted for in the rate development.</p> <p>Note: Commission schedules filed in individual and small group rate filings must be finalized prior to the final disposition. The commission schedule will not be allowed to change after the rate filing is approved.</p>	Commission Information and Officer Certification.pdf	
36	<p>Rate Schedule:</p> <p>Provide a complete rate schedule using the “Format - Rates - 2026 Individual Non-grandfathered Health Plan Rate Schedule template.” Be mindful of the following:</p> <ul style="list-style-type: none"> • Use the most current version of the template. • The 1.0000 premium rates (age factor 1.0000 such as for age 21; tobacco factor 1.0000 for non-smoker; area factor 1.0000) should be consistent with the Calibrated Plan Adjusted Index Rate (CPAIR) amounts in URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.14. (see also #11.g of this checklist) • Submit on the Rate/Rule Schedule tab in SERFF. 	KPIF Rate Schedule_Duplicate.xlsx KPIF Rate Schedule.pdf	

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
37	Rate Example: Submit a rate calculation example on the Rate/Rule Schedule tab in SERFF. Address the following: <ul style="list-style-type: none"> • Use the rates in the Rate Schedule. • Include a statement that rates are charged to no more than the three oldest covered children under 21 for family coverage [45 CFR §147.102(c)(1)]. • If your premium rates adjust for tobacco use, please include in the example at least one family member who uses tobacco and would then be subject to the adjustment. 	Illustrative Example_Duplicate.xlsx Illustrative Example.pdf	
38	Requirements for Mitigating Inequity in the Health Insurance Market [WAC 284-43-6590]: If applicable, submit a separate certification detailing the calculation of a fee for excluding any benefit mandated or required by Title 48 RCW or rules adopted by the commissioner. A member of the American Academy of Actuaries (MAAA) must sign the certification. (see also #21.a of this checklist)	N/A	N/A
39	Use of Artificial Intelligence, Machine Learning, and/or Predictive Modeling: 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. Consider, for example, the September 2024 professionalism discussion paper, "Actuarial Professionalism Considerations for Generative AI," published by the American Academy of Actuaries.	N/A	N/A
40	1332 waiver checklist: Complete and submit the file " Checklist – Rates – 2026 Individual Supplemental Checklist for 1332 Waiver Reporting. "	checklist-rates-individual-supplemental-checklist-for-1332-waiver-reporting.pdf	

Kaiser Foundation Health Plan of Washington, 1/1/2026 INDIVIDUAL RATE FILING

Index of Exhibit for Part III - Actuarial Memo

Exhibit 1 - URRT Worksheet 1
Exhibit 2 - URRT Worksheet 2
Exhibit 3 - Experience Period Claims
Exhibit 3a - Rate Filing Data Consistency
Exhibit 4 - Claims Triangles
Exhibit 5 - Development of "Other" Factor
Exhibit 6 - URRT Wk2 Section III PAIR Development
Exhibit 7 - Demographic Shift
Exhibit 8 - Administrative Expenses
Exhibit 9 - Commission Calculation
Exhibit 10 - Experience and Projection Period Risk Adjustment Estimates
Exhibit 11 - HCRP Projections
Exhibit 12 - Calibration Factors
Exhibit 13 - Geography Factor
Exhibit 14 - Credibility
Exhibit 15 - Months of Surplus
Exhibit 16 - Key Drivers of Rate Change
Exhibit 17 - Trend Summary
Exhibit 18- Pricing Trend
Exhibit 19 - Projected MLR
Exhibit 20 - EHB Benchmark Loads
Exhibit 21 Summary Of Pooled Experience With Adjustments
Exhibit 22 - Summary Of Pooled Experience With Adjustments, Difference from 2025 Filing
Exhibit 23 - Supplemental Data Statement Reconciliation
Exhibit 24 - Paid to Allowed by Metal Level
Exhibit 25 - SERFF Data Tab

Unified Rate Review v6.1

Company Legal Name: Kaiser Foundation Healthplan of Washington

HIOS Issuer ID: 80473

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

Market Level Calculations (Same for all Plans)

Section I: Experience Period Data

Experience Period: 1/1/2024 to 12/31/2024

	Total	PMPM
Allowed Claims	\$339,350,763.01	\$710.02
Reinsurance	\$0.00	\$0.00
Incurred Claims in Experience Period	\$281,245,962.49	\$588.45
Risk Adjustment	\$3,160,581.61	\$6.61
Experience Period Premium	\$308,921,495.22	\$646.36
Experience Period Member Months	477,943	

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	\$101.63	1.057	1.020	1.128	1.010	\$124.84	1.228431202	1.108346156
Outpatient Hospital	\$140.55	1.077	1.020	1.077	1.010	\$167.94	1.194865861	1.0930992
Professional	\$313.53	1.033	1.010	1.043	1.010	\$344.47	1.098669603	1.048174414
Other Medical	\$20.86	1.025	1.010	1.036	1.010	\$22.59	1.083260864	1.040798186
Capitation	\$0.00	1.000	1.000	1.000	1.000	\$0.00		
Prescription Drug	\$129.32	1.020	1.180	1.070	1.070	\$178.40	1.37800164	1.173883146
Total	\$705.89					\$838.05	1.187224085	1.08959813
Morbidity Adjustment				1.000				
Demographic Shift				0.995				
Plan Design Changes				1.003				
Other				1.064				
Adjusted Trended EHB Allowed Claims PMPM for 1/1/2026				\$889.39				
Manual EHB Allowed Claims PMPM				\$0.00				
Applied Credibility %				100.00%				

Projected Period Totals

Projected Index Rate for 1/1/2026	\$889.39	\$339,892,839.96
Reinsurance	\$0.00	\$0.00
Risk Adjustment Payment/Charge	\$13.62	\$5,203,208.96
Exchange User Fees	0.53%	\$1,791,610.52
Market Adjusted Index Rate	\$880.46	\$336,481,241.59
Projected Member Months	382,164	

Company Legal Name:	Kaiser Foundation Healthplan of Washington		
HIOS Issuer ID:	80473	State:	WA
Effective Date of Rate Change(s):	1/1/2026	Market:	Individual

Product/Plan Level Calculations

[illegible]

Worksheet 1 Totals		Section I: Experience Period and Current Plan Value		39828.58333	-2374.16667																				
2.1	Plan ID (Standard Component ID)	Total																							
	80473WA450001	80473WA4780001	80473WA4780002	80473WA4780003	80473WA4900001	80473WA4900003	80473WA4900001	80473WA4900002	80473WA4900004	80473WA4900005	80473WA4900006	80473WA4900007	80473WA4900008	80473WA4900009	80473WA4900010	80473WA4900011	80473WA4900012	80473WA4900013	80473WA4900014	80473WA4900015					
\$339,550.763	2.1 Allowed Claims	\$339,350.763	\$371.824	\$5,304.863	\$10,293.534	\$12,763.189	\$39,140.485	\$1,421.815	\$9,536.083	\$0,650.536	\$16,296.023	\$7,906.420	\$54,620.270	\$32,664.513	\$7,294.818	\$14,721.001	\$3,314.286	\$0	\$0	\$0	\$0				
\$0	2.1 Premium	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0					
\$0	2.4 Member Cost Sharing	\$58,104.801	\$15,512.52	\$1,488.497	\$2,345.542	\$3,420.152	\$10,317.322	\$297.94	\$1,511.999	\$8,002.998	\$4,107.080	\$6,310.217	\$0,386.329	\$39,230.244	\$29,828.237	\$3,450.670	\$479.990	\$0	\$0	\$0	\$0				
\$0	2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0					
\$129,245.962	2.6 Incurred Claims	\$281,245.962	\$218.412	\$3,816.446	\$7,804.962	\$9,263.058	\$28,824.371	\$1,184.621	\$9,024.084	\$53,027.630	\$12,182.643	\$64,662.183	\$48,253.941	\$234,344.168	\$6,356.390	\$11,316.362	\$1,843.270	\$0	\$0	\$0	\$0				
\$1,160.582	2.7 Risk Adjustment Transfer Amount	\$1,160.582	\$335.077	\$1,687.768	\$3,294.087	\$1,160.582	\$2,940.087	\$290.495	\$1,872.620	\$2,406.495	\$1,872.620	\$1,872.620	\$1,160.582	\$1,160.582	\$1,160.582	\$1,160.582	\$1,160.582	\$0	\$0	\$0	\$0				
\$300,921.495	2.8 Premium	\$300,921.495	\$628.252	\$6,511.147	\$9,157.254	\$15,844.475	\$50,082.017	\$1,537.677	\$11,045.071	\$30,012.908	\$17,230.572	\$4,843.588	\$55,088.085	\$41,707.767	\$9,663.566	\$30,318.822	\$2,250.044	\$0	\$0	\$0	\$0				
477,943	2.9 Experience Period Member Months	477,943	2,386	16,107	14,978	25,715	18,821	12,848	40,810	28,303	99,998	70,426	71,298	13,728	36,498	12,400	0	0	0	0					
	2.10 Current Enrollment	40,296	49,128	4,979	1,080	1,701	5,953	218	1,267	3,646	2,643	5,201	6,462	6,549	0	0	0	0	0	0					
	2.11 Current Premium PPM	\$690.14	\$224.18	\$690.14	\$690.14	\$690.14	\$690.14	\$690.14	\$690.14	\$690.14	\$690.14	\$690.14	\$690.14	\$690.14	\$690.14	\$690.14	\$690.14	\$690.14	\$690.14	\$690.14					
	2.12 Loss Ratio	90.29%	34.77%	79.16%	69.32%	79.51%	79.14%	112.12%	74.40%	110.36%	73.61%	94.64%	97.94%	81.69%	68.45%	81.41%	65.18%	0.00%	0.00%	0.00%	0.00%				
Per Member Per Month																									
2.13 Allowed Claims	\$710.02	\$155.88	\$524.87	\$687.38	\$494.80	\$478.27	\$489.51	\$742.17	\$1,510.87	\$755.58	\$1,184.07	\$775.85	\$458.13	\$530.72	\$382.97	\$544.53	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!					
2.14 Premium	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00					
2.15 Member Cost Sharing	\$121.57	\$64.34	\$147.26	\$159.93	\$134.56	\$126.10	\$82.33	\$117.87	\$211.29	\$145.14	\$105.25	\$90.08	\$116.70	\$87.63	\$88.57	\$110.82	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!					
2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00					
2.17 Incurred Claims	\$588.45	\$91.54	\$377.63	\$528.15	\$390.24	\$352.27	\$411.18	\$624.49	\$1,299.38	\$430.44	\$1,078.83	\$695.17	\$341.44	\$483.09	\$294.63	\$453.71	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!					
2.18 Risk Adjustment Transfer Amount	\$84.9	\$350.99	\$166.08	\$316.99	\$166.08	\$166.08	\$166.08	\$166.08	\$166.08	\$166.08	\$166.08	\$166.08	\$166.08	\$166.08	\$166.08	\$166.08	\$166.08	\$166.08	\$166.08	\$166.08					
2.19 Premium	\$646.38	\$263.30	\$644.22	\$851.50	\$620.05	\$592.09	\$533.75	\$809.61	\$1,739.83	\$608.79	\$907.91	\$725.42	\$584.97	\$696.75	\$520.60	\$529.42	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!					

-005.1	Section III: Plan Adjustment Factors															\$549.40																
	3.1 Plan ID (Standard Component ID)																															
	3.2 Market Adjusted Index Rate																															
	3.3 AV and Cost Sharing Design of Plan																															
	3.4 Provider Network Adjustment																															
	3.5 Benefits in Addition to EHB																															
	Administrative Costs																															
	3.6 Administrative Expense																															
	3.7 Taxes and Fees																															
	3.8 Profit & Risk Adjustment																															
	3.9 Catastrophic Adjustment																															
	3.10 Plan Adjusted Index Rate																															
	3.11 Age Calibration Factor																															
	3.12 Geographic Calibration Factor																															
	3.13 Tobacco Calibration Factor																															
	3.14 Calibrated Plan Adjusted Index Rate																															
	3.15																															
	3.16																															
	3.17																															
	3.18																															

Section IV: Projected Plan Level Information																							
4.1	Plan ID (Standard Component ID)	Total	80473WA0540001	80473WA0780001	80473WA0780002	80473WA0790003	80473WA0900001	80473WA0900003	80473WA1000001	80473WA1000002	80473WA1000003	80473WA1000004	80473WA1000005	80473WA1000006	80473WA1000007	80473WA1000008	80473WA1000009	80473WA1000010	80473WA1000011	80473WA1000012	80473WA1000013	80473WA1000014	80473WA1000015
4.1	Allowed Claims	\$341,873,201	\$8,595,267	\$6,886,186	\$9,031,065	\$13,906,681	\$76,274,801	\$1,777,813	\$7,275,489	\$26,920,944	\$11,804,845	\$45,917,102	\$32,862,829	\$45,334,258	\$26,859,603	\$10,936,393	\$3,376,423	\$4,979,966	\$0	\$0	\$0	\$0	\$0
4.2	Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
4.3	Member Cost Sharing	\$77,297,215	\$20,565,965	\$3,145,223	\$2,614,723	\$4,944,005	\$27,214,874	\$3,681,680	\$5,364,544	\$3,301,508	\$8,301,379	\$5,282,829	\$19,264,302	\$16,243,074	\$13,456,617	\$7,400,890	\$807,922	\$238,467	\$0	\$0	\$0	\$0	\$0
4.4	Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.5	Incurred Claims	\$264,576,086	\$1,263,424	\$5,726,456	\$6,416,341	\$9,950,621	\$95,991,029	\$1,146,193	\$6,827,123	\$21,564,679	\$7,702,457	\$27,615,124	\$42,302,121	\$34,190,162	\$22,346,147	\$8,742,730	\$2,625,552	\$4,045,758	\$58,061	\$0	\$0	\$0	\$0
4.7	Risk Adjustment Transfer Amount	\$4,026,789	\$0	\$-180,320	\$-170,102	\$-2,976,690	\$-16,722,073	\$-380,651	\$-122,686	\$19,521,125	\$20,146,185	\$56,934	\$1,481,589	\$10,213,431	\$20,328,149	\$10,086,641	\$4,457,738	\$1,749,586	\$15,536	\$0	\$0	\$0	\$0
4.8	Premium	\$293,155,562	\$1,620,536	\$6,436,393	\$7,152,899	\$10,066,229	\$57,325,817	\$1,288,055	\$10,050,697	\$23,860,965	\$8,598,725	\$41,458,167	\$45,743,614	\$38,449,343	\$24,720,605	\$8,367,865	\$2,915,838	\$4,457,738	\$662,314	\$0	\$0	\$0	\$0
4.9	Projected Member Months	332,154	4,548	10,320	10,320	16,140	90,672	2,094	7,992	29,244	12,540	49,356	33,552	62,148	31,980	12,540	3,708	5,376	698	\$0	\$0	\$0	\$0
4.10	Loss Ratio	69.03%	63.08%	126.34%	126.34%	126.34%	126.34%	126.31%	126.31%	64.70%	61.82%	65.39%	65.82%	66.60%	63.57%	61.70%	63.52%	65.11%	61.84%	\$0	\$0	\$0	\$0
Per Member Per Month																							
4.1	Allowed Claims	\$884.57	\$847.68	\$661.26	\$881.25	\$861.26	\$863.77	\$861.34	\$884.24	\$820.56	\$877.56	\$820.32	\$879.46	\$886.01	\$911.09	\$872.36	\$910.58	\$826.26	\$880.93	\$0	\$0	\$0	\$0
4.2	Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
4.3	Member Cost Sharing	\$232.92	\$56.99	\$259.32	\$259.34	\$306.92	\$306.95	\$306.95	\$306.95	\$185.44	\$306.15	\$264.15	\$264.15	\$189.81	\$189.81	\$72.69	\$19.84	\$17.46	\$0.00	\$0.00	\$0.00	\$0.00	
4.4	Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
4.5	Incurred Claims	\$662.31	\$177.47	\$554.64	\$626.11	\$554.64	\$953.13	\$555.30	\$1,279.37	\$737.12	\$634.31	\$762.13	\$1,263.48	\$1,051.42	\$696.71	\$712.14	\$596.71	\$170.77	\$751.79	\$625.09	\$0	\$0	
4.7	Risk Adjustment Transfer Amount	\$10.54	\$0.00	\$-51.60	\$-51.60	\$-184.42	\$-1,844.42	\$-103.45	\$-31.60	\$51.42	\$51.42	\$164.42	\$264.42	\$164.42	\$164.42	\$64.42	\$25.48	\$41.42	\$25.48	\$0.00	\$0.00	\$0.00	\$0.00
4.8	Premium	\$767.09	\$334.33	\$622.08	\$660.96	\$622.08	\$660.96	\$622.08	\$660.96	\$1,318.88	\$660.96	\$850.98	\$1,363.30	\$1,651.87	\$1,651.87	\$772.19	\$667.29	\$786.36	\$825.19	\$66.92	\$0	\$0	\$0

Kaiser Foundation Health Plan of Washington, 1/1/2026 INDIVIDUAL RATE FILING
Exhibit 3 - Experience Period Claims

Incurred Date		Total Exposure	Earned Premium	Hospital Inpatient	Hospital Outpatient	Professional*	Other Services	Pharmacy	Primary Care	Specialty Care	Capitation	Non-EHB Services**	Total Claims
	Jan-24	42,434	\$27,148,235	\$4,083,969	\$4,112,342	\$6,483,830	\$872,059	\$3,079,840	\$2,589,815	\$767,711	\$0	\$126,232	\$22,115,798
	Feb-24	42,120	\$26,815,868	\$3,287,494	\$4,285,910	\$6,581,826	\$737,609	\$3,394,349	\$2,306,415	\$662,074	\$0	\$145,524	\$21,401,201
	Mar-24	41,618	\$26,502,405	\$3,622,844	\$4,347,253	\$6,800,244	\$841,624	\$3,810,690	\$2,190,011	\$649,743	\$0	\$132,276	\$22,394,685
	Apr-24	41,034	\$26,107,066	\$4,333,961	\$4,754,821	\$7,112,180	\$591,182	\$3,975,338	\$2,408,500	\$686,495	\$0	\$143,099	\$24,005,575
	May-24	40,377	\$25,680,122	\$3,364,642	\$4,246,560	\$7,464,367	\$619,395	\$4,180,024	\$2,343,870	\$649,044	\$0	\$131,421	\$22,999,323
	Jun-24	39,939	\$25,345,972	\$3,231,586	\$3,757,593	\$6,443,477	\$656,235	\$4,062,224	\$2,165,540	\$610,853	\$0	\$145,134	\$21,072,641
	Jul-24	39,541	\$25,034,811	\$3,716,416	\$4,698,230	\$7,001,105	\$708,744	\$4,458,669	\$2,079,396	\$614,313	\$0	\$117,232	\$23,394,106
	Aug-24	39,116	\$25,948,077	\$3,952,074	\$4,208,298	\$7,106,836	\$625,730	\$4,275,545	\$2,082,055	\$648,581	\$0	\$115,909	\$23,015,029
	Sep-24	38,801	\$25,716,306	\$2,522,779	\$4,113,709	\$7,888,112	\$582,863	\$4,618,948	\$1,748,364	\$544,722	\$0	\$113,085	\$22,132,582
	Oct-24	38,291	\$25,312,016	\$2,433,729	\$4,999,859	\$8,596,670	\$559,024	\$4,834,229	\$2,150,580	\$725,170	\$0	\$138,493	\$24,437,753
	Nov-24	37,709	\$24,895,329	\$1,405,018	\$3,690,706	\$7,146,468	\$412,065	\$4,725,174	\$1,831,328	\$608,152	\$0	\$108,045	\$19,926,957
	Dec-24	36,963	\$24,415,288	\$389,826	\$1,731,492	\$4,973,051	\$271,764	\$5,019,029	\$1,769,117	\$560,492	\$0	\$109,664	\$14,824,434
Total Incurred & Paid ***				\$36,344,339	\$48,946,774	\$83,598,166	\$7,478,293	\$50,434,059	\$25,664,991	\$7,727,350	\$0	\$1,526,112	\$261,720,083
Beginning Claim Reserve				\$14,737,818	\$7,066,511	\$4,067,368	\$1,202,453	\$114,239	\$318,996	\$183,607		\$37,932	\$27,728,923
Total Paid				\$51,082,157	\$56,013,284	\$87,665,533	\$8,680,746	\$50,548,297	\$25,983,987	\$7,910,957		\$1,564,044	\$289,449,006
Paid 3 months runout & Estimated IBNP ****				\$7,821,246	\$5,505,534	\$4,412,947	\$859,321	\$269,789	\$449,256	\$169,581	\$0	\$38,206	\$19,525,879
Total Incurred Paid Claims		477,943	\$308,921,495	\$44,165,584	\$54,452,307	\$88,011,113	\$8,337,615	\$50,703,848	\$26,114,247	\$7,896,930	\$0	\$1,564,319	\$281,245,962
Total Incurred Paid Claims PMPM				\$92.41	\$113.93	\$184.15	\$17.44	\$106.09	\$54.64	\$16.52	\$0.00	\$3.27	\$588.45
Paid-to-Allowed Factor				0.9093	0.8106	0.7880	0.8364	0.8204	0.8944	0.8815	-	0.7911	0.8288
Total Incurred Allowed Claims PMPM*****				\$101.63	\$140.55	\$233.70	\$20.86	\$129.32	\$61.09	\$18.74	\$0.00	\$4.14	\$710.02

*Reflects professional services other than those reflected in other columns above

** Non-EHB Services include adult vision exams

*** Incurred and paid through March 2025

**** Includes Estimated Incurred But Not Paid claims

*****The allowed claims were obtained from the claims records

Vision non-EHB as a % of claims: 0.6%

Kaiser Foundation Health Plan of Washington, 1/1/2026 INDIVIDUAL RATE FILING
Exhibit 3a - Rate Filing Data Consistency

Table 1 - Financial Data Consistency

	Data as of March 2025		
	Member Months	Allowed Claims	Incurred Claims
URRT Worksheet 1	477,943	339,350,763	281,245,962
URRT Worksheet 2	477,943	339,350,763	281,245,962
WAC 284-43-6660	477,943	N/A	281,245,962
Memo Exhibits	477,943	339,350,763	281,245,962

Table 2 - Base Premium vs. CPAIR

HIOS ID	CPAIR from URRT	Base Premium
80473WA1000005	\$480.78	\$480.78
80473WA1000011	\$450.91	\$450.91
80473WA1000002	\$465.84	\$465.84
80473WA1000014	\$474.60	\$474.60
80473WA1000013	\$450.09	\$450.09
80473WA1000006	\$780.35	\$780.35
80473WA1000001	\$789.85	\$789.85
80473WA0780002	\$399.50	\$399.50
80473WA1000015	\$398.89	\$398.89
80473WA1000004	\$392.45	\$392.45
80473WA1000012	\$381.94	\$381.94
80473WA1000007	\$354.11	\$354.11
80473WA0990001	\$361.87	\$361.87
80473WA0780001	\$356.98	\$356.98
80473WA0780003	\$356.98	\$356.98
80473WA0990003	\$357.19	\$357.19
80473WA0540001	\$191.36	\$191.36

Table 3 - Enrollment Comparison

	Current Enrollment	Projected Enrollment
Rate Review Detail	40,266	382,164
URRT Worksheet 2	40,266	382,164
UPMJ	40,266	N/A
Part II - Written Explanation	N/A	382,164
Part III - Memo Exhibits	40,266	382,164

Kaiser Foundation Health Plan of Washington, 1/1/2026 INDIVIDUAL RATE FILING
Exhibit 4 - Claims Triangles

MEDICAL ALLOWED CLAIMS													
Month of Payment	Month of Incurred												
	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Total
Jan-24	\$10,801,084												\$10,801,084
Feb-24	\$8,016,410	\$10,934,577											\$18,950,987
Mar-24	\$2,974,937	\$6,454,325	\$11,076,314										\$20,505,577
Apr-24	\$627,413	\$1,963,001	\$6,007,334	\$11,866,467									\$20,464,215
May-24	\$878,185	\$1,000,681	\$1,863,194	\$6,172,335	\$11,976,022								\$21,890,417
Jun-24	\$436,550	\$939,895	\$1,837,044	\$1,592,245	\$6,167,703	\$10,798,731							\$21,772,167
Jul-24	\$271,453	\$437,496	\$1,258,559	\$1,553,334	\$2,557,495	\$5,104,075	\$11,060,620						\$22,243,031
Aug-24	\$504,464	\$364,734	\$560,582	\$611,308	\$673,815	\$2,313,354	\$7,176,017	\$11,186,356					\$23,590,629
Sep-24	\$146,054	\$384,105	\$166,822	\$145,176	\$258,082	\$679,118	\$1,631,606	\$6,931,790	\$10,756,506				\$21,099,260
Oct-24	\$22,301	\$64,602	\$165,213	\$2,267,727	\$475,604	\$337,901	\$1,597,437	\$2,923,214	\$7,351,515	\$12,008,996			\$27,214,509
Nov-24	\$135,922	\$24,526	\$302,076	\$47,878	\$141,456	\$1,080,415	\$379,405	\$536,571	\$1,761,901	\$9,006,869	\$11,968,124		\$25,385,143
Dec-24	\$30,666	\$323,602	-\$25,162	\$36,446	\$467,783	\$33,800	\$619,510	\$258,816	\$499,441	\$1,962,660	\$6,176,499	\$11,752,636	\$22,136,697
Jan-25	-\$107,814	-\$7,276	-\$29,476	-\$1,582	\$50,264	\$67,522	\$169,581	\$640,853	\$691,584	\$1,022,940	\$1,990,640	\$7,264,602	\$11,751,839
Feb-25	\$130,563	\$14,871	\$44,882	\$75,273	\$47,842	\$109,228	\$152,546	\$137,881	\$279,746	\$211,866	\$489,144	\$1,397,704	\$3,091,548
Mar-25	\$37,314	-\$41,751	\$1,025	\$4,063	-\$62,335	\$132,347	\$96,659	\$206,131	\$168,533	\$252,984	\$543,546	\$329,117	\$1,667,631
Total	\$24,905,502	\$22,857,387	\$23,226,407	\$24,370,669	\$22,953,731	\$20,656,490	\$22,883,380	\$22,821,612	\$21,509,228	\$24,466,315	\$21,167,954	\$20,744,058	\$272,564,734

PHARMACY ALLOWED CLAIMS													
Month of Payment	Month of Incurred												
	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Total
Jan-24	\$4,974,066												\$4,974,066
Feb-24	\$129,006	\$4,549,049											\$4,678,055
Mar-24	\$479	\$196,194	\$4,765,408										\$4,962,082
Apr-24	\$272	\$1,346	\$337,964	\$4,748,338									\$5,087,920
May-24		\$493	-\$183	\$370,048	\$4,926,839								\$5,297,198
Jun-24	\$57	\$16	-\$1,699	\$37	\$251,719	\$4,536,425							\$4,786,555
Jul-24	\$8	\$9	-\$1,562	\$7	-\$160	\$271,228	\$4,800,613						\$5,070,143
Aug-24			\$7	\$18	\$15	-\$615	\$390,516	\$4,551,297					\$4,941,239
Sep-24				\$21		\$0	-\$93	\$385,977	\$4,757,874				\$5,143,779
Oct-24			\$0	\$1,490	\$82	-\$28	-\$996	\$479,420	\$4,992,105				\$5,472,087
Nov-24						\$62	\$224	\$21	\$8	\$442,983	\$4,882,576		\$5,325,873
Dec-24							-\$22		\$0	-\$1,644	\$325,068	\$5,453,270	\$5,776,672
Jan-25							\$4	\$2	\$214	-\$152	\$744	\$287,847	\$288,658
Feb-25			\$39	\$245					\$0	\$55	\$206	\$995	\$1,539
Mar-25							\$1,532			\$6	-\$14	\$6	\$1,530
Total	\$5,103,887	\$4,747,108	\$5,099,975	\$5,120,205	\$5,178,495	\$4,807,072	\$5,192,788	\$4,936,300	\$5,237,516	\$5,433,352	\$5,208,580	\$5,742,118	\$61,807,396

MEDICAL INCURRED (PAID DOLLAR) CLAIMS													
Month of Payment	Month of Incurred												
	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Total
Jan-24	\$7,989,064												\$7,989,064
Feb-24	\$5,913,150	\$8,292,214											\$14,205,364
Mar-24	\$2,376,015	\$4,967,317	\$8,402,098										\$15,745,430
Apr-24	\$557,365	\$1,645,113	\$4,841,073	\$9,333,457									\$16,377,009
May-24	\$791,193	\$837,788	\$1,649,581	\$5,113,102	\$9,567,777								\$17,959,442
Jun-24	\$390,525	\$805,943	\$1,529,606	\$1,285,759	\$5,028,032	\$8,725,785							\$17,765,650
Jul-24	\$253,378	\$374,665	\$1,105,686	\$1,351,680	\$2,224,576	\$4,133,504	\$8,932,129						\$18,375,616
Aug-24	\$477,763	\$345,350	\$521,409	\$543,691	\$774,866	\$2,056,591	\$5,992,618	\$9,013,228					\$19,725,515
Sep-24	\$142,835	\$339,460	\$109,868	\$153,524	\$224,775	\$660,513	\$1,566,162	\$6,275,340	\$9,137,166				\$18,609,642
Oct-24	-\$14,686	\$63,162	\$158,786	\$2,189,515	\$423,681	\$309,296	\$1,492,985	\$2,786,331	\$6,307,173	\$9,925,079			\$23,641,323
Nov-24	\$136,111	\$26,142	\$301,844	\$44,021	\$120,582	\$1,094,249	\$361,517	\$437,613	\$1,636,526	\$7,887,207	\$9,973,231		\$22,019,044
Dec-24	\$23,245	\$309,699	-\$35,956	\$15,288	\$455,009	\$30,479	\$590,026	\$226,972	\$432,768	\$1,791,239	\$5,228,551	\$9,805,406	\$18,872,726
Jan-25	-\$100,506	\$3,159	-\$8,012	\$11,605	\$39,252	\$45,703	\$164,883	\$639,671	\$685,865	\$977,065	\$1,870,885	\$6,410,229	\$10,739,800
Feb-25	\$122,307	\$13,689	\$17,976	\$20,616	\$47,344	\$101,928	\$147,913	\$128,983	\$262,310	\$174,457	\$425,052	\$1,273,234	\$2,735,808
Mar-25	\$37,369	-\$36,745	\$3,799	\$3,863	-\$63,793	\$127,289	\$84,868	\$198,873	\$166,824	\$241,326	\$534,089	\$280,809	\$1,578,570
Total	\$19,095,127	\$17,986,955	\$18,597,758	\$20,066,322	\$18,842,102	\$17,285,336	\$19,333,100	\$19,707,011	\$18,628,633	\$20,996,372	\$18,031,809	\$17,769,677	\$226,340,202

PHARMACY INCURRED (PAID DOLLAR) CLAIMS													
Month of Payment	Month of Incurred												
	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Total
Jan-24	\$3,002,445												\$3,002,445
Feb-24	\$76,666	\$3,200,108											\$3,276,774
Mar-24	\$546	\$194,088	\$3,531,550										\$3,726,184
Apr-24	\$259	-\$258	\$280,455	\$3,690,322									\$3,970,779
May-24		\$431	-\$171	\$283,073	\$3,966,211								\$4,249,544
Jun-24	-\$75	\$0	-\$850	\$29	\$213,192	\$3,848,050							\$4,060,346
Jul-24	\$0	-\$21	-\$293	\$0	\$577	\$215,005	\$4,139,304						\$4,354,573
Aug-24			-\$2	\$0	\$25	-\$740	\$319,311	\$3,932,274					\$4,250,868
Sep-24				\$6		\$0	-\$52	\$343,831	\$4,195,847				\$4,539,632
Oct-24			\$0	\$1,908	\$19	\$0	\$18	-\$565	\$423,044	\$4,443,237			\$4,867,661
Nov-24						-\$92	\$121	\$5	\$57	\$392,923	\$4,390,162		\$4,783,176
Dec-24							-\$32		\$0	-\$1,931	\$335,012	\$5,019,029	\$5,352,077
Jan-25							\$0	\$0	\$202	-\$404	\$618	\$268,215	\$268,629
Feb-25			\$54	\$123					\$0	\$203	\$774	\$1,154	\$1,154
Mar-25							\$0		\$6	\$0	\$0	\$6	\$6
Total	\$3,079,840	\$3,394,349	\$3,810,744	\$3,975,461	\$4,180,024	\$4,062,224	\$4,458,669	\$4,275,545	\$4,619,150	\$4,833,830	\$4,725,995	\$5,288,017	\$50,703,848

Experience Period Allowed Pharmacy Claims paid through March of following year \$272,564,734
Experience Period Allowed Medical Claims paid through March of following year \$61,807,396
The estimated allowed IBNP as of March of following year for medical services: \$4,978,633
The estimated allowed IBNP as of March of following year for pharmacy services: \$0
Total experience period allowed claims: \$339,350,763

Experience Period Paid Pharmacy Claims paid through March of following year \$226,340,202
Experience Period Paid Medical Claims paid through March of following year \$50,703,848
The estimated paid IBNP as of March of following year for medical services: \$4,201,912
The estimated paid IBNP as of March of following year for pharmacy services:
Total experience period paid claims: \$281,245,962

Total experience period pharmacy rebates: \$3,104,545

Kaiser Foundation Health Plan of Washington, 1/1/2026 INDIVIDUAL RATE FILING
Exhibit 5 - Development of "Other" Factor

Table 1 - 2024 Observations

HIOS	Plan Name (24)	2024 Observed Data						2024 Observed Induced Demand Components			
		MM	Allowed	Paid	Allowed PMPM	PaidPMPM	P.A.	Pricing AV From KHPWA Population	Normalized Alwd Induced Utilization	Plan Level Selection Bias	Plan Level Benefit Richness Adjustment
80473WA0540001	Basics Plus Catastrophic	2,386	\$371,924	\$218,412	\$155.88	\$91.54	58.7%	63.2%	22.0%	93.0%	20.4%
80473WA0780001	Bronze HSA	10,107	\$5,304,853	\$3,616,446	\$524.87	\$377.60	71.9%	67.1%	73.9%	107.2%	79.3%
80473WA0780002	Silver HSA	14,975	\$10,293,534	\$7,908,992	\$687.38	\$528.15	76.8%	76.8%	96.8%	100.0%	96.8%
80473WA0780003	Bronze HSA X	25,715	\$12,723,809	\$9,263,658	\$494.80	\$360.24	72.8%	67.1%	69.7%	108.5%	75.6%
80473WA0990001	Flex Bronze	81,821	\$39,140,493	\$28,823,171	\$478.37	\$352.27	73.6%	68.5%	67.4%	107.5%	72.4%
80473WA0990003	Bronze	2,881	\$1,421,815	\$1,184,621	\$493.51	\$411.18	83.3%	66.2%	69.5%	125.8%	87.4%
80473WA1000001	Flex Silver	4,033	\$3,186,973	\$2,425,020	\$790.22	\$601.29	76.1%	77.2%	111.3%	98.5%	109.6%
80473WA1000001-04	Flex Silver 73	2,057	\$1,008,556	\$733,672	\$490.30	\$356.67	72.7%	79.8%	69.1%	91.2%	63.0%
80473WA1000001-05	Flex Silver 87	4,577	\$3,139,937	\$2,782,541	\$686.03	\$607.94	88.6%	91.5%	96.6%	96.8%	93.6%
80473WA1000001-06	Flex Silver 94	2,182	\$2,200,617	\$2,082,852	\$1,008.53	\$954.56	94.6%	94.7%	142.0%	100.0%	142.0%
80473WA1000002	Flex Gold	40,810	\$61,650,536	\$53,027,630	\$1,510.67	\$1,299.38	86.0%	91.8%	212.8%	93.7%	199.4%
80473WA1000004	Flex Silver HD	28,303	\$16,290,623	\$12,182,643	\$575.58	\$430.44	74.8%	73.9%	81.1%	101.2%	82.0%
80473WA1000005	Kaiser Permanente Cascade Gold	59,956	\$70,992,400	\$64,682,183	\$1,184.07	\$1,078.83	91.1%	98.6%	166.8%	92.4%	154.1%
80473WA1000006	Kaiser Permanente Cascade Silver	21,634	\$15,301,524	\$12,630,796	\$707.29	\$583.84	82.5%	81.1%	99.6%	101.8%	101.4%
80473WA1000006-04	Kaiser Permanente Cascade Silver 73	12,900	\$7,854,968	\$6,366,972	\$608.91	\$493.56	81.1%	82.4%	85.8%	98.3%	84.3%
80473WA1000006-05	Kaiser Permanente Cascade Silver 87	25,263	\$22,209,691	\$20,337,045	\$879.14	\$805.01	91.6%	92.7%	123.8%	98.8%	122.3%
80473WA1000006-06	Kaiser Permanente Cascade Silver 94	10,629	\$9,274,087	\$8,919,128	\$872.53	\$839.13	96.2%	98.9%	122.9%	97.2%	119.5%
80473WA1000007	Kaiser Permanente Cascade Bronze	71,299	\$32,664,513	\$24,344,168	\$458.13	\$341.44	74.5%	69.5%	64.5%	107.2%	69.2%
80473WA1000008	Virtual Plus Silver	3,712	\$1,600,844	\$1,197,703	\$431.26	\$322.66	74.8%	77.0%	60.7%	97.2%	59.0%
80473WA1000008-04	Virtual Plus Silver 73	1,334	\$488,985	\$379,669	\$366.56	\$284.61	77.6%	78.9%	51.6%	98.4%	50.8%
80473WA1000008-05	Virtual Plus Silver 87	4,849	\$2,642,624	\$2,332,332	\$544.98	\$480.99	88.3%	89.7%	76.8%	98.3%	75.5%
80473WA1000008-06	Virtual Plus Silver 94	3,831	\$2,552,165	\$2,446,677	\$666.19	\$638.65	95.9%	96.1%	93.8%	99.8%	93.6%
80473WA1000009	Virtual Plus Bronze	38,439	\$14,721,031	\$11,316,362	\$382.97	\$294.40	76.9%	70.8%	53.9%	108.6%	58.6%
80473WA1000010	Virtual Plus Silver X	4,250	\$2,314,260	\$1,843,270	\$544.53	\$433.71	79.6%	77.0%	76.7%	103.5%	79.3%
		477,943	\$339,350,763	\$281,245,962	\$710.02	\$588.45	82.9%				

Table 2 - 2026 Projections

HIOS	Plan Name	Expected 2026 Members	Fed AV	KHPWA Benefit Pricing Adjustment	Pricing AV from Standard Population	Normalized Induced Utilization based on HHS Formula	Silver Load from OIC Mandate	EHB Pricing AV	Catastrophic Adjustment	Projected Allowed Charges (w/o Selection)	Projected Paid Claims Using OIC Emergency Rule Calcs	Projected Paid EHB Claims Using OIC Rules & "Other" load	Projected Allowed Charges (w/o Selection)	Benefit Richness	2026 Pricing AV from KHPWA Population	Projected (EHB) Paid Claims	Induced Utilization based on HHS Formula
80473WA0540001	Basics Plus Catastrophic	379	57.00%	0.00%	57.00%	0.948	1.000	0.540	0.575	\$835.95	\$259.57	\$276.16	\$835.95	0.204	0.684	\$116.76	0.995
80473WA0780001	Bronze HSA	860	64.91%	-0.47%	64.43%	0.963	1.000	0.620	1.000	\$835.95	\$518.57	\$551.72	\$835.95	0.793	0.713	\$472.61	1.011
80473WA0780002	Silver HSA	854	71.24%	-0.19%	71.05%	0.985	1.000	0.700	1.000	\$835.95	\$585.08	\$622.48	\$835.95	0.968	0.754	\$610.43	1.034
80473WA0780003	Bronze HSA X	1,345	64.91%	-0.47%	64.43%	0.963	1.000	0.620	1.000	\$835.95	\$518.57	\$551.72	\$835.95	0.756	0.713	\$450.88	1.011
80473WA0990001	VisitsPlus Bronze	7,556	64.89%	0.34%	65.23%	0.965	1.000	0.629	1.000	\$835.95	\$526.22	\$559.87	\$835.95	0.724	0.689	\$417.47	1.013
80473WA0990003	Bronze	172	63.43%	1.04%	64.47%	0.963	1.000	0.621	1.000	\$835.95	\$518.91	\$552.08	\$835.95	0.874	0.723	\$528.22	1.011
80473WA1000001	VisitsPlus Silver	0	71.92%	-0.21%	71.70%	0.988	1.000	0.708	1.000	\$835.95	\$592.09	\$629.94	\$835.95	1.096	0.752	\$688.77	1.037
80473WA1000001-04	VisitsPlus Silver 73	0	73.91%	0.18%	74.08%	0.998	1.435	1.061	1.000	\$835.95	\$887.08	\$943.79	\$835.95	0.630	0.799	\$420.54	1.048
80473WA1000001-05	VisitsPlus Silver 87	384	87.93%	-0.05%	87.88%	1.080	1.435	1.361	1.000	\$835.95	\$1,138.07	\$1,210.82	\$835.95	0.936	0.889	\$695.33	1.133
80473WA1000001-06	VisitsPlus Silver 94	232	94.84%	0.00%	94.84%	1.134	1.435	1.544	1.000	\$835.95	\$1,290.65	\$1,373.16	\$835.95	1.420	0.942	\$1,118.51	1.191
80473WA1000002	VisitsPlus Gold	2,437	79.92%	0.15%	80.07%	1.029	1.000	0.824	1.000	\$835.95	\$688.82	\$732.85	\$835.95	1.994	0.835	\$1,392.65	1.080
80473WA1000004	VisitsPlus Silver HD	1,045	69.83%	0.17%	70.00%	0.981	1.000	0.687	1.000	\$835.95	\$574.05	\$610.75	\$835.95	0.820	0.773	\$530.21	1.030
80473WA1000005	Kaiser Permanente Cascade Complete Gold	4,113	81.81%	0.11%	81.92%	1.040	1.000	0.852	1.000	\$835.95	\$712.19	\$757.72	\$835.95	1.541	0.873	\$1,124.80	1.092
80473WA1000006	Kaiser Permanente Cascade Silver	0	71.33%	0.12%	71.45%	0.987	1.000	0.705	1.000	\$835.95	\$589.37	\$627.05	\$835.95	1.014	0.805	\$682.32	1.036
80473WA1000006-04	Kaiser Permanente Cascade Silver 73	0	73.49%	0.13%	73.62%	0.996	1.435	1.052	1.000	\$835.95	\$879.59	\$935.82	\$835.95	0.843	0.821	\$578.58	1.046
80473WA1000006-05	Kaiser Permanente Cascade Silver 87	2,015	87.78%	0.11%	87.89%	1.080	1.435	1.362	1.000	\$835.95	\$1,138.22	\$1,210.98	\$835.95	1.223	0.913	\$933.44	1.134
80473WA1000006-06	Kaiser Permanente Cascade Silver 94	781	94.76%	0.06%	94.82%	1.134	1.435	1.543	1.000	\$835.95	\$1,290.23	\$1,372.71	\$835.95	1.195	0.960	\$958.87	1.191
80473WA1000007	Kaiser Permanente Cascade Bronze	5,179	63.64%	0.32%	63.96%	0.961	1.000	0.615	1.000	\$835.95	\$514.09	\$546.95	\$835.95	0.692	0.704	\$406.97	1.009
80473WA1000011	Kaiser Permanente Cascade Vital Gold	2,615	78.06%	0.10%	78.16%	1.018	1.000	0.796	1.000	\$835.95	\$665.47	\$708.01	\$835.95	1.096	0.853	\$781.97	1.069
80473WA1000012	VisitsPlus Silver 4500	1,045	68.64%	-0.23%	68.40%	0.975	1.000	0.667	1.000	\$835.95	\$557.61	\$593.26	\$835.95	0.820	0.723	\$495.57	1.024
80473WA1000013	Gold HSA	309	78.01%	0.05%	78.06%	1.018	1.000	0.795	1.000	\$835.95	\$664.19	\$706.65	\$835.95	1.096	0.805	\$737.35	1.069
80473WA1000014	VisitsPlus Gold LD	448	81.02%	0.14%	81.16%	1.035	1.000	0.840	1.000	\$835.95	\$702.53	\$747.44	\$835.95	1.363	0.841	\$958.42	1.087
80473WA1000015	VisitsPlus Silver X	78	71.92%	-0.96%	70.96%	0.985	1.000	0.699	1.000	\$835.95	\$584.13	\$621.47	\$835.95	0.793	0.744	\$493.48	1.034
		31,847	72.51%	0.1%	72.6%	100.0%	104.7%	0.7766	99.5%	\$835.95	\$646.94	\$688.30	\$835.95			\$688.30	105.0%

Combined Expected Claims and pricing AV for on-exchange silver plans

Kaiser Permanente Cascade Silver	1.095	1.412	\$1,256.16	\$940.55
VisitsPlus Silver	1.100	1.430	\$1,271.96	\$854.71

URRT Wk1 "Other" Load for benefit Richness: 6.39%
Hard Code: 6.39%

Kaiser Foundation Health Plan of Washington, 1/1/2026 INDIVIDUAL RATE FILING
Exhibit 6 - URRT Wk2 Section III PAIR Development

Section III - Plan Adjusted Index Rate Support																			Section IV - Paid and Allowed Claims				
HIOS	Plan Name	Exchange Plan?	Membership	Market Index Rate	EHB + NonEHB Pricing AV	Cat Adj. URRT 3.9	Incurred NonEHB Claims ¹	Projected Plan Paid Claims, Risk Adjustment and Exchange	Admin PMPM	Admin URRT 3.6	Taxes & Fees URRT 3.7	Profit & Risk URRT 3.8	Plan Adj. Index Rate URRT 3.10	NonEHB impact on PAIR ¹	Vision nonEHB	Voluntary Abortion	Benefits in Addition to EHB URRT 3.5	EHB % of Total Premium (PBT)	Adjusted to remove abortion URRT 3.3	Normalized Induced Utilization using HHS	EHB+nonEHB Projected Incurred Claims URRT 4.15	EHB+nonEHB Allowed Claims PMPM URRT 4.11	Paid to Allowed
80473WA1000005	Kaiser Permanente Cascade Complete Gold	Yes	4,113	\$880.46	85.19%	1.000	\$4.41	\$754.52	\$42.06	5.01%	2.17%	3.00%	\$839.98	\$4.92	1.006	\$1.00	1.0071	99.30%	85.1%	104.00%	\$762.13	\$930.32	81.92%
80473WA1000011	Kaiser Permanente Cascade Vital Gold	Yes	2,615	\$880.46	79.61%	1.000	\$4.13	\$705.03	\$42.06	5.34%	2.17%	3.00%	\$787.79	\$4.61	1.006	\$1.00	1.007	99.29%	79.5%	101.85%	\$712.14	\$911.09	78.16%
80473WA1000002	VisitsPlus Gold	Yes	2,437	\$880.46	82.40%	1.000	\$4.27	\$729.77	\$42.06	5.17%	2.17%	3.00%	\$813.88	\$4.76	1.006	\$1.00	1.007	99.29%	82.3%	102.91%	\$737.12	\$920.56	80.07%
80473WA1000014	VisitsPlus Gold LD	No	448	\$880.46	84.04%	1.000	\$4.36	\$744.29	\$42.06	5.07%	2.17%	3.00%	\$829.19	\$4.85	1.006	\$0.00	1.006	99.41%	84.0%	103.54%	\$751.79	\$926.26	81.16%
80473WA1000013	Gold HSA	Yes	309	\$880.46	79.45%	1.000	\$4.12	\$703.68	\$42.06	5.35%	2.17%	3.00%	\$786.36	\$4.60	1.006	\$1.00	1.007	99.29%	79.4%	101.79%	\$710.77	\$910.58	78.06%
80473WA1000006	Kaiser Permanente Cascade Silver	Yes	2,796	\$880.46	141.24%	1.000	\$7.32	\$1,250.87	\$42.06	3.09%	2.17%	3.00%	\$1,363.36	\$7.98	1.006	\$1.00	1.007	99.34%	141.1%	109.49%	\$1,263.48	\$979.46	129.00%
80473WA1000001	VisitsPlus Silver	Yes	616	\$880.46	143.02%	1.000	\$7.41	\$1,266.61	\$42.06	3.05%	2.17%	3.00%	\$1,379.96	\$8.07	1.006	\$1.00	1.007	99.34%	142.9%	110.02%	\$1,279.37	\$984.24	129.99%
80473WA0780002	Silver HSA	No	854	\$880.46	69.99%	1.000	\$3.63	\$619.86	\$42.06	6.03%	2.17%	3.00%	\$697.98	\$4.08	1.006	\$0.00	1.006	99.41%	70.0%	98.51%	\$626.11	\$881.25	71.05%
80473WA1000015	VisitsPlus Silver X	No	78	\$880.46	69.88%	1.000	\$3.62	\$618.85	\$42.06	6.04%	2.17%	3.00%	\$696.92	\$4.08	1.006	\$0.00	1.006	99.41%	69.9%	98.48%	\$625.09	\$880.93	70.96%
80473WA1000004	VisitsPlus Silver HD	No	1,045	\$880.46	68.67%	1.000	\$3.56	\$608.18	\$42.06	6.13%	2.17%	3.00%	\$685.66	\$4.01	1.006	\$0.00	1.006	99.41%	68.7%	98.10%	\$614.31	\$877.59	70.00%
80473WA1000012	VisitsPlus Silver 4500	No	1,045	\$880.46	66.70%	1.000	\$3.46	\$590.76	\$42.06	6.30%	2.17%	3.00%	\$667.29	\$3.90	1.006	\$0.00	1.006	99.41%	66.7%	97.52%	\$596.71	\$872.36	68.40%
80473WA1000007	Kaiser Permanente Cascade Bronze	Yes	5,179	\$880.46	61.50%	1.000	\$3.19	\$544.65	\$42.06	6.80%	2.17%	3.00%	\$618.67	\$3.62	1.006	\$1.00	1.008	99.25%	61.4%	96.15%	\$550.14	\$860.11	63.96%
80473WA0990001	VisitsPlus Bronze	Yes	7,556	\$880.46	62.95%	1.000	\$3.26	\$557.51	\$42.06	6.65%	2.17%	3.00%	\$632.23	\$3.70	1.006	\$1.00	1.007	99.26%	62.8%	96.50%	\$563.13	\$863.27	65.23%
80473WA0780001	Bronze HSA	Yes	860	\$880.46	62.03%	1.000	\$3.21	\$549.40	\$42.06	6.74%	2.17%	3.00%	\$623.68	\$3.65	1.006	\$1.00	1.008	99.25%	61.9%	96.28%	\$554.94	\$861.26	64.43%
80473WA0780003	Bronze HSA X	No	1,345	\$880.46	62.03%	1.000	\$3.21	\$549.40	\$42.06	6.74%	2.17%	3.00%	\$623.68	\$3.65	1.006	\$0.00	1.006	99.41%	62.0%	96.28%	\$554.94	\$861.26	64.43%
80473WA0990003	Bronze	No	172	\$880.46	62.07%	1.000	\$3.22	\$549.76	\$42.06	6.74%	2.17%	3.00%	\$624.06	\$3.65	1.006	\$0.00	1.006	99.41%	62.1%	96.29%	\$555.30	\$861.34	64.47%
80473WA0540001	Basics Plus Catastrophic	Yes	379	\$880.46	54.01%	0.575	\$1.61	\$275.00	\$42.06	12.58%	2.17%	3.00%	\$334.33	\$1.96	1.006	\$1.00	1.009	99.12%	53.8%	94.76%	\$277.77	\$847.68	32.77%
			31,847	\$880.46	77.39%	0.995	\$4.01	\$685.40	\$42.06	5.48%	2.17%	3.00%	\$767.09	\$4.49	1.006	\$0.84	1.007	99.30%	77.58%	100.00%	\$692.31	\$894.57	77.39%
			URRT Pd to Alwd Hard Coded for URRT Wk1 Estimate																		77.39%		
			Vision non-EHB as a % of claims: 0.58%																				

¹NonEHB as defined by Washington state to include voluntary abortion services. Non-EHB benefits are adult vision exams.

Kaiser Foundation Health Plan of Washington, 1/1/2026 INDIVIDUAL RATE FILING
Exhibit 7 - Demographic Shift

URRT Demographic Shift Adjustment¹: 0.995

2024				
Area	Member Months	Average Age Factor	Area Factor ²	Total Factor
Area 1	229,562	1.712	1.000	1.712
Area 2	22,999	1.880	0.986	1.853
Area 4	27,945	1.744	0.998	1.740
Area 5	57,250	1.785	1.013	1.808
Area 6	17,753	1.767	0.960	1.696
Area 8	115,625	1.766	1.020	1.802
Area 9	6,809	1.791	1.104	1.977
Total	477,943	1.747	1.006	1.757

2026 - Projected				
Area	Members	Average Age Factor	Area Factor	Total Factor
Area 1	15,297	1.704	1.000	1.704
Area 2	1,533	1.865	0.986	1.839
Area 4	1,862	1.746	0.998	1.742
Area 5	3,815	1.771	1.013	1.794
Area 6	1,183	1.727	0.960	1.658
Area 8	7,703	1.758	1.020	1.794
Area 9	454	1.801	1.104	1.988
Total	31,847	1.738	1.006	1.747

Age Factor % Change
99.6%
99.2%
100.1%
99.2%
97.7%
99.6%
100.6%
99.5%

¹Adjusts 2024 claims to reflect demographics expected in 2026. The relative demographics expected in 2026 match the relative March 2025 demographics.

²Area Factors are the proposed 2026 factors shown in Exhibit 13 in order to isolate the membership shift impact.

Kaiser Foundation Health Plan of Washington, 1/1/2026 INDIVIDUAL RATE FILING
Exhibit 8 - Administrative Expenses

Admin Expense Projection

	2024		Projected 2026	
	PMPM	% of Premium	PMPM	% of Premium
Administrative Expenses				
Commissions	\$7.72	1.19%	\$4.52	0.59%
Quality improvement ¹	\$0.34	0.05%	\$0.34	0.04%
Community Benefit Expenditure	\$19.73	3.05%	\$15.34	2.00%
Investment income credit	-\$9.15	-1.42%	-\$2.87	-0.37%
Other administrative expenses	\$20.81	3.22%	\$24.72	3.22%
Total Administrative Expenses	\$39.45	6.10%	\$42.06	5.48%
Taxes and Fees				
Premium tax	\$13.49	2.09%	\$15.34	2.00%
WA OIC regulatory surcharge ²	\$0.52	0.08%	\$0.60	0.08%
WA OIC fraud surcharge ²	\$0.00	0.00%	\$0.04	0.005%
WSHIP assessment	\$0.09	0.01%	\$0.06	0.01%
WAPAL assessment	\$0.05	0.01%	\$0.06	0.01%
PCORI fee	\$0.24	0.04%	\$0.32	0.04%
Risk adjustment user fee	\$0.21	0.03%	\$0.20	0.03%
Federal income tax	\$0.00	0.00%	\$0.00	0.00%
Exchange user fee ³	\$2.08	0.32%	\$0.00	0.00%
Total Taxes and Fees	\$16.67	2.58%	\$16.62	2.17%
Profit and Risk				
Contribution to Surplus Load	\$1.79	0.28%	\$15.34	2.00%
Risk and Contingency Fee			\$7.67	1.00%
Total Profit and Risk	\$1.79	0.28%	\$23.01	3.00%
Grand Total	\$57.91	8.96%	\$81.69	10.65%

Premium PMPM \$646.36

Annual Administrative Cost Trend to 2026

9.0%

\$767.09 Premium Hard Coded from URRT
\$880.46 MAIR Hard Coded from URRT
\$4.69 Exchange User Fee on Allowed Basis
0.53% Exchange User Fee as a % of MAIR

¹Quality Improvement is estimated from 2024 SHCE; final numbers from the final 2024 MLR will be updated when available

²WA OIC surcharges are not separated in accounting data

³Included in 2024 experience but pulled out of 2026 projection so as to not double count

WAC Expenses Reconciliation

Expenses from WAC 284-43-6660		\$31,196,533.90
Experience Period Member Months	477,943	
WAC 284-43-6660 Expenses PMPM		\$65.27
Investment income credit	-\$9.15	
Federal income tax	\$0.00	
Contribution to Surplus Load	\$1.79	
Total Expenses Not Included in WAC 284-43-6660	-\$7.37	
Adjusted WAC 284-43-6660 Expenses PMPM		\$57.91
Total Expenses PMPM		\$57.91
\$ Difference		\$0.00
% Difference		0.00%

Investment Income

A	6/30/2026 Estimated Claim Reserve	\$17,751,874.40
B	1/1/2026 to 12/31/2026 Estimated Incurred Claims Including Risk Adjustment	\$260,549,317.61
C	Anticipated Incurred Loss Ratio	88.9%
D	Anticipated Earned Premium	\$293,155,561.95
E	Anticipated Contribution to Surplus	\$8,794,666.86
F	Claim Reserve + 1/2 Contribution to Surplus	\$22,149,207.83
G	Net Investment Rate ³	4.497%
H	Net Investment Income = F x G	\$996,049.88
Investment Income Offset = H / D		0.34%
Investment Income Offset (Hardcoded for formula reference)		0.37%

³One Year Treasury Constant Maturity securities rates as of 4/16/2025 from <http://www.bankrate.com/rates/interest-rates/treasury.aspx>

PCORI Calculation

PCORI Fee for Plan Years Ending 10/1/2024 to 9/30/2025 PMPY Per IRS Website ⁴	\$3.47
2025 Annual Trend (National Health Expenditure rate from CMS) ⁵	4.9%
2026 Annual Trend (National Health Expenditure rate from CMS) ⁵	5.0%
PCORI Fee for Plan Years Ending 10/1/2026 to 9/30/2027 PMPY	\$3.82
Weighted 2026 PCORI Fee PMPM	\$0.32

Exchange Fee Calculation

Exchange Carrier Assessment PMPM	\$5.11
Projected Exchange Membership as % of Total	71%
Blended Exchange Fee PMPM	\$3.63

Community Benefit Expenditure

2024 Community Benefit Expenditure	\$9,479,718
2024 Member Months (from Supplemental Data Statement)	480,544
2024 Community Benefit Expenditure PMPM	\$19.73
2024 Community Benefit Expenditure as a % of Premium	3.1%
2026 Projected Community Benefit Expenditure	2.0%

⁴See https://www.irs.gov/irb/2024-49_IRB#NOT-2024-83

⁵See <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsProjected.html>, Table 3.

Kaiser Foundation Health Plan of Washington, 1/1/2026 INDIVIDUAL RATE FILING

Exhibit 9 - Commission Calculation

			2024 Premium Commission Per Member Per Year	2026 Premium Commission Per Member Per Month	Expected Commission Paid as PMPM
	Group Size	Tier % of Member Months			
Tier 1	Grandfathered ¹ brokered	7.5%	\$264	\$22	\$1.66
Tier 2	Other brokered	14.3%	\$240	\$20	\$2.86
	Non-brokered	78.1%	\$0	\$0	\$0.00
	Total %	100.0%			\$4.52

Projected Member Months	382,164
Total Projected Commission	\$1,727,825.77
Total Projected Premium	\$293,155,561.95
Projected Commission as % of Premium	0.59%
Projected Commission as PMPM	\$4.52

¹Continuous enrollees with no break in coverage represented by prior to 1/1/2019

Kaiser Foundation Health Plan of Washington, 1/1/2026 INDIVIDUAL RATE FILING

Exhibit 10 - Experience and Projection Period Risk Adjustment Estimates

	Metal	Catastrophic
2024 State Average Premium	\$590.07	\$251.37
Admin Load Adjustment	14.0%	14.0%

	2024 Risk Adjustment Data					
	Carrier Total	Gold	Silver	Bronze	Statewide Metal	Catastrophic
2024 Billable Member Months	505,804	107,410	153,556	244,838	3,503,376	3,424
Plan Liability Risk Score (PLRS)	1.312	2.473	1.313	0.803	1.292	0.177
Induced Demand Factor (IDF)	1.026	1.080	1.030	1.000	1.030	1.000
Geographic Cost Factor (GCF)	0.997	0.996	0.998	0.996	1.001	1.000
Actuarial Value (AV)	0.673	0.800	0.700	0.600	0.686	0.570
Allowable Rating Factor (ARF)	1.755	1.611	1.743	1.826	1.711	1.005
Plan Liability Component	1.355	2.639	1.344	0.798	1.343	0.175
Allowable Rating Component	1.204	1.386	1.254	1.092	1.208	0.572
2024 Transfer PMPM	\$6.25	\$414.64	-\$19.05	(157.05)		\$0.00
2024 Transfer Amount, Total	\$3,160,582	\$44,536,681	-\$2,925,100	-\$38,450,999		
URRT Member Months	475,557	100,766	144,529	230,262		
2024 Federal HCRP Receipts	\$1,215,067.86					
2024 Federal HCRP Charges	-\$1,215,067.86					
2024 Net HCRP Receipts	\$0.00					
2024 Transfer PMPM (net HCRP)	\$3,160,582					
PMPM for URRT	\$6.65	\$441.98	-\$20.24	-\$166.99		

	2024	2025	2026	2026/2024	2026/2024
Statewide PLRS Projections	1.186	-	1.120	94.5%	92.3%
Carrier PLRS Projections	1.309	-	1.229	93.9%	92.3%
Market Average Rate Increase	7.3%	9.6%	10.0%	20.6%	20.6%

2026 State Average Premium	\$711.39
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	2026 Risk Adjustment Data					
	Carrier Metal Total	Gold	Silver	Bronze	Statewide Metal	Catastrophic
2026 Billable Member Months	377,616	119,064	77,208	181,344	3,503,376	4,548
Estimated Plan Liability Risk Score (PLRS)	1.234	1.966	1.233	0.754	1.221	0.164
Estimated Induced Demand Factor (IDF)	1.031	1.080	1.030	1.000	1.030	1.000
Estimated Geographic Cost Factor (GCF)	0.996	0.996	0.998	0.996	1.001	1.000
Estimated Actuarial Value (AV)	0.684	0.800	0.700	0.600	0.686	0.570
Estimated Allowable Rating Factor (ARF)	1.741	1.611	1.743	1.826	1.711	1.005
Plan Liability Component	1.286	2.114	1.267	0.751	1.269	0.162
Allowable Rating Component	1.218	1.386	1.253	1.092	1.222	0.572
2026 Transfer PMPM	\$10.66	\$325.48	-\$16.60	(184.42)		\$0.00
2026 Transfer Amount, Total	\$4,026,769					\$0.00

Metal + Catastrophic Transfer PMPM	\$10.54 From URRT Wk2
Risk Adjustment Transfer on an allowed basis	\$13.62

Impact of silver-loading rule on metal mix	Gold	Silver	Bronze	PLRS
Percentage in each metal tier ACTUAL 2024	21.2%	30.4%	48.4%	1.232
Percentage membership in each metal tier 2026 Projected	31.5%	20.4%	48.0%	1.346
Percentage change	10.3%	-9.9%	-0.4%	9.2%

KFHPWA PLRS (with no emergency rule silver load mapping)	2.321	1.233	0.754
KFHPWA Adjusted PLRS (with emergency rule silver mapping into gold)	1.966	1.233	0.754

Note: KFHPWA is the only carrier expected to have a catastrophic plan in 2026, therefore no risk adjustment transfer is expected

Kaiser Foundation Health Plan of Washington, 1/1/2026 INDIVIDUAL RATE FILING
Exhibit 11 - HCRP Projections

HCRP RECEIPTS AND ASSESSMENTS (Checklist Item 19e)					
	Projected from Rate Filings				
	Earned Premium	Receipts	Receipts % of Premium	Assessments	Assessments % of Premium
2022	\$463,106,705	\$1,103,918	0.24%	-\$1,103,918	-0.24%
2023	\$333,709,028	\$1,040,314	0.31%	-\$1,040,314	-0.31%
2024	\$328,014,280	\$1,215,068	0.37%	-\$1,215,068	-0.37%
2025	\$277,558,248	\$1,028,163	0.37%	-\$1,028,163	-0.37%
2026	\$293,155,562	\$1,085,940	0.37%	-\$1,085,940	-0.37%

	Actual Amounts				
	Earned Premium	Receipts	Receipts % of Premium	Assessments	Assessments % of Premium
2022	\$364,539,477	\$1,562,770	0.43%	-\$1,312,390	-0.36%
2023	\$336,850,757	\$1,969,414	0.58%	-\$1,197,660	-0.36%
2024	\$308,921,495	\$1,144,342	0.37%	-\$1,144,342	-0.37%
2025	N/A	N/A	N/A	N/A	N/A
2026	N/A	N/A	N/A	N/A	N/A

	% Difference (Actual - Expected)				
		Receipts	Receipts % of Premium	Assessments	Assessments % of Premium
2022		\$458,852	0.19%	-\$208,472	-0.12%
2023		\$929,101	0.27%	-\$157,347	-0.04%
2024		-\$70,726	0.00%	\$70,726	0.00%
2025		N/A	N/A	N/A	N/A
2026		N/A	N/A	N/A	N/A

HCRP receipts are highly volatile given the \$1 Million threshold for claims. The program is intended to be cost neutral so our projections in any given plan year are set to to be equal to our expected assessments, implying a 0% impact to the rate increase. Variation in actual vs projected receipts is to be expected and will not be predictable for future results.

Projected vs. Actual assessments are relatively close year to year with differences being less that 0.2% off.

Kaiser Foundation Health Plan of Washington, 1/1/2026 INDIVIDUAL RATE FILING
Exhibit 12 - Calibration Factors

Description	2026 Factor	2026 Calibration Factor	Catastrophic Adjustment
Age	1.7377	0.5755	0.5749
Geographic	1.0054	0.9946	0.9990

Avg Age Factor for Cat:

Description	Calibration Factors - Projected vs. Prior			
	2023	2024	2025	2026
Age	0.5782	0.5714	0.5711	0.5755
Geographic	0.9318	0.9301	0.9643	0.9946
Tobacco	0.9947	0.9947	0.9951	N/A

Age Band	Age Factor	Distribution	
		2026 Total	Prior Year Total
Four or More Children in a Family	0	0.2%	0.2%
0-14	0.765	7.0%	7.1%
15	0.833	0.7%	0.8%
16	0.859	0.8%	0.8%
17	0.885	0.8%	0.8%
18	0.913	0.7%	0.7%
19	0.941	1.0%	1.1%
20	0.97	1.0%	1.0%
21	1	1.0%	1.0%
22	1	1.0%	1.0%
23	1	0.9%	1.0%
24	1	1.1%	0.9%
25	1.004	0.9%	0.9%
26	1.024	1.5%	1.4%
27	1.048	1.6%	1.6%
28	1.087	1.7%	1.5%
29	1.119	1.6%	1.5%
30	1.135	1.5%	1.5%
31	1.159	1.5%	1.7%
32	1.183	1.7%	1.8%
33	1.198	1.7%	1.7%
34	1.214	1.8%	1.7%
35	1.222	1.7%	1.6%
36	1.23	1.7%	1.8%
37	1.238	1.8%	1.6%
38	1.246	1.6%	1.7%
39	1.262	1.7%	1.7%
40	1.278	1.8%	1.7%
41	1.302	1.7%	1.6%
42	1.325	1.8%	1.8%
43	1.357	1.9%	1.7%
44	1.397	1.8%	1.8%
45	1.444	1.8%	1.7%
46	1.5	1.7%	1.7%
47	1.563	1.7%	1.7%
48	1.635	1.8%	1.7%
49	1.706	1.7%	1.7%
50	1.786	1.8%	1.7%
51	1.865	1.7%	1.8%
52	1.952	1.9%	2.1%
53	2.04	2.2%	2.3%
54	2.135	2.3%	2.3%
55	2.23	2.3%	2.4%
56	2.333	2.5%	2.3%
57	2.437	2.4%	2.3%
58	2.548	2.3%	2.6%
59	2.603	2.8%	2.9%
60	2.714	3.0%	3.2%
61	2.81	3.5%	3.4%
62	2.873	3.7%	3.8%
63	2.952	4.0%	4.2%
64 and over	3	5.3%	5.4%

Distribution Total: 100.0% 100.0%
Average Age: 42.58

NOTE: Average age calculated with data set including non-billable children

Kaiser Foundation Health Plan of Washington, 1/1/2026 INDIVIDUAL RATE FILING
Exhibit 13 - Geography Factor

Rating Area	March 2025 Membership	Projected 2026 Membership	2022 - 2023 PMPM Claims ^{1,3}	2022 - 2023 Risk Scores ^{1,3}	2022 - 2023 PMPM Risk Adjusted Claims	2026 Raw Area Factor	2025 Approved Area Factor	2025 Normalized	2026 / 2025 Factor Increase	Phased In Factor Increase ²	2026 Phased Geo Relativity	Calibrated to Area 1 Factor w Phased In Increase	Unit Cost Trend	Final 2026 Area Factors
Area 1	19,494	16,546	\$328.62	1.052	\$312.41	1.037	1.000	0.965	107.5%	103.7%	1.000	1.000	100.0%	1.000
Area 2	2,003	1,700	\$366.04	1.312	\$278.96	0.926	1.070	1.033	89.7%	94.7%	0.978	0.978	100.8%	0.986
Area 4	2,292	1,945	\$407.90	1.370	\$297.67	0.988	1.044	1.007	98.1%	99.1%	0.997	0.997	100.0%	0.998
Area 5	4,933	4,187	\$403.32	1.351	\$298.50	0.991	1.068	1.030	96.2%	98.1%	1.010	1.010	100.3%	1.013
Area 6	1,510	1,282	\$536.17	2.004	\$267.56	0.888	1.014	0.978	90.8%	95.3%	0.932	0.932	102.0%	0.960
Area 8	9,515	8,076	\$373.14	1.264	\$295.15	0.980	1.085	1.047	93.6%	96.7%	1.013	1.012	100.8%	1.020
Area 9	519	440	\$443.58	1.272	\$348.61	1.157	1.124	1.085	106.7%	103.3%	1.120	1.120	101.9%	1.104
Total	40,266	34,176	\$366.95	1.218	\$301.29	1.000	1.036	1.000	100.0%	100.0%	1.000	1.000	100.4%	1.005

2026 Calibration Factor: 0.9946
Highest to lowest cost ratio⁴: 1.150

¹As agreed to in the 2025 filing, experience is based off of two years of data to increase credibility.

²Continuation of the 3-year phased in increase introduced in last year's filing.

³Totals are produced as output from the databricks claims analysis for the 2022 and 2023 population modeled, and represent information for our HMO population for Areas 1-9 only.

⁴The factors in Area 6 and Area 9 have been capped to ensure the 1.15 highest to lowest ratio maximum [WAC 284-43-6681].

Kaiser Foundation Health Plan of Washington, 1/1/2026 INDIVIDUAL RATE FILING

Exhibit 14 - Credibility

Credibility Factor Calculation	
Mean Allowed Claims PMPY	\$6,590
Standard Deviation of Allowed Claims PEPM	\$29,310
2024 Average Member Months Per Enrollee	9.28
Medicare Full Credibility in Member Months Formula	70,515
Medicare Average Monthly Members for full Credibility	5,876
Actual 2024 Average Monthly Members	39,829

Note: Since the 2024 actual average monthly members is 39,829 and the threshold for full credibility is 5,876, KFHPWA individual claims and membership experience is deemed to be 100% credible.

Kaiser Foundation Health Plan of Washington, 1/1/2026 INDIVIDUAL RATE FILING

Exhibit 15 - Months of Surplus

2024 Months of Surplus	
Capital and Surplus	\$142,154,428
Hospital and Medical Claims	\$795,848,410
Months of Surplus	2.1

Kaiser Foundation Health Plan of Washington, 1/1/2026 INDIVIDUAL RATE FILING

Exhibit 16 - Key Drivers of Rate Change

2023 Experience Period Index Rate	\$580.43	2025 URRT Wk1
2023 to 2024 Trend	1.092	2025 URRT Wk1
2023 to 2025 Morbidity and Demographic Shifts	1.010	2025 URRT Wk1
Projected 2024 Experience from 2024 URRT	\$639.94	
Actual 2024 Experience Period Index Rate	\$705.89	Exhibit 1
Rate Impact of 2024 Experience	9.3%	[A]
2025 Trend from 2025 URRT	1.092	2025 URRT Wk1
2025 Trend from 2026 URRT	1.090	
Rate Impact of Updated Trend	-0.2%	[B]
Additional year of trend to 2026 projection	8.1%	[C]
Changes in Morbidity, Demographic, Plan Design and Other	1.061	Product non-trend projection factors Exhibit 1
Rate Impact of Change	5.5%	[D]
Rate Impact of Cost Sharing Changes	0.4%	[E] UPMJ * claim %
Rate Impact of Benefit Leveraging	0.9%	[F] UPMJ * claim %
Paid to Allowed from 2025 URRT	82.6%	
Paid to Allowed from 2026 URRT	77.4%	
Rate Impact of Change	-5.7%	[G]
2026 Claims as a % of premium	90.3%	URRT Wk2 4.15/4.17
Claims Drivers Impact	18.9%	$((1+A)*(1+B)*(1+C)*(1+D)*(1+E)*(1+F))-1$
Current Projected Index Rate	\$889.39	Exhibit 1
Prior Projected Index Rate	\$698.68	2025 URRT Wk1
2025 URRT Risk Adjustment Payment	-\$39.12	2025 URRT Wk1
2025 URRT Exchange User Fee %	0.60%	2025 URRT Wk1
2026 MAIR w/ 2025 Market Adjustments	\$934.09	
2026 MAIR	\$880.46	Exhibit 1
Rate Impact of Risk Adjustment and Exchange Fees	-5.7%	[H]
2025 Admin Components	PMPM	Weight
2025 Admin	\$41.57	
2026 Admin	\$42.06	
Projected 2025 Premium PMPM	\$688.98	
Rate Impact of Admin Change	0.1%	[I]
Impact of Profit and Surplus Load	-1.5%	[J]
Premium Driver Impacts	-7.1%	$=(1+H)*(1+I)*(1+J)-1$
Rate Increase Accounted for in this Exhibit	10.4%	$=(1+Premium\ Impact)*(1+Claim\ Impacts)-1$
Increase proposed after silver membership mapping	12.8%	URRT Worksheet 2
Impact of other factors not documented above	2.3%	
Rate Increase Proposed in UPMJ Q5	19.2%	

Kaiser Foundation Health Plan of Washington, 1/1/2026 INDIVIDUAL RATE FILING
Exhibit 17 - Trend Summary

Trend Component	Experience	2026 Allowed Claims Trend (Pricing)			Projected
	Allowed PMPM	Total	Unit Cost	Utilization	Allowed PMPM
Medical Trend	\$129.32	17.4%	4.5%	12.4%	\$178.20
Gross Rx Trend	\$3.27	3.8%	3.8%	0.0%	\$3.53
Other Non-EHB Trend	\$709.16	8.9%	5.5%	3.3%	\$841.57
Total Trend	\$841.75	8.9%	5.5%	3.3%	\$1,023.30

Trend Component	Experience	2026 Incurred Claims Trend			Projected
	Incurred PMPM	Total	Unit Cost	Utilization	Incurred PMPM
Medical Trend	\$479.09	18.8%	4.8%	13.4%	\$675.86
Gross Rx Trend	\$54.64	5.0%	5.0%	0.0%	\$60.24
Other Non-EHB Trend	\$3.27	18.8%	4.8%	13.4%	\$4.62
Total Trend	\$537.00	17.4%	4.8%	12.0%	\$740.72

		2026 Plan Designs			2026 projected members
		2025 Cost Basis	2026 Cost Basis	Leveraging	
HIOS	Plan				
80473WA0540001	Basics Plus Catastrophic	0.675	0.684	1.41%	379
80473WA0780001	Bronze HSA	0.704	0.713	1.36%	860
80473WA0780002	Silver HSA	0.746	0.754	1.03%	854
80473WA0780003	Bronze HSA X	0.704	0.713	1.36%	1,345
80473WA0990001	VisitsPlus Bronze	0.680	0.689	1.39%	7,556
80473WA0990003	Bronze	0.714	0.723	1.22%	172
80473WA1000001	VisitsPlus Silver	0.744	0.752	1.00%	0
80473WA1000001-04	VisitsPlus Silver 73	0.793	0.799	0.72%	0
80473WA1000001-05	VisitsPlus Silver 87	0.885	0.889	0.40%	384
80473WA1000001-06	VisitsPlus Silver 94	0.942	0.942	0.06%	232
80473WA1000002	VisitsPlus Gold	0.830	0.835	0.63%	2,437
80473WA1000004	VisitsPlus Silver HD	0.767	0.773	0.79%	1,045
80473WA1000005	Kaiser Permanente Cascade Complete Gold	0.867	0.873	0.72%	4,113
80473WA1000006	Kaiser Permanente Cascade Silver	0.797	0.805	0.97%	0
80473WA1000006-04	Kaiser Permanente Cascade Silver 73	0.814	0.821	0.90%	0
80473WA1000006-05	Kaiser Permanente Cascade Silver 87	0.909	0.913	0.44%	2,015
80473WA1000006-06	Kaiser Permanente Cascade Silver 94	0.958	0.960	0.23%	781
80473WA1000007	Kaiser Permanente Cascade Bronze	0.696	0.704	1.19%	5179
80473WA1000011	Kaiser Permanente Cascade Vital Gold	0.847	0.853	0.79%	2615
80473WA1000012	VisitsPlus Silver 4500	0.715	0.723	1.18%	1045
80473WA1000013	Gold HSA	0.799	0.805	0.72%	309
80473WA1000014	VisitsPlus Gold LD	0.836	0.841	0.55%	448
80473WA1000015	VisitsPlus Silver X	0.744	0.744	-0.01%	78
Total		0.769	0.776	0.99%	31,847

Kaiser Foundation Health Plan of Washington, 1/1/2026 INDIVIDUAL RATE FILING
Exhibit 18- Pricing Trend
Comparison of Pricing Trend to URRT Trend

EHB Benefit Category	Experience Period Index Rate PMPM	Year 1 Trend		Year 2 Trend		Trended Index Rate PMPM
		Cost	Utilization	Cost	Utilization	
Inpatient Hospital	\$101.63	1.057	1.020	1.128	1.010	\$124.84
Outpatient Hospital	\$140.55	1.077	1.020	1.077	1.010	\$167.94
Professional	\$313.53	1.033	1.010	1.043	1.010	\$344.47
Other Medical	\$20.86	1.025	1.010	1.036	1.010	\$22.59
Capitation	\$0.00	1.000	1.000	1.000	1.000	\$0.00
Prescription Drug	\$129.32	1.020	1.180	1.070	1.070	\$178.20
EHB Subtotal	<u>\$705.89</u>		0.090			<u>\$838.05</u>
Non-EHB Benefit Category						
Non-EHB Services	\$3.27	1.033	1.000	1.043	1.000	\$3.53
Non-EHB Subtotal	<u>\$3.27</u>		0.038			<u>\$3.53</u>
Total	<u>\$709.16</u>					<u>\$841.57</u>

For Trend Summary				
		Annualized Cost		Annualized Utilization
Medical Trend	\$576.57	1.057		1.012
Prescription Drug Trend	\$129.32	1.045		1.124
Non-EHB Trend	\$3.27	1.038		1.000
	<u>\$709.16</u>	1.055		1.03
				<u>\$841.57</u>

For WAC 284-43-6660

Benefit Category	Experience Allowed PMPM	Portion of Claims	Annual Trend	Projected Allowed PMPM
Hospital	\$242.18	34.1%	9.95%	\$292.78
Professional - EHB	\$313.53	44.2%	4.82%	\$344.47
Professional - non-EHB	\$3.27	0.5%	3.78%	\$3.53
Prescription Drugs	\$129.32	18.2%	17.39%	\$178.20
Dental	N/A	N/A	N/A	N/A
Other	\$20.86	2.9%	4.08%	\$22.59
	<u>\$709.16</u>	100.0%	8.84%	<u>\$841.57</u>
Type of Service				
Hospital	\$242.18	34.1%	10.0%	\$292.78
Professional	\$316.81	44.7%	4.8%	\$347.99
Prescription Drugs	\$129.32	18.2%	17.4%	\$178.20
Dental	N/A	N/A	N/A	N/A
Other	\$20.86	2.9%	4.1%	\$22.59
	<u>\$709.16</u>	100.0%	8.84%	<u>\$841.57</u>

Overall Allowed Claims Trend and Annualized Trend in URRT

EHB Trend	Non-EHB Trend	EHB Weight	Total Trend
8.96%	3.78%	99.54%	8.94%

Overall Incurred Claims Trend and Annualized Trend in URRT

Source	Total Trend
WAC 284-43-6660	8.84%
URRT Worksheet 2 *	8.47%

* The URRT Worksheet 2 incurred claims trend is the annualized trend comparing the projected incurred claims PMPM versus the experience claims PMPM. This includes changes between 2024 and 2026, such as the other adjustments built into URRT Worksheet 1 (i.e., morbidity, plan design changes, etc.).

Kaiser Foundation Health Plan of Washington, 1/1/2026 INDIVIDUAL RATE FILING
Exhibit 19 - Projected MLR

Projected 2026 MLR		
a	Projected Claims Before ACA Reinsurance and Risk Adjustment	\$692.31
b	ACA Individual Risk Adjustment Payment	\$10.66
c	Quality Improvement Expenses ¹	\$0.34
d	Projected Claims Minus Risk Adjustment Plus Quality Improv. Expenses [a-b+c]	\$681.99
e	Projected Premium	\$767.09
f	Premium Tax	\$15.34
g	WA Office of the Insurance Commissioner regulatory surcharge	\$0.60
h	WA Office of the Insurance Commissioner Insurance Fraud Surcharge	\$0.04
i	ACA Carrier Fee [Section 9010 of the ACA]	\$0.00
j	WSHIP (Washington State Health Insurance Pool) assessment fee	\$0.06
k	Washington Partnership Access Line (WAPAL) Assessment	\$0.06
l	Exchange Fees estimated collected	\$0.00
m	ACA (Section 4375 of ACA) PCORI fee	\$0.32
n	ACA Reinsurance Fee	\$0.00
o	ACA Risk Adjustment User Fee	\$0.20
p	Estimated Federal Income Tax (0% Tax Rate) [=o*0.0]	\$0.00
q	Community Benefit Expenditures ²	\$15.34
r	Estimated Federal Income Tax PMPM (0% Tax Rate) [= row 17 x 0.0]	\$0.00
s	Projected Premium after Deductions for Taxes, Fees & Community Benefit Expenditures [=e-sum(f to r)]	\$735.13
t	Projected MLR [=d/s]	92.8%

¹Estimated as the quality improvement expenses PMPM using QIE from the 2023 Supplemental Health Care Exhibit.

²Estimated using the community benefit expenses PMPM in the 2024 Supplemental Health Care Exhibit trended to 2026 at 3% per year. As a Federal tax-exempt issuer, KFHPWA is allowed to deduct community benefit expenses from premium in MLR calculations.

Kaiser Foundation Health Plan of Washington, 1/1/2026 INDIVIDUAL RATE FILING

Exhibit 20 - EHB Benchmark Loads

EHB Category	Load
Human Donor Milk:	0.0%
Artificial Insemination in Vivo:	0.0%
Hearing Aids:	0.3%
Total EHB Load	0.3%

Development of Hearing Aid Load

Age Band	2023 Allowed PMPM CPD	2023 KPIF % Dist by Age
0-5	\$0.15	2.61%
6-10	\$0.36	2.29%
11-15	\$0.23	3.03%
16-20	\$0.33	4.32%
21-25	\$0.20	4.57%
26-30	\$0.10	7.45%
31-35	\$0.30	8.42%
36-40	\$0.52	8.81%
41-45	\$0.98	9.06%
46-50	\$1.21	9.18%
51-55	\$2.07	11.57%
56-60	\$2.41	14.21%
61-65	\$4.40	13.04%
66-70	\$5.44	0.57%
71-75	\$7.84	0.39%
76+	\$13.08	0.49%
Total	\$1.60	100.00%

URRT 2023 Allowed Claims	\$583.69
Load	0.3%

Kaiser Foundation Health Plan of Washington, 1/1/2026 INDIVIDUAL RATE FILING
Exhibit 21 Summary Of Pooled Experience With Adjustments

Summary of Pooled Experience with Adjustments

	Experience Period			First Prior Period			Second Prior Period		
	From	1/1/2024	To 12/31/2024	From	1/1/2023	To 12/31/2023	From	1/1/2022	To 12/31/2022
Member Months		477,943			624,817			733,630	
Earned Premium		308,921,495			333,709,028			354,286,964	
Paid Claims		289,449,006			298,513,031			314,020,281	
Beginning Claim Reserve		27,728,923			28,884,449			29,909,624	
Ending Claim Reserve		19,525,879			27,728,923			28,884,449	
Incurred Claims		281,245,962			297,357,504			312,995,105	
Expenses		31,196,534			36,263,568			40,532,368	
Gain/Loss		-\$3,521,001			\$87,956			\$759,490	
Loss Ratio Percentage		91.04%			89.11%			88.35%	
Risk Adjustment (Risk Transfer Amount Only)*		\$3,160,582			-\$15,368,666			-\$30,453,454	
High-Cost Risk Pool Transfer Amount		\$1,085,940			\$1,969,414			\$1,562,770	
High-Cost Risk Pool Assessment		-\$1,085,940			-\$1,197,660			-\$1,312,390	
HHS-RADV Adjustment		\$0			\$0			\$0	
Commercial Reinsurance		\$0			\$0			\$0	
Adjusted Gain/Loss, Excluding MLR Rebates (Dollars)		-\$360,420			-\$14,508,956			-\$29,443,584	
Adjusted Gain/Loss, Excluding MLR Rebates (% of Premium)		-0.1%			-4.3%			-8.3%	
Anticipated MLR Rebates		\$0			\$0			\$0	
Prior Years Risk Adjustment**		-\$2,362,982			\$20,108,713			-\$2,019,745	

*Risk adjustment user fee is included in expenses

**This is a statutory financial adjustment and doesn't affect the final CMS risk adjustments presented here.

For 2024:

The Final CMS Risk-Adjustment Transfer including Net High Cost Risk Pool is \$3,160,582 (not included in Earned Premium)

For 2023:

The Final CMS Risk-Adjustment Transfer including Net High Cost Risk Pool is -\$15,010,813 (not included in Earned Premium)

For 2022:

The Final CMS Risk-Adjustment Transfer including Net High Cost Risk Pool is -\$30,203,074 (not included in Earned Premium)

Kaiser Foundation Health Plan of Washington, 1/1/2026 INDIVIDUAL RATE FILING
Exhibit 22 - Summary Of Pooled Experience With Adjustments, Difference from 2025 Filing

Summary of Pooled Experience with Adjustments from 2025 Rate Filing

	Experience Period				First Prior Period			
	From	1/1/2023	To	12/31/2023	From	1/1/2022	To	12/31/2022
Member Months		624,817				733,630		
Earned Premium		\$333,709,028				\$354,286,964		
Paid Claims		\$298,513,031				\$314,020,281		
Beginning Claim Reserve		\$28,884,449				\$29,909,624		
Ending Claim Reserve		\$28,230,779				\$28,884,449		
Incurred Claims		\$297,859,361				\$312,995,105		
Expenses		\$36,263,568				\$40,532,368		
Gain/Loss		-\$413,901				\$759,490		
Loss Ratio Percentage		89.26%				88.35%		
Risk Adjustment (Risk Transfer Amount Only)		-\$15,368,666				-\$30,453,454		
High-Cost Risk Pool Transfer Amount		\$1,969,414				\$1,562,770		
High-Cost Risk Pool Assessment		-\$1,197,660				-\$1,312,390		
HHS-RADV Adjustment		\$0				\$0		
Commercial Reinsurance		\$0				\$0		
Adjusted Gain/Loss, Excluding MLR Rebates (Dollars)		-\$15,010,813				-\$29,443,584		
Adjusted Gain/Loss, Excluding MLR Rebates (% of Premium)		-4.5%				-8.3%		
Anticipated MLR Rebates		\$0				\$0		

Summary of Pooled Experience with Adjustments Difference from 2024 to 2025 Rate Filing

	Experience Period				First Prior Period			
	From	1/1/2023	To	12/31/2023	From	1/1/2022	To	12/31/2022
Member Months		0				0		
Earned Premium		\$0				0		
Paid Claims		\$0				0		
Beginning Claim Reserve		\$0				0		
Ending Claim Reserve		-\$501,857				0		
Incurred Claims		-\$501,857				0		
Expenses		\$0				0		
Gain/Loss		\$501,857				0		
Loss Ratio Percentage		-0.15%				0		
Risk Adjustment (Risk Transfer Amount Only)		\$0				\$0		
High-Cost Risk Pool Transfer Amount		\$0				\$0		
High-Cost Risk Pool Assessment		\$0				\$0		
HHS-RADV Adjustment		\$0				\$0		
Commercial Reinsurance		\$0				\$0		
Adjusted Gain/Loss, Excluding MLR Rebates (Dollars)		\$501,857				\$0		
Adjusted Gain/Loss, Excluding MLR Rebates (% of Premium)		0.2%				0.0%		
Anticipated MLR Rebates		\$0				\$0		

Kaiser Foundation Health Plan of Washington, 1/1/2026 INDIVIDUAL RATE FILING

Exhibit 23 - Supplemental Data Statement Reconciliation

Total Revenue from 2024 Supplemental Data Statement		\$316,124,189
a) 2024 Statutory ACS Risk Adjustment - for Current Year	\$3,000,000	
b) 2024 Statutory ACA Risk Adjustment - Retroactive Adjustment for Prior Year(s)	-\$2,362,982	
c) Statutory Bad Debt Allowance	\$289,593	
d) Other Income (receivable from FEMA)	\$49,831	
Total Adjustments	<u>\$976,442</u>	
Adjusted 2024 Supplemental Data Total Revenues		\$315,147,747
URRT Premium		\$308,921,495
\$ difference		<u>-\$6,226,251</u>
% difference		<u>-1.98%</u>
Total Hospital and Medical Payments from 2024 Supplemental Data Statement		\$266,804,044
e) 2024 Statutory Pension Adjustment	-\$572,136	
f) Effect of Statutory IBNR Estimates plus Margin Added to IBNR	\$1,762,839	
g) Impact of prior years claims contract review payments	-\$11,500,771	
h) Membership retroactivity	<u>-\$4,056,722</u>	
Total Adjustments	<u>-\$14,366,790</u>	
Adjusted Total Hospital and Medical Payments		\$281,170,834
URRT Incurred Claims		\$281,245,962
\$ difference		<u>\$75,129</u>
% difference		<u>0.03%</u>
Total Member Months from 2024 Supplemental Data Statement		480,544
i) 2024 SDS Average Quarter End Membership		
j) URRT / WAC 284-42-6660 Average Membership		
URRT Member Months		477,943
\$ difference		<u>-2,601</u>
% difference		<u>-0.54%</u>

Kaiser Foundation Health Plan of Washington, 1/1/2026 INDIVIDUAL RATE FILING
Exhibit 24 - Paid to Allowed by Metal Level

Metal	2024		
	Paid Claims	Allowed Claims	Paid:Allowed
Platinum	\$0	\$0	N/A
Gold	\$117,709,813	\$132,642,936	0.8874
Silver	\$84,569,312	\$100,359,388	0.8427
Bronze	\$78,748,426	\$105,976,515	0.7431

Kaiser Foundation Health Plan of Washington, 1/1/2026 INDIVIDUAL RATE FILING
Exhibit 25 - SERFF Data Tab

Covered Lives by Product

	GHC I&F Core Basics Plus	Group Health Cooperative Individual and Family Core	Group Health Cooperative Individual and Family Flex	Group Health Cooperative Individual and Family Flex
Product Name	Catastrophic	H.S.A. Exchange	Bronze	Individual and Family Flex
HIOS Product ID	80473WA054	80473WA078	80473WA099	80473WA100
HIOS Submission ID	KFWA-134511037	KFWA-134512838	KFWA-134512836	KFWA-134512840
Number of Covered Lives ¹	479	3,868	9,771	26,148

¹Total number of enrolled individuals included in the rate change requested for this product as of March 2025

Company Rate Information & RRD

	Amount	Definition
Trend Factors	17.37%	Annual trend factor including leveraging - consistent with the 2026 WAV 284-43-6660 Summary.
Member Months	477,943	Membership for the 2024 experience period
Number of policy holders affected for this program	40,266	Number of covered lives as of March 2025
% Change Requested - Minimum	-19.02%	The minimum and maximum % changes consistent with the initial Uniform Product Modification Justification (UPMJ) Q5.
% Change Requested - Maximum	86.75%	The minimum and maximum % changes consistent with the initial Uniform Product Modification Justification (UPMJ) Q5.
% Change Requested - Weighted Average	19.18%	Min, Max, and weighted average rate change should match the initial UPMJ Q5

Prior vs. Requested

	Prior Rate	Requested Rate	Definition
Totalled Earned Premium	\$311,000,750	\$293,155,562	Prior year calculated as Worksheet 2 March 2025 enrollment times March 2025 premium PMPM times 12.
Totalled Incurred Claims	\$308,407,718	\$264,576,086	Prior year calculated as 2025 projected incurred claims PMPM discounted for one year of trend.
Annual \$ - Minimum (pmpm)	\$175.27	\$140.54	Prior year calculated as the weighted average PMPM - consistent with 2025 requested PMPM and average rate change.
Annual \$ - Maximum (pmpm)	\$1,846.52	\$2,615.97	
Annual \$ - Weighted Average (pmpm)	\$643.64	\$767.09	Requested year shows the initial weighted average PMPM rate consistent with URRT Worksheet 2.

WA Exhibit 1: Experience Data

Carrier Name:	Kaiser Foundation Healthplan of Washington
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

2024 CLAIMS BUILD-UP, TOTAL							
Incurred Month yyyymm	Member Months	Incurred & Paid Claims	IBNP for Incurred Claims	Ultimate Incurred Claims	Allowed Claims (without IBNP)	IBNP for Allowed Claims	Ultimate Allowed Claims
202401	42,434	\$22,174,967	\$184,889	\$22,359,856	\$30,009,389	\$238,200	\$30,247,589
202402	42,120	\$21,381,304	\$242,998	\$21,624,302	\$27,604,495	\$305,166	\$27,909,661
202403	41,618	\$22,408,502	\$301,711	\$22,710,213	\$28,328,382	\$369,807	\$28,698,188
202404	41,034	\$24,041,782	\$233,137	\$24,274,920	\$29,490,874	\$277,383	\$29,768,257
202405	40,377	\$23,022,126	\$311,928	\$23,334,054	\$28,132,226	\$374,736	\$28,506,963
202406	39,939	\$21,347,560	\$331,573	\$21,679,132	\$25,463,562	\$389,572	\$25,853,134
202407	39,541	\$23,791,769	\$172,939	\$23,964,708	\$28,076,168	\$200,695	\$28,276,863
202408	39,116	\$23,982,556	(\$311,168)	\$23,671,389	\$27,757,912	(\$348,453)	\$27,409,459
202409	38,801	\$23,247,783	\$132,992	\$23,380,775	\$26,746,744	\$150,297	\$26,897,041
202410	38,291	\$25,830,202	\$554,751	\$26,384,954	\$29,899,668	\$639,300	\$30,538,967
202411	37,709	\$22,757,804	\$858,077	\$23,615,881	\$26,376,534	\$1,003,731	\$27,380,264
202412	36,963	\$23,057,694	\$1,188,085	\$24,245,779	\$26,486,176	\$1,378,199	\$27,864,375
CY2024	477,943	\$277,044,050	\$4,201,912	\$281,245,962	\$334,372,130	\$4,978,633	\$339,350,763

2024 ULTIMATE ALLOWED CLAIMS, TOTAL											
Inpatient Hospital	Outpatient Hospital	Professional	Other Medical	Capitation	Prescription Drug before Drug Rebates	Prescription Drug Rebates (Negative \$)	Non-EHBs	Total EHB Allowed	Total Allowed (EHB + non- EHB)	Check Total Allowed (should be \$0)	
\$4,683,554	\$5,822,197	\$13,350,984	\$1,120,263	\$0	\$5,360,213	(\$256,326)	\$166,704	\$30,080,885	\$30,247,589	(\$0.0)	
\$3,852,733	\$5,695,797	\$12,497,466	\$933,650	\$0	\$4,985,516	(\$238,408)	\$182,907	\$27,726,754	\$27,909,661	(\$0.0)	
\$4,160,949	\$5,739,391	\$12,483,346	\$1,040,705	\$0	\$5,356,104	(\$256,129)	\$173,823	\$28,524,366	\$28,698,188	(\$0.0)	
\$4,876,640	\$6,026,151	\$12,828,388	\$735,436	\$0	\$5,377,350	(\$257,145)	\$181,438	\$29,586,820	\$29,768,257	(\$0.0)	
\$3,744,607	\$5,515,891	\$13,100,623	\$802,376	\$0	\$5,438,568	(\$260,073)	\$164,972	\$28,341,991	\$28,506,963	(\$0.0)	
\$3,870,584	\$4,765,069	\$11,431,560	\$796,896	\$0	\$5,048,491	(\$241,419)	\$181,952	\$25,671,182	\$25,853,134	\$0.0	
\$4,273,042	\$5,860,576	\$11,949,003	\$850,105	\$0	\$5,453,578	(\$260,790)	\$151,351	\$28,125,513	\$28,276,863	\$0.0	
\$4,849,663	\$4,995,514	\$11,729,218	\$752,520	\$0	\$5,184,209	(\$247,909)	\$146,246	\$27,263,214	\$27,409,459	\$0.0	
\$3,627,933	\$5,083,771	\$12,107,208	\$697,559	\$0	\$5,500,553	(\$263,037)	\$143,054	\$26,753,987	\$26,897,041	\$0.0	
\$3,466,059	\$6,585,642	\$14,097,189	\$773,150	\$0	\$5,706,224	(\$272,872)	\$183,575	\$30,355,393	\$30,538,967	(\$0.0)	
\$3,327,496	\$5,827,818	\$12,145,762	\$728,374	\$0	\$5,470,163	(\$261,583)	\$142,235	\$27,238,030	\$27,380,264	\$0.0	
\$3,838,212	\$5,257,670	\$12,130,264	\$737,064	\$0	\$6,030,497	(\$288,379)	\$159,048	\$27,705,327	\$27,864,375	(\$0.0)	
\$48,571,471	\$67,175,487	\$149,851,010	\$9,968,097	\$0	\$64,911,465	(\$3,104,070)	\$1,977,303	\$337,373,460	\$339,350,763	\$0.0	

2024 CLAIMS BUILD-UP, PMPM							
Incurred Month yyyymm	Member Months	Incurred & Paid Claims	IBNP for Incurred Claims	Ultimate Incurred Claims	Allowed Claims (without IBNP)	IBNP for Allowed Claims	Ultimate Allowed Claims
202401		\$522.58	\$4.36	\$526.93	\$707.20	\$5.61	\$712.81
202402		\$507.63	\$5.77	\$513.40	\$655.38	\$7.25	\$662.62
202403		\$538.43	\$7.25	\$545.68	\$680.68	\$8.89	\$689.56
202404		\$585.90	\$5.68	\$591.58	\$718.69	\$6.76	\$725.45
202405		\$570.18	\$7.73	\$577.90	\$696.74	\$9.28	\$706.02
202406		\$534.50	\$8.30	\$542.81	\$637.56	\$9.75	\$647.32
202407		\$601.70	\$4.37	\$606.07	\$710.05	\$5.08	\$715.13
202408		\$613.11	(\$7.95)	\$605.16	\$709.63	(\$8.91)	\$700.72
202409		\$599.15	\$3.43	\$602.58	\$689.33	\$3.87	\$693.20
202410		\$674.58	\$14.49	\$689.06	\$780.85	\$16.70	\$797.55
202411		\$603.51	\$22.76	\$626.27	\$699.48	\$26.62	\$726.09
202412		\$623.80	\$32.14	\$655.95	\$716.56	\$37.29	\$753.85
CY2024		\$579.66	\$8.79	\$588.45	\$699.61	\$10.42	\$710.02

2024 ULTIMATE ALLOWED CLAIMS, PMPM											
Inpatient Hospital	Outpatient Hospital	Professional	Other Medical	Capitation	Prescription Drug before Drug Rebates	Prescription Drug Rebates (Negative \$)	Non-EHBs	Total EHB Allowed	Total Allowed (EHB + non- EHB)	Check Total Allowed (should be \$0)	
\$110.37	\$137.21	\$314.63	\$26.40	\$0.00	\$126.32	(\$6.04)	\$3.93	\$708.89	\$712.81	(\$0.00)	
\$91.47	\$135.23	\$296.71	\$22.17	\$0.00	\$118.36	(\$5.66)	\$4.34	\$658.28	\$662.62	(\$0.00)	
\$99.98	\$137.91	\$299.95	\$25.01	\$0.00	\$128.70	(\$6.15)	\$4.18	\$685.39	\$689.56	(\$0.00)	
\$118.84	\$146.86	\$312.63	\$17.92	\$0.00	\$131.05	(\$6.27)	\$4.42	\$721.03	\$725.45	(\$0.00)	
\$92.74	\$136.61	\$324.46	\$19.87	\$0.00	\$134.69	(\$6.44)	\$4.09	\$701.93	\$706.02	(\$0.00)	
\$96.91	\$119.31	\$286.23	\$19.95	\$0.00	\$126.41	(\$6.04)	\$4.56	\$642.76	\$647.32	\$0.00	
\$108.07	\$148.22	\$302.19	\$21.50	\$0.00	\$137.92	(\$6.60)	\$3.83	\$711.30	\$715.13	\$0.00	
\$123.98	\$127.71	\$299.86	\$19.24	\$0.00	\$132.53	(\$6.34)	\$3.74	\$696.98	\$700.72	\$0.00	
\$93.50	\$131.02	\$312.03	\$17.98	\$0.00	\$141.76	(\$6.78)	\$3.69	\$689.52	\$693.20	\$0.00	
\$90.52	\$171.99	\$368.16	\$20.19	\$0.00	\$149.02	(\$7.13)	\$4.79	\$792.76	\$797.55	(\$0.00)	
\$88.24	\$154.55	\$322.09	\$19.32	\$0.00	\$145.06	(\$6.94)	\$3.77	\$722.32	\$726.09	\$0.00	
\$103.84	\$142.24	\$328.17	\$19.94	\$0.00	\$163.15	(\$7.80)	\$4.30	\$749.54	\$753.85	(\$0.00)	
\$101.63	\$140.55	\$313.53	\$20.86	\$0.00	\$135.81	(\$6.49)	\$4.14	\$705.89	\$710.02	\$0.00	

Comments

Carrier Name:	Kaiser Foundation Healthplan of Washington
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

		2024, TOTAL				2024, PMPM			2024, % of PREMIUM		
Line Item	Description	ACTUAL EXPERIENCE (A)	PROJECTED (i.e., Expected; E)	A:E - 1	A - E	ACTUAL EXPERIENCE (A)	PROJECTED (i.e., Expected; E)	A:E - 1	ACTUAL EXPERIENCE (A)	PROJECTED (i.e., Expected; E)	A - E
a	Member Months (MM)	477,943	518,581	-7.8%							
b	Premium	\$308,921,495	\$328,014,280	-5.8%		\$646.36	\$632.52	2.2%			
c	Allowed Claims	\$339,350,763	\$323,115,571	5.0%		\$710.02	\$623.08	14.0%	109.9%	98.5%	11.3%
d	Incurred Claims	\$281,245,962	\$265,673,061	5.9%		\$588.45	\$512.31	14.9%	91.0%	81.0%	10.0%
e	Cost Sharing Reduction (CSR) Amounts	\$5,116,303	\$7,578,300	-32.5%		\$10.70	\$14.61	-26.7%	1.7%	2.3%	-0.7%
f	Risk Adjustment Transfer Amounts	\$3,160,582	(\$16,781,859)	-118.8%		\$6.61	(\$32.36)	-120.4%	1.0%	-5.1%	6.1%
g	Administrative Expense	\$18,854,673	\$23,518,795	-19.8%		\$39.45	\$45.35	-13.0%	6.1%	7.2%	-1.1%
h	Taxes and Fees	\$991,842	\$7,280,502	-86.4%		\$2.08	\$14.04	-85.2%	0.3%	2.2%	-1.9%
i	Profit Margin (a.k.a. Profit & Risk Load)	(\$360,420)	\$14,760,643	-102.4%		(\$0.75)	\$28.46	-102.6%	-0.1%	4.5%	-4.6%
j	Paid-to-Allowed Ratios	82.9%	82.2%	0.8%	0.7%						

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

\$22.99	\$28.46
\$23.75	(\$0.00)

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

91.0%	81.0%	10.0%
12.4%		

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

90.1%	85.4%	4.8%
5.6%		

[illegible]

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

Carrier Name:	Kaiser Foundation Healthplan of Washington
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

DATA -- EHB Allowed Claims

EXPERIENCE -- 2022

URRT w1 Benefit Category	Frequency Units	Units per 1,000	Unit Cost	EHB Cost PMPM
Inpatient Hospital	Days	1.27	\$5,194.52	\$0.55
Outpatient Hospital	Services	12.45	\$706.44	\$0.73
Professional	Services	127.84	\$160.47	\$1.71
Prescription Drug	Days Filled	87.65	\$83.83	\$0.61
Total				\$3.61

EXPERIENCE -- 2023

URRT w1 Benefit Category	Frequency Units	Units per 1,000	Unit Cost	EHB Cost PMPM
Inpatient Hospital	Days	1.39	\$4,992.07	\$0.58
Outpatient Hospital	Services	12.25	\$853.52	\$0.87
Professional	Services	145.03	\$159.64	\$1.93
Prescription Drug	Days Filled	95.86	\$84.60	\$0.68
Total				\$4.05

EXPERIENCE -- 2024

URRT w1 Benefit Category	Frequency Units	Units per 1,000	Unit Cost	EHB Cost PMPM
Inpatient Hospital	Days	1.68	\$5,049.52	\$0.71
Outpatient Hospital	Services	13.61	\$860.73	\$0.98
Professional	Services	167.86	\$166.01	\$2.32
Prescription Drug	Days Filled	114.81	\$93.86	\$0.90
Total				\$4.90

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

URRT w1 Benefit Category	Frequency Units	Units per 1,000	Unit Cost	EHB Cost PMPM
Inpatient Hospital	Days	1.73	\$6,021.15	\$0.87
Outpatient Hospital	Services	14.02	\$998.31	\$1.17
Professional	Services	171.23	\$178.80	\$2.55
Prescription Drug	Days Filled	144.96	\$102.44	\$1.24
Total				\$5.82

TRENDS -- EHB Allowed Claims

EXPERIENCE TREND -- 2022 to 2023

Service	Total EHB Cost	Utilization	Unit Cost	Unit Cost Components			
				Service Mix / Intensity	Reimbursement	Unit Cost	Check
Inpatient Hospital	4.74%	8.99%	-3.90%	-5.78%	2.00%	-3.90%	TRUE
Outpatient Hospital	18.90%	-1.59%	20.82%	18.45%	2.00%	20.82%	TRUE
Professional	12.86%	13.44%	-0.52%	-2.47%	2.00%	-0.52%	TRUE
Prescription Drug	10.36%	9.36%	0.92%	-0.08%	1.00%	0.92%	TRUE
Total	12.423%						

EXPERIENCE TREND -- 2023 to 2024

Service	Total EHB Cost	Utilization	Unit Cost	Unit Cost Components			
				Service Mix / Intensity	Reimbursement	Unit Cost	Check
Inpatient Hospital	22.32%	20.93%	1.15%	-3.67%	5.00%	1.15%	TRUE
Outpatient Hospital	12.02%	11.08%	0.85%	-3.96%	5.00%	0.85%	TRUE
Professional	20.36%	15.74%	3.99%	-0.96%	5.00%	3.99%	TRUE
Prescription Drug	32.89%	19.78%	10.95%	6.89%	3.80%	10.95%	TRUE
Total	20.935%						

ANNUALIZED PROJECTED TREND -- 2024 to 2026

Service	Total EHB Cost	Utilization	Unit Cost	Unit Cost Components			
				Service Mix / Intensity	Reimbursement	Unit Cost	Check
Inpatient Hospital	10.83%	1.50%	9.20%	0.00%	9.20%	9.20%	TRUE
Outpatient Hospital	9.31%	1.50%	7.70%	0.00%	7.70%	7.70%	TRUE
Professional	4.82%	1.00%	3.78%	0.00%	3.78%	3.78%	TRUE
Prescription Drug	17.39%	12.37%	4.47%	0.00%	4.47%	4.47%	TRUE
Total	8.981%						

Comments

WA Exhibit 4: Normalized Allowed Claims Analysis

Carrier Name:	Kaiser Foundation Healthplan of Washington
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

Table 3.1

Incurred Date (YYYYMM)	Member Months	Allowed Claims (as of 3/31/2025)	Allowed Claims Completion factor (based on IRNP estimates)	Ultimate Allowed Claims	One-Time Adjustment for High Claims (Non-Predictive Claims)	One-Time Adjustment for HCRP Receipts	Non-EHB Allowed Claims	Predictive Ultimate Allowed EHB Claims	Predictive Ultimate Allowed EHB Claims PMPM	Allowable Rating Adjustments					Accumulated Adjustments	Allowable Rating Adjustment Normalization Factor	Normalized Allowed Claims PMPM (to Experience Period)	Unadjusted 12-Month Rolling Allowed Claims Trend	Normalized 12-Month Rolling Allowed Claims Trend
										Morbidity Adjustment	Demographic Shift	Plan Design Changes	Other Adjustments	Combined Adjustment					
202201	63,915	\$30,678,768	1.0000	\$30,678,768	-		\$193,987	\$30,484,781	\$476.96	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0357	\$494.00		
202202	65,208	\$30,419,830	1.0000	\$30,419,830	-		\$196,889	\$30,222,941	\$463.49	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0357	\$480.05		
202203	64,162	\$35,598,484	1.0000	\$35,598,484	-		\$213,191	\$35,385,293	\$551.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0357	\$571.21		
202204	63,144	\$32,488,424	1.0000	\$32,488,424	-		\$189,827	\$32,298,598	\$511.51	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0357	\$529.78		
202205	62,355	\$31,116,774	1.0000	\$31,116,774	-		\$198,428	\$30,918,346	\$495.84	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0357	\$513.56		
202206	61,422	\$32,552,944	1.0000	\$32,552,944	-		\$229,406	\$31,219,620	\$508.28	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0357	\$526.44		
202207	60,720	\$30,348,442	1.0000	\$30,348,442	-	\$1,103,918	\$229,153	\$30,119,290	\$496.04	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0357	\$513.76		
202208	60,201	\$33,070,403	1.0000	\$33,070,403	-		\$186,390	\$32,884,013	\$546.24	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0357	\$565.75		
202209	59,591	\$30,583,625	1.0000	\$30,583,625	-		\$168,137	\$30,415,488	\$510.40	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0357	\$528.64		
202210	58,588	\$29,646,991	1.0000	\$29,646,991	-		\$187,085	\$29,459,905	\$502.83	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0357	\$520.80		
202211	57,674	\$31,285,533	1.0000	\$31,285,533	-		\$196,091	\$31,089,443	\$539.05	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0357	\$558.32		
202212	56,650	\$31,417,402	1.0000	\$31,417,402	-		\$200,154	\$31,214,248	\$551.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0357	\$570.69		
202301	54,470	\$29,614,970	1.0000	\$29,614,970	-		\$171,317	\$29,443,652	\$540.55	1.0110	1.0020	1.0000	1.0169	1.0301	1.0301	1.0055	\$543.50		
202302	54,911	\$27,013,040	1.0000	\$27,013,040	-		\$156,851	\$26,856,189	\$489.09	1.0110	1.0020	1.0000	1.0169	1.0301	1.0301	1.0055	\$491.75		
202303	54,406	\$34,807,731	1.0000	\$34,807,731	-		\$175,812	\$34,631,920	\$636.55	1.0110	1.0020	1.0000	1.0169	1.0301	1.0301	1.0055	\$640.02		
202304	53,671	\$27,013,935	1.0000	\$27,013,935	-		\$139,929	\$26,874,006	\$500.72	1.0110	1.0020	1.0000	1.0169	1.0301	1.0301	1.0055	\$503.45		
202305	53,031	\$30,285,933	1.0000	\$30,285,933	-		\$185,820	\$30,100,113	\$567.59	1.0110	1.0020	1.0000	1.0169	1.0301	1.0301	1.0055	\$570.69		
202306	52,297	\$30,108,431	1.0000	\$30,108,431	-	\$1,040,314	\$168,776	\$28,899,342	\$552.60	1.0110	1.0020	1.0000	1.0169	1.0301	1.0301	1.0055	\$555.62		
202307	51,758	\$29,429,915	1.0000	\$29,429,915	-		\$158,598	\$29,271,317	\$565.54	1.0110	1.0020	1.0000	1.0169	1.0301	1.0301	1.0055	\$568.63		
202308	51,372	\$31,474,832	1.0000	\$31,474,832	-		\$179,345	\$31,295,487	\$609.19	1.0110	1.0020	1.0000	1.0169	1.0301	1.0301	1.0055	\$612.52		
202309	50,859	\$29,311,342	1.0000	\$29,311,342	-		\$158,294	\$29,153,048	\$573.21	1.0110	1.0020	1.0000	1.0169	1.0301	1.0301	1.0055	\$576.34		
202310	50,370	\$32,444,576	1.0000	\$32,444,576	-		\$179,495	\$32,265,081	\$640.56	1.0110	1.0020	1.0000	1.0169	1.0301	1.0301	1.0055	\$644.06		
202311	49,565	\$32,318,364	1.0000	\$32,318,364	-		\$225,047	\$32,093,316	\$647.50	1.0110	1.0020	1.0000	1.0169	1.0301	1.0301	1.0055	\$651.03		
202312	48,107	\$28,900,910	1.0000	\$28,900,910	-		\$143,980	\$28,756,930	\$597.77	1.0110	1.0020	1.0000	1.0169	1.0301	1.0301	1.0055	\$601.03	12.39%	9.11%
202401	42,434	\$29,843,043	0.9921	\$30,080,885	-		\$166,704	\$29,914,181	\$704.96	1.0038	1.0017	1.0000	1.0000	1.0055	1.0357	1.0000	\$704.96	13.59%	10.47%
202402	42,120	\$27,422,115	0.9890	\$27,736,754	-		\$182,907	\$27,543,846	\$653.94	1.0038	1.0017	1.0000	1.0000	1.0055	1.0357	1.0000	\$653.94	15.62%	12.64%
202403	41,618	\$28,155,079	0.9871	\$28,524,366	-		\$173,823	\$28,350,543	\$681.21	1.0038	1.0017	1.0000	1.0000	1.0055	1.0357	1.0000	\$681.21	14.72%	12.03%
202404	41,034	\$29,309,839	0.9906	\$29,586,820	-		\$181,438	\$29,405,382	\$716.61	1.0038	1.0017	1.0000	1.0000	1.0055	1.0357	1.0000	\$716.61	18.23%	15.66%
202405	40,377	\$27,967,724	0.9868	\$28,341,991	-		\$164,972	\$28,177,019	\$697.85	1.0038	1.0017	1.0000	1.0000	1.0055	1.0357	1.0000	\$697.85	18.89%	16.55%
202406	39,939	\$25,282,272	0.9849	\$25,671,182	-	\$1,215,068	\$181,952	\$24,774,162	\$607.78	1.0038	1.0017	1.0000	1.0000	1.0055	1.0357	1.0000	\$607.78	19.14%	17.03%
202407	39,541	\$27,925,098	0.9929	\$28,125,513	-		\$151,351	\$27,974,162	\$707.47	1.0038	1.0017	1.0000	1.0000	1.0055	1.0357	1.0000	\$707.47	20.07%	18.18%
202408	39,116	\$27,611,151	1.0128	\$27,263,214	-		\$146,246	\$27,116,968	\$693.24	1.0038	1.0017	1.0000	1.0000	1.0055	1.0357	1.0000	\$693.24	20.33%	18.69%
202409	38,801	\$26,603,904	0.9944	\$26,753,987	-		\$143,054	\$26,610,933	\$685.83	1.0038	1.0017	1.0000	1.0000	1.0055	1.0357	1.0000	\$685.83	21.05%	19.65%
202410	38,291	\$29,717,149	0.9790	\$30,355,393	-		\$183,575	\$30,171,818	\$787.96	1.0038	1.0017	1.0000	1.0000	1.0055	1.0357	1.0000	\$787.96	20.71%	19.55%
202411	37,709	\$26,235,698	0.9632	\$27,238,030	-		\$142,235	\$27,095,795	\$718.55	1.0038	1.0017	1.0000	1.0000	1.0055	1.0357	1.0000	\$718.55	19.95%	19.04%
202412	36,963	\$26,329,001	0.9503	\$27,705,327	-		\$159,048	\$27,546,280	\$745.24	1.0038	1.0017	1.0000	1.0000	1.0055	1.0357	1.0000	\$745.24	21.48%	20.82%

Table 3.2

Plan Year	Total Member Months	Total Allowed Claims (as of 3/31/2025)	Total Ultimate Allowed Claims	Total One-Time Adjustment for High Claims (Non-Predictive Claims)	Total One-Time Adjustment for HCRP Receipts	Total Non-EHB Allowed Claims	Total Predictive Ultimate Allowed EHB Claims	Total Predictive Ultimate Allowed EHB Claims PMPM
2022	733,630	\$379,207,621	\$379,207,621	-	\$1,103,918	\$2,391,738	\$375,711,965	\$512.13
2023	624,817	\$362,723,978	\$362,723,978	-	\$1,040,314	\$2,043,263	\$359,640,401	\$575.59
2024	477,943	\$332,402,072	\$337,373,460	-	\$1,215,068	\$1,977,303	\$334,181,090	\$699.21

Comments

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

Carrier Name:

Kaiser Foundation Healthplan of Washington

Market:

Individual

Rate Filing Plan Year:

2026

Experience Period Year:

2024

Table 1

Component	ACTUAL EXPERIENCE (A)		PROJECTED (i.e., EXPECTED; E)				A:E	
	2021 to 2023	2022 to 2024	2021 to 2023	2022 to 2024	2023 to 2025	2024 to 2026	2021 to 2023	2022 to 2024
	(2)	(3)	(4)	(5)	(6)	(7)	(8) (2) vs. (4)	(9) (3) vs. (5)
URRT Worksheet 1								
Annualized Cost Trend Factor	1.010	1.011	1.015	1.048	1.048	1.054	0.995	0.965
Annualized Utilization Trend Factor	1.057	1.144	1.020	1.026	1.042	1.030	1.036	1.115
Morbidity Adjustment	1.000	1.000	1.021	1.029	1.000	1.000	0.979	0.972
Demographic Shift	1.000	1.000	1.004	1.007	1.005	1.000	0.996	0.993
Plan Design Changes	1.000	1.000	1.000	1.000	1.005	1.001	1.000	1.000
Other	1.000	1.000	1.000	1.000	1.000	1.070	1.000	1.000

¹ Ratios for factors. Subtraction for percents.

Comments

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

Carrier Name:	Kaiser Foundation Healthplan of Washington
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

Table 8.1

					Projections			Difference of Pricing Value and Metal Value		
HIOS Plan ID	Metal Level	AV Metal Value 2024	AV Metal Value 2025	AV Metal Value 2026	AV Pricing Value 2024	AV Pricing Value 2025	AV Pricing Value 2026	2024	2025	2026
80473WA0540001	Catastrophic	0.6193	0.6800	0.5700	0.6708	0.5884	0.5700	0.0516	-0.0916	0.0000
80473WA0780001	Bronze	0.6477	0.6463	0.6491	0.7111	0.7669	0.6443	0.0633	0.1207	-0.0047
80473WA0780002	Silver	0.7144	0.7147	0.7124	0.8045	0.8362	0.7105	0.0901	0.1215	-0.0019
80473WA0780003	Bronze	0.6477	0.6463	0.6491	0.7124	0.7669	0.6443	0.0646	0.1207	-0.0047
80473WA0990001	Bronze	0.6455	0.6493	0.6489	0.7232	0.6939	0.6523	0.0777	0.0447	0.0034
80473WA0990003	Bronze	0.6169	0.6159	0.6343	0.7050	0.7287	0.6447	0.0880	0.1128	0.0104
80473WA1000001	Silver	0.7190	0.7166	0.7192	0.9145	0.8982	0.7170	0.1954	0.1816	-0.0021
80473WA1000001-04	Silver	0.7398	0.7388	0.7391	0.9145	0.8982	0.7408	0.1747	0.1594	0.0018
80473WA1000001-05	Silver	0.8745	0.8792	0.8793	0.9145	0.8982	0.8788	0.0400	0.0190	-0.0005
80473WA1000001-06	Silver	0.9411	0.9423	0.9484	0.9145	0.8982	0.9484	-0.0266	-0.0441	0.0000
80473WA1000002	Gold	0.7834	0.7908	0.7992	0.9483	0.9292	0.8007	0.1650	0.1384	0.0015
80473WA1000004	Silver	0.6867	0.6939	0.6983	0.7741	0.7838	0.7000	0.0874	0.0900	0.0017
80473WA1000005	Gold	0.8189	0.8139	0.8181	1.0009	0.9970	0.8192	0.1820	0.1831	0.0011
80473WA1000006	Silver	0.7179	0.7075	0.7133	0.9518	0.9367	0.7145	0.2339	0.2292	0.0012
80473WA1000006-04	Silver	0.7412	0.7328	0.7349	0.9518	0.9367	0.7362	0.2106	0.2039	0.0013
80473WA1000006-05	Silver	0.8856	0.8789	0.8778	0.9518	0.9367	0.8789	0.0662	0.0578	0.0011
80473WA1000006-06	Silver	0.9474	0.9473	0.9476	0.9518	0.9367	0.9482	0.0044	-0.0106	0.0006
80473WA1000007	Bronze	0.6455	0.6364	0.6364	0.7322	0.7576	0.6396	0.0867	0.1212	0.0032
80473WA1000011	Gold			0.7806			0.7816	0.0000	0.0000	0.0010
80473WA1000012	Silver			0.6864			0.6840	0.0000	0.0000	-0.0023
80473WA1000013	Gold			0.7801			0.7806	0.0000	0.0000	0.0005
80473WA1000014	Gold			0.8102			0.8116	0.0000	0.0000	0.0014
80473WA1000015	Silver			0.7192			0.7096	0.0000	0.0000	-0.0096

Overall AV Metal Value			Overall AV Pricing Value			Difference of Pricing Value and Metal Value		
2024	2025	2026	2024	2025	2026	2024	2025	2026
0.6932	0.6958	0.7251	0.8195	0.8238	0.7758	0.1263	0.1280	0.0507

Comments

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

Carrier Name:	Kaiser Foundation Healthplan of Washington
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

Table Component	ACTUAL EXPERIENCE (A)			PROJECTED (i.e., EXPECTED; E)					YEAR-TO-YEAR CHANGE in PROJECTED AMOUNTS				2024 EXPERIENCE to 2026 PROJECTED	A:E		
	2022	2023	2024	2022	2023	2024	2025	2026	2022 to 2023	2023 to 2024	2024 to 2025	2025 to 2026		2022	2023	2024
Paid-to-Allowed Ratio (All, Unadjusted)	0.8195	0.8167	0.8288	0.7491	0.7660	0.8222	0.9205	0.7739	1.023	1.073	1.119	0.841	0.934	1.094	1.066	1.008
Paid-to-Allowed Ratio (Catastrophic, Unadjusted)	0.7474	0.6687	0.5872	0.5903	0.5864	0.6315	0.9202	0.3277	0.993	1.077	1.457	0.356	0.558	1.266	1.140	0.930
Paid-to-Allowed Ratio (Bronze, Unadjusted)	0.7477	0.7380	0.7431	0.6990	0.7037	0.7606	0.8614	0.6467	1.007	1.081	1.133	0.751	0.870	1.070	1.049	0.977
Paid-to-Allowed Ratio (Silver, Unadjusted)	0.8478	0.8373	0.8427	0.8258	0.8332	0.8866	1.0181	1.0292	1.009	1.064	1.148	1.011	1.221	1.027	1.005	0.950
Paid-to-Allowed Ratio (Gold, Unadjusted)	0.8742	0.8757	0.8874	0.8363	0.8486	0.8781	0.9086	0.8034	1.015	1.035	1.035	0.884	0.905	1.045	1.032	1.011
Paid-to-Allowed Ratio (Platinum, Unadjusted)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
AV and Cost Sharing Design of Plan Development Components																
AV Pricing Value	0.8199	0.8177	0.8290	0.7495	0.7659	0.8223	0.8260	0.7758	1.022	1.074	1.004	0.939	0.936	1.094	1.068	1.008
Induced Demand Factor (IDF)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
CSR Silver Load	1.0241	1.0299	1.0182	1.0228	1.0245	1.0282	1.0153	1.0466	1.002	1.004	0.987	1.031	1.028	1.001	1.005	0.990
Factor for cost of abortion services for which public funding is prohibited	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
AV and Cost Sharing Design of Plan	0.8396	0.8421	0.8441	0.7666	0.7846	0.8456	0.8386	0.8119	1.023	1.078	0.992	0.968	0.962	1.095	1.073	0.998
Benefits in Addition to EHB	1.0063	1.0056	1.0059	1.0080	1.0072	1.0070	1.0058	1.0071	0.999	1.000	0.999	1.001	1.001	0.998	0.998	0.999
Catastrophic Adjustment	0.9980	0.9987	0.9990	0.9968	0.9980	0.9987	0.9990	0.9949	1.001	1.001	1.000	0.996	0.996	1.001	1.001	1.000

Comments

WA Exhibit 8: CSR Related Experience

Carrier Name:	Kaiser Foundation Healthplan of Washington
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

Table

					Plan Year 2024 Actual Experience							
HIOS Plan ID	Metal Level	CSR Plan Variant	2026 Plan Category (New, Renewing, Terminated)	CSR Silver Load (Projected)	Member Months	Allowed Claims	Paid Claims	Paid-to-Allowed Ratio	CSR Paid Claims	CSR-Adjusted Paid-to-Allowed Ratio	APTC Payments	Net CSR Funds
80473WA1000001-01	Silver	NA	Renewing		799	\$3,186,973	\$2,425,020	0.760916205		0.760916205	\$42,681	
80473WA1000001-04	Silver	CSR 73%	Renewing		2,059	\$1,008,556	\$733,672	0.727447158	\$23,431	0.704214793	\$1,713,287	\$1,689,856
80473WA1000001-05	Silver	CSR 87%	Renewing		4,577	\$3,139,937	\$2,782,541	0.88617752	\$434,019	0.747952016	\$3,785,173	\$3,351,153
80473WA1000001-06	Silver	CSR 94%	Renewing		2,184	\$2,200,617	\$2,082,852	0.946485529	\$383,411	0.772256834	\$1,975,658	\$1,592,248
80473WA1000006-01	Silver	NA	Renewing		21,659	\$15,301,524	\$12,630,796	0.82546001		0.82546001	\$5,015,445	
80473WA1000006-04	Silver	CSR 73%	Renewing		12,928	\$7,854,968	\$6,366,972	0.810566288	\$84,734	0.79977898	\$6,425,673	\$6,340,939
80473WA1000006-05	Silver	CSR 87%	Renewing		25,282	\$22,209,691	\$20,337,045	0.915683387	\$2,134,006	0.819598917	\$14,583,297	\$12,449,291
80473WA1000006-06	Silver	CSR 94%	Renewing		10,636	\$9,274,087	\$8,919,128	0.961725716	\$1,361,473	0.814921721	\$7,050,796	\$5,689,323
80473WA1000008-01	Silver	NA	Terminated		3,715	\$1,600,844	\$1,197,703	0.74816954		0.74816954	\$826,617	
80473WA1000008-04	Silver	CSR 73%	Terminated		1,335	\$488,985	\$379,669	0.776443526	\$7,538	0.761027439	\$662,699	\$655,161
80473WA1000008-05	Silver	CSR 87%	Terminated		4,858	\$2,642,624	\$2,332,332	0.882581932	\$277,206	0.777683957	\$2,902,841	\$2,625,635
80473WA1000008-06	Silver	CSR 94%	Terminated		3,831	\$2,552,165	\$2,446,677	0.958667112	\$410,484	0.797829507	\$2,592,682	\$2,182,198

Comments

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

Carrier Name:	Kaiser Foundation Healthplan of Washington
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

HIOS Plan ID	Metal Level	2026 Plan Category (New, Renewing, Terminated)	Exchange Plan?	Requesting Expanded AV Pricing Value Range	AV Metal Value	AV Pricing Value	Induced Demand Factor (IDF)	CSR Silver Load	Check AV Pricing Value within 2% (or 3%) of AV Metal Value	Check Expected Risk Adjustment IDF	Check CSR Silver Load
80473WA0540001	Catastrophic	Renewing	No		57.00%	57.00%	0.9949	1.0000	0.00%	0.9949	
80473WA0780001	Bronze	Renewing	Yes		64.91%	64.43%	1.0108	1.0000	-0.47%	1.0108	
80473WA0780002	Silver	Renewing	No		71.24%	71.05%	1.0343	1.0000	-0.19%	1.0343	
80473WA0780003	Bronze	Renewing	Yes		64.91%	64.43%	1.0108	1.0000	-0.47%	1.0108	
80473WA0990001	Bronze	Renewing	Yes		64.89%	65.23%	1.0132	1.0000	0.34%	1.0132	
80473WA0990003	Bronze	Renewing	Yes		63.43%	64.47%	1.0109	1.0000	1.04%	1.0109	
80473WA1000001	Silver	Renewing	Yes		71.92%	71.70%	1.0371	1.0000	-0.21%	1.0371	
80473WA1000001-04	Silver	Renewing	Yes		73.91%	74.08%	1.0480	1.4350	0.18%	1.0480	1.435
80473WA1000001-05	Silver	Renewing	Yes		87.93%	87.88%	1.1335	1.4350	-0.05%	1.1335	1.435
80473WA1000001-06	Silver	Renewing	Yes		94.84%	94.84%	1.1911	1.4350	0.00%	1.1911	1.435
80473WA1000002	Gold	Renewing	Yes		79.92%	80.07%	1.0804	1.0000	0.15%	1.0804	
80473WA1000004	Silver	Renewing	No		69.83%	70.00%	1.0300	1.0000	0.17%	1.0300	
80473WA1000005	Gold	Renewing	Yes		81.81%	81.92%	1.0919	1.0000	0.11%	1.0919	
80473WA1000006	Silver	Renewing	Yes		71.33%	71.45%	1.0360	1.0000	0.12%	1.0360	
80473WA1000006-04	Silver	Renewing	Yes		73.49%	73.62%	1.0458	1.4350	0.13%	1.0458	1.435
80473WA1000006-05	Silver	Renewing	Yes		87.78%	87.89%	1.1335	1.4350	0.11%	1.1335	1.435
80473WA1000006-06	Silver	Renewing	Yes		94.76%	94.82%	1.1909	1.4350	0.06%	1.1909	1.435
80473WA1000007	Bronze	Renewing	Yes		63.64%	63.96%	1.0095	1.0000	0.32%	1.0095	
80473WA1000011	Gold	New	Yes		78.06%	78.16%	1.0693	1.0000	0.10%	1.0693	
80473WA1000012	Silver	New	No		68.64%	68.40%	1.0239	1.0000	-0.23%	1.0239	
80473WA1000013	Gold	New	Yes		78.01%	78.06%	1.0687	1.0000	0.05%	1.0687	
80473WA1000014	Gold	New	Yes		81.02%	81.16%	1.0871	1.0000	0.14%	1.0871	
80473WA1000015	Silver	New	No		71.92%	70.96%	1.0339	1.0000	-0.96%	1.0339	

Comments

WA Exhibit 10: Summarized Risk Adjustment (RA)

Carrier Name	Kaiser Foundation Healthplan of Washington
Market	Individual
Rate Filing Year	2026
Experience	2024

ACTUAL EXPERIENCE, 2024										PROJECTED (i.e., EXPECTED), 2026										PROJECTED (i.e., EXPECTED), 2026 versus ACTUAL EXPERIENCE, 2024									
Description	Statewide Metal Plans	Total for Metal + Catastrophic	Carrier				Statewide Catastrophic Plans	Carrier Catastrophic		Description	Statewide Metal Plans	Total for Metal + Catastrophic	Carrier				Statewide Catastrophic Plans	Carrier Catastrophic		Description	Statewide Metal Plans	Total for Metal + Catastrophic	Carrier				Statewide Catastrophic Plans	Carrier Catastrophic	
			Platinum	Gold	Silver	Bronze							Platinum	Gold	Silver	Bronze							Platinum	Gold	Silver	Bronze			
Billable Member Months (MM)		509,228	505,804	-	107,410	133,556	244,838		3,424	Billable Member Months (MM)		382,164	377,616	-	119,064	77,208	181,344		4,548		1,000	0.750	0.747	1,108	0.503	0.741		1,328	
Actual Value (AV)	0.686	0.673	0.900	0.800	0.700	0.600	0.570	0.570		Actual Value (AV)	0.686	0.684	0.900	0.800	0.700	0.600	0.570	0.570		1,000	1,016	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
Plan Liability Risk Score (PLRS)	1.292	1.312	0.000	2.473	1.313	0.803	0.177	0.177		Plan Liability Risk Score (PLRS)	1.221	1.234	0.000	1.966	1.233	0.754	0.164	0.164		0.945	0.940	0.795	0.939	0.939	0.939	0.939	0.923	0.923	
Allowable Rating Factor (ARF)	1.711	1.755	0.000	1.611	1.743	1.826	1.005	1.005		Allowable Rating Factor (ARF)	1.711	1.741	0.000	1.611	1.743	1.826	1.005	1.005		1,000	0.992	0.990	1,000	1,000	1,000	1,000	1,000	1,000	
Induced Demand Factor (IDF)	1.030	1.026	0.000	1.080	1.030	1.000	1.000	1.000		Induced Demand Factor (IDF)	1.030	1.031	0.000	1.080	1.030	1.000	1.000	1.000		1,000	1.005	1,000	1,000	1,000	1,000	1,000	1,000	1,000	
Geographic Cost Factor (GCF)	1.001	0.997	0.000	0.996	0.998	0.996	1.000	1.000		Geographic Cost Factor (GCF)	1.001	0.996	0.000	0.996	0.998	0.996	1.001	1.001		1,000	1.000	1,000	1,000	1,000	1,000	1,001	1,001	1,001	
Statewide Average Premium (SWAP) PMPM										Starting SWAP PMPM	\$590.07							\$251.37											
Trend from 2024 to 2025										Trend from 2024 to 2025	9.60%							9.60%											
Trend from 2025 to 2026										Trend from 2025 to 2026	10.00%							10.00%											
Final SWAP PMPM (before 80% adjustment is applied)								\$251.37		Final SWAP PMPM (before 80% adjustment is applied)	\$711.39							\$303.05											
Plan Liability Component approximation = PLRS * IDF * GCF							0.177	0.177	0.177	Plan Liability Component approximation = PLRS * IDF * GCF	1.258		1.268	0.000	2.114	1.267	0.751	0.164	0.164		0.945		0.945		0.795	0.939	0.939		0.924
Normalized PLRS * IDF * GCF (N1)							1.000	1.000	1.000	Normalized PLRS * IDF * GCF (N1)	1.258		1.008	0.000	1.680	1.007	0.597	1.000	1.000		1,000		1,000		0.842	0.994	0.994		1,000
Allowable Rating Component approximation = AV * ARF * IDF * GCF							0.573	0.573	0.573	Allowable Rating Component approximation = AV * ARF * IDF * GCF	1.211		1.223	0.000	1.386	1.253	1.092	0.573	0.573		1,000		1,013		1,000	1,000	1,000		1,001
Normalized AV * PLRS * IDF * GCF (N2)							1.000	1.000	1.000	Normalized AV * PLRS * IDF * GCF (N2)	1.010		1.010	0.000	1.144	1.035	0.902	1.000	1.000		1,000		1.013		1,000	1,000	1,000		1,000
Approximate Transfer PMPM (P * (N1 - N2) * 0.86)	\$5.22	\$0.00	\$432.02		(\$11.16)	(\$152.74)	\$0.00	\$0.00	\$0.00	Approximate Transfer PMPM (P * (N1 - N2) * 0.86)	\$10.24	\$0.00	\$327.57		(\$17.26)	(\$186.40)	\$0.00	\$0.00	\$0.00		1,662		1,662		0.758	1.546	1.220		
Approximate Aggregate Transfer (Transfer PMPM * MM)	\$2,640,792	\$0	\$46,403,553		(\$1,714,376)	(\$37,396,312)	\$0	\$0	\$0	Approximate Aggregate Transfer (Transfer PMPM * MM)	\$3,867,430	\$0	\$39,001,646		(\$1,332,558)	(\$3,801,657)	\$0	\$0	\$0		1,464		1,464		0.840	0.777	0.904		
Aggregate Experience RA (Rate Development)	6.204827973	\$6.25	\$0.00	\$414.64	\$-19.05	\$-157.05	\$0.00	\$0.00	\$0.00	Aggregate Projected (Rate Development) RA Transfer PMPM	10.53675532	\$10.66	\$0.00	\$325.48	\$-16.60	\$-184.42	\$0.00	\$0.00	\$0.00		1,698	1,707		0.785	0.871	1.174			
Transfer PMPM Difference		\$1.03	\$0.00	\$-17.38	\$-7.89	\$-4.31	\$0.00	\$0.00	\$0.00	Transfer PMPM Difference	\$0.42	\$0.00	\$0.00	\$0.66	\$0.66	\$1.97	\$0.00	\$0.00	\$0.00		0.411	0.411		0.120	(0.084)	(0.457)			
HCRP assessment PMPM	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	HCRP assessment PMPM (amounts should be negative)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00										
HCRP receipts PMPM	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	HCRP receipts PMPM (amounts should be positive)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00										
RADV adjustment PMPM, if applicable	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	RADV adjustment PMPM, if applicable	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00										
Final Risk Adjustment PMPM	\$6.20	\$6.25	\$0.00	\$414.64	\$-19.05	\$-157.05	\$0.00	\$0.00	\$0.00	Final Risk Adjustment PMPM	\$10.54	\$10.66	\$0.00	\$325.48	\$-16.60	\$-184.42	\$0.00	\$0.00	\$0.00		1,698	1,707		0.785	0.871	1.174			

PROJECTED (i.e., EXPECTED), 2024										ACTUAL EXPERIENCE, 2024 versus PROJECTED (i.e., EXPECTED), 2024									
Description	Statewide Metal Plans	Total for Metal + Catastrophic	Carrier				Statewide Catastrophic Plans	Carrier Catastrophic		Description	Statewide Metal Plans	Total for Metal + Catastrophic	Carrier				Statewide Catastrophic Plans	Carrier Catastrophic	
			Platinum	Gold	Silver	Bronze							Platinum	Gold	Silver	Bronze			
Billable Member Months (MM)		518,581	513,957		93,677	158,692	261,588		4,624			0.982	0.984	1,147	0.968	0.936			0.741
Actual Value (AV)	0.686		0.667	0.900	0.800	0.700	0.600	0.000	0.570	1,000	1,008	1,000	1,000	1,000	1,000	1,000	1,000		1,000
Plan Liability Risk Score (PLRS)	1.296		1.215	0.000	2.639	1.261	0.678	0.000	0.273	0.997	1.080		0.937	1.042	1.185			0.650	
Allowable Rating Factor (ARF)	1.756		1.755	0.000	1.629	1.766	1.793	0.000	1.005	0.975	1.000		0.989	0.987	1.019			1,000	
Induced Demand Factor (IDF)	1.027		1.024	0.000	1.080	1.030	1.000	0.000	1.000	1.003	1.002		1.000	1,000	1,000	1,000	1,000		1,000
Geographic Cost Factor (GCF)	1.001		0.989	0.000	0.986	0.990	0.990	0.000	1.013	1.000	1.008		1.009	1,008	1,007			0.987	
Statewide Average Premium (SWAP) PMPM																			
Starting SWAP PMPM		\$537.44							\$462.20										
Trend from 2022 to 2023		6.57%							10.51%										
Trend from 2023 to 2024		6.94%							18.32%										
Final SWAP PMPM (before 80% adjustment is applied)		\$612.48							\$684.32										
Plan Liability Component approximation = PLRS * IDF * GCF			1.231	0.000	2.812	1.285	0.671	0.276	0.000	1.091	0.946	1.050	1.193					0.416	
Normalized PLRS * IDF * GCF (N1)			0.924	0.000	2.111	0.965	0.504	TBD			0.946	1.050	1.193					0.642	
Allowable Rating Component approximation = AV * ARF * IDF * GCF	1.239		1.186	0.000	1.388	1.260	1.064	0.580	0.000	0.977	1.019	0.999	0.995	1.026				0.987	
Normalized AV * PLRS * IDF * GCF (N2)			0.957	0.000	1.120	1.017	0.859	TBD		1.042	1.022	1.018	1.050						
Approximate Transfer PMPM (P * (N1 - N2) * 0.86)			\$0	\$521.63	(\$27.52)	(\$187.27)	TBD	TBD		(0.300)	0.828	0.406	0.816						
Approximate Aggregate Transfer (Transfer PMPM * MM)			(\$1,493,530)	\$0	\$48,864,325	(\$4,367,398)	(\$48,988,736)	TBD		(0.295)	0.950	0.393	0.763						
Aggregate Projected (Rate Development) RA Transfer PMPM		TBD	TBD	\$0.00	\$479.67	\$-52.49	\$-204.08	\$0.00	\$0.00		0.864	0.363	0.770						
Transfer PMPM Difference			TBD	\$0.00	\$-41.96	\$-24.97	\$-16.81	TBD	TBD					0.316	0.316	0.257			
HCRP assessment PMPM (amounts should be negative)		TBD	TBD	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00										
HCRP receipts PMPM (amounts should be positive)		TBD	TBD	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00										
RADV adjustment PMPM, if applicable		TBD	TBD	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00										
Final Risk Adjustment PMPM		TBD	TBD	\$0.00	\$479.67	\$-52.49	\$-204.08	\$0.00	\$0.00					0.864	0.363	0.770			

Comments

WA Exhibit 11: Retention / Administrative Costs

Carrier Name:	Kaiser Foundation Healthplan of Washington
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

Description		ACTUAL EXPERIENCE (A)						PROJECTED (I.e., EXPECTED; E)										YEAR-TO-YEAR SHIFTS in PROJECTED AMOUNTS								2024 EXPERIENCE to 2026 PROJECTED		A/E					
		2022		2023		2024		2022		2023		2024		2025		2026		2022 to 2023		2023 to 2024		2024 to 2025		2025 to 2026				2022		2023		2024	
		% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM		
Administrative Expenses																																	
Commissions		1.42%	\$7.04	1.42%	\$7.59	1.19%	\$7.72	1.73%	\$8.19	1.47%	\$7.68	1.46%	\$9.21	0.95%	\$6.54	0.59%	\$4.52	-0.26%	-6.18%	-0.01%	19.89%	-0.50%	-28.99%	-0.37%	-30.88%	-0.61%	-41.45%	0.30%	16.29%	0.05%	1.17%	0.26%	19.29%
Quality improvement		0.10%	\$0.49	0.18%	\$0.95	0.05%	\$0.34	0.84%	\$3.98	0.47%	\$2.44	0.08%	\$0.49	0.14%	\$0.95	0.04%	\$0.34	-0.37%	-38.68%	-0.39%	-80.01%	0.06%	94.04%	-0.09%	-63.77%	-0.01%	0.00%	0.74%	715.80%	0.29%	157.31%	0.02%	42.25%
Investment income credit (enter as a negative number)		-1.11%	(\$5.50)	-1.21%	(\$6.48)	-1.42%	(\$9.15)	-0.01%	(\$0.03)	-0.15%	(\$0.79)	-0.47%	(\$2.95)	-0.49%	(\$3.38)	-0.37%	(\$2.87)	-0.14%	2291.23%	-0.32%	275.30%	-0.03%	14.59%	0.12%	-15.07%	1.04%	-68.65%	1.10%	-99.40%	1.06%	-87.89%	0.95%	-67.79%
Commercial reinsurance premium		0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD
Other administrative expenses		7.01%	\$34.68	6.60%	\$35.33	6.27%	\$40.54	7.45%	\$35.33	6.95%	\$36.37	5.70%	\$36.08	5.47%	\$37.46	5.22%	\$40.07	-0.49%	2.95%	-1.25%	-0.81%	-0.23%	3.84%	-0.25%	6.95%	-1.05%	-1.16%	0.44%	1.88%	0.35%	3.00%	-0.57%	-11.00%
Total administrative expenses		7.42%	\$36.71	6.98%	\$37.37	6.10%	\$39.45	10.01%	\$47.46	8.74%	\$45.71	6.77%	\$42.83	6.07%	\$41.57	5.48%	\$42.06	-1.27%	-3.70%	-1.97%	-6.30%	-0.70%	-2.94%	-0.59%	1.18%	-0.62%	6.62%	2.59%	29.30%	1.75%	22.32%	0.67%	8.57%
Taxes and Fees																																	
Premium tax		2.00%	\$9.89	2.00%	\$10.70	2.00%	\$12.93	2.00%	\$9.49	2.00%	\$10.46	2.00%	\$12.65	2.00%	\$13.70	2.00%	\$15.34	0.00%	10.28%	0.00%	20.91%	0.00%	8.30%	0.00%	11.98%	0.00%	18.68%	0.00%	-4.11%	0.00%	-2.24%	0.00%	-2.14%
Federal income tax		0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD
WA OIC regulatory surcharge		0.0668%	\$0.33	0.0984%	\$0.53	0.0809%	\$0.52	0.0894%	\$0.52	0.0894%	\$0.47	0.0788%	\$0.50	0.0788%	\$0.54	0.0784%	\$0.60	0.00%	10.28%	-0.01%	6.64%	0.00%	8.30%	0.00%	11.41%	0.00%	15.11%	0.02%	28.37%	-0.01%	-11.18%	0.00%	-4.60%
WA OIC fraud surcharge		0.0000%	\$0.00	0.0000%	\$0.00	0.0000%	\$0.00	0.0052%	\$0.02	0.0052%	\$0.03	0.0047%	\$0.03	0.0047%	\$0.03	0.0047%	\$0.04	0.00%	10.28%	0.00%	9.05%	0.00%	8.30%	0.00%	12.09%	0.00%	TBD	0.01%	TBD	0.01%	TBD	0.00%	TBD
Risk adjustment user fee		0.05%	\$0.25	0.04%	\$0.22	0.03%	\$0.21	0.05%	\$0.25	0.04%	\$0.22	0.00%	0.03%	0.03%	\$0.18	0.03%	\$0.20	-0.01%	-12.00%	-0.04%	-99.85%	0.03%	54116.24%	0.00%	11.11%	-0.01%	-5.62%	0.00%	-0.15%	0.00%	-0.90%	-0.03%	-99.84%
PCORI fee		0.05%	\$0.23	0.05%	\$0.27	0.04%	\$0.24	0.56%	\$2.66	0.53%	\$2.79	0.04%	\$0.28	0.04%	\$0.30	0.04%	\$0.32	-0.03%	4.89%	-0.49%	-90.10%	0.00%	8.05%	0.00%	6.75%	0.00%	34.46%	0.51%	1049.19%	0.48%	929.18%	0.01%	16.58%
Mitigating inequity fee		0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD
WSHIP assessment		0.08%	\$0.39	0.05%	\$0.27	0.01%	\$0.09	0.12%	\$0.59	0.09%	\$0.46	0.05%	\$0.31	0.02%	\$0.14	0.01%	\$0.06	-0.04%	-21.48%	-0.04%	-32.37%	-0.03%	-57.05%	-0.01%	-55.56%	-0.01%	-30.51%	0.05%	51.90%	0.04%	74.92%	0.04%	263.99%
WAPAL assessment		0.01%	\$0.04	0.02%	\$0.08	0.01%	\$0.05	0.00%	\$0.00	0.00%	\$0.00	0.01%	\$0.06	0.01%	\$0.06	0.01%	\$0.06	0.00%	TBD	0.01%	TBD	0.00%	0.00%	0.00%	0.00%	0.00%	20.27%	-0.01%	-100.00%	-0.02%	-100.00%	0.00%	20.27%
Total administrative expenses		2.25%	\$11.13	2.26%	\$12.07	2.17%	\$14.03	2.83%	\$13.44	2.76%	\$14.43	2.19%	\$13.83	2.18%	\$14.95	2.17%	\$16.62	-0.07%	7.40%	-0.57%	-4.17%	0.00%	8.07%	-0.02%	11.19%	-0.01%	18.41%	0.58%	20.73%	0.50%	19.55%	0.02%	-1.46%
Profit & Risk Load		-8.11%	(\$40.13)	-4.49%	(\$24.02)	-1.42%	(\$9.15)	3.00%	\$14.23	3.00%	\$15.69	4.50%	\$28.46	4.50%	\$30.83	3.00%	\$23.01	0.00%	10.28%	1.50%	81.37%	0.00%	8.30%	-1.50%	-25.34%	4.42%	-351.44%	11.11%	-135.46%	7.49%	-165.32%	5.92%	-410.99%
Total Retention (excluding Exchange Fee)		1.56%	\$7.70	4.75%	\$25.42	6.86%	\$44.33	15.84%	\$75.13	14.50%	\$75.83	13.46%	\$85.12	12.75%	\$87.34	10.65%	\$81.69	-1.34%	0.93%	-1.04%	12.25%	-0.71%	2.61%	-2.10%	-6.47%	3.79%	84.27%	14.28%	875.16%	9.75%	198.36%	6.60%	92.01%
Exchange User Fee *		0.42%	\$2.09	0.37%	\$1.98	0.32%	\$2.08	0.43%	\$2.04	0.39%	\$2.05	0.40%	\$2.52	0.52%	\$3.57	0.47%	\$3.63	-0.04%	0.28%	0.01%	23.07%	0.12%	41.60%	-0.05%	1.62%	0.15%	74.92%	0.01%	-2.24%	0.02%	3.33%	0.08%	21.55%
Total Retention (including Exchange Fee)		1.98%	\$9.80	5.12%	\$27.40	7.18%	\$46.41	16.27%	\$77.18	14.89%	\$77.88	13.86%	\$87.65	13.27%	\$90.91	11.12%	\$85.32	-1.38%	0.92%	-1.03%	12.53%	-0.58%	3.73%	-2.15%	-6.15%	3.94%	83.85%	14.29%	687.88%	9.77%	184.24%	6.68%	88.86%
Projected Required Premium PMPM			\$494.70		\$535.12		\$646.36		\$474.37		\$523.12		\$632.52		\$685.01		\$767.09	10.28%		20.91%		8.30%		11.98%		18.68%		-4.11%		-2.24%		-2.14%	

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

Comments

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

Carrier Name:	Kaiser Foundation Healthplan of Washington
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

Description	PROJECTED (i.e., EXPECTED), 2026	
	% of Premium	PMPM
Aggregate Projected Administrative Costs		
3.6 Administrative Expense	5.48%	\$42.06
3.7 Taxes and Fees	2.17%	\$16.62
3.8 Profit & Risk Load	3.00%	\$23.01
Total Retention (excluding Exchange Fee)	10.65%	\$81.69
Aggregate Projected Amounts PMPM		
Exchange user fee		\$3.63
4.15 Incurred Claims		\$692.31
4.16 Risk Adjustment Transfer Amount		\$10.54
4.17 Premium		\$767.09
A. (Premium) + (Risk Adjustment Transfer Amount)		\$777.63
B. (Incurred Claims) + (Admin, Taxes & Fees) + (Profit & Risk Load) + (Exchange User Fee)		\$777.63
C. Difference = A - B (should be \$0)		(\$0.00)

Comments

Question 1:

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

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

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

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

Response:**Part 1**

Issuer Name:	Kaiser Foundation Health Plan of Washington
HIOS Issuer ID:	80473
Market:	Individual
Plan Year:	2026

Part 2

2025 HIOS Plan ID and 2026 HIOS Plan ID	2025 Plan Name	2026 Plan Name	New, Renewal, or Terminated in 2026?	Enrollment as of 3/31/2025
80473WA0540001	Basics Plus Catastrophic	Basics Plus Catastrophic	Renewing	479
80473WA0780001	Bronze HSA	Bronze HSA	Renewing	1087
80473WA0780002	Silver HSA	Silver HSA	Renewing	1080
80473WA0780003	Bronze HSA X	Bronze HSA X	Renewing	1701
80473WA0990001	VisitsPlus Bronze	VisitsPlus Bronze	Renewing	9553
80473WA0990003	Bronze	Bronze	Renewing	218
80473WA1000001	VisitsPlus Silver	VisitsPlus Silver	Renewing	1267
80473WA1000002	VisitsPlus Gold	VisitsPlus Gold	Renewing	3646
80473WA1000004	VisitsPlus Silver HD	VisitsPlus Silver HD	Renewing	2643
80473WA1000005	Kaiser Permanente Cascade Gold	Kaiser Permanente Cascade Complete Gold	Renewing	5201
80473WA1000006	Kaiser Permanente Cascade Silver	Kaiser Permanente Cascade Silver	Renewing	6842
80473WA1000007	Kaiser Permanente Cascade Bronze	Kaiser Permanente Cascade Bronze	Renewing	6549
80473WA1000011		Kaiser Permanente Cascade Vital Gold	New	0
80473WA1000012		VisitsPlus Silver 4500	New	0
80473WA1000013		Gold HSA	New	0
80473WA1000014		VisitsPlus Gold LD	New	0
80473WA1000015		VisitsPlus Silver X	New	0
Total				40266

Question 2:

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

Response:

The following plans are renewal plans within renewal products:

80473WA0540001	Basics Plus Catastrophic
80473WA0780001	Bronze HSA
80473WA0780002	Silver HSA
80473WA0780003	Bronze HSA X
80473WA0990001	VisitsPlus Bronze
80473WA0990003	Bronze
80473WA1000001	VisitsPlus Silver
80473WA1000002	VisitsPlus Gold
80473WA1000004	VisitsPlus Silver HD
80473WA1000005	Kaiser Permanente Cascade Complete Gold
80473WA1000006	Kaiser Permanente Cascade Silver
80473WA1000007	Kaiser Permanente Cascade Bronze

These plans meet the following criteria per 45 CFR §147.106(e)(3),

- (1) They are offered by the same health insurance issuer (same issuer id).
- (2) They are offered on the same network type, PPO.
- (3) They cover the same service area.
- (4) All changes in cost-sharing structures were made to maintain plan metal AV or to align with the cost and utilization of medical care and/or to address legislation-related changes.
- (5) The impact of the benefit addition of hearing hardware coverage is within the allowable variation of +/- 2 percentage points of the plan adjusted index rate for every plan .

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?
80473WA1000011	Kaiser Permanente Cascade Vital Gold	This plan has different benefits within this network
80473WA1000012	VisitsPlus Silver 4500	This plan has different benefits within this network
80473WA1000013	Gold HSA	This plan has different benefits within this network
80473WA1000014	VisitsPlus Gold LD	This plan has different benefits within this network
80473WA1000015	VisitsPlus Silver X	This plan has different benefits within this network

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)
80473WA0540001	Basics Plus Catastrophic	N/A-Same as 2025	KFWA-134511037	Based on the 2026 EHB Benchmark, the following benefits are now covered: - Human Donor Breastmilk - Artificial Insemination - Expanded Hearing Coverage	Deductible	\$9,200	\$10,150
80473WA0540001	Bronze HSA	N/A-Same as 2025	KFWA-134512838	Based on the 2026 EHB Benchmark, the following benefits are now covered: - Human Donor Breastmilk - Artificial Insemination - Expanded Hearing Coverage	MOOP	\$9,200	\$10,150
80473WA0780001					MOOP	\$7,000	\$7,500
80473WA0780002	Silver HSA	N/A-Same as 2025	KFWA-134512838	Based on the 2026 EHB Benchmark, the following benefits are now covered: - Human Donor Breastmilk - Artificial Insemination - Expanded Hearing Coverage	Deductible	\$3,300	\$3,500
80473WA0780002	Bronze HSA X	N/A-Same as 2025	KFWA-134512838	Based on the 2026 EHB Benchmark, the following benefits are now covered: - Human Donor Breastmilk - Artificial Insemination - Expanded Hearing Coverage	MOOP	\$6,250	\$7,000
80473WA0780003					MOOP	\$7,000	\$7,500
80473WA0990001	VisitsPlus Bronze	N/A-Same as 2025	KFWA-134512836	Based on the 2026 EHB Benchmark, the following benefits are now covered: - Human Donor Breastmilk - Artificial Insemination - Expanded Hearing Coverage	Deductible	\$6,000	\$6,500
80473WA0990001	Bronze	N/A-Same as 2025	KFWA-134512836	Based on the 2026 EHB Benchmark, the following benefits are now covered: - Human Donor Breastmilk - Artificial Insemination - Expanded Hearing Coverage	MOOP	\$9,200	\$10,100
80473WA0990003					MOOP	\$8,750	\$8,000
80473WA0990003					Retail Preferred Generic Drugs (Tier 1)	40% after deductible	\$30 copay
80473WA0990003					Mail Order Preferred Generic Drugs (Tier 1)	35% after deductible	\$25 copay
80473WA1000001	VisitsPlus Silver	N/A-Same as 2025	KFWA-134512840	Based on the 2026 EHB Benchmark, the following benefits are now covered: - Human Donor Breastmilk - Artificial Insemination - Expanded Hearing Coverage	Retail Preferred Generic Drugs (Tier 1)	\$10 copay	\$20 copay
80473WA1000001					Retail Brand Preferred Drugs (Tier 2)	50% after deductible	40% after deductible
80473WA1000001					Mail Order Preferred Generic Drugs (Tier 1)	\$5 copay	\$15 copay
80473WA1000001					Mail Order Brand Preferred Drugs (Tier 2)	45% after deductible	35% after deductible

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)
80473WA1000002	VisitsPlus Gold	N/A-Same as 2025	KFWA-134512840	Based on the 2026 EHB Benchmark, the following benefits are now covered: - Human Donor Breastmilk - Artificial Insemination - Expanded Hearing Coverage	Retail Specialty Drugs (Tier 4)	40% after deductible	50% after deductible
80473WA1000002					Mail Order Specialty Drugs (Tier 4)	40% after deductible	50% after deductible
80473WA1000004	VisitsPlus Silver HD	N/A-Same as 2025	KFWA-134512840	Based on the 2026 EHB Benchmark, the following benefits are now covered: - Human Donor Breastmilk - Artificial Insemination - Expanded Hearing Coverage	Retail Preferred Generic Drugs (Tier 1)	\$15 copay	\$25 copay
80473WA1000004					Mail Order Preferred Generic Drugs (Tier 1)	\$10 copay	\$20 copay
80473WA1000005	Kaiser Permanente Cascade Gold	Kaiser Permanente Cascade Complete Gold	KFWA-134512840	Based on the 2026 EHB Benchmark, the following benefits are now covered: - Human Donor Breastmilk - Artificial Insemination - Expanded Hearing Coverage	Deductible	\$600	\$1,000
80473WA1000006	Kaiser Permanente Cascade Silver	N/A-Same as 2025	KFWA-134512840	Based on the 2026 EHB Benchmark, the following benefits are now covered: - Human Donor Breastmilk - Artificial Insemination - Expanded Hearing Coverage	MOOP	\$9,200	\$9,750
80473WA1000006					Primary Care - includes mental health office visits	First 2 visits \$1, then \$30	First 2 visits \$1, then \$20
80473WA1000007	Kaiser Permanente Cascade Bronze	N/A-Same as 2025	KFWA-134512836	Based on the 2026 EHB Benchmark, the following benefits are now covered: - Human Donor Breastmilk - Artificial Insemination - Expanded Hearing Coverage	MOOP	\$9,200	\$10,150
80473WA1000007					Primary Care - includes mental health office visits	First 2 visits \$1, then \$50	First 2 visits \$1, then \$40
80473WA1000007					Specialty Care	\$100 after deductible	\$100
80473WA1000007					Oncology	\$100 after deductible	\$100

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:

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

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 URR.
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:

Total Enrollment 5(k):	40,266
Overall Average Rate Change (weighted by 03/31/2025 enrollment) 5(l):	19.18%

COLUMN: 5(a)	5(b)	5(c)	5(d)	5(e)	5(f)	5(g)	5(h)	5(i)	5(j)
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
80473WA0540001	Basics Plus Catastrophic	Renewal	479	80473WA0540001	N/A	-18.26%	0.27%	-1.21%	-19.02%
80473WA0780001	Bronze HSA	Renewal	1,087	80473WA0780001	N/A	-1.03%	0.27%	-0.07%	-0.83%
80473WA0780002	Silver HSA	Renewal	1,080	80473WA0780002	N/A	2.30%	0.27%	-0.87%	1.68%
80473WA0780003	Bronze HSA X	Renewal	1,701	80473WA0780003	N/A	-1.07%	0.27%	-0.07%	-0.87%
80473WA0990001	VisitsPlus Bronze	Renewal	9,553	80473WA0990001	N/A	8.93%	0.27%	1.34%	10.68%
80473WA0990003	Bronze	Renewal	218	80473WA0990003	N/A	0.99%	0.27%	3.12%	4.42%
80473WA1000001	VisitsPlus Silver	Renewal	1,267	80473WA1000001	N/A	83.76%	0.27%	1.35%	86.75%
80473WA1000002	VisitsPlus Gold	Renewal	3,646	80473WA1000002	N/A	5.80%	0.27%	0.08%	6.18%
80473WA1000004	VisitsPlus Silver HD	Renewal	2,643	80473WA1000004	N/A	5.06%	0.27%	0.79%	6.18%
80473WA1000005	Kaiser Permanente Cascade Gold	Renewal	5,201	80473WA1000005	N/A	1.51%	0.27%	0.38%	2.18%
80473WA1000006	Kaiser Permanente Cascade Silver	Renewal	6,842	80473WA1000006	N/A	75.14%	0.27%	0.52%	76.54%
80473WA1000007	Kaiser Permanente Cascade Bronze	Renewal	6,549	80473WA1000007	N/A	-0.51%	0.27%	-0.50%	-0.73%

Benefit Components

Company: Kaiser Foundation Health Plan of Washi

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	80473WA0540001
Line 1.2	Plan Name	Basics Plus Catastrophic

Line 1.3	Metal Level	Catastrophic
Line 1.4	Cost-Share Reduction (CSR) Plan?	

Line 1.5	Exchange Status	On Exchange
Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	No
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charging an IP Copay	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	3
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?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	HMO
Line 3.2	Network Name	Core
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

<- Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In-Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$10,150	
Default Coinsurance			0%	
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	\$ -	After Deductible						
Inpatient Hospital Services (e.g., Hospital Stay)	No	Yes	\$ -	After Deductible						
Primary Care Visit to Treat an Injury or Illness	Yes	Yes	\$ -	After Deductible					Note 2	
Specialist Visit	No	Yes	\$ -	After Deductible						
Mental Health & Substance Use Disorder Office Visits	Yes	Yes	\$ -	After Deductible					Note 2	
Mental Health & Substance Use Disorder All Other OP Services	No	Yes	\$ -	After Deductible						
Imaging (CT/PET Scans, MRIs)	No	Yes	\$ -	After Deductible						
Rehabilitative Speech Therapy	No	Yes	\$ -	After Deductible						
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	Yes	\$ -	After Deductible						
Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services	No	Yes	\$ -	After Deductible						
X-rays and Diagnostic Imaging	No	Yes	\$ -	After Deductible						
Skilled Nursing Facility	No	Yes	\$ -	After Deductible						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	No	Yes	\$ -	After Deductible						
Outpatient Surgery Physician/Surgical Services	No	Yes	\$ -	After Deductible						
Urgent Care	No	Yes	\$ -	After Deductible						
Emergency Transportation	No	Yes	\$ -	After Deductible						
Other EHB Categories										
Virtual Visits	No	Yes	\$ -	After Deductible					Note 1	
Outpatient Other	No	Yes	\$ -	After Deductible					Note 3	
Hospice	No	Yes	\$ -	After Deductible						
Non-EHB Benefits										
Adult Vision Exam (Primary and Specialty)	No	Yes	\$ -	After Deductible					Note 4	
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
Mail-Order Drug Tier 1 - Preferred Generic Drugs (Tier 1)		Yes	\$ -	After Deductible						
Mail-Order Drug Tier 2 - Preferred Brand Drugs (Tier 2)		Yes	\$ -	After Deductible						
Mail-Order Drug Tier 3 - Non-Preferred Generic & Brand Drugs (Tier 3)		Yes	\$ -	After Deductible						
Mail-Order Drug Tier 4 - Specialty Drugs (Tier 4)		Yes	\$ -	After Deductible						
Standard Tier 1 - Preferred Generic Drugs (Tier 1)		Yes	\$ -	After Deductible						
Standard Tier 2 - Preferred Brand Drugs (Tier 2)		Yes	\$ -	After Deductible						
Standard Tier 3 - Non-Preferred Generic & Brand Drugs (Tier 3)		Yes	\$ -	After Deductible						
Standard Tier 4 - Specialty Drugs (Tier 4)		Yes	\$ -	After Deductible						

Notes

- Note 1 After Deductible, Member pays nothing for the following benefit categories: Primary Care Visit to Treat an Injury or Illness, Other Practitioner Office Visit (Nurse, Physician Assistant), Mental/Behavioral Health Outpatient Services, Substance Use Disorder Outpatient Services Services
- Note 2 This plan offers three upfront visits at no cost share. The upfront visits can be used for Primary Care Visits and Mental Health & Substance Use Disorder Office Visits. The upfront visits are not subject to deductible; after the three upfront visits are exhausted, visits are subject to deductible.
- Note 3 Services include Home Health, Prosthetics, DME and Supplies
- Note 4 Limit on Adult Vision Exams (primary and specialty) is one per calendar year combined.

Benefit Components

Company: Kaiser Foundation Health Plan of Washi

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	80473WA0780001	Line 1.3	Metal Level	Expanded Bronze	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	Bronze HSA	Line 1.4	Cost-Share Reduction (CSR) Plan?		Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charging an IP Copay	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	Yes
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?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	HMO
Line 3.2	Network Name	Core
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

<- Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Designs

Line 4.1: In-Network Tier 1:

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$5,500	
Default Coinsurance			40%	
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				40%	After Deductible			
Inpatient Hospital Services (e.g., Hospital Stay)		Yes				40%	After Deductible			
Primary Care Visit to Treat an Injury or Illness		Yes				40%	After Deductible			
Specialist Visit		Yes				40%	After Deductible			
Mental Health & Substance Use Disorder Office Visits		Yes				40%	After Deductible			
Mental Health & Substance Use Disorder All Other OP Services		Yes				40%	After Deductible			
Imaging (CT/PET Scans, MRIs)		Yes				40%	After Deductible			
Rehabilitative Speech Therapy		Yes				40%	After Deductible			
Rehabilitative Occupational and Rehabilitative Physical Therapy		Yes				40%	After Deductible			
Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services		Yes				40%	After Deductible			
X-rays and Diagnostic Imaging		Yes				40%	After Deductible			
Skilled Nursing Facility		Yes				40%	After Deductible			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Yes				40%	After Deductible			
Outpatient Surgery Physician/Surgical Services		Yes				40%	After Deductible			
Urgent Care		Yes				40%	After Deductible			
Emergency Transportation		Yes				40%	After Deductible			
Other EHB Categories										
Virtual Visits		No	\$ -	Before and After Deductible					Note 1	
Outpatient Other		Yes				40%	After Deductible		Note 2	
Hospice		No	\$ -	Before and After Deductible						
Non-EHB Benefits										
Adult Vision Exam (Primary and Specialty)		Yes				40%	After Deductible		Note 3	
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
Mail-Order Drug Tier 1 - Preferred Generic Drugs (Tier 1)		Yes				35%	After Deductible			
Mail-Order Drug Tier 2 - Preferred Brand Drugs (Tier 2)		Yes				35%	After Deductible			
Mail-Order Drug Tier 3 - Non-Preferred Generic & Brand Drugs (Tier 3)		Yes				45%	After Deductible			
Mail-Order Drug Tier 4 - Specialty Drugs (Tier 4)		Yes				50%	After Deductible			
Standard Tier 1 - Preferred Generic Drugs (Tier 1)		Yes				40%	After Deductible			
Standard Tier 2 - Preferred Brand Drugs (Tier 2)		Yes				40%	After Deductible			
Standard Tier 3 - Non-Preferred Generic & Brand Drugs (Tier 3)		Yes				50%	After Deductible			
Standard Tier 4 - Specialty Drugs (Tier 4)		Yes				50%	After Deductible			

Notes

Note 1 After Deductible, Member pays nothing for the following benefit categories: Primary Care Visit to Treat an Injury or Illness, Other Practitioner Office Visit (Nurse, Physician Assistant), Mental/Behavioral Health Outpatient Services, Substance Use Disorder Outpatient Services

Note 2 Services include Home Health, Prosthetics, DME and Supplies

Note 3 Limit on Adult Vision Exams (primary and specialty) is one per calendar year combined.

Benefit Components

Company: Kaiser Foundation Health Plan of Washi

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	80473WA0780003	Line 1.3	Metal Level	Expanded Bronze	Line 1.5	Exchange Status	Off Exchange
Line 1.2	Plan Name	Bronze HSA X	Line 1.4	Cost-Share Reduction (CSR) Plan?		Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charging an IP Copay	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	Yes
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?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	HMO
Line 3.2	Network Name	Core
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

<- Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In-Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$5,500	
Default Coinsurance			40%	
MOOP			\$7,500	

	Upfront Visits or Copays?	Subject to Deductible?	Amount	Copays Applies	Accrues toward Deductible?	Amount	Coinsurance Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Emergency Room Services		Yes				40%	After Deductible			
Inpatient Hospital Services (e.g., Hospital Stay)		Yes				40%	After Deductible			
Primary Care Visit to Treat an Injury or Illness		Yes				40%	After Deductible			
Specialist Visit		Yes				40%	After Deductible			
Mental Health & Substance Use Disorder Office Visits		Yes				40%	After Deductible			
Mental Health & Substance Use Disorder All Other OP Services		Yes				40%	After Deductible			
Imaging (CT/PET Scans, MRIs)		Yes				40%	After Deductible			
Rehabilitative Speech Therapy		Yes				40%	After Deductible			
Rehabilitative Occupational and Rehabilitative Physical Therapy		Yes				40%	After Deductible			
Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services		Yes				40%	After Deductible			
X-rays and Diagnostic Imaging		Yes				40%	After Deductible			
Skilled Nursing Facility		Yes				40%	After Deductible			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Yes				40%	After Deductible			
Outpatient Surgery Physician/Surgical Services		Yes				40%	After Deductible			
Urgent Care		Yes				40%	After Deductible			
Emergency Transportation		Yes				40%	After Deductible			
Other EHB Categories										
Virtual Visits		No	\$ -	Before and After Deductible					Note 1	
Outpatient Other		Yes				40%	After Deductible		Note 2	
Hospice		No	\$ -	Before and After Deductible						
Non-EHB Benefits										
Adult Vision Exam (Primary and Specialty)		Yes				40%	After Deductible		Note 3	
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
Mail-Order Drug Tier 1 - Preferred Generic Drugs (Tier 1)		Yes				35%	After Deductible			
Mail-Order Drug Tier 2 - Preferred Brand Drugs (Tier 2)		Yes				35%	After Deductible			
Mail-Order Drug Tier 3 - Non-Preferred Generic & Brand Drugs (Tier 3)		Yes				45%	After Deductible			
Mail-Order Drug Tier 4 - Specialty Drugs (Tier 4)		Yes				50%	After Deductible			
Standard Tier 1 - Preferred Generic Drugs (Tier 1)		Yes				40%	After Deductible			
Standard Tier 2 - Preferred Brand Drugs (Tier 2)		Yes				40%	After Deductible			
Standard Tier 3 - Non-Preferred Generic & Brand Drugs (Tier 3)		Yes				50%	After Deductible			
Standard Tier 4 - Specialty Drugs (Tier 4)		Yes				50%	After Deductible			

Notes

Note 1 After Deductible, Member pays nothing for the following benefit categories: Primary Care Visit to Treat an Injury or Illness, Other Practitioner Office Visit (Nurse, Physician Assistant), Mental/Behavioral Health Outpatient Services, Substance Use Disorder Outpatient Services Services

Note 2 Services include Home Health, Prosthetics, DME and Supplies

Note 3 Limit on Adult Vision Exams (primary and specialty) is one per calendar year combined.

Benefit Components

Company: Kaiser Foundation Health Plan of Washi

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	80473WA0990003	Line 1.3	Metal Level	Bronze	Line 1.5	Exchange Status	Off Exchange
Line 1.2	Plan Name	Bronze	Line 1.4	Cost-Share Reduction (CSR) Plan?		Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charging an IP Copay	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	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?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	HMO
Line 3.2	Network Name	Core
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

<- Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In-Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$6,000	
Default Coinsurance			40%	
MOOP			\$8,000	

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				40%	After Deductible			
Inpatient Hospital Services (e.g., Hospital Stay)		Yes				40%	After Deductible			
Primary Care Visit to Treat an Injury or Illness		Yes				40%	After Deductible			
Specialist Visit		Yes				40%	After Deductible			
Mental Health & Substance Use Disorder Office Visits		Yes				40%	After Deductible			
Mental Health & Substance Use Disorder All Other OP Services		Yes				40%	After Deductible			
Imaging (CT/PET Scans, MRIs)		Yes				40%	After Deductible			
Rehabilitative Speech Therapy		Yes				40%	After Deductible			
Rehabilitative Occupational and Rehabilitative Physical Therapy		Yes				40%	After Deductible			
Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services		Yes				40%	After Deductible			
X-rays and Diagnostic Imaging		Yes				40%	After Deductible			
Skilled Nursing Facility		Yes				40%	After Deductible			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Yes				40%	After Deductible			
Outpatient Surgery Physician/Surgical Services		Yes				40%	After Deductible			
Urgent Care		Yes				40%	After Deductible			
Emergency Transportation		Yes				40%	After Deductible			
Other EHB Categories										
Virtual Visits		No	\$ -	Before and After Deductible					Note 1	
Outpatient Other		Yes				40%	After Deductible		Note 2	
Hospice		No	\$ -	Before and After Deductible						
Non-EHB Benefits										
Adult Vision Exam - Primary		Yes				40%	After Deductible		Note 3	
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
Mail-Order Drug Tier 1 - Preferred Generic Drugs (Tier 1)		No	\$ 25	Before and After Deductible	No					
Mail-Order Drug Tier 2 - Preferred Brand Drugs (Tier 2)		Yes				35%	After Deductible			
Mail-Order Drug Tier 3 - Non-Preferred Generic & Brand Drugs (Tier 3)		Yes				45%	After Deductible			
Mail-Order Drug Tier 4 - Specialty Drugs (Tier 4)		Yes				50%	After Deductible			
Standard Tier 1 - Preferred Generic Drugs (Tier 1)		No	\$ 30	Before and After Deductible	No					
Standard Tier 2 - Preferred Brand Drugs (Tier 2)		Yes				40%	After Deductible			
Standard Tier 3 - Non-Preferred Generic & Brand Drugs (Tier 3)		Yes				50%	After Deductible			
Standard Tier 4 - Specialty Drugs (Tier 4)		Yes				50%	After Deductible			

Notes

Note 1 After Deductible, Member pays nothing for the following benefit categories: Primary Care Visit to Treat an Injury or Illness, Other Practitioner Office Visit (Nurse, Physician Assistant), Mental/Behavioral Health Outpatient Services, Substance Use Disorder Outpatient Services

Note 2 Services include Home Health, Prosthetics, DME and Supplies

Note 3 Limit on Adult Vision Exams (primary and specialty) is one per calendar year combined.

Benefit Components

Company: Kaiser Foundation Health Plan of Washi

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	80473WA0990001	Line 1.3	Metal Level	Expanded Bronze	Line 1.5	Exchange Status	Both On and Off Exchange
Line 1.2	Plan Name	VisitsPlus Bronze	Line 1.4	Cost-Share Reduction (CSR) Plan?		Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charging an IP Copay	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	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?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	HMO
Line 3.2	Network Name	Core
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

< - Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In-Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$6,500	
Default Coinsurance			40%	
MOOP			\$10,100	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Amount	Copays Applies	Accrues toward Deductible?	Amount	Coinsurance Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Emergency Room Services		Yes				40%	After Deductible			
Inpatient Hospital Services (e.g., Hospital Stay)		Yes				40%	After Deductible			
Primary Care Visit to Treat an Injury or Illness		No	\$ 50	Before and After Deductible	No					
Specialist Visit		No	\$ 85	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits		No	\$ 50	Before and After Deductible	No					
Mental Health & Substance Use Disorder All Other OP Services		Yes	\$ 950	After Deductible						
Imaging (CT/PET Scans, MRIs)		Yes				40%	After Deductible			
Rehabilitative Speech Therapy		No	\$ 85	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy		No	\$ 85	Before and After Deductible	No					
Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services		No	\$ 85	Before and After Deductible	No					
X-rays and Diagnostic Imaging		No	\$ 85	Before and After Deductible	No					
Skilled Nursing Facility		Yes				40%	After Deductible			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Yes	\$ 950	After Deductible						
Outpatient Surgery Physician/Surgical Services		Yes	\$ -	After Deductible						
Urgent Care		No	\$ 85	Before and After Deductible	No					
Emergency Transportation		Yes				40%	After Deductible			
Other EHB Categories										
Virtual Visits		No	\$ -	Before and After Deductible					Note 1	
Outpatient Other		Yes				40%	After Deductible		Note 2	
Hospice		No	\$ -	Before and After Deductible						
Non-EHB Benefits										
Adult Vision Exam - Primary		No	\$ 50	Before and After Deductible	No				Note 3	
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
Mail-Order Drug Tier 1 - Preferred Generic Drugs (Tier 1)		No	\$ 25	Before and After Deductible	No					
Mail-Order Drug Tier 2 - Preferred Brand Drugs (Tier 2)		Yes				35%	After Deductible			
Mail-Order Drug Tier 3 - Non-Preferred Generic & Brand Drugs (Tier 3)		Yes				45%	After Deductible			
Mail-Order Drug Tier 4 - Specialty Drugs (Tier 4)		Yes				50%	After Deductible			
Standard Tier 1 - Preferred Generic Drugs (Tier 1)		No	\$ 30	Before and After Deductible	No					
Standard Tier 2 - Preferred Brand Drugs (Tier 2)		Yes				40%	After Deductible			
Standard Tier 3 - Non-Preferred Generic & Brand Drugs (Tier 3)		Yes				50%	After Deductible			
Standard Tier 4 - Specialty Drugs (Tier 4)		Yes				50%	After Deductible			

Notes

- Note 1 No charge. Member pays nothing for the following benefit categories: Primary Care Visit to Treat an Injury or Illness, Other Practitioner Office Visit (Nurse, Physician Assistant), Mental/Behavioral Health Outpatient Services, Substance Use Disorder Outpatient Services
- Note 2 Services include Home Health, Prosthetics, DME and Supplies
- Note 3 Limit on Adult Vision Exams (primary) is one per calendar year.

Benefit Components

Company: Kaiser Foundation Health Plan of Washi

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	80473WA0780002	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	Off Exchange
Line 1.2	Plan Name	Silver HSA	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 Charging an IP Copay	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	Yes
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?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	HMO
Line 3.2	Network Name	Core
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

< - Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In-Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$3,500	
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				20%	After Deductible			
Inpatient Hospital Services (e.g., Hospital Stay)		Yes				20%	After Deductible			
Primary Care Visit to Treat an Injury or Illness		Yes				20%	After Deductible			
Specialist Visit		Yes				20%	After Deductible			
Mental Health & Substance Use Disorder Office Visits		Yes				20%	After Deductible			
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		Yes				20%	After Deductible			
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		Yes				20%	After Deductible			
Emergency Transportation		Yes				20%	After Deductible			
Other EHB Categories										
Virtual Visits		No				0%	After Deductible		Note 1	
Outpatient Other		Yes				20%	After Deductible		Note 2	
Hospice		No				0%	After Deductible			
Non-EHB Benefits										
Adult Vision Exam (Primary and Specialty)		Yes				20%	After Deductible		Note 3	
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
Mail-Order Drug Tier 1 - Preferred Generic Drugs (Tier 1)		Yes				15%	After Deductible			
Mail-Order Drug Tier 2 - Preferred Brand Drugs (Tier 2)		Yes				35%	After Deductible			
Mail-Order Drug Tier 3 - Non-Preferred Generic & Brand Drugs (Tier 3)		Yes				45%	After Deductible			
Mail-Order Drug Tier 4 - Specialty Drugs (Tier 4)		Yes				50%	After Deductible			
Standard Tier 1 - Preferred Generic Drugs (Tier 1)		Yes				20%	After Deductible			
Standard Tier 2 - Preferred Brand Drugs (Tier 2)		Yes				40%	After Deductible			
Standard Tier 3 - Non-Preferred Generic & Brand Drugs (Tier 3)		Yes				50%	After Deductible			
Standard Tier 4 - Specialty Drugs (Tier 4)		Yes				50%	After Deductible			

Notes

Note 1 After Deductible, Member pays nothing for the following benefit categories: Primary Care Visit to Treat an Injury or Illness, Other Practitioner Office Visit (Nurse, Physician Assistant), Mental/Behavioral Health Outpatient Services, Substance Use Disorder Outpatient Services Services

Note 2 Services include Home Health, Prosthetics, DME and Supplies

Note 3 Limit on Adult Vision Exams (primary and specialty) is one per calendar year combined.

Benefit Components

Company: Kaiser Foundation Health Plan of Washi

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	80473WA1000001	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	VisitsPlus Silver	Line 1.4	Cost-Share Reduction (CSR) Plan?	No	Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charging an IP Copay	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	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?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	HMO
Line 3.2	Network Name	Core
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

<- Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In-Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$2,500	
Default Coinsurance			35%	
MOOP			\$9,700	

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				35%	After Deductible			
Inpatient Hospital Services (e.g., Hospital Stay)		Yes				35%	After Deductible			
Primary Care Visit to Treat an Injury or Illness		No	\$ 15	Before and After Deductible	No					
Specialist Visit		No	\$ 60	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	\$ 600	After Deductible						
Imaging (CT/PET Scans, MRIs)		Yes				35%	After Deductible			
Rehabilitative Speech Therapy		No	\$ 65	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy		No	\$ 65	Before and After Deductible	No					
Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services		No	\$ 60	Before and After Deductible	No					
X-rays and Diagnostic Imaging		No	\$ 60	Before and After Deductible	No					
Skilled Nursing Facility		Yes				35%	After Deductible			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Yes	\$ 600	After Deductible						
Outpatient Surgery Physician/Surgical Services		Yes	\$ -	After Deductible						
Urgent Care		No	\$ 60	Before and After Deductible	No					
Emergency Transportation		Yes				35%	After Deductible			
Other EHB Categories										
Virtual Visits		No	\$ -	Before and After Deductible					Note 1	
Outpatient Other		Yes				35%	After Deductible		Note 2	
Hospice		No				0%	Before and After Deductible			
Non-EHB Benefits										
Adult Vision Exam - Primary		No	\$ 15	Before and After Deductible	No				Note 3	
Adult Vision Exam - Specialty		No	\$ 60	Before and After Deductible	No				Note 3	
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
Mail-Order Drug Tier 1 - Preferred Generic Drugs (Tier 1)		No	\$ 15	Before and After Deductible	No					
Mail-Order Drug Tier 2 - Preferred Brand Drugs (Tier 2)		No	\$ 70	Before and After Deductible	No					
Mail-Order Drug Tier 3 - Non-Preferred Generic & Brand Drugs (Tier 3)		Yes				45%	After Deductible			
Mail-Order Drug Tier 4 - Specialty Drugs (Tier 4)		Yes				50%	After Deductible			
Standard Tier 1 - Preferred Generic Drugs (Tier 1)		No	\$ 20	Before and After Deductible	No					
Standard Tier 2 - Preferred Brand Drugs (Tier 2)		No	\$ 75	Before and After Deductible	No					
Standard Tier 3 - Non-Preferred Generic & Brand Drugs (Tier 3)		Yes				50%	After Deductible			
Standard Tier 4 - Specialty Drugs (Tier 4)		Yes				50%	After Deductible			

Notes

- Note 1 No charge; Member pays nothing for the following benefit categories: Primary Care Visit to Treat an Injury or Illness, Other Practitioner Office Visit (Nurse, Physician Assistant), Mental/Behavioral Health Outpatient Services, Substance Use Disorder Outpatient Services
- Note 2 Services include Home Health, Prosthetics, DME and Supplies
- Note 3 Limit on Adult Vision Exams (primary and specialty) is one per calendar year combined.

Benefit Components

Company: Kaiser Foundation Health Plan of Washi

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	80473WA1000001-04	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	VisitsPlus Silver	Line 1.4	Cost-Share Reduction (CSR) Plan?	73% AV Level Silver Plan	Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charging an IP Copay	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	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?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	HMO
Line 3.2	Network Name	Core
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

<- Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In-Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$2,500	
Default Coinsurance			35%	
MOOP			\$7,500	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Amount	Copays Applies	Accrues toward Deductible?	Amount	Coinsurance Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Emergency Room Services		Yes				35%	After Deductible			
Inpatient Hospital Services (e.g., Hospital Stay)		Yes				35%	After Deductible			
Primary Care Visit to Treat an Injury or Illness		No	\$ 15	Before and After Deductible	No					
Specialist Visit		No	\$ 60	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	\$ 600	After Deductible						
Imaging (CT/PET Scans, MRIs)		Yes				35%	After Deductible			
Rehabilitative Speech Therapy		No	\$ 65	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy		No	\$ 65	Before and After Deductible	No					
Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services		No	\$ 60	Before and After Deductible	No					
X-rays and Diagnostic Imaging		No	\$ 65	Before and After Deductible	No					
Skilled Nursing Facility		Yes				35%	After Deductible			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Yes	\$ 800	After Deductible						
Outpatient Surgery Physician/Surgical Services		Yes	\$ -	After Deductible						
Urgent Care		No	\$ 60	Before and After Deductible	No					
Emergency Transportation		Yes				35%	After Deductible			
Other EHB Categories										
Virtual Visits		No	\$ -	Before and After Deductible					Note 1	
Outpatient Other		Yes				35%	After Deductible		Note 2	
Hospice		No				0%	Before and After Deductible			
Non-EHB Benefits										
Adult Vision Exam - Primary		No	\$ 15	Before and After Deductible	No				Note 3	
Adult Vision Exam - Specialty		No	\$ 60	Before and After Deductible	No				Note 3	
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
Mail-Order Drug Tier 1 - Preferred Generic Drugs (Tier 1)		No	\$ 15	Before and After Deductible	No					
Mail-Order Drug Tier 2 - Preferred Brand Drugs (Tier 2)		Yes				30%	After Deductible			
Mail-Order Drug Tier 3 - Non-Preferred Generic & Brand Drugs (Tier 3)		Yes				45%	After Deductible			
Mail-Order Drug Tier 4 - Specialty Drugs (Tier 4)		Yes				50%	After Deductible			
Standard Tier 1 - Preferred Generic Drugs (Tier 1)		No	\$ 20	Before and After Deductible	No					
Standard Tier 2 - Preferred Brand Drugs (Tier 2)		Yes				35%	After Deductible			
Standard Tier 3 - Non-Preferred Generic & Brand Drugs (Tier 3)		Yes				50%	After Deductible			
Standard Tier 4 - Specialty Drugs (Tier 4)		Yes				50%	After Deductible			

Notes

- Note 1 No charge; Member pays nothing for the following benefit categories: Primary Care Visit to Treat an Injury or Illness, Other Practitioner Office Visit (Nurse, Physician Assistant), Mental/Behavioral Health Outpatient Services, Substance Use Disorder Outpatient Services
- Note 2 Services include Home Health, Prosthetics, DME and Supplies
- Note 3 Limit on Adult Vision Exams (primary and specialty) is one per calendar year combined.

Benefit Components

Company: Kaiser Foundation Health Plan of Washi

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	80473WA1000001-05	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	VisitsPlus 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?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charging an IP Copay	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	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?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	HMO
Line 3.2	Network Name	Core
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

<- Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In-Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$600	
Default Coinsurance			10%	
MOOP			\$3,000	

	Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Amount	Copays Applies	Accrues toward Deductible?	Amount	Coinsurance Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Emergency Room Services			Yes				10%	After Deductible			
Inpatient Hospital Services (e.g., Hospital Stay)			Yes				10%	After Deductible			
Primary Care Visit to Treat an Injury or Illness			No	\$ 5	Before and After Deductible	No					
Specialist Visit			No	\$ 30	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits			No	\$ 5	Before and After Deductible	No					
Mental Health & Substance Use Disorder All Other OP Services			Yes	\$ 500	After Deductible						
Imaging (CT/PET Scans, MRIs)			Yes				10%	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	\$ 20	Before and After Deductible	No					
X-rays and Diagnostic Imaging			No	\$ 30	Before and After Deductible	No					
Skilled Nursing Facility			Yes				10%	After Deductible			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)			Yes	\$ 450	After Deductible						
Outpatient Surgery Physician/Surgical Services			Yes	\$ -	After Deductible						
Urgent Care			No	\$ 30	Before and After Deductible	No					
Emergency Transportation			Yes				10%	After Deductible			
Other EHB Categories											
Virtual Visits			No	\$ -	Before and After Deductible					Note 1	
Outpatient Other			Yes				10%	After Deductible		Note 2	
Hospice			No				0%	Before and After Deductible			
Non-EHB Benefits											
Adult Vision Exam - Primary			No	\$ 5	Before and After Deductible	No				Note 3	
Adult Vision Exam - Specialty			No	\$ 30	Before and After Deductible	No				Note 3	
	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
Mail-Order Drug Tier 1 - Preferred Generic Drugs (Tier 1)			No	\$ 5	Before and After Deductible	No					
Mail-Order Drug Tier 2 - Preferred Brand Drugs (Tier 2)			Yes				25%	After Deductible			
Mail-Order Drug Tier 3 - Non-Preferred Generic & Brand Drugs (Tier 3)			Yes				35%	After Deductible			
Mail-Order Drug Tier 4 - Specialty Drugs (Tier 4)			Yes				40%	After Deductible			
Standard Tier 1 - Preferred Generic Drugs (Tier 1)			No	\$ 10	Before and After Deductible	No					
Standard Tier 2 - Preferred Brand Drugs (Tier 2)			Yes				30%	After Deductible			
Standard Tier 3 - Non-Preferred Generic & Brand Drugs (Tier 3)			Yes				40%	After Deductible			
Standard Tier 4 - Specialty Drugs (Tier 4)			Yes				40%	After Deductible			

Notes

- Note 1 No charge; Member pays nothing for the following benefit categories: Primary Care Visit to Treat an Injury or Illness, Other Practitioner Office Visit (Nurse, Physician Assistant), Mental/Behavioral Health Outpatient Services, Substance Use Disorder Outpatient Services
- Note 2 Services include Home Health, Prosthetics, DME and Supplies
- Note 3 Limit on Adult Vision Exams (primary and specialty) is one per calendar year combined.

Benefit Components

Company: Kaiser Foundation Health Plan of Washi

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	80473WA1000001-06	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	VisitsPlus Silver	Line 1.4	Cost-Share Reduction (CSR) Plan?	94% AV Level Silver Plan	Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charging an IP Copay	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	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?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	HMO
Line 3.2	Network Name	Core
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

<- Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In-Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$50	
Default Coinsurance			5%	
MOOP			\$2,000	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Amount	Copays Applies	Accrues toward Deductible?	Amount	Coinsurance Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Emergency Room Services		Yes				5%	After Deductible			
Inpatient Hospital Services (e.g., Hospital Stay)		Yes				5%	After Deductible			
Primary Care Visit to Treat an Injury or Illness		No	\$ -	Before and After Deductible						
Specialist Visit		No	\$ 5	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits		No	\$ -	Before and After Deductible						
Mental Health & Substance Use Disorder All Other OP Services		Yes	\$ 80	After Deductible						
Imaging (CT/PET Scans, MRIs)		Yes				5%	After Deductible			
Rehabilitative Speech Therapy		No	\$ 5	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy		No	\$ 5	Before and After Deductible	No					
Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services		No	\$ 5	Before and After Deductible	No					
X-rays and Diagnostic Imaging		No	\$ 5	Before and After Deductible	No					
Skilled Nursing Facility		Yes				5%	After Deductible			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Yes	\$ 80	After Deductible						
Outpatient Surgery Physician/Surgical Services		Yes	\$ -	After Deductible						
Urgent Care		No	\$ 5	Before and After Deductible	No					
Emergency Transportation		Yes				5%	After Deductible			
Other EHB Categories										
Virtual Visits		No	\$ -	Before and After Deductible					Note 1	
Outpatient Other		Yes				5%	After Deductible		Note 2	
Hospice		No				0%	Before and After Deductible			
Non-EHB Benefits										
Adult Vision Exam - Primary		No	\$ -	Before and After Deductible					Note 3	
Adult Vision Exam - Specialty		No	\$ 5	Before and After Deductible	No				Note 3	
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
Mail-Order Drug Tier 1 - Preferred Generic Drugs (Tier 1)		No	\$ 2	Before and After Deductible	No					
Mail-Order Drug Tier 2 - Preferred Brand Drugs (Tier 2)		Yes				5%	After Deductible			
Mail-Order Drug Tier 3 - Non-Preferred Generic & Brand Drugs (Tier 3)		Yes				35%	After Deductible			
Mail-Order Drug Tier 4 - Specialty Drugs (Tier 4)		Yes				40%	After Deductible			
Standard Tier 1 - Preferred Generic Drugs (Tier 1)		No	\$ 5	Before and After Deductible	No					
Standard Tier 2 - Preferred Brand Drugs (Tier 2)		Yes				10%	After Deductible			
Standard Tier 3 - Non-Preferred Generic & Brand Drugs (Tier 3)		Yes				40%	After Deductible			
Standard Tier 4 - Specialty Drugs (Tier 4)		Yes				40%	After Deductible			

Notes

- Note 1 No charge; Member pays nothing for the following benefit categories: Primary Care Visit to Treat an Injury or Illness, Other Practitioner Office Visit (Nurse, Physician Assistant), Mental/Behavioral Health Outpatient Services, Substance Use Disorder Outpatient Services
- Note 2 Services include Home Health, Prosthetics, DME and Supplies
- Note 3 Limit on Adult Vision Exams (primary and specialty) is one per calendar year combined.

Benefit Components

Company: Kaiser Foundation Health Plan of Washi

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	80473WA1000004	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	Off Exchange
Line 1.2	Plan Name	VisitsPlus Silver HD	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 Charging an IP Copay	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	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?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	HMO
Line 3.2	Network Name	Core
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

<- Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In-Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$3,000	
Default Coinsurance			30%	
MOOP			\$9,200	

				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		Yes				30%	After Deductible			
	Inpatient Hospital Services (e.g., Hospital Stay)		Yes				30%	After Deductible			
	Primary Care Visit to Treat an Injury or Illness		No	\$ 30	Before and After Deductible	No					
	Specialist Visit		No	\$ 85	Before and After Deductible	No					
	Mental Health & Substance Use Disorder Office Visits		No	\$ 30	Before and After Deductible	No					
	Mental Health & Substance Use Disorder All Other OP Services		Yes	\$ 600	After Deductible						
	Imaging (CT/PET Scans, MRIs)		Yes				30%	After Deductible			
	Rehabilitative Speech Therapy		No	\$ 60	Before and After Deductible	No					
	Rehabilitative Occupational and Rehabilitative Physical Therapy		No	\$ 60	Before and After Deductible	No					
	Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible						
	Laboratory Outpatient and Professional Services		No	\$ 55	Before and After Deductible	No					
	X-rays and Diagnostic Imaging		No	\$ 55	Before and After Deductible	No					
	Skilled Nursing Facility		Yes				30%	After Deductible			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Yes	\$ 600	After Deductible						
	Outpatient Surgery Physician/Surgical Services		Yes	\$ -	After Deductible						
	Urgent Care		No	\$ 85	Before and After Deductible	No					
	Emergency Transportation		Yes				30%	After Deductible			
	Other EHB Categories										
	Virtual Visits		No	\$ -	Before and After Deductible					Note 1	
	Outpatient Other		Yes				30%	After Deductible		Note 2	
	Hospice		No				0%	Before and After Deductible			
	Non-EHB Benefits										
	Adult Vision Exam - Primary		No	\$ 30	Before and After Deductible	No				Note 3	
	Adult Vision Exam - Specialty		No	\$ 85	Before and After Deductible	No				Note 3	
	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
	Mail-Order Drug Tier 1 - Preferred Generic Drugs (Tier 1)		No	\$ 20	Before and After Deductible	No					
	Mail-Order Drug Tier 2 - Preferred Brand Drugs (Tier 2)		Yes				35%	After Deductible			
	Mail-Order Drug Tier 3 - Non-Preferred Generic & Brand Drugs (Tier 3)		Yes				45%	After Deductible			
	Mail-Order Drug Tier 4 - Specialty Drugs (Tier 4)		Yes				50%	After Deductible			
	Standard Tier 1 - Preferred Generic Drugs (Tier 1)		No	\$ 25	Before and After Deductible	No					
	Standard Tier 2 - Preferred Brand Drugs (Tier 2)		Yes				40%	After Deductible			
	Standard Tier 3 - Non-Preferred Generic & Brand Drugs (Tier 3)		Yes				50%	After Deductible			
	Standard Tier 4 - Specialty Drugs (Tier 4)		Yes				50%	After Deductible			

Notes

- Note 1 No charge; Member pays nothing for the following benefit categories: Primary Care Visit to Treat an Injury or Illness, Other Practitioner Office Visit (Nurse, Physician Assistant), Mental/Behavioral Health Outpatient Services, Substance Use Disorder Outpatient Services
- Note 2 Services include Home Health, Prosthetics, DME and Supplies
- Note 3 Limit on Adult Vision Exams (primary and specialty) is one per calendar year combined.

Benefit Components

Company: Kaiser Foundation Health Plan of Washi

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	80473WA1000002	Line 1.3	Metal Level	Gold	Line 1.5	Exchange Status	Both On and Off Exchange
Line 1.2	Plan Name	VisitsPlus 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	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charging an IP Copay	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	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?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	HMO
Line 3.2	Network Name	Core
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

<- Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In-Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$1,000	
Default Coinsurance			30%	
MOOP			\$7,500	

	Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Amount	Copays Applies	Accrues toward Deductible?	Amount	Coinsurance Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Emergency Room Services			Yes				30%	After Deductible			
Inpatient Hospital Services (e.g., Hospital Stay)			Yes				30%	After Deductible			
Primary Care Visit to Treat an Injury or Illness			No	\$ 10	Before and After Deductible	No					
Specialist Visit			No	\$ 45	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits			No	\$ 10	Before and After Deductible	No					
Mental Health & Substance Use Disorder All Other OP Services			Yes	\$ 400	After Deductible						
Imaging (CT/PET Scans, MRIs)			Yes				30%	After Deductible			
Rehabilitative Speech Therapy			No	\$ 45	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy			No	\$ 45	Before and After Deductible	No					
Preventive Care/Screening/Immunization			No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services			No	\$ 40	Before and After Deductible	No					
X-rays and Diagnostic Imaging			No	\$ 40	Before and After Deductible	No					
Skilled Nursing Facility			Yes				30%	After Deductible			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)			Yes	\$ 400	After Deductible						
Outpatient Surgery Physician/Surgical Services			Yes	\$ -	After Deductible						
Urgent Care			No	\$ 45	Before and After Deductible	No					
Emergency Transportation			Yes				30%	After Deductible			
Other EHB Categories											
Virtual Visits			No	\$ -	Before and After Deductible					Note 1	
Outpatient Other			Yes				30%	After Deductible		Note 2	
Hospice			No				0%	Before and After Deductible			
Non-EHB Benefits											
Adult Vision Exam - Primary			No	\$ 10	Before and After Deductible	No				Note 3	
Adult Vision Exam - Specialty			No	\$ 45	Before and After Deductible	No				Note 3	
	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
Mail-Order Drug Tier 1 - Preferred Generic Drugs (Tier 1)			No	\$ 5	Before and After Deductible	No					
Mail-Order Drug Tier 2 - Preferred Brand Drugs (Tier 2)			No	\$ 35	Before and After Deductible	No					
Mail-Order Drug Tier 3 - Non-Preferred Generic & Brand Drugs (Tier 3)			Yes				35%	After Deductible			
Mail-Order Drug Tier 4 - Specialty Drugs (Tier 4)			Yes				50%	After Deductible			
Standard Tier 1 - Preferred Generic Drugs (Tier 1)			No	\$ 10	Before and After Deductible	No					
Standard Tier 2 - Preferred Brand Drugs (Tier 2)			No	\$ 40	Before and After Deductible	No					
Standard Tier 3 - Non-Preferred Generic & Brand Drugs (Tier 3)			Yes				40%	After Deductible			
Standard Tier 4 - Specialty Drugs (Tier 4)			Yes				50%	After Deductible			

Notes

- Note 1 No charge; Member pays nothing for the following benefit categories: Primary Care Visit to Treat an Injury or Illness, Other Practitioner Office Visit (Nurse, Physician Assistant), Mental/Behavioral Health Outpatient Services, Substance Use Disorder Outpatient Services
- Note 2 Services include Home Health, Prosthetics, DME and Supplies
- Note 3 Limit on Adult Vision Exams (primary and specialty) is one per calendar year combined.

Benefit Components

Company: Kaiser Foundation Health Plan of Washi

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	80473WA1000007	Line 1.3	Metal Level	Expanded Bronze	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	Kaiser Permanente Cascade Bronze	Line 1.4	Cost-Share Reduction (CSR) Plan?		Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charging an IP Copay	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	2
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	Yes
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	HMO
Line 3.2	Network Name	Core
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

<- Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In-Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$6,000	
Default Coinsurance			40%	
MOOP			\$10,150	

				Copays			Coinsurance			
	Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments
	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				
	Emergency Transportation	No	Yes				40%	After Deductible		
	Other EHB Categories									
	Virtual Visits	No	No	\$ -	Before and After Deductible					Note 1
	Outpatient Other	No	Yes				40%	After Deductible		Note 3
	Hospice	No	No				0%	Before and After Deductible		
	Durable Medical Equipment	No	Yes				40%	After Deductible		
	Home Health	No	No	\$ 50	Before and After Deductible	No				
	Non-EHB Benefits									
	Adult Vision Exam - Primary	No	No	\$ 50	Before and After Deductible	No				Note 4
	Adult Vision Exam - Specialty	No	No	\$ 100	Before and After Deductible	No				Note 4
	Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments
	Mail-Order Drug Tier 1 - Preferred Generic Drugs (Tier 1)		No	\$ 27	Before and After Deductible	No				
	Mail-Order Drug Tier 2 - Preferred Brand Drugs (Tier 2)		Yes				35%	After Deductible		
	Mail-Order Drug Tier 3 - Non-Preferred Generic & Brand Drugs (Tier 3)		Yes				35%	After Deductible		
	Mail-Order Drug Tier 4 - Specialty Drugs (Tier 4)		Yes				40%	After Deductible		
	Standard Tier 1 - Preferred Generic Drugs (Tier 1)		No	\$ 32	Before and After Deductible	No				
	Standard Tier 2 - Preferred Brand Drugs (Tier 2)		Yes				40%	After Deductible		
	Standard Tier 3 - Non-Preferred Generic & Brand Drugs (Tier 3)		Yes				40%	After Deductible		
	Standard Tier 4 - Specialty Drugs (Tier 4)		Yes				40%	After Deductible		

Notes

- Note 1 No charge; Member pays nothing for the following benefit categories: Primary Care Visit to Treat an Injury or Illness, Other Practitioner Office Visit (Nurse, Physician Assistant), Mental/Behavioral Health Outpatient Services, Substance Use Disorder Outpatient Services
- Note 2 This plan has 2 upfront visits at \$1 copay. After the upfront visits, visits are not subject to deductible but the copays listed in column E apply.
- Note 3 Services includes Prosthetics and Supplies
- Note 4 Limit on Adult Vision Exams (primary and specialty) is one per calendar year combined.

Benefit Components

Company: Kaiser Foundation Health Plan of Washi		Market: Individual	Plan Year: 2026
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Section 1: Plan Information

Line 1.1	HIOS Plan ID	80473WA1000006	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	Kaiser Permanente 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 Charging an IP Copay	5
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	2
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	Yes
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	HMO
Line 3.2	Network Name	Core
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

< - Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Designs

Line 4.1

In-Network Tier 1:

In-Network

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$2,500	
Default Coinsurance			30%	
MOOP			\$9,750	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Amount	Copays		Amount	Coinsurance		Comments	Errors/Warnings
				Applies	Accrues toward Deductible?		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%	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										
Virtual Visits	No	No	\$ -	Before and After Deductible					Note 1	
Outpatient Other	No	Yes				30%	After Deductible		Note 3	
Hospice	No	No				0%	Before and After Deductible			
Durable Medical Equipment	No	Yes				30%	After Deductible			
Home Health	No	No	\$ 30	Before and After Deductible	No					
Non-EHB Benefits										
Adult Vision Exam - Primary	No	No	\$ 20	Before and After Deductible	No				Note 4	
Adult Vision Exam - Specialty	No	No	\$ 65	Before and After Deductible	No				Note 4	
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	
Mail-Order Drug Tier 1 - Preferred Generic Drugs (Tier 1)	No	\$ 20	Before and After Deductible	No						
Mail-Order Drug Tier 2 - Preferred Brand Drugs (Tier 2)	No	\$ 70	Before and After Deductible	No						
Mail-Order Drug Tier 3 - Non-Preferred Generic & Brand Drugs (Tier 3)	Yes	\$ 245	After Deductible							
Mail-Order Drug Tier 4 - Specialty Drugs (Tier 4)	Yes	\$ 250	After Deductible							
Standard Tier 1 - Preferred Generic Drugs (Tier 1)	No	\$ 25	Before and After Deductible	No						
Standard Tier 2 - Preferred Brand Drugs (Tier 2)	No	\$ 75	Before and After Deductible	No						
Standard Tier 3 - Non-Preferred Generic & Brand Drugs (Tier 3)	Yes	\$ 250	After Deductible							
Standard Tier 4 - Specialty Drugs (Tier 4)	Yes	\$ 250	After Deductible							

Notes

- Note 1 No charge; Member pays nothing for the following benefit categories: Primary Care Visit to Treat an Injury or Illness, Other Practitioner Office Visit (Nurse, Physician Assistant), Mental/Behavioral Health Outpatient Services, Substance Use Disorder Outpatient Services
- Note 2 This plan has 2 upfront visits at \$1 copay. After the upfront visits, visits are not subject to deductible but the copays listed in column E apply.
- Note 3 Services includes Prosthetics and Supplies
- Note 4 Limit on Adult Vision Exams (primary and specialty) is one per calendar year combined.

Benefit Components

Company:	Kaiser Foundation Health Plan of Washi	Market:	Individual	Plan Year:	2026
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Section 1: Plan Information

Line 1.1	HIOS Plan ID	80473WA1000006-04	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	Kaiser Permanente 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 Charging an IP Copay	5
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	2
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	Yes
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	HMO
Line 3.2	Network Name	Core
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

< - Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In-Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$2,500	
Default Coinsurance			30%	
MOOP			\$7,950	

	Upfront Visits or Copays?	Subject to Deductible?	Amount	Copays 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	\$ 20	Before and After Deductible	No					
Imaging (CT/PET Scans, MRIs)	No	Yes				30%	After Deductible			
Rehabilitative Speech Therapy	No	No	\$ 40	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	No	\$ 40	Before and After Deductible	No					
Preventive Care/Screening/Immunization	No	No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services	No	No	\$ 40	Before and After Deductible	No					
X-rays and Diagnostic Imaging	No	No	\$ 65	Before and After Deductible	No					
Skilled Nursing Facility	No	Yes	\$ 800	After Deductible						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	No	Yes	\$ 600	After Deductible						
Outpatient Surgery Physician/Surgical Services	No	Yes	\$ 200	After Deductible						
Urgent Care	No	No	\$ 65	Before and After Deductible	No					
Emergency Transportation	No	No	\$ 325	Before and After Deductible	No					
Other EHB Categories										
Virtual Visits	No	No	\$ -	Before and After Deductible					Note 1	
Outpatient Other	No	Yes				30%	After Deductible		Note 3	
Hospice	No	No				0%	Before and After Deductible			
Durable Medical Equipment	No	Yes				30%	After Deductible			
Home Health	No	No	\$ 30	Before and After Deductible	No					
Non-EHB Benefits										
Adult Vision Exam - Primary	No	No	\$ 20	Before and After Deductible	No				Note 4	
Adult Vision Exam - Specialty	No	No	\$ 65	Before and After Deductible	No				Note 4	
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
Mail-Order Drug Tier 1 - Preferred Generic Drugs (Tier 1)		No	\$ 19	Before and After Deductible	No					
Mail-Order Drug Tier 2 - Preferred Brand Drugs (Tier 2)		No	\$ 70	Before and After Deductible	No					
Mail-Order Drug Tier 3 - Non-Preferred Generic & Brand Drugs (Tier 3)		Yes	\$ 245	After Deductible						
Mail-Order Drug Tier 4 - Specialty Drugs (Tier 4)		Yes	\$ 250	After Deductible						
Standard Tier 1 - Preferred Generic Drugs (Tier 1)		No	\$ 24	Before and After Deductible	No					
Standard Tier 2 - Preferred Brand Drugs (Tier 2)		No	\$ 75	Before and After Deductible	No					
Standard Tier 3 - Non-Preferred Generic & Brand Drugs (Tier 3)		Yes	\$ 250	After Deductible						
Standard Tier 4 - Specialty Drugs (Tier 4)		Yes	\$ 250	After Deductible						

Notes

- Note 1 No charge; Member pays nothing for the following benefit categories: Primary Care Visit to Treat an Injury or Illness, Other Practitioner Office Visit (Nurse, Physician Assistant), Mental/Behavioral Health Outpatient Services, Substance Use Disorder Outpatient Services
- Note 2 This plan has 2 upfront visits at \$1 copay. After the upfront visits, visits are not subject to deductible but the copays listed in column E apply.
- Note 3 Services includes Prosthetics and Supplies
- Note 4 Limit on Adult Vision Exams (primary and specialty) is one per calendar year combined.

Benefit Components

Company:	Kaiser Foundation Health Plan of Washi	Market:	Individual	Plan Year:	2026
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Section 1: Plan Information

Line 1.1	HIOS Plan ID	80473WA1000006-05	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	Kaiser Permanente 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 Charging an IP Copay	5
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	2
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	Yes
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	HMO
Line 3.2	Network Name	Core
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

< - Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In-Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$750	
Default Coinsurance			20%	
MOOP			\$2,850	

	Upfront Visits or Copays?	Subject to Deductible?	Amount	Copays Applies	Accrues toward Deductible?	Amount	Coinsurance 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	\$ 5	Before and After Deductible	No					
Imaging (CT/PET Scans, MRIs)	No	Yes				20%	After Deductible			
Rehabilitative Speech Therapy	No	No	\$ 20	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	No	\$ 20	Before and After Deductible	No					
Preventive Care/Screening/Immunization	No	No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services	No	No	\$ 20	Before and After Deductible	No					
X-rays and Diagnostic Imaging	No	No	\$ 40	Before and After Deductible	No					
Skilled Nursing Facility	No	Yes	\$ 425	After Deductible						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	No	Yes	\$ 325	After Deductible						
Outpatient Surgery Physician/Surgical Services	No	Yes	\$ 120	After Deductible						
Urgent Care	No	No	\$ 30	Before and After Deductible	No					
Emergency Transportation	No	No	\$ 175	Before and After Deductible	No					
Other EHB Categories										
Virtual Visits	No	No	\$ -	Before and After Deductible					Note 1	
Outpatient Other	No	Yes				20%	After Deductible		Note 3	
Hospice	No	No				0%	Before and After Deductible			
Durable Medical Equipment	No	Yes				20%	After Deductible			
Home Health	No	No	\$ 10	Before and After Deductible	No					
Non-EHB Benefits										
Adult Vision Exam - Primary	No	No	\$ 5	Before and After Deductible	No				Note 4	
Adult Vision Exam - Specialty	No	No	\$ 30	Before and After Deductible	No				Note 4	
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
Mail-Order Drug Tier 1 - Preferred Generic Drugs (Tier 1)		No	\$ 7	Before and After Deductible	No					
Mail-Order Drug Tier 2 - Preferred Brand Drugs (Tier 2)		No	\$ 30	Before and After Deductible	No					
Mail-Order Drug Tier 3 - Non-Preferred Generic & Brand Drugs (Tier 3)		No	\$ 155	Before and After Deductible	No					
Mail-Order Drug Tier 4 - Specialty Drugs (Tier 4)		No	\$ 160	Before and After Deductible	No					
Standard Tier 1 - Preferred Generic Drugs (Tier 1)		No	\$ 12	Before and After Deductible	No					
Standard Tier 2 - Preferred Brand Drugs (Tier 2)		No	\$ 35	Before and After Deductible	No					
Standard Tier 3 - Non-Preferred Generic & Brand Drugs (Tier 3)		No	\$ 160	Before and After Deductible	No					
Standard Tier 4 - Specialty Drugs (Tier 4)		No	\$ 160	Before and After Deductible	No					

Notes

- Note 1 No charge; Member pays nothing for the following benefit categories: Primary Care Visit to Treat an Injury or Illness, Other Practitioner Office Visit (Nurse, Physician Assistant), Mental/Behavioral Health Outpatient Services, Substance Use Disorder Outpatient Services
- Note 2 This plan has 2 upfront visits at \$1 copay. After the upfront visits, visits are not subject to deductible but the copays listed in column E apply.
- Note 3 Services includes Prosthetics and Supplies
- Note 4 Limit on Adult Vision Exams (primary and specialty) is one per calendar year combined.

Benefit Components

Company:	Kaiser Foundation Health Plan of Washi	Market:	Individual	Plan Year:	2026
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Section 1: Plan Information

Line 1.1	HIOS Plan ID	80473WA1000006-06	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	Kaiser Permanente 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 Charging an IP Copay	5
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	2
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	Yes
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	HMO
Line 3.2	Network Name	Core
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

< - Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In-Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$0	
Default Coinsurance			15%	
MOOP			\$2,400	

	Upfront Visits or Copays?	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
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	\$ 1	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	\$ -							
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										
Virtual Visits	No	No	\$ -	Before and After Deductible					Note 1	
Outpatient Other	No	No				15%	Before and After Deductible	No	Note 3	
Hospice	No	No				0%	Before and After Deductible			
Durable Medical Equipment	No	No				15%	Before and After Deductible			
Home Health	No	No	\$ 5	Before Deductible	No					
Non-EHB Benefits										
Adult Vision Exam - Primary	No	No	\$ 1	Before and After Deductible	No				Note 4	
Adult Vision Exam - Specialty	No	No	\$ 15	Before and After Deductible	No				Note 4	
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
Mail-Order Drug Tier 1 - Preferred Generic Drugs (Tier 1)		No	\$ 2	Before and After Deductible	No					
Mail-Order Drug Tier 2 - Preferred Brand Drugs (Tier 2)		No	\$ 7	Before and After Deductible	No					
Mail-Order Drug Tier 3 - Non-Preferred Generic & Brand Drugs (Tier 3)		No	\$ 30	Before and After Deductible	No					
Mail-Order Drug Tier 4 - Specialty Drugs (Tier 4)		No	\$ 35	Before and After Deductible	No					
Standard Tier 1 - Preferred Generic Drugs (Tier 1)		No	\$ 5	Before and After Deductible	No					
Standard Tier 2 - Preferred Brand Drugs (Tier 2)		No	\$ 12	Before and After Deductible	No					
Standard Tier 3 - Non-Preferred Generic & Brand Drugs (Tier 3)		No	\$ 35	Before and After Deductible	No					
Standard Tier 4 - Specialty Drugs (Tier 4)		No	\$ 35	Before and After Deductible	No					

Notes

- Note 1 No charge; Member pays nothing for the following benefit categories: Primary Care Visit to Treat an Injury or Illness, Other Practitioner Office Visit (Nurse, Physician Assistant), Mental/Behavioral Health Outpatient Services, Substance Use Disorder Outpatient Services
- Note 2 This plan has 2 upfront visits at \$1 copay. After the upfront visits, visits are not subject to deductible but the copays listed in column E apply.
- Note 3 Services includes Prosthetics and Supplies
- Note 4 Limit on Adult Vision Exams (primary and specialty) is one per calendar year combined.

Benefit Components

Company: Kaiser Foundation Health Plan of Washi

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	80473WA1000005	Line 1.3	Metal Level	Gold	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	Kaiser Permanente Cascade 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	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charging an IP Copay	5
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	Yes
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	HMO
Line 3.2	Network Name	Core
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

<- Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In-Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$1,000	
Default Coinsurance			20%	
MOOP			\$7,000	

	Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Amount	Copays Applies	Accrues toward Deductible?	Amount	Coinsurance Applies	Accrues toward Deductible?	Comments	Errors/Warnings
	Emergency Room Services		Yes	\$ 450	After Deductible						
	Inpatient Hospital Services (e.g., Hospital Stay)		No	\$ 525	Before and After Deductible	No					
	Primary Care Visit to Treat an Injury or Illness		No	\$ 15	Before and After Deductible	No					
	Specialist Visit		No	\$ 40	Before and After Deductible	No					
	Mental Health & Substance Use Disorder Office Visits		No	\$ 15	Before and After Deductible	No					
	Mental Health & Substance Use Disorder All Other OP Services		No	\$ 15	Before and After Deductible	No					
	Imaging (CT/PET Scans, MRIs)		Yes	\$ 300	After Deductible						
	Rehabilitative Speech Therapy		No	\$ 25	Before and After Deductible	No					
	Rehabilitative Occupational and Rehabilitative Physical Therapy		No	\$ 25	Before and After Deductible	No					
	Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible						
	Laboratory Outpatient and Professional Services		No	\$ 20	Before and After Deductible	No					
	X-rays and Diagnostic Imaging		No	\$ 30	Before and After Deductible	No					
	Skilled Nursing Facility		Yes	\$ 350	After Deductible						
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Yes	\$ 350	After Deductible						
	Outpatient Surgery Physician/Surgical Services		Yes	\$ 75	After Deductible						
	Urgent Care		No	\$ 35	Before and After Deductible	No					
	Emergency Transportation		No	\$ 375	Before and After Deductible	No					
	Other EHB Categories										
	Virtual Visits		No	\$ -	Before and After Deductible					Note 1	
	Outpatient Other		Yes				20%	After Deductible		Note 2	
	Hospice		No				0%	Before and After Deductible			
	Durable Medical Equipment		Yes				20%	After Deductible			
	Home Health		No	\$ 15	Before Deductible	No					
	Non-EHB Benefits										
	Adult Vision Exam - Primary		No	\$ 15	Before and After Deductible	No				Note 3	
	Adult Vision Exam - Specialty		No	\$ 40	Before and After Deductible	No				Note 3	
	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
	Mail-Order Drug Tier 1 - Preferred Generic Drugs (Tier 1)		No	\$ 5	Before and After Deductible	No					
	Mail-Order Drug Tier 2 - Preferred Brand Drugs (Tier 2)		No	\$ 55	Before and After Deductible	No					
	Mail-Order Drug Tier 3 - Non-Preferred Generic & Brand Drugs (Tier 3)		No	\$ 95	Before and After Deductible	No					
	Mail-Order Drug Tier 4 - Specialty Drugs (Tier 4)		No	\$ 100	Before and After Deductible	No					
	Standard Tier 1 - Preferred Generic Drugs (Tier 1)		No	\$ 10	Before and After Deductible	No					
	Standard Tier 2 - Preferred Brand Drugs (Tier 2)		No	\$ 60	Before and After Deductible	No					
	Standard Tier 3 - Non-Preferred Generic & Brand Drugs (Tier 3)		No	\$ 100	Before and After Deductible	No					
	Standard Tier 4 - Specialty Drugs (Tier 4)		No	\$ 100	Before and After Deductible	No					

Notes

- Note 1 No charge; Member pays nothing for the following benefit categories: Primary Care Visit to Treat an Injury or Illness, Other Practitioner Office Visit (Nurse, Physician Assistant), Mental/Behavioral Health Outpatient Services, Substance Use Disorder Outpatient Services
- Note 2 Services includes Prosthetics and Supplies
- Note 3 Limit on Adult Vision Exams (primary and specialty) is one per calendar year combined.

Benefit Components

Company: Kaiser Foundation Health Plan of Washi

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	80473WA1000011	Line 1.3	Metal Level	Gold	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	Kaiser Permanente 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	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charging an IP Copay	5
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	Yes
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	HMO
Line 3.2	Network Name	Core
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

<- Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In-Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$1,900	
Default Coinsurance			20%	
MOOP			\$8,800	

	Upfront Visits or Copays?	Subject to Deductible?	Amount	Copays Applies	Accrues toward Deductible?	Amount	Coinsurance Applies	Accrues toward Deductible?	Comments	Errors/Warnings
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		Yes	\$ 800	After Deductible						
Other EHB Categories										
Virtual Visits		No	\$ -	Before and After Deductible					Note 1	
Outpatient Other		Yes				20%	After Deductible		Note 2	
Hospice		No	\$ -	Before and After Deductible						
Durable Medical Equipment		Yes				20%	After Deductible			
Home Health		No	\$ 15	Before Deductible						
Non-EHB Benefits										
Adult Vision Exam - Primary		No	\$ 15	Before and After Deductible	No				Note 3	
Adult Vision Exam - Specialty		No	\$ 40	Before and After Deductible	No				Note 3	
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
Mail-Order Drug Tier 1 - Preferred Generic Drugs (Tier 1)		No	\$ 5	Before and After Deductible	No					
Mail-Order Drug Tier 2 - Preferred Brand Drugs (Tier 2)		No	\$ 70	Before and After Deductible	No					
Mail-Order Drug Tier 3 - Non-Preferred Generic & Brand Drugs (Tier 3)		Yes	\$ 195	After Deductible						
Mail-Order Drug Tier 4 - Specialty Drugs (Tier 4)		Yes	\$ 200	After Deductible						
Standard Tier 1 - Preferred Generic Drugs (Tier 1)		No	\$ 10	Before and After Deductible	No					
Standard Tier 2 - Preferred Brand Drugs (Tier 2)		No	\$ 75	Before and After Deductible	No					
Standard Tier 3 - Non-Preferred Generic & Brand Drugs (Tier 3)		Yes	\$ 200	Before and After Deductible						
Standard Tier 4 - Specialty Drugs (Tier 4)		Yes	\$ 200	Before and After Deductible						

Notes

- Note 1 No charge; Member pays nothing for the following benefit categories: Primary Care Visit to Treat an Injury or Illness, Other Practitioner Office Visit (Nurse, Physician Assistant), Mental/Behavioral Health Outpatient Services, Substance Use Disorder Outpatient Services
- Note 2 Services includes Prosthetics and Supplies
- Note 3 Limit on Adult Vision Exams (primary and specialty) is one per calendar year combined.

Benefit Components

Company: Kaiser Foundation Health Plan of Washi

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	80473WA1000012	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	Off Exchange
Line 1.2	Plan Name	VisitsPlus Silver X	Line 1.4	Cost-Share Reduction (CSR) Plan?	No	Line 1.6	New or Renewing	New

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charging an IP Copay	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	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?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	HMO
Line 3.2	Network Name	Core
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

<- Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In-Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$2,500	
Default Coinsurance			35%	
MOOP			\$9,200	

	Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Amount	Copays Applies	Accrues toward Deductible?	Amount	Coinsurance Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Emergency Room Services			Yes				35%	After Deductible			
Inpatient Hospital Services (e.g., Hospital Stay)			Yes				35%	After Deductible			
Primary Care Visit to Treat an Injury or Illness			No	\$ 15	Before and After Deductible	No					
Specialist Visit			No	\$ 60	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				35%	After Deductible			
Rehabilitative Speech Therapy			No	\$ 65	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy			No	\$ 65	Before and After Deductible	No					
Preventive Care/Screening/Immunization			No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services			No	\$ 60	Before and After Deductible	No					
X-rays and Diagnostic Imaging			No	\$ 60	Before and After Deductible	No					
Skilled Nursing Facility			Yes				35%	After Deductible			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)			Yes	\$ 550	After Deductible						
Outpatient Surgery Physician/Surgical Services			Yes	\$ 50	After Deductible						
Urgent Care			No	\$ 65	Before and After Deductible	No					
Emergency Transportation			Yes				35%	After Deductible			
Other EHB Categories											
Virtual Visits			No	\$ -	Before and After Deductible					Note 1	
Outpatient Other			Yes				35%	After Deductible		Note 2	
Hospice			No	\$ -							
Non-EHB Benefits											
Adult Vision Exam - Primary			No	\$ 15	Before and After Deductible	No				Note 3	
Adult Vision Exam - Specialty			No	\$ 60	Before and After Deductible	No				Note 3	
	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
Mail-Order Drug Tier 1 - Preferred Generic Drugs (Tier 1)			No	\$ 15	Before and After Deductible	No					
Mail-Order Drug Tier 2 - Preferred Brand Drugs (Tier 2)			No	\$ 70	Before and After Deductible	No					
Mail-Order Drug Tier 3 - Non-Preferred Generic & Brand Drugs (Tier 3)			Yes				45%	After Deductible			
Mail-Order Drug Tier 4 - Specialty Drugs (Tier 4)			Yes				50%	After Deductible			
Standard Tier 1 - Preferred Generic Drugs (Tier 1)			No	\$ 20	Before and After Deductible	No					
Standard Tier 2 - Preferred Brand Drugs (Tier 2)			No	\$ 75	Before and After Deductible	No					
Standard Tier 3 - Non-Preferred Generic & Brand Drugs (Tier 3)			Yes				50%	After Deductible			
Standard Tier 4 - Specialty Drugs (Tier 4)			Yes				50%	After Deductible			

Notes

- Note 1 No charge; Member pays nothing for the following benefit categories: Primary Care Visit to Treat an Injury or Illness, Other Practitioner Office Visit (Nurse, Physician Assistant), Mental/Behavioral Health Outpatient Services, Substance Use Disorder Outpatient Services
- Note 2 services include Home Health, Prosthetics, DME and Supplies
- Note 3 Limit on Adult Vision Exams (primary and specialty) is one per calendar year combined.

Benefit Components

Company: Kaiser Foundation Health Plan of Washi

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	80473WA1000013
Line 1.2	Plan Name	Gold HSA

Line 1.3	Metal Level	Gold
Line 1.4	Cost-Share Reduction (CSR) Plan?	

Line 1.5	Exchange Status	On Exchange
Line 1.6	New or Renewing	New

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charging an IP Copay	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	Yes
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?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	HMO
Line 3.2	Network Name	Core
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

<- Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In-Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$2,100	
Default Coinsurance			20%	
MOOP			\$6,100	

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		Yes	\$ 15	After Deductible						
Specialist Visit		Yes	\$ 30	After Deductible						
Mental Health & Substance Use Disorder Office Visits		Yes	\$ 15	After Deductible						
Mental Health & Substance Use Disorder All Other OP Services		Yes	\$ 15	After Deductible						
Imaging (CT/PET Scans, MRIs)		Yes				20%	After Deductible			
Rehabilitative Speech Therapy		Yes	\$ 30	After Deductible						
Rehabilitative Occupational and Rehabilitative Physical Therapy		Yes	\$ 30	After Deductible						
Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services		Yes				20%	After Deductible			
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		Yes	\$ 45	After Deductible						
Emergency Transportation		Yes				20%	After Deductible			
Other EHB Categories										
Virtual Visits		No	\$ -	Before and After Deductible					Note 1	
Outpatient Other		Yes				20%	After Deductible		Note 2	
Hospice		No	\$ -	Before and After Deductible						
Non-EHB Benefits										
Adult Vision Exam - Primary		Yes	\$ 15	After Deductible					Note 3	
Adult Vision Exam - Specialty		Yes	\$ 30	After Deductible					Note 3	
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
Mail-Order Drug Tier 1 - Preferred Generic Drugs (Tier 1)		Yes	\$ 15	After Deductible						
Mail-Order Drug Tier 2 - Preferred Brand Drugs (Tier 2)		Yes				15%	After Deductible			
Mail-Order Drug Tier 3 - Non-Preferred Generic & Brand Drugs (Tier 3)		Yes				45%	After Deductible			
Mail-Order Drug Tier 4 - Specialty Drugs (Tier 4)		Yes				50%	After Deductible			
Standard Tier 1 - Preferred Generic Drugs (Tier 1)		Yes	\$ 20	After Deductible						
Standard Tier 2 - Preferred Brand Drugs (Tier 2)		Yes				20%	After Deductible			
Standard Tier 3 - Non-Preferred Generic & Brand Drugs (Tier 3)		Yes				50%	After Deductible			
Standard Tier 4 - Specialty Drugs (Tier 4)		Yes				50%	After Deductible			

Notes

- Note 1 No charge; Member pays nothing for the following benefit categories: Primary Care Visit to Treat an Injury or Illness, Other Practitioner Office Visit (Nurse, Physician Assistant), Mental/Behavioral Health Outpatient Services, Substance Use Disorder Outpatient Services
- Note 2 services include Home Health, Prosthetics, DME and Supplies
- Note 3 Limit on Adult Vision Exams (primary and specialty) is one per calendar year combined.

Worksheet
Controls

Plan Year: 2026

Line 1.1	HIOS Plan ID	80473WA1000014	Line 1.3	Metal Level	Gold	Line 1.5	Exchange Status	Off Exchange
Line 1.2	Plan Name	Visits Plus Gold LD	Line 1.4	Cost-Share Reduction (CSR) Plan?		Line 1.6	New or Renewing	New

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charging an IP Copay	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	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?	Yes

Line 3.1	Network Type	HMO
Line 3.2	Network Name	Core
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

<- Provide Explanation in Note 1 (at the bottom of the page).

Line 4.1	In-Network Tier 1:	In-Network
----------	--------------------	------------

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$500	
Default Coinsurance			30%	
MOOP			\$7,500	

			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		Yes				30%	After Deductible			
Inpatient Hospital Services (e.g., Hospital Stay)		Yes				30%	After Deductible			
Primary Care Visit to Treat an Injury or Illness		No	\$ 10	Before and After Deductible	No					
Specialist Visit		No	\$ 40	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits		No	\$ 10	Before and After Deductible	No					
Mental Health & Substance Use Disorder All Other OP Services		No	\$ 10	Before and After Deductible	No					
Imaging (CT/PET Scans, MRIs)		Yes				30%	After Deductible			
Rehabilitative Speech Therapy		No	\$ 35	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy		No	\$ 35	Before and After Deductible	No					
Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services		No	\$ 40	Before and After Deductible	No					
X-rays and Diagnostic Imaging		No	\$ 40	Before and After Deductible	No					
Skilled Nursing Facility		Yes				30%	After Deductible			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Yes	\$ 350	After Deductible						
Outpatient Surgery Physician/Surgical Services		Yes	\$ 50	After Deductible						
Urgent Care		No	\$ 40	Before and After Deductible	No					
Emergency Transportation		Yes				30%	After Deductible			
Other EHB Categories										
Virtual Visits		No	\$ -	Before and After Deductible					Note 1	
Outpatient Other		Yes				30%	After Deductible		Note 2	
Hospice		No	\$ -	Before and After Deductible						
Non-EHB Benefits										
Adult Vision Exam - Primary		No	\$ 10	Before and After Deductible	No				Note 3	
Adult Vision Exam - Specialty		No	\$ 40	Before and After Deductible	No				Note 3	
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
Mail-Order Drug Tier 1 - Preferred Generic Drugs (Tier 1)		No	\$ 5	Before and After Deductible	No					
Mail-Order Drug Tier 2 - Preferred Brand Drugs (Tier 2)		No	\$ 35	Before and After Deductible	No					
Mail-Order Drug Tier 3 - Non-Preferred Generic & Brand Drugs (Tier 3)		Yes				35%	After Deductible			
Mail-Order Drug Tier 4 - Specialty Drugs (Tier 4)		Yes				50%	After Deductible			
Standard Tier 1 - Preferred Generic Drugs (Tier 1)		No	\$ 10	Before and After Deductible	No					
Standard Tier 2 - Preferred Brand Drugs (Tier 2)		No	\$ 40	Before and After Deductible	No					
Standard Tier 3 - Non-Preferred Generic & Brand Drugs (Tier 3)		Yes				40%	After Deductible			
Standard Tier 4 - Specialty Drugs (Tier 4)		Yes				50%	After Deductible			

Note 1	No charge; Member pays nothing for the following benefit categories: Primary Care Visit to Treat an Injury or Illness, Other Practitioner Office Visit (Nurse, Physician Assistant), Mental/Behavioral Health Outpatient Services, Substance Use Disorder Outpatient Services
Note 2	services include Home Health, Prosthetics, DME and Supplies
Note 3	Limit on Adult Vision Exams (primary and specialty) is one per calendar year combined.

Benefit Components

Worksheet
Controls

Company: Kaiser Foundation Health Plan of Washi

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	80473WA1000015
Line 1.2	Plan Name	VisitsPlus Silver X

Line 1.3	Metal Level	Silver
Line 1.4	Cost-Share Reduction (CSR) Plan?	No

Line 1.5	Exchange Status	Off Exchange
Line 1.6	New or Renewing	New

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charging an IP Copay	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	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?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	HMO
Line 3.2	Network Name	Core
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

<- Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Designs

Line 4.1 In-Network Tier 1: [Insert Tier Name/Description]

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$2,500	
Default Coinsurance			35%	
MOOP			\$9,200	

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				35%	After Deductible			
Inpatient Hospital Services (e.g., Hospital Stay)		Yes				35%	After Deductible			
Primary Care Visit to Treat an Injury or Illness		No	\$ 15	Before and After Deductible	No					
Specialist Visit		No	\$ 60	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				35%	After Deductible			
Rehabilitative Speech Therapy		No	\$ 65	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy		No	\$ 65	Before and After Deductible	No					
Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services		No	\$ 60	Before and After Deductible	No					
X-rays and Diagnostic Imaging		No	\$ 60	Before and After Deductible	No					
Skilled Nursing Facility		Yes				35%	After Deductible			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		No	\$ 550	Before and After Deductible	No					
Outpatient Surgery Physician/Surgical Services		No	\$ 50	Before and After Deductible	No					
Urgent Care		No	\$ 65	Before and After Deductible	No					
Emergency Transportation		Yes				35%	After Deductible			
Other EHB Categories										
Virtual Visits		No	\$ -	Before and After Deductible					Note 1	
Outpatient Other		Yes				35%	After Deductible		Note 2	
Hospice		No	\$ -	Before and After Deductible						
Non-EHB Benefits										
Adult Vision Exam - Primary		No	\$ 15	Before and After Deductible	No				Note 3	
Adult Vision Exam - Specialty		No	\$ 60	Before and After Deductible	No				Note 3	
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
Mail-Order Drug Tier 1 - Preferred Generic Drugs (Tier 1)		No	\$ 15	Before and After Deductible	No					
Mail-Order Drug Tier 2 - Preferred Brand Drugs (Tier 2)		No	\$ 70	Before and After Deductible	No					
Mail-Order Drug Tier 3 - Non-Preferred Generic & Brand Drugs (Tier 3)		Yes				45%	After Deductible			
Mail-Order Drug Tier 4 - Specialty Drugs (Tier 4)		Yes				50%	After Deductible			
Standard Tier 1 - Preferred Generic Drugs (Tier 1)		No	\$ 20	Before and After Deductible	No					
Standard Tier 2 - Preferred Brand Drugs (Tier 2)		No	\$ 75	Before and After Deductible	No					
Standard Tier 3 - Non-Preferred Generic & Brand Drugs (Tier 3)		Yes				50%	After Deductible			
Standard Tier 4 - Specialty Drugs (Tier 4)		Yes				50%	After Deductible			

Notes

- Note 1 No charge; Member pays nothing for the following benefit categories: Primary Care Visit to Treat an Injury or Illness, Other Practitioner Office Visit (Nurse, Physician Assistant), Mental/Behavioral Health Outpatient Services, Substance Use Disorder Outpatient Services
- Note 2 services include Home Health, Prosthetics, DME and Supplies
- Note 3 Limit on Adult Vision Exams (primary and specialty) is one per calendar year combined.

MHSUD Financial Requirement Parity Testing -- Summary

Issuer and Filing Information

Issuer Name:	Kaiser Foundation Health Plan of Washington
HIOS Issuer ID:	80473
Market:	Individual
Plan Year:	2026
State Filing Tracking Number:	KFWA - 134519366

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
80473WA0540001	Basics Plus Catastrophic	Pass	
80473WA0780001	Bronze HSA	Pass	
80473WA0780003	Bronze HSA X	Pass	
80473WA0990003	Bronze	Pass	
80473WA0990001	VisitsPlus Bronze	Pass	
80473WA0780002	Silver HSA	Pass	
80473WA1000001	VisitsPlus Silver	Pass	Membership is projected to be zero for this plan. Since claims are allocated based on membership, we assumed one enrollee to demonstrate that the plan meets MHSUD requirements.
80473WA100000104	VisitsPlus Silver - 73% CSR	Pass	Membership is projected to be zero for this plan. Since claims are allocated based on membership, we assumed one enrollee to demonstrate that the plan meets MHSUD requirements.
80473WA100000105	VisitsPlus Silver - 87% CSR	Pass	
80473WA100000106	VisitsPlus Silver - 94% CSR	Pass	
80473WA1000004	VisitsPlus Silver HD	Pass	
80473WA1000002	VisitsPlus Gold	Pass	
80473WA1000007	Kaiser Permanente Cascade Bronze	Pass	
80473WA1000006	Kaiser Permanente Cascade Silver	Pass	Membership is projected to be zero for this plan. Since claims are allocated based on membership, we assumed one enrollee to demonstrate that the plan meets MHSUD requirements.
80473WA100000604	Kaiser Permanente Cascade Silver - 73% CSF	Pass	Membership is projected to be zero for this plan. Since claims are allocated based on membership, we assumed one enrollee to demonstrate that the plan meets MHSUD requirements.
80473WA100000605	Kaiser Permanente Cascade Silver - 87% CSF	Pass	
80473WA100000606	Kaiser Permanente Cascade Silver - 94% CSF	Pass	
80473WA1000005	Kaiser Permanente Cascade Gold	Pass	
80473WA1000011	Kaiser Permanente Cascade Vital Gold	Pass	
80473WA1000012	VisitsPlus Silver 4500	Pass	
80473WA1000013	Gold HSA	Pass	
80473WA1000014	VisitsPlus Gold LD	Pass	
80473WA1000015	VisitsPlus Silver X	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>Plans were tested using KFHPWA 2024 individual allowed claim data by benefit category, trended forward to 2026. The data is consistent with the data used to project the plan year 2026 claims and premium rates. The data is separated by plan level for testing based on the percent of projected 2026 allowed claims by plan. KFHPWA uses Milliman's Health Cost Guidelines (HCG) Grouper to categorize historical claims into benefit categories. The data used for testing excludes mental health and substance use disorder claims.</u></p>
2	<p>Identify the period (i.e., date range) represented in the data.</p> <p><u>The data represents the best estimate of 2026 as calculated by trending 2024 data.</u></p>
3	<p>Address the credibility of the data used in your MHSUD financial requirement parity testing.</p> <p><u>The overall KFHPWA individual pool is credible as demonstrated in the rate filing.</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>The data is consistent with the data in the rate development (URRT).</u></p>
5	<p>If data other than State of Washington plan data was used, what is the source, and why is it appropriate for MHSUD financial requirement parity testing purposes?</p> <p><u>Only WA plan data was used.</u></p>

MHSUD Financial Requirement Parity Testing

Mapping Medical/Surgical Services to Benefit Classifications

Instructions

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

A. Service Description column:

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

B. Mapped Benefit Classification for MHSUD Parity Testing column:

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

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

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

Notes column: Explain any differences by plan.

Mapping Table

A. Service Description	B. Mapped Benefit Classification for MHSUD Parity Testing	C. Mapped Benefit in corresponding Benefit Components document (If applicable)	Notes
Inpatient	Inpatient	Inpatient Hospital Services (e.g., Hospital Stay)	
Primary Care Visit to Treat an Injury or Illness	Outpatient - Office Visits	Primary Care Visit to Treat an Injury or Illness	
Urgent Care	Outpatient - Office Visits	Urgent Care	
Adult Vision Exams	Outpatient - Office Visits	Adult Vision Exam (Primary and Specialty)	
Specialist Visit	Outpatient - Office Visits	Specialist Visit	
Preventive Care/Screening/Immunization	Outpatient - Office Visits	Preventive Care/Screening/Immunization	
Virtual Visits	Outpatient - All Other	Virtual Visits	
Rehabilitative Speech, Occupational and Rehabilitative Physical Therapy	Outpatient - All Other	Rehabilitative Speech Therapy	
Rehabilitative Speech, Occupational and Rehabilitative Physical Therapy	Outpatient - All Other	Rehabilitative Occupational and Rehabilitative Physical Therapy	
Laboratory Outpatient and Professional Services	Outpatient - All Other	Laboratory Outpatient and Professional Services	
X-rays and Diagnostic Imaging	Outpatient - All Other	X-rays and Diagnostic Imaging	
Skilled Nursing Facility	Inpatient	Skilled Nursing Facility	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Outpatient - All Other	Outpatient Surgery Physician/Surgical Services	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Outpatient - All Other	Outpatient Facility Fee (e.g., Ambulatory Surgery)	
Imaging (CT/PET Scans, MRIs)	Outpatient - All Other	Imaging (CT/PET Scans, MRIs)	
Outpatient Other	Outpatient - All Other	Outpatient Other	
Outpatient Other	Outpatient - All Other	Durable Medical Equipment	
Outpatient Other	Outpatient - All Other	Home Health	
Hospice	Outpatient - All Other	Hospice	
Preventive Care - nonoffice visit	Outpatient - All Other	Preventive Care/Screening/Immunization	
Emergency Care	Emergency Care	Emergency Room Services	
Emergency Care	Emergency Care	Emergency Transportation	
Prescription Drugs	Prescription Drugs	Mail-Order Drug Tier 1 - Preferred Generic Drugs (Tier 1)	
Prescription Drugs	Prescription Drugs	Mail-Order Drug Tier 2 - Preferred Brand Drugs (Tier 2)	
Prescription Drugs	Prescription Drugs	Mail-Order Drug Tier 3 - Non-Preferred Generic & Brand Drugs (Tier 3)	
Prescription Drugs	Prescription Drugs	Mail-Order Drug Tier 4 - Specialty Drugs (Tier 4)	
Prescription Drugs	Prescription Drugs	Standard Tier 1 - Preferred Generic Drugs (Tier 1)	
Prescription Drugs	Prescription Drugs	Standard Tier 2 - Preferred Brand Drugs (Tier 2)	
Prescription Drugs	Prescription Drugs	Standard Tier 3 - Non-Preferred Generic & Brand Drugs (Tier 3)	
Prescription Drugs	Prescription Drugs	Standard Tier 4 - Specialty Drugs (Tier 4)	

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

Issuer / Market: Kaiser Foundation Health Plan of Washington
Market: Individual
State Filing Tracking Number: KFWA – 134519366

Workbook info

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

PLAN INFORMATION

Plan Name: Basics Plus Catastrophic
Plan ID: 80473WA0540001
CSR Variant Description:

<<<This will auto populate from summary sheet macro
<<<This will auto populate from summary sheet macro
<<<If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: Pass

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

[Move to IP INN](#)[Move to IP OON](#)[Move to OP INN](#)[Move to OP-OV INN](#)[Move to OP-IG INN](#)[Move to OP OON](#)[Move to OP-OV OON](#)[Move to ER](#)[Move to RA](#)

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

Testing Options

Option	Selection
Out-of-Network Tier?	No
Outpatient Benefit Testing	All Covered

Column Options

[Update Columns](#)
[Hide/Unhide All Columns](#)

No Errors found?

True

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

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

Issuer / Market: Kaiser Foundation Health Plan of Washington
Market: Individual
State Filing Tracking Number: KFWA – 134519366

Workbook info
Link back to Summary Sheet
User Inputs Cell Format
See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: Bronze HSA
Plan ID: 80473WA0780001
CSR Variant Description:

<<<<This will auto populate from summary sheet macro
<<<<This will auto populate from summary sheet macro
<<<<If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: Pass

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

Testing Options

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

Column Options
Update Columns
Hide/Unhide All Columns

No Errors found?
TRUE

Results By Benefit Classification

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

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

<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OGN	Move to OP INN	Move to OP-OV INN	Move to OP-AG INN
Move to OP OGN	Move to OP-OV OGN	Move to OP-AG OGN	Move to ER	Move to RA

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification	(3a) Outpatient - Office Visits, In-Network (OP-OV INN)			Ben
Notes:	Use this table if you are separately testing outpatient office visits and all other outpatient services.			
Classification	Outpatient - Office Visit	OP-OV		
Network (In/Out)	In-Network	INN		
Classification Code	3a	OP-OV INN	Number of Rows	5
Table Name	3a	OPCOVINN_P1		

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

Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OOPM)	No Cost-Share (If true, enter "x")
Primary Care Visit to Treat an Injury or Illness	after deductible, then coinsurance	\$342,350.41	\$5,500.00	N/A	40%	\$7,500.00	
Urgent Care	after deductible, then coinsurance	\$146,940.77	\$5,500.00	N/A	40%	\$7,500.00	
Adult Vision Exams	after deductible, then coinsurance	\$51,556.26	\$5,500.00	N/A	40%	\$7,500.00	
Specialist Visit	after deductible, then coinsurance	\$312,125.11	\$5,500.00	N/A	40%	\$7,500.00	
Preventive Care (Screenings/Immunizations)	no charge	\$260,074.94	N/A	N/A	N/A	N/A	x
Total Row		\$1,113,046.91					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3a) Outpatient - Office Visits, In-Network (OP-OV INN)

Cost Share Type	MHSUD Cost Shares in Plan Design	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	\$5,500.00	\$5,500.00	Pass
Copayment	N/A		Fail
Coinsurance	40%	40%	Pass
OOPM	\$7,500.00	\$7,500.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Enter Footnotes (as needed) about:
xx

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

Deductible	\$852,972.57	76.63%	OP-OV INN Deductible
Copayment	\$0.00	0.00%	Fail
Coinsurance	\$852,972.57	76.63%	OP-OV INN Coinsurance
OOPM	\$852,972.57	76.63%	OP-OV INN OOPM
Total Projected	\$1,113,046.91		

Step 2 Predominant Level

Deductible --- (3a) Outpatient - Office Visits, In-Network (OP-OV 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
\$5,500.00	\$852,972.57	100.00%	\$5,500.00	
\$0.00				
Total	\$852,972.57	100.00%		

Copayment --- (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.		

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

Coinsurance --- (3a) Outpatient - Office Visits, In-Network (OP-OV INN)	Errors found:	0
Applies to substantially all medical/surgical benefits in this classification. ENTER different coinsurance amounts from smallest to largest.		

Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
40%	\$852,972.57	100.00%	40%	
\$0.00				
\$0.00				
\$0.00				
Total	\$852,972.57	100.00%		

OOPM --- (3a) Outpatient - Office Visits, In-Network (OP-OV INN)	Errors found:	0
Applies to substantially all medical/surgical benefits in this classification. ENTER different oopm amounts from smallest to largest.		

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$7,500.00	\$852,972.57	100.00%	\$7,500.00	
\$0.00				
\$0.00				
\$0.00				
Total	\$852,972.57	100.00%		

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

Click>>>>

[Home](#)

Errors found:

0

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

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

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

Notes:

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

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	In-Network	INN
Classification Code	3b	OP-AO INN
Table Name	[BI] OP-AO INN_P1	

Number of Rows 8

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

Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinurance	Out-of-Pocket Maximum (OOPM)	No Cost Share (If true, enter ">")
Laboratory Outpatient and Professional Services	after deductible, then coinsurance	\$140,401.14	\$5,500.00	N/A	40%	\$7,500.00	
X-rays and Diagnostic Imaging	after deductible, then coinsurance	\$131,004.17	\$5,500.00	N/A	40%	\$7,500.00	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center) and Outpatient Surgery Physician/Surgical Services	after deductible, then coinsurance	\$2,805,977.00	\$5,500.00	N/A	40%	\$7,500.00	
Imaging (CT/PET Scans, MRI)	after deductible, then coinsurance	\$134,870.82	\$5,500.00	N/A	40%	\$7,500.00	
Outpatient Other	after deductible, then coinsurance	\$202,947.84	\$5,500.00	N/A	40%	\$7,500.00	
Hospice	after deductible, then no charge	\$7,089.43	\$5,500.00	N/A	N/A	\$7,500.00	
Preventive Care - nonoffice visit	no charge	\$216,305.14	N/A	N/A	N/A	N/A	x
Rehabilitative Speech, Virtual Visits	after deductible, then \$139,604.60 after deductible, then no charge	\$139,604.60 \$294,795.03	\$5,500.00 \$5,500.00	N/A N/A	40% N/A	\$7,500.00 \$7,500.00	
Total Row		\$3,853,255.98					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

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

Cost Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	\$5,500.00	\$5,500.00	Pass
Copayment	N/A	Fail	Pass
Coinurance	40%	40%	Pass
OOPM	\$7,500.00	\$7,500.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

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

Deductible	\$3,636,750.84	94.38%	OP-AO INN Deductible
Copayment	\$0.00	0.00%	Fail
Coinurance	\$3,334,856.33	86.55%	OP-AO INN Coinurance
OOPM	\$3,636,750.84	94.38%	OP-AO INN OOPM
Total Projected	\$3,853,255.98		

Enter Footnotes (as needed) about:
xx

Step 2 Predominant Level

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

Errors found: 0

Applies to substantially all medical/surgical benefits in this classification. ENTER different deductible amounts from smallest to largest.

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$5,500.00	\$3,636,750.84	100.00%	\$5,500.00	
	\$0.00			
Total	\$3,636,750.84	100.00%		

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

Errors found: 0

Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.

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

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

Errors found: 0

Applies to substantially all medical/surgical benefits in this classification. ENTER different coinsurance amounts from smallest to largest.

Coinurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
40%	\$3,334,856.33	100.00%	40%	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$3,334,856.33	100.00%		

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

Errors found: 0

Applies to substantially all medical/surgical benefits in this classification. ENTER different oopm amounts from smallest to largest.

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$7,500.00	\$3,636,750.84	100.00%	\$7,500.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$3,636,750.84	100.00%		

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

Issuer / Market: Kaiser Foundation Health Plan of Washington
Market: Individual
State Filing Tracking Number: KFWA - 134519366

Workbook info

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

PLAN INFORMATION

Plan Name: Bronze HSA X
Plan ID: 80473WA0780003
CSR Variant Description:
<<<<This will auto populate from summary sheet macro
<<<<This will auto populate from summary sheet macro
<<<<If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result:

Pass

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

[Move to IP INN](#)

[Move to IP OON](#)

[Move to OP INN](#)

[Move to OP-OV INN](#)

[Move to OP-AG INN](#)

[Move to OP OON](#)

[Move to OP-OV OON](#)

[Move to OP-AG OON](#)

[Move to ER](#)

[Move to RX](#)

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

Testing Options

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

Column Options

[Update Columns](#)
[Hide/Unhide All Columns](#)

No Errors found?

TRUE

Results By Benefit Classification

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

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

Ben

Click>>>>

[Home](#)

Errors found:

0

<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OGN	Move to OP INN	Move to OP-OV INN	Move to OP-AG INN
Move to DP OGN	Move to OP-OV OGN	Move to DP-AG OGN	Move to ER	Move to RA

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification		(3a) Outpatient - Office Visits, In-Network (OP-OV INN)				Ben	
Notes:		Use this table if you are separately testing outpatient office visits and all other outpatient services.					
Classification		Outpatient - Office Visit		OP-OV			
Network (In/Out)		In-Network		INN			
Classification Code		3a		OP-OV INN		Number of Rows = 5	
Table Name				BS_OP OV INN_P1			
For each cost share, if it does not apply, enter "N/A".							
Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OOPM)	No Cost-Share (if true, enter "x")
Primary Care Visit to Treat an Injury or Illness	after deductible, then coinsurance	\$535,430.13	\$5,500.00	N/A	40%	\$7,500.00	
Urgent Care	after deductible, then coinsurance	\$229,808.53	\$5,500.00	N/A	40%	\$7,500.00	
Adult Vision Exams	after deductible, then coinsurance	\$80,621.60	\$5,500.00	N/A	40%	\$7,500.00	
Specialist Visit	after deductible, then coinsurance	\$488,349.17	\$5,500.00	N/A	40%	\$7,500.00	
Preventive Care (Screenings/Immunizations)	no charge	\$406,744.18	N/A	N/A	N/A	N/A	x
Total Row		\$1,740,753.60					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3a) Outpatient - Office Visits, In-Network (OP-OV INN)

Cost Share Type	MHSUD Cost Shares in Plan Design	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	\$5,500.00	\$5,500.00	Pass
Copayment	N/A		Fail
Coinsurance	40%	40%	Pass
OOPM	\$7,500.00	\$7,500.00	Pass
Overall			Pass

Enter Footnotes (as needed) about:
xx

*If not applicable, enter "N/A"

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

Deductible	\$1,334,009.42	76.63%	OP-OV INN Deductible
Copayment	\$0.00	0.00%	Fail
Coinsurance	\$1,334,009.42	76.63%	OP-OV INN Coinsurance
OOPM	\$1,334,009.42	76.63%	OP-OV INN OOPM
Total Projected	\$1,740,753.60		

Step 2 Predominant Level

Deductible ----- (3a) Outpatient - Office Visits, In-Network (OP-OV INN)				Errors found:	0
Applies to substantially all medical/surgical benefits in this classification. ENTER different deductible amounts from smallest to largest.					
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
\$1,334,009.42	\$1,334,009.42	100.00%	\$5,500.00		
	\$0.00				
Total	\$1,334,009.42	100.00%			
Copayment ----- (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.					
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
	\$0.00				
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			
Coinsurance ----- (3a) Outpatient - Office Visits, In-Network (OP-OV INN)				Errors found:	0
Applies to substantially all medical/surgical benefits in this classification. ENTER different coinsurance amounts from smallest to largest.					
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
40%	\$1,334,009.42	100.00%	40%		
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$1,334,009.42	100.00%			
OOPM ----- (3a) Outpatient - Office Visits, In-Network (OP-OV INN)				Errors found:	0
Applies to substantially all medical/surgical benefits in this classification. ENTER different oopm amounts from smallest to largest.					
OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
\$7,500.00	\$1,334,009.42	100.00%	\$7,500.00		
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$1,334,009.42	100.00%			

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

Click>>>>>>

None

Errors found:

0

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

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (3b) Outpatient - All Other, In-Network (OP-AO INN)
 Notes: Use this table if you are separately testing outpatient office visits and all other outpatient services.

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	In-Network	INN
Classification Code	3b	OP-AO INN
Table Name	[BI] OPACINN_P1	

Number of Rows 8

Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinurance	Out-of-Pocket Maximum (OOPM)	No Cost Share (If true, enter "X")
Laboratory Outpatient and Professional Services	after deductible, then coinsurance	\$215,580.85	\$5,500.00	N/A	40%	\$7,500.00	
X-rays and Diagnostic Imaging	after deductible, then coinsurance	\$254,884.44	\$5,500.00	N/A	40%	\$7,500.00	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center) and Outpatient Surgery Physician/Surgical Services	after deductible, then coinsurance	\$4,075,637.89	\$5,500.00	N/A	40%	\$7,500.00	
Imaging (CT/PET Scans, MRIs)	after deductible, then coinsurance	\$179,652.64	\$5,500.00	N/A	40%	\$7,500.00	
Outpatient Other	after deductible, then coinsurance	\$117,400.98	\$5,500.00	N/A	40%	\$7,500.00	
Hospice	after deductible, then no charge	\$11,503.25	\$5,500.00	N/A	N/A	\$7,500.00	
Preventive Care - nonoffice visit	no charge	\$398,003.97	N/A	N/A	N/A	N/A	x
Rehabilitative Speech, Virtual Visits	after deductible, then no charge	\$218,413.43	\$5,500.00	N/A	40%	\$7,500.00	
	after deductible, then no charge	\$461,045.71	\$5,500.00	N/A	N/A	\$7,500.00	
Total Row		\$6,026,313.13					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

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

Cost Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	\$5,500.00	\$5,500.00	Pass
Copayment	N/A	Fail	Pass
Coinurance	40%	40%	Pass
OOPM	\$7,500.00	\$7,500.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Enter Footnotes (as needed) about:
xx

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

Deductible	\$5,687,709.16	94.38%	OP-AO INN Deductible
Copayment	\$0.00	0.00%	Fail
Coinurance	\$5,215,560.20	86.55%	OP-AO INN Coinurance
OOPM	\$5,687,709.16	94.38%	OP-AO INN OOPM
Total Projected	\$6,026,313.13		

Step 2 Predominant Level

Deductible — (3b) Outpatient - All Other, In-Network (OP-AO INN)					Errors found:	0
Applies to substantially all medical/surgical benefits in this classification. ENTER different deductible amounts from smallest to largest.						
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking		
\$5,500.00	\$5,687,709.16	100.00%	\$5,500.00			
\$0.00						
Total	\$5,687,709.16	100.00%				
Copayment — (3b) Outpatient - All Other, In-Network (OP-AO INN)						
Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.						
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking		
	\$0.00					
	\$0.00					
	\$0.00					
Total	\$0.00	0.00%				
Coinurance — (3b) Outpatient - All Other, In-Network (OP-AO INN)						
Applies to substantially all medical/surgical benefits in this classification. ENTER different coinsurance amounts from smallest to largest.						
Coinurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking		
40%	\$5,215,560.20	100.00%	40%			
\$0.00						
\$0.00						
Total	\$5,215,560.20	100.00%				
OOPM — (3b) Outpatient - All Other, In-Network (OP-AO INN)						
Applies to substantially all medical/surgical benefits in this classification. ENTER different oopm amounts from smallest to largest.						
OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking		
\$7,500.00	\$5,687,709.16	100.00%	\$7,500.00			
\$0.00						
\$0.00						
Total	\$5,687,709.16	100.00%				

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

Issuer / Market: Kaiser Foundation Health Plan of Washington
Market: Individual
State Filing Tracking Number: KFWA – 134519366

Workbook info

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

PLAN INFORMATION

Plan Name: Bronze
Plan ID: 80473WA0990003
CSR Variant Description:
<<<<This will auto populate from summary sheet macro
<<<<This will auto populate from summary sheet macro
<<<<If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: Pass

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

Testing Options

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

Column Options
Update Columns
Hide/Unhide All Columns

No Errors found?
TRUE

Results By Benefit Classification

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

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

Ben

Click>>>>

[Home](#)

Errors found:

0

<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OGN	Move to OP INN	Move to OP-OV INN	Move to OP-AG INN
Move to OP OGN	Move to OP-OV OGN	Move to OP-AG OGN	Move to ER	Move to RA

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (3a) Outpatient - Office Visits, In-Network (OP-OV INN) Ben

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

Classification Outpatient - Office Visit OP-OV

Network (In/Out) In-Network INN

Classification Code 3a OP-OV INN Number of Rows 5

Table Name 001_OP0VINN_P1 CI

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

Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OOPM)	No Cost-Share (if true, enter "Y")
Primary Care Visit to Treat an Injury or Illness	after deductible, then coinsurance	\$68,477.00	\$6,000.00	N/A	40%	\$8,000.00	
Urgent Care	after deductible, then coinsurance	\$29,391.12	\$6,000.00	N/A	40%	\$8,000.00	
Adult Vision Exams	after deductible, then coinsurance	\$30,313.29	\$6,000.00	N/A	40%	\$8,000.00	
Specialist Visit	after deductible, then coinsurance	\$62,431.33	\$6,000.00	N/A	40%	\$8,000.00	
Preventive Care/Screening/Immunization	no charge	\$52,020.12	N/A	N/A	N/A	N/A	x
Total Row		\$222,631.87					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3a) Outpatient - Office Visits, In-Network (OP-OV INN)

Cost Share Type	MHSUD Cost Shares in Plan Design	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	\$6,000.00	\$6,000.00	Pass
Copayment	N/A	Fail	Pass
Coinsurance	40%	40%	Pass
OOPM	\$8,000.00	Pass	Pass
Overall			Pass

*If not applicable, enter "N/A"

Enter Footnotes (as needed) about
ix

Step 1 Substantially All (i.e., ≥ 5% of medical/surgical benefits)

Deductible	\$170,611.75	76.63%	OP-OV INN
Copayment	\$0.00	0.00%	Fail
Coinsurance	\$170,611.75	76.63%	OP-OV INN
OOPM	\$170,611.75	76.63%	OP-OV INN OOPM
Total Projected	\$222,631.87		

Step 2 Predominant Level

Deductible — (3a) Outpatient - Office Visits, In-Network (OP-OV 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
\$6,000.00	\$170,611.75	100.00%	\$6,000.00	
Total	\$170,611.75	100.00%		

Copayment — (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.

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

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

Applies to substantially all medical/surgical benefits in this classification. ENTER different coinsurance amounts from smallest to largest.

Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
40%	\$170,611.75	100.00%	40%	
\$0.00				
\$0.00				
\$0.00				
Total	\$170,611.75	100.00%		

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

Applies to substantially all medical/surgical benefits in this classification. ENTER different oopm amounts from smallest to largest.

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$8,000.00	\$170,611.75	100.00%	\$8,000.00	
\$0.00				
\$0.00				
\$0.00				
Total	\$170,611.75	100.00%		

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

Click>>>>

[Home](#)

Errors found:

0

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

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

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

Notes:

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

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	In-Network	INN
Classification Code	3b	OP-AO INN
Table Name	(B) OPACINN_P1	

Number of Rows 8

Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OOPM)	No Cost Share (If true, enter "X")
Laboratory Outpatient and Professional Services	after deductible, then coinsurance	\$28,083.06	\$6,000.00	N/A	40%	\$8,000.00	
X-rays and Diagnostic Imaging	after deductible, then coinsurance	\$26,203.49	\$6,000.00	N/A	40%	\$8,000.00	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center) and Outpatient Surgery Physician/Surgical Services	after deductible, then coinsurance	\$521,248.13	\$6,000.00	N/A	40%		
Imaging (CT/PET Scans, MRIs)	after deductible, then coinsurance	\$22,976.49	\$6,000.00	N/A	40%	\$8,000.00	
Outpatient Other	after deductible, then coinsurance	\$40,593.67	\$6,000.00	N/A	40%	\$8,000.00	
Hospice	no charge	\$1,420.04	N/A	N/A	N/A	N/A	x
Preventive Care - nonoffice visit	no charge	\$43,205.40	N/A	N/A	N/A	N/A	x
Rehabilitative Speech	after deductible, then coinsurance	\$27,915.70	\$6,000.00	N/A	40%	\$8,000.00	
Virtual Visits	no charge	\$58,564.96	N/A	N/A	N/A	N/A	x
Total Row		\$770,729.05					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

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

Cost Share Type	MHSUD Cost Shares in Plan Design	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	\$6,000.00	\$6,000.00	Pass
Copayment	N/A	Fail	Pass
Coinsurance	40%	40%	Pass
OOPM	\$8,000.00	\$8,000.00	Pass
Overall			Pass

Enter Footnotes (as needed) about:
vs

*If not applicable, enter "N/A"

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

Deductible	\$667,038.65	86.55%	OP-AO INN Deductible
Copayment	\$0.00	0.00%	Fail
Coinsurance	\$667,038.65	86.55%	OP-AO INN Coinsurance
OOPM	\$667,038.65	86.55%	OP-AO INN OOPM
Total Projected	\$770,729.05		

Step 2 Predominant Level

Deductible — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found: 0

Applies to substantially all medical/surgical benefits in this classification. ENTER different deductible amounts from smallest to largest.

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$6,000.00	\$667,038.65	100.00%	\$6,000.00	
\$0.00				
Total	\$667,038.65	100.00%		

Copayment — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found: 0

Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.

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

Coinsurance — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found: 0

Applies to substantially all medical/surgical benefits in this classification. ENTER different coinsurance amounts from smallest to largest.

Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
40%	\$667,038.65	100.00%	40%	
\$0.00				
\$0.00				
\$0.00				
Total	\$667,038.65	100.00%		

OOPM — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found: 0

Applies to substantially all medical/surgical benefits in this classification. ENTER different oopm amounts from smallest to largest.

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$8,000.00	\$667,038.65	100.00%	\$8,000.00	
\$0.00				
\$0.00				
\$0.00				
Total	\$667,038.65	100.00%		

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

Issuer / Market: Kaiser Foundation Health Plan of Washington
Market: Individual
State Filing Tracking Number: KFWA - 134519366

Workbook info
Link back to Summary Sheet
User Inputs Cell Format
See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: **VisitPlus Bronze** <<<<This will auto populate from summary sheet macro
Plan ID: **80473WA0990001** <<<<This will auto populate from summary sheet macro
CSR Variant Description: <<<<If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: **Pass**

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

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

Testing Options

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

Column Options
Update Columns
Hide/Unhide All Columns

No Errors found?
TRUE

Results By Benefit Classification

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

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

Ben

Click>>>>

[Home](#)

Errors found:

0

<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OGN	Move to OP INN	Move to OP-OV INN	Move to OP-AG INN
Move to DP OGN	Move to OP-OV OGN	Move to DP-AG OGN	Move to ER	Move to RA

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification		(3a) Outpatient - Office Visits, In-Network (OP-OV INN)					Ben	
Notes:		Use this table if you are separately testing outpatient office visits and all other outpatient services.						
Classification		Outpatient - Office Visit						
Network (In/Out)		In-Network						
Classification Code		3a						
Table Name		OP-OV INN						
		OP_OV INN_P1					Number of Rows 5	
For each cost share, if it does not apply, enter "N/A"								
Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OOPM)	No Cost Share (If true, enter "Y")	
Primary Care Visit to Treat an Injury or Illness	copay	\$3,034,953.25	N/A	\$50.00	N/A	\$10,100.00		
Urgent Care	copay	\$1,294,052.00	N/A	\$85.00	N/A	\$10,100.00		
Adult Vision Exams	copay	\$454,036.51	N/A	\$50.00	N/A	\$10,100.00		
Specialist Visit	copay	\$2,748,770.26	N/A	\$85.00	N/A	\$10,100.00		
Preventive Care (Screenings/Immunizations)	no charge	\$2,290,375.88	N/A	N/A	N/A	N/A	x	
Total Row		\$9,802,191.73						

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3a) Outpatient - Office Visits, In-Network (OP-OV INN)

Cost Share Type	MHSUD Cost Shares in Plan Design	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$50.00	\$85.00	Pass
Coinsurance	N/A	\$10,100.00	Fail
OOPM	\$10,100.00	\$10,100.00	Pass
Overall			Pass

Enter Footnotes (as needed) below

N/A

*If not applicable, enter "N/A"

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

Deductible	\$0.00	0.00%	Fail
Copayment	\$7,511,813.33	76.83%	OP-OV INN Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$7,511,813.33	76.83%	OP-OV INN OOPM
Total Projected	\$9,802,191.73		

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				
\$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
\$50.00	\$3,468,899.16	46.18%	\$50.00	
\$85.00	\$4,042,823.15	53.82%	\$85.00	
\$0.00				
\$0.00				
Total	\$7,511,813.33	100.00%		

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

Errors found: 0

Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.

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

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

Errors found: 0

Applies to substantially all medical/surgical benefits in this classification. ENTER different oopm amounts from smallest to largest.

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$10,100.00	\$7,511,813.33	100.00%	\$10,100.00	
\$0.00				
\$0.00				
\$0.00				
Total	\$7,511,813.33	100.00%		

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

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

Notes:

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

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	In-Network	INN
Classification Code	3b	OP-AO INN
Table Name	(3b) OP-AO INN_P1	

Number of Rows 8

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

Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OOPM)	No Cost Share (If true, enter ">")
Laboratory Outpatient and Professional Services	copay	\$1,236,460.81	N/A	\$85.00	N/A		
X-rays and Diagnostic Imaging	copay	\$1,153,705.23	N/A	\$85.00	N/A	\$1,100.00	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center) and Outpatient Surgery Physician/Surgical Services	after deductible, then copay	\$22,949,879.82	\$6,000.00	\$950.00	N/A	\$1,100.00	
Imaging (CT/PET Scans, MRI)	after deductible, then coinsurance	\$1,091,624.74	\$6,000.00	N/A	40%	\$1,100.00	
Outpatient Other	after deductible, then coinsurance	\$1,787,286.42	\$6,000.00	N/A	40%	\$1,100.00	
Hospice	no charge	\$62,522.46	N/A	N/A	N/A	N/A	x
Preventive Care - nonoffice visit	no charge	\$1,306,680.57	N/A	N/A	N/A	N/A	x
Telemedicine Speech	copay	\$1,229,887.08	N/A	\$85.00	N/A	\$1,100.00	
Virtual Visits	no charge	\$2,086,150.50	N/A	N/A	N/A	N/A	x
Total Row		\$33,934,197.68					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

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

Cost Share Type	MHSUD Cost Shares In Plan Budget	Predominant Level for Medical Surgical	MHSUD Financial Parity Result	Enter Footnotes (in detail) above
Deductible	\$6,000.00	\$6,000.00	Pass	
Copayment	\$950.00	\$950.00	Pass	
Coinsurance	N/A	Fail	Pass	
OOPM	\$10,100.00	\$10,100.00	Pass	
Overall			Pass	

*If not applicable, enter "N/A"

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

Deductible	\$25,748,790.95	75.88%	OP-AO INN Deductible
Copayment	\$26,569,932.94	78.30%	OP-AO INN Copayment
Coinsurance	\$2,798,911.34	8.25%	Fail
OOPM	\$29,368,844.07	86.51%	OP-AO INN OOPM
Total Projected	\$33,934,197.68		

Step 2 Predominant Level

Deductible — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found:

0

Applies to substantially all medical/surgical benefits in this classification.

ENTER different deductible amounts from smallest to largest.

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$6,000.00	\$25,748,790.95	100.00%	\$6,000.00	
	\$0.00			
Total	\$25,748,790.95	100.00%		

Copayment — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found:

0

Applies to substantially all medical/surgical benefits in this classification.

ENTER different copayment amounts from smallest to largest.

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$95.00	\$3,620,053.12	13.62%	\$95.00	
\$950.00	\$22,949,879.82	86.38%	\$950.00	
	\$0.00			
Total	\$26,569,932.94	100.00%		

Coinsurance — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found:

0

Does not apply to substantially all medical/surgical benefits in this classification.

DELETE any values in the left-hand column below.

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

OOPM — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found:

0

Applies to substantially all medical/surgical benefits in this classification.

ENTER different oopm amounts from smallest to largest.

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$1,100.00	\$29,368,844.07	100.00%	\$1,100.00	
	\$0.00			
	\$0.00			
Total	\$29,368,844.07	100.00%		

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

Issuer / Market: Kaiser Foundation Health Plan of Washington
Market: Individual
State Filing Tracking Number: KFWA – 134519366

Workbook info
Link back to Summary Sheet
User Inputs Cell Format
See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: Silver HSA
Plan ID: 80473WA0780002
CSR Variant Description:
<<<<This will auto populate from summary sheet macro
<<<<This will auto populate from summary sheet macro
<<<<If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: Pass

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

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

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

Column Options
Update Columns
Hide/Unhide All Columns

No Errors found?
TRUE

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

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

Ben

Click>>>>

[Home](#)

Errors found:

0

<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OGN	Move to OP INN	Move to OP-OV INN	Move to OP-AG INN
Move to OP OGN	Move to OP-OV OGN	Move to OP-AG OGN	Move to ER	Move to RA

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification		(3a) Outpatient - Office Visits, In-Network (OP-OV INN)			Ben		
Notes:		Use this table if you are separately testing outpatient office visits and all other outpatient services.					
Classification	Outpatient - Office Visit	OP-OV					
Network (In/Out)	In-Network	INN					
Classification Code	3a	OP-OV INN					
Table Name	001_OP OV INN_P1					Number of Rows = 5	
For each cost share, if it does not apply, enter "N/A".							
Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OOPM)	No Cost-Share (if true, enter "x")
Primary Care Visit to Treat an Injury or Illness	after deductible, then coinsurance	\$347,854.44	\$3,500.00	N/A	20%	\$7,000.00	
Urgent Care	after deductible, then coinsurance	\$149,303.16	\$3,500.00	N/A	20%	\$7,000.00	
Adult Vision Exams	after deductible, then coinsurance	\$53,285.14	\$3,500.00	N/A	20%	\$7,000.00	
Specialist Visit	after deductible, then coinsurance	\$317,343.21	\$3,500.00	N/A	20%	\$7,000.00	
Preventive Care (Screenings/Immunizations)	no charge	\$264,251.60	N/A	N/A	N/A	N/A	x
Total Row		\$1,130,941.54					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3a) Outpatient - Office Visits, In-Network (OP-OV INN)

Cost Share Type	MHSUD Cost Shares in Plan Design	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result	Enter Footnotes (as needed) about
Deductible	\$3,500.00	\$3,500.00	Pass	xx
Copayment	N/A	N/A	Fail	
Coinsurance	20%	20%	Pass	
OOPM	\$7,000.00	\$7,000.00	Pass	
Overall			Pass	

*If not applicable, enter "N/A"

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

Deductible	\$866,685.94	76.63%	OP-OV INN Deductible
Copayment	\$0.00	0.00%	Fail
Coinsurance	\$866,685.94	76.63%	OP-OV INN Coinsurance
OOPM	\$866,685.94	76.63%	OP-OV INN OOPM
Total Projected	\$1,130,941.54		

Step 2 Predominant Level

Deductible --- (3a) Outpatient - Office Visits, In-Network (OP-OV 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
\$3,500.00	\$866,685.94	100.00%	\$3,500.00	
\$0.00				
Total	\$866,685.94	100.00%		

Copayment --- (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.		

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

Coinsurance --- (3a) Outpatient - Office Visits, In-Network (OP-OV INN)	Errors found:	0
Applies to substantially all medical/surgical benefits in this classification. ENTER different coinsurance amounts from smallest to largest.		

Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
20%	\$866,685.94	100.00%	20%	
\$0.00				
\$0.00				
\$0.00				
Total	\$866,685.94	100.00%		

OOPM --- (3a) Outpatient - Office Visits, In-Network (OP-OV INN)	Errors found:	0
Applies to substantially all medical/surgical benefits in this classification. ENTER different oopm amounts from smallest to largest.		

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$7,000.00	\$866,685.94	100.00%	\$7,000.00	
\$0.00				
\$0.00				
\$0.00				
Total	\$866,685.94	100.00%		

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

Click>>>>>>

None

Errors found:

0

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

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (3b) Outpatient - All Other, In-Network (OP-AO INN)
Notes: Use this table if you are separately testing outpatient office visits and all other outpatient services.

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	In-Network	INN
Classification Code	3b	OP-AO INN
Table Name	(B) OP-AO INN_P1	

Number of Rows 8

Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinurance	Out-of-Pocket Maximum (OOPM)	No Cost Share (If true, enter ">")
Laboratory Outpatient and Professional Services	after deductible, then coinsurance	\$143,658.39	\$3,500.00	N/A	20%	\$7,000.00	
X-rays and Diagnostic Imaging	after deductible, then coinsurance	\$133,150.35	\$3,500.00	N/A	20%	\$7,000.00	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center) and Outpatient Surgery Physician/Surgical Services	after deductible, then coinsurance	\$2,847,874.39	\$3,500.00	N/A	20%	\$7,000.00	
Imaging (CT/PET Scans, MRI)	after deductible, then coinsurance	\$136,757.62	\$3,500.00	N/A	20%	\$7,000.00	
Outpatient Other	after deductible, then coinsurance	\$206,210.66	\$3,500.00	N/A	20%	\$7,000.00	
Hospice	after deductible, then no charge	\$7,213.62	\$3,500.00	N/A	N/A	\$7,000.00	
Preventive Care - nonoffice visit	No charge	\$219,985.92	N/A	N/A	N/A	N/A	x
Rehabilitative Speech, Virtual Visits	after deductible, then after deductible, then no charge	\$141,899.94 \$299,534.49	\$3,500.00 \$3,500.00	N/A N/A	20% N/A	\$7,000.00 \$7,000.00	
Total Row		\$3,915,205.38					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

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

Cost Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	\$3,500.00	\$3,500.00	Pass
Copayment	N/A	Fail	Pass
Coinurance	20%	20%	Pass
OOPM	\$7,000.00	\$7,000.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Enter Footnotes (as needed) about:
xx

Step 1 Substantially All (i.e., ≥ 5% of medical/surgical benefits)

Deductible	\$3,695,219.45	94.38%	OP-AO INN Deductible
Copayment	\$0.00	0.00%	Fail
Coinurance	\$3,388,471.34	86.55%	OP-AO INN Coinurance
OOPM	\$3,695,219.45	94.38%	OP-AO INN OOPM
Total Projected	\$3,915,205.38		

Step 2 Predominant Level

Deductible --- (3b) Outpatient - All Other, In-Network (OP-AO INN)			Errors found: 0	
Applies to substantially all medical/surgical benefits in this classification. ENTER different deductible amounts from smallest to largest.				
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$3,500.00	\$3,695,219.45	100.00%	\$3,500.00	
	\$0.00			
	\$0.00			
Total	\$3,695,219.45	100.00%		
Copayment --- (3b) Outpatient - All Other, In-Network (OP-AO INN)			Errors found: 0	
Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.				
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
Coinurance --- (3b) Outpatient - All Other, In-Network (OP-AO INN)			Errors found: 0	
Applies to substantially all medical/surgical benefits in this classification. ENTER different coinsurance amounts from smallest to largest.				
Coinurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
20%	\$3,388,471.34	100.00%	20%	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$3,388,471.34	100.00%		
OOPM --- (3b) Outpatient - All Other, In-Network (OP-AO INN)			Errors found: 0	
Applies to substantially all medical/surgical benefits in this classification. ENTER different oopm amounts from smallest to largest.				
OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$7,000.00	\$3,695,219.45	100.00%	\$7,000.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$3,695,219.45	100.00%		

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

Issuer / Market: Kaiser Foundation Health Plan of Washington
Market: Individual
State Filing Tracking Number: KFWA – 134519366

Workbook info

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

PLAN INFORMATION

Plan Name: **VisitPlus Silver** <<<<This will auto populate from summary sheet macro
Plan ID: **80473WA1000001** <<<<This will auto populate from summary sheet macro
CSR Variant Description: <<<<If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: **Pass**

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

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

Testing Options

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

Column Options
Update Columns
Hide/Unhide All Columns

No Errors found?
TRUE

Results By Benefit Classification

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

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

Ben

Click>>>

[Home](#)

Errors found:

0

<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OGN	Move to OP INN	Move to OP-OV INN	Move to OP-AG INN
Move to DP OGN	Move to OP-OV OGN	Move to DP-AG OGN	Move to ER	Move to RA

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification	(3a) Outpatient - Office Visits, In-Network (OP-OV INN)	Ben
Notes:	Use this table if you are separately testing outpatient office visits and all other outpatient services.	
Classification	Outpatient - Office Visit	
Network (In/Out)	INN	
Classification Code	3a	Number of Rows 5
Table Name	001_OP OV INN_P1	

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

Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OOPM)	No Cost-Share (If true, enter "X")
Primary Care Visit to Treat an Injury or Illness	copay	\$454.03	N/A	\$15.00	N/A	\$9,200.00	
Urgent Care	copay	\$195.26	N/A	\$60.00	N/A	\$9,200.00	
Adult Vision Exams	copay	\$68.51	N/A	\$25.00	N/A	\$9,200.00	
Specialist Visit	copay	\$414.76	N/A	\$60.00	N/A	\$9,200.00	
Preventive Care (Screenings/Immunizations)	no charge	\$345.59	N/A	N/A	N/A	N/A	x
Total Row		\$1,479.05					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3a) Outpatient - Office Visits, In-Network (OP-OV INN)

Cost Share Type	MHSUD Cost Shares in Plan Design	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$15.00	\$60.00	Pass
Coinsurance	N/A	\$9,200.00	Fail
OOPM	\$9,200.00	\$9,200.00	Pass
Overall			Pass

Enter Footnotes (as needed) below

*If not applicable, enter "N/A"

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

Deductible	\$0.00	0.00%	Fail
Copayment	\$1,133.48	76.63%	OP-OV INN Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$1,133.48	76.63%	OP-OV INN OOPM
Total Projected	\$1,479.05		

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			
	\$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	\$923.43	46.18%	\$15.00	
\$60.00	\$610.02	53.82%	\$60.00	
	\$0.00			
	\$0.00			
Total	\$1,133.48	100.00%		

Coinsurance --- (3a) Outpatient - Office Visits, In-Network (OP-OV INN)	Errors found:	0
Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.		

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

OOPM --- (3a) Outpatient - Office Visits, In-Network (OP-OV INN)	Errors found:	0
Applies to substantially all medical/surgical benefits in this classification. ENTER different oopm amounts from smallest to largest.		

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$9,200.00	\$1,133.48	100.00%	\$9,200.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$1,133.48	100.00%		

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

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

Notes:

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

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	In-Network	INN
Classification Code	3b	OP-AO INN
Table Name	(B1) OPAGINN_P1	

Number of Rows 8

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

Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OOPM)	No Cost-Share (If true, enter ">")
Laboratory Outpatient and Professional Services	copay	\$186.57	N/A	\$60.00	N/A	\$9,300.00	
X-rays and Diagnostic Imaging	copay	\$174.00	N/A	\$60.00	N/A	\$9,300.00	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center) and Outpatient Surgery Physician/Surgical Services	after deductible, then copay	\$1,462.90	\$2,500.00	\$600.00	N/A	\$9,300.00	
Imaging (CT/MRI Scans, MRA)	after deductible, then coinsurance	\$152.64	\$2,500.00	N/A	35%	\$9,300.00	
Outpatient Other	after deductible, then coinsurance	\$269.68	\$2,500.00	N/A	35%	\$9,300.00	
Hospice	no charge	\$9.43	N/A	N/A	N/A	N/A	x
Preventive Care - nonoffice visit	no charge	\$187.70	N/A	N/A	N/A	N/A	x
Rehabilitative Speech	copay	\$185.58	N/A	\$65.00	N/A	\$9,300.00	
Virtual Visits	no charge	\$393.73	N/A	N/A	N/A	N/A	x
Total Row		\$5,120.32					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

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

Cost Share Type	MHSUD Cost Shares In Plan Budget	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	\$2,500.00	\$2,500.00	Pass
Copayment	\$600.00	\$600.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$9,300.00	\$9,300.00	Pass
Overall			Pass

Enter Footnotes (as needed) below:

N/A

*If not applicable, enter "N/A"

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

Deductible	\$3,885.23	75.88%	OP-AO INN Deductible
Copayment	\$4,009.13	78.30%	OP-AO INN Copayment
Coinsurance	\$422.33	8.25%	Fail
OOPM	\$4,431.46	86.51%	OP-AO INN OOPM
Total Projected	\$5,120.32		

Step 2 Predominant Level

Deductible — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found: 0

Applies to substantially all medical/surgical benefits in this classification.

ENTER different deductible amounts from smallest to largest.

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$2,500.00	\$3,885.23	100.00%	\$2,500.00	
	\$0.00			
Total	\$3,885.23	100.00%		

Copayment — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found: 0

Applies to substantially all medical/surgical benefits in this classification.

ENTER different copayment amounts from smallest to largest.

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$60.00	\$360.65	9.00%	\$60.00	
\$65.00	\$185.58	4.63%	\$65.00	
\$600.00	\$1,462.90	86.38%	\$600.00	
	\$0.00			
Total	\$4,009.13	100.00%		

Coinsurance — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found: 0

Does not apply to substantially all medical/surgical benefits in this classification.

DELETE any values in the left-hand column below.

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

OOPM — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found: 0

Applies to substantially all medical/surgical benefits in this classification.

ENTER different oopm amounts from smallest to largest.

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$9,300.00	\$4,431.46	100.00%	\$9,300.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$4,431.46	100.00%		

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

Issuer / Market: Kaiser Foundation Health Plan of Washington
Market: Individual
State Filing Tracking Number: KFWA - 134519366

Workbook info

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

PLAN INFORMATION

Plan Name: **VisitPlus Silver - 73% CSR** <<<<This will auto populate from summary sheet macro
Plan ID: **80473WA100000104** <<<<This will auto populate from summary sheet macro
CSR Variant Description: <<<<If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: **Pass**

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

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

Testing Options

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

Column Options
Update Columns
Hide/Unhide All Columns

No Errors found?
TRUE

Results By Benefit Classification

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

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

Ben

Click>>>>

[Home](#)

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OGN	Move to OP INN	Move to OP-OV INN	Move to OP-AG INN
Move to DP OGN	Move to OP-OV OGN	Move to OP-AG OGN	Move to ER	Move to RA

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification	(3a) Outpatient - Office Visits, In-Network (OP-OV INN)					Ben
Notes:	Use this table if you are separately testing outpatient office visits and all other outpatient services.					
Classification	Outpatient - Office Visit	OP-OV				
Network (In/Out)	In-Network	INN				
Classification Code	3a	OP-OV INN				
Table Name	BS_OP OV INN_P1					
For each cost share, if it does not apply, enter "N/A"						
Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OOPM)
Primary Care Visit to Treat an Injury or Illness	copay	\$454.03	N/A	\$15.00	N/A	\$7,600.00
Urgent Care	copay	\$195.26	N/A	\$60.00	N/A	\$7,600.00
Adult Vision Exams	copay	\$68.51	N/A	\$25.00	N/A	\$7,600.00
Specialist Visit	copay	\$414.76	N/A	\$60.00	N/A	\$7,600.00
Preventive Care (Screenings/Immunizations)	no charge	\$345.59	N/A	N/A	N/A	x
Total Row		\$1,479.05				

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3a) Outpatient - Office Visits, In-Network (OP-OV INN)

Cost Share Type	MHSUD Cost Shares "In Plan Design"	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$15.00	\$60.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$7,600.00	\$7,600.00	Pass
Overall			Pass

Enter Footnotes (as needed) below

N/A

*If not applicable, enter "N/A"

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

Deductible	\$0.00	0.00%	Fail
Copayment	\$1,133.48	76.63%	OP-OV INN Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$1,133.48	76.63%	OP-OV INN OOPM
Total Projected	\$1,479.05		

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				
\$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	\$923.43	46.18%	\$15.00	
\$60.00	\$610.02	53.82%	\$60.00	
\$0.00				
\$0.00				
Total	\$1,133.48	100.00%		

Coinsurance --- (3a) Outpatient - Office Visits, In-Network (OP-OV INN)	Errors found:	0
Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.		

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

OOPM --- (3a) Outpatient - Office Visits, In-Network (OP-OV INN)	Errors found:	0
Applies to substantially all medical/surgical benefits in this classification. ENTER different oopm amounts from smallest to largest.		

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$7,600.00	\$1,133.48	100.00%	\$7,600.00	
\$0.00				
\$0.00				
\$0.00				
Total	\$1,133.48	100.00%		

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Classification (3b) Outpatient - All Other, In-Network (OP-AO INN)
Notes: Use this table if you are separately testing outpatient office visits and all other outpatient services.

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	In-Network	INN
Classification Code	3b	OP-AO INN
Table Name	(B1) OPACINN_P1	

Number of Rows 8

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

Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OOPM)	No Cost-Share (If true, enter ">")
Laboratory Outpatient and Professional Services	copay	\$186.57	N/A	\$60.00	N/A	\$7,600.00	
X-rays and Diagnostic Imaging	copay	\$174.00	N/A	\$60.00	N/A	\$7,600.00	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center) and Outpatient Surgery Physician/Surgical Services	after deductible, then copay	\$1,462.90	\$2,500.00	\$600.00	N/A	\$7,600.00	
Imaging (CT/MRI Scans, MRA)	after deductible, then coinsurance	\$152.64	\$2,500.00	N/A	35%	\$7,600.00	
Outpatient Other	after deductible, then coinsurance	\$269.68	\$2,500.00	N/A	35%	\$7,600.00	
Hospice	no charge	\$9.43	N/A	N/A	N/A	N/A	x
Preventive Care - nonoffice visit	no charge	\$187.70	N/A	N/A	N/A	N/A	x
Rehabilitative Speech	copay	\$185.58	N/A	\$65.00	N/A	\$7,600.00	
Virtual Visits	no charge	\$393.73	N/A	N/A	N/A	N/A	x
Total Row		\$5,120.32					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

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

Cost Share Type	MHSUD Cost Shares In Plan Budget	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	\$2,500.00	\$2,500.00	Pass
Copayment	\$600.00	\$600.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$7,600.00	\$7,600.00	Pass
Overall			Pass

Enter Footnotes (as needed) about:
x

*If not applicable, enter "N/A"

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

Deductible	\$3,885.23	75.88%	OP-AO INN Deductible
Copayment	\$4,009.13	78.30%	OP-AO INN Copayment
Coinsurance	\$422.33	8.25%	Fail
OOPM	\$4,431.46	86.51%	OP-AO INN OOPM
Total Projected	\$5,120.32		

Step 2 Predominant Level

Deductible — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found: 0				
Applies to substantially all medical/surgical benefits in this classification. ENTER different deductible amounts from smallest to largest.				
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$2,500.00	\$3,885.23	100.00%	\$2,500.00	
	\$0.00			
Total	\$3,885.23	100.00%		

Copayment — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found: 0				
Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.				
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$60.00	\$360.65	9.00%	\$60.00	
\$65.00	\$185.58	4.63%	\$65.00	
\$600.00	\$3,462.90	86.38%	\$600.00	
	\$0.00			
Total	\$4,009.13	100.00%		

Coinsurance — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found: 0				
Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.				
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

OOPM — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found: 0				
Applies to substantially all medical/surgical benefits in this classification. ENTER different oopm amounts from smallest to largest.				
OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$7,600.00	\$4,431.46	100.00%	\$7,600.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$4,431.46	100.00%		

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

Issuer / Market: Kaiser Foundation Health Plan of Washington
Market: Individual
State Filing Tracking Number: KFWA – 134519366

Workbook info
Link back to Summary Sheet
User Inputs Cell Format
See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: **VisitPlus Silver - 87% CSR** <<<<This will auto populate from summary sheet macro
Plan ID: **80473WA100000105** <<<<This will auto populate from summary sheet macro
CSR Variant Description: <<<<If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: **Pass**

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

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

Testing Options

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

Column Options
Update Columns
Hide/Unhide All Columns

No Errors found?
TRUE

Results By Benefit Classification

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

Click>>>>

[Home](#)

Errors found:

0

<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OGN	Move to OP INN	Move to OP-OV INN	Move to OP-AG INN
Move to DP OGN	Move to OP-OV OGN	Move to OP-AG OGN	Move to ER	Move to RA

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification		(3a) Outpatient - Office Visits, In-Network (OP-OV INN)					Ben	
Notes:		Use this table if you are separately testing outpatient office visits and all other outpatient services.						
Classification	Outpatient - Office Visit	OP-OV						
Network (In/Out)	In-Network	INN						
Classification Code	3a	OP-OV INN						
Table Name	BS_OP OV INN_P1		Number of Rows					5
For each cost share, if it does not apply, enter "N/A"								
Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OOPM)	No Cost-Share (If true, enter "x")	
Primary Care Visit to Treat an Injury or Illness	copay	\$174,236.39	N/A	\$10.00	N/A	\$2,500.00		
Urgent Care	copay	\$74,784.28	N/A	\$30.00	N/A	\$2,500.00		
Adult Vision Exams	copay	\$26,290.13	N/A	\$10.00	N/A	\$2,500.00		
Specialist Visit	copay	\$108,853.48	N/A	\$30.00	N/A	\$2,500.00		
Preventive Care (Screenings/Immunizations)	no charge	\$132,362.67	N/A	N/A	N/A	N/A	x	
Total Row		\$566,475.95						

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3a) Outpatient - Office Visits, In-Network (OP-OV INN)

Cost Share Type	MHSUD Cost Shares "In Plan Design"	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$10.00	\$30.00	Pass
Coinsurance	N/A	\$2,500.00	Pass
OOPM	\$2,500.00	\$2,500.00	Pass
Overall			Pass

Enter Footnotes (as needed) below
x

*If not applicable, enter "N/A"

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

Deductible	\$0.00	0.00%	Fail
Copayment	\$434,113.28	76.83%	OP-OV INN Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$434,113.28	76.83%	OP-OV INN OOPM
Total Projected	\$566,475.95		

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			
	\$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
\$10.00	\$200,475.52	46.18%	\$10.00	
\$30.00	\$233,637.76	53.82%	\$30.00	
	\$0.00			
	\$0.00			
Total	\$434,113.28	100.00%		

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

Errors found: 0

Does not apply to substantially all medical/surgical benefits in this classification.

DELETE any values in the left-hand column below.

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

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

Errors found: 0

Applies to substantially all medical/surgical benefits in this classification.

ENTER different oopm amounts from smallest to largest.

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$2,500.00	\$434,113.28	100.00%	\$2,500.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$434,113.28	100.00%		

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

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

Notes:

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

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	In-Network	INN
Classification Code	3b	OP-AO INN
Table Name	(B) OPAGINN_P1	

Number of Rows 8

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

Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OOPM)	No Cost Share (If true, enter ">")
Laboratory Outpatient and Professional Services	copay	\$71,455.89	N/A	\$30.00	N/A	\$2,500.00	
X-rays and Diagnostic Imaging	copay	\$66,673.48	N/A	\$30.00	N/A	\$2,500.00	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center) and Outpatient Surgery Physician/Surgical Services	after deductible, then copay	\$1,326,290.61	\$600.00	\$500.00	N/A		
Imaging (CT/PET Scans, MRI)	after deductible, then coinsurance	\$58,462.54	\$600.00	N/A	10%	\$2,500.00	
Outpatient Other	after deductible, then coinsurance	\$103,288.61	\$600.00	N/A	10%	\$2,500.00	
Hospice	no charge	\$3,633.22	N/A	N/A	N/A	N/A	x
Preventive Care - nonoffice visit	no charge	\$110,188.49	N/A	N/A	N/A	N/A	x
Rehabilitative Speech	copay	\$71,076.09	N/A	\$30.00	N/A	\$2,500.00	
Virtual Visits	no charge	\$150,033.47	N/A	N/A	N/A	N/A	x
Total Row		\$1,961,082.51					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

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

Cost Share Type	MHSUD Cost Shares In Plan Design	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	\$600.00	\$600.00	Pass
Copayment	\$300.00	\$500.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$2,500.00	\$2,500.00	Pass
Overall			Pass

Enter Footnotes (as needed) below

*If not applicable, enter "N/A"

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

Deductible	\$1,488,043.77	75.88%	OP-AO INN Deductible
Copayment	\$1,535,496.17	78.30%	OP-AO INN Copayment
Coinsurance	\$161,751.15	8.25%	Fail
OOPM	\$1,697,247.33	86.55%	OP-AO INN OOPM
Total Projected	\$1,961,082.51		

Step 2 Predominant Level

Deductible — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found: 0

Applies to substantially all medical/surgical benefits in this classification.

ENTER different deductible amounts from smallest to largest.

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$600.00	\$1,488,043.77	100.00%	\$600.00	
	\$0.00			
Total	\$1,488,043.77	100.00%		

Copayment — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found: 0

Applies to substantially all medical/surgical benefits in this classification.

ENTER different copayment amounts from smallest to largest.

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$30.00	\$209,205.56	13.62%	\$30.00	
\$500.00	\$1,326,290.61	86.38%	\$500.00	
	\$0.00			
Total	\$1,535,496.17	100.00%		

Coinsurance — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found: 0

Does not apply to substantially all medical/surgical benefits in this classification.

DELETE any values in the left-hand column below.

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

OOPM — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found: 0

Applies to substantially all medical/surgical benefits in this classification.

ENTER different oopm amounts from smallest to largest.

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$2,500.00	\$1,697,247.33	100.00%	\$2,500.00	
	\$0.00			
	\$0.00			
Total	\$1,697,247.33	100.00%		

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

Issuer / Market: Kaiser Foundation Health Plan of Washington
Market: Individual
State Filing Tracking Number: KFWA – 134519366

Workbook info

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

PLAN INFORMATION

Plan Name: **VisitPlus Silver - 94% CSR** <<<<This will auto populate from summary sheet macro
Plan ID: **80473WA100000106** <<<<This will auto populate from summary sheet macro
CSR Variant Description: <<<<If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: **Pass**

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

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

Testing Options

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

Column Options
Update Columns
Hide/Unhide All Columns

No Errors found?
TRUE

Results By Benefit Classification

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

Click>>>>

[Home](#)

Errors found:

0

<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OGN	Move to OP INN	Move to OP-OV INN	Move to OP-AG INN
Move to DP OGN	Move to OP-OV OGN	Move to OP-AG OGN	Move to ER	Move to RA

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification	(3a) Outpatient - Office Visits, In-Network (OP-OV INN)					Ben
Notes:	Use this table if you are separately testing outpatient office visits and all other outpatient services.					
Classification	Outpatient - Office Visit	OP-OV				
Network (In/Out)	In-Network	INN				I
Classification Code	3a	OP-OV INN				CI
Table Name	BS_OP OV INN_P1					
					Number of Rows	5
For each cost share, if it does not apply, enter "N/A"						
Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	No Cost-Share (if true, enter "X")
Primary Care Visit to Treat an Injury or Illness	no charge	\$105,087.74	N/A	N/A	N/A	\$2,000.00 x
Urgent Care	copay	\$45,104.88	N/A	\$5.00	N/A	\$2,000.00
Adult Vision Exams	no charge	\$15,825.69	N/A	N/A	N/A	\$2,000.00 x
Specialist Visit	copay	\$95,809.86	N/A	\$5.00	N/A	\$2,000.00
Preventive Care (Screening/Immunization)	no charge	\$79,832.31	N/A	N/A	N/A	x
Total Row		\$341,660.43				

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3a) Outpatient - Office Visits, In-Network (OP-OV INN)

Cost Share Type	MHSUD Cost Shares "in Plan Design"	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	N/A	Fail	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$2,000.00	Fail	Pass
Overall		Pass	

Enter Footnotes (as needed) below

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ 5% of medical/surgical benefits)

Deductible	\$0.00	0.00%	Fail
Copayment	\$140,914.68	41.34%	Fail
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$261,828.11	76.63%	OP-OV INN OOPM
Total Projected	\$341,660.43		

Step 2 Predominant Level

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

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

Does not apply to substantially all medical/surgical benefits in this classification.

DELETE any values in the left-hand column below.

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

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

Applies to substantially all medical/surgical benefits in this classification.

ENTER different oopm amounts from smallest to largest.

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$2,000.00	\$261,828.11	100.00%	\$2,000.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$261,828.11	100.00%		

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

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

Notes:

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

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	In-Network	INN
Classification Code	3b	OP-AO INN
Table Name		(B) OPAGINN_P1

Number of Rows 8

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

Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OOPM)	No Cost Share (If true, enter ">")
Laboratory Outpatient and Professional Services	copay	\$43,097.48	N/A	\$5.00	N/A	\$2,000.00	
X-rays and Diagnostic Imaging	copay	\$40,212.89	N/A	\$5.00	N/A	\$2,000.00	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center) and Outpatient Surgery Physician/Surgical Services	after deductible, then copay	\$799,929.85	\$50.00	\$80.00	N/A	\$2,000.00	
Imaging (CT/PET Scans, MRI)	after deductible, then coinsurance	\$35,260.76	\$50.00	N/A	5%	\$2,000.00	
Outpatient Other	after deductible, then coinsurance	\$62,296.79	\$50.00	N/A	5%	\$2,000.00	
Hospice	no charge	\$2,179.25	N/A	N/A	N/A	N/A	x
Preventive Care - nonoffice visit	no charge	\$66,458.33	N/A	N/A	N/A	N/A	x
Telemedicine Speech	copay	\$42,868.35	N/A	\$5.00	N/A	\$2,000.00	
Virtual Visits	no charge	\$90,490.12	N/A	N/A	N/A	N/A	x
Total Row		\$1,182,793.85					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

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

Cost Share Type	MHSUD Cost Shares In Plan Design	Predominant Level for Medical Services	MHSUD Financial Parity Result
Deductible	\$50.00	\$50.00	Pass
Copayment	\$80.00	\$80.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$2,000.00	\$2,000.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

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

Deductible	\$897,487.33	75.88%	OP-AO INN Deductible
Copayment	\$926,108.66	78.30%	OP-AO INN Copayment
Coinsurance	\$97,557.48	8.25%	Fail
OOPM	\$1,023,666.14	86.55%	OP-AO INN OOPM
Total Projected	\$1,182,793.85		

Enter Footnotes (in detail) about:
NA

Step 2 Predominant Level

Deductible — (3b) Outpatient - All Other, In-Network (OP-AO INN)	Errors found:	0
Applies to substantially all medical/surgical benefits in this classification. ENTER different deductible amounts from smallest to largest.		

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$50.00	\$897,487.33	100.00%	\$50.00	
\$0.00				
Total	\$897,487.33	100.00%		

Copayment — (3b) Outpatient - All Other, In-Network (OP-AO INN)	Errors found:	0
Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.		

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$5.00	\$126,178.81	13.62%	\$5.00	
\$80.00	\$799,929.85	86.38%	\$80.00	
\$0.00				
Total	\$926,108.66	100.00%		

Coinsurance — (3b) Outpatient - All Other, In-Network (OP-AO INN)	Errors found:	0
Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.		

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

OOPM — (3b) Outpatient - All Other, In-Network (OP-AO INN)	Errors found:	0
Applies to substantially all medical/surgical benefits in this classification. ENTER different oopm amounts from smallest to largest.		

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$2,000.00	\$1,023,666.14	100.00%	\$2,000.00	
\$0.00				
\$0.00				
\$0.00				
Total	\$1,023,666.14	100.00%		

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

Issuer / Market: Kaiser Foundation Health Plan of Washington
Market: Individual
State Filing Tracking Number: KFWA – 134519366

Workbook info
Link back to Summary Sheet
User Inputs Cell Format
See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: **VisitPlus Silver HD** <<<<This will auto populate from summary sheet macro
Plan ID: **80473WA1000004** <<<<This will auto populate from summary sheet macro
CSR Variant Description: <<<<If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: **Pass**

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

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

Testing Options

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

Column Options
Update Columns
Hide/Unhide All Columns

No Errors found?
TRUE

Results By Benefit Classification

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

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

Ben

Click>>>>

[Home](#)

Errors found:

0

<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OGN	Move to OP INN	Move to OP-OV INN	Move to OP-AG INN
Move to DP OGN	Move to OP-OV OGN	Move to OP-AG OGN	Move to ER	Move to RA

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification	(3a) Outpatient - Office Visits, In-Network (OP-OV INN)					Ben	
Notes:	Use this table if you are separately testing outpatient office visits and all other outpatient services.						
Classification	Outpatient - Office Visit	OP-OV					
Network (In/Out)	In-Network	INN					
Classification Code	3a	OP-OV INN		Number of Rows	5	I	
Table Name	05_OP OV INN_P1					CI	
For each cost share, if it does not apply, enter "N/A"							
Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OOPM)	No Cost-Share (If true, enter "X")
Primary Care Visit to Treat an Injury or Illness	copay	\$423,883.48	N/A	\$30.00	N/A	\$9,200.00	
Urgent Care	copay	\$181,935.70	N/A	\$85.00	N/A	\$9,200.00	
Adult Vision Exams	copay	\$63,834.74	N/A	\$30.00	N/A	\$9,200.00	
Specialist Visit	copay	\$386,409.82	N/A	\$85.00	N/A	\$9,200.00	
Preventive Care (Screenings/Immunizations)	no charge	\$322,012.80	N/A	N/A	N/A	N/A	x
Total Row		\$1,378,126.54					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3a) Outpatient - Office Visits, In-Network (OP-OV INN)

Cost Share Type	MHSUD Cost Shares "In Plan Design"	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$30.00	\$85.00	Pass
Coinsurance	N/A	\$9,200.00	Pass
OOPM	\$9,200.00	\$9,200.00	Pass
Overall			Pass

Enter Footnotes (as needed) below
x

*If not applicable, enter "N/A"

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

Deductible	\$0.00	0.00%	Fail
Copayment	\$1,056,113.74	76.83%	OP-OV INN Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$1,056,113.74	76.83%	OP-OV INN OOPM
Total Projected	\$1,378,126.54		

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.		

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.		

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.		

OOPM ---- (3a) Outpatient - Office Visits, In-Network (OP-OV INN)		Errors found:	0
Applies to substantially all medical/surgical benefits in this classification. ENTER different oopm amounts from smallest to largest.			

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

Click>>>>>>

None

Errors found:

0

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

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

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

Notes:

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

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	In-Network	INN
Classification Code	3b	OP-AO INN
Table Name	(3b) OP-AO INN_P1	

Number of Rows 8

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

Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OOPM)	No Cost Share (If true, enter ">")
Laboratory Outpatient and Professional Services	copay	\$173,838.62	N/A	\$55.00	N/A	\$9,300.00	
X-rays and Diagnostic Imaging	copay	\$562,203.70	N/A	\$55.00	N/A	\$9,300.00	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center) and Outpatient Surgery Physician/Surgical Services	after deductible, then copay	\$3,226,608.84	\$3,000.00	\$600.00	N/A	\$9,300.00	
Imaging (CT/PET Scans, MRI)	after deductible, then coinsurance	\$142,228.08	\$3,000.00	N/A	30%	\$9,300.00	
Outpatient Other	after deductible, then coinsurance	\$251,281.24	\$3,000.00	N/A	30%	\$9,300.00	
Hospice	no charge	\$8,790.77	N/A	N/A	N/A	N/A	x
Preventive Care - nonoffice visit	no charge	\$268,067.30	N/A	N/A	N/A	N/A	x
Rehabilitative Speech	copay	\$172,914.39	N/A	\$60.00	N/A	\$9,300.00	
Virtual Visits	no charge	\$365,002.41	N/A	N/A	N/A	N/A	x
Total Row		\$4,770,934.88					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

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

Cost Share Type	MHSUD Cost Shares In Plan Budget	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	\$3,000.00	\$3,000.00	Pass
Copayment	\$600.00	\$600.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$9,300.00	\$9,300.00	Pass
Overall			Pass

Enter Footnotes (as needed) below:

N/A

*If not applicable, enter "N/A"

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

Deductible	\$3,620,118.15	75.88%	OP-AO INN Deductible
Copayment	\$3,735,565.55	78.30%	OP-AO INN Copayment
Coinsurance	\$393,509.31	8.25%	Fail
OOPM	\$4,129,074.86	86.51%	OP-AO INN OOPM
Total Projected	\$4,770,934.88		

Step 2 Predominant Level

Deductible — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found:

0

Applies to substantially all medical/surgical benefits in this classification. ENTER different deductible amounts from smallest to largest.

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$3,000.00	\$3,620,118.15	100.00%	\$3,000.00	
\$0.00	\$0.00			
Total	\$3,620,118.15	100.00%		

Copayment — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found:

0

Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$55.00	\$336,042.32	9.09%	\$55.00	
\$600.00	\$172,914.39	4.63%	\$600.00	
\$600.00	\$3,226,608.84	86.38%	\$600.00	
\$0.00	\$0.00			
Total	\$3,735,565.55	100.00%		

Coinsurance — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found:

0

Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.

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

OOPM — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found:

0

Applies to substantially all medical/surgical benefits in this classification. ENTER different oopm amounts from smallest to largest.

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$9,300.00	\$4,129,074.86	100.00%	\$9,300.00	
\$0.00	\$0.00			
\$0.00	\$0.00			
Total	\$4,129,074.86	100.00%		

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

Issuer / Market: Kaiser Foundation Health Plan of Washington
Market: Individual
State Filing Tracking Number: KFWA – 134519366

Workbook info

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

PLAN INFORMATION

Plan Name: **VisitPlus Gold** <<<<This will auto populate from summary sheet macro
Plan ID: **80473WA1000002** <<<<This will auto populate from summary sheet macro
CSR Variant Description: <<<<If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: **Pass**

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

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

Testing Options

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

Column Options
Update Columns
Hide/Unhide All Columns

No Errors found?
TRUE

Results By Benefit Classification

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

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

Ben

Click>>>>

[Home](#)

Errors found:

0

<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OGN	Move to OP INN	Move to OP-OV INN	Move to OP-AG INN
Move to DP OGN	Move to OP-OV OGN	Move to DP-AG OGN	Move to ER	Move to RA

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification		(3a) Outpatient - Office Visits, In-Network (OP-OV INN)				Ben	
Notes:		Use this table if you are separately testing outpatient office visits and all other outpatient services.					
Classification	Outpatient - Office Visit	OP-OV					
Network (In/Out)	In-Network	INN					
Classification Code	3a	OP-OV INN					Number of Rows 5
Table Name	05_OP OV INN_P1						
For each cost share, if it does not apply, enter "N/A"							
Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OOPM)	No Cost-Share (If true, enter "X")
Primary Care Visit to Treat an Injury or Illness	copay	\$1,036,930.66	N/A	\$10.00	N/A	\$7,500.00	
Urgent Care	copay	\$445,061.83	N/A	\$45.00	N/A	\$7,500.00	
Adult Vision Exams	copay	\$236,256.28	N/A	\$20.00	N/A	\$7,500.00	
Specialist Visit	copay	\$945,380.73	N/A	\$45.00	N/A	\$7,500.00	
Preventive Care (Screenings/Immunizations)	no charge	\$787,726.64	N/A	N/A	N/A	N/A	x
Total Row		\$3,371,254.11					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3a) Outpatient - Office Visits, In-Network (OP-OV INN)

Cost Share Type	MHSUD Cost Shares "In Plan Design"	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$20.00	\$45.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$7,500.00	\$7,500.00	Pass
Overall			Pass

Enter Footnotes (as needed) below
x

*If not applicable, enter "N/A"

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

Deductible	\$0.00	0.00%	Fail
Copayment	\$2,583,527.41	76.63%	OP-OV INN Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$2,583,527.41	76.63%	OP-OV INN OOPM
Total Projected	\$3,371,254.11		

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			
	\$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
\$10.00	\$1,193,084.94	46.38%	\$10.00	
\$45.00	\$1,390,442.53	53.62%	\$45.00	
	\$0.00			
	\$0.00			
Total	\$2,583,527.41	100.00%		

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

Errors found: 0

Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.

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

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

Errors found: 0

Applies to substantially all medical/surgical benefits in this classification. ENTER different oopm amounts from smallest to largest.

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$7,500.00	\$2,583,527.41	100.00%	\$7,500.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$2,583,527.41	100.00%		

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

Click>>>>>>

None

Errors found:

0

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

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	Outpatient - All Other	OP-AO
Network (In/Out)	In-Network	INN
Classification Code	3b	OP-AO INN
Table Name	[BI] OPAGINN_P1	

Number of Rows 8

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

Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OOPM)	No Cost Share (If true, enter ">")
Laboratory Outpatient and Professional Services	copay	\$425,254.34	N/A	\$40.00	N/A	\$7,500.00	
X-rays and Diagnostic Imaging	copay	\$596,752.23	N/A	\$40.00	N/A	\$7,500.00	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center) and Outpatient Surgery Physician/Surgical Services	after deductible, then copay	\$7,893,120.10	\$1,000.00	\$400.00	N/A	\$7,500.00	
Imaging (CT/PET Scans, MRI)	after deductible, then coinsurance	\$347,806.61	\$1,000.00	N/A	30%	\$7,500.00	
Outpatient Other	after deductible, then coinsurance	\$414,698.92	\$1,000.00	N/A	30%	\$7,500.00	
Hospice	no charge	\$21,503.26	N/A	N/A	N/A	N/A	x
Preventive Care - nonoffice visit	no charge	\$455,761.98	N/A	N/A	N/A	N/A	x
Rehabilitative Speech	copay	\$422,993.34	N/A	\$45.00	N/A	\$7,500.00	
Virtual Visits	no charge	\$892,890.44	N/A	N/A	N/A	N/A	x
Total Row		\$11,670,941.20					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

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

Cost Share Type	MHSUD Cost Shares In Plan Budget	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result	Enter Footnotes (as needed) below
Deductible	\$1,000.00	\$1,000.00	Pass	
Copayment	\$400.00	\$400.00	Pass	
Coinsurance	N/A	Fail	Pass	
OOPM	\$7,500.00	\$7,500.00	Pass	
Overall			Pass	

*If not applicable, enter "N/A"

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

Deductible	\$8,855,745.70	75.88%	OP-AO INN Deductible
Copayment	\$9,138,159.92	78.30%	OP-AO INN Copayment
Coinsurance	\$962,625.60	8.25%	Fail
OOPM	\$10,100,785.51	86.55%	OP-AO INN OOPM
Total Projected	\$11,670,941.20		

Step 2 Predominant Level

Deductible — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found: 0

Applies to substantially all medical/surgical benefits in this classification. ENTER different deductible amounts from smallest to largest.

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$1,000.00	\$8,855,745.70	100.00%	\$1,000.00	
	\$0.00			
Total	\$8,855,745.70	100.00%		

Copayment — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found: 0

Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$40.00	\$822,044.47	9.02%	\$40.00	
\$45.00	\$422,993.34	4.63%	\$45.00	
\$400.00	\$7,893,120.10	86.38%	\$400.00	
	\$0.00			
Total	\$9,138,159.92	100.00%		

Coinsurance — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found: 0

Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.

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

OOPM — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found: 0

Applies to substantially all medical/surgical benefits in this classification. ENTER different oopm amounts from smallest to largest.

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$7,500.00	\$10,100,785.51	100.00%	\$7,500.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$10,100,785.51	100.00%		

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

Issuer / Market: Kaiser Foundation Health Plan of Washington
Market: Individual
State Filing Tracking Number: KFWA – 134519366

Workbook info

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

PLAN INFORMATION

Plan Name: Kaiser Permanente Cascade Bronze <<<<This will auto populate from summary sheet macro
Plan ID: 80473WA1000007 <<<<This will auto populate from summary sheet macro
CSR Variant Description: <<<<If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: Pass

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

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

Testing Options

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

Column Options
Update Columns
Hide/Unhide All Columns

No Errors found?
TRUE

Results By Benefit Classification

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

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

<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OGN	Move to OP INN	Move to OP-OV INN	Move to OP-AG INN
Move to DP OGN	Move to OP-OV OGN	Move to OP-AG OGN	Move to ER	Move to RA

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification		(3a) Outpatient - Office Visits, In-Network (OP-OV INN)				Ben	
Notes:		Use this table if you are separately testing outpatient office visits and all other outpatient services.					
Classification	Outpatient - Office Visit	OP-OV					
Network (In/Out)	In-Network	INN					
Classification Code	3a	OP-OV INN		Number of Rows	5		
Table Name	BS_OP OV INN_P1						
For each cost share, if it does not apply, enter "N/A"							
Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OOPM)	No Cost-Share (If true, enter "X")
Primary Care Visit to Treat an Injury or Illness	2 upfront visits, then copay	\$2,058,931.82	N/A	\$40.00	N/A	\$10,150.00	
Urgent Care	copay	\$883,717.41	N/A	\$100.00	N/A	\$10,150.00	
Adult Vision Exams	copay	\$230,064.85	N/A	\$40.00	N/A	\$10,150.00	
Specialist Visit	copay	\$1,877,353.68	N/A	\$100.00	N/A	\$10,150.00	
Preventive Care (Screenings/Immunizations)	no charge	\$1,564,114.77	N/A	N/A	N/A	N/A	x
Total Row		\$6,693,982.55					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3a) Outpatient - Office Visits, In-Network (OP-OV INN)

Cost Share Type	MHSUD Cost Shares in Plan Design	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$40.00	\$100.00	Pass
Coinsurance	N/A	\$10,150.00	Pass
OOPM	\$10,150.00	\$10,150.00	Pass
Overall			Pass

Enter Footnotes (as needed) below

*If not applicable, enter "N/A"

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

Deductible	\$0.00	0.00%	Fail
Copayment	\$5,129,867.71	76.63%	OP-OV INN Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$5,129,867.71	76.63%	OP-OV INN OOPM
Total Projected	\$6,693,982.55		

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				
\$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
\$40.00	\$2,368,896.67	46.18%	\$40.00	
\$100.00	\$2,760,871.10	53.82%	\$100.00	
\$0.00				
\$0.00				
Total	\$5,129,867.71	100.00%		

Coinsurance --- (3a) Outpatient - Office Visits, In-Network (OP-OV INN)	Errors found:	0
Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.		

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

OOPM --- (3a) Outpatient - Office Visits, In-Network (OP-OV INN)	Errors found:	0
Applies to substantially all medical/surgical benefits in this classification. ENTER different oopm amounts from smallest to largest.		

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$10,150.00	\$5,129,867.71	100.00%	\$10,150.00	
\$0.00				
\$0.00				
\$0.00				
Total	\$5,129,867.71	100.00%		

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

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

Notes:

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

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	In-Network	INN
Classification Code	3b	OP-AO INN
Table Name	(B) OPAGINN_P1	

Number of Rows 8

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

Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OOPM)	No Cost Share (If true, enter ">")
Laboratory Outpatient and Professional Services	after deductible, then coinsurance	\$844,387.39	\$6,000.00	N/A	40%	\$10,150.00	
X-rays and Diagnostic Imaging	after deductible, then coinsurance	\$767,873.05	\$6,000.00	N/A	40%	\$10,150.00	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center) and Outpatient Surgery Physician/Surgical Services	after deductible, then coinsurance	\$15,872,827.09	\$6,000.00	N/A	40%	\$10,150.00	
Imaging (CT/PET Scans, MRI)	after deductible, then coinsurance	\$680,845.34	\$6,000.00	N/A	40%	\$10,150.00	
Outpatient Other	after deductible, then coinsurance	\$1,220,549.90	\$6,000.00	N/A	40%	\$10,150.00	
Hospice	no charge	\$42,697.01	N/A	N/A	N/A	N/A	x
Preventive Care - nonoffice visit	no charge	\$1,302,084.96	N/A	N/A	N/A	N/A	x
Telemedicine Speech	after deductible, then coinsurance	\$839,898.14	\$6,000.00	N/A	40%	\$10,150.00	
Virtual Visits	no charge	\$1,772,928.61	N/A	N/A	N/A	N/A	x
Total Row		\$23,173,891.45					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

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

Cost Share Type	MHSUD Cost Shares in Plan Design	Predominant Level for Medical Surgical	MHSUD Financial Parity Result
Deductible	\$6,000.00	\$6,000.00	Pass
Copayment	N/A	Fail	Pass
Coinsurance	40%	40%	Pass
OOPM	\$10,150.00	\$10,150.00	Pass
Overall			Pass

Enter Footnotes (as needed) below

*If not applicable, enter "N/A"

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

Deductible	\$20,056,180.82	86.55%	OP-AO INN Deductible
Copayment	\$0.00	0.00%	Fail
Coinsurance	\$20,056,180.82	86.55%	OP-AO INN Coinsurance
OOPM	\$20,056,180.82	86.55%	OP-AO INN OOPM
Total Projected	\$23,173,891.45		

Step 2 Predominant Level

Deductible — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found:

0

Applies to substantially all medical/surgical benefits in this classification.

ENTER different deductible amounts from smallest to largest.

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$6,000.00	\$20,056,180.82	100.00%	\$6,000.00	
\$0.00	\$0.00			
Total	\$20,056,180.82	100.00%		

Copayment — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found:

0

Does not apply to substantially all medical/surgical benefits in this classification.

DELETE any values in the left-hand column below.

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

Coinsurance — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found:

0

Applies to substantially all medical/surgical benefits in this classification.

ENTER different coinsurance amounts from smallest to largest.

Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
40%	\$20,056,180.82	100.00%	40%	
\$0.00	\$0.00			
\$0.00	\$0.00			
\$0.00	\$0.00			
Total	\$20,056,180.82	100.00%		

OOPM — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found:

0

Applies to substantially all medical/surgical benefits in this classification.

ENTER different oopm amounts from smallest to largest.

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$10,150.00	\$20,056,180.82	100.00%	\$10,150.00	
\$0.00	\$0.00			
\$0.00	\$0.00			
\$0.00	\$0.00			
Total	\$20,056,180.82	100.00%		

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

Issuer / Market: Kaiser Foundation Health Plan of Washington
Market: Individual
State Filing Tracking Number: KFWA – 134519366

Workbook info
Link back to Summary Sheet
User Inputs Cell Format
See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: Kaiser Permanente Cascade Silver
Plan ID: 80473WA1000006
CSR Variant Description: <<<This will auto populate from summary sheet macro<<<This will auto populate from summary sheet macro<<<If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: Pass

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

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

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

Column Options
Update Columns
Hide/Unhide All Columns

No Errors found?
TRUE

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

Click>>>>

[Home](#)

Errors found:

[G](#)

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OGN	Move to OP INN	Move to OP-OV INN	Move to OP-AG INN
Move to DP OGN	Move to OP-OV OGN	Move to OP-AG OGN	Move to ER	Move to RA

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification	(3a) Outpatient - Office Visits, In-Network (OP-OV INN)	Ben
Notes:	Use this table if you are separately testing outpatient office visits and all other outpatient services.	
Classification	Outpatient - Office Visit	
Network (In/Out)	INN	
Classification Code	3a	Number of Rows 5
Table Name	001_OP OV INN_P1	

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

Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OOPM)	No Cost-Share (If true, enter "X")
Primary Care Visit to Treat an Injury or Illness	2 upfront visits, then copay	\$452.72	N/A	\$20.00	N/A	\$9,750.00	
Urgent Care	copay	\$194.31	N/A	\$65.00	N/A	\$9,750.00	
Adult Vision Exams	copay	\$68.18	N/A	\$20.00	N/A	\$9,750.00	
Specialist Visit	copay	\$412.75	N/A	\$65.00	N/A	\$9,750.00	
Preventive Care (Screenings/Immunizations)	no charge	\$341.62	N/A	N/A	N/A	N/A	x
Total Row		\$1,471.87					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3a) Outpatient - Office Visits, In-Network (OP-OV INN)

Cost Share Type	MHSUD Cost Shares in Plan Design	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$20.00	\$65.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$9,750.00	\$9,750.00	Pass
Overall			Pass

Enter Footnotes (as needed) below
N/A

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ 5% of medical/surgical benefits)

Deductible	\$0.00	0.00%	Fail
Copayment	\$1,127.95	76.63%	OP-OV INN Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$1,127.95	76.63%	OP-OV INN OOPM
Total Projected	\$1,471.87		

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			
	\$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
\$20.00	\$20.89	46.18%	\$20.00	
\$65.00	\$607.06	53.82%	\$65.00	
	\$0.00			
	\$0.00			
Total	\$1,127.95	100.00%		

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

Errors found: 0

Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.

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

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

Errors found: 0

Applies to substantially all medical/surgical benefits in this classification. ENTER different oopm amounts from smallest to largest.

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$9,750.00	\$1,127.95	100.00%	\$9,750.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$1,127.95	100.00%		

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Classification (3b) Outpatient - All Other, In-Network (OP-AO INN)
Notes: Use this table if you are separately testing outpatient office visits and all other outpatient services.

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	In-Network	INN
Classification Code	3b	OP-AO INN
Table Name	[BI] OPACINN_P1	

Number of Rows 8

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

Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OOPM)	No Cost Share (If true, enter ">")
Laboratory Outpatient and Professional Services	copay	\$185.66	N/A	\$40.00	N/A	\$8,750.00	
X-rays and Diagnostic Imaging	copay	\$173.24	N/A	\$65.00	N/A	\$8,750.00	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center) and Outpatient Surgery Physician/Surgical Services	after deductible, then copay	\$1,446.08	\$1,500.00	\$800.00	N/A	\$8,750.00	
Imaging (CT/PET Scans, MRI)	after deductible, then coinsurance	\$151.90	\$1,500.00	N/A	30%	\$8,750.00	
Outpatient Other	after deductible, then coinsurance	\$268.37	\$2,500.00	N/A	30%	\$8,750.00	
Hospice	no charge	\$9.39	N/A	N/A	N/A	N/A	x
Preventive Care - nonoffice visit	no charge	\$186.30	N/A	N/A	N/A	N/A	x
Rehabilitative Speech	copay	\$184.68	N/A	\$40.00	N/A	\$8,750.00	
Virtual Visits	no charge	\$389.81	N/A	N/A	N/A	N/A	x
Total Row		\$5,095.46					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

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

Cost Share Type	MHSUD Cost Shares In Plan Design*	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	\$2,500.00	Pass
Copayment	\$10.00	\$800.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$8,750.00	\$8,750.00	Pass
Overall			Pass

Enter Footnotes (as needed) below:
x

*If not applicable, enter "N/A"

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

Deductible	\$3,866.36	75.88%	OP-AO INN Deductible
Copayment	\$3,889.66	78.30%	OP-AO INN Copayment
Coinsurance	\$420.28	8.25%	Fail
OOPM	\$4,409.94	86.51%	OP-AO INN OOPM
Total Projected	\$5,095.46		

Step 2 Predominant Level

Deductible — (3b) Outpatient - All Other, In-Network (OP-AO INN)		Errors found:		0
Applies to substantially all medical/surgical benefits in this classification. ENTER different deductible amounts from smallest to largest.				
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$2,500.00	\$3,866.36	100.00%	\$2,500.00	
	\$0.00			
Total	\$3,866.36	100.00%		
Copayment — (3b) Outpatient - All Other, In-Network (OP-AO INN)		Errors found:		0
Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.				
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$40.00	\$370.34	9.28%	\$40.00	
\$65.00	\$173.24	4.34%	\$65.00	
\$800.00	\$1,446.08	86.38%	\$800.00	
	\$0.00			
	\$0.00			
Total	\$3,889.66	100.00%		
Coinsurance — (3b) Outpatient - All Other, In-Network (OP-AO INN)		Errors found:		0
Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left hand column below.				
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
OOPM — (3b) Outpatient - All Other, In-Network (OP-AO INN)		Errors found:		0
Applies to substantially all medical/surgical benefits in this classification. ENTER different oopm amounts from smallest to largest.				
OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$8,750.00	\$4,409.94	100.00%	\$8,750.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$4,409.94	100.00%		

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

Issuer / Market: Kaiser Foundation Health Plan of Washington
Market: Individual
State Filing Tracking Number: KFWA – 134519366

Workbook info
Link back to Summary Sheet
User Inputs Cell Format
See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: Kaiser Permanente Cascade Silver - 73% CSR <<<<This will auto populate from summary sheet macro
Plan ID: 80473WA100000604 <<<<This will auto populate from summary sheet macro
CSR Variant Description: <<<<If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: Pass

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

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

Testing Options

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

Column Options
Update Columns
Hide/Unhide All Columns

No Errors found?
TRUE

Results By Benefit Classification

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

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

Ben

Click>>>>

[Home](#)

Errors found:

0

<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OGN	Move to OP INN	Move to OP-OV INN	Move to OP-AG INN
Move to OP OGN	Move to OP-OV OGN	Move to OP-AG OGN	Move to ER	Move to RA

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification		(3a) Outpatient - Office Visits, In-Network (OP-OV INN)				Ben	
Notes:		Use this table if you are separately testing outpatient office visits and all other outpatient services.					
Classification	Outpatient - Office Visit	OP-OV					
Network (In/Out)	In-Network	INN					
Classification Code	3a	OP-OV INN					Number of Rows 5
Table Name	BS_OP OV INN_P1						
For each cost share, if it does not apply, enter "N/A"							
Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OOPM)	No Cost-Share (If true, enter "X")
Primary Care Visit to Treat an Injury or Illness	2 upfront visits, then copay	\$452.72	N/A	\$20.00	N/A	\$7,950.00	
Urgent Care	copay	\$194.31	N/A	\$65.00	N/A	\$7,950.00	
Adult Vision Exams	copay	\$68.18	N/A	\$20.00	N/A	\$7,950.00	
Specialist Visit	copay	\$412.75	N/A	\$65.00	N/A	\$7,950.00	
Preventive Care (Screenings/Immunizations)	no charge	\$341.62	N/A	N/A	N/A	N/A	x
Total Row		\$1,471.87					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3a) Outpatient - Office Visits, In-Network (OP-OV INN)

Cost Share Type	MHSUD Cost Shares in Plan Design	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$20.00	\$65.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$7,950.00	\$7,950.00	Pass
Overall			Pass

Enter Footnotes (as needed) below

N/A

*If not applicable, enter "N/A"

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

Deductible	\$0.00	0.00%	Fail
Copayment	\$1,127.95	76.63%	OP-OV INN Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$1,127.95	76.63%	OP-OV INN OOPM
Total Projected	\$1,471.87		

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			
	\$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
\$20.00	\$539.89	46.18%	\$20.00	
\$65.00	\$607.06	53.82%	\$65.00	
	\$0.00			
	\$0.00			
Total	\$1,127.95	100.00%		

Coinsurance --- (3a) Outpatient - Office Visits, In-Network (OP-OV INN)	Errors found:	0
Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.		

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

OOPM --- (3a) Outpatient - Office Visits, In-Network (OP-OV INN)	Errors found:	0
Applies to substantially all medical/surgical benefits in this classification. ENTER different oopm amounts from smallest to largest.		

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$7,950.00	\$1,127.95	100.00%	\$7,950.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$1,127.95	100.00%		

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

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

Notes:

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

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	In-Network	INN
Classification Code	3b	OP-AO INN
Table Name	[BI] OPAGINN_P1	

Number of Rows 8

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

Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OOPM)	No Cost-Share (If true, enter ">")
Laboratory Outpatient and Professional Services	copay	\$185.66	N/A	\$40.00	N/A	\$7,950.00	
X-rays and Diagnostic Imaging	copay	\$173.24	N/A	\$65.00	N/A	\$7,950.00	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center) and Outpatient Surgery Physician/Surgical Services	after deductible, then copay	\$1,446.08	\$2,500.00	\$800.00	N/A	\$7,950.00	
Imaging (CT/PET Scans, MRI)	after deductible, then coinsurance	\$151.90	\$2,500.00	N/A	30%	\$7,950.00	
Outpatient Other	after deductible, then coinsurance	\$268.37	\$2,500.00	N/A	30%	\$7,950.00	
Hospice	no charge	\$9.39	N/A	N/A	N/A	N/A	x
Preventive Care - nonoffice visit	no charge	\$186.30	N/A	N/A	N/A	N/A	x
Rehabilitative Speech	copay	\$184.68	N/A	\$40.00	N/A	\$7,950.00	
Virtual Visits	no charge	\$389.82	N/A	N/A	N/A	N/A	x
Total Row		\$5,095.46					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

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

Cost Share Type	MHSUD Cost Shares In Plan Design*	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	\$2,500.00	Pass
Copayment	\$10.00	\$800.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$7,950.00	\$7,950.00	Pass
Overall			Pass

Enter Footnotes (as needed) below
xx

*If not applicable, enter "N/A"

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

Deductible	\$3,866.36	75.88%	OP-AO INN Deductible
Copayment	\$2,989.66	78.30%	OP-AO INN Copayment
Coinsurance	\$420.28	8.25%	Fail
OOPM	\$4,409.94	86.55%	OP-AO INN OOPM
Total Projected	\$5,095.46		

Step 2 Predominant Level

Deductible — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found: 0

Applies to substantially all medical/surgical benefits in this classification. ENTER different deductible amounts from smallest to largest.

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$2,500.00	\$3,866.36	100.00%	\$2,500.00	
	\$0.00			
Total	\$3,866.36	100.00%		

Copayment — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found: 0

Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$40.00	\$370.34	9.28%	\$40.00	
\$65.00	\$173.24	4.34%	\$65.00	
\$800.00	\$1,446.08	86.38%	\$800.00	
	\$0.00			
Total	\$1,989.66	100.00%		

Coinsurance — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found: 0

Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.

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

OOPM — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found: 0

Applies to substantially all medical/surgical benefits in this classification. ENTER different oopm amounts from smallest to largest.

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$7,950.00	\$4,409.94	100.00%	\$7,950.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$4,409.94	100.00%		

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

Issuer / Market: Kaiser Foundation Health Plan of Washington
Market: Individual
State Filing Tracking Number: KFWA – 134519366

Workbook info
Link back to Summary Sheet
User Inputs Cell Format
See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: Kaiser Permanente Cascade Silver - 87% CSR <<<This will auto populate from summary sheet macro
Plan ID: 80473WA100000605 <<<This will auto populate from summary sheet macro
CSR Variant Description: <<<If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: Pass

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

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

Testing Options

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

Column Options
Update Columns
Hide/Unhide All Columns

No Errors found?
TRUE

Results By Benefit Classification

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

Click>>>>

[Home](#)

Errors found:

0

<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OGN	Move to OP INN	Move to OP-OV INN	Move to OP-AG INN
Move to DP OGN	Move to OP-OV OGN	Move to DP-AG OGN	Move to ER	Move to RA

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification		(3a) Outpatient - Office Visits, In-Network (OP-OV INN)					Ben
Notes:		Use this table if you are separately testing outpatient office visits and all other outpatient services.					
Classification	Outpatient - Office Visit						
Network (In/Out)	In-Network						
Classification Code	3a						
Table Name	001_OP OV INN_P1						
For each cost share, if it does not apply, enter "N/A"						Number of Rows <input type="text" value="5"/>	
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	2 upfront visits, then copay	\$911,770.09	N/A	\$0.00	N/A	\$2,850.00	
Urgent Care	copay	\$381,342.51	N/A	\$30.00	N/A	\$2,850.00	
Adult Vision Exams	copay	\$137,308.00	N/A	\$0.00	N/A	\$2,850.00	
Specialist Visit	copay	\$801,272.56	N/A	\$30.00	N/A	\$2,850.00	
Preventive Care (Screenings/Immunizations)	no charge	\$682,647.44	N/A	N/A	N/A	N/A	x
Total Row		\$2,964,341.20					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3a) Outpatient - Office Visits, In-Network (OP-OV INN)

Cost Share Type	MHSUD Cost Shares "In Plan Design"	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$0.00	\$30.00	Pass
Coinsurance	N/A	\$2,850.00	Pass
OOPM	\$2,850.00	\$2,850.00	Pass
Overall			Pass

Enter Footnotes (as needed) below
xx

*If not applicable, enter "N/A"

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

Deductible	\$0.00	0.00%	Fail
Copayment	\$2,271,693.78	76.63%	OP-OV INN Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$2,271,693.78	76.63%	OP-OV INN OOPM
Total Projected	\$2,964,341.20		

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			
	\$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
\$0.00	\$1,049,078.69	46.18%	\$5.00	
\$30.00	\$1,222,615.07	53.82%	\$30.00	
	\$0.00			
	\$0.00			
Total	\$2,271,693.76	100.00%		

Coinsurance --- (3a) Outpatient - Office Visits, In-Network (OP-OV INN)	Errors found:	0
Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.		

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

OOPM --- (3a) Outpatient - Office Visits, In-Network (OP-OV INN)	Errors found:	0
Applies to substantially all medical/surgical benefits in this classification. ENTER different oopm amounts from smallest to largest.		

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$2,850.00	\$2,271,693.78	100.00%	\$2,850.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$2,271,693.78	100.00%		

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

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

Notes:

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

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	In-Network	INN
Classification Code	3b	OP-AO INN
Table Name	(B) OPAGINN_P1	

Number of Rows 8

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

Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OOPM)	No Cost Share (If true, enter ">")
Laboratory Outpatient and Professional Services	copay	\$373,925.73	N/A	\$20.00	N/A	\$2,850.00	
X-rays and Diagnostic Imaging	copay	\$348,899.11	N/A	\$40.00	N/A	\$2,850.00	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center) and Outpatient Surgery Physician/Surgical Services	after deductible, then copay	\$6,940,414.58	\$750.00	\$445.00	N/A	\$2,850.00	
Imaging (CT/PET Scans, MRI)	after deductible, then coinsurance	\$305,932.08	\$750.00	N/A	20%	\$2,850.00	
Outpatient Other	after deductible, then coinsurance	\$540,504.30	\$750.00	N/A	20%	\$2,850.00	
Hospice	no charge	\$18,507.80	N/A	N/A	N/A	N/A	x
Preventive Care - nonoffice visit	no charge	\$176,611.02	N/A	N/A	N/A	N/A	x
Rehabilitative Speech	copay	\$373,937.73	N/A	\$20.00	N/A	\$2,850.00	
Virtual Visits	no charge	\$785,117.80	N/A	N/A	N/A	N/A	x
Total Row		\$10,262,249.83					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

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

Cost Share Type	MHSUD Cost Shares In Plan Design	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	\$750.00	Pass
Copayment	\$10.00	\$445.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$2,850.00	\$2,850.00	Pass
Overall			Pass

Enter Footnotes (as needed) below
xx

*If not applicable, enter "N/A"

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

Deductible	\$7,786,850.54	75.88%	OP-AO INN Deductible
Copayment	\$8,035,177.15	78.30%	OP-AO INN Copayment
Coinsurance	\$846,435.96	8.25%	Fail
OOPM	\$8,881,613.11	86.51%	OP-AO INN OOPM
Total Projected	\$10,262,249.83		

Step 2 Predominant Level

Deductible — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found:

0

Applies to substantially all medical/surgical benefits in this classification.

ENTER different deductible amounts from smallest to largest.

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$750.00	\$7,786,850.54	100.00%	\$750.00	
\$0.00	\$0.00			
Total	\$7,786,850.54	100.00%		

Copayment — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found:

0

Applies to substantially all medical/surgical benefits in this classification.

ENTER different copayment amounts from smallest to largest.

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$20.00	\$745,963.46	9.28%	\$20.00	
\$445.00	\$348,899.11	4.34%	\$445.00	
\$445.00	\$6,940,414.58	86.38%	\$445.00	
\$0.00	\$0.00			
Total	\$8,035,177.15	100.00%		

Coinsurance — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found:

0

Does not apply to substantially all medical/surgical benefits in this classification.

DELETE any values in the left-hand column below.

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

OOPM — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found:

0

Applies to substantially all medical/surgical benefits in this classification.

ENTER different oopm amounts from smallest to largest.

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$2,850.00	\$8,881,613.11	100.00%	\$2,850.00	
\$0.00	\$0.00			
\$0.00	\$0.00			
\$0.00	\$0.00			
Total	\$8,881,613.11	100.00%		

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

Issuer / Market: Kaiser Foundation Health Plan of Washington
Market: Individual
State Filing Tracking Number: KFWA – 134519366

Workbook info
Link back to Summary Sheet
User Inputs Cell Format
See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: Kaiser Permanente Cascade Silver - 94% CSR <<<This will auto populate from summary sheet macro
Plan ID: 80473WA100000606 <<<This will auto populate from summary sheet macro
CSR Variant Description: <<<If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: Pass

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

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

Testing Options

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

Column Options
Update Columns
Hide/Unhide All Columns

No Errors found?
TRUE

Results By Benefit Classification

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

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

Ben

Click>>>>

[Home](#)

Errors found:

0

<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OGN	Move to OP INN	Move to OP-OV INN	Move to OP-AG INN
Move to DP OGN	Move to OP-OV OGN	Move to DP-AG OGN	Move to ER	Move to RA

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification		(3a) Outpatient - Office Visits, In-Network (OP-OV INN)					Ben
Notes:		Use this table if you are separately testing outpatient office visits and all other outpatient services.					
Classification	Outpatient - Office Visit						
Network (In/Out)	INN						
Classification Code	3a						
Table Name	001_OP OV INN_P1						
						Number of Rows 5	
For each cost share, if it does not apply, enter "N/A"							
Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OOPM)	No Cost Share (if true, enter "X")
Primary Care Visit to Treat an Injury or Illness	2 upfront visits, then copay	\$353,118.70	N/A	\$1.00	N/A	\$2,400.00	
Urgent Care	copay	\$151,582.64	N/A	\$15.00	N/A	\$2,400.00	
Adult Vision Exams	copay	\$53,277.51	N/A	\$1.00	N/A	\$2,400.00	
Specialist Visit	copay	\$321,943.76	N/A	\$15.00	N/A	\$2,400.00	
Preventive Care (Screenings/Immunizations)	no charge	\$268,254.72	N/A	N/A	N/A	N/A	x
Total Row		\$1,148,056.67					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3a) Outpatient - Office Visits, In-Network (OP-OV INN)

Cost Share Type	MHSUD Cost Shares "In Plan Design"	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$1.00	\$15.00	Pass
Coinsurance	N/A	\$2,400.00	Fail
OOPM	\$1,900.00	\$2,400.00	Fail
Overall			Pass

Enter Footnotes (as needed) below
xx

*If not applicable, enter "N/A"

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

Deductible	\$0.00	0.00%	Fail
Copayment	\$879,801.91	76.83%	OP-OV INN Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$879,801.91	76.83%	OP-OV INN OOPM
Total Projected	\$1,148,056.67		

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			
	\$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
\$1.00	\$406,206.61	46.18%	\$1.00	
\$15.00	\$473,595.34	53.82%	\$15.00	
	\$0.00			
	\$0.00			
Total	\$879,801.91	100.00%		

Coinsurance --- (3a) Outpatient - Office Visits, In-Network (OP-OV INN)	Errors found:	0
Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.		

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

OOPM --- (3a) Outpatient - Office Visits, In-Network (OP-OV INN)	Errors found:	0
Applies to substantially all medical/surgical benefits in this classification. ENTER different oopm amounts from smallest to largest.		

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$2,400.00	\$879,801.91	100.00%	\$2,400.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$879,801.91	100.00%		

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

Click>>>>>

[Home](#)

Errors found:

0

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

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

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

Notes:

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

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	In-Network	INN
Classification Code	3b	OP-AO INN
Table Name	tbl_OPAGINN_P1	

Number of Rows 8

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

Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OOPM)	No Cost-Share (If true, enter ">")
Laboratory Outpatient and Professional Services	copay	\$144,817.32	N/A	\$5.00	N/A	\$2,400.00	
X-rays and Diagnostic Imaging	copay	\$135,124.78	N/A	\$15.00	N/A	\$2,400.00	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center) and Outpatient Surgery Physician/Surgical Services	copay	\$2,687,946.06	N/A	\$125.00	N/A	\$2,400.00	
Imaging (CT/PET Scans, MRIs)	coinsurance	\$128,483.98	N/A	N/A	15%	\$2,400.00	
Outpatient Other	coinsurance	\$209,331.36	N/A	N/A	15%	\$2,400.00	
Hospice	no charge	\$7,522.78	N/A	N/A	N/A	N/A	x
Preventive Care - nonoffice visit	no charge	\$223,115.00	N/A	N/A	N/A	N/A	x
Rehabilitative Speech	copay	\$144,047.58	N/A	\$5.00	N/A	\$2,400.00	
Virtual Visits	no charge	\$104,067.51	N/A	N/A	N/A	N/A	x
Total Row		\$3,974,456.24					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

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

Cost Share Type	MHSUD Cost Shares In Plan Design*	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$5.00	\$125.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$1,400.00	\$2,400.00	Pass
Overall			Pass

Enter Footnotes (as needed) below:

N/A

*If not applicable, enter "N/A"

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

Deductible	\$0.00	0.00%	Fail
Copayment	\$3,111,935.54	78.30%	OP-AO INN Copayment
Coinsurance	\$327,815.32	8.25%	Fail
OOPM	\$3,439,750.86	86.51%	OP-AO INN OOPM
Total Projected	\$3,974,456.24		

Step 2 Predominant Level

Deductible — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found:

0

Does not apply to substantially all medical/surgical benefits in this classification.

DELETE any values in the left-hand column below.

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

Copayment — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found:

0

Applies to substantially all medical/surgical benefits in this classification.

ENTER different copayment amounts from smallest to largest.

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$5.00	\$388,864.70	9.78%	\$5.00	
\$15.00	\$135,124.78	4.34%	\$15.00	
\$125.00	\$2,687,946.06	86.38%	\$125.00	
\$0.00				
Total	\$3,111,935.54	100.00%		

Coinsurance — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found:

0

Does not apply to substantially all medical/surgical benefits in this classification.

DELETE any values in the left-hand column below.

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

OOPM — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found:

0

Applies to substantially all medical/surgical benefits in this classification.

ENTER different oopm amounts from smallest to largest.

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$2,400.00	\$3,439,750.86	100.00%	\$2,400.00	
\$0.00				
\$0.00				
\$0.00				
Total	\$3,439,750.86	100.00%		

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

Issuer / Market: Kaiser Foundation Health Plan of Washington
Market: Individual
State Filing Tracking Number: KFWA – 134519366

Workbook info

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

PLAN INFORMATION

Plan Name: Kaiser Permanente Cascade Gold <<<<This will auto populate from summary sheet macro
Plan ID: 80473WA1000005 <<<<This will auto populate from summary sheet macro
CSR Variant Description: <<<<If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: Pass

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

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

Testing Options

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

Column Options
Update Columns
Hide/Unhide All Columns

No Errors found?
TRUE

Results By Benefit Classification

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

Click>>>>

[Home](#)

Errors found:

[G](#)

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OGN	Move to OP INN	Move to OP-OV INN	Move to OP-AG INN
Move to DP OGN	Move to OP-OV OGN	Move to OP-AG OGN	Move to ER	Move to RA

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification	(3a) Outpatient - Office Visits, In-Network (OP-OV INN)					Ben
Notes:	Use this table if you are separately testing outpatient office visits and all other outpatient services.					
Classification	Outpatient - Office Visit	OP-OV				
Network (In/Out)	In-Network	INN				
Classification Code	3a	OP-OV INN				
Table Name	105_OP OV INN_P1					
For each cost share, if it does not apply, enter "N/A"						
Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OOPM)
Primary Care Visit to Treat an Injury or Illness	copay	\$1,768,612.83	N/A	\$15.00	N/A	\$7,000.00
Urgent Care	copay	\$759,109.14	N/A	\$35.00	N/A	\$7,000.00
Adult Vision Exams	copay	\$266,544.26	N/A	\$25.00	N/A	\$7,000.00
Specialist Visit	copay	\$1,612,466.26	N/A	\$40.00	N/A	\$7,000.00
Preventive Care (Screenings/Immunizations)	no charge	\$1,343,567.80	N/A	N/A	N/A	N/A
Total Row		\$5,750,099.79				

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3a) Outpatient - Office Visits, In-Network (OP-OV INN)

Cost Share Type	MHSUD Cost Shares "In Plan Design"	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$15.00	\$35.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$7,000.00	\$7,000.00	Pass
Overall			Pass

Enter Footnotes (as needed) below
xx

*If not applicable, enter "N/A"

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

Deductible	\$0.00	0.00%	Fail
Copayment	\$4,406,532.49	76.63%	OP-OV INN Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$4,406,532.49	76.63%	OP-OV INN OOPM
Total Projected	\$5,750,099.79		

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			
	\$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	\$2,034,957.09	46.18%	\$15.00	
\$35.00	\$759,109.14	17.23%	\$35.00	
\$40.00	\$1,612,466.26	36.59%		
	\$0.00			
Total	\$4,406,532.49	100.00%		

Coinsurance — (3a) Outpatient - Office Visits, In-Network (OP-OV INN)	Errors found:	0
Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.		

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

OOPM — (3a) Outpatient - Office Visits, In-Network (OP-OV INN)	Errors found:	0
Applies to substantially all medical/surgical benefits in this classification. ENTER different oopm amounts from smallest to largest.		

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$7,000.00	\$4,406,532.49	100.00%	\$7,000.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$4,406,532.49	100.00%		

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

Click>>>>>

None

Errors found:

0

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

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

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

Notes:

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

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	In-Network	INN
Classification Code	3b	OP-AO INN
Table Name	(B) OPAGINN_P1	

Number of Rows 8

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

Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OOPM)	No Cost-Share (If true, enter ">")
Laboratory Outpatient and Professional Services	copay	\$725,324.83	N/A	\$20.00	N/A	\$7,000.00	
X-rays and Diagnostic Imaging	copay	\$676,779.27	N/A	\$30.00	N/A	\$7,000.00	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center) and Outpatient Surgery Physician/Surgical Services	after deductible, then copay	\$13,462,712.52	\$600.00	\$425.00	N/A	\$7,000.00	
Imaging (CT/PET Scans, MRI)	after deductible, then copay	\$593,432.90	\$600.00	\$300.00	N/A	\$7,000.00	
Outpatient Other	after deductible, then coinsurance	\$1,048,446.67	\$600.00	N/A	20%	\$7,000.00	
Hospice	no charge	\$36,676.53	N/A	N/A	N/A	N/A	x
Preventive Care - nonoffice visit	no charge	\$1,118,484.91	N/A	N/A	N/A	N/A	x
Rehabilitative Speech	copay	\$721,468.59	N/A	\$25.00	N/A	\$7,000.00	
Virtual Visits	no charge	\$1,522,557.45	N/A	N/A	N/A	N/A	x
Total Row		\$19,906,264.68					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

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

Cost Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	\$600.00	Pass
Copayment	\$15.00	\$425.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$7,000.00	\$7,000.00	Pass
Overall			Pass

Enter Footnotes (as needed) below:
x

*If not applicable, enter "N/A"

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

Deductible	\$15,104,593.09	75.88%	OP-AO INN Deductible
Copayment	\$36,179,713.11	82.28%	OP-AO INN Copayment
Coinsurance	\$1,048,446.67	5.27%	Fail
OOPM	\$17,226,165.79	86.55%	OP-AO INN OOPM
Total Projected	\$19,906,264.68		

Step 2 Predominant Level

Deductible — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found: 0

Applies to substantially all medical/surgical benefits in this classification.
ENTER different deductible amounts from smallest to largest.

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$600.00	\$15,104,593.09	100.00%	\$600.00	
\$0.00	\$0.00			
Total	\$15,104,593.09	100.00%		

Copayment — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found: 0

Does not apply to substantially all medical/surgical benefits in this classification.
ENTER different copayment amounts from smallest to largest.

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$20.00	\$725,324.83	4.48%	\$20.00	
\$25.00	\$721,468.59	4.46%	\$25.00	
\$30.00	\$676,779.27	4.18%	\$30.00	
\$300.00	\$593,432.90	3.67%	\$300.00	
\$425.00	\$13,462,712.52	83.21%	\$425.00	
Total	\$16,179,713.11	100.00%		

Coinsurance — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found: 0

Does not apply to substantially all medical/surgical benefits in this classification.
DELETE any values in the left hand column below.

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

OOPM — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found: 0

Applies to substantially all medical/surgical benefits in this classification.
ENTER different oopm amounts from smallest to largest.

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$7,000.00	\$17,226,165.79	100.00%	\$7,000.00	
\$0.00	\$0.00			
\$0.00	\$0.00			
\$0.00	\$0.00			
Total	\$17,226,165.79	100.00%		

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

Issuer / Market: Kaiser Foundation Health Plan of Washington
Market: Individual
State Filing Tracking Number: KFWA – 134519366

Workbook info

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

PLAN INFORMATION

Plan Name: Kaiser Permanente Cascade Vital Gold <<<<This will auto populate from summary sheet macro
Plan ID: 80473WA1000011 <<<<This will auto populate from summary sheet macro
CSR Variant Description: <<<<If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: Pass

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

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

Testing Options

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

Column Options
Update Columns
Hide/Unhide All Columns

No Errors found?
TRUE

Results By Benefit Classification

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

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

Ben

Click>>>>

[Home](#)

Errors found:

[G](#)

<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OGN	Move to OP INN	Move to OP-OV INN	Move to OP-AG INN
Move to DP OGN	Move to OP-OV OGN	Move to OP-AG OGN	Move to ER	Move to RA

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification	(3a) Outpatient - Office Visits, In-Network (OP-OV INN)					Ben
Notes:	Use this table if you are separately testing outpatient office visits and all other outpatient services.					
Classification	Outpatient - Office Visit	OP-OV				
Network (In/Out)	In-Network	INN				
Classification Code	3a	OP-OV INN		Number of Rows	5	I
Table Name	BS_OP OV INN_P1					CI
For each cost share, if it does not apply, enter "N/A"						
Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	No Cost-Share (If true, enter "x")
Primary Care Visit to Treat an Injury or Illness	copay	\$1,303,214.11	N/A	\$15.00	N/A	\$8,800.00
Urgent Care	copay	\$472,653.87	N/A	\$35.00	N/A	\$8,800.00
Adult Vision Exams	copay	\$385,857.55	N/A	\$25.00	N/A	\$8,800.00
Specialist Visit	copay	\$1,003,990.51	N/A	\$40.00	N/A	\$8,800.00
Preventive Care (Screenings/Immunizations)	no charge	\$836,562.55	N/A	N/A	N/A	x
Total Row		\$3,580,258.44				

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3a) Outpatient - Office Visits, In-Network (OP-OV INN)

Cost Share Type	MHSUD Cost Shares "In Plan Design"	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$15.00	\$35.00	Pass
Coinsurance	N/A	\$8,800.00	Pass
OPPM	\$8,800.00	\$8,800.00	Pass
Overall			Pass

Enter Footnotes (as needed) below
x

*If not applicable, enter "N/A"

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

Deductible	\$0.00	0.00%	Fail
Copayment	\$2,743,695.89	76.63%	OP-OV INN Copayment
Coinsurance	\$0.00	0.00%	Fail
OPPM	\$2,743,695.89	76.63%	OP-OV INN (OPPM)
Total Projected	\$3,580,258.44		

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			
	\$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	\$1,267,051.46	46.38%	\$35.00	
\$35.00	\$472,653.87	17.23%	\$35.00	
\$40.00	\$1,003,990.51	36.59%		
	\$0.00			
Total	\$2,743,695.89	100.00%		

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

Errors found: 0

Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.

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

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

Errors found: 0

Applies to substantially all medical/surgical benefits in this classification. ENTER different oppm amounts from smallest to largest.

OPPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$8,800.00	\$2,743,695.89	100.00%	\$8,800.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$2,743,695.89	100.00%		

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

Click>>>>>>

None

Errors found:

0

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

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

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

Notes:

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

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	In-Network	INN
Classification Code	3b	OP-AO INN
Table Name	(B1) OPAGINN_P1	

Number of Rows 8

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

Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OOPM)	No Cost Share (If true, enter "X")
Laboratory Outpatient and Professional Services	copay	\$451,638.31	N/A	\$30.00	N/A	\$8,800.00	
X-rays and Diagnostic Imaging	copay	\$421,361.77	N/A	\$30.00	N/A	\$8,800.00	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center) and Outpatient Surgery Physician/Surgical Services	after deductible, then copay	\$8,382,462.13	\$1,900.00	\$425.00	N/A	\$8,800.00	
Imaging (CT/PET Scans, MRIs)	after deductible, then copay	\$369,496.74	\$1,900.00	\$300.00	N/A	\$8,800.00	
Outpatient Other	after deductible, then coinsurance	\$652,807.81	\$1,900.00	N/A	20%	\$8,800.00	
Hospice	no charge	\$22,836.39	N/A	N/A	N/A	\$8,800.00	x
Preventive Care - nonoffice visit	no charge	\$496,416.62	N/A	N/A	N/A	\$8,800.00	x
Telemedicine Speech	copay	\$449,217.23	N/A	\$30.00	N/A	\$8,800.00	
Virtual Visits	no charge	\$948,746.01	N/A	N/A	N/A	\$8,800.00	x
Total Row		\$12,394,493.09					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

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

Cost Share Type	MHSUD Cost Shares In Plan Design	Predominant Level for Medical Benefits	MHSUD Financial Parity Result
Deductible	N/A	\$1,900.00	Pass
Copayment	\$15.00	\$425.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$8,800.00	\$8,800.00	Pass
Overall			Pass

Enter Footnotes (as needed) below

*If not applicable, enter "N/A"

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

Deductible	\$9,404,766.68	75.88%	OP-AO INN Deductible
Copayment	\$10,074,186.19	81.28%	OP-AO INN Copayment
Coinsurance	\$652,807.81	5.27%	Fail
OOPM	\$12,394,493.09	100.00%	OP-AO INN OOPM
Total Projected	\$12,394,493.09		

Step 2 Predominant Level

Deductible — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found: 0

Applies to substantially all medical/surgical benefits in this classification.

ENTER different deductible amounts from smallest to largest.

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$1,900.00	\$9,404,766.68	100.00%	\$1,900.00	
\$0.00	\$0.00			
Total	\$9,404,766.68	100.00%		

Copayment — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found: 0

Applies to substantially all medical/surgical benefits in this classification.

ENTER different copayment amounts from smallest to largest.

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$30.00	\$1,322,217.32	13.12%	\$30.00	
\$300.00	\$369,496.74	3.67%	\$300.00	
\$425.00	\$8,382,462.13	83.21%	\$425.00	
\$0.00	\$0.00			
Total	\$10,074,186.19	100.00%		

Coinsurance — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found: 0

Does not apply to substantially all medical/surgical benefits in this classification.

DELETE any values in the left-hand column below.

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

OOPM — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found: 0

Applies to substantially all medical/surgical benefits in this classification.

ENTER different oopm amounts from smallest to largest.

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$8,800.00	\$12,394,493.09	100.00%	\$8,800.00	
\$0.00	\$0.00			
\$0.00	\$0.00			
\$0.00	\$0.00			
Total	\$12,394,493.09	100.00%		

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

Issuer / Market: Kaiser Foundation Health Plan of Washington
Market: Individual
State Filing Tracking Number: KFWA – 134519366

Workbook info
Link back to Summary Sheet
User Inputs Cell Format
See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: **VisitPlus Silver 4500** <<<<This will auto populate from summary sheet macro
Plan ID: **80473WA1000012** <<<<This will auto populate from summary sheet macro
CSR Variant Description: <<<<If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: **Pass**

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

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

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

Column Options
Update Columns
Hide/Unhide All Columns

No Errors found?
TRUE

Results By Benefit Classification

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

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

Ben

Click>>>>

[Home](#)

Errors found:

0

<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OGN	Move to OP INN	Move to OP-OV INN	Move to OP-AG INN
Move to DP OGN	Move to OP-OV OGN	Move to DP-AG OGN	Move to ER	Move to RA

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification	(3a) Outpatient - Office Visits, In-Network (OP-OV INN)					Ben	
Notes:	Use this table if you are separately testing outpatient office visits and all other outpatient services.						
Classification	Outpatient - Office Visit	OP-OV					
Network (In/Out)	In-Network	INN					
Classification Code	3a	OP-OV INN		Number of Rows	5		
Table Name	001_OP OV INN_P1						
For each cost share, if it does not apply, enter "N/A".							
Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OOPM)	No Cost-Share (If true, enter "x")
Primary Care Visit to Treat an Injury or Illness	copay	\$421,358.58	N/A	\$35.00	N/A	\$9,800.00	
Urgent Care	copay	\$180,851.88	N/A	\$85.00	N/A	\$9,800.00	
Adult Vision Exams	copay	\$63,454.50	N/A	\$25.00	N/A	\$9,800.00	
Specialist Visit	copay	\$384,317.81	N/A	\$85.00	N/A	\$9,800.00	
Preventive Care (Screenings/Immunizations)	no charge	\$320,094.69	N/A	N/A	N/A	N/A	x
Total Row		\$1,369,917.54					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3a) Outpatient - Office Visits, In-Network (OP-OV INN)

Cost Share Type	MHSUD Cost Shares "In Plan Design"	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$35.00	\$85.00	Pass
Coinsurance	N/A	\$9,800.00	Pass
OOPM	\$9,800.00	\$9,800.00	Pass
Overall			Pass

Enter Footnotes (as needed) below
x

*If not applicable, enter "N/A"

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

Deductible	\$0.00	0.00%	Fail
Copayment	\$1,049,822.83	76.63%	OP-OV INN Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$1,049,822.83	76.63%	OP-OV INN OOPM
Total Projected	\$1,369,917.54		

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			
	\$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
\$35.00	\$484,813.09	46.38%	\$35.00	
\$85.00	\$565,009.80	53.82%	\$85.00	
	\$0.00			
	\$0.00			
Total	\$1,049,822.83	100.00%		

Coinsurance — (3a) Outpatient - Office Visits, In-Network (OP-OV INN)	Errors found:	0
Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.		

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

OOPM — (3a) Outpatient - Office Visits, In-Network (OP-OV INN)	Errors found:	0
Applies to substantially all medical/surgical benefits in this classification. ENTER different oopm amounts from smallest to largest.		

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$9,800.00	\$1,049,822.83	100.00%	\$9,800.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$1,049,822.83	100.00%		

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

Click>>>>>>

None

Errors found:

0

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

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

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

Notes:

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

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	In-Network	INN
Classification Code	3b	OP-AO INN
Table Name	(B1) OPAGINN_P1	

Number of Rows 8

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

Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OOPM)	No Cost Share (If true, enter ">")
Laboratory Outpatient and Professional Services	copay	\$171,803.12	N/A	\$60.00	N/A	\$9,800.00	
X-rays and Diagnostic Imaging	copay	\$561,257.51	N/A	\$75.00	N/A	\$9,800.00	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center) and Outpatient Surgery Physician/Surgical Services	after deductible, then copay	\$3,207,389.10	\$4,500.00	\$600.00	N/A	\$9,800.00	
Imaging (CT/PET Scans, MRI)	after deductible, then coinsurance	\$141,380.81	\$4,500.00	N/A	30%	\$9,800.00	
Outpatient Other	after deductible, then coinsurance	\$249,794.45	\$4,500.00	N/A	30%	\$9,800.00	
Hospice	no charge	\$8,737.80	N/A	N/A	N/A	N/A	x
Preventive Care - nonoffice visit	no charge	\$266,470.52	N/A	N/A	N/A	N/A	x
Telemedicine Speech	copay	\$171,804.40	N/A	\$75.00	N/A	\$9,800.00	
Virtual Visits	no charge	\$162,828.27	N/A	N/A	N/A	N/A	x
Total Row		\$4,742,516.16					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

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

Cost Share Type	MHSUD Cost Shares In Plan Budget	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	\$4,500.00	\$4,500.00	Pass
Copayment	\$600.00	\$600.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$9,800.00	\$9,800.00	Pass
Overall			Pass

Enter Footnotes (as needed) below

*If not applicable, enter "N/A"

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

Deductible	\$3,598,554.42	75.88%	OP-AO INN Deductible
Copayment	\$3,713,514.15	78.30%	OP-AO INN Copayment
Coinsurance	\$391,165.32	8.25%	Fail
OOPM	\$4,104,479.47	86.51%	OP-AO INN OOPM
Total Projected	\$4,742,516.16		

Step 2 Predominant Level

Deductible — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found:

0

Applies to substantially all medical/surgical benefits in this classification. ENTER different deductible amounts from smallest to largest.

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$4,500.00	\$3,598,554.42	100.00%	\$4,500.00	
	\$0.00			
Total	\$3,598,554.42	100.00%		

Copayment — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found:

0

Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$60.00	\$171,803.12	4.65%	\$60.00	
\$75.00	\$333,121.92	8.97%	\$75.00	
\$600.00	\$3,207,389.10	86.38%	\$600.00	
	\$0.00			
Total	\$3,713,514.15	100.00%		

Coinsurance — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found:

0

Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.

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

OOPM — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found:

0

Applies to substantially all medical/surgical benefits in this classification. ENTER different oopm amounts from smallest to largest.

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$9,800.00	\$4,104,479.47	100.00%	\$9,800.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$4,104,479.47	100.00%		

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

Issuer / Market: Kaiser Foundation Health Plan of Washington
Market: Individual
State Filing Tracking Number: KFWA – 134519366

Workbook info
Link back to Summary Sheet
User Inputs Cell Format
See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: Gold HSA
Plan ID: 80473WA1000013
CSR Variant Description:
<<<<This will auto populate from summary sheet macro
<<<<This will auto populate from summary sheet macro
<<<<If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: Pass

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

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

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

Column Options
Update Columns
Hide/Unhide All Columns

No Errors found?
TRUE

Results By Benefit Classification

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

Click>>>>

[Home](#)

Errors found:

0

<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OGN	Move to OP INN	Move to OP-OV INN	Move to OP-AG INN
Move to DP OGN	Move to OP-OV OGN	Move to OP-AG OGN	Move to ER	Move to RA

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification	(3a) Outpatient - Office Visits, In-Network (OP-OV INN)					Ben
Notes:	Use this table if you are separately testing outpatient office visits and all other outpatient services.					
Classification	Outpatient - Office Visit	OP-OV				
Network (In/Out)	In-Network	INN				
Classification Code	3a	OP-OV INN				
Table Name	BS_OP OV INN_P1					
For each cost share, if it does not apply, enter "N/A"						
Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OOPM)
Primary Care Visit to Treat an Injury or Illness	after deductible, then copay	\$130,051.54	\$2,100.00	\$15.00	N/A	\$6,100.00
Urgent Care	after deductible, then copay	\$55,819.63	\$2,100.00	\$45.00	N/A	\$6,100.00
Adult Vision Exams	after deductible, then copay	\$25,585.11	\$2,100.00	\$25.00	N/A	\$6,100.00
Specialist Visit	after deductible, then copay	\$128,569.65	\$2,100.00	\$30.00	N/A	\$6,100.00
Preventive Care (Screenings/Immunizations)	no charge	\$98,796.63	N/A	N/A	N/A	N/A
Total Row		\$422,822.50				

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 as Plan Design*	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	\$2,100.00	\$2,100.00	Pass
Copayment	\$15.00	\$30.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$6,100.00	\$6,100.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Enter footnotes (as needed) about:
xx

Step 1 Substantially All (i.e., ≥ 5% of medical/surgical benefits)

Deductible	\$324,025.87	76.63%	OP-OV INN Deductible
Copayment	\$324,025.87	76.63%	OP-OV INN Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$324,025.87	76.63%	OP-OV INN OOPM
Total Projected	\$422,822.50		

Step 2 Predominant Level

Deductible — (3a) Outpatient - Office Visits, In-Network (OP-OV 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
\$2,100.00	\$324,025.87	100.00%	\$2,100.00	
\$0.00				
Total	\$324,025.87	100.00%		

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	\$149,636.63	46.18%	\$15.00	
\$30.00	\$118,569.65	36.39%	\$30.00	
\$45.00	\$55,819.63	17.33%		
\$0.00				
Total	\$324,025.87	100.00%		

Coinsurance — (3a) Outpatient - Office Visits, In-Network (OP-OV INN)	Errors found:	0
Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.		

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

OOPM — (3a) Outpatient - Office Visits, In-Network (OP-OV INN)	Errors found:	0
Applies to substantially all medical/surgical benefits in this classification. ENTER different oopm amounts from smallest to largest.		

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$6,100.00	\$324,025.87	100.00%	\$6,100.00	
\$0.00				
\$0.00				
Total	\$324,025.87	100.00%		

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

Click>>>>>

[Home](#)

Errors found:

0

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

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

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

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

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	In-Network	INN
Classification Code	3b	OP-AO INN
Table Name	(B1) OPACINN_P1	

Number of Rows8

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

Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OOPM)	No Cost Share (If true, enter ">")
Laboratory Outpatient and Professional Services	after deductible, then coinsurance	\$53,335.34	\$2,100.00	N/A	20%	\$6,100.00	
X-rays and Diagnostic Imaging	after deductible, then coinsurance	\$49,765.69	\$2,100.00	N/A	20%	\$6,100.00	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center) and Outpatient Surgery Physician/Surgical Services	after deductible, then coinsurance	\$989,954.69	\$2,100.00	N/A	20%	\$6,100.00	
Imaging (CT/PET Scans, MRI)	after deductible, then coinsurance	\$43,696.94	\$2,100.00	N/A	20%	\$6,100.00	
Outpatient Other	after deductible, then coinsurance	\$77,095.51	\$2,100.00	N/A	20%	\$6,100.00	
Hospice	after deductible, then coinsurance	\$2,696.94	\$2,100.00	N/A	0%	\$6,100.00	
Preventive Care - nonoffice visit	no charge	\$82,245.63	N/A	N/A	N/A	N/A	x
Rehabilitative Speech, Virtual Visits	after deductible, then coinsurance	\$13,051.80	\$2,100.00	N/A	20%	\$6,100.00	
	no charge	\$13,989.27	N/A	N/A	N/A	N/A	x
Total Row		\$1,463,768.80					

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 Share, as Plan Design*	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	\$2,100.00	\$2,100.00	Pass
Copayment	N/A	Fail	Pass
Coinsurance	20%	20%	Pass
OOPM	\$6,100.00	\$6,100.00	Pass
Overall			Pass

*If not applicable, enter "N/A".

Step 1 Substantially All (i.e., ≥ ½ of medical/surgical benefits)

Deductible	\$1,269,536.90	86.73%	OP-AO INN Deductible
Copayment	\$0.00	0.00%	Fail
Coinsurance	\$1,266,839.96	86.55%	OP-AO INN Coinsurance
OOPM	\$1,269,536.90	86.73%	OP-AO INN OOPM
Total Projected	\$1,463,768.80		

Enter Footnotes (as needed) about:
xx

Step 2 Predominant Level

Deductible — (3b) Outpatient - All Other, In-Network (OP-AO INN) Errors found: 0
Applies to substantially all medical/surgical benefits in this classification.
ENTER different deductible amounts from smallest to largest.

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$2,100.00	\$1,269,536.90	100.00%	\$2,100.00	
\$0.00				
Total	\$1,269,536.90	100.00%		

Copayment — (3b) Outpatient - All Other, In-Network (OP-AO INN) Errors found: 0
Does not apply to substantially all medical/surgical benefits in this classification.
DELETE any values in the left-hand column below.

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

Coinsurance — (3b) Outpatient - All Other, In-Network (OP-AO INN) Errors found: 0
Applies to substantially all medical/surgical benefits in this classification.
ENTER different coinsurance amounts from smallest to largest.

Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
20%	\$1,266,839.96	86.37%	20%	
	\$2,696.94	0.21%		
	\$2,696.94	0.21%		
	\$2,696.94	0.21%		
Total	\$1,274,930.78	100.00%		

OOPM — (3b) Outpatient - All Other, In-Network (OP-AO INN) Errors found: 0
Applies to substantially all medical/surgical benefits in this classification.
ENTER different oopm amounts from smallest to largest.

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$6,100.00	\$1,269,536.90	100.00%	\$6,100.00	
\$0.00				
\$0.00				
Total	\$1,269,536.90	100.00%		

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

Issuer / Market: Kaiser Foundation Health Plan of Washington
Market: Individual
State Filing Tracking Number: KFWA – 134519366

Workbook info
Link back to Summary Sheet
User Inputs Cell Format
See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: **VisitPlus Gold LD** <<<<This will auto populate from summary sheet macro
Plan ID: **80473WA1000014** <<<<This will auto populate from summary sheet macro
CSR Variant Description: <<<<If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: **Pass**

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

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

Testing Options

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

Column Options
Update Columns
Hide/Unhide All Columns

No Errors found?
TRUE

Results By Benefit Classification

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

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

Ben

Click>>>>

[Home](#)

Errors found:

0

<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OGN	Move to OP INN	Move to OP-OV INN	Move to OP-AG INN
Move to DP OGN	Move to OP-OV OGN	Move to DP-AG OGN	Move to ER	Move to RA

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification	(3a) Outpatient - Office Visits, In-Network (OP-OV INN)		Ben
Notes:	Use this table if you are separately testing outpatient office visits and all other outpatient services.		
Classification	Outpatient - Office Visit	OP-OV	
Network (In/Out)	In-Network	INN	
Classification Code	3a	OP-OV INN	
Table Name	001_OP OV INN_P1		
For each cost share, if it does not apply, enter "N/A"			
Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible Copayment Coinsurance Out-of-Pocket Maximum (OOPM) No Cost-Share (if true, enter "x")
Primary Care Visit to Treat an Injury or Illness	copay	\$193,800.05	N/A \$10.00 N/A \$7,500.00
Urgent Care	copay	\$80,323.07	N/A \$40.00 N/A \$7,500.00
Adult Vision Exams	copay	\$26,884.21	N/A \$20.00 N/A \$7,500.00
Specialist Visit	copay	\$174,967.04	N/A \$40.00 N/A \$7,500.00
Preventive Care (Screenings/Immunizations)	no charge	\$145,705.77	N/A N/A N/A x
Total Row		\$623,580.74	

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3a) Outpatient - Office Visits, In-Network (OP-OV INN)

Cost Share Type	MHSUD Cost Shares "In Plan Design"	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$10.00	\$40.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$7,500.00	\$7,500.00	Pass
Overall			Pass

Enter Footnotes (as needed) below
x

*If not applicable, enter "N/A"

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

Deductible	\$0.00	0.00%	Fail
Copayment	\$477,874.98	76.83%	OP-OV INN Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$477,874.98	76.83%	OP-OV INN OOPM
Total Projected	\$623,580.74		

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
\$10.00	\$230,694.88	46.18%	\$10.00	
\$40.00	\$257,190.10	53.82%	\$40.00	
	\$0.00			
Total	\$477,874.98	100.00%		

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

Errors found: 0

Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.

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

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

Errors found: 0

Applies to substantially all medical/surgical benefits in this classification. ENTER different oopm amounts from smallest to largest.

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$7,500.00	\$477,874.98	100.00%	\$7,500.00	
	\$0.00			
	\$0.00			
Total	\$477,874.98	100.00%		

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

Click>>>>>>

None

Errors found:

0

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

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

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

Notes:

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

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	In-Network	INN
Classification Code	3b	OP-AO INN
Table Name	(B) OPAGINN_P1	

Number of Rows 8

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

Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OOPM)	No Cost Share (If true, enter ">")
Laboratory Outpatient and Professional Services	copay	\$78,659.26	N/A	\$40.00	N/A	\$7,500.00	
X-rays and Diagnostic Imaging	copay	\$73,394.64	N/A	\$40.00	N/A	\$7,500.00	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center) and Outpatient Surgery Physician/Surgical Services	after deductible, then copay	\$1,459,990.13	\$500.00	\$400.00	N/A	\$7,500.00	
Imaging (CT/PET Scans, MRI)	after deductible, then coinsurance	\$64,355.98	\$500.00	N/A	30%	\$7,500.00	
Outpatient Other	after deductible, then coinsurance	\$113,700.84	\$500.00	N/A	30%	\$7,500.00	
Hospice	no charge	\$3,577.48	N/A	N/A	N/A	N/A	x
Preventive Care - nonoffice visit	no charge	\$121,296.27	N/A	N/A	N/A	N/A	x
Rehabilitative Speech	no charge	\$78,241.06	N/A	\$35.00	N/A	\$7,500.00	
Virtual Visits	no charge	\$165,157.91	N/A	N/A	N/A	N/A	x
Total Row		\$2,158,773.55					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

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

Cost Share Type	MHSUD Cost Shares In Plan Design	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	\$500.00	\$500.00	Pass
Copayment	\$400.00	\$400.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$7,500.00	\$7,500.00	Pass
Overall			Pass

Enter Footnotes (as needed) below

*If not applicable, enter "N/A"

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

Deductible	\$1,638,046.95	75.88%	OP-AO INN Deductible
Copayment	\$1,690,285.09	78.30%	OP-AO INN Copayment
Coinsurance	\$178,056.82	8.25%	Fail
OOPM	\$1,868,341.91	86.51%	OP-AO INN OOPM
Total Projected	\$2,158,773.55		

Step 2 Predominant Level

Deductible — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found: 0

Applies to substantially all medical/surgical benefits in this classification.

ENTER different deductible amounts from smallest to largest.

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$500.00	\$1,638,046.95	100.00%	\$500.00	
	\$0.00			
Total	\$1,638,046.95	100.00%		

Copayment — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found: 0

Applies to substantially all medical/surgical benefits in this classification.

ENTER different copayment amounts from smallest to largest.

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$35.00	\$78,241.06	4.63%	\$35.00	
\$40.00	\$152,053.90	9.00%	\$40.00	
\$400.00	\$1,459,990.13	86.38%	\$400.00	
	\$0.00			
Total	\$1,690,285.09	100.00%		

Coinsurance — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found: 0

Does not apply to substantially all medical/surgical benefits in this classification.

DELETE any values in the left-hand column below.

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

OOPM — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found: 0

Applies to substantially all medical/surgical benefits in this classification.

ENTER different oopm amounts from smallest to largest.

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$7,500.00	\$1,868,341.91	100.00%	\$7,500.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$1,868,341.91	100.00%		

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

Issuer / Market: Kaiser Foundation Health Plan of Washington
Market: Individual
State Filing Tracking Number: KFWA – 134519366

Workbook info
Link back to Summary Sheet
User Inputs Cell Format
See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: **VisitPlus Silver X** <<<<This will auto populate from summary sheet macro
Plan ID: **80473WA1000015** <<<<This will auto populate from summary sheet macro
CSR Variant Description: <<<<If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: **Pass**

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

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

Testing Options

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

Column Options
Update Columns
Hide/Unhide All Columns

No Errors found?
TRUE

Results By Benefit Classification

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

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

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OGN	Move to OP INN	Move to OP-OV INN	Move to OP-AG INN
Move to OP OGN	Move to OP-OV OGN	Move to OP-AG OGN	Move to ER	Move to RA

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification	(3a) Outpatient - Office Visits, In-Network (OP-OV INN)	Ben
Notes:	Use this table if you are separately testing outpatient office visits and all other outpatient services.	
Classification	Outpatient - Office Visit	
Network (In/Out)	INN	
Classification Code	3a	Number of Rows 5
Table Name	001_OP OV INN_P1	

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

Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OOPM)	No Cost-Share (If true, enter "x")
Primary Care Visit to Treat an Injury or Illness	copay	\$31,750.00	N/A	\$15.00		N/A	\$5,200.00
Urgent Care	copay	\$13,631.63	N/A	\$60.00		N/A	\$5,200.00
Adult Vision Exams	copay	\$4,782.85	N/A	\$25.00		N/A	\$9,200.00
Specialist Visit	copay	\$28,955.70	N/A	\$60.00		N/A	\$9,200.00
Preventive Care (Screenings/Immunizations)	no charge	\$24,124.97	N/A			N/A	x
Total Row		\$103,256.83					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3a) Outpatient - Office Visits, In-Network (OP-OV INN)

Cost Share Type	MHSUD Cost Shares (in Plan Design)	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$15.00	\$60.00	Pass
Coinsurance	N/A	\$9,200.00	Pass
OOPM	\$9,200.00	\$9,200.00	Pass
Overall			Pass

Enter Footnotes
(as needed) below
x

*If not applicable, enter "N/A"

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

Deductible	\$0.00	0.00%	Fail
Copayment	\$79,129.80	76.63%	OP-OV INN Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$79,129.80	76.63%	OP-OV INN (OOPM)
Total Projected	\$103,256.83		

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			
	\$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	\$36,542.53	46.18%	\$15.00	
\$60.00	\$28,955.70	36.59%	\$60.00	
\$60.00	\$13,631.63	17.23%		
	\$0.00			
Total	\$79,129.80	100.00%		

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

Errors found: 0

Does not apply to substantially all medical/surgical benefits in this classification.
DELETE any values in the left-hand column below.

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

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

Errors found: 0

Applies to substantially all medical/surgical benefits in this classification.
ENTER different oopm amounts from smallest to largest.

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$9,200.00	\$79,129.80	100.00%	\$9,200.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$79,129.80	100.00%		

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

Click>>>>

[Home](#)

Errors found:

0

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

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (3b) Outpatient - All Other, In-Network (OP-AO INN)
Notes: Use this table if you are separately testing outpatient office visits and all other outpatient services.

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	In-Network	INN
Classification Code	3b	OP-AO INN
Table Name	(B1) OPAGINN_P1	

Number of Rows 8

Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OOPM)	No Cost-Share (If true, enter ">")
Laboratory Outpatient and Professional Services	copay	\$13,024.95	N/A	\$60.00	N/A	\$9,200.00	
X-rays and Diagnostic Imaging	copay	\$12,553.19	N/A	\$60.00	N/A	\$9,200.00	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center) and Outpatient Surgery Physician/Surgical Services	after deductible, then copay	\$242,755.31	\$2,500.00	\$600.00	N/A	\$9,200.00	
Imaging (CT/PET Scans, MRIs)	after deductible, then coinsurance	\$20,656.54	\$2,500.00	N/A	35%	\$9,200.00	
Outpatient Other	after deductible, then coinsurance	\$18,827.37	\$2,500.00	N/A	35%	\$9,200.00	
Hospice	no charge	\$608.62	N/A	N/A	N/A	N/A	x
Preventive Care - nonoffice visit	no charge	\$20,083.08	N/A	N/A	N/A	N/A	x
Rehabilitative Speech	copay	\$12,955.70	N/A	\$65.00	N/A	\$9,200.00	
Virtual Visits	no charge	\$27,347.99	N/A	N/A	N/A	N/A	x
Total Row		\$357,464.72					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

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

Cost Share Type	MHSUD Cost Shares In Plan Budget	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	\$2,500.00	\$2,500.00	Pass
Copayment	\$600.00	\$600.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$9,200.00	\$9,200.00	Pass
Overall			Pass

Enter Footnotes (as needed) below

*If not applicable, enter "N/A"

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

Deductible	\$271,239.19	75.88%	OP-AO INN Deductible
Copayment	\$279,889.15	78.30%	OP-AO INN Copayment
Coinsurance	\$29,483.89	8.25%	Fail
OOPM	\$309,372.03	86.51%	OP-AO INN OOPM
Total Projected	\$357,464.72		

Step 2 Predominant Level

Deductible — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found: 0				
Applies to substantially all medical/surgical benefits in this classification. ENTER different deductible amounts from smallest to largest.				
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$2,500.00	\$271,239.19	100.00%	\$2,500.00	
	\$0.00			
Total	\$271,239.19	100.00%		

Copayment — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found: 0				
Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.				
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$60.00	\$25,176.14	9.00%	\$60.00	
\$65.00	\$12,955.70	4.63%	\$65.00	
\$600.00	\$241,755.31	86.38%	\$600.00	
	\$0.00			
Total	\$279,889.15	100.00%		

Coinsurance — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found: 0				
Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.				
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

OOPM — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found: 0				
Applies to substantially all medical/surgical benefits in this classification. ENTER different oopm amounts from smallest to largest.				
OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$9,200.00	\$309,372.03	100.00%	\$9,200.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$309,372.03	100.00%		

Kaiser Foundation Health Plan of Washington
Individual Rate Filing Effective January 1, 2026
Part III - Actuarial Memorandum and Certification

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1. Purpose and Scope

This document contains the Part III Rate Filing Documentation and Actuarial Memorandum for the Kaiser Foundation Health Plan of Washington (KFHPWA) Affordable Care Act (ACA) compliant individual products in Washington State. Plans and premium rates presented in this filing are offered with an effective date of January 1, 2026, and are guaranteed through December 31, 2026.

This document provides justifications for the assumptions, data and methodologies used to develop the inputs, rating elements, and resulting premium increase in the Part I Unified Rate Review Template (URRT). This filing is not to be used for any other purposes.

The rates in this filing are determined in accordance with sound and commonly accepted actuarial principles. The rates are reasonable and not excessive, inadequate nor unfairly discriminatory. The information contained in this memorandum and accompanying Part III Rate Filing Memorandum Exhibits is sufficient to demonstrate the above to an actuary qualified in the same practice area in which the filing is made.

2. General Information

Company Information

Company Legal Name: Kaiser Foundation Health Plan of Washington
State: Washington
HIOS Issuer ID: 80473
Market: Individual
Effective Date: January 1, 2026

Company Contact Information

Contact Name: John-Pierre Cardenas
Contact Telephone number: (213) 509-6503
Contact Email Address: john-pierre.x.cardenas@kp.org

This filing contains seventeen plans; twelve renewing plans and five new ones. KFHPWA offers these plans in seventeen WA counties. The plan offerings by exchange status and counties are summarized below.

Plan Name	HIOS Plan ID	Exchange Status
Basics Plus Catastrophic	80473WA0540001	In the exchange
Bronze HSA	80473WA0780001	In the exchange
Silver HSA	80473WA0780002	Outside the exchange
Bronze HSA X	80473WA0780003	Outside the exchange
VisitsPlus Bronze	80473WA0990001	Both inside and outside the exchange
Bronze	80473WA0990003	Outside the exchange
VisitsPlus Silver	80473WA1000001	In the exchange
VisitsPlus Gold	80473WA1000002	Both inside and outside the exchange
VisitsPlus Silver HD	80473WA1000004	Outside the exchange
Kaiser Permanente Cascade Complete Gold	80473WA1000005	In the exchange
Kaiser Permanente Cascade Silver	80473WA1000006	In the exchange
Kaiser Permanente Cascade Bronze	80473WA1000007	In the exchange
Kaiser Permanente Cascade Vital Gold	80473WA1000011	In the exchange
VisitsPlus Silver 4500	80473WA1000012	Outside the exchange
Gold HSA	80473WA1000013	In the exchange
VisitsPlus Gold LD	80473WA1000014	In the exchange
VisitsPlus Silver X	80473WA1000015	Outside the exchange

3. Proposed Rate Increases

As of March 2025, there were 40,266 enrollees that will be impacted by the 2026 rate change. The overall average increase requested in the UPMJ attached to this filing is 19.2 percent. Taking into account the mapping of members in Silver Loaded 70% AV and 73% AV plans to Gold plans, the average rate increase is 12.8 percent. The rate increase varies by plan, from a minimum of -19.0 percent to a maximum of 86.7 percent. Apart from the Silver loaded and Catastrophic plans, increases range between -0.87 percent and 10.7 percent. The variance is driven by cost share changes, pricing actuarial value updates, and changes in plan-level adjustments. Final premiums charged to our members will vary based on age, geographic area, and family composition.

The main components driving the rate changes are:

Change from 2025 Filing	Increase
Impact of actual vs projected 2024 claims	9.3%
Impact of 2026 claims trend	8.1%
Impact of Worksheet 1non-trend projection factors	+5.5%
Impact of Cost Sharing and Benefit Leveraging	+1.3%
Impact of Paid to Allowed Ratio	-5.7%
Impact of Risk Adj and Exchange Fees	-5.6%
Impact of Surplus and Risk	-1.8%
Rate Impact of Major Drivers	+11.1%
Rate Impact of Other Drivers	+1.7%
Rate Change Developed in this Filing	+12.8%
Rate Increase Proposed in UPMJ	+19.2%

A summary of the rate increase components by plan is laid out in more detail in Exhibit 16 and the Uniform Product Modification Justification Q5b attached to this submission.

4. Market Experience

The data in this filing has generally been pulled from KFHPWA systems and internal data sources. We have reviewed it for reasonableness and consistency using internal financial reports by line of business which are reviewed prior to being published and are reconciled to monthly accounting reports and membership operation systems. The financial data in URRT Worksheet 1, Section 1 and the WAC 284-43-6660 summary are consistent as of March 2025.

Data reconciliation for claims, premium and membership between the URRT and across all supporting exhibits for this memo are shown in Exhibit 3a.

4.1 Incurred Claims

The experience period for the single risk pool incurred and allowed claims is January 1, 2024, through December 31, 2024, with runout through March 31, 2025.

All claims are processed through KFHPWA's claims systems except pharmacy claims, which are processed through the claims system of Optum RX, our contracted pharmacy benefit manager. Paid claims are net of cost shares and do not include risk adjustment. Pharmacy claims are net of \$3.1 million of drug rebates. KFHPWA does not receive or retain any prescription drug price concessions beyond the rebate amount stated.

The allowed and paid amounts in Worksheet 1, section 1 are taken directly from reports from the claims systems and are not derived from adding cost shares to paid amounts.

The completion factors used to develop both the paid and allowed IBNR amounts are consistent with the factors developed by our reserving department. Completion factors are developed using KFHPWA's individual line of business claims experience. The methodology provides consideration for both reported and unreported claims and known operational shifts in claims processing. In addition, known seasonal variations are taken into consideration in determining the best liability estimate. Completion factors are developed using recent historical experience and are then used to calculate incurred claims estimates.

Completion as a percentage of incurred claims for the current filing is 1.5 percent.

Buildup of Total 2024 Incurred Claims for URRT Worksheet 1					
	(a) Paid Claims Processed Through Optum Rx	(b) Paid Claims Processed through KFHPWA Claim System	(c) = (a) + (b) Claims Incurred in 2024 and paid through 3/31/2024	(d) IBNR Reserves	(e) = (c) + (d) Total 2024 Incurred [URRT Worksheet 1] ¹
Allowed Amount	\$61,807,396	\$272,564,734	\$334,372,130	\$4,978,633	\$339,350,763
Paid Amount	\$50,703,848	\$226,340,202	\$277,044,050	\$4,201,912	\$281,245,962

4.2. Projected MLR Rebate for the Experience Period:

Kaiser Foundation Health Plan of Washington expects no MLR rebate for 2024 for its individual plans. This is based on the preliminary 2024 MLR information in the Supplemental Health Care forms submitted to the Washington State Office of the Insurance Commissioner.

4.3 Comparison of Filing Data with Supplemental Data Statement

a. Premiums

2024 premiums in URRT Worksheet 2 are calculated using list rates multiplied by total categorized membership . Membership categories include rating categories such as plan, age, area, tobacco use status, and billable children.

The URRT premiums tie to within two percent of the 2024 Supplemental Data Statement premiums. This is demonstrated in Exhibit 23.

The reconciling items 2024 Risk Adjustment for Current Year, 2024 Risk Adjustment for Prior Years, and Statutory Bad Debt Allowance are accounting entries that are not listed as separate amounts in the 2024 Annual Statement.

b. Claims

Claims between the Supplemental Data Statement and the URRT tie to within three hundredths of a percent. We include an adjustment for 2024 External Delivery System (EDS) claims IBNR. Internal Delivery System (IDS) claims IBNR is not a consideration because there is very little in unknown or outstanding claims from KP internal providers due to the integrated nature of the KP medical system.

The EDS 2024 incurred claims are developed using the following process:

¹ Totals may not sum due to rounding for display in this table.

1. Create 2024 EDS incurred claims on a financial statement basis as the sum of 2024 paid claims and the December 2024 financial statement claims reserve less the December 2023 financial statement claims reserve.
2. Calculate 2024 EDS incurred claims on the URRT claims basis as the sum of 2024 paid claims and the December 2024 claims reserve restated as of March 2025 less the December 2023 claims reserve restated as of March 2025.
3. Item e in Exhibit 23 the 2024 Statutory Pension Adjustment is an accounting entry that is not listed as a separate amount in the 2024 Annual Statement.
4. Item f in Exhibit 23 equals the 2024 EDS incurred claims on the financial statement basis less the 2024 EDS incurred claims on the URRT basis.
5. Item g in Exhibit 23 is the result of a contractual medical audit payment for years prior to 2024
6. Item h in Exhibit 23 is the result of a retroactive membership adjustment in the individual line of business that was not accounted for in the supplemental data statement.

c. Membership

The membership differs by 0.6 percent between the URRT membership and the quarterly average of the 2024 Supplemental Data Statement. Contributing to the difference is the fact that the URRT uses retroactive enrollment as of March 2024 while the Additional Data Statement uses static enrollment as of December 2024.

5.0 Benefit Service Category Determination

KFHPWA used Milliman's Health Cost Guidelines (HCG) Grouper to categorize historical claims into the benefit categories in Worksheet 1, Section II. The HCG Grouper uses a combination of HCPCS Codes, Revenue Codes, DRGs, Specialty Codes, Diagnosis Codes, and other indicators to categorize claim-level detail into benefit categories. Milliman updates the HCG Grouper code sets annually to incorporate new HCPCSs, revenue codes, specialty codes, etc., so the classification methodology remains current.

The benefits are categorized as follows:

- **Inpatient Hospital** includes services incurred in inpatient facilities.
- **Outpatient Hospital** includes services incurred in outpatient facilities.
- **Professional Services** includes primary care physician, specialty care physician, chiropractic, physical therapy, pediatric vision exams, and other professional services. This category excludes non-EHB claims for adult vision exams.
- **Other Medical** includes lab and radiology, durable medical equipment, pediatric vision hardware, home health, and other services. This category excludes non-EHB claims for adult vision hardware. The utilization (unit count) for Other Medical services sums the counts of procedures or visits, as appropriate.
- **Capitation** includes services from providers through capitation arrangements. KFHPWA has no claims from capitation arrangements.
- **Prescription Drugs** consists of outpatient drugs obtained via a prescription from a physician, net of pharmacy rebates.

6.0 Projection Factors for URRT Worksheet 1

The following subsections are included to document the data, assumptions, and methodologies that KFHPWA used to develop the Projected Index Rate and Market Adjusted Index Rate in the URRT Worksheet 1, section 2. The layout of this section generally follows the order of the URRT template steps and inputs.

We address our Risk Adjustment analysis for both the 2024 experience period and 2026 projection period separately in Section 7.0. Support for our non-benefit expenses and profit and risk can be found in Section 8.0.

6.1 Trend Selection

Trends are developed from reviewing KFHPWA individual allowed claims experience with consideration of other factors that may impact unit cost and utilization trends in 2026 and 2025 compared to the experience of 2024.

a. Historical Allowed Claims Trends

The OIC Standard Rate Exhibit 4 – Normalized Trend develops 12-month rolling historical average allowed claim trends.

b. Incurred Claims Trends

Incurred claims trends are developed in Exhibit 17 and 18. The incurred trend differs from the allowed trend in that it reflects the impact of leveraging of fixed-cost shares. On Exhibit 17, we demonstrate the process we use to develop the leveraging component applied to calculate incurred trends and how that leveraging component feeds into the WAC. Exhibit 18 demonstrates the impact of EHB and NonEHB on both Allowed and Incurred claims trend along with a summary to show the reconciliation of consistency of trend assumptions across this filing.

c. Final Trend Selections

The projected allowed claim trends are determined with consideration of several factors including: expected expense trends, future fixed costs, membership projections, expected utilization of internal and external services and contractual unit cost increases. For traditional carriers, projected claims trends are developed to project expected costs. However, KFHPWA is unique in the market in that we have both internal delivery system (IDS) claims and external delivery system (EDS) claims.

As an integrated health care provider, a large portion of KFHPWA expenses are comprised of fixed costs associated with providing medical care through our Kaiser-owned facilities. Given the fixed cost structure of KFHPWA, our projected claims costs are driven not only by the changing mix and costs of services by our members, but also by the allocation of medical expenses that are included in our budgeted revenue requirements. We complement our internal and fixed cost trends with unit cost and utilization trend factors that impact our external claims.

We combine expected cost and utilization trends for both IDS and EDS services for the purpose of loading the estimates into the URRT. Trend estimates are established using the entire block of claims for the individual line of business and then balanced back to the overall expected claims trends used in the URRT. We validate reasonability through our internal budget and external cost management departments, including pharmacy and finance.

As discussed above, the paid claims trends listed in accordance with WAC 284-43-6660 are calculated by applying a leveraging factor to the allowed claims trends.

For the PY2026 URRT process we have broken our trends into separate 2025 and 2026 estimates. Unit cost trends were determined in close collaboration with our finance and provider contracting teams. Utilization trends were determined in close collaboration with our medical and pharmacy management teams. Our resulting final trend selections are consistent with KFHPWA budget and revenue planning cycles.

We have selected a combined overall allowed trend assumption of 9.0% percent compared to the observed 12-month rolling trend of 20.8% percent displayed in the OIC Standard Rate Exhibit 4.

Medical Utilization

As we continue to move further out from the COVID years, more hospital beds have become available to the non-Medicare population. We expect inpatient and outpatient utilization and service mix trends to increase

through 2025 and 2026 at a moderate one to two percent, as reflected in Exhibit 18 and URRT Worksheet 1 for the Inpatient and Outpatient hospital EHB category.

We have also observed a rise in utilization and service mix both internally and externally for professional and other services, which we expect to continue through 2026, although not at the same level observed in 2024. The professional and other services utilization trend is selected at one percent for both 2025 and 2026.

Medical Cost per Service

Medical cost per service trend is based on completed as well as expected contractual negotiations. We expect our inpatient medical cost per service to increase by 5.7 percent in 2025 and 12.8 percent in 2026. This is driven by inflation of goods, wages and leveraging our internal fixed costs as drivers for our internal claims and contractual negotiations for our external claims experience.

We selected cost per service trends in Professional and Other Medical services in 2025 at 3.3 percent and 2.5 percent respectively. In 2026 we expect those trends to be 4.3 percent and 3.6 percent.

Pharmacy Trends

The pharmacy trends have been determined through close collaboration with our pharmacy management team. Nearly 90 percent of our pharmacy claims come through as internal claims, so we have significant insight into expected costs and utilization for this EHB category. We expect utilization and script mix to increase by 18 percent in 2025 and seven percent in 2026. These trends are mostly driven by oncology and anti-diabetics, including significant growth in GLP1 medications such as Ozempic.

We expect cost per script trend in 2025 and 2026 to be two percent and seven percent respectively.

Non-EHB Trends

The non-EHB services in this filing represent Adult Vision claims and services. In this filing we assume cost per service trend consistent with our Professional cost per service trend.

This non-EHB benefit is limited to one visit per year, given this limitation we assume zero percent utilization trend.

Administrative Cost Trends

This filing assumes a nine percent administrative cost trend. This value was provided to us by our finance partners through our annual budget and forecasting process. Our administrative costs are expected to increase due to inflation, cost-of-living adjustments to employee compensation and a shrinking membership base. Because a portion of KP administrative costs are fixed, they increase on a PMPM basis as the membership base declines.

6.2. Development of Projected Index Rate

a. Morbidity Changes

This filing assumes that the enhanced premium tax credits that were extended by the Inflation Reduction Act will continue at the end of 2025. However, we have included no additional load in the morbidity assumptions in Worksheet 1. For plan year 2026, there is a mandated 43.5 percent silver load for on-exchange plans, significantly increasing the premium for the benchmark plan and thereby making bronze and gold plans more affordable for members receiving premium subsidies. Between the increased subsidies and the already low uninsured rate in Washington, our best estimate is that neither the population nor its average morbidity will change with the extension of the enhanced premium tax credits.

b. Demographic Shift

The demographic shift is projected to decrease allowed claims by 0.5 percent in 2026. The development of this factor is shown in Exhibit 7. The demographic shift accounts for the differences between the average mix of the population by age and area expected in the projection period compared to the experience period. The membership projected for benefit year 2026 is expected to be less than March 2025.

We used our projected 2026 area factors to model the impact of the 2024 and projected 2026 members by area.

c. Plan Design Changes

Removal of First Fill Pharmacy Program

The First Fill pharmacy program encouraged increased use of KFHPWA owned and operated mail-order pharmacies for filling maintenance drugs by requiring certain maintenance drugs to be filled by mail order after one fill at any network pharmacy. By maximizing existing capacities, resources and infrastructure, the cost for filling maintenance drugs at our internal mail-order operated facilities is much lower than the cost incurred at external retail facilities. This program was removed in all plans except the Virtual Plus plans in 2024. Because the Virtual Plus plans make up only 7 percent of the experience period claims and the impact of this program was not material, we have made no adjustment to remove this impact in 2026.

Advanced Care at Home

In 2024 Kaiser Permanente introduced a program called Advanced Care at Home into some of our plans. The program was discontinued in 2025. We have not made any plan design adjustments for the removal of this program given the limited implementation and immateriality of the savings estimate.

Cost Sharing using Direct Support by Drug Manufacturers

Per 45 CFR §156.130(h), 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 that have a generic equivalent are not required to be counted toward the annual limitation on cost sharing. For covered outpatient prescription drugs (and items covered under drugs in the contract) and obtained at a pharmacy owned and operated by KFHPWA, a member may be able to use approved manufacturer coupons as payment for the cost sharing that a member owes, as allowed under KFHPWA's coupon program. When a member uses an approved coupon for payment of their cost sharing, the coupon amount and any additional payment that they make will accumulate to their deductible and out-of-pocket limit. Because this policy has been in effect for many years, it has no pricing impact on this filing.

Essential Health Benefit Changes

For plan years beginning on or after January 1, 2026, the Washington State Essential Health Benefits are required to include hearing aids, human donor milk and artificial insemination. KFHPWA estimates the impact of the new hearing aid EHB to be 0.2 percent increase to our allowed costs. This load is developed on Exhibit 20. Human donor milk and artificial insemination were analyzed similarly to hearing aids. However, the estimated costs were deemed to be immaterial. Therefore, no load was added for these benefits.

d. Other

The Other Factor loaded into URRT Worksheet 1 represents a benefit selection adjustment developed in Exhibit 5. As discussed in section 10.4, this adjustment ensures the total premium collected is appropriately based on KFHPWA pool experience and not the federal AV calculator.

e. Manual EHB Allowed Claims PMPM

The 2024 KFHPWA individual claims experience is fully credible, so no manual rate adjustments were made.

f. Applied Credibility

KFHPWA uses a claims credibility formula based on the formula used for Medicare. The Medicare credibility formula relies on a principle applicable to any insured block: that if each insured has an independent and identically distributed annual claims amount, then the sum of those claims amounts for a block of business approaches a normal probability function as the number of insureds increases (also known as the Central Limit Theorem). From this, the formula to determine credibility is calculated as the 95 percent probability that the observed mean claims amount is within 10 percent of the actual mean claims amount using a normal probability curve. We choose to apply the same principles in determining full credibility for this Individual rate filing.

Using this credibility threshold, KFHPWA Individual business is fully credible.

See Exhibit 14 for more detailed documentation supporting our credibility standard.

g. Reinsurance

KFHPWA is expected to have a reinsurance program in place for 2026. The program will be administered through Lokahi, which is a captive insurer. Although the 2026 contract is still in negotiation, our expectation is that the program is being underwritten at cost. Because the expected premiums paid are expected to be equal to the claims recovery of the excess stop loss, we have added a net cost of reinsurance of zero to the administrative component of the filing.

h. Projected Member Months

The total projected member months for 2026 reflect KFHPWA 2026 budget membership projections. We scale the membership using March 2025 distribution by plan, area, and age, and made additional adjustments to account for the expected On-Exchange silver membership shift due to the PY2026 CSR Silver Loading Rule. Specifically, we mapped any expected membership enrolled in a base Silver or CSR 73 variant to a Gold on-exchange plan.

i. Projected Index Rate

Adult vision exams are the only non-essential health benefit offered in 2024. The claims were identified through KFHPWA data warehouse benefit categorization for adults aged 19 and older and these claims are excluded from the EHB allowed claims, experience period index rate and the 2026 projected index rate.

j. Market-wide Adjusted Index Rate

The Market-wide Adjusted Index Rate equals the projection period index rate minus the net risk adjustment PMPM (not including the risk adjustment user fee) plus the Exchange fee, both on an allowed basis. The projected allowed claims are calculated as the 2026 projected index rate adjusted for plan specific induced utilization and non-EHB benefits. This calculation is demonstrated in Exhibit 5 and developed as an input for URRT Row 4.11.

7.0 Risk Adjustment

7.1 Experience Period Risk Adjustment

Risk Adjustment Transfer PMPMs including High-Cost Risk Pool payments and charges for the experience period use the projected 2024 ACA Risk Adjustment factors from the Wakely National Risk Adjustment Reporting Project report with experience through December 2024. From the report, "This model has been developed by Wakely Consulting Group for purposes of the National Risk Reporting Project, to assist health plans in preparing data for the ACA risk adjustment program and pricing applicable products."

The certifying actuary finds this to be a reasonable estimate to use until the final payments are determined later this summer.

The High-Cost Risk Pool 2024 estimated charge is set using the final 2023 percentage of premium charge multiplied by the 2024 experience premium.

The High-Cost Risk Pool receipt is set equal to the amount of the projected 2024 charge due to the uncertainty in the amount of receipts.

Billable members exclude children who are not billed (i.e., fourth or more children in a family) while the 2024 member months in Worksheet 1 includes all members. Also, billable member months define a member month as 30 days while Worksheet 1 member months define a member month as a calendar month.

Further details of our 2024 Estimated Risk adjustment and HCRP transfers can be found on Exhibit 10.

7.2 Projected Period Risk Adjustment

The development of our market average premiums for metal and catastrophic plans are shown in Exhibit 10. We adjust the premiums by 14 percent to account for the administrative costs not related to claims. This adjustment is in accordance with the 2026 Notice of Benefit and Payment Parameters.

KFHPWA is the only carrier with a catastrophic plan in the 2024 and 2025 plan years, and we assume that this status will continue into the 2026 plan year. Because of this, we set the 2026 risk adjustment transfer for this plan to zero.

The 2026 risk adjustment projection is based on version 9 of The Wakely National Risk Adjustment Reporting Project report for the claim period from January 2024 to December 2024, paid through December 2024. We made an additional adjustment to lower the projected gold PLRS to account for the expected shift of current silver membership into the gold tier due to the Silver loading rules being enacted for PY2026.

The High-Cost Risk Pool (HCRP) charge is assumed to 0.37 percent of premium based on the final 2023 charge percentage. We believe this is reasonable until the final 2024 HCRP payment details are available later this summer. The future receipts of the HCRP are highly volatile given the million-dollar threshold. Past experience will not necessarily predict future results, so we have set the 2025 HCRP receipt equal to the HCRP charges. Overall, the net impact of the HCRP cost on the pool is zero.

Risk Adjustment Data Validation transfers are not predictable nor consistent and no impact has been forecasted based on RADV transfers in prior years.

The final risk adjustment transfer PMPM amount is converted to an allowed basis and the result is used in the URRT Worksheet 1 to calculate the pool Market Adjusted Index Rate, which is applied equally across all plans.

Further details, including market and plan-level assumptions, development of projected 2026 risk adjustment, and pooled market-level impact on premium can be found in Exhibit 10 along with Exhibit 1 and Exhibit 2.

8.0 Non-Benefit Expenses and Profit & Risk

Kaiser Foundation Health Plan of Washington individual plan's non-benefit expenses along with profit and risk margins are summarized in Exhibit 8.

8.1 Administrative Expense Load

The 2024 KFHPWA statutory operating expense was used as the basis to project the 2026 operating expense. Health care quality expenses are included in the KFHPWA statutory operating expenses. As discussed in section 6.1, we have applied an annual trend of 9.0 percent to generate an operating expense PMPM assumption of \$42.06.

We have included a minimal offset in our admin development to account for investment income we expect to earn during the year. The development of this investment income credit is laid out in Exhibit 8.

Our PY2026 filing develops the administrative expense load as a fixed PMPM load and applies this to all plans. This approach is different from last year. This change is appropriate because it is more consistent with the way in which KFHPWA allocates administrative costs. The approach continues to align with the pool average approach to rating.

8.2 Profit and Risk

Kaiser Foundation Health Plan of Washington's target 2026 contribution to surplus is 2.0 percent. We believe this is an appropriate target given the need to balance membership growth projections and financial results for this line of business.

The contribution to surplus load does not vary by product or plan.

The load for risk and contingency is 1.0 percent. This is consistent with the margin in prior rate filings submissions and does not vary by product or plan.

8.3 Taxes and Fees

Taxes and fees include:

- The Washington State premium tax of 2 percent per RCW 48.14.020.
- The OIC's standard regulatory surcharge per RCW 48.02.190 is 0.0894 percent. However, there have been credits to this charge, so we are using the 2024 charge, including credit, of 0.078844 percent. We expect the credit for 2026 to match the 2024 credit.
- The OIC's standard insurance fraud surcharge is 0.0052 percent. However, there have been credits to this charge, so we are using the 2024 charge, including credit, of 0.00469 percent. We expect the credit for 2026 to match the 2024 credit.
- The ACA carrier tax assessed by the federal government per section 9010 of the ACA was repealed for calendar years after 2020 as part of the Further Consolidated Appropriations Act, 2020. This filing assumes this tax will not be assessed in 2026.
- The Washington State Health Insurance Pool (WSHIP) assessment fee is assessed to carriers for deficits in operating the WA high-risk pool per RCW 48.41.090. The WSHIP load for PY2026 is assumed to be \$0.14 PMPM, consistent with the load for PY2025.
- The ACA PCORI (Patient-Centered Outcomes Research Institute) is assessed by the federal government per section 4375 of the ACA. The projected 2026 fee of \$0.32 PMPM is calculated in Table b on Exhibit 8.
- The 2026 per capita risk adjustment user fee is \$0.20 PMPM²
- The Exchange User fee is the fee paid by carriers to support the operation of the Washington State Exchange. The projected 2026 fee of \$3.63 PMPM is calculated from the 2026 total assessed fee of \$5.11 PMPM multiplied by the percent of KFHPWA individual members expected to enroll through the Exchange in 2026.
- The Washington Partnership Access Line (WAPAL) fee for 2026 is expected to be the same as 2025 at \$0.06 PMPM, per the June 5, 2024 letter from the WAPAL Fund to carriers.
- KFHPWA covers all benefits under state or federal law and any benefit mandated or required by Title 48 RCW or rules adopted by the commissioner, so there is no Mitigating Inequity Fee in this filing.

As a nonprofit enterprise, KFHPWA does not pay federal taxes.

9.0 Projected Medical Loss Ratio

The projected 2026 MLR (Medical Loss Ratio) is 92.7 percent. It was derived using the federally prescribed method presented in the bottom section of Exhibit 7c.

² HHS Notice of Benefit and Payment Parameters for 2026 Final Rule

The 2026 projected community benefit expenditure is set at 2.0% of earned 2026 premium, this assumption is based on support from KFHPWA finance team. See Exhibit 8 for more details.

The projected 2026 loss ratio in Worksheet 2, Section IV is not the same as the 2026 federal MLR, since the Worksheet 2 loss ratio is calculated as incurred claims divided by the sum of risk adjustment and premium.

The list of improving health quality expenses quantified in the 2024 Supplemental Health Care Exhibit includes activities to improve health outcomes, prevent hospital readmissions, improve patient safety, reduce medical errors, promote wellness and health, and related health information technology expenses.

10.0 Application of Market Reform Rating Rules

10.1 Single Risk Pool

The single risk pool used in this filing conforms to the requirements of 45 CFR 156.80 and the requirements delineated in Part III Actuarial Memorandum instructions of the 2026 Unified Rate Review Instructions. The single risk pool includes all 2024 KFHPWA individual plan members for every metal level and subsidy level for all product/plan combinations for KFHPWA in the state of Washington. The experience includes data for the American Indian/Alaska Native (AIAN) population per the 2026 WA OIC checklist instructions.

10.2 Index Rate

The impact of projection changes between 2024 and 2026 develops the Projected Index Rate (PIR) and loaded into the URRT Worksheet 1 as described in Section 6.2 above and demonstrated in Exhibit 1.

10.3 Market Adjusted Index Rate

The Market Adjusted Index Rate (MAIR) for the projection period is shown in Exhibit 1. The MAIR is derived from the PIR and market-wide adjustments including Risk Adjustment transfer and Exchange fees (Marketplace User fee).

The Risk Adjustment transfer and Exchange fees are converted to an allowed basis using the projected 2026 member month weighted average Paid to Allowed factor. This factor is developed in Exhibit 6.

10.4 Plan Adjusted Index Rates

The Plan Adjusted Index Rates are calculated as a product of the MAIR, plan specific paid to allowed ratios, silver loading as mandated by the OIC, induced demand factors, the non-EHB adjustment (for covered benefits in excess of the EHB requirement), a Catastrophic Factor, and adjustments for Administrative Expenses. The factors and the resulting index rate are documented and developed on Exhibits 5 and 6.

a. Plan Level Paid to Allowed

For the 2026 plan year, KFHPWA relied on the federal AV calculator (AVC) as the basis for our pricing AV's. We made additional adjustments at the plan level to address the impact of benefit components not accounted for in the AVC. The result is a plan level paid to allowed that is based on a standard population, adheres to the OIC Emergency rule AV mandate, and reflects the KFHPWA benefit designs. This factor is demonstrated in Exhibit 5, Table 2.

b. Induced Demand

To calculate the induced demand component, KFHPWA used the HHS Induced Demand formula and then normalized the result using the membership weighted pool-wide average. This process generates an induced demand factor that adheres to the OIC Emergency Rule Induced Demand mandate and is normalized to the KFHPWA Single Risk Pool. This factor is demonstrated in Exhibit 5, Table 2.

c. Silver Loading

KFHPWA used the OIC Emergency Rule mandated load of 43.5% to on-exchange silver plans. This load implies an expected CSR load revenue of \$12.2 million. Actual CSR payments in 2024 were approximately \$5.1 million or 8.1 percent of claims for on-exchange silver plans.

The 2024 CSR load of \$7.6 million was based on the 2019 paid amounts at each CSR level compared to the base silver incurred claims prior to the load trended out to 2024.

d. Benefit Richness/Impact of Selection

Basing our pricing AV's off the standard population from the AVC necessitates an additional load to account for the utilization of our KFHPWA specific population.

When selecting health plans, subscribers generally choose based on their anticipated healthcare needs. Healthier individuals often prefer lower-cost options, while those with greater healthcare needs are more likely to enroll in plans with more comprehensive coverage. Although the URR guidelines do not allow for plan-level selection adjustments, not accounting for this dynamic can lead to an understatement of total premium. This occurs because higher-benefit plans tend to bear a larger portion of allowed costs due to adverse selection that goes beyond what is explained by benefit richness alone.

While we do not reflect selection at the plan level, we do need to apply a factor at the pool-wide level to ensure that premiums are reasonable relative to expected claims. This factor ensures that the resulting total paid claims remain accurate once plan-level adjustments are applied across the full range of offerings.

Exhibit 5 illustrates this effect. The Benefit Richness/Other load developed in this exhibit accounts for the differences between the OIC-mandated AVs based on a standard population and the 2026 expected paid-to-allowed ratio for the KFHPWA population, as shown in Exhibit 5, Table 2.

The right side of Table 2 develops the projected claims using the OIC mandated AV Components for URRT row 3.3. The left side of Table 2 develops the projected claims using KFHPWA actual 2024 observed experience by plan. The ratio of these two methods demonstrates that the claims projected using the prescribed emergency rule approach are 6.9percent lower than the claims we expect to pay out in plan year 2026.

Thus, we have included a factor of 6.9 percent in the "Other" category of URRT Worksheet 1 to ensure alignment of premiums and expected claims.

e. Non-EHB Adjustment

Because the non-EHB claims have been pulled out of the base rate, we create an adjustment to load them back into the premium in row 3.5 of Worksheet 2, section IV. This load is developed in Exhibit 6, column 3.5.

As noted in section 6.2, Adult Vision exams are the only non-EHB covered in this filing. As demonstrated in Exhibit 3, the non-EHB percent of claims is 0.6 percent.

The URRT rules require the non-EHB adjustment for On-Exchange plan to include \$1 PMPM for non-Hyde abortions, even if they are covered as a state EHB, and to reflect the adjustment in the URRT Worksheet 2, line 3.5. To account for this, we adjust URRT worksheet 2, line 3.5 to add one dollar. Line 3.3 AV and Cost Sharing Design of Plan is adjusted downward to create an overall neutral adjustment. All this is demonstrated in Exhibit 6.

f. Network Adjustment

This filing has no network adjustments as they are serviced by the same provider network and utilization management practices.

g. Catastrophic Adjustment

KFHPWA has traditionally been the only carrier in WA to offer a Catastrophic plan, and we expect this to continue in 2026. Eligibility to enroll in the Catastrophic plan requires the member to be younger than age 30. The catastrophic adjustment reflects the difference in anticipated demographics and morbidity of the catastrophic population compared to the rest of the pool.

To determine the catastrophic factor, we relied upon the difference between the average age factor of current enrollees on the catastrophic plan compared to the average age of the entire KFHPWA pool. This calculation can be found on Exhibit 12.

10.5 Calibration

The projected index rate in URRT Worksheet 1 is adjusted in order to calculate a Calibrated Plan Adjusted Index Rate (CPAIR). This adjustment is necessary since the Plan Adjusted Index Rate (PAIR) is developed for the average individual within the single risk pool. Using the allowable rating parameters, calibration factors are developed to adjust the PAIR so that when individual specific rating factors are applied the resulting premiums are appropriate and adequate.

To determine the calibration factors, we project the 2026 membership by allowable rating classification using the March 2025 membership distribution. We then weight the proposed 2026 rating factor with the membership projection. The calibration factors are applied uniformly to all plans in the single risk pool.

a. Age Curve Calibration

The weighted average age for the projected risk pool is shown at the bottom of Exhibit 12. The average age factor is 1.7377 which produces a calibration factor of 0.5755, as demonstrated at the top of Exhibit 12.

To calculate the average age factor and resulting calibration factor, the projected member counts in each age band (excluding the fourth or further children in a family) are multiplied by the corresponding ACA age factor. The sum of the products is then divided by the total members (including all children in a family).

This method conforms to the rating rules in 45 CFR 147.102 because it uses the ACA standard age curve and counts no more than 3 children in a family.

b. Tobacco Factor Calibration

KFHPWA has removed the tobacco factor as a rating criteria for PY 2026.

c. Area Calibration

For the 2026 plan year KFHPWA continued the area factor update initiated in 2025. We discuss these changes in more detail in the Consumer Adjusted Premium Rates section below.

10.6 Consumer Adjusted Premium Rates

The Consumer Adjusted Premium Rates are defined as the Calibrated Plan Adjusted Index Rate times the allowable Age, Tobacco, and Area rating factors for a specific individual.

a. Age Factors

The age factor table (Exhibit 12) used to develop age specific rates is consistent with the HHS Standard Age Curve.

b. Tobacco Factors

KFHPWA has removed Tobacco as a rating factor for PY2026.

c. Area Factors

In 2025, KFHPWA evaluated the experience of members by area and updated the area factors using a phased-in approach. In 2026, we continue this methodology.

Exhibit 13 shows a detailed calculation of our analysis and resulting factors.

A written description of the process is as follows:

1. We start with 2022 and 2023 Allowed PMPM by area. At the time of the analysis, calendar years 2022 and 2023 were the most complete set of claims data available.
2. We obtain DxCG risk scores, which are calculated using encounter data by area.
3. We back out the area specific risk score from the allowed claims to get risk-adjusted allowed claims PMPM.
4. The raw area factor was created by dividing the risk-adjusted area specific PMPM claims by the membership weighted average PMPM.
5. We normalized the prior approved 2025 factors by dividing the current area factor by the membership weighed average total
6. To minimize the member impact of this new area factor approach, we chose in 2025 to phase the changes in over a three-year period.
 - A three-year phase-in was determined in conjunction with our KFHPWA business leadership as a good balance between making necessary adjustments to rating factors while minimizing membership disruption.
 - The selected phased-in 2026 factor applies the second year of the three-year phase-in.
7. Finally, we incorporated an adjustment to account for unit cost relativities by area expected in 2026 that are not yet captured in the currently-approved 2025 area factors.
 - To determine the unit cost relativities by area, we weighted our expected 2026 unit cost trends with our 2024 internal and external claims by medical benefit category as appropriate for each rating area. The expected 2026 unit cost trends are consistent with the values loaded into URRT Worksheet 1. We used Area 1 as our base for the ratios as directed by Washington law.
8. To determine the final factor used in rating, we re-normalize the selected phased-in factor so that King County (Area 1) is a 1.0000. We restrict the relationship between the highest and lowest factors to a 15 percent delta.

Differences in area are not based on the following prohibited factors:

- (i) Health status of enrollees or the population in an area
- (ii) Medical condition of enrollees or the population in an area including both physical and mental illnesses
- (iii) Claims experience
- (iv) Health services utilization in the area
- (v) Medical history of enrollees or the population in an area
- (vi) Genetic information of enrollees or the population in an area
- (vii) Disability status of enrollees or the population in an area
- (viii) Other evidence of insurability applicable in the area.

11.0 Plan Product Information

11.1 AV Metal Values

The AV Metal Values for each plan are included in Exhibit 5. These are derived using the final 2026 AV Calculator.

The final AVs are within the allowed metal level range for each plan. The AV Metal Value of non-standardized silver health plans offered on the Exchange are not less than the AV Metal Value of the standardized silver health plan with the lowest AV Metal Value.

KFHPWA offers a unique drug tier cost share related to non-preferred generic drugs on all our plans. Because the AV calculator is unable to accommodate this additional tier, our metal plans are determined to be unique. In order to test our plans through the AV calculator, we made a simplifying assumption to input the preferred generic cost share for the purpose of testing plans in the AV calculator. This was deemed appropriate since the preferred tier represents 99 percent of the generic utilization and remdaining non-preferred cost share would have an immaterial impact on the AV calculator results.

The catastrophic benefit is designed at a federal level, however, there is no definitive guidance on what the AV should be. For the purposes of the URRT, Worksheet II row 1.6, we have set the AV at 0.57, consistent with the HHS Risk transfer AV.

See the attached “UniquePlanDesign-SupportingDocumentationandJustification.pdf” certification as well as the AV Screenshots for more detailed information.

11.2 Terminated Plan Offerings

There are no terminated plans for plan year 2026.

11.3 Plan Type

Only standard plan types have been used on Worksheet 2, Section 1 of the URRT.

11.4 Mental Health and Substance Use Disorder Parity

Mental Health and Substance Use Disorder Financial Testing is shown in the “Certification-Rates-2026-MHSUD-Parity-Calculations.pdf” attachment.

In developing the methodology and data used for MHSUD testing:

- Plans were tested using KFHPWA 2024 individual allowed claim data by benefit category trended forward to 2026.
- The data is consistent with the data used to project the plan year 2026 claims and premium rates.
- The data is separated by plan level for testing based on the percent of projected 2026 allowed claims by plan.
- The data is categorized using Milliman’s Health Cost Guidelines (HCG) grouper.
- The data used for testing excludes mental health and substance use disorder claims.
- For the purposes of demonstrating compliance, we have assumed that each Loaded Silver 70% and Silver 73% plans have one member.

Additional considerations as outlined in the “Mental Health and Substance Use Disorder (MH/SUD) Financial Requirement Parity Certification” document and include:

- According to 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 MH/SUD benefits in the same classification.”

KFHPWA certifies that the MH/SUD cost-sharing is no more restrictive than the least restrictive level of financial requirement applying to at least two-thirds of medical/surgical benefits across all provider tiers in a classification.

- According to WAC 284-43-7020(5)(b): “If a plan or issuer classifies providers into tiers and varies cost-sharing based on the different tiers, the criteria for classification must be applied to generalists and specialists providing MH/SUD services no more restrictively than such criteria are applied to medical/surgical benefit providers.”

KFHPWA cost sharing tiers are such that cost share for generalists and specialists providing MH/SUD services apply no more restrictively than those providing medical/surgical benefits.

- According to WAC 284-43-7020(6)(b): “A plan or issuer may divide its benefits furnished on an in-network basis into sub-classifications that reflect network tiers, if the tiering is based on reasonable factors and without regard to whether a provider is an MH/SUD provider or a medical/surgical provider.”

KFHPWA in-network tiering is based on reasonable factors (channel of care and applicable cost shares) and without regard to whether a provider is an MH/SUD provider or a medical/surgical provider.

- According to WAC 284-43-7020(6)(c): “After network tiers are established, the plan or issuer may not impose any financial requirement on MH/SUD benefits in any tier that is more restrictive than the predominant financial requirement that applies to substantially all medical/surgical benefits in that tier.”

KFHPWA does not impose any financial requirement on MH/SUD benefits in any tier that is more restrictive than the predominant financial requirement that applies to substantially all medical/surgical benefits in that tier.

- According to 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 MH/SUD 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.”

KFHPWA applies different levels of financial requirements to different tiers of prescription drug benefits. This is based on reasonable factors and without regard to whether a drug is generally prescribed with respect to medical/surgical benefits or with respect to MH/SUD benefits.

12.0 Effective Rate Review

In preparing this filing, and to support the Effective Rate Review for the Washington OIC, the KFHPWA team has included the WA Standard Rate exhibits as required.

13.0 Miscellaneous

13.1 Rating Compliance with 45 CFR 156.280 and WAC 284-07-540

KFHPWA has segregated funds for abortion services. Voluntary abortion claims costs are included in the 2024 experience used to build the rates. KFHPWA has not rated for any cost reduction estimated to result from voluntary abortion, including prenatal care, delivery, or postnatal care. KFHPWA estimates the cost for voluntary abortion to be much less than \$1 premium PMPM, even at no member cost shares as required by WA Senate Bill 5242 passed in 2024. Therefore, we have carved out the minimum \$1 PMPM of premium as non-EHB for voluntary abortion for all on-exchange plans as shown in Exhibit 6.

13.2 Effects of 1332 Waiver

KFHPWA does not anticipate any substantive impact to market or company morbidity from the inclusion of the 1332 waiver, and no adjustments were made in the development of rates to account for the waiver.

14.0 Actuarial Certification

I, Jessica Gibbs, am a member in good standing of the American Academy of Actuaries and Fellow of the Society of Actuaries. I obtained my Fellowship in 2018, under the Group and Health Insurance Track and I have the education and experience necessary to perform this work. I meet the qualification standards as laid out in

section 2.1 (Basic Education and Experience) and 2.2 (Continuing Education Requirement) of the Qualification Standards from the American Academy of Actuaries.

This Actuarial Certification applies to the attached filing under SERFF Tracking number KFWA-134519366, which seeks approval of premium rates effective January 1, 2026, for Kaiser Foundation Health Plan of Washington's Individual plans sold on and off the Exchange. This memo and the supporting exhibits document the assumptions, sources of data and methods used to develop the proposed rates and the URRT contained within.

I have developed rates in accordance with the appropriate ASOPs (including No. 5, No. 8, No. 12, No. 23, No. 25, No. 26, No. 41, No. 45, No. 50, and No. 56) and the professional code of conduct.

I hereby certify the projected index rate is compliant with all applicable State and Federal Statutes and Regulations (45 CFR 156.80 and 147.102) and developed in compliance with the applicable Actuarial Standards of Practice; and that the resulting rates in this filing are reasonable in relation to the benefits provided and population anticipated to be covered and neither excessive nor deficient nor discriminatory.

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

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

I certify that the percent of total premium that represents essential health benefits were calculated in accordance with actuarial standards of practice and is appropriate for the calculation of advanced payment of premium tax credits and was calculated in accordance with Actuarial Standards of Practice.

I certify that the final 2026 CMS AV Calculator was used to determine the AV metal values shown in Worksheet 2 of Part I Unified Rate Review Template for all plans. For the non-standard plans, all KFHPWA plans are unique plan designs with adjustments to the plan designs entered in the 2026 CMS-AVC in compliance with 45 CFR §156.135. AV Metal Values for standard plans were provided as documented in the Reliance section of this memorandum and have been reviewed for reasonableness. A copy of the actuarial certification required by 45 CFR Part 156.135 is provided in the Unique Plan Design Supporting Documentation and Justification document.

This filing is consistent with KFHPWA's internal business plans.

To the best of my knowledge the information contained within this filing reflects the Washington State and Federal statutes, rules, regulations, and guidance as of May 12, 2025.

The Unified Rate Review Template developed within this filing does not demonstrate the process used by KFHPWA to develop the rates. Rather, it represents information required by Federal regulation to be provided in support of the review of rate increases for certification of Qualified Health Plans for Federally-facilitated Marketplaces and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Signed

Jessica D. Gibbs, FSA, MAAA
Sr. Manager, Actuarial Services
Kaiser Foundation Health Plan of Washington

Date: May 12, 2025

15.0 Disclosures

Information Date: The analysis provided in the report is based on information as known on May 12, 2025.

Intended Users: This material has been prepared for the Washington Office of Insurance Commissioner for the purposes of their review. KFHPWA understands that this memorandum and the accompanying exhibits will be posted publicly.

Uncertainty or Risk: Future events will affect the results presented in this memorandum. The degree to which future events may materially change the adequacy or excessiveness of the rates is unknown.

Reliance:

In preparing this filing and URRT submission accompanying it, the certifying actuary relied on information from the following entities:

- 2024 and 2026 risk adjustment transfer estimates were developed using The Wakely National Risk Adjustment Reporting Project report for the claim period from January 2024 to December 2024, paid through December 2024.
- The opining actuary also relied on data supplied by the WA OIC regarding statewide weighted-average premiums expected in 2024 and 2025.
- Milliman's Health Cost Guidelines (HCG) Grouper to define benefit categories.
- Claims and enrollment data from internal KFHPWA data systems pulled by a team of data analysts and reviewed for consistency and reasonableness by the certifying actuary, but no audit was performed.
- Budget, membership, and internal cost estimates provided by KFHPWA Finance and Strategic Market Planning teams.
- In preparing this filing and URRT submission accompanying it, the certifying actuary also relied on Wakely's certification of the standard plan (and CSR variants) AV Metal values provided by Wakely in their "Certification for WAHBE 2025 Standard Medical Plan Designs." These factors were assessed and determined to be reasonable.
- Federal AVs were developed using a model provided by HHS.
- In determining the area factor relativity, the certifying actuary relied on the DxCG scores provided by the KFHPWA Risk Adjustment team as determined using encounter data specific to the area factor analysis performed.

Appendix of Exhibits

The following exhibits are attached as part of this memo in the supporting documentation called “Part III – Memo Exhibits”.

Kaiser Foundation Health Plan of Washington, 1/1/2026 INDIVIDUAL RATE FILING

Index of Exhibit for Part III - Actuarial Memo

- Exhibit 1 - URRT Worksheet 1
- Exhibit 2 - URRT Worksheet 2
- Exhibit 3 - Experience Period Claims
- Exhibit 3a - Rate Filing Data Consistency
- Exhibit 4 - Claims Triangles
- Exhibit 5 - Development of "Other" Factor
- Exhibit 6 - URRT Wk2 Section III PAIR Development
- Exhibit 7 - Demographic Shift
- Exhibit 8 - Administrative Expenses
- Exhibit 9 - Commission Calculation
- Exhibit 10 - Experience and Projection Period Risk Adjustment Estimates
- Exhibit 11 - HCRP Projections
- Exhibit 12 - Calibration Factors
- Exhibit 13 - Geography Factor
- Exhibit 14 - Credibility
- Exhibit 15 - Months of Surplus
- Exhibit 16 - Key Drivers of Rate Change
- Exhibit 17 - Trend Summary
- Exhibit 18- Pricing Trend
- Exhibit 19 - Projected MLR
- Exhibit 20 - EHB Benchmark Loads
- Exhibit 21 Summary of Pooled Experience with Adjustments
- Exhibit 22 - Summary of Pooled Experience with Adjustments, Difference from 2025 Filing
- Exhibit 23 - Supplemental Data Statement Reconciliation
- Exhibit 24 - Paid to Allowed by Metal Level
- Exhibit 25 - SERFF Data Tab

Kaiser Foundation Health Plan of Washington RATE SCHEDULE

Plan Information

Plan Name: Basics Plus Catastrophic
HIOS Plan ID: 80473WA0540001
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Inside the Exchange
Metal Level: Basics Plus Catastrophic
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Kitsap and Lewis
3	No	
4	Yes	Spokane
5	Yes	Mason, Pierce, and Thurston
6	Yes	Benton, Franklin, and Yakima
7	No	
8	Yes	Island, Skagit, Snohomish, and Whatcom
9	Yes	Columbia, Walla Walla, and 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	146.39	144.33		146.05	148.29	140.54		149.37	161.62	146.39	144.33		146.05	148.29	140.54		149.37	161.62
15	159.40	157.16		159.04	161.47	153.03		162.65	175.98	159.40	157.16		159.04	161.47	153.03		162.65	175.98
16	164.38	162.06		164.00	166.51	157.80		167.73	181.47	164.38	162.06		164.00	166.51	157.80		167.73	181.47
17	169.35	166.97		168.97	171.55	162.58		172.81	186.97	169.35	166.97		168.97	171.55	162.58		172.81	186.97
18	174.71	172.25		174.31	176.98	167.72		178.27	192.88	174.71	172.25		174.31	176.98	167.72		178.27	192.88
19	180.07	177.53		179.66	182.41	172.87		183.74	198.80	180.07	177.53		179.66	182.41	172.87		183.74	198.80
20	185.62	183.00		185.19	188.03	178.20		189.40	204.92	185.62	183.00		185.19	188.03	178.20		189.40	204.92
21	191.36	188.66		190.92	193.85	183.71		195.26	211.26	191.36	188.66		190.92	193.85	183.71		195.26	211.26
22	191.36	188.66		190.92	193.85	183.71		195.26	211.26	191.36	188.66		190.92	193.85	183.71		195.26	211.26
23	191.36	188.66		190.92	193.85	183.71		195.26	211.26	191.36	188.66		190.92	193.85	183.71		195.26	211.26
24	191.36	188.66		190.92	193.85	183.71		195.26	211.26	191.36	188.66		190.92	193.85	183.71		195.26	211.26
25	192.13	189.42		191.69	194.62	184.44		196.04	212.11	192.13	189.42		191.69	194.62	184.44		196.04	212.11
26	195.95	193.19		195.50	198.50	188.12		199.95	216.33	195.95	193.19		195.50	198.50	188.12		199.95	216.33
27	200.55	197.72		200.09	203.15	192.52		204.63	221.40	200.55	197.72		200.09	203.15	192.52		204.63	221.40
28	208.01	205.08		207.53	210.71	199.69		212.25	229.64	208.01	205.08		207.53	210.71	199.69		212.25	229.64
29	214.13	211.11		213.64	216.91	205.57		218.50	236.40	214.13	211.11		213.64	216.91	205.57		218.50	236.40
30	217.19	214.13		216.70	220.02	208.51		221.62	239.78	217.19	214.13		216.70	220.02	208.51		221.62	239.78
31	221.79	218.66		221.28	224.67	212.92		226.31	244.85	221.79	218.66		221.28	224.67	212.92		226.31	244.85
32	226.38	223.19		225.86	229.32	217.32		230.99	249.92	226.38	223.19		225.86	229.32	217.32		230.99	249.92
33	229.25	226.02		228.72	232.23	220.08		233.92	253.09	229.25	226.02		228.72	232.23	220.08		233.92	253.09
34	232.31	229.04		231.78	235.33	223.02		237.05	256.47	232.31	229.04		231.78	235.33	223.02		237.05	256.47
35	233.84	230.55		233.31	236.88	224.49		238.61	258.16	233.84	230.55		233.31	236.88	224.49		238.61	258.16
36	235.37	232.06		234.83	238.43	225.96		240.17	259.85	235.37	232.06		234.83	238.43	225.96		240.17	259.85
37	236.90	233.56		236.36	239.98	227.43		241.73	261.54	236.90	233.56		236.36	239.98	227.43		241.73	261.54
38	238.44	235.07		237.89	241.53	228.90		243.29	263.23	238.44	235.07		237.89	241.53	228.90		243.29	263.23
39	241.50	238.09		240.94	244.63	231.84		246.42	266.61	241.50	238.09		240.94	244.63	231.84		246.42	266.61
40	244.56	241.11		244.00	247.74	234.78		249.54	269.99	244.56	241.11		244.00	247.74	234.78		249.54	269.99
41	249.15	245.64		248.58	252.39	239.19		254.23	275.06	249.15	245.64		248.58	252.39	239.19		254.23	275.06
42	253.55	249.98		252.97	256.85	243.41		258.72	279.92	253.55	249.98		252.97	256.85	243.41		258.72	279.92
43	259.68	256.02		259.08	263.05	249.29		264.97	286.68	259.68	256.02		259.08	263.05	249.29		264.97	286.68
44	267.33	263.56		266.72	270.80	256.64		272.78	295.13	267.33	263.56		266.72	270.80	256.64		272.78	295.13
45	276.32	272.43		275.69	279.91	265.27		281.96	305.06	276.32	272.43		275.69	279.91	265.27		281.96	305.06
46	287.04	282.99		286.38	290.77	275.56		292.89	316.89	287.04	282.99		286.38	290.77	275.56		292.89	316.89
47	299.10	294.88		298.41	302.98	287.13		305.19	330.20	299.10	294.88		298.41	302.98	287.13		305.19	330.20
48	312.87	308.46		312.16	316.94	300.36		319.25	345.41	312.87	308.46		312.16	316.94	300.36		319.25	345.41
49	326.46	321.86		325.71	330.70	313.40		333.11	360.41	326.46	321.86		325.71	330.70	313.40		333.11	360.41
50	341.77	336.95		340.99	346.21	328.10		348.73	377.31	341.77	336.95		340.99	346.21	328.10		348.73	377.31
51	356.89	351.86		356.07	361.52	342.61		364.16	394.00	356.89	351.86		356.07	361.52	342.61		364.16	394.00
52	373.54	368.27		372.68	378.39	358.59		381.15	412.38	373.54	368.27		372.68	378.39	358.59		381.15	412.38
53	390.38	384.87		389.48	395.45	374.76		398.33	430.98	390.38	384.87		389.48	395.45	374.76		398.33	430.98
54	408.56	402.80		407.62	413.86	392.21		416.88	451.04	408.56	402.80		407.62	413.86	392.21		416.88	451.04
55	426.73	420.72		425.75	432.28	409.67		435.43	471.11	426.73	420.72		425.75	432.28	409.67		435.43	471.11
56	446.44	440.15		445.42	452.24	428.59		455.54	492.87	446.44	440.15		445.42	452.24	428.59		455.54	492.87
57	466.35	459.77		465.28	472.40	447.69		475.85	514.85	466.35	459.77		465.28	472.40	447.69		475.85	514.85
58	487.59	480.71		486.47	493.92	468.08		497.52	538.30	487.59	480.71		486.47	493.92	468.08		497.52	538.30
59	498.11	491.09		496.97	504.58	478.19		508.26	549.92	498.11	491.09		496.97	504.58	478.19		508.26	549.92
60	519.35	512.03		518.16	526.10	498.58		529.94	573.37	519.35	512.03		518.16	526.10	498.58		529.94	573.37
61	537.72	530.14		536.49	544.71	516.21		548.68	593.65	537.72	530.14		536.49	544.71	516.21		548.68	593.65
62	549.78	542.03		548.52	556.92	527.79		560.98	606.96	549.78	542.03		548.52	556.92	527.79		560.98	606.96
63	564.90	556.93		563.60	572.23	542.30		576.41	623.65	564.90	556.93		563.60	572.23	542.30		576.41	623.65
64 and over	574.08	565.98		572.76	581.54	551.12		585.78	633.78	574.08	565.98		572.76	581.54	551.12		585.78	633.78

Kaiser Foundation Health Plan of Washington RATE SCHEDULE

Plan Information

Plan Name: Bronze HSA
HIOS Plan ID: 80473WA0780001
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Both inside and outside the exchange
Metal Level: Bronze HSA
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Kitsap and Lewis
3	No	
4	Yes	Spokane
5	Yes	Mason, Pierce, and Thurston
6	Yes	Benton, Franklin, and Yakima
7	No	
8	Yes	Island, Skagit, Snohomish, and Whatcom
9	Yes	Columbia, Walla Walla, and 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	273.09	269.24		272.46	276.63	262.16		278.65	301.49	273.09	269.24		272.46	276.63	262.16		278.65	301.49
15	297.36	293.17		296.68	301.22	285.47		303.42	328.29	297.36	293.17		296.68	301.22	285.47		303.42	328.29
16	306.64	302.32		305.94	310.63	294.38		312.89	338.53	306.64	302.32		305.94	310.63	294.38		312.89	338.53
17	315.92	311.47		315.20	320.03	303.29		322.36	348.78	315.92	311.47		315.20	320.03	303.29		322.36	348.78
18	325.92	321.32		325.17	330.15	312.88		332.56	359.82	325.92	321.32		325.17	330.15	312.88		332.56	359.82
19	335.91	331.18		335.14	340.28	322.48		342.76	370.85	335.91	331.18		335.14	340.28	322.48		342.76	370.85
20	346.27	341.39		345.47	350.76	332.42		353.32	382.28	346.27	341.39		345.47	350.76	332.42		353.32	382.28
21	356.98	351.94		356.16	361.61	342.70		364.25	394.10	356.98	351.94		356.16	361.61	342.70		364.25	394.10
22	356.98	351.94		356.16	361.61	342.70		364.25	394.10	356.98	351.94		356.16	361.61	342.70		364.25	394.10
23	356.98	351.94		356.16	361.61	342.70		364.25	394.10	356.98	351.94		356.16	361.61	342.70		364.25	394.10
24	356.98	351.94		356.16	361.61	342.70		364.25	394.10	356.98	351.94		356.16	361.61	342.70		364.25	394.10
25	358.40	353.35		357.58	363.06	344.07		365.71	395.68	358.40	353.35		357.58	363.06	344.07		365.71	395.68
26	365.54	360.39		364.70	370.29	350.92		372.99	403.56	365.54	360.39		364.70	370.29	350.92		372.99	403.56
27	374.11	368.84		373.25	378.97	359.15		381.73	413.02	374.11	368.84		373.25	378.97	359.15		381.73	413.02
28	388.03	382.56		387.14	393.07	372.51		395.94	428.39	388.03	382.56		387.14	393.07	372.51		395.94	428.39
29	399.46	393.83		398.54	404.64	383.48		407.60	441.00	399.46	393.83		398.54	404.64	383.48		407.60	441.00
30	405.17	399.46		404.24	410.43	388.96		413.42	447.31	405.17	399.46		404.24	410.43	388.96		413.42	447.31
31	413.74	407.90		412.79	419.11	397.19		422.17	456.76	413.74	407.90		412.79	419.11	397.19		422.17	456.76
32	422.30	416.35		421.33	427.79	405.41		430.91	466.22	422.30	416.35		421.33	427.79	405.41		430.91	466.22
33	427.66	421.63		426.68	433.21	410.55		436.37	472.13	427.66	421.63		426.68	433.21	410.55		436.37	472.13
34	433.37	427.26		432.37	439.00	416.03		442.20	478.44	433.37	427.26		432.37	439.00	416.03		442.20	478.44
35	436.23	430.08		435.22	441.89	418.78		445.11	481.59	436.23	430.08		435.22	441.89	418.78		445.11	481.59
36	439.08	432.89		438.07	444.78	421.52		448.03	484.75	439.08	432.89		438.07	444.78	421.52		448.03	484.75
37	441.94	435.71		440.92	447.68	424.26		450.94	487.90	441.94	435.71		440.92	447.68	424.26		450.94	487.90
38	444.79	438.52		443.77	450.57	427.00		453.86	491.05	444.79	438.52		443.77	450.57	427.00		453.86	491.05
39	450.50	444.15		449.47	456.36	432.48		459.68	497.36	450.50	444.15		449.47	456.36	432.48		459.68	497.36
40	456.22	449.78		455.17	462.14	437.97		465.51	503.66	456.22	449.78		455.17	462.14	437.97		465.51	503.66
41	464.78	458.23		463.72	470.82	446.19		474.25	513.12	464.78	458.23		463.72	470.82	446.19		474.25	513.12
42	472.99	466.33		471.91	479.14	454.07		482.63	522.19	472.99	466.33		471.91	479.14	454.07		482.63	522.19
43	484.42	477.59		483.30	490.71	465.04		494.29	534.80	484.42	477.59		483.30	490.71	465.04		494.29	534.80
44	498.70	491.67		497.55	505.17	478.75		508.86	550.56	498.70	491.67		497.55	505.17	478.75		508.86	550.56
45	515.47	508.21		514.29	522.17	494.86		525.98	569.08	515.47	508.21		514.29	522.17	494.86		525.98	569.08
46	535.46	527.92		534.24	542.42	514.05		546.38	591.15	535.46	527.92		534.24	542.42	514.05		546.38	591.15
47	557.95	550.09		556.67	565.20	535.64		569.32	615.98	557.95	550.09		556.67	565.20	535.64		569.32	615.98
48	583.66	575.43		582.32	591.24	560.31		595.55	644.36	583.66	575.43		582.32	591.24	560.31		595.55	644.36
49	609.00	600.42		607.60	616.91	584.64		621.41	672.34	609.00	600.42		607.60	616.91	584.64		621.41	672.34
50	637.56	628.57		636.10	645.84	612.06		650.55	703.87	637.56	628.57		636.10	645.84	612.06		650.55	703.87
51	665.76	656.38		664.23	674.41	639.13		679.33	735.00	665.76	656.38		664.23	674.41	639.13		679.33	735.00
52	696.82	686.99		695.22	705.87	668.95		711.02	769.29	696.82	686.99		695.22	705.87	668.95		711.02	769.29
53	728.23	717.97		726.56	737.69	699.10		743.07	803.97	728.23	717.97		726.56	737.69	699.10		743.07	803.97
54	762.14	751.40		760.40	772.04	731.66		777.67	841.41	762.14	751.40		760.40	772.04	731.66		777.67	841.41
55	796.06	784.84		794.23	806.40	764.22		812.28	878.85	796.06	784.84		794.23	806.40	764.22		812.28	878.85
56	832.83	821.09		830.91	843.64	799.51		849.80	919.44	832.83	821.09		830.91	843.64	799.51		849.80	919.44
57	869.95	857.69		867.95	881.25	835.15		887.68	960.43	869.95	857.69		867.95	881.25	835.15		887.68	960.43
58	909.58	896.75		907.49	921.39	873.19		928.11	1004.17	909.58	896.75		907.49	921.39	873.19		928.11	1004.17
59	929.21	916.11		927.08	941.28	892.04		948.14	1025.85	929.21	916.11		927.08	941.28	892.04		948.14	1025.85
60	968.83	955.18		966.61	981.42	930.08		988.58	1069.59	968.83	955.18		966.61	981.42	930.08		988.58	1069.59
61	1003.10	988.96		1000.80	1016.13	962.98		1023.54	1107.43	1003.10	988.96		1000.80	1016.13	962.98		1023.54	1107.43
62	1025.59	1011.14		1023.24	1038.91	984.57		1046.49	1132.26	1025.59	1011.14		1023.24	1038.91	984.57		1046.49	1132.26
63	1053.79	1038.94		1051.38	1067.48	1011.64		1075.27	1163.39	1053.79	1038.94		1051.38	1067.48	1011.64		1075.27	1163.39
64 and over	1070.93	1055.82		1068.47	1084.83	1028.09		1092.75	1182.30	1070.93	1055.82		1068.47	1084.83	1028.09		1092.75	1182.30

Kaiser Foundation Health Plan of Washington RATE SCHEDULE

Plan Information

Plan Name: Silver HSA
HIOS Plan ID: 80473WA0780002
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Outside the Exchange
Metal Level: Silver HSA
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Kitsap and Lewis
3	No	
4	Yes	Spokane
5	Yes	Mason, Pierce, and Thurston
6	Yes	Benton, Franklin, and Yakima
7	No	
8	Yes	Island, Skagit, Snohomish, and Whatcom
9	Yes	Columbia, Walla Walla, and 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	305.62	301.31		304.92	309.59	293.39		311.85	337.40	305.62	301.31		304.92	309.59	293.39		311.85	337.40
15	332.79	328.09		332.02	337.11	319.47		339.57	367.40	332.79	328.09		332.02	337.11	319.47		339.57	367.40
16	343.17	338.33		342.38	347.63	329.45		350.17	378.86	343.17	338.33		342.38	347.63	329.45		350.17	378.86
17	353.56	348.58		352.75	358.15	339.42		360.76	390.33	353.56	348.58		352.75	358.15	339.42		360.76	390.33
18	364.75	359.60		363.91	369.48	350.16		372.18	402.68	364.75	359.60		363.91	369.48	350.16		372.18	402.68
19	375.93	370.63		375.07	380.81	360.89		383.59	415.03	375.93	370.63		375.07	380.81	360.89		383.59	415.03
20	387.52	382.05		386.63	392.55	372.02		395.41	427.82	387.52	382.05		386.63	392.55	372.02		395.41	427.82
21	399.50	393.87		398.59	404.69	383.52		407.64	441.05	399.50	393.87		398.59	404.69	383.52		407.64	441.05
22	399.50	393.87		398.59	404.69	383.52		407.64	441.05	399.50	393.87		398.59	404.69	383.52		407.64	441.05
23	399.50	393.87		398.59	404.69	383.52		407.64	441.05	399.50	393.87		398.59	404.69	383.52		407.64	441.05
24	399.50	393.87		398.59	404.69	383.52		407.64	441.05	399.50	393.87		398.59	404.69	383.52		407.64	441.05
25	401.10	395.45		400.18	406.31	385.06		409.27	442.82	401.10	395.45		400.18	406.31	385.06		409.27	442.82
26	409.09	403.32		408.15	414.40	392.73		417.43	451.64	409.09	403.32		408.15	414.40	392.73		417.43	451.64
27	418.68	412.78		417.72	424.12	401.93		427.21	462.22	418.68	412.78		417.72	424.12	401.93		427.21	462.22
28	434.26	428.14		433.26	439.90	416.89		443.11	479.42	434.26	428.14		433.26	439.90	416.89		443.11	479.42
29	447.04	440.74		446.02	452.85	429.16		456.15	493.54	447.04	440.74		446.02	452.85	429.16		456.15	493.54
30	453.44	447.04		452.39	459.32	435.30		462.67	500.59	453.44	447.04		452.39	459.32	435.30		462.67	500.59
31	463.02	456.50		461.96	469.04	444.50		472.46	511.18	463.02	456.50		461.96	469.04	444.50		472.46	511.18
32	472.61	465.95		471.53	478.75	453.71		482.24	521.76	472.61	465.95		471.53	478.75	453.71		482.24	521.76
33	478.60	471.86		477.51	484.82	459.46		488.36	528.38	478.60	471.86		477.51	484.82	459.46		488.36	528.38
34	485.00	478.16		483.88	491.30	465.60		494.88	535.44	485.00	478.16		483.88	491.30	465.60		494.88	535.44
35	488.19	481.31		487.07	494.53	468.66		498.14	538.96	488.19	481.31		487.07	494.53	468.66		498.14	538.96
36	491.39	484.46		490.26	497.77	471.73		501.40	542.49	491.39	484.46		490.26	497.77	471.73		501.40	542.49
37	494.58	487.61		493.45	501.01	474.80		504.66	546.02	494.58	487.61		493.45	501.01	474.80		504.66	546.02
38	497.78	490.76		496.64	504.25	477.87		507.92	549.55	497.78	490.76		496.64	504.25	477.87		507.92	549.55
39	504.17	497.06		503.01	510.72	484.01		514.45	556.61	504.17	497.06		503.01	510.72	484.01		514.45	556.61
40	510.56	503.37		509.39	517.20	490.14		520.97	563.66	510.56	503.37		509.39	517.20	490.14		520.97	563.66
41	520.15	512.82		518.96	526.91	499.35		530.75	574.25	520.15	512.82		518.96	526.91	499.35		530.75	574.25
42	529.34	521.88		528.13	536.22	508.17		540.13	584.39	529.34	521.88		528.13	536.22	508.17		540.13	584.39
43	542.13	534.48		540.88	549.17	520.44		553.17	598.51	542.13	534.48		540.88	549.17	520.44		553.17	598.51
44	558.11	550.24		556.82	565.35	535.78		569.48	616.15	558.11	550.24		556.82	565.35	535.78		569.48	616.15
45	576.88	568.75		575.56	584.37	553.81		588.64	636.88	576.88	568.75		575.56	584.37	553.81		588.64	636.88
46	599.25	590.81		597.88	607.04	575.28		611.46	661.58	599.25	590.81		597.88	607.04	575.28		611.46	661.58
47	624.42	615.62		622.99	632.53	599.45		637.15	689.36	624.42	615.62		622.99	632.53	599.45		637.15	689.36
48	653.19	643.98		651.69	661.67	627.06		666.50	721.12	653.19	643.98		651.69	661.67	627.06		666.50	721.12
49	681.55	671.94		679.99	690.40	654.29		695.44	752.43	681.55	671.94		679.99	690.40	654.29		695.44	752.43
50	713.51	703.45		711.87	722.78	684.97		728.05	787.72	713.51	703.45		711.87	722.78	684.97		728.05	787.72
51	745.07	734.57		743.36	754.75	715.27		760.25	822.56	745.07	734.57		743.36	754.75	715.27		760.25	822.56
52	779.83	768.84		778.04	789.96	748.64		795.72	860.93	779.83	768.84		778.04	789.96	748.64		795.72	860.93
53	814.99	803.50		813.11	825.57	782.39		831.59	899.74	814.99	803.50		813.11	825.57	782.39		831.59	899.74
54	852.94	840.91		850.98	864.02	818.82		870.32	941.64	852.94	840.91		850.98	864.02	818.82		870.32	941.64
55	890.89	878.33		888.85	902.46	855.26		909.04	983.54	890.89	878.33		888.85	902.46	855.26		909.04	983.54
56	932.04	918.90		929.90	944.15	894.76		951.03	1028.97	932.04	918.90		929.90	944.15	894.76		951.03	1028.97
57	973.59	959.86		971.35	986.23	934.64		993.43	1074.84	973.59	959.86		971.35	986.23	934.64		993.43	1074.84
58	1017.93	1003.58		1015.60	1031.15	977.22		1038.67	1123.80	1017.93	1003.58		1015.60	1031.15	977.22		1038.67	1123.80
59	1039.91	1025.25		1037.52	1053.41	998.31		1061.09	1148.06	1039.91	1025.25		1037.52	1053.41	998.31		1061.09	1148.06
60	1084.25	1068.97		1081.76	1098.33	1040.88		1106.34	1197.01	1084.25	1068.97		1081.76	1098.33	1040.88		1106.34	1197.01
61	1122.60	1106.78		1120.03	1137.18	1077.70		1145.48	1239.35	1122.60	1106.78		1120.03	1137.18	1077.70		1145.48	1239.35
62	1147.77	1131.59		1145.14	1162.68	1101.86		1171.16	1267.14	1147.77	1131.59		1145.14	1162.68	1101.86		1171.16	1267.14
63	1179.33	1162.71		1176.62	1194.65	1132.16		1203.36	1301.98	1179.33	1162.71		1176.62	1194.65	1132.16		1203.36	1301.98
64 and over	1198.50	1181.61		1195.76	1214.07	1150.56		1222.92	1323.15	1198.50	1181.61		1195.76	1214.07	1150.56		1222.92	1323.15

Kaiser Foundation Health Plan of Washington RATE SCHEDULE

Plan Information

Plan Name: Bronze HSA X
HIOS Plan ID: 80473WA0780003
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Outside the Exchange
Metal Level: Bronze HSA X
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Kitsap and Lewis
3	No	
4	Yes	Spokane
5	Yes	Mason, Pierce, and Thurston
6	Yes	Benton, Franklin, and Yakima
7	No	
8	Yes	Island, Skagit, Snohomish, and Whatcom
9	Yes	Columbia, Walla Walla, and 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	273.09	269.24		272.46	276.63	262.16		278.65	301.49	273.09	269.24		272.46	276.63	262.16		278.65	301.49
15	297.36	293.17		296.68	301.22	285.47		303.42	328.29	297.36	293.17		296.68	301.22	285.47		303.42	328.29
16	306.64	302.32		305.94	310.63	294.38		312.89	338.53	306.64	302.32		305.94	310.63	294.38		312.89	338.53
17	315.92	311.47		315.20	320.03	303.29		322.36	348.78	315.92	311.47		315.20	320.03	303.29		322.36	348.78
18	325.92	321.32		325.17	330.15	312.88		332.56	359.82	325.92	321.32		325.17	330.15	312.88		332.56	359.82
19	335.91	331.18		335.14	340.28	322.48		342.76	370.85	335.91	331.18		335.14	340.28	322.48		342.76	370.85
20	346.27	341.39		345.47	350.76	332.42		353.32	382.28	346.27	341.39		345.47	350.76	332.42		353.32	382.28
21	356.98	351.94		356.16	361.61	342.70		364.25	394.10	356.98	351.94		356.16	361.61	342.70		364.25	394.10
22	356.98	351.94		356.16	361.61	342.70		364.25	394.10	356.98	351.94		356.16	361.61	342.70		364.25	394.10
23	356.98	351.94		356.16	361.61	342.70		364.25	394.10	356.98	351.94		356.16	361.61	342.70		364.25	394.10
24	356.98	351.94		356.16	361.61	342.70		364.25	394.10	356.98	351.94		356.16	361.61	342.70		364.25	394.10
25	358.40	353.35		357.58	363.06	344.07		365.71	395.68	358.40	353.35		357.58	363.06	344.07		365.71	395.68
26	365.54	360.39		364.70	370.29	350.92		372.99	403.56	365.54	360.39		364.70	370.29	350.92		372.99	403.56
27	374.11	368.84		373.25	378.97	359.15		381.73	413.02	374.11	368.84		373.25	378.97	359.15		381.73	413.02
28	388.03	382.56		387.14	393.07	372.51		395.94	428.39	388.03	382.56		387.14	393.07	372.51		395.94	428.39
29	399.46	393.83		398.54	404.64	383.48		407.60	441.00	399.46	393.83		398.54	404.64	383.48		407.60	441.00
30	405.17	399.46		404.24	410.43	388.96		413.42	447.31	405.17	399.46		404.24	410.43	388.96		413.42	447.31
31	413.74	407.90		412.79	419.11	397.19		422.17	456.76	413.74	407.90		412.79	419.11	397.19		422.17	456.76
32	422.30	416.35		421.33	427.79	405.41		430.91	466.22	422.30	416.35		421.33	427.79	405.41		430.91	466.22
33	427.66	421.63		426.68	433.21	410.55		436.37	472.13	427.66	421.63		426.68	433.21	410.55		436.37	472.13
34	433.37	427.26		432.37	439.00	416.03		442.20	478.44	433.37	427.26		432.37	439.00	416.03		442.20	478.44
35	436.23	430.08		435.22	441.89	418.78		445.11	481.59	436.23	430.08		435.22	441.89	418.78		445.11	481.59
36	439.08	432.89		438.07	444.78	421.52		448.03	484.75	439.08	432.89		438.07	444.78	421.52		448.03	484.75
37	441.94	435.71		440.92	447.68	424.26		450.94	487.90	441.94	435.71		440.92	447.68	424.26		450.94	487.90
38	444.79	438.52		443.77	450.57	427.00		453.86	491.05	444.79	438.52		443.77	450.57	427.00		453.86	491.05
39	450.50	444.15		449.47	456.36	432.48		459.68	497.36	450.50	444.15		449.47	456.36	432.48		459.68	497.36
40	456.22	449.78		455.17	462.14	437.97		465.51	503.66	456.22	449.78		455.17	462.14	437.97		465.51	503.66
41	464.78	458.23		463.72	470.82	446.19		474.25	513.12	464.78	458.23		463.72	470.82	446.19		474.25	513.12
42	472.99	466.33		471.91	479.14	454.07		482.63	522.19	472.99	466.33		471.91	479.14	454.07		482.63	522.19
43	484.42	477.59		483.30	490.71	465.04		494.29	534.80	484.42	477.59		483.30	490.71	465.04		494.29	534.80
44	498.70	491.67		497.55	505.17	478.75		508.86	550.56	498.70	491.67		497.55	505.17	478.75		508.86	550.56
45	515.47	508.21		514.29	522.17	494.86		525.98	569.08	515.47	508.21		514.29	522.17	494.86		525.98	569.08
46	535.46	527.92		534.24	542.42	514.05		546.38	591.15	535.46	527.92		534.24	542.42	514.05		546.38	591.15
47	557.95	550.09		556.67	565.20	535.64		569.32	615.98	557.95	550.09		556.67	565.20	535.64		569.32	615.98
48	583.66	575.43		582.32	591.24	560.31		595.55	644.36	583.66	575.43		582.32	591.24	560.31		595.55	644.36
49	609.00	600.42		607.60	616.91	584.64		621.41	672.34	609.00	600.42		607.60	616.91	584.64		621.41	672.34
50	637.56	628.57		636.10	645.84	612.06		650.55	703.87	637.56	628.57		636.10	645.84	612.06		650.55	703.87
51	665.76	656.38		664.23	674.41	639.13		679.33	735.00	665.76	656.38		664.23	674.41	639.13		679.33	735.00
52	696.82	686.99		695.22	705.87	668.95		711.02	769.29	696.82	686.99		695.22	705.87	668.95		711.02	769.29
53	728.23	717.97		726.56	737.69	699.10		743.07	803.97	728.23	717.97		726.56	737.69	699.10		743.07	803.97
54	762.14	751.40		760.40	772.04	731.66		777.67	841.41	762.14	751.40		760.40	772.04	731.66		777.67	841.41
55	796.06	784.84		794.23	806.40	764.22		812.28	878.85	796.06	784.84		794.23	806.40	764.22		812.28	878.85
56	832.83	821.09		830.91	843.64	799.51		849.80	919.44	832.83	821.09		830.91	843.64	799.51		849.80	919.44
57	869.95	857.69		867.95	881.25	835.15		887.68	960.43	869.95	857.69		867.95	881.25	835.15		887.68	960.43
58	909.58	896.75		907.49	921.39	873.19		928.11	1004.17	909.58	896.75		907.49	921.39	873.19		928.11	1004.17
59	929.21	916.11		927.08	941.28	892.04		948.14	1025.85	929.21	916.11		927.08	941.28	892.04		948.14	1025.85
60	968.83	955.18		966.61	981.42	930.08		988.58	1069.59	968.83	955.18		966.61	981.42	930.08		988.58	1069.59
61	1003.10	988.96		1000.80	1016.13	962.98		1023.54	1107.43	1003.10	988.96		1000.80	1016.13	962.98		1023.54	1107.43
62	1025.59	1011.14		1023.24	1038.91	984.57		1046.49	1132.26	1025.59	1011.14		1023.24	1038.91	984.57		1046.49	1132.26
63	1053.79	1038.94		1051.38	1067.48	1011.64		1075.27	1163.39	1053.79	1038.94		1051.38	1067.48	1011.64		1075.27	1163.39
64 and over	1070.93	1055.82		1068.47	1084.83	1028.09		1092.75	1182.30	1070.93	1055.82		1068.47	1084.83	1028.09		1092.75	1182.30

Kaiser Foundation Health Plan of Washington RATE SCHEDULE

Plan Information

Plan Name: VisitsPlus Bronze
HIOS Plan ID: 80473WA0990001
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Both inside and outside the exchange
Metal Level: VisitsPlus Bronze
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Kitsap and Lewis
3	No	
4	Yes	Spokane
5	Yes	Mason, Pierce, and Thurston
6	Yes	Benton, Franklin, and Yakima
7	No	
8	Yes	Island, Skagit, Snohomish, and Whatcom
9	Yes	Columbia, Walla Walla, and 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	276.83	272.93		276.20	280.43	265.76		282.47	305.62	276.83	272.93		276.20	280.43	265.76		282.47	305.62
15	301.44	297.19		300.75	305.35	289.38		307.58	332.79	301.44	297.19		300.75	305.35	289.38		307.58	332.79
16	310.85	306.47		310.13	314.88	298.41		317.18	343.18	310.85	306.47		310.13	314.88	298.41		317.18	343.18
17	320.26	315.74		319.52	324.42	307.45		326.78	353.56	320.26	315.74		319.52	324.42	307.45		326.78	353.56
18	330.39	325.73		329.63	334.68	317.17		337.12	364.75	330.39	325.73		329.63	334.68	317.17		337.12	364.75
19	340.52	335.72		339.74	344.94	326.90		347.46	375.93	340.52	335.72		339.74	344.94	326.90		347.46	375.93
20	351.01	346.07		350.21	355.57	336.97		358.17	387.52	351.01	346.07		350.21	355.57	336.97		358.17	387.52
21	361.87	356.77		361.04	366.57	347.40		369.24	399.51	361.87	356.77		361.04	366.57	347.40		369.24	399.51
22	361.87	356.77		361.04	366.57	347.40		369.24	399.51	361.87	356.77		361.04	366.57	347.40		369.24	399.51
23	361.87	356.77		361.04	366.57	347.40		369.24	399.51	361.87	356.77		361.04	366.57	347.40		369.24	399.51
24	361.87	356.77		361.04	366.57	347.40		369.24	399.51	361.87	356.77		361.04	366.57	347.40		369.24	399.51
25	363.32	358.20		362.48	368.04	348.79		370.72	401.10	363.32	358.20		362.48	368.04	348.79		370.72	401.10
26	370.56	365.33		369.71	375.37	355.73		378.11	409.09	370.56	365.33		369.71	375.37	355.73		378.11	409.09
27	379.24	373.89		378.37	384.17	364.07		386.97	418.68	379.24	373.89		378.37	384.17	364.07		386.97	418.68
28	393.35	387.81		392.45	398.46	377.62		401.37	434.26	393.35	387.81		392.45	398.46	377.62		401.37	434.26
29	404.93	399.23		404.00	410.19	388.74		413.18	447.05	404.93	399.23		404.00	410.19	388.74		413.18	447.05
30	410.72	404.93		409.78	416.06	394.29		419.09	453.44	410.72	404.93		409.78	416.06	394.29		419.09	453.44
31	419.41	413.50		418.45	424.86	402.63		427.95	463.03	419.41	413.50		418.45	424.86	402.63		427.95	463.03
32	428.09	422.06		427.11	433.65	410.97		436.82	472.62	428.09	422.06		427.11	433.65	410.97		436.82	472.62
33	433.52	427.41		432.53	439.15	416.18		442.36	478.61	433.52	427.41		432.53	439.15	416.18		442.36	478.61
34	439.31	433.12		438.30	445.02	421.74		448.26	485.00	439.31	433.12		438.30	445.02	421.74		448.26	485.00
35	442.21	435.97		441.19	447.95	424.52		451.22	488.20	442.21	435.97		441.19	447.95	424.52		451.22	488.20
36	445.10	438.83		444.08	450.88	427.30		454.17	491.39	445.10	438.83		444.08	450.88	427.30		454.17	491.39
37	448.00	441.68		446.97	453.82	430.08		457.12	494.59	448.00	441.68		446.97	453.82	430.08		457.12	494.59
38	450.89	444.53		449.86	456.75	432.86		460.08	497.78	450.89	444.53		449.86	456.75	432.86		460.08	497.78
39	456.68	450.24		455.63	462.61	438.41		465.99	504.18	456.68	450.24		455.63	462.61	438.41		465.99	504.18
40	462.47	455.95		461.41	468.48	443.97		471.89	510.57	462.47	455.95		461.41	468.48	443.97		471.89	510.57
41	471.16	464.51		470.07	477.28	452.31		480.76	520.16	471.16	464.51		470.07	477.28	452.31		480.76	520.16
42	479.48	472.72		478.38	485.71	460.30		489.25	529.34	479.48	472.72		478.38	485.71	460.30		489.25	529.34
43	491.06	484.14		489.93	497.44	471.42		501.06	542.13	491.06	484.14		489.93	497.44	471.42		501.06	542.13
44	505.53	498.41		504.37	512.10	485.31		515.83	558.11	505.53	498.41		504.37	512.10	485.31		515.83	558.11
45	522.54	515.18		521.34	529.33	501.64		533.19	576.89	522.54	515.18		521.34	529.33	501.64		533.19	576.89
46	542.81	535.15		541.56	549.86	521.09		553.87	599.26	542.81	535.15		541.56	549.86	521.09		553.87	599.26
47	565.60	557.63		564.31	572.95	542.98		577.13	624.43	565.60	557.63		564.31	572.95	542.98		577.13	624.43
48	591.66	583.32		590.30	599.34	567.99		603.71	653.19	591.66	583.32		590.30	599.34	567.99		603.71	653.19
49	617.35	608.65		615.93	625.37	592.66		629.93	681.56	617.35	608.65		615.93	625.37	592.66		629.93	681.56
50	646.30	637.19		644.82	654.70	620.45		659.47	713.52	646.30	637.19		644.82	654.70	620.45		659.47	713.52
51	674.89	665.38		673.34	683.66	647.89		688.64	745.08	674.89	665.38		673.34	683.66	647.89		688.64	745.08
52	706.37	696.41		704.75	715.55	678.12		720.77	779.83	706.37	696.41		704.75	715.55	678.12		720.77	779.83
53	738.22	727.81		736.52	747.81	708.69		753.26	814.99	738.22	727.81		736.52	747.81	708.69		753.26	814.99
54	772.59	761.70		770.82	782.63	741.69		788.34	852.94	772.59	761.70		770.82	782.63	741.69		788.34	852.94
55	806.97	795.60		805.12	817.45	774.69		823.42	890.90	806.97	795.60		805.12	817.45	774.69		823.42	890.90
56	844.24	832.34		842.31	855.21	810.48		861.45	932.05	844.24	832.34		842.31	855.21	810.48		861.45	932.05
57	881.88	869.45		879.86	893.33	846.60		899.85	973.60	881.88	869.45		879.86	893.33	846.60		899.85	973.60
58	922.05	909.05		919.93	934.02	885.17		940.84	1017.94	922.05	909.05		919.93	934.02	885.17		940.84	1017.94
59	941.95	928.67		939.79	954.18	904.27		961.14	1039.91	941.95	928.67		939.79	954.18	904.27		961.14	1039.91
60	982.12	968.27		979.86	994.87	942.83		1002.13	1084.26	982.12	968.27		979.86	994.87	942.83		1002.13	1084.26
61	1016.86	1002.52		1014.52	1030.06	976.18		1037.58	1122.61	1016.86	1002.52		1014.52	1030.06	976.18		1037.58	1122.61
62	1039.66	1025.00		1037.27	1053.16	998.07		1060.84	1147.78	1039.66	1025.00		1037.27	1053.16	998.07		1060.84	1147.78
63	1068.24	1053.18		1065.79	1082.12	1025.51		1090.01	1179.34	1068.24	1053.18		1065.79	1082.12	1025.51		1090.01	1179.34
64 and over	1085.61	1070.31		1083.12	1099.71	1042.19		1107.72	1198.52	1085.61	1070.31		1083.12	1099.71	1042.19		1107.72	1198.52

Kaiser Foundation Health Plan of Washington

RATE SCHEDULE

Plan Information

Plan Name: Bronze
HIOS Plan ID: 80473WA0990003
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Outside the Exchange
Metal Level: Bronze
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Kitsap and Lewis
3	No	
4	Yes	Spokane
5	Yes	Mason, Pierce, and Thurston
6	Yes	Benton, Franklin, and Yakima
7	No	
8	Yes	Island, Skagit, Snohomish, and Whatcom
9	Yes	Columbia, Walla Walla, and 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	273.25	269.40		272.62	276.80	262.32		278.82	301.67	273.25	269.40		272.62	276.80	262.32		278.82	301.67
15	297.54	293.35		296.86	301.41	285.64		303.60	328.48	297.54	293.35		296.86	301.41	285.64		303.60	328.48
16	306.83	302.50		306.12	310.81	294.55		313.08	338.74	306.83	302.50		306.12	310.81	294.55		313.08	338.74
17	316.11	311.66		315.39	320.22	303.47		322.56	348.99	316.11	311.66		315.39	320.22	303.47		322.56	348.99
18	326.12	321.52		325.37	330.35	313.07		332.76	360.03	326.12	321.52		325.37	330.35	313.07		332.76	360.03
19	336.12	331.38		335.35	340.48	322.67		342.97	371.07	336.12	331.38		335.35	340.48	322.67		342.97	371.07
20	346.48	341.59		345.68	350.98	332.62		353.54	382.51	346.48	341.59		345.68	350.98	332.62		353.54	382.51
21	357.19	352.16		356.37	361.83	342.90		364.47	394.34	357.19	352.16		356.37	361.83	342.90		364.47	394.34
22	357.19	352.16		356.37	361.83	342.90		364.47	394.34	357.19	352.16		356.37	361.83	342.90		364.47	394.34
23	357.19	352.16		356.37	361.83	342.90		364.47	394.34	357.19	352.16		356.37	361.83	342.90		364.47	394.34
24	357.19	352.16		356.37	361.83	342.90		364.47	394.34	357.19	352.16		356.37	361.83	342.90		364.47	394.34
25	358.62	353.57		357.80	363.28	344.28		365.93	395.92	358.62	353.57		357.80	363.28	344.28		365.93	395.92
26	365.76	360.61		364.92	370.52	351.13		373.22	403.80	365.76	360.61		364.92	370.52	351.13		373.22	403.80
27	374.34	369.06		373.48	379.20	359.36		381.96	413.27	374.34	369.06		373.48	379.20	359.36		381.96	413.27
28	388.27	382.79		387.38	393.31	372.74		396.18	428.65	388.27	382.79		387.38	393.31	372.74		396.18	428.65
29	399.70	394.06		398.78	404.89	383.71		407.84	441.27	399.70	394.06		398.78	404.89	383.71		407.84	441.27
30	405.41	399.70		404.48	410.68	389.20		413.67	447.58	405.41	399.70		404.48	410.68	389.20		413.67	447.58
31	413.99	408.15		413.03	419.36	397.43		422.42	457.04	413.99	408.15		413.03	419.36	397.43		422.42	457.04
32	422.56	416.60		421.59	428.05	405.66		431.17	466.50	422.56	416.60		421.59	428.05	405.66		431.17	466.50
33	427.92	421.88		426.93	433.47	410.80		436.64	472.42	427.92	421.88		426.93	433.47	410.80		436.64	472.42
34	433.63	427.52		432.64	439.26	416.29		442.47	478.73	433.63	427.52		432.64	439.26	416.29		442.47	478.73
35	436.49	430.34		435.49	442.16	419.03		445.38	481.88	436.49	430.34		435.49	442.16	419.03		445.38	481.88
36	439.35	433.15		438.34	445.05	421.77		448.30	485.04	439.35	433.15		438.34	445.05	421.77		448.30	485.04
37	442.20	435.97		441.19	447.95	424.52		451.21	488.19	442.20	435.97		441.19	447.95	424.52		451.21	488.19
38	445.06	438.79		444.04	450.84	427.26		454.13	491.35	445.06	438.79		444.04	450.84	427.26		454.13	491.35
39	450.78	444.42		449.74	456.63	432.74		459.96	497.66	450.78	444.42		449.74	456.63	432.74		459.96	497.66
40	456.49	450.06		455.44	462.42	438.23		465.79	503.97	456.49	450.06		455.44	462.42	438.23		465.79	503.97
41	465.06	458.51		464.00	471.10	446.46		474.54	513.43	465.06	458.51		464.00	471.10	446.46		474.54	513.43
42	473.28	466.61		472.19	479.43	454.35		482.92	522.50	473.28	466.61		472.19	479.43	454.35		482.92	522.50
43	484.71	477.88		483.60	491.00	465.32		494.59	535.12	484.71	477.88		483.60	491.00	465.32		494.59	535.12
44	499.00	491.96		497.85	505.48	479.04		509.16	550.89	499.00	491.96		497.85	505.48	479.04		509.16	550.89
45	515.78	508.51		514.60	522.48	495.15		526.29	569.43	515.78	508.51		514.60	522.48	495.15		526.29	569.43
46	535.79	528.23		534.56	542.75	514.36		546.71	591.51	535.79	528.23		534.56	542.75	514.36		546.71	591.51
47	558.29	550.42		557.01	565.54	535.96		569.67	616.35	558.29	550.42		557.01	565.54	535.96		569.67	616.35
48	584.01	575.78		582.67	591.59	560.65		595.91	644.75	584.01	575.78		582.67	591.59	560.65		595.91	644.75
49	609.37	600.78		607.97	617.28	584.99		621.79	672.74	609.37	600.78		607.97	617.28	584.99		621.79	672.74
50	637.94	628.95		636.48	646.23	612.43		650.94	704.29	637.94	628.95		636.48	646.23	612.43		650.94	704.29
51	666.16	656.77		664.63	674.82	639.52		679.74	735.44	666.16	656.77		664.63	674.82	639.52		679.74	735.44
52	697.24	687.41		695.64	706.29	669.35		711.45	769.75	697.24	687.41		695.64	706.29	669.35		711.45	769.75
53	728.67	718.40		727.00	738.14	699.52		743.52	804.45	728.67	718.40		727.00	738.14	699.52		743.52	804.45
54	762.60	751.85		760.85	772.51	732.10		778.14	841.92	762.60	751.85		760.85	772.51	732.10		778.14	841.92
55	796.54	785.31		794.71	806.88	764.68		812.77	879.38	796.54	785.31		794.71	806.88	764.68		812.77	879.38
56	833.33	821.58		831.42	844.15	800.00		850.31	919.99	833.33	821.58		831.42	844.15	800.00		850.31	919.99
57	870.48	858.21		868.48	881.78	835.66		888.21	961.01	870.48	858.21		868.48	881.78	835.66		888.21	961.01
58	910.12	897.29		908.04	921.95	873.72		928.67	1004.78	910.12	897.29		908.04	921.95	873.72		928.67	1004.78
59	929.77	916.66		927.64	941.85	892.58		948.72	1026.47	929.77	916.66		927.64	941.85	892.58		948.72	1026.47
60	969.42	955.75		967.19	982.01	930.64		989.17	1070.24	969.42	955.75		967.19	982.01	930.64		989.17	1070.24
61	1003.71	989.56		1001.40	1016.75	963.56		1024.16	1108.09	1003.71	989.56		1001.40	1016.75	963.56		1024.16	1108.09
62	1026.21	1011.75		1023.86	1039.54	985.16		1047.12	1132.94	1026.21	1011.75		1023.86	1039.54	985.16		1047.12	1132.94
63	1054.43	1039.57		1052.01	1068.13	1012.25		1075.92	1164.09	1054.43	1039.57		1052.01	1068.13	1012.25		1075.92	1164.09
64 and over	1071.57	1056.47		1069.11	1085.49	1028.70		1093.41	1183.02	1071.57	1056.47		1069.11	1085.49	1028.70		1093.41	1183.02

Kaiser Foundation Health Plan of Washington RATE SCHEDULE

Plan Information

Plan Name: VisitsPlus Silver
HIOS Plan ID: 80473WA1000001
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Both inside and outside the exchange
Metal Level: VisitsPlus 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	Kitsap and Lewis
3	No	
4	Yes	Spokane
5	Yes	Mason, Pierce, and Thurston
6	Yes	Benton, Franklin, and Yakima
7	No	
8	Yes	Island, Skagit, Snohomish, and Whatcom
9	Yes	Columbia, Walla Walla, and 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	604.23	595.72		602.85	612.08	580.06		616.55	667.07	604.23	595.72		602.85	612.08	580.06		616.55	667.07
15	657.94	648.67		656.43	666.49	631.63		671.35	726.37	657.94	648.67		656.43	666.49	631.63		671.35	726.37
16	678.48	668.91		676.92	687.29	651.34		692.30	749.04	678.48	668.91		676.92	687.29	651.34		692.30	749.04
17	699.02	689.16		697.41	708.09	671.05		713.26	771.71	699.02	689.16		697.41	708.09	671.05		713.26	771.71
18	721.13	710.96		719.48	730.50	692.29		735.82	796.13	721.13	710.96		719.48	730.50	692.29		735.82	796.13
19	743.25	732.77		741.54	752.90	713.52		758.39	820.54	743.25	732.77		741.54	752.90	713.52		758.39	820.54
20	766.15	755.35		764.39	776.10	735.51		781.76	845.83	766.15	755.35		764.39	776.10	735.51		781.76	845.83
21	789.85	778.71		788.03	800.11	758.25		805.94	871.99	789.85	778.71		788.03	800.11	758.25		805.94	871.99
22	789.85	778.71		788.03	800.11	758.25		805.94	871.99	789.85	778.71		788.03	800.11	758.25		805.94	871.99
23	789.85	778.71		788.03	800.11	758.25		805.94	871.99	789.85	778.71		788.03	800.11	758.25		805.94	871.99
24	789.85	778.71		788.03	800.11	758.25		805.94	871.99	789.85	778.71		788.03	800.11	758.25		805.94	871.99
25	793.01	781.83		791.19	803.31	761.29		809.17	875.48	793.01	781.83		791.19	803.31	761.29		809.17	875.48
26	808.80	797.40		806.95	819.31	776.45		825.28	892.92	808.80	797.40		806.95	819.31	776.45		825.28	892.92
27	827.76	816.09		825.86	838.51	794.65		844.63	913.85	827.76	816.09		825.86	838.51	794.65		844.63	913.85
28	858.56	846.46		856.59	869.72	824.22		876.06	947.86	858.56	846.46		856.59	869.72	824.22		876.06	947.86
29	883.84	871.38		881.81	895.32	848.49		901.85	975.76	883.84	871.38		881.81	895.32	848.49		901.85	975.76
30	896.48	883.84		894.42	908.12	860.62		914.74	989.71	896.48	883.84		894.42	908.12	860.62		914.74	989.71
31	915.43	902.53		913.33	927.32	878.82		934.09	1010.64	915.43	902.53		913.33	927.32	878.82		934.09	1010.64
32	934.39	921.22		932.24	946.53	897.01		953.43	1031.57	934.39	921.22		932.24	946.53	897.01		953.43	1031.57
33	946.24	932.90		944.07	958.53	908.39		965.52	1044.65	946.24	932.90		944.07	958.53	908.39		965.52	1044.65
34	958.88	945.36		956.67	971.33	920.52		978.41	1058.60	958.88	945.36		956.67	971.33	920.52		978.41	1058.60
35	965.19	951.59		962.98	977.73	926.59		984.86	1065.57	965.19	951.59		962.98	977.73	926.59		984.86	1065.57
36	971.51	957.82		969.28	984.13	932.65		991.31	1072.55	971.51	957.82		969.28	984.13	932.65		991.31	1072.55
37	977.83	964.05		975.59	990.53	938.72		997.76	1079.53	977.83	964.05		975.59	990.53	938.72		997.76	1079.53
38	984.15	970.28		981.89	996.93	944.78		1004.20	1086.50	984.15	970.28		981.89	996.93	944.78		1004.20	1086.50
39	996.79	982.74		994.50	1009.73	956.92		1017.10	1100.45	996.79	982.74		994.50	1009.73	956.92		1017.10	1100.45
40	1009.43	995.20		1007.11	1022.54	969.05		1029.99	1114.41	1009.43	995.20		1007.11	1022.54	969.05		1029.99	1114.41
41	1028.38	1013.88		1026.02	1041.74	987.25		1049.34	1135.33	1028.38	1013.88		1026.02	1041.74	987.25		1049.34	1135.33
42	1046.55	1031.79		1044.15	1060.14	1004.69		1067.87	1155.39	1046.55	1031.79		1044.15	1060.14	1004.69		1067.87	1155.39
43	1071.82	1056.71		1069.36	1085.74	1028.95		1093.66	1183.29	1071.82	1056.71		1069.36	1085.74	1028.95		1093.66	1183.29
44	1103.42	1087.86		1100.88	1117.75	1059.28		1125.90	1218.17	1103.42	1087.86		1100.88	1117.75	1059.28		1125.90	1218.17
45	1140.54	1124.46		1137.92	1155.35	1094.92		1163.78	1259.16	1140.54	1124.46		1137.92	1155.35	1094.92		1163.78	1259.16
46	1184.77	1168.07		1182.05	1200.16	1137.38		1208.91	1307.99	1184.77	1168.07		1182.05	1200.16	1137.38		1208.91	1307.99
47	1234.53	1217.13		1231.70	1250.57	1185.15		1259.69	1362.92	1234.53	1217.13		1231.70	1250.57	1185.15		1259.69	1362.92
48	1291.40	1273.20		1288.44	1308.17	1239.74		1317.71	1425.71	1291.40	1273.20		1288.44	1308.17	1239.74		1317.71	1425.71
49	1347.48	1328.48		1344.39	1364.98	1293.58		1374.94	1487.62	1347.48	1328.48		1344.39	1364.98	1293.58		1374.94	1487.62
50	1410.67	1390.78		1407.43	1428.99	1354.24		1439.41	1557.38	1410.67	1390.78		1407.43	1428.99	1354.24		1439.41	1557.38
51	1473.07	1452.30		1469.68	1492.20	1414.14		1503.08	1626.26	1473.07	1452.30		1469.68	1492.20	1414.14		1503.08	1626.26
52	1541.78	1520.05		1538.24	1561.81	1480.11		1573.20	1702.13	1541.78	1520.05		1538.24	1561.81	1480.11		1573.20	1702.13
53	1611.29	1588.57		1607.59	1632.22	1546.84		1644.12	1778.86	1611.29	1588.57		1607.59	1632.22	1546.84		1644.12	1778.86
54	1686.32	1662.55		1682.45	1708.23	1618.87		1720.69	1861.70	1686.32	1662.55		1682.45	1708.23	1618.87		1720.69	1861.70
55	1761.36	1736.53		1757.32	1784.24	1690.91		1797.25	1944.54	1761.36	1736.53		1757.32	1784.24	1690.91		1797.25	1944.54
56	1842.71	1816.74		1838.48	1866.65	1769.01		1880.26	2034.36	1842.71	1816.74		1838.48	1866.65	1769.01		1880.26	2034.36
57	1924.86	1897.72		1920.44	1949.86	1847.86		1964.08	2125.04	1924.86	1897.72		1920.44	1949.86	1847.86		1964.08	2125.04
58	2012.53	1984.16		2007.91	2038.67	1932.03		2053.54	2221.84	2012.53	1984.16		2007.91	2038.67	1932.03		2053.54	2221.84
59	2055.97	2026.99		2051.25	2082.68	1973.73		2097.87	2269.79	2055.97	2026.99		2051.25	2082.68	1973.73		2097.87	2269.79
60	2143.65	2113.43		2138.73	2171.49	2057.90		2187.33	2366.59	2143.65	2113.43		2138.73	2171.49	2057.90		2187.33	2366.59
61	2219.47	2188.18		2214.38	2248.30	2130.69		2264.70	2450.30	2219.47	2188.18		2214.38	2248.30	2130.69		2264.70	2450.30
62	2269.23	2237.24		2264.02	2298.71	2178.46		2315.47	2505.23	2269.23	2237.24		2264.02	2298.71	2178.46		2315.47	2505.23
63	2331.63	2298.76		2326.28	2361.91	2238.36		2379.14	2574.12	2331.63	2298.76		2326.28	2361.91	2238.36		2379.14	2574.12
64 and over	2369.54	2336.13		2364.09	2400.32	2274.75		2417.82	2615.97	2369.54	2336.13		2364.09	2400.32	2274.75		2417.82	2615.97

Kaiser Foundation Health Plan of Washington RATE SCHEDULE

Plan Information

Plan Name: VisitsPlus Gold
HIOS Plan ID: 80473WA1000002
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Both inside and outside the exchange
Metal Level: VisitsPlus 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	Kitsap and Lewis
3	No	
4	Yes	Spokane
5	Yes	Mason, Pierce, and Thurston
6	Yes	Benton, Franklin, and Yakima
7	No	
8	Yes	Island, Skagit, Snohomish, and Whatcom
9	Yes	Columbia, Walla Walla, and 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	356.37	351.34		355.55	360.99	342.11		363.63	393.43	356.37	351.34		355.55	360.99	342.11		363.63	393.43
15	388.04	382.57		387.15	393.08	372.52		395.95	428.40	388.04	382.57		387.15	393.08	372.52		395.95	428.40
16	400.15	394.51		399.24	405.35	384.15		408.31	441.77	400.15	394.51		399.24	405.35	384.15		408.31	441.77
17	412.27	406.45		411.32	417.62	395.78		420.67	455.14	412.27	406.45		411.32	417.62	395.78		420.67	455.14
18	425.31	419.31		424.33	430.83	408.30		433.98	469.54	425.31	419.31		424.33	430.83	408.30		433.98	469.54
19	438.35	432.17		437.35	444.05	420.82		447.29	483.94	438.35	432.17		437.35	444.05	420.82		447.29	483.94
20	451.86	445.49		450.83	457.73	433.79		461.07	498.86	451.86	445.49		450.83	457.73	433.79		461.07	498.86
21	465.84	459.27		464.77	471.89	447.20		475.33	514.28	465.84	459.27		464.77	471.89	447.20		475.33	514.28
22	465.84	459.27		464.77	471.89	447.20		475.33	514.28	465.84	459.27		464.77	471.89	447.20		475.33	514.28
23	465.84	459.27		464.77	471.89	447.20		475.33	514.28	465.84	459.27		464.77	471.89	447.20		475.33	514.28
24	465.84	459.27		464.77	471.89	447.20		475.33	514.28	465.84	459.27		464.77	471.89	447.20		475.33	514.28
25	467.70	461.11		466.63	473.78	448.99		477.23	516.34	467.70	461.11		466.63	473.78	448.99		477.23	516.34
26	477.02	470.29		475.92	483.21	457.94		486.74	526.63	477.02	470.29		475.92	483.21	457.94		486.74	526.63
27	488.20	481.32		487.08	494.54	468.67		498.15	538.97	488.20	481.32		487.08	494.54	468.67		498.15	538.97
28	506.37	499.23		505.20	512.94	486.11		516.68	559.03	506.37	499.23		505.20	512.94	486.11		516.68	559.03
29	521.27	513.92		520.08	528.04	500.42		531.89	575.48	521.27	513.92		520.08	528.04	500.42		531.89	575.48
30	528.73	521.27		527.51	535.59	507.58		539.50	583.71	528.73	521.27		527.51	535.59	507.58		539.50	583.71
31	539.91	532.29		538.67	546.92	518.31		550.91	596.06	539.91	532.29		538.67	546.92	518.31		550.91	596.06
32	551.09	543.32		549.82	558.24	529.04		562.31	608.40	551.09	543.32		549.82	558.24	529.04		562.31	608.40
33	558.07	550.21		556.79	565.32	535.75		569.44	616.11	558.07	550.21		556.79	565.32	535.75		569.44	616.11
34	565.53	557.55		564.23	572.87	542.91		577.05	624.34	565.53	557.55		564.23	572.87	542.91		577.05	624.34
35	569.25	561.23		567.95	576.65	546.48		580.85	628.46	569.25	561.23		567.95	576.65	546.48		580.85	628.46
36	572.98	564.90		571.66	580.42	550.06		584.66	632.57	572.98	564.90		571.66	580.42	550.06		584.66	632.57
37	576.71	568.58		575.38	584.20	553.64		588.46	636.68	576.71	568.58		575.38	584.20	553.64		588.46	636.68
38	580.43	572.25		579.10	587.97	557.22		592.26	640.80	580.43	572.25		579.10	587.97	557.22		592.26	640.80
39	587.89	579.60		586.54	595.52	564.37		599.87	649.03	587.89	579.60		586.54	595.52	564.37		599.87	649.03
40	595.34	586.95		593.97	603.07	571.53		607.47	657.26	595.34	586.95		593.97	603.07	571.53		607.47	657.26
41	606.52	597.97		605.13	614.40	582.26		618.88	669.60	606.52	597.97		605.13	614.40	582.26		618.88	669.60
42	617.23	608.53		615.82	625.25	592.55		629.81	681.43	617.23	608.53		615.82	625.25	592.55		629.81	681.43
43	632.14	623.23		630.69	640.35	606.86		645.02	697.88	632.14	623.23		630.69	640.35	606.86		645.02	697.88
44	650.78	641.60		649.28	659.23	624.74		664.04	718.46	650.78	641.60		649.28	659.23	624.74		664.04	718.46
45	672.67	663.19		671.13	681.41	645.76		686.38	742.63	672.67	663.19		671.13	681.41	645.76		686.38	742.63
46	698.76	688.91		697.15	707.83	670.81		712.99	771.43	698.76	688.91		697.15	707.83	670.81		712.99	771.43
47	728.10	717.84		726.43	737.56	698.98		742.94	803.83	728.10	717.84		726.43	737.56	698.98		742.94	803.83
48	761.64	750.91		759.90	771.54	731.18		777.16	840.86	761.64	750.91		759.90	771.54	731.18		777.16	840.86
49	794.72	783.52		792.89	805.04	762.93		810.91	877.37	794.72	783.52		792.89	805.04	762.93		810.91	877.37
50	831.99	820.26		830.08	842.79	798.71		848.94	918.51	831.99	820.26		830.08	842.79	798.71		848.94	918.51
51	868.79	856.54		866.79	880.07	834.04		886.49	959.14	868.79	856.54		866.79	880.07	834.04		886.49	959.14
52	909.31	896.50		907.23	921.13	872.94		927.84	1003.88	909.31	896.50		907.23	921.13	872.94		927.84	1003.88
53	950.31	936.91		948.13	962.65	912.30		969.67	1049.14	950.31	936.91		948.13	962.65	912.30		969.67	1049.14
54	994.56	980.54		992.28	1007.48	954.78		1014.83	1098.00	994.56	980.54		992.28	1007.48	954.78		1014.83	1098.00
55	1038.82	1024.17		1036.43	1052.31	997.26		1059.99	1146.85	1038.82	1024.17		1036.43	1052.31	997.26		1059.99	1146.85
56	1086.80	1071.48		1084.30	1100.91	1043.33		1108.94	1199.83	1086.80	1071.48		1084.30	1100.91	1043.33		1108.94	1199.83
57	1135.25	1119.24		1132.64	1149.99	1089.84		1158.38	1253.31	1135.25	1119.24		1132.64	1149.99	1089.84		1158.38	1253.31
58	1186.95	1170.22		1184.23	1202.37	1139.48		1211.14	1310.40	1186.95	1170.22		1184.23	1202.37	1139.48		1211.14	1310.40
59	1212.58	1195.48		1209.79	1228.32	1164.07		1237.28	1338.68	1212.58	1195.48		1209.79	1228.32	1164.07		1237.28	1338.68
60	1264.28	1246.46		1261.38	1280.70	1213.71		1290.04	1395.77	1264.28	1246.46		1261.38	1280.70	1213.71		1290.04	1395.77
61	1309.00	1290.55		1306.00	1326.01	1256.64		1335.68	1445.14	1309.00	1290.55		1306.00	1326.01	1256.64		1335.68	1445.14
62	1338.35	1319.48		1335.28	1355.73	1284.82		1365.62	1477.54	1338.35	1319.48		1335.28	1355.73	1284.82		1365.62	1477.54
63	1375.15	1355.77		1372.00	1393.01	1320.15		1403.17	1518.17	1375.15	1355.77		1372.00	1393.01	1320.15		1403.17	1518.17
64 and over	1397.51	1377.81		1394.30	1415.66	1341.60		1425.99	1542.84	1397.51	1377.81		1394.30	1415.66	1341.60		1425.99	1542.84

Kaiser Foundation Health Plan of Washington RATE SCHEDULE

Plan Information

Plan Name: VisitsPlus Silver HD
HIOS Plan ID: 80473WA1000004
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Outside the Exchange
Metal Level: VisitsPlus Silver HD
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Kitsap and Lewis
3	No	
4	Yes	Spokane
5	Yes	Mason, Pierce, and Thurston
6	Yes	Benton, Franklin, and Yakima
7	No	
8	Yes	Island, Skagit, Snohomish, and Whatcom
9	Yes	Columbia, Walla Walla, and 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	300.23	295.99		299.54	304.13	288.22		306.34	331.45	300.23	295.99		299.54	304.13	288.22		306.34	331.45
15	326.91	322.31		326.16	331.16	313.84		333.57	360.91	326.91	322.31		326.16	331.16	313.84		333.57	360.91
16	337.12	332.36		336.34	341.50	323.63		343.99	372.18	337.12	332.36		336.34	341.50	323.63		343.99	372.18
17	347.32	342.42		346.52	351.83	333.43		354.40	383.44	347.32	342.42		346.52	351.83	333.43		354.40	383.44
18	358.31	353.26		357.49	362.96	343.98		365.61	395.57	358.31	353.26		357.49	362.96	343.98		365.61	395.57
19	369.30	364.09		368.45	374.10	354.53		376.82	407.71	369.30	364.09		368.45	374.10	354.53		376.82	407.71
20	380.68	375.31		379.81	385.62	365.45		388.44	420.27	380.68	375.31		379.81	385.62	365.45		388.44	420.27
21	392.45	386.92		391.55	397.55	376.76		400.45	433.27	392.45	386.92		391.55	397.55	376.76		400.45	433.27
22	392.45	386.92		391.55	397.55	376.76		400.45	433.27	392.45	386.92		391.55	397.55	376.76		400.45	433.27
23	392.45	386.92		391.55	397.55	376.76		400.45	433.27	392.45	386.92		391.55	397.55	376.76		400.45	433.27
24	392.45	386.92		391.55	397.55	376.76		400.45	433.27	392.45	386.92		391.55	397.55	376.76		400.45	433.27
25	394.02	388.47		393.12	399.14	378.26		402.05	435.00	394.02	388.47		393.12	399.14	378.26		402.05	435.00
26	401.87	396.21		400.95	407.09	385.80		410.06	443.67	401.87	396.21		400.95	407.09	385.80		410.06	443.67
27	411.29	405.49		410.35	416.63	394.84		419.67	454.07	411.29	405.49		410.35	416.63	394.84		419.67	454.07
28	426.60	420.58		425.62	432.14	409.53		435.29	470.96	426.60	420.58		425.62	432.14	409.53		435.29	470.96
29	439.16	432.96		438.15	444.86	421.59		448.10	484.83	439.16	432.96		438.15	444.86	421.59		448.10	484.83
30	445.43	439.16		444.41	451.22	427.62		454.51	491.76	445.43	439.16		444.41	451.22	427.62		454.51	491.76
31	454.85	448.44		453.81	460.76	436.66		464.12	502.16	454.85	448.44		453.81	460.76	436.66		464.12	502.16
32	464.27	457.73		463.21	470.30	445.70		473.73	512.56	464.27	457.73		463.21	470.30	445.70		473.73	512.56
33	470.16	463.53		469.08	476.27	451.35		479.74	519.06	470.16	463.53		469.08	476.27	451.35		479.74	519.06
34	476.44	469.72		475.34	482.63	457.38		486.15	525.99	476.44	469.72		475.34	482.63	457.38		486.15	525.99
35	479.58	472.82		478.48	485.81	460.39		489.35	529.45	479.58	472.82		478.48	485.81	460.39		489.35	529.45
36	482.72	475.91		481.61	488.99	463.41		492.55	532.92	482.72	475.91		481.61	488.99	463.41		492.55	532.92
37	485.86	479.01		484.74	492.17	466.42		495.76	536.39	485.86	479.01		484.74	492.17	466.42		495.76	536.39
38	489.00	482.10		487.87	495.35	469.44		498.96	539.85	489.00	482.10		487.87	495.35	469.44		498.96	539.85
39	495.28	488.29		494.14	501.71	475.46		505.37	546.78	495.28	488.29		494.14	501.71	475.46		505.37	546.78
40	501.56	494.48		500.40	508.07	481.49		511.78	553.72	501.56	494.48		500.40	508.07	481.49		511.78	553.72
41	510.97	503.77		509.80	517.61	490.54		521.39	564.12	510.97	503.77		509.80	517.61	490.54		521.39	564.12
42	520.00	512.67		518.81	526.75	499.20		530.60	574.08	520.00	512.67		518.81	526.75	499.20		530.60	574.08
43	532.56	525.05		531.34	539.48	511.26		543.41	587.95	532.56	525.05		531.34	539.48	511.26		543.41	587.95
44	548.26	540.53		547.00	555.38	526.33		559.43	605.28	548.26	540.53		547.00	555.38	526.33		559.43	605.28
45	566.70	558.71		565.40	574.06	544.03		578.25	625.64	566.70	558.71		565.40	574.06	544.03		578.25	625.64
46	588.68	580.38		587.33	596.33	565.13		600.68	649.90	588.68	580.38		587.33	596.33	565.13		600.68	649.90
47	613.40	604.76		612.00	621.37	588.87		625.90	677.20	613.40	604.76		612.00	621.37	588.87		625.90	677.20
48	641.66	632.62		640.19	650.00	615.99		654.74	708.39	641.66	632.62		640.19	650.00	615.99		654.74	708.39
49	669.53	660.09		667.99	678.22	642.74		683.17	739.16	669.53	660.09		667.99	678.22	642.74		683.17	739.16
50	700.92	691.04		699.31	710.03	672.88		715.20	773.82	700.92	691.04		699.31	710.03	672.88		715.20	773.82
51	731.93	721.61		730.25	741.43	702.65		746.84	808.05	731.93	721.61		730.25	741.43	702.65		746.84	808.05
52	766.07	755.27		764.31	776.02	735.43		781.68	845.74	766.07	755.27		764.31	776.02	735.43		781.68	845.74
53	800.60	789.32		798.77	811.00	768.58		816.92	883.87	800.60	789.32		798.77	811.00	768.58		816.92	883.87
54	837.89	826.08		835.96	848.77	804.37		854.96	925.03	837.89	826.08		835.96	848.77	804.37		854.96	925.03
55	875.17	862.83		873.16	886.54	840.16		893.00	966.19	875.17	862.83		873.16	886.54	840.16		893.00	966.19
56	915.59	902.69		913.49	927.49	878.97		934.25	1010.82	915.59	902.69		913.49	927.49	878.97		934.25	1010.82
57	956.41	942.93		954.21	968.83	918.15		975.90	1055.88	956.41	942.93		954.21	968.83	918.15		975.90	1055.88
58	999.97	985.87		997.68	1012.96	959.97		1020.35	1103.97	999.97	985.87		997.68	1012.96	959.97		1020.35	1103.97
59	1021.56	1007.15		1019.21	1034.82	980.69		1042.37	1127.80	1021.56	1007.15		1019.21	1034.82	980.69		1042.37	1127.80
60	1065.12	1050.10		1062.67	1078.95	1022.51		1086.82	1175.89	1065.12	1050.10		1062.67	1078.95	1022.51		1086.82	1175.89
61	1102.79	1087.25		1100.26	1117.12	1058.68		1125.26	1217.48	1102.79	1087.25		1100.26	1117.12	1058.68		1125.26	1217.48
62	1127.52	1111.62		1124.93	1142.16	1082.42		1150.49	1244.78	1127.52	1111.62		1124.93	1142.16	1082.42		1150.49	1244.78
63	1158.52	1142.19		1155.86	1173.57	1112.18		1182.13	1279.01	1158.52	1142.19		1155.86	1173.57	1112.18		1182.13	1279.01
64 and over	1177.35	1160.76		1174.65	1192.65	1130.27		1201.35	1299.81	1177.35	1160.76		1174.65	1192.65	1130.27		1201.35	1299.81

Kaiser Foundation Health Plan of Washington RATE SCHEDULE

Plan Information

Plan Name:	Kaiser Permanente Cascade Complete Gold
HIOS Plan ID:	80473WA1000005
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	Inside the Exchange
Metal Level:	Kaiser Permanente Cascade Complete 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	Kitsap and Lewis
3	No	
4	Yes	Spokane
5	Yes	Mason, Pierce, and Thurston
6	Yes	Benton, Franklin, and Yakima
7	No	
8	Yes	Island, Skagit, Snohomish, and Whatcom
9	Yes	Columbia, Walla Walla, and 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	367.80	362.61		366.95	372.57	353.09		375.29	406.05	367.80	362.61		366.95	372.57	353.09		375.29	406.05
15	400.49	394.84		399.57	405.69	384.47		408.65	442.14	400.49	394.84		399.57	405.69	384.47		408.65	442.14
16	412.99	407.17		412.04	418.35	396.47		421.41	455.94	412.99	407.17		412.04	418.35	396.47		421.41	455.94
17	425.49	419.49		424.51	431.02	408.47		434.16	469.74	425.49	419.49		424.51	431.02	408.47		434.16	469.74
18	438.95	432.76		437.94	444.65	421.39		447.90	484.60	438.95	432.76		437.94	444.65	421.39		447.90	484.60
19	452.41	446.04		451.38	458.29	434.32		461.63	499.47	452.41	446.04		451.38	458.29	434.32		461.63	499.47
20	466.36	459.78		465.29	472.41	447.70		475.86	514.86	466.36	459.78		465.29	472.41	447.70		475.86	514.86
21	480.78	474.00		479.68	487.03	461.55		490.58	530.78	480.78	474.00		479.68	487.03	461.55		490.58	530.78
22	480.78	474.00		479.68	487.03	461.55		490.58	530.78	480.78	474.00		479.68	487.03	461.55		490.58	530.78
23	480.78	474.00		479.68	487.03	461.55		490.58	530.78	480.78	474.00		479.68	487.03	461.55		490.58	530.78
24	480.78	474.00		479.68	487.03	461.55		490.58	530.78	480.78	474.00		479.68	487.03	461.55		490.58	530.78
25	482.70	475.90		481.60	488.97	463.40		492.54	532.90	482.70	475.90		481.60	488.97	463.40		492.54	532.90
26	492.32	485.38		491.19	498.71	472.63		502.35	543.52	492.32	485.38		491.19	498.71	472.63		502.35	543.52
27	503.86	496.75		502.70	510.40	483.70		514.12	556.26	503.86	496.75		502.70	510.40	483.70		514.12	556.26
28	522.61	515.24		521.41	529.40	501.70		533.26	576.96	522.61	515.24		521.41	529.40	501.70		533.26	576.96
29	537.99	530.41		536.76	544.98	516.47		548.96	593.94	537.99	530.41		536.76	544.98	516.47		548.96	593.94
30	545.69	537.99		544.43	552.77	523.86		556.80	602.44	545.69	537.99		544.43	552.77	523.86		556.80	602.44
31	557.22	549.37		555.95	564.46	534.94		568.58	615.18	557.22	549.37		555.95	564.46	534.94		568.58	615.18
32	568.76	560.75		567.46	576.15	546.01		580.35	627.91	568.76	560.75		567.46	576.15	546.01		580.35	627.91
33	575.98	567.86		574.65	583.46	552.94		587.71	635.88	575.98	567.86		574.65	583.46	552.94		587.71	635.88
34	583.67	575.44		582.33	591.25	560.32		595.56	644.37	583.67	575.44		582.33	591.25	560.32		595.56	644.37
35	587.51	579.23		586.17	595.14	564.01		599.49	648.62	587.51	579.23		586.17	595.14	564.01		599.49	648.62
36	591.36	583.02		590.00	599.04	567.71		603.41	652.86	591.36	583.02		590.00	599.04	567.71		603.41	652.86
37	595.21	586.82		593.84	602.94	571.40		607.33	657.11	595.21	586.82		593.84	602.94	571.40		607.33	657.11
38	599.05	590.61		597.68	606.83	575.09		611.26	661.35	599.05	590.61		597.68	606.83	575.09		611.26	661.35
39	606.74	598.19		605.35	614.63	582.48		619.11	669.85	606.74	598.19		605.35	614.63	582.48		619.11	669.85
40	614.44	605.78		613.03	622.42	589.86		626.96	678.34	614.44	605.78		613.03	622.42	589.86		626.96	678.34
41	625.98	617.15		624.54	634.11	600.94		638.73	691.08	625.98	617.15		624.54	634.11	600.94		638.73	691.08
42	637.03	628.05		635.57	645.31	611.55		650.01	703.29	637.03	628.05		635.57	645.31	611.55		650.01	703.29
43	652.42	643.22		650.92	660.89	626.32		665.71	720.27	652.42	643.22		650.92	660.89	626.32		665.71	720.27
44	671.65	662.18		670.11	680.37	644.78		685.34	741.50	671.65	662.18		670.11	680.37	644.78		685.34	741.50
45	694.25	684.46		692.65	703.26	666.48		708.39	766.45	694.25	684.46		692.65	703.26	666.48		708.39	766.45
46	721.17	711.00		719.52	730.54	692.32		735.87	796.17	721.17	711.00		719.52	730.54	692.32		735.87	796.17
47	751.46	740.87		749.73	761.22	721.40		766.77	829.61	751.46	740.87		749.73	761.22	721.40		766.77	829.61
48	786.08	774.99		784.27	796.29	754.63		802.09	867.83	786.08	774.99		784.27	796.29	754.63		802.09	867.83
49	820.21	808.65		818.33	830.86	787.40		836.92	905.51	820.21	808.65		818.33	830.86	787.40		836.92	905.51
50	858.67	846.57		856.70	869.83	824.33		876.17	947.98	858.67	846.57		856.70	869.83	824.33		876.17	947.98
51	896.66	884.02		894.60	908.30	860.79		914.93	989.91	896.66	884.02		894.60	908.30	860.79		914.93	989.91
52	938.48	925.25		936.33	950.67	900.94		957.61	1036.09	938.48	925.25		936.33	950.67	900.94		957.61	1036.09
53	980.79	966.97		978.54	993.53	941.56		1000.78	1082.79	980.79	966.97		978.54	993.53	941.56		1000.78	1082.79
54	1026.47	1012.00		1024.11	1039.80	985.41		1047.38	1133.22	1026.47	1012.00		1024.11	1039.80	985.41		1047.38	1133.22
55	1072.14	1057.03		1069.68	1086.07	1029.25		1093.99	1183.64	1072.14	1057.03		1069.68	1086.07	1029.25		1093.99	1183.64
56	1121.66	1105.85		1119.09	1136.23	1076.79		1144.52	1238.31	1121.66	1105.85		1119.09	1136.23	1076.79		1144.52	1238.31
57	1171.66	1155.14		1168.97	1186.88	1124.80		1195.54	1293.51	1171.66	1155.14		1168.97	1186.88	1124.80		1195.54	1293.51
58	1225.03	1207.76		1222.22	1240.94	1176.03		1249.99	1352.43	1225.03	1207.76		1222.22	1240.94	1176.03		1249.99	1352.43
59	1251.47	1233.83		1248.60	1267.73	1201.41		1276.97	1381.62	1251.47	1233.83		1248.60	1267.73	1201.41		1276.97	1381.62
60	1304.84	1286.44		1301.84	1321.79	1252.64		1331.43	1440.54	1304.84	1286.44		1301.84	1321.79	1252.64		1331.43	1440.54
61	1350.99	1331.95		1347.89	1368.54	1296.95		1378.52	1491.50	1350.99	1331.95		1347.89	1368.54	1296.95		1378.52	1491.50
62	1381.28	1361.81		1378.11	1399.22	1326.03		1409.43	1524.94	1381.28	1361.81		1378.11	1399.22	1326.03		1409.43	1524.94
63	1419.26	1399.26		1416.01	1437.70	1362.49		1448.18	1566.87	1419.26	1399.26		1416.01	1437.70	1362.49		1448.18	1566.87
64 and over	1442.34	1422.00		1439.03	1461.08	1384.65		1471.73	1592.34	1442.34	1422.00		1439.03	1461.08	1384.65		1471.73	1592.34

Kaiser Foundation Health Plan of Washington RATE SCHEDULE

Plan Information

Plan Name:	Kaiser Permanente Cascade Silver
HIOS Plan ID:	80473WA1000006
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	Inside the Exchange
Metal Level:	Kaiser Permanente Cascade 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	Kitsap and Lewis
3	No	
4	Yes	Spokane
5	Yes	Mason, Pierce, and Thurston
6	Yes	Benton, Franklin, and Yakima
7	No	
8	Yes	Island, Skagit, Snohomish, and Whatcom
9	Yes	Columbia, Walla Walla, and 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	596.97	588.55		595.60	604.72	573.09		609.13	659.05	596.97	588.55		595.60	604.72	573.09		609.13	659.05
15	650.03	640.87		648.54	658.47	624.03		663.28	717.63	650.03	640.87		648.54	658.47	624.03		663.28	717.63
16	670.32	660.87		668.78	679.03	643.51		683.98	740.03	670.32	660.87		668.78	679.03	643.51		683.98	740.03
17	690.61	680.87		689.02	699.58	662.98		704.68	762.43	690.61	680.87		689.02	699.58	662.98		704.68	762.43
18	712.46	702.41		710.82	721.71	683.96		726.98	786.55	712.46	702.41		710.82	721.71	683.96		726.98	786.55
19	734.31	723.96		732.62	743.85	704.94		749.27	810.88	734.31	723.96		732.62	743.85	704.94		749.27	810.88
20	756.94	746.27		755.20	766.77	726.66		772.36	835.66	756.94	746.27		755.20	766.77	726.66		772.36	835.66
21	780.35	769.35		778.56	790.48	749.13		796.25	861.51	780.35	769.35		778.56	790.48	749.13		796.25	861.51
22	780.35	769.35		778.56	790.48	749.13		796.25	861.51	780.35	769.35		778.56	790.48	749.13		796.25	861.51
23	780.35	769.35		778.56	790.48	749.13		796.25	861.51	780.35	769.35		778.56	790.48	749.13		796.25	861.51
24	780.35	769.35		778.56	790.48	749.13		796.25	861.51	780.35	769.35		778.56	790.48	749.13		796.25	861.51
25	783.47	772.43		781.67	793.65	752.13		799.43	864.95	783.47	772.43		781.67	793.65	752.13		799.43	864.95
26	799.08	787.81		797.24	809.46	767.11		815.36	882.18	799.08	787.81		797.24	809.46	767.11		815.36	882.18
27	817.81	806.28		815.93	828.43	785.09		834.47	902.86	817.81	806.28		815.93	828.43	785.09		834.47	902.86
28	848.24	836.28		846.29	859.26	814.31		865.52	936.46	848.24	836.28		846.29	859.26	814.31		865.52	936.46
29	873.21	860.90		871.21	884.55	838.28		891.00	964.02	873.21	860.90		871.21	884.55	838.28		891.00	964.02
30	885.70	873.21		883.66	897.20	850.27		903.74	977.81	885.70	873.21		883.66	897.20	850.27		903.74	977.81
31	904.42	891.67		902.35	916.17	868.25		922.85	998.48	904.42	891.67		902.35	916.17	868.25		922.85	998.48
32	923.15	910.14		921.03	935.14	886.23		941.96	1019.16	923.15	910.14		921.03	935.14	886.23		941.96	1019.16
33	934.86	921.68		932.71	947.00	897.46		953.91	1032.08	934.86	921.68		932.71	947.00	897.46		953.91	1032.08
34	947.34	933.99		945.17	959.65	909.45		966.65	1045.87	947.34	933.99		945.17	959.65	909.45		966.65	1045.87
35	953.59	940.14		951.40	965.97	915.44		973.02	1052.76	953.59	940.14		951.40	965.97	915.44		973.02	1052.76
36	959.83	946.30		957.63	972.30	921.44		979.39	1059.65	959.83	946.30		957.63	972.30	921.44		979.39	1059.65
37	966.07	952.45		963.85	978.62	927.43		985.76	1066.54	966.07	952.45		963.85	978.62	927.43		985.76	1066.54
38	972.31	958.61		970.08	984.94	933.42		992.13	1073.44	972.31	958.61		970.08	984.94	933.42		992.13	1073.44
39	984.80	970.92		982.54	997.59	945.41		1004.87	1087.22	984.80	970.92		982.54	997.59	945.41		1004.87	1087.22
40	997.29	983.23		995.00	1010.24	957.39		1017.61	1101.00	997.29	983.23		995.00	1010.24	957.39		1017.61	1101.00
41	1016.01	1001.69		1013.68	1029.21	975.37		1036.72	1121.68	1016.01	1001.69		1013.68	1029.21	975.37		1036.72	1121.68
42	1033.96	1019.39		1031.59	1047.39	992.60		1055.03	1141.49	1033.96	1019.39		1031.59	1047.39	992.60		1055.03	1141.49
43	1058.93	1044.01		1056.50	1072.69	1016.58		1080.51	1169.06	1058.93	1044.01		1056.50	1072.69	1016.58		1080.51	1169.06
44	1090.15	1074.78		1087.64	1104.31	1046.54		1112.36	1203.52	1090.15	1074.78		1087.64	1104.31	1046.54		1112.36	1203.52
45	1126.82	1110.94		1124.24	1141.46	1081.75		1149.78	1244.01	1126.82	1110.94		1124.24	1141.46	1081.75		1149.78	1244.01
46	1170.52	1154.02		1167.84	1185.73	1123.70		1194.37	1292.26	1170.52	1154.02		1167.84	1185.73	1123.70		1194.37	1292.26
47	1219.69	1202.49		1216.89	1235.53	1170.90		1244.54	1346.53	1219.69	1202.49		1216.89	1235.53	1170.90		1244.54	1346.53
48	1275.87	1257.88		1272.94	1292.44	1224.84		1301.87	1408.56	1275.87	1257.88		1272.94	1292.44	1224.84		1301.87	1408.56
49	1331.27	1312.51		1328.22	1348.57	1278.02		1358.40	1469.73	1331.27	1312.51		1328.22	1348.57	1278.02		1358.40	1469.73
50	1393.70	1374.06		1390.50	1411.80	1337.95		1422.10	1538.65	1393.70	1374.06		1390.50	1411.80	1337.95		1422.10	1538.65
51	1455.35	1434.83		1452.01	1474.25	1397.14		1485.01	1606.71	1455.35	1434.83		1452.01	1474.25	1397.14		1485.01	1606.71
52	1523.24	1501.77		1519.74	1543.03	1462.31		1554.28	1681.66	1523.24	1501.77		1519.74	1543.03	1462.31		1554.28	1681.66
53	1591.91	1569.47		1588.26	1612.59	1528.24		1624.35	1757.47	1591.91	1569.47		1588.26	1612.59	1528.24		1624.35	1757.47
54	1666.04	1642.56		1662.22	1687.68	1599.40		1699.99	1839.31	1666.04	1642.56		1662.22	1687.68	1599.40		1699.99	1839.31
55	1740.18	1715.65		1736.18	1762.78	1670.57		1775.64	1921.16	1740.18	1715.65		1736.18	1762.78	1670.57		1775.64	1921.16
56	1820.55	1794.89		1816.37	1844.20	1747.73		1857.65	2009.89	1820.55	1794.89		1816.37	1844.20	1747.73		1857.65	2009.89
57	1901.71	1874.90		1897.34	1926.41	1825.64		1940.46	2099.49	1901.71	1874.90		1897.34	1926.41	1825.64		1940.46	2099.49
58	1988.33	1960.30		1983.76	2014.15	1908.80		2028.84	2195.11	1988.33	1960.30		1983.76	2014.15	1908.80		2028.84	2195.11
59	2031.25	2002.61		2026.58	2057.63	1950.00		2072.64	2242.50	2031.25	2002.61		2026.58	2057.63	1950.00		2072.64	2242.50
60	2117.87	2088.01		2113.00	2145.37	2033.15		2161.02	2338.12	2117.87	2088.01		2113.00	2145.37	2033.15		2161.02	2338.12
61	2192.78	2161.87		2187.75	2221.26	2105.07		2237.46	2420.83	2192.78	2161.87		2187.75	2221.26	2105.07		2237.46	2420.83
62	2241.94	2210.34		2236.80	2271.06	2152.26		2287.62	2475.10	2241.94	2210.34		2236.80	2271.06	2152.26		2287.62	2475.10
63	2303.59	2271.12		2298.30	2333.51	2211.45		2350.53	2543.16	2303.59	2271.12		2298.30	2333.51	2211.45		2350.53	2543.16
64 and over	2341.05	2308.04		2335.67	2371.44	2247.39		2388.75	2584.52	2341.05	2308.04		2335.67	2371.44	2247.39		2388.75	2584.52

Kaiser Foundation Health Plan of Washington RATE SCHEDULE

Plan Information

Plan Name: Kaiser Permanente Cascade Bronze
HIOS Plan ID: 80473WA1000007
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Inside the Exchange
Metal Level: Kaiser Permanente Cascade Bronze
Plan Type: Standardized Non-Public Option Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Kitsap and Lewis
3	No	
4	Yes	Spokane
5	Yes	Mason, Pierce, and Thurston
6	Yes	Benton, Franklin, and Yakima
7	No	
8	Yes	Island, Skagit, Snohomish, and Whatcom
9	Yes	Columbia, Walla Walla, and 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	270.89	267.08		270.27	274.41	260.06		276.41	299.07	270.89	267.08		270.27	274.41	260.06		276.41	299.07
15	294.97	290.82		294.30	298.81	283.17		300.98	325.65	294.97	290.82		294.30	298.81	283.17		300.98	325.65
16	304.18	299.89		303.48	308.13	292.01		310.38	335.82	304.18	299.89		303.48	308.13	292.01		310.38	335.82
17	313.39	308.97		312.67	317.46	300.85		319.77	345.98	313.39	308.97		312.67	317.46	300.85		319.77	345.98
18	323.30	318.74		322.56	327.50	310.37		329.89	356.93	323.30	318.74		322.56	327.50	310.37		329.89	356.93
19	333.22	328.52		332.45	337.55	319.89		340.01	367.87	333.22	328.52		332.45	337.55	319.89		340.01	367.87
20	343.49	338.64		342.70	347.95	329.75		350.49	379.21	343.49	338.64		342.70	347.95	329.75		350.49	379.21
21	354.11	349.12		353.30	358.71	339.95		361.33	390.94	354.11	349.12		353.30	358.71	339.95		361.33	390.94
22	354.11	349.12		353.30	358.71	339.95		361.33	390.94	354.11	349.12		353.30	358.71	339.95		361.33	390.94
23	354.11	349.12		353.30	358.71	339.95		361.33	390.94	354.11	349.12		353.30	358.71	339.95		361.33	390.94
24	354.11	349.12		353.30	358.71	339.95		361.33	390.94	354.11	349.12		353.30	358.71	339.95		361.33	390.94
25	355.53	350.51		354.71	360.14	341.31		362.77	392.50	355.53	350.51		354.71	360.14	341.31		362.77	392.50
26	362.61	357.50		361.78	367.32	348.10		370.00	400.32	362.61	357.50		361.78	367.32	348.10		370.00	400.32
27	371.11	365.88		370.26	375.93	356.26		378.67	409.70	371.11	365.88		370.26	375.93	356.26		378.67	409.70
28	384.92	379.49		384.03	389.92	369.52		392.76	424.95	384.92	379.49		384.03	389.92	369.52		392.76	424.95
29	396.25	390.66		395.34	401.40	380.40		404.32	437.46	396.25	390.66		395.34	401.40	380.40		404.32	437.46
30	401.92	396.25		400.99	407.14	385.84		410.10	443.71	401.92	396.25		400.99	407.14	385.84		410.10	443.71
31	410.41	404.63		409.47	415.74	394.00		418.78	453.10	410.41	404.63		409.47	415.74	394.00		418.78	453.10
32	418.91	413.01		417.95	424.35	402.16		427.45	462.48	418.91	413.01		417.95	424.35	402.16		427.45	462.48
33	424.22	418.24		423.25	429.73	407.26		432.87	468.34	424.22	418.24		423.25	429.73	407.26		432.87	468.34
34	429.89	423.83		428.90	435.47	412.69		438.65	474.60	429.89	423.83		428.90	435.47	412.69		438.65	474.60
35	432.72	426.62		431.73	438.34	415.41		441.54	477.73	432.72	426.62		431.73	438.34	415.41		441.54	477.73
36	435.56	429.42		434.56	441.21	418.13		444.43	480.85	435.56	429.42		434.56	441.21	418.13		444.43	480.85
37	438.39	432.21		437.38	444.08	420.85		447.32	483.98	438.39	432.21		437.38	444.08	420.85		447.32	483.98
38	441.22	435.00		440.21	446.95	423.57		450.21	487.11	441.22	435.00		440.21	446.95	423.57		450.21	487.11
39	446.89	440.59		445.86	452.69	429.01		455.99	493.36	446.89	440.59		445.86	452.69	429.01		455.99	493.36
40	452.55	446.17		451.51	458.43	434.45		461.77	499.62	452.55	446.17		451.51	458.43	434.45		461.77	499.62
41	461.05	454.55		459.99	467.04	442.61		470.45	509.00	461.05	454.55		459.99	467.04	442.61		470.45	509.00
42	469.20	462.58		468.12	475.29	450.43		478.76	517.99	469.20	462.58		468.12	475.29	450.43		478.76	517.99
43	480.53	473.75		479.42	486.77	461.31		490.32	530.50	480.53	473.75		479.42	486.77	461.31		490.32	530.50
44	494.69	487.72		493.56	501.12	474.90		504.77	546.14	494.69	487.72		493.56	501.12	474.90		504.77	546.14
45	511.34	504.13		510.16	517.98	490.88		521.75	564.51	511.34	504.13		510.16	517.98	490.88		521.75	564.51
46	531.17	523.68		529.95	538.06	509.92		541.99	586.41	531.17	523.68		529.95	538.06	509.92		541.99	586.41
47	553.47	545.67		552.20	560.66	531.34		564.75	611.04	553.47	545.67		552.20	560.66	531.34		564.75	611.04
48	578.97	570.81		577.64	586.49	555.81		590.77	639.18	578.97	570.81		577.64	586.49	555.81		590.77	639.18
49	604.11	595.60		602.73	611.96	579.95		616.42	666.94	604.11	595.60		602.73	611.96	579.95		616.42	666.94
50	632.44	623.53		630.99	640.66	607.14		645.33	698.21	632.44	623.53		630.99	640.66	607.14		645.33	698.21
51	660.42	651.11		658.90	668.99	634.00		673.87	729.10	660.42	651.11		658.90	668.99	634.00		673.87	729.10
52	691.22	681.48		689.64	700.20	663.57		705.31	763.11	691.22	681.48		689.64	700.20	663.57		705.31	763.11
53	722.38	712.20		720.73	731.77	693.49		737.10	797.51	722.38	712.20		720.73	731.77	693.49		737.10	797.51
54	756.03	745.37		754.29	765.84	725.78		771.43	834.65	756.03	745.37		754.29	765.84	725.78		771.43	834.65
55	789.67	778.53		787.85	799.92	758.08		805.76	871.79	789.67	778.53		787.85	799.92	758.08		805.76	871.79
56	826.14	814.49		824.24	836.87	793.09		842.97	912.06	826.14	814.49		824.24	836.87	793.09		842.97	912.06
57	862.97	850.80		860.99	874.18	828.45		880.55	952.72	862.97	850.80		860.99	874.18	828.45		880.55	952.72
58	902.27	889.55		900.20	913.99	866.18		920.66	996.11	902.27	889.55		900.20	913.99	866.18		920.66	996.11
59	921.75	908.75		919.63	933.72	884.88		940.53	1017.61	921.75	908.75		919.63	933.72	884.88		940.53	1017.61
60	961.06	947.51		958.85	973.54	922.61		980.64	1061.00	961.06	947.51		958.85	973.54	922.61		980.64	1061.00
61	995.05	981.02		992.77	1007.97	955.25		1015.33	1098.53	995.05	981.02		992.77	1007.97	955.25		1015.33	1098.53
62	1017.36	1003.02		1015.02	1030.57	976.66		1038.09	1123.16	1017.36	1003.02		1015.02	1030.57	976.66		1038.09	1123.16
63	1045.33	1030.60		1042.93	1058.91	1003.52		1066.63	1154.05	1045.33	1030.60		1042.93	1058.91	1003.52		1066.63	1154.05
64 and over	1062.33	1047.35		1059.89	1076.13	1019.84		1083.98	1172.81	1062.33	1047.35		1059.89	1076.13	1019.84		1083.98	1172.81

Kaiser Foundation Health Plan of Washington RATE SCHEDULE

Plan Information

Plan Name:	Kaiser Permanente Cascade Vital Gold
HIOS Plan ID:	80473WA1000011
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	Inside the Exchange
Metal Level:	Kaiser Permanente Cascade Vital 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	Kitsap and Lewis
3	No	
4	Yes	Spokane
5	Yes	Mason, Pierce, and Thurston
6	Yes	Benton, Franklin, and Yakima
7	No	
8	Yes	Island, Skagit, Snohomish, and Whatcom
9	Yes	Columbia, Walla Walla, and 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	344.94	340.08		344.15	349.43	331.15		351.97	380.82	344.94	340.08		344.15	349.43	331.15		351.97	380.82
15	375.61	370.31		374.74	380.49	360.58		383.26	414.67	375.61	370.31		374.74	380.49	360.58		383.26	414.67
16	387.33	381.87		386.44	392.36	371.84		395.22	427.61	387.33	381.87		386.44	392.36	371.84		395.22	427.61
17	399.05	393.43		398.14	404.24	383.09		407.19	440.56	399.05	393.43		398.14	404.24	383.09		407.19	440.56
18	411.68	405.88		410.73	417.03	395.21		420.07	454.49	411.68	405.88		410.73	417.03	395.21		420.07	454.49
19	424.30	418.32		423.33	429.82	407.33		432.95	468.43	424.30	418.32		423.33	429.82	407.33		432.95	468.43
20	437.38	431.22		436.38	443.06	419.89		446.29	482.87	437.38	431.22		436.38	443.06	419.89		446.29	482.87
21	450.91	444.55		449.87	456.76	432.87		460.10	497.80	450.91	444.55		449.87	456.76	432.87		460.10	497.80
22	450.91	444.55		449.87	456.76	432.87		460.10	497.80	450.91	444.55		449.87	456.76	432.87		460.10	497.80
23	450.91	444.55		449.87	456.76	432.87		460.10	497.80	450.91	444.55		449.87	456.76	432.87		460.10	497.80
24	450.91	444.55		449.87	456.76	432.87		460.10	497.80	450.91	444.55		449.87	456.76	432.87		460.10	497.80
25	452.71	446.33		451.67	458.59	434.60		461.94	499.79	452.71	446.33		451.67	458.59	434.60		461.94	499.79
26	461.73	455.22		460.67	467.73	443.26		471.14	509.75	461.73	455.22		460.67	467.73	443.26		471.14	509.75
27	472.55	465.89		471.47	478.69	453.65		482.18	521.70	472.55	465.89		471.47	478.69	453.65		482.18	521.70
28	490.14	483.23		489.01	496.50	470.53		500.12	541.11	490.14	483.23		489.01	496.50	470.53		500.12	541.11
29	504.57	497.45		503.41	511.12	484.38		514.85	557.04	504.57	497.45		503.41	511.12	484.38		514.85	557.04
30	511.78	504.57		510.61	518.43	491.31		522.21	565.01	511.78	504.57		510.61	518.43	491.31		522.21	565.01
31	522.60	515.24		521.40	529.39	501.70		533.25	576.95	522.60	515.24		521.40	529.39	501.70		533.25	576.95
32	533.42	525.90		532.20	540.35	512.09		544.29	588.90	533.42	525.90		532.20	540.35	512.09		544.29	588.90
33	540.19	532.57		538.95	547.20	518.58		551.20	596.37	540.19	532.57		538.95	547.20	518.58		551.20	596.37
34	547.40	539.69		546.15	554.51	525.51		558.56	604.33	547.40	539.69		546.15	554.51	525.51		558.56	604.33
35	551.01	543.24		549.74	558.17	528.97		562.24	608.31	551.01	543.24		549.74	558.17	528.97		562.24	608.31
36	554.62	546.80		553.34	561.82	532.43		565.92	612.30	554.62	546.80		553.34	561.82	532.43		565.92	612.30
37	558.22	550.36		556.94	565.47	535.90		566.60	616.28	558.22	550.36		556.94	565.47	535.90		566.60	616.28
38	561.83	553.91		560.54	569.13	539.36		573.28	620.26	561.83	553.91		560.54	569.13	539.36		573.28	620.26
39	569.05	561.02		567.74	576.44	546.28		580.64	628.23	569.05	561.02		567.74	576.44	546.28		580.64	628.23
40	576.26	568.14		574.94	583.75	553.21		588.00	636.19	576.26	568.14		574.94	583.75	553.21		588.00	636.19
41	587.08	578.81		585.73	594.71	563.60		599.05	648.14	587.08	578.81		585.73	594.71	563.60		599.05	648.14
42	597.45	589.03		596.08	605.21	573.56		609.63	659.59	597.45	589.03		596.08	605.21	573.56		609.63	659.59
43	611.88	603.26		610.48	619.83	587.41		624.35	675.52	611.88	603.26		610.48	619.83	587.41		624.35	675.52
44	629.92	621.04		628.47	638.10	604.72		642.75	695.43	629.92	621.04		628.47	638.10	604.72		642.75	695.43
45	651.11	641.93		649.62	659.57	625.07		664.38	718.83	651.11	641.93		649.62	659.57	625.07		664.38	718.83
46	676.36	666.83		674.81	685.15	649.31		690.14	746.70	676.36	666.83		674.81	685.15	649.31		690.14	746.70
47	704.77	694.83		703.15	713.92	676.58		719.13	778.07	704.77	694.83		703.15	713.92	676.58		719.13	778.07
48	737.23	726.84		735.54	746.81	707.75		752.26	813.91	737.23	726.84		735.54	746.81	707.75		752.26	813.91
49	769.25	758.41		767.48	779.24	738.48		784.92	849.25	769.25	758.41		767.48	779.24	738.48		784.92	849.25
50	805.32	793.97		803.47	815.78	773.11		821.73	889.08	805.32	793.97		803.47	815.78	773.11		821.73	889.08
51	840.94	829.09		839.01	851.87	807.31		858.08	928.40	840.94	829.09		839.01	851.87	807.31		858.08	928.40
52	880.17	867.76		878.15	891.60	844.97		898.11	971.71	880.17	867.76		878.15	891.60	844.97		898.11	971.71
53	919.85	906.89		917.74	931.80	883.06		938.60	1015.52	919.85	906.89		917.74	931.80	883.06		938.60	1015.52
54	962.69	949.12		960.48	975.19	924.18		982.31	1062.81	962.69	949.12		960.48	975.19	924.18		982.31	1062.81
55	1005.53	991.35		1003.22	1018.59	965.30		1026.01	1110.10	1005.53	991.35		1003.22	1018.59	965.30		1026.01	1110.10
56	1051.97	1037.14		1049.55	1065.63	1009.89		1073.40	1161.37	1051.97	1037.14		1049.55	1065.63	1009.89		1073.40	1161.37
57	1098.86	1083.37		1096.34	1113.14	1054.91		1121.25	1213.15	1098.86	1083.37		1096.34	1113.14	1054.91		1121.25	1213.15
58	1148.91	1132.72		1146.28	1163.84	1102.96		1172.32	1268.40	1148.91	1132.72		1146.28	1163.84	1102.96		1172.32	1268.40
59	1173.71	1157.17		1171.02	1188.96	1126.77		1197.63	1295.78	1173.71	1157.17		1171.02	1188.96	1126.77		1197.63	1295.78
60	1223.76	1206.51		1220.96	1239.66	1174.81		1248.70	1351.04	1223.76	1206.51		1220.96	1239.66	1174.81		1248.70	1351.04
61	1267.05	1249.19		1264.14	1283.51	1216.37		1292.87	1398.83	1267.05	1249.19		1264.14	1283.51	1216.37		1292.87	1398.83
62	1295.46	1277.20		1292.49	1312.29	1243.64		1321.86	1430.19	1295.46	1277.20		1292.49	1312.29	1243.64		1321.86	1430.19
63	1331.08	1312.32		1328.03	1348.37	1277.84		1358.20	1469.51	1331.08	1312.32		1328.03	1348.37	1277.84		1358.20	1469.51
64 and over	1352.72	1333.65		1349.61	1370.28	1298.61		1380.29	1493.40	1352.72	1333.65		1349.61	1370.28	1298.61		1380.29	1493.40

Kaiser Foundation Health Plan of Washington RATE SCHEDULE

Plan Information

Plan Name: VisitsPlus Silver 4500
HIOS Plan ID: 80473WA1000012
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Outside the Exchange
Metal Level: VisitsPlus Silver 4500
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Kitsap and Lewis
3	No	
4	Yes	Spokane
5	Yes	Mason, Pierce, and Thurston
6	Yes	Benton, Franklin, and Yakima
7	No	
8	Yes	Island, Skagit, Snohomish, and Whatcom
9	Yes	Columbia, Walla Walla, and 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	292.18	288.06		291.51	295.98	280.50		298.14	322.57	292.18	288.06		291.51	295.98	280.50		298.14	322.57
15	318.16	313.67		317.42	322.29	305.43		324.64	351.24	318.16	313.67		317.42	322.29	305.43		324.64	351.24
16	328.09	323.46		327.33	332.35	314.96		334.77	362.21	328.09	323.46		327.33	332.35	314.96		334.77	362.21
17	338.02	333.25		337.24	342.41	324.50		344.90	373.17	338.02	333.25		337.24	342.41	324.50		344.90	373.17
18	348.71	343.79		347.91	353.24	334.76		355.82	384.98	348.71	343.79		347.91	353.24	334.76		355.82	384.98
19	359.40	354.34		358.58	364.07	345.03		366.73	396.78	359.40	354.34		358.58	364.07	345.03		366.73	396.78
20	370.48	365.26		369.63	375.29	355.66		378.03	409.01	370.48	365.26		369.63	375.29	355.66		378.03	409.01
21	381.94	376.55		381.06	386.90	366.66		389.72	421.66	381.94	376.55		381.06	386.90	366.66		389.72	421.66
22	381.94	376.55		381.06	386.90	366.66		389.72	421.66	381.94	376.55		381.06	386.90	366.66		389.72	421.66
23	381.94	376.55		381.06	386.90	366.66		389.72	421.66	381.94	376.55		381.06	386.90	366.66		389.72	421.66
24	381.94	376.55		381.06	386.90	366.66		389.72	421.66	381.94	376.55		381.06	386.90	366.66		389.72	421.66
25	383.47	378.06		382.59	388.45	368.13		391.28	423.35	383.47	378.06		382.59	388.45	368.13		391.28	423.35
26	391.11	385.59		390.21	396.19	375.46		399.07	431.78	391.11	385.59		390.21	396.19	375.46		399.07	431.78
27	400.27	394.63		399.35	405.47	384.26		408.43	441.90	400.27	394.63		399.35	405.47	384.26		408.43	441.90
28	415.17	409.31		414.21	420.56	398.56		423.63	458.34	415.17	409.31		414.21	420.56	398.56		423.63	458.34
29	427.39	421.36		426.41	432.94	410.29		436.10	471.84	427.39	421.36		426.41	432.94	410.29		436.10	471.84
30	433.50	427.39		432.51	439.13	416.16		442.33	478.58	433.50	427.39		432.51	439.13	416.16		442.33	478.58
31	442.67	436.43		441.65	448.42	424.96		451.69	488.70	442.67	436.43		441.65	448.42	424.96		451.69	488.70
32	451.83	445.46		450.80	457.70	433.76		461.04	498.82	451.83	445.46		450.80	457.70	433.76		461.04	498.82
33	457.56	451.11		456.51	463.51	439.26		466.89	505.15	457.56	451.11		456.51	463.51	439.26		466.89	505.15
34	463.67	457.14		462.61	469.70	445.13		473.12	511.90	463.67	457.14		462.61	469.70	445.13		473.12	511.90
35	466.73	460.15		465.66	472.79	448.06		476.24	515.27	466.73	460.15		465.66	472.79	448.06		476.24	515.27
36	469.78	463.16		468.71	475.89	450.99		479.36	518.64	469.78	463.16		468.71	475.89	450.99		479.36	518.64
37	472.84	466.17		471.75	478.98	453.93		482.48	522.02	472.84	466.17		471.75	478.98	453.93		482.48	522.02
38	475.90	469.19		474.80	482.08	456.86		485.59	525.39	475.90	469.19		474.80	482.08	456.86		485.59	525.39
39	482.01	475.21		480.90	488.27	462.73		491.83	532.14	482.01	475.21		480.90	488.27	462.73		491.83	532.14
40	488.12	481.24		487.00	494.46	468.59		498.06	538.88	488.12	481.24		487.00	494.46	468.59		498.06	538.88
41	497.28	490.27		496.14	503.74	477.39		507.42	549.00	497.28	490.27		496.14	503.74	477.39		507.42	549.00
42	506.07	498.93		504.91	512.64	485.83		516.38	558.70	506.07	498.93		504.91	512.64	485.83		516.38	558.70
43	518.29	510.98		517.10	525.02	497.56		528.85	572.19	518.29	510.98		517.10	525.02	497.56		528.85	572.19
44	533.57	526.05		532.34	540.50	512.23		544.44	589.06	533.57	526.05		532.34	540.50	512.23		544.44	589.06
45	551.52	543.74		550.25	558.68	529.46		562.76	608.88	551.52	543.74		550.25	558.68	529.46		562.76	608.88
46	572.91	564.83		571.59	580.35	549.99		584.58	632.49	572.91	564.83		571.59	580.35	549.99		584.58	632.49
47	596.97	588.55		595.60	604.72	573.09		609.13	659.06	596.97	588.55		595.60	604.72	573.09		609.13	659.06
48	624.47	615.67		623.04	632.58	599.49		637.19	689.41	624.47	615.67		623.04	632.58	599.49		637.19	689.41
49	651.59	642.40		650.09	660.05	625.52		664.86	719.35	651.59	642.40		650.09	660.05	625.52		664.86	719.35
50	682.14	672.53		680.58	691.00	654.86		696.04	753.09	682.14	672.53		680.58	691.00	654.86		696.04	753.09
51	712.32	702.27		710.68	721.57	683.82		726.83	786.40	712.32	702.27		710.68	721.57	683.82		726.83	786.40
52	745.54	735.03		743.83	755.23	715.72		760.74	823.08	745.54	735.03		743.83	755.23	715.72		760.74	823.08
53	779.16	768.17		777.37	789.28	747.99		795.03	860.19	779.16	768.17		777.37	789.28	747.99		795.03	860.19
54	815.44	803.94		813.57	826.03	782.82		832.06	900.25	815.44	803.94		813.57	826.03	782.82		832.06	900.25
55	851.72	839.72		849.77	862.79	817.65		869.08	940.30	851.72	839.72		849.77	862.79	817.65		869.08	940.30
56	891.06	878.50		889.02	902.64	855.42		909.22	983.73	891.06	878.50		889.02	902.64	855.42		909.22	983.73
57	930.78	917.66		928.65	942.87	893.55		949.75	1027.59	930.78	917.66		928.65	942.87	893.55		949.75	1027.59
58	973.18	959.46		970.95	985.82	934.25		993.01	1074.39	973.18	959.46		970.95	985.82	934.25		993.01	1074.39
59	994.19	980.17		991.90	1007.10	954.42		1014.44	1097.58	994.19	980.17		991.90	1007.10	954.42		1014.44	1097.58
60	1036.58	1021.97		1034.20	1050.05	995.12		1057.70	1144.39	1036.58	1021.97		1034.20	1050.05	995.12		1057.70	1144.39
61	1073.25	1058.12		1070.78	1087.19	1030.32		1095.12	1184.87	1073.25	1058.12		1070.78	1087.19	1030.32		1095.12	1184.87
62	1097.31	1081.84		1094.79	1111.56	1053.42		1119.67	1211.43	1097.31	1081.84		1094.79	1111.56	1053.42		1119.67	1211.43
63	1127.48	1111.59		1124.90	1142.13	1082.38		1150.46	1244.74	1127.48	1111.59		1124.90	1142.13	1082.38		1150.46	1244.74
64 and over	1145.82	1129.65		1143.18	1160.70	1099.98		1169.16	1264.98	1145.82	1129.65		1143.18	1160.70	1099.98		1169.16	1264.98

Kaiser Foundation Health Plan of Washington RATE SCHEDULE

Plan Information

Plan Name: Gold HSA
HIOS Plan ID: 80473WA1000013
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Both inside and outside the exchange
Metal Level: Gold HSA
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Kitsap and Lewis
3	No	
4	Yes	Spokane
5	Yes	Mason, Pierce, and Thurston
6	Yes	Benton, Franklin, and Yakima
7	No	
8	Yes	Island, Skagit, Snohomish, and Whatcom
9	Yes	Columbia, Walla Walla, and 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	344.32	339.47		343.53	348.79	330.55		351.34	380.13	344.32	339.47		343.53	348.79	330.55		351.34	380.13
15	374.93	369.64		374.07	379.80	359.93		382.57	413.92	374.93	369.64		374.07	379.80	359.93		382.57	413.92
16	386.63	381.18		385.74	391.65	371.16		394.51	426.84	386.63	381.18		385.74	391.65	371.16		394.51	426.84
17	398.33	392.72		397.42	403.50	382.40		406.45	439.76	398.33	392.72		397.42	403.50	382.40		406.45	439.76
18	410.93	405.14		409.99	416.27	394.50		419.31	453.67	410.93	405.14		409.99	416.27	394.50		419.31	453.67
19	423.54	417.57		422.56	429.04	406.59		432.17	467.58	423.54	417.57		422.56	429.04	406.59		432.17	467.58
20	436.59	430.43		435.59	442.26	419.12		445.48	481.99	436.59	430.43		435.59	442.26	419.12		445.48	481.99
21	450.09	443.75		449.06	455.94	432.09		459.26	496.90	450.09	443.75		449.06	455.94	432.09		459.26	496.90
22	450.09	443.75		449.06	455.94	432.09		459.26	496.90	450.09	443.75		449.06	455.94	432.09		459.26	496.90
23	450.09	443.75		449.06	455.94	432.09		459.26	496.90	450.09	443.75		449.06	455.94	432.09		459.26	496.90
24	450.09	443.75		449.06	455.94	432.09		459.26	496.90	450.09	443.75		449.06	455.94	432.09		459.26	496.90
25	451.89	445.52		450.85	457.76	433.82		461.10	498.89	451.89	445.52		450.85	457.76	433.82		461.10	498.89
26	460.89	454.40		459.84	466.88	442.46		470.28	508.83	460.89	454.40		459.84	466.88	442.46		470.28	508.83
27	471.70	465.05		470.61	477.82	452.83		481.31	520.75	471.70	465.05		470.61	477.82	452.83		481.31	520.75
28	489.25	482.35		488.13	495.60	469.68		499.22	540.13	489.25	482.35		488.13	495.60	469.68		499.22	540.13
29	503.65	496.55		502.50	510.19	483.51		513.91	556.03	503.65	496.55		502.50	510.19	483.51		513.91	556.03
30	510.85	503.65		509.68	517.49	490.42		521.26	563.98	510.85	503.65		509.68	517.49	490.42		521.26	563.98
31	521.66	514.30		520.46	528.43	500.79		532.29	575.91	521.66	514.30		520.46	528.43	500.79		532.29	575.91
32	532.46	524.95		531.24	539.37	511.16		543.31	587.83	532.46	524.95		531.24	539.37	511.16		543.31	587.83
33	539.21	531.61		537.97	546.21	517.64		550.20	595.29	539.21	531.61		537.97	546.21	517.64		550.20	595.29
34	546.41	538.71		545.16	553.51	524.55		557.54	603.24	546.41	538.71		545.16	553.51	524.55		557.54	603.24
35	550.01	542.26		548.75	557.16	528.01		561.22	607.21	550.01	542.26		548.75	557.16	528.01		561.22	607.21
36	553.61	545.81		552.34	560.80	531.47		564.89	611.19	553.61	545.81		552.34	560.80	531.47		564.89	611.19
37	557.21	549.36		555.93	564.45	534.92		568.57	615.16	557.21	549.36		555.93	564.45	534.92		568.57	615.16
38	560.81	552.91		559.53	568.10	538.38		572.24	619.14	560.81	552.91		559.53	568.10	538.38		572.24	619.14
39	568.01	560.01		566.71	575.39	545.29		579.59	627.09	568.01	560.01		566.71	575.39	545.29		579.59	627.09
40	575.22	567.11		573.90	582.69	552.21		586.94	635.04	575.22	567.11		573.90	582.69	552.21		586.94	635.04
41	586.02	577.76		584.67	593.63	562.58		597.96	646.96	586.02	577.76		584.67	593.63	562.58		597.96	646.96
42	596.37	587.96		595.00	604.12	572.52		608.52	658.39	596.37	587.96		595.00	604.12	572.52		608.52	658.39
43	610.77	602.16		609.37	618.71	586.34		623.22	674.29	610.77	602.16		609.37	618.71	586.34		623.22	674.29
44	628.78	619.91		627.33	636.94	603.63		641.59	694.17	628.78	619.91		627.33	636.94	603.63		641.59	694.17
45	649.93	640.77		648.44	658.37	623.93		663.17	717.52	649.93	640.77		648.44	658.37	623.93		663.17	717.52
46	675.14	665.62		673.59	683.91	648.13		688.89	745.35	675.14	665.62		673.59	683.91	648.13		688.89	745.35
47	703.49	693.58		701.88	712.63	675.35		717.83	776.66	703.49	693.58		701.88	712.63	675.35		717.83	776.66
48	735.90	725.52		734.21	745.46	706.46		750.89	812.43	735.90	725.52		734.21	745.46	706.46		750.89	812.43
49	767.86	757.03		766.09	777.83	737.14		783.50	847.71	767.86	757.03		766.09	777.83	737.14		783.50	847.71
50	803.86	792.53		802.02	814.30	771.71		820.24	887.46	803.86	792.53		802.02	814.30	771.71		820.24	887.46
51	839.42	827.59		837.49	850.32	805.84		856.52	926.72	839.42	827.59		837.49	850.32	805.84		856.52	926.72
52	878.58	866.19		876.56	889.99	843.43		896.48	969.95	878.58	866.19		876.56	889.99	843.43		896.48	969.95
53	918.19	905.24		916.08	930.11	881.46		936.90	1013.68	918.19	905.24		916.08	930.11	881.46		936.90	1013.68
54	960.94	947.40		958.74	973.43	922.51		980.53	1060.88	960.94	947.40		958.74	973.43	922.51		980.53	1060.88
55	1003.70	989.55		1001.40	1016.74	963.56		1024.16	1108.09	1003.70	989.55		1001.40	1016.74	963.56		1024.16	1108.09
56	1050.06	1035.26		1047.65	1063.70	1008.06		1071.46	1159.27	1050.06	1035.26		1047.65	1063.70	1008.06		1071.46	1159.27
57	1096.87	1081.41		1094.35	1111.12	1053.00		1119.22	1210.95	1096.87	1081.41		1094.35	1111.12	1053.00		1119.22	1210.95
58	1146.83	1130.67		1144.20	1161.73	1100.96		1170.20	1266.10	1146.83	1130.67		1144.20	1161.73	1100.96		1170.20	1266.10
59	1171.59	1155.07		1168.90	1186.80	1124.72		1195.46	1293.43	1171.59	1155.07		1168.90	1186.80	1124.72		1195.46	1293.43
60	1221.55	1204.33		1218.74	1237.41	1172.69		1246.44	1348.59	1221.55	1204.33		1218.74	1237.41	1172.69		1246.44	1348.59
61	1264.76	1246.93		1261.85	1281.18	1214.17		1290.53	1396.29	1264.76	1246.93		1261.85	1281.18	1214.17		1290.53	1396.29
62	1293.11	1274.88		1290.14	1309.91	1241.39		1319.46	1427.60	1293.11	1274.88		1290.14	1309.91	1241.39		1319.46	1427.60
63	1328.67	1309.94		1325.62	1345.93	1275.52		1355.74	1466.85	1328.67	1309.94		1325.62	1345.93	1275.52		1355.74	1466.85
64 and over	1350.27	1331.24		1347.17	1367.81	1296.26		1377.78	1490.70	1350.27	1331.24		1347.17	1367.81	1296.26		1377.78	1490.70

Kaiser Foundation Health Plan of Washington RATE SCHEDULE

Plan Information

Plan Name: VisitsPlus Gold LD
HIOS Plan ID: 80473WA1000014
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Outside the Exchange
Metal Level: VisitsPlus Gold LD
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Kitsap and Lewis
3	No	
4	Yes	Spokane
5	Yes	Mason, Pierce, and Thurston
6	Yes	Benton, Franklin, and Yakima
7	No	
8	Yes	Island, Skagit, Snohomish, and Whatcom
9	Yes	Columbia, Walla Walla, and 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	363.07	357.95		362.24	367.79	348.55		370.47	400.83	363.07	357.95		362.24	367.79	348.55		370.47	400.83
15	395.35	389.77		394.44	400.48	379.53		403.40	436.46	395.35	389.77		394.44	400.48	379.53		403.40	436.46
16	407.69	401.94		406.75	412.98	391.38		415.99	450.08	407.69	401.94		406.75	412.98	391.38		415.99	450.08
17	420.02	414.10		419.06	425.48	403.22		428.58	463.71	420.02	414.10		419.06	425.48	403.22		428.58	463.71
18	433.31	427.21		432.32	438.94	415.98		442.14	478.38	433.31	427.21		432.32	438.94	415.98		442.14	478.38
19	446.60	440.31		445.58	452.40	428.74		455.70	493.05	446.60	440.31		445.58	452.40	428.74		455.70	493.05
20	460.37	453.88		459.31	466.35	441.95		469.75	508.24	460.37	453.88		459.31	466.35	441.95		469.75	508.24
21	474.60	467.91		473.51	480.77	455.62		484.28	523.96	474.60	467.91		473.51	480.77	455.62		484.28	523.96
22	474.60	467.91		473.51	480.77	455.62		484.28	523.96	474.60	467.91		473.51	480.77	455.62		484.28	523.96
23	474.60	467.91		473.51	480.77	455.62		484.28	523.96	474.60	467.91		473.51	480.77	455.62		484.28	523.96
24	474.60	467.91		473.51	480.77	455.62		484.28	523.96	474.60	467.91		473.51	480.77	455.62		484.28	523.96
25	476.50	469.79		475.41	482.69	457.44		486.21	526.06	476.50	469.79		475.41	482.69	457.44		486.21	526.06
26	485.99	479.14		484.88	492.31	466.55		495.90	536.54	485.99	479.14		484.88	492.31	466.55		495.90	536.54
27	497.39	490.37		496.24	503.85	477.49		507.52	549.11	497.39	490.37		496.24	503.85	477.49		507.52	549.11
28	515.89	508.62		514.71	522.60	495.26		526.41	569.55	515.89	508.62		514.71	522.60	495.26		526.41	569.55
29	531.08	523.60		529.86	537.98	509.84		541.90	586.31	531.08	523.60		529.86	537.98	509.84		541.90	586.31
30	538.68	531.08		537.44	545.67	517.13		549.65	594.70	538.68	531.08		537.44	545.67	517.13		549.65	594.70
31	550.07	542.31		548.80	557.21	528.06		561.27	607.27	550.07	542.31		548.80	557.21	528.06		561.27	607.27
32	561.46	553.54		560.17	568.75	539.00		572.90	619.85	561.46	553.54		560.17	568.75	539.00		572.90	619.85
33	568.58	560.56		567.27	575.96	545.83		580.16	627.71	568.58	560.56		567.27	575.96	545.83		580.16	627.71
34	576.17	568.05		574.85	583.65	553.12		587.91	636.09	576.17	568.05		574.85	583.65	553.12		587.91	636.09
35	579.97	571.79		578.64	587.50	556.77		591.78	640.28	579.97	571.79		578.64	587.50	556.77		591.78	640.28
36	583.76	575.53		582.42	591.35	560.41		595.66	644.47	583.76	575.53		582.42	591.35	560.41		595.66	644.47
37	587.56	579.28		586.21	595.19	564.06		599.53	648.67	587.56	579.28		586.21	595.19	564.06		599.53	648.67
38	591.36	583.02		590.00	599.04	567.70		603.41	652.86	591.36	583.02		590.00	599.04	567.70		603.41	652.86
39	598.95	590.51		597.58	606.73	574.99		611.16	661.24	598.95	590.51		597.58	606.73	574.99		611.16	661.24
40	606.54	597.99		605.15	614.42	582.28		618.90	669.62	606.54	597.99		605.15	614.42	582.28		618.90	669.62
41	617.93	609.22		616.52	625.96	593.22		630.53	682.20	617.93	609.22		616.52	625.96	593.22		630.53	682.20
42	628.85	619.99		627.41	637.02	603.70		641.66	694.25	628.85	619.99		627.41	637.02	603.70		641.66	694.25
43	644.04	634.96		642.56	652.40	618.28		657.16	711.02	644.04	634.96		642.56	652.40	618.28		657.16	711.02
44	663.02	653.68		661.50	671.63	636.50		676.53	731.98	663.02	653.68		661.50	671.63	636.50		676.53	731.98
45	685.33	675.67		683.76	694.23	657.92		699.29	756.60	685.33	675.67		683.76	694.23	657.92		699.29	756.60
46	711.91	701.87		710.27	721.15	683.43		726.41	785.94	711.91	701.87		710.27	721.15	683.43		726.41	785.94
47	741.81	731.35		740.10	751.44	712.13		756.92	818.95	741.81	731.35		740.10	751.44	712.13		756.92	818.95
48	775.98	765.04		774.20	786.06	744.94		791.79	856.68	775.98	765.04		774.20	786.06	744.94		791.79	856.68
49	809.67	798.26		807.82	820.19	777.29		826.17	893.88	809.67	798.26		807.82	820.19	777.29		826.17	893.88
50	847.64	835.69		845.70	858.65	813.74		864.92	935.80	847.64	835.69		845.70	858.65	813.74		864.92	935.80
51	885.14	872.66		883.11	896.63	849.73		903.17	977.19	885.14	872.66		883.11	896.63	849.73		903.17	977.19
52	926.43	913.37		924.30	938.46	889.37		945.30	1022.78	926.43	913.37		924.30	938.46	889.37		945.30	1022.78
53	968.19	954.54		965.97	980.77	929.47		987.92	1068.88	968.19	954.54		965.97	980.77	929.47		987.92	1068.88
54	1013.28	999.00		1010.95	1026.44	972.75		1033.93	1118.66	1013.28	999.00		1010.95	1026.44	972.75		1033.93	1118.66
55	1058.37	1043.45		1055.94	1072.11	1016.03		1079.93	1168.44	1058.37	1043.45		1055.94	1072.11	1016.03		1079.93	1168.44
56	1107.25	1091.64		1104.71	1121.63	1062.96		1129.81	1222.41	1107.25	1091.64		1104.71	1121.63	1062.96		1129.81	1222.41
57	1156.61	1140.31		1153.96	1171.63	1110.35		1180.18	1276.90	1156.61	1140.31		1153.96	1171.63	1110.35		1180.18	1276.90
58	1209.29	1192.24		1206.52	1225.00	1160.92		1233.93	1335.06	1209.29	1192.24		1206.52	1225.00	1160.92		1233.93	1335.06
59	1235.39	1217.98		1232.56	1251.44	1185.98		1260.57	1363.88	1235.39	1217.98		1232.56	1251.44	1185.98		1260.57	1363.88
60	1288.08	1269.92		1285.12	1304.81	1236.55		1314.32	1422.04	1288.08	1269.92		1285.12	1304.81	1236.55		1314.32	1422.04
61	1333.64	1314.84		1330.58	1350.96	1280.29		1360.81	1472.34	1333.64	1314.84		1330.58	1350.96	1280.29		1360.81	1472.34
62	1363.54	1344.32		1360.41	1381.25	1309.00		1391.32	1505.35	1363.54	1344.32		1360.41	1381.25	1309.00		1391.32	1505.35
63	1401.03	1381.28		1397.82	1419.23	1344.99		1429.58	1546.74	1401.03	1381.28		1397.82	1419.23	1344.99		1429.58	1546.74
64 and over	1423.80	1403.73		1420.53	1442.31	1366.86		1452.83	1571.88	1423.80	1403.73		1420.53	1442.31	1366.86		1452.83	1571.88

Kaiser Foundation Health Plan of Washington RATE SCHEDULE

Plan Information

Plan Name: VisitsPlus Silver X
HIOS Plan ID: 80473WA1000015
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Outside the Exchange
Metal Level: VisitsPlus Silver X
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Kitsap and Lewis
3	No	
4	Yes	Spokane
5	Yes	Mason, Pierce, and Thurston
6	Yes	Benton, Franklin, and Yakima
7	No	
8	Yes	Island, Skagit, Snohomish, and Whatcom
9	Yes	Columbia, Walla Walla, and 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	305.15	300.85		304.45	309.12	292.95		311.37	336.89	305.15	300.85		304.45	309.12	292.95		311.37	336.89
15	332.28	327.60		331.52	336.60	318.99		339.05	366.84	332.28	327.60		331.52	336.60	318.99		339.05	366.84
16	342.65	337.82		341.86	347.10	328.94		349.63	378.29	342.65	337.82		341.86	347.10	328.94		349.63	378.29
17	353.02	348.05		352.21	357.61	338.90		360.22	389.74	353.02	348.05		352.21	357.61	338.90		360.22	389.74
18	364.19	359.06		363.35	368.92	349.62		371.61	402.07	364.19	359.06		363.35	368.92	349.62		371.61	402.07
19	375.36	370.07		374.50	380.24	360.35		383.01	414.40	375.36	370.07		374.50	380.24	360.35		383.01	414.40
20	386.93	381.47		386.04	391.95	371.45		394.81	427.17	386.93	381.47		386.04	391.95	371.45		394.81	427.17
21	398.89	393.27		397.98	404.08	382.94		407.02	440.38	398.89	393.27		397.98	404.08	382.94		407.02	440.38
22	398.89	393.27		397.98	404.08	382.94		407.02	440.38	398.89	393.27		397.98	404.08	382.94		407.02	440.38
23	398.89	393.27		397.98	404.08	382.94		407.02	440.38	398.89	393.27		397.98	404.08	382.94		407.02	440.38
24	398.89	393.27		397.98	404.08	382.94		407.02	440.38	398.89	393.27		397.98	404.08	382.94		407.02	440.38
25	400.49	394.84		399.57	405.69	384.47		408.65	442.14	400.49	394.84		399.57	405.69	384.47		408.65	442.14
26	408.47	402.71		407.53	413.77	392.13		416.79	450.95	408.47	402.71		407.53	413.77	392.13		416.79	450.95
27	418.04	412.15		417.08	423.47	401.32		426.56	461.52	418.04	412.15		417.08	423.47	401.32		426.56	461.52
28	433.60	427.49		432.60	439.23	416.25		442.43	478.69	433.60	427.49		432.60	439.23	416.25		442.43	478.69
29	446.36	440.07		445.34	452.16	428.51		455.46	492.78	446.36	440.07		445.34	452.16	428.51		455.46	492.78
30	452.75	446.36		451.71	458.63	434.64		461.97	499.83	452.75	446.36		451.71	458.63	434.64		461.97	499.83
31	462.32	455.80		461.26	468.32	443.83		471.74	510.40	462.32	455.80		461.26	468.32	443.83		471.74	510.40
32	471.89	465.24		470.81	478.02	453.02		481.51	520.97	471.89	465.24		470.81	478.02	453.02		481.51	520.97
33	477.88	471.14		476.78	484.08	458.76		487.61	527.57	477.88	471.14		476.78	484.08	458.76		487.61	527.57
34	484.26	477.43		483.15	490.55	464.89		494.13	534.62	484.26	477.43		483.15	490.55	464.89		494.13	534.62
35	487.45	480.58		486.33	493.78	467.95		497.38	538.14	487.45	480.58		486.33	493.78	467.95		497.38	538.14
36	490.64	483.72		489.51	497.01	471.01		500.64	541.67	490.64	483.72		489.51	497.01	471.01		500.64	541.67
37	493.83	486.87		492.70	500.25	474.08		503.89	545.19	493.83	486.87		492.70	500.25	474.08		503.89	545.19
38	497.02	490.02		495.88	503.48	477.14		507.15	548.71	497.02	490.02		495.88	503.48	477.14		507.15	548.71
39	503.41	496.31		502.25	509.94	483.27		513.66	555.76	503.41	496.31		502.25	509.94	483.27		513.66	555.76
40	509.79	502.60		508.62	516.41	489.40		520.18	562.81	509.79	502.60		508.62	516.41	489.40		520.18	562.81
41	519.36	512.04		518.17	526.11	498.59		529.94	573.37	519.36	512.04		518.17	526.11	498.59		529.94	573.37
42	528.54	521.08		527.32	535.40	507.39		539.31	583.50	528.54	521.08		527.32	535.40	507.39		539.31	583.50
43	541.30	533.67		540.06	548.33	519.65		552.33	597.60	541.30	533.67		540.06	548.33	519.65		552.33	597.60
44	557.26	549.40		555.98	564.49	534.97		568.61	615.21	557.26	549.40		555.98	564.49	534.97		568.61	615.21
45	576.00	567.88		574.68	583.49	552.96		587.74	635.91	576.00	567.88		574.68	583.49	552.96		587.74	635.91
46	598.34	589.91		596.97	606.11	574.41		610.53	660.57	598.34	589.91		596.97	606.11	574.41		610.53	660.57
47	623.47	614.68		622.04	631.57	598.53		636.18	688.31	623.47	614.68		622.04	631.57	598.53		636.18	688.31
48	652.19	643.00		650.70	660.66	626.11		665.48	720.02	652.19	643.00		650.70	660.66	626.11		665.48	720.02
49	680.51	670.92		678.95	689.35	653.29		694.38	751.29	680.51	670.92		678.95	689.35	653.29		694.38	751.29
50	712.43	702.38		710.79	721.68	683.93		726.94	786.52	712.43	702.38		710.79	721.68	683.93		726.94	786.52
51	743.94	733.45		742.23	753.60	714.18		759.10	821.31	743.94	733.45		742.23	753.60	714.18		759.10	821.31
52	778.64	767.67		776.86	788.76	747.50		794.51	859.62	778.64	767.67		776.86	788.76	747.50		794.51	859.62
53	813.75	802.27		811.88	824.31	781.20		830.33	898.37	813.75	802.27		811.88	824.31	781.20		830.33	898.37
54	851.64	839.63		849.69	862.70	817.57		868.99	940.21	851.64	839.63		849.69	862.70	817.57		868.99	940.21
55	889.54	877.00		887.49	901.09	853.95		907.66	982.05	889.54	877.00		887.49	901.09	853.95		907.66	982.05
56	930.62	917.50		928.49	942.71	893.40		949.58	1027.41	930.62	917.50		928.49	942.71	893.40		949.58	1027.41
57	972.11	958.40		969.87	984.73	933.22		991.91	1073.21	972.11	958.40		969.87	984.73	933.22		991.91	1073.21
58	1016.38	1002.06		1014.05	1029.58	975.73		1037.09	1122.09	1016.38	1002.06		1014.05	1029.58	975.73		1037.09	1122.09
59	1038.32	1023.69		1035.94	1051.81	996.79		1059.48	1146.31	1038.32	1023.69		1035.94	1051.81	996.79		1059.48	1146.31
60	1082.60	1067.34		1080.12	1096.66	1039.30		1104.66	1195.19	1082.60	1067.34		1080.12	1096.66	1039.30		1104.66	1195.19
61	1120.89	1105.09		1118.32	1135.45	1076.06		1143.73	1237.47	1120.89	1105.09		1118.32	1135.45	1076.06		1143.73	1237.47
62	1146.02	1129.87		1143.39	1160.91	1100.18		1169.38	1265.21	1146.02	1129.87		1143.39	1160.91	1100.18		1169.38	1265.21
63	1177.54	1160.94		1174.83	1192.83	1130.44		1201.53	1300.00	1177.54	1160.94		1174.83	1192.83	1130.44		1201.53	1300.00
64 and over	1196.67	1179.81		1193.94	1212.23	1148.82		1221.06	1321.14	1196.67	1179.81		1193.94	1212.23	1148.82		1221.06	1321.14

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Unified Rate Review v6.1

Company Legal Name:

Kaiser Foundation Healthplan of Washington

HIOS Issuer ID:

80473

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:

1/1/2024

to

12/31/2024

Total

PMPM

Allowed Claims

\$339,350,763.01

\$710.02

Reinsurance

\$0.00

\$0.00

Incurred Claims in Experience Period

\$281,245,962.49

\$588.45

Risk Adjustment

\$3,160,581.61

\$6.61

Experience Period Premium

\$308,921,495.22

\$646.36

Experience Period Member Months

477,943

Section II: Projections

Benefit Category

Experience Period Index Rate PMPM

Year 1 Trend

Year 2 Trend

Trended EHB Allowed Claims PMPM

Inpatient Hospital

\$101.63

1.057

1.020

1.128

1.010

\$124.84

Outpatient Hospital

\$140.55

1.077

1.020

1.077

1.010

\$167.94

Professional

\$313.53

1.033

1.010

1.043

1.010

\$344.47

Other Medical

\$20.86

1.025

1.010

1.036

1.010

\$22.59

Capitation

\$0.00

1.000

1.000

1.000

1.000

\$0.00

Prescription Drug

\$129.32

1.020

1.180

1.070

1.070

\$178.20

Total

\$705.89

\$838.05

Morbidity Adjustment

1.000

Demographic Shift

0.995

Plan Design Changes

1.003

Other

1.064

Adjusted Trended EHB Allowed Claims PMPM for

1/1/2026

\$889.39

Manual EHB Allowed Claims PMPM

\$0.00

Applied Credibility %

100.00%

Projected Period Totals

Projected Index Rate for

1/1/2026

\$889.39

\$339,892,839.96

Reinsurance

\$0.00

\$0.00

Risk Adjustment Payment/Charge

\$13.62

\$5,203,208.96

Exchange User Fees

0.53%

\$1,791,610.59

Market Adjusted Index Rate

\$880.46

\$336,481,241.59

Projected Member Months

382,164

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

1 of 1

Product-Plan Data Collection

Company Legal Name: Kaiser Foundation Healthplan of Washington
HIOIS Issue ID: 80473 State: WA
Effective Date of Rate Change(s): 1/1/2026 Market: Individual

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

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

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

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

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

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

Product/Plan Level Calculations

Section I: General Product and Plan Information

1.1 Product Name	GHG	Core Basics Plus Cash	Health Cooperative Individual and Family Core H.S.A. Excl	Health Cooperative Individual and Family	Group Health Cooperative Individual and Family Flex															
1.2 Product ID	80473WA054	80473WA078	80473WA099	80473WA099	80473WA100	80473WA100	80473WA100	80473WA100	80473WA100	80473WA100	80473WA100	80473WA100	80473WA100	80473WA100	80473WA100	80473WA100	80473WA100	80473WA100	80473WA100	80473WA100
1.3 Plan Name	Catastrophic	Bronze HSA	Silver HSA	Bronze HSA X	VistaPlus Bronze	Bronze	VistaPlus Silver	VistaPlus Gold	HD	Permanente	Permanente	Permanente	Permanente	Virtual Plus Silver	Bronze	Silver	Gold	Gold	Silver	Silver
1.4 Plan ID (Standard Component ID)	80473WA0540001	80473WA0780001	80473WA0990001	80473WA0990001	80473WA1000001	80473WA1000001	80473WA1000001	80473WA1000001	80473WA1000001	80473WA1000001	80473WA1000001	80473WA1000001	80473WA1000001	80473WA1000001	80473WA1000001	80473WA1000001	80473WA1000001	80473WA1000001	80473WA1000001	80473WA1000001
1.5 Metal	Catastrophic	Silver	Bronze	Bronze	Bronze	Silver	Gold	Gold	Silver	Bronze	Bronze	Bronze	Bronze	Silver	Silver	Gold	Gold	Silver	Silver	Silver
1.6 AV Metal Value	0.570	0.649	0.712	0.649	0.649	0.634	0.719	0.799	0.698	0.818	0.713	0.636	0.719	0.647	0.719	0.781	0.686	0.780	0.830	0.719
1.7 Plan Category	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated
1.8 Plan Type	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
1.9 Exchange Plan?	Yes	Yes	No	No	Yes	No	Yes	Yes	No	Yes	Yes	No	No	Yes	No	No	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	1/1/2026	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)	-19.02%	-0.83%	1.68%	-0.87%	10.68%	4.42%	86.75%	6.18%	6.18%	2.18%	76.54%	-0.73%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
1.12 Product Rate Increase %	-19.02%		-0.18%		10.56%									27.94%						
1.13 Submission Level Rate Increase %																				

Section II: Experience Period and Current Plan Level Information

2.1 Plan ID (Standard Component ID)	Total	80473WA0540001	80473WA0780001	80473WA0990001	80473WA0990001	80473WA1000001	80473WA1000001	80473WA1000001	80473WA1000001	80473WA1000001	80473WA1000001	80473WA1000001	80473WA1000001	80473WA1000001	80473WA1000001	80473WA1000001	80473WA1000001	80473WA1000001	80473WA1000001	80473WA1000001
2.2 Allowed Claims	\$339,350.763	\$371,924	\$5,394.853	\$10,293,534	\$12,723,869	\$39,140,493	\$1,421,815	\$9,538,081	\$61,650,536	\$16,290,623	\$70,992,480	\$54,640,270	\$32,664,513	\$7,284,618	\$14,721,031	\$2,114,260	\$0	\$0	\$0	\$0
2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.4 Member Cost Sharing	\$58,104,801	\$153,512	\$1,488,407	\$2,384,542	\$3,460,152	\$10,317,322	\$237,194	\$1,511,999	\$8,622,906	\$4,107,980	\$6,310,217	\$6,386,329	\$8,320,344	\$928,237	\$3,404,670	\$470,990	\$0	\$0	\$0	\$0
2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.6 Incurred Claims	\$281,245,962	\$318,446	\$7,909,992	\$9,263,618	\$28,821,171	\$1,184,621	\$9,024,084	\$53,027,640	\$172,027,801	\$44,682,441	\$64,682,181	\$48,213,043	\$24,346,088	\$6,356	\$11,314,131	\$1,843,270	\$0	\$0	\$0	\$0
2.7 Risk Adjustment Transfer Amount	\$3,160,582	\$3,160,582	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.8 Premium	\$308,921,495	\$628,232	\$6,511,147	\$9,157,254	\$15,944,475	\$50,082,017	\$1,537,677	\$11,045,071	\$80,012,908	\$17,230,572	\$41,843,858	\$51,088,086	\$41,707,767	\$9,563,566	\$20,318,822	\$2,250,044	\$0	\$0	\$0	\$0
2.9 Experience Period Member Months	477,943	2,386	10,107	14,975	25,715	81,821	2,881	12,849	40,810	28,301	59,556	70,426	71,299	13,726	38,439	4,250	0	0	0	0
2.10 Current Enrollment	40,266	479	1,087	1,080	1,701	5,553	718	1,267	3,648	2,643	5,201	6,842	6,549	0	0	0	0	0	0	0
2.11 Current Premium PMPM	\$224.18	\$224.18	\$684.34	\$688.11	\$689.47	\$605.86	\$532.27	\$816.32	\$722.81	\$620.27	\$751.82	\$770.13	\$659.27	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2.12 Loss Ratio	90.12%	34.77%	79.12%	89.32%	79.51%	79.14%	112.12%	74.40%	110.36%	73.13%	94.64%	97.16%	81.69%	68.45%	81.41%	85.18%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Per Member Per Month																				
2.13 Allowed Claims	\$780.02	\$355.88	\$524.87	\$887.38	\$494.80	\$478.27	\$499.51	\$742.17	\$1,510.67	\$575.38	\$1,184.07	\$775.85	\$468.13	\$530.72	\$382.97	\$544.53	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.14 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.15 Member Cost Sharing	\$121.57	\$64.34	\$147.26	\$159.23	\$134.56	\$117.67	\$117.67	\$117.67	\$117.67	\$117.67	\$117.67	\$117.67	\$117.67	\$117.67	\$117.67	\$117.67	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.17 Incurred Claims	\$588.45	\$91.54	\$377.60	\$528.15	\$380.24	\$352.27	\$411.18	\$624.49	\$1,299.38	\$430.44	\$1,078.83	\$685.17	\$341.44	\$465.09	\$294.40	\$433.71	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.18 Risk Adjustment Transfer Amount	\$6.61	\$0.00	\$166.99	\$20.24	\$166.99	\$166.99	\$166.99	\$20.24	\$441.98	\$20.24	\$441.98	\$20.24	\$166.99	\$20.24	\$166.99	\$20.24	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.19 Premium	\$646.36	\$263.30	\$644.22	\$611.50	\$620.05	\$612.09	\$533.73	\$859.61	\$735.43	\$608.79	\$697.91	\$725.42	\$584.97	\$696.75	\$528.60	\$529.42	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Section III: Plan Adjustment Factors

3.1 Plan ID (Standard Component ID)	80473WA0540001	80473WA0780001	80473WA0990001	80473WA0990001	80473WA1000001	80473WA1000001	80473WA1000001	80473WA1000001	80473WA1000001	80473WA1000001	80473WA1000001	80473WA1000001	80473WA1000001	80473WA1000001	80473WA1000001	80473WA1000001	80473WA1000001	80473WA1000001	80473WA1000001	80473WA1000001
3.2 Market Adjusted Index Rate																				
3.3 AV and Cost Sharing Design of Plan	0.5385	0.6193	0.6999	0.6203	0.6285	0.6207	1.4291	0.8230	0.6867	0.8509	1.4113	0.6140	0.0000	0.0000	0.0000	0.7950	0.6670	0.7935	0.8404	0.6988
3.4 Provider Network Adjustment	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.5 Benefits In Addition to EHB	1.0089	1.0075	1.0059	1.0059	1.0059	1.0059	1.0066	1.0071	1.0059	1.0071	1.0059	1.0066	1.0075	0.0000	0.0000	0.0000	1.0072	1.0059	1.0072	1.0059
Administrative Costs																				
3.6 Administrative Expense	12.58%	6.74%	6.03%	6.74%	6.65%	6.74%	3.05%	5.17%	6.13%	5.01%	3.99%	6.80%	0.00%	0.00%	0.00%	5.34%	6.30%	5.35%	5.07%	6.04%
3.7 Taxes and Fees	2.17%	2.17%	2.17%	2.17%	2.17%	2.17%	2.17%	2.17%	2.17%	2.17%	2.17%	2.17%	0.00%	0.00%	0.00%	2.17%	2.17%	2.17%	2.17%	2.17%
3.8 Profit & Risk Load	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	0.00%	0.00%	0.00%	3.00%	3.00%	3.00%	3.00%	3.00%
3.9 Catastrophic Adjustment	0.5749	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate	\$334.31	\$623.68	\$697.98	\$623.68	\$632.23	\$624.06	\$1,379.96	\$813.88	\$685.66	\$839.98	\$1,363.36	\$618.67	\$0.00	\$0.00	\$0.00	\$787.79	\$667.29	\$786.36	\$829.19	\$696.92
3.11 Age Calibration Factor	0.575467963								0.5755											
3.12 Geographic Calibration Factor	0.994610216								0.9946											
3.13 Tobacco Calibration Factor	1								1.0000											
3.14 Calibrated Plan Adjusted Index Rate	\$191.36	\$356.98	\$399.50	\$356.98	\$361.87	\$357.19	\$789.81	\$465.84	\$392.45	\$480.78	\$780.35	\$354.11	\$0.00	\$0.00	\$0.00	\$450.91	\$381.94	\$450.09	\$474.60	\$398.89

Section IV: Projected Plan Level Information

4.1 Plan ID (Standard Component ID)	Total	80473WA0540001	80473WA0780001	80473WA0990001	80473WA0990001	80473WA1000001	80473WA1000001	80473WA1000001	80473WA1000001	80473WA1000001	80473WA1000001	80473WA1000001	80473WA1000001	80473WA1000001	80473WA1000001	80473WA1000001	80473WA1000001	80473WA1000001	80473WA1000001	80473WA1000001
4.2 Allowed Claims	\$341,873,301	\$3,855,257	\$8,888,168	\$9,031,065	\$13,900,681	\$78,274,803	\$1,777,813	\$7,275,489	\$26,920,944	\$11,004,945	\$45,917,070	\$32,862,809	\$53,454,388	\$0	\$0	\$28,589,935	\$10,939,393	\$3,376,423	\$4,979,566	\$824,551
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$77,297,215	\$2,591,965	\$3,161,223	\$2,614,723	\$4,944,025	\$27,214,874	\$631,680	\$2,181,633	\$5,364,544	\$3,301,598	\$8,301,379	\$9,529,325	\$19,204,002	\$0	\$0	\$6,243,074	\$3,456,617	\$740,890	\$97,922	\$239,467
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$264,576,086	\$1,263,292	\$5,726,945	\$6,416,341	\$8,596,676	\$51,059,929	\$1,146,133	\$9,457,122	\$21,556,400	\$7,703,437	\$37,615,692	\$42,392,134	\$34,190,086	\$0	\$0	\$22,346,861	\$7,482,776	\$2,635,533	\$4,041,644	\$585,084
4.7 Risk Adjustment Transfer Amount	\$4,026,769	\$1,903,253	\$170,102	\$2,976,600	\$16,722,073	\$580,651	\$122,696	\$9,118,215	\$208,146	\$16,064,185	\$556,914	\$1,145,569	\$0	\$0	\$10,213,431	\$208,146	\$1,206,864	\$1,749,758	\$15,536	\$15,53

Rating Area Data Collection

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

Rating Area	Rating Factor
Rating Area 1	1.0000
Rating Area 2	0.9859
Rating Area 4	0.9977
Rating Area 5	1.0130
Rating Area 6	0.9600
Rating Area 8	1.0204
Rating Area 9	1.1040