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<b>State:</b>	Washington	<b>Filing Company:</b>	LifeWise Health Plan of Washington
<b>TOI/Sub-TOI:</b>	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
<b>Product Name:</b>	2026 Nongrandfathered Individual rate filing LWWA		
<b>Project Name/Number:</b>	/		

## Filing at a Glance

Company:	LifeWise Health Plan of Washington
Product Name:	2026 Nongrandfathered Individual rate filing LWWA
State:	Washington
TOI:	H16I Individual Health - Major Medical
Sub-TOI:	H16I.005C Individual - Other
Filing Type:	Rate
Date Submitted:	05/15/2025
SERFF Tr Num:	PBCC-134527981
SERFF Status:	Assigned
State Tr Num:	484679
State Status:	Review Pending
Co Tr Num:	2026 NONGRANDFATHERED INDIVIDUAL LWWA
Effective	01/01/2026
Date Requested:	
Author(s):	Ryan Brown, Fiona Mao, Jacob Fuller, Amanda Johnson
Reviewer(s):	Amy Peach (primary), Rocky Patterson II
Disposition Date:	
Disposition Status:	
Effective Date:	
Destruction Date:	
State Filing Description:	

**State:** Washington **Filing Company:** LifeWise Health Plan of Washington  
**TOI/Sub-TOI:** H16I Individual Health - Major Medical/H16I.005C Individual - Other  
**Product Name:** 2026 Nongrandfathered Individual rate filing LWWA  
**Project Name/Number:** /

## General Information

Project Name: Status of Filing in Domicile: Authorized  
Project Number: Date Approved in Domicile:  
Requested Filing Mode: Review & Approval Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Individual  
Submission Type: New Submission Individual Market Type: Individual  
Overall Rate Impact: 14.43% Filing Status Changed: 05/15/2025  
State Status Changed: 05/15/2025  
Deemer Date: Created By: Ryan Brown  
Submitted By: Amanda Johnson Corresponding Filing Tracking Number: PBCC-134418185,  
PBCC-WA26-125120524  
PPACA: Non-Grandfathered Immed Mkt Reforms  
PPACA Notes: null  
Exchange Intentions: Exchange Only  
Filing Description:  
This filing was prepared with the intention of following the Speed to Market Tool

## Company and Contact

### Filing Contact Information

Ryan Brown, Manager Actuarial Services ryan.brown@premera.com  
7001 220th St. SW 425-918-8224 [Phone]  
MS 375  
Mountlake Terrace, WA 98043-  
2124

### Filing Company Information

LifeWise Health Plan of	CoCode: 52633	State of Domicile: Washington
Washington	Group Code: 962	Company Type: Health Care
PO Box 34112	Group Name:	Service Contractor
MS 390	FEIN Number: 91-1950223	State ID Number: 170257
Seattle, WA 98124		
(425) 918-5834 ext. [Phone]		

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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): yes

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

State:

Washington

Filing Company:

LifeWise Health Plan of Washington

TOI/Sub-TOI:

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

Product Name:

2026 Nongrandfathered Individual rate filing LWWA

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Correspondence Summary

Filing Notes

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



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## Note To Filer

**Created By:**

Rocky Patterson II on 05/19/2025 05:53 PM

**Last Edited By:**

Gail Jones

**Submitted On:**

05/27/2025 10:54 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: WashingtonFiling Company: LifeWise Health Plan of Washington

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

Product Name: 2026 Nongrandfathered Individual rate filing LWWA

Project Name/Number: /

## Reviewer Note

### Created By:

Kelli Armfield on 05/27/2025 10:40 AM

### Last Edited By:

Gail Jones

### Submitted On:

05/27/2025 10:54 AM

### Subject:

Rate Request Summary

### Comments:

See attached

## LifeWise 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:	14.43% <i>average*</i>
Requested effective date:	Jan. 1, 2026
Plans impacted:	LifeWise Health Plan of Washington's <b>Non-Grandfathered</b> Individual Plans
People impacted:	23,727
Counties:	Adams, Asotin, Benton, Chelan, Clark, Columbia, Cowlitz, Douglas, Ferry, Garfield, Grant, Grays Harbor, Island, King, Kittitas, Klickitat, Lewis, Okanogan, Pend Oreille, Pierce, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, and Yakima

### Key information used to develop the rate request

(Jan. 2024 - Dec. 2024)

Premiums	\$200,263,450
Claims	\$155,778,648
Administrative expenses	\$27,545,151
Risk adjustment	<b>-\$13,359,155</b>
Company made	<b>\$3,580,495</b>

The company expects its annual medical costs to increase 7.5%.

### 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:

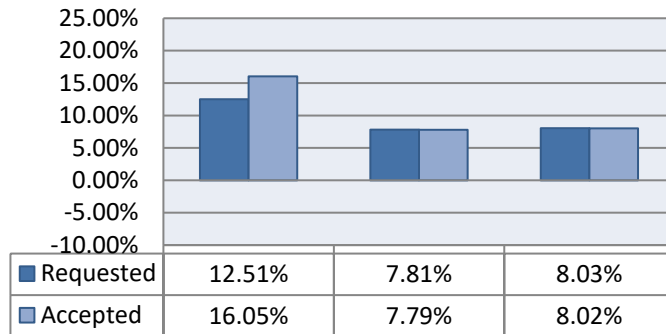
Claims:	89.39%
Administration:	13.28%
Profit:	-2.67%

### Are there any benefit changes?

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

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

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



**Need Help?**

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

## Glossary

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

State:

Washington

Filing Company:

LifeWise Health Plan of Washington

TOI/Sub-TOI:

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

Product Name:

2026 Nongrandfathered Individual rate filing LWWA

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/

Rate Information

Rate data applies to filing.

Filing Method:

SERFF

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

8.020%

Effective Date of Last Rate Revision:

01/01/2025

Filing Method of Last Filing:

SERFF

SERFF Tracking Number of Last Filing:

PBCC-134041946

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):
LifeWise Health Plan of Washington	Increase	14.430%	14.430%	\$26,249,228	17,596	\$181,907,333	32.900%	-12.380%

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## Rate Review Detail

### COMPANY:

Company Name: LifeWise Health Plan of Washington  
HHS Issuer Id: 38498

### PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
Essential PCP EPO	38498WA032		24913

Trend Factors: Medical/Rx annual trend 7.5%

### FORMS:

New Policy Forms:

Affected Forms:

Other Affected Forms: 38498WA032 (01-2026)

### REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual  
Member Months: 322,785  
Benefit Change: None  
Percent Change Requested: Min: -12.38 Max: 32.9 Avg: 14.43

### PRIOR RATE:

Total Earned Premium: 181,907,333.00  
Total Incurred Claims: 166,116,295.00  
Annual \$: Min: 208.42 Max: 2,093.01 Avg: 628.19

### REQUESTED RATE:

Projected Earned Premium: 208,156,561.00  
Projected Incurred Claims: 178,558,406.00  
Annual \$: Min: 228.01 Max: 2,062.79 Avg: 718.84



State:

Washington

Filing Company:

LifeWise Health Plan of Washington

TOI/Sub-TOI:

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

Product Name:

2026 Nongrandfathered Individual rate filing LWWA

Project Name/Number:

/

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Schedule		Revised	Previous State Filing Number: PBCC-134041946 Percent Rate Change Request: 14.43	LWWA Ind 2026 Illustrative Example of Premium Rate Calculation.pdf, LWWA Ind 2026 Rate Schedule DUPLICATE.xlsx, LWWA Ind 2026 Rate Schedule.pdf,

# LifeWise Health Plan of Washington

## Illustrative Example of Premium Rate Development

*Individual Filing - Effective 1/1/2026*

Example                      Family of 6  
Plan                            LifeWise Essential Gold  
HIOS ID                      38498WA0320001  
Effective Date              1/1/2026  
Rating Area                 4

Member ID	Relationship	Age on effective date	Premium Rate
Member 1	Subscriber	40	\$618.64
Member 2	Spouse	38	\$603.15
Member 3	Dependent	15	\$403.23
Member 4	Dependent	12	\$370.31
Member 5	Dependent	5	\$370.31
Member 6	Dependent	2	NA <sup>(1)</sup>
			\$2,365.64

Notes:

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

(2) Total Monthly Premium is the sum of each member's Monthly Premium Rate

LifeWise Health Plan of Washigton  
RATE SCHEDULE

Plan Information

Plan Name:	LifeWise Essential Gold
HIOS Plan ID:	38498WA0320001
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	In the exchange
Metal Level:	Gold
Plan Type:	Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Lewis
3	No	
4	Yes	Ferry, Pend Oreille, Spokane, Stevens
5	Yes	Pierce, Thurston
6	Yes	Benton, Kittitas
7	Yes	Adams, Grant, Okanogan
8	Yes	Island, Snohomish
9	Yes	Asotin, Columbia, Garfield, Walla Walla, Whitman

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	386.55	395.90		370.31	402.09	382.49	386.74	373.68	396.33	386.55	395.90		370.31	402.09	382.49	386.74	373.68	396.33
15	420.91	431.09		403.23	437.83	416.49	421.12	406.89	431.56	420.91	431.09		403.23	437.83	416.49	421.12	406.89	431.56
16	434.04	444.55		415.81	451.49	429.49	434.26	419.59	445.03	434.04	444.55		415.81	451.49	429.49	434.26	419.59	445.03
17	447.18	458.00		428.40	465.16	442.49	447.41	432.29	458.50	447.18	458.00		428.40	465.16	442.49	447.41	432.29	458.50
18	461.33	472.49		441.95	479.88	456.49	461.56	445.97	473.00	461.33	472.49		441.95	479.88	456.49	461.56	445.97	473.00
19	475.48	486.98		455.51	494.59	470.49	475.72	459.64	487.51	475.48	486.98		455.51	494.59	470.49	475.72	459.64	487.51
20	490.13	501.99		469.55	509.84	484.99	490.38	473.81	502.53	490.13	501.99		469.55	509.84	484.99	490.38	473.81	502.53
21	505.29	517.52		484.07	525.60	499.98	505.54	488.46	518.07	505.29	517.52		484.07	525.60	499.98	505.54	488.46	518.07
22	505.29	517.52		484.07	525.60	499.98	505.54	488.46	518.07	505.29	517.52		484.07	525.60	499.98	505.54	488.46	518.07
23	505.29	517.52		484.07	525.60	499.98	505.54	488.46	518.07	505.29	517.52		484.07	525.60	499.98	505.54	488.46	518.07
24	505.29	517.52		484.07	525.60	499.98	505.54	488.46	518.07	505.29	517.52		484.07	525.60	499.98	505.54	488.46	518.07
25	507.31	519.59		486.00	527.71	501.98	507.57	490.42	520.15	507.31	519.59		486.00	527.71	501.98	507.57	490.42	520.15
26	517.42	529.94		495.69	538.22	511.98	517.68	500.19	530.51	517.42	529.94		495.69	538.22	511.98	517.68	500.19	530.51
27	529.54	542.36		507.30	550.83	523.98	529.81	511.91	542.94	529.54	542.36		507.30	550.83	523.98	529.81	511.91	542.94
28	549.25	562.54		526.18	571.33	543.48	549.53	530.96	563.15	549.25	562.54		526.18	571.33	543.48	549.53	530.96	563.15
29	565.42	579.10		541.67	588.15	559.48	565.70	546.59	579.73	565.42	579.10		541.67	588.15	559.48	565.70	546.59	579.73
30	573.50	587.38		549.42	596.56	567.48	573.79	554.41	588.01	573.50	587.38		549.42	596.56	567.48	573.79	554.41	588.01
31	585.63	599.80		561.04	609.17	579.48	585.92	566.13	600.45	585.63	599.80		561.04	609.17	579.48	585.92	566.13	600.45
32	597.76	612.22		572.65	621.79	591.48	598.06	577.85	612.88	597.76	612.22		572.65	621.79	591.48	598.06	577.85	612.88
33	605.34	619.99		579.91	629.67	598.98	605.64	585.18	620.65	605.34	619.99		579.91	629.67	598.98	605.64	585.18	620.65
34	613.42	628.27		587.66	638.08	606.98	613.73	593.00	628.94	613.42	628.27		587.66	638.08	606.98	613.73	593.00	628.94
35	617.46	632.41		591.53	642.29	610.98	617.77	596.90	633.09	617.46	632.41		591.53	642.29	610.98	617.77	596.90	633.09
36	621.51	636.55		595.40	646.49	614.98	621.82	600.81	637.23	621.51	636.55		595.40	646.49	614.98	621.82	600.81	637.23
37	625.55	640.69		599.28	650.70	618.98	625.86	604.72	641.38	625.55	640.69		599.28	650.70	618.98	625.86	604.72	641.38
38	629.59	644.83		603.15	654.90	622.98	629.91	608.63	645.52	629.59	644.83		603.15	654.90	622.98	629.91	608.63	645.52
39	637.68	653.11		610.89	663.31	630.98	638.00	616.44	653.81	637.68	653.11		610.89	663.31	630.98	638.00	616.44	653.81
40	645.76	661.39		618.64	671.72	638.98	646.08	624.26	662.10	645.76	661.39		618.64	671.72	638.98	646.08	624.26	662.10
41	657.89	673.81		630.26	684.34	650.98	658.22	635.98	674.53	657.89	673.81		630.26	684.34	650.98	658.22	635.98	674.53
42	669.51	685.71		641.39	696.42	662.48	669.84	647.22	686.45	669.51	685.71		641.39	696.42	662.48	669.84	647.22	686.45
43	685.68	702.27		656.88	713.24	678.48	686.02	662.85	703.03	685.68	702.27		656.88	713.24	678.48	686.02	662.85	703.03
44	705.89	722.97		676.24	734.27	698.48	706.24	682.38	723.75	705.89	722.97		676.24	734.27	698.48	706.24	682.38	723.75
45	729.64	747.30		698.99	758.97	721.98	730.00	705.34	748.10	729.64	747.30		698.99	758.97	721.98	730.00	705.34	748.10
46	757.94	776.28		726.10	788.40	749.98	758.31	732.70	777.11	757.94	776.28		726.10	788.40	749.98	758.31	732.70	777.11
47	789.77	808.88		756.60	821.52	781.48	790.16	763.47	809.75	789.77	808.88		756.60	821.52	781.48	790.16	763.47	809.75
48	826.15	846.14		791.45	859.36	817.48	826.56	798.64	847.05	826.15	846.14		791.45	859.36	817.48	826.56	798.64	847.05
49	862.03	882.89		825.82	896.68	852.97	862.46	833.32	883.83	862.03	882.89		825.82	896.68	852.97	862.46	833.32	883.83
50	902.45	924.29		864.55	938.73	892.97	902.90	872.40	925.28	902.45	924.29		864.55	938.73	892.97	902.90	872.40	925.28
51	942.37	965.17		902.79	980.25	932.47	942.84	910.99	966.21	942.37	965.17		902.79	980.25	932.47	942.84	910.99	966.21
52	986.33	1010.20		944.90	1025.98	975.97	986.82	953.48	1011.28	986.33	1010.20		944.90	1025.98	975.97	986.82	953.48	1011.28
53	1030.79	1055.74		987.50	1072.23	1019.97	1031.31	996.47	1056.87	1030.79	1055.74		987.50	1072.23	1019.97	1031.31	996.47	1056.87
54	1078.80	1104.90		1033.49	1122.16	1067.47	1079.33	1042.87	1106.09	1078.80	1104.90		1033.49	1122.16	1067.47	1079.33	1042.87	1106.09
55	1126.80	1154.07		1079.47	1172.09	1114.97	1127.36	1089.28	1155.31	1126.80	1154.07		1079.47	1172.09	1114.97	1127.36	1089.28	1155.31
56	1178.84	1207.37		1129.33	1226.23	1166.46	1179.43	1139.59	1208.67	1178.84	1207.37		1129.33	1226.23	1166.46	1179.43	1139.59	1208.67
57	1231.39	1261.19		1179.67	1280.89	1218.46	1232.01	1190.39	1262.55	1231.39	1261.19		1179.67	1280.89	1218.46	1232.01	1190.39	1262.55
58	1287.48	1318.64		1233.41	1339.24	1273.96	1288.12	1244.61	1320.05	1287.48	1318.64		1233.41	1339.24	1273.96	1288.12	1244.61	1320.05
59	1315.27	1347.10		1260.03	1368.14	1301.46	1315.93	1271.47	1348.55	1315.27	1347.10		1260.03	1368.14	1301.46	1315.93	1271.47	1348.55
60	1371.36	1404.55		1313.76	1426.49	1356.96	1372.04	1325.69	1406.05	1371.36	1404.55		1313.76	1426.49	1356.96	1372.04	1325.69	1406.05
61	1419.87	1454.23		1360.23	1476.94	1404.96	1420.58	1372.58	1455.79	1419.87	1454.23		1360.23	1476.94	1404.96	1420.58	1372.58	1455.79
62	1451.70	1486.83		1390.73	1510.06	1436.46	1452.43	1403.36	1488.43	1451.70	1486.83		1390.73	1510.06	1436.46	1452.43	1403.36	1488.43
63	1491.62	1527.71		1428.97	1551.58	1475.96	1492.36	1441.95	1529.36	1491.62	1527.71		1428.97	1551.58	1475.96	1492.36	1441.95	1529.36
64 and over	1515.87	1552.56		1452.20	1576.80	1499.94	1516.62	1465.38	1554.21	1515.87	1552.56		1452.20	1576.80	1499.94	1516.62	1465.38	1554.21

LifeWise Health Plan of Washigton  
RATE SCHEDULE

Plan Information

Plan Name:	LifeWise Essential Bronze
HIOS Plan ID:	38498WA0320003
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	In 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	Lewis
3	No	
4	Yes	Ferry, Pend Oreille, Spokane, Stevens
5	Yes	Pierce, Thurston
6	Yes	Benton, Kittitas
7	Yes	Adams, Grant, Okanogan
8	Yes	Island, Snohomish
9	Yes	Asotin, Columbia, Garfield, Walla Walla, Whitman

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	298.34	305.56		285.81	310.34	295.21	298.49	288.41	305.89	298.34	305.56		285.81	310.34	295.21	298.49	288.41	305.89
15	324.86	332.73		311.22	337.92	321.45	325.03	314.05	333.08	324.86	332.73		311.22	337.92	321.45	325.03	314.05	333.08
16	335.00	343.11		320.93	348.47	331.49	335.17	323.85	343.48	335.00	343.11		320.93	348.47	331.49	335.17	323.85	343.48
17	345.14	353.50		330.65	359.02	341.52	345.32	333.65	353.88	345.14	353.50		330.65	359.02	341.52	345.32	333.65	353.88
18	356.06	364.68		341.11	370.38	352.33	356.24	344.21	365.07	356.06	364.68		341.11	370.38	352.33	356.24	344.21	365.07
19	366.98	375.86		351.57	381.74	363.13	367.17	354.76	376.27	366.98	375.86		351.57	381.74	363.13	367.17	354.76	376.27
20	378.29	387.45		362.40	393.50	374.32	378.48	365.70	387.86	378.29	387.45		362.40	393.50	374.32	378.48	365.70	387.86
21	389.99	399.43		373.61	405.67	385.90	390.19	377.01	399.86	389.99	399.43		373.61	405.67	385.90	390.19	377.01	399.86
22	389.99	399.43		373.61	405.67	385.90	390.19	377.01	399.86	389.99	399.43		373.61	405.67	385.90	390.19	377.01	399.86
23	389.99	399.43		373.61	405.67	385.90	390.19	377.01	399.86	389.99	399.43		373.61	405.67	385.90	390.19	377.01	399.86
24	389.99	399.43		373.61	405.67	385.90	390.19	377.01	399.86	389.99	399.43		373.61	405.67	385.90	390.19	377.01	399.86
25	391.55	401.03		375.11	407.29	387.44	391.75	378.51	401.46	391.55	401.03		375.11	407.29	387.44	391.75	378.51	401.46
26	399.35	409.02		382.58	415.41	395.16	399.55	386.05	409.46	399.35	409.02		382.58	415.41	395.16	399.55	386.05	409.46
27	408.71	418.60		391.55	425.14	404.42	408.92	395.10	419.05	408.71	418.60		391.55	425.14	404.42	408.92	395.10	419.05
28	423.92	434.18		406.12	440.96	419.47	424.13	409.81	434.65	423.92	434.18		406.12	440.96	419.47	424.13	409.81	434.65
29	436.40	446.96		418.07	453.95	431.82	436.62	421.87	447.44	436.40	446.96		418.07	453.95	431.82	436.62	421.87	447.44
30	442.64	453.35		424.05	460.44	437.99	442.86	427.90	453.84	442.64	453.35		424.05	460.44	437.99	442.86	427.90	453.84
31	452.00	462.94		433.02	470.17	447.26	452.23	436.95	463.44	452.00	462.94		433.02	470.17	447.26	452.23	436.95	463.44
32	461.36	472.53		441.98	479.91	456.52	461.59	446.00	473.03	461.36	472.53		441.98	479.91	456.52	461.59	446.00	473.03
33	467.21	478.52		447.59	485.99	462.31	467.45	451.65	479.03	467.21	478.52		447.59	485.99	462.31	467.45	451.65	479.03
34	473.45	484.91		453.57	492.48	468.48	473.69	457.69	485.43	473.45	484.91		453.57	492.48	468.48	473.69	457.69	485.43
35	476.57	488.10		456.56	495.73	471.57	476.81	460.70	488.63	476.57	488.10		456.56	495.73	471.57	476.81	460.70	488.63
36	479.69	491.30		459.54	498.98	474.65	479.93	463.72	491.83	479.69	491.30		459.54	498.98	474.65	479.93	463.72	491.83
37	482.81	494.50		462.53	502.22	477.74	483.05	466.73	495.03	482.81	494.50		462.53	502.22	477.74	483.05	466.73	495.03
38	485.93	497.69		465.52	505.47	480.83	486.17	469.75	498.23	485.93	497.69		465.52	505.47	480.83	486.17	469.75	498.23
39	492.17	504.08		471.50	511.96	487.00	492.42	475.78	504.62	492.17	504.08		471.50	511.96	487.00	492.42	475.78	504.62
40	498.41	510.47		477.48	518.45	493.18	498.66	481.81	511.02	498.41	510.47		477.48	518.45	493.18	498.66	481.81	511.02
41	507.77	520.06		486.44	528.18	502.44	508.02	490.86	520.62	507.77	520.06		486.44	528.18	502.44	508.02	490.86	520.62
42	516.74	529.25		495.04	537.51	511.32	517.00	499.53	529.81	516.74	529.25		495.04	537.51	511.32	517.00	499.53	529.81
43	529.22	542.03		506.99	550.50	523.66	529.49	511.60	542.61	529.22	542.03		506.99	550.50	523.66	529.49	511.60	542.61
44	544.82	558.00		521.94	566.72	539.10	545.09	526.68	558.60	544.82	558.00		521.94	566.72	539.10	545.09	526.68	558.60
45	563.15	576.78		539.50	585.79	557.24	563.43	544.40	577.40	563.15	576.78		539.50	585.79	557.24	563.43	544.40	577.40
46	584.99	599.15		560.42	608.51	578.85	585.28	565.51	599.79	584.99	599.15		560.42	608.51	578.85	585.28	565.51	599.79
47	609.56	624.31		583.96	634.06	603.16	609.86	589.26	624.98	609.56	624.31		583.96	634.06	603.16	609.86	589.26	624.98
48	637.64	653.07		610.86	663.27	630.94	637.96	616.41	653.77	637.64	653.07		610.86	663.27	630.94	637.96	616.41	653.77
49	665.33	681.43		637.38	692.07	658.34	665.66	643.17	682.16	665.33	681.43		637.38	692.07	658.34	665.66	643.17	682.16
50	696.53	713.38		667.27	724.53	689.21	696.88	673.33	714.15	696.53	713.38		667.27	724.53	689.21	696.88	673.33	714.15
51	727.34	744.94		696.79	756.58	719.70	727.70	703.12	745.74	727.34	744.94		696.79	756.58	719.70	727.70	703.12	745.74
52	761.27	779.69		729.29	791.87	753.27	761.65	735.92	780.53	761.27	779.69		729.29	791.87	753.27	761.65	735.92	780.53
53	795.59	814.84		762.17	827.57	787.23	795.98	769.09	815.71	795.59	814.84		762.17	827.57	787.23	795.98	769.09	815.71
54	832.64	852.78		797.66	866.11	823.89	833.05	804.91	853.70	832.64	852.78		797.66	866.11	823.89	833.05	804.91	853.70
55	869.68	890.73		833.16	904.65	860.55	870.12	840.72	891.69	869.68	890.73		833.16	904.65	860.55	870.12	840.72	891.69
56	909.85	931.87		871.64	946.43	900.30	910.31	879.56	932.87	909.85	931.87		871.64	946.43	900.30	910.31	879.56	932.87
57	950.41	973.41		910.50	988.62	940.43	950.89	918.76	974.46	950.41	973.41		910.50	988.62	940.43	950.89	918.76	974.46
58	993.70	1017.75		951.97	1033.65	983.27	994.20	960.61	1018.84	993.70	1017.75		951.97	1033.65	983.27	994.20	960.61	1018.84
59	1015.15	1039.72		972.52	1055.96	1004.49	1015.66	981.35	1040.84	1015.15	1039.72		972.52	1055.96	1004.49	1015.66	981.35	1040.84
60	1058.44	1084.06		1013.99	1100.99	1047.33	1058.97	1023.20	1085.22	1058.44	1084.06		1013.99	1100.99	1047.33	1058.97	1023.20	1085.22
61	1095.88	1122.40		1049.85	1139.93	1084.37	1096.43	1059.39	1123.61	1095.88	1122.40		1049.85	1139.93	1084.37	1096.43	1059.39	1123.61
62	1120.45	1147.56		1073.39	1165.49	1108.69	1121.01	1083.14	1148.80	1120.45	1147.56		1073.39	1165.49	1108.69	1121.01	1083.14	1148.80
63	1151.26	1179.12		1102.91	1197.54	1139.17	1151.84	1112.92	1180.39	1151.26	1179.12		1102.91	1197.54	1139.17	1151.84	1112.92	1180.39
64 and over	1169.97	1198.29		1120.83	1217.01	1157.69	1170.56	1131.02	1199.58	1169.97	1198.29		1120.83	1217.01	1157.69	1170.56	1131.02	1199.58

LifeWise Health Plan of Washigton  
RATE SCHEDULE

Plan Information

Plan Name:	LifeWise Essential Silver
HIOS Plan ID:	38498WA0320004
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	In the exchange
Metal Level:	Silver
Plan Type:	Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Lewis
3	No	
4	Yes	Ferry, Pend Oreille, Spokane, Stevens
5	Yes	Pierce, Thurston
6	Yes	Benton, Kittitas
7	Yes	Adams, Grant, Okanogan
8	Yes	Island, Snohomish
9	Yes	Asotin, Columbia, Garfield, Walla Walla, Whitman

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	476.34	487.86		456.33	495.49	471.34	476.58	460.48	488.39	476.34	487.86		456.33	495.49	471.34	476.58	460.48	488.39
15	518.68	531.23		496.89	539.53	513.23	518.94	501.41	531.80	518.68	531.23		496.89	539.53	513.23	518.94	501.41	531.80
16	534.87	547.81		512.40	556.37	529.25	535.13	517.06	548.40	534.87	547.81		512.40	556.37	529.25	535.13	517.06	548.40
17	551.06	564.39		527.91	573.21	545.27	551.33	532.71	565.00	551.06	564.39		527.91	573.21	545.27	551.33	532.71	565.00
18	568.49	582.25		544.61	591.34	562.52	568.78	549.56	582.87	568.49	582.25		544.61	591.34	562.52	568.78	549.56	582.87
19	585.93	600.11		561.32	609.48	579.77	586.22	566.41	600.75	585.93	600.11		561.32	609.48	579.77	586.22	566.41	600.75
20	603.98	618.60		578.62	628.26	597.64	604.29	583.87	619.26	603.98	618.60		578.62	628.26	597.64	604.29	583.87	619.26
21	622.66	637.73		596.51	647.69	616.13	622.97	601.93	638.42	622.66	637.73		596.51	647.69	616.13	622.97	601.93	638.42
22	622.66	637.73		596.51	647.69	616.13	622.97	601.93	638.42	622.66	637.73		596.51	647.69	616.13	622.97	601.93	638.42
23	622.66	637.73		596.51	647.69	616.13	622.97	601.93	638.42	622.66	637.73		596.51	647.69	616.13	622.97	601.93	638.42
24	622.66	637.73		596.51	647.69	616.13	622.97	601.93	638.42	622.66	637.73		596.51	647.69	616.13	622.97	601.93	638.42
25	625.15	640.28		598.90	650.28	618.59	625.47	604.34	640.97	625.15	640.28		598.90	650.28	618.59	625.47	604.34	640.97
26	637.61	653.04		610.83	663.24	630.91	637.93	616.37	653.74	637.61	653.04		610.83	663.24	630.91	637.93	616.37	653.74
27	652.55	668.34		625.14	678.78	645.70	652.88	630.82	669.06	652.55	668.34		625.14	678.78	645.70	652.88	630.82	669.06
28	676.83	693.21		648.41	704.04	669.73	677.17	654.30	693.96	676.83	693.21		648.41	704.04	669.73	677.17	654.30	693.96
29	696.76	713.62		667.50	724.77	689.44	697.11	673.56	714.39	696.76	713.62		667.50	724.77	689.44	697.11	673.56	714.39
30	706.72	723.83		677.04	735.13	699.30	707.08	683.19	724.60	706.72	723.83		677.04	735.13	699.30	707.08	683.19	724.60
31	721.67	739.13		691.36	750.68	714.09	722.03	697.63	739.92	721.67	739.13		691.36	750.68	714.09	722.03	697.63	739.92
32	736.61	754.44		705.67	766.22	728.88	736.98	712.08	755.25	736.61	754.44		705.67	766.22	728.88	736.98	712.08	755.25
33	745.95	764.00		714.62	775.94	738.12	746.32	721.11	764.82	745.95	764.00		714.62	775.94	738.12	746.32	721.11	764.82
34	755.91	774.21		724.16	786.30	747.98	756.29	730.74	775.04	755.91	774.21		724.16	786.30	747.98	756.29	730.74	775.04
35	760.89	779.31		728.94	791.48	752.90	761.27	735.56	780.14	760.89	779.31		728.94	791.48	752.90	761.27	735.56	780.14
36	765.88	784.41		733.71	796.66	757.83	766.26	740.37	785.25	765.88	784.41		733.71	796.66	757.83	766.26	740.37	785.25
37	770.86	789.51		738.48	801.85	762.76	771.24	745.19	790.36	770.86	789.51		738.48	801.85	762.76	771.24	745.19	790.36
38	775.84	794.61		743.25	807.03	767.69	776.23	750.00	795.47	775.84	794.61		743.25	807.03	767.69	776.23	750.00	795.47
39	785.80	804.82		752.80	817.39	777.55	786.19	759.63	805.68	785.80	804.82		752.80	817.39	777.55	786.19	759.63	805.68
40	795.76	815.02		762.34	827.75	787.41	796.16	769.26	815.90	795.76	815.02		762.34	827.75	787.41	796.16	769.26	815.90
41	810.71	830.33		776.66	843.30	802.19	811.11	783.71	831.22	810.71	830.33		776.66	843.30	802.19	811.11	783.71	831.22
42	825.03	844.99		790.38	858.19	816.37	825.44	797.55	845.90	825.03	844.99		790.38	858.19	816.37	825.44	797.55	845.90
43	844.95	865.40		809.47	878.92	836.08	845.38	816.82	866.33	844.95	865.40		809.47	878.92	836.08	845.38	816.82	866.33
44	869.86	890.91		833.33	904.83	860.73	870.30	840.89	891.87	869.86	890.91		833.33	904.83	860.73	870.30	840.89	891.87
45	899.13	920.88		861.36	935.27	889.68	899.57	869.18	921.87	899.13	920.88		861.36	935.27	889.68	899.57	869.18	921.87
46	933.99	956.60		894.77	971.54	924.19	934.46	902.89	957.62	933.99	956.60		894.77	971.54	924.19	934.46	902.89	957.62
47	973.22	996.77		932.35	1012.35	963.00	973.71	940.81	997.84	973.22	996.77		932.35	1012.35	963.00	973.71	940.81	997.84
48	1018.05	1042.69		975.30	1058.98	1007.36	1018.56	984.15	1043.81	1018.05	1042.69		975.30	1058.98	1007.36	1018.56	984.15	1043.81
49	1062.26	1087.97		1017.65	1104.97	1051.11	1062.79	1026.89	1089.14	1062.26	1087.97		1017.65	1104.97	1051.11	1062.79	1026.89	1089.14
50	1112.08	1138.99		1065.37	1156.78	1100.40	1112.63	1075.04	1140.21	1112.08	1138.99		1065.37	1156.78	1100.40	1112.63	1075.04	1140.21
51	1161.27	1189.37		1112.49	1207.95	1149.07	1161.85	1122.60	1190.65	1161.27	1189.37		1112.49	1207.95	1149.07	1161.85	1122.60	1190.65
52	1215.44	1244.85		1164.39	1264.30	1202.68	1216.05	1174.96	1246.19	1215.44	1244.85		1164.39	1264.30	1202.68	1216.05	1174.96	1246.19
53	1270.23	1300.97		1216.88	1321.30	1256.90	1270.87	1227.93	1302.37	1270.23	1300.97		1216.88	1321.30	1256.90	1270.87	1227.93	1302.37
54	1329.39	1361.56		1273.55	1382.83	1315.43	1330.05	1285.12	1363.02	1329.39	1361.56		1273.55	1382.83	1315.43	1330.05	1285.12	1363.02
55	1388.54	1422.14		1330.22	1444.36	1373.96	1389.23	1342.30	1423.67	1388.54	1422.14		1330.22	1444.36	1373.96	1389.23	1342.30	1423.67
56	1452.67	1487.83		1391.66	1511.07	1437.42	1453.40	1404.30	1489.43	1452.67	1487.83		1391.66	1511.07	1437.42	1453.40	1404.30	1489.43
57	1517.43	1554.15		1453.70	1578.43	1501.50	1518.19	1466.90	1555.82	1517.43	1554.15		1453.70	1578.43	1501.50	1518.19	1466.90	1555.82
58	1586.55	1624.94		1519.91	1650.32	1569.89	1587.34	1533.71	1626.68	1586.55	1624.94		1519.91	1650.32	1569.89	1587.34	1533.71	1626.68
59	1620.79	1660.01		1552.72	1685.95	1603.77	1621.60	1566.82	1661.80	1620.79	1660.01		1552.72	1685.95	1603.77	1621.60	1566.82	1661.80
60	1689.91	1730.80		1618.93	1757.84	1672.16	1690.75	1633.63	1732.66	1689.91	1730.80		1618.93	1757.84	1672.16	1690.75	1633.63	1732.66
61	1749.68	1792.03		1676.20	1820.02	1731.31	1750.56	1691.42	1793.95	1749.68	1792.03		1676.20	1820.02	1731.31	1750.56	1691.42	1793.95
62	1788.91	1832.20		1713.78	1860.82	1770.13	1789.81	1729.34	1834.17	1788.91	1832.20		1713.78	1860.82	1770.13	1789.81	1729.34	1834.17
63	1838.10	1882.58		1760.90	1911.99	1818.80	1839.02	1776.89	1884.61	1838.10	1882.58		1760.90	1911.99	1818.80	1839.02	1776.89	1884.61
64 and over	1867.98	1913.19		1789.53	1943.07	1848.38	1868.91	1805.78	1915.25	1867.98	1913.19		1789.53	1943.07	1848.38	1868.91	1805.78	1915.25



LifeWise Health Plan of Washigton  
RATE SCHEDULE

Plan Information

Plan Name:	LifeWise Cascade Complete Gold
HIOS Plan ID:	38498WA0320010
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	In the exchange
Metal Level:	Gold
Plan Type:	Standardized Non-Public Option Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Lewis
3	No	
4	Yes	Spokane, Stevens
5	Yes	Pierce, Thurston
6	Yes	Kittitas
7	Yes	Grant, Okanogan
8	Yes	Snohomish
9	Yes	Asotin, Columbia, Garfield, Walla Walla, Whitman

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	424.20	434.46		406.38	441.25	419.74	424.41	410.07	434.93	424.20	434.46		406.38	441.25	419.74	424.41	410.07	434.93
15	461.90	473.08		442.50	480.47	457.05	462.13	446.52	473.59	461.90	473.08		442.50	480.47	457.05	462.13	446.52	473.59
16	476.32	487.85		456.31	495.47	471.32	476.56	460.46	488.37	476.32	487.85		456.31	495.47	471.32	476.56	460.46	488.37
17	490.74	502.61		470.13	510.46	485.58	490.98	474.39	503.15	490.74	502.61		470.13	510.46	485.58	490.98	474.39	503.15
18	506.26	518.51		485.00	526.61	500.95	506.52	489.40	519.07	506.26	518.51		485.00	526.61	500.95	506.52	489.40	519.07
19	521.79	534.42		499.87	542.76	516.31	522.05	504.41	534.99	521.79	534.42		499.87	542.76	516.31	522.05	504.41	534.99
20	537.87	550.89		515.28	559.49	532.22	538.14	519.96	551.48	537.87	550.89		515.28	559.49	532.22	538.14	519.96	551.48
21	554.50	567.92		531.21	576.80	548.68	554.78	536.04	568.53	554.50	567.92		531.21	576.80	548.68	554.78	536.04	568.53
22	554.50	567.92		531.21	576.80	548.68	554.78	536.04	568.53	554.50	567.92		531.21	576.80	548.68	554.78	536.04	568.53
23	554.50	567.92		531.21	576.80	548.68	554.78	536.04	568.53	554.50	567.92		531.21	576.80	548.68	554.78	536.04	568.53
24	554.50	567.92		531.21	576.80	548.68	554.78	536.04	568.53	554.50	567.92		531.21	576.80	548.68	554.78	536.04	568.53
25	556.72	570.19		533.34	579.10	550.88	557.00	538.18	570.81	556.72	570.19		533.34	579.10	550.88	557.00	538.18	570.81
26	567.81	581.55		543.96	590.64	561.85	568.10	548.90	582.18	567.81	581.55		543.96	590.64	561.85	568.10	548.90	582.18
27	581.12	595.18		556.71	604.48	575.02	581.41	561.77	595.82	581.12	595.18		556.71	604.48	575.02	581.41	561.77	595.82
28	602.75	617.33		577.43	626.98	596.42	603.05	582.67	618.00	602.75	617.33		577.43	626.98	596.42	603.05	582.67	618.00
29	620.49	635.51		594.43	645.43	613.97	620.80	599.83	636.19	620.49	635.51		594.43	645.43	613.97	620.80	599.83	636.19
30	629.36	644.59		602.93	654.66	622.75	629.68	608.40	645.28	629.36	644.59		602.93	654.66	622.75	629.68	608.40	645.28
31	642.67	658.22		615.68	668.51	635.92	642.99	621.27	658.93	642.67	658.22		615.68	668.51	635.92	642.99	621.27	658.93
32	655.98	671.85		628.43	682.35	649.09	656.31	634.13	672.57	655.98	671.85		628.43	682.35	649.09	656.31	634.13	672.57
33	664.30	680.37		636.40	691.00	657.32	664.63	642.17	681.10	664.30	680.37		636.40	691.00	657.32	664.63	642.17	681.10
34	673.17	689.46		644.89	700.23	666.10	673.50	650.75	690.20	673.17	689.46		644.89	700.23	666.10	673.50	650.75	690.20
35	677.60	694.00		649.14	704.84	670.49	677.94	655.04	694.75	677.60	694.00		649.14	704.84	670.49	677.94	655.04	694.75
36	682.04	698.55		653.39	709.46	674.88	682.38	659.33	699.30	682.04	698.55		653.39	709.46	674.88	682.38	659.33	699.30
37	686.48	703.09		657.64	714.07	679.27	686.82	663.62	703.84	686.48	703.09		657.64	714.07	679.27	686.82	663.62	703.84
38	690.91	707.63		661.89	718.69	683.66	691.26	667.90	708.39	690.91	707.63		661.89	718.69	683.66	691.26	667.90	708.39
39	699.78	716.72		670.39	727.92	692.44	700.13	676.48	717.49	699.78	716.72		670.39	727.92	692.44	700.13	676.48	717.49
40	708.66	725.81		678.89	737.14	701.22	709.01	685.06	726.59	708.66	725.81		678.89	737.14	701.22	709.01	685.06	726.59
41	721.96	739.44		691.64	750.99	714.38	722.33	697.92	740.23	721.96	739.44		691.64	750.99	714.38	722.33	697.92	740.23
42	734.72	752.50		703.86	764.25	727.00	735.09	710.25	753.31	734.72	752.50		703.86	764.25	727.00	735.09	710.25	753.31
43	752.46	770.67		720.86	782.71	744.56	752.84	727.40	771.50	752.46	770.67		720.86	782.71	744.56	752.84	727.40	771.50
44	774.64	793.39		742.11	805.78	766.51	775.03	748.85	794.24	774.64	793.39		742.11	805.78	766.51	775.03	748.85	794.24
45	800.70	820.08		767.07	832.89	792.30	801.10	774.04	820.96	800.70	820.08		767.07	832.89	792.30	801.10	774.04	820.96
46	831.76	851.88		796.82	865.19	823.02	832.17	804.06	852.80	831.76	851.88		796.82	865.19	823.02	832.17	804.06	852.80
47	866.69	887.66		830.29	901.53	857.59	867.12	837.83	888.62	866.69	887.66		830.29	901.53	857.59	867.12	837.83	888.62
48	906.61	928.55		868.54	943.06	897.09	907.07	876.42	929.55	906.61	928.55		868.54	943.06	897.09	907.07	876.42	929.55
49	945.98	968.88		906.25	984.01	936.05	946.46	914.48	969.92	945.98	968.88		906.25	984.01	936.05	946.46	914.48	969.92
50	990.34	1014.31		948.75	1030.16	979.95	990.84	957.37	1015.40	990.34	1014.31		948.75	1030.16	979.95	990.84	957.37	1015.40
51	1034.15	1059.18		990.72	1075.72	1023.29	1034.67	999.71	1060.31	1034.15	1059.18		990.72	1075.72	1023.29	1034.67	999.71	1060.31
52	1082.39	1108.59		1036.93	1125.90	1071.03	1082.93	1046.35	1109.78	1082.39	1108.59		1036.93	1125.90	1071.03	1082.93	1046.35	1109.78
53	1131.19	1158.56		1083.68	1176.66	1119.31	1131.75	1093.52	1159.81	1131.19	1158.56		1083.68	1176.66	1119.31	1131.75	1093.52	1159.81
54	1183.87	1212.52		1134.14	1231.46	1171.44	1184.46	1144.44	1213.82	1183.87	1212.52		1134.14	1231.46	1171.44	1184.46	1144.44	1213.82
55	1236.54	1266.47		1184.61	1286.25	1223.56	1237.16	1195.37	1267.83	1236.54	1266.47		1184.61	1286.25	1223.56	1237.16	1195.37	1267.83
56	1293.66	1324.96		1239.32	1345.66	1280.07	1294.30	1250.58	1326.39	1293.66	1324.96		1239.32	1345.66	1280.07	1294.30	1250.58	1326.39
57	1351.33	1384.03		1294.57	1405.65	1337.14	1352.00	1306.33	1385.51	1351.33	1384.03		1294.57	1405.65	1337.14	1352.00	1306.33	1385.51
58	1412.88	1447.07		1353.54	1469.67	1398.04	1413.58	1365.83	1448.62	1412.88	1447.07		1353.54	1469.67	1398.04	1413.58	1365.83	1448.62
59	1443.37	1478.30		1382.75	1501.40	1428.22	1444.10	1395.31	1479.89	1443.37	1478.30		1382.75	1501.40	1428.22	1444.10	1395.31	1479.89
60	1504.92	1541.34		1441.72	1565.42	1489.12	1505.68	1454.81	1543.00	1504.92	1541.34		1441.72	1565.42	1489.12	1505.68	1454.81	1543.00
61	1558.16	1595.86		1492.71	1620.79	1541.80	1558.94	1506.27	1597.58	1558.16	1595.86		1492.71	1620.79	1541.80	1558.94	1506.27	1597.58
62	1593.09	1631.64		1526.18	1657.13	1576.36	1593.89	1540.04	1633.40	1593.09	1631.64		1526.18	1657.13	1576.36	1593.89	1540.04	1633.40
63	1636.90	1676.51		1568.15	1702.70	1619.71	1637.71	1582.39	1678.31	1636.90	1676.51		1568.15	1702.70	1619.71	1637.71	1582.39	1678.31
64 and over	1663.50	1703.76		1593.63	1730.39	1646.04	1664.34	1608.12	1705.59	1663.50	1703.76		1593.63	1730.39	1646.04	1664.34	1608.12	1705.59

LifeWise Health Plan of Washigton  
RATE SCHEDULE

Plan Information

Plan Name:	LifeWise Cascade Silver
HIOS Plan ID:	38498WA0320011
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	In the exchange
Metal Level:	Silver
Plan Type:	Standardized Non-Public Option Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Lewis
3	No	
4	Yes	Spokane, Stevens
5	Yes	Pierce, Thurston
6	Yes	Kittitas
7	Yes	Grant, Okanogan
8	Yes	Snohomish
9	Yes	Asotin, Columbia, Garfield, Walla Walla, Whitman

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	505.68	517.92		484.44	526.01	500.37	505.94	488.84	518.48	505.68	517.92		484.44	526.01	500.37	505.94	488.84	518.48
15	550.63	563.96		527.51	572.77	544.85	550.91	532.30	564.56	550.63	563.96		527.51	572.77	544.85	550.91	532.30	564.56
16	567.82	581.56		543.97	590.65	561.86	568.10	548.91	582.18	567.82	581.56		543.97	590.65	561.86	568.10	548.91	582.18
17	585.01	599.16		560.44	608.52	578.86	585.30	565.52	599.81	585.01	599.16		560.44	608.52	578.86	585.30	565.52	599.81
18	603.51	618.12		578.17	627.78	597.18	603.82	583.42	618.78	603.51	618.12		578.17	627.78	597.18	603.82	583.42	618.78
19	622.02	637.08		595.90	647.03	615.49	622.33	601.31	637.76	622.02	637.08		595.90	647.03	615.49	622.33	601.31	637.76
20	641.19	656.71		614.26	666.97	634.46	641.51	619.84	657.41	641.19	656.71		614.26	666.97	634.46	641.51	619.84	657.41
21	661.02	677.02		633.26	687.60	654.08	661.35	639.01	677.75	661.02	677.02		633.26	687.60	654.08	661.35	639.01	677.75
22	661.02	677.02		633.26	687.60	654.08	661.35	639.01	677.75	661.02	677.02		633.26	687.60	654.08	661.35	639.01	677.75
23	661.02	677.02		633.26	687.60	654.08	661.35	639.01	677.75	661.02	677.02		633.26	687.60	654.08	661.35	639.01	677.75
24	661.02	677.02		633.26	687.60	654.08	661.35	639.01	677.75	661.02	677.02		633.26	687.60	654.08	661.35	639.01	677.75
25	663.67	679.73		635.79	690.35	656.70	664.00	641.57	680.46	663.67	679.73		635.79	690.35	656.70	664.00	641.57	680.46
26	676.89	693.27		648.46	704.10	669.78	677.23	654.35	694.01	676.89	693.27		648.46	704.10	669.78	677.23	654.35	694.01
27	692.75	709.52		663.66	720.60	685.48	693.10	669.68	710.28	692.75	709.52		663.66	720.60	685.48	693.10	669.68	710.28
28	718.53	735.92		688.35	747.42	710.99	718.89	694.61	736.71	718.53	735.92		688.35	747.42	710.99	718.89	694.61	736.71
29	739.68	757.59		708.62	769.42	731.92	740.05	715.05	758.40	739.68	757.59		708.62	769.42	731.92	740.05	715.05	758.40
30	750.26	768.42		718.75	780.42	742.38	750.64	725.28	769.24	750.26	768.42		718.75	780.42	742.38	750.64	725.28	769.24
31	766.13	784.67		733.95	796.92	758.08	766.51	740.61	785.51	766.13	784.67		733.95	796.92	758.08	766.51	740.61	785.51
32	781.99	800.91		749.15	813.43	773.78	782.38	755.95	801.77	781.99	800.91		749.15	813.43	773.78	782.38	755.95	801.77
33	791.91	811.07		758.65	823.74	783.59	792.30	765.54	811.94	791.91	811.07		758.65	823.74	783.59	792.30	765.54	811.94
34	802.48	821.90		768.78	834.74	794.06	802.88	775.76	822.78	802.48	821.90		768.78	834.74	794.06	802.88	775.76	822.78
35	807.77	827.32		773.84	840.24	799.29	808.17	780.87	828.21	807.77	827.32		773.84	840.24	799.29	808.17	780.87	828.21
36	813.06	832.73		778.91	845.74	804.52	813.46	785.98	833.63	813.06	832.73		778.91	845.74	804.52	813.46	785.98	833.63
37	818.35	838.15		783.98	851.24	809.75	818.76	791.10	839.05	818.35	838.15		783.98	851.24	809.75	818.76	791.10	839.05
38	823.63	843.57		789.04	856.74	814.99	824.05	796.21	844.47	823.63	843.57		789.04	856.74	814.99	824.05	796.21	844.47
39	834.21	854.40		799.17	867.75	825.45	834.63	806.43	855.32	834.21	854.40		799.17	867.75	825.45	834.63	806.43	855.32
40	844.79	865.23		809.31	878.75	835.92	845.21	816.66	866.16	844.79	865.23		809.31	878.75	835.92	845.21	816.66	866.16
41	860.65	881.48		824.50	895.25	851.62	861.08	831.99	882.43	860.65	881.48		824.50	895.25	851.62	861.08	831.99	882.43
42	875.86	897.05		839.07	911.07	866.66	876.29	846.69	898.01	875.86	897.05		839.07	911.07	866.66	876.29	846.69	898.01
43	897.01	918.72		859.33	933.07	887.59	897.46	867.14	919.70	897.01	918.72		859.33	933.07	887.59	897.46	867.14	919.70
44	923.45	945.80		884.66	960.57	913.75	923.91	892.70	946.81	923.45	945.80		884.66	960.57	913.75	923.91	892.70	946.81
45	954.52	977.62		914.43	992.89	944.49	954.99	922.73	978.67	954.52	977.62		914.43	992.89	944.49	954.99	922.73	978.67
46	991.53	1015.53		949.89	1031.39	981.12	992.03	958.52	1016.62	991.53	1015.53		949.89	1031.39	981.12	992.03	958.52	1016.62
47	1033.18	1058.18		989.79	1074.71	1022.33	1033.70	998.77	1059.32	1033.18	1058.18		989.79	1074.71	1022.33	1033.70	998.77	1059.32
48	1080.77	1106.93		1035.38	1124.22	1069.42	1081.31	1044.78	1108.12	1080.77	1106.93		1035.38	1124.22	1069.42	1081.31	1044.78	1108.12
49	1127.71	1155.00		1080.34	1173.04	1115.86	1128.27	1090.15	1156.24	1127.71	1155.00		1080.34	1173.04	1115.86	1128.27	1090.15	1156.24
50	1180.59	1209.16		1131.00	1228.05	1168.19	1181.18	1141.27	1210.46	1180.59	1209.16		1131.00	1228.05	1168.19	1181.18	1141.27	1210.46
51	1232.81	1262.64		1181.03	1282.37	1219.86	1233.42	1191.76	1264.00	1232.81	1262.64		1181.03	1282.37	1219.86	1233.42	1191.76	1264.00
52	1290.32	1321.54		1236.12	1342.19	1276.77	1290.96	1247.35	1322.96	1290.32	1321.54		1236.12	1342.19	1276.77	1290.96	1247.35	1322.96
53	1348.49	1381.12		1291.85	1402.70	1334.33	1349.16	1303.58	1382.60	1348.49	1381.12		1291.85	1402.70	1334.33	1349.16	1303.58	1382.60
54	1411.28	1445.44		1352.01	1468.02	1396.47	1411.99	1364.29	1446.99	1411.28	1445.44		1352.01	1468.02	1396.47	1411.99	1364.29	1446.99
55	1474.08	1509.75		1412.17	1533.34	1458.60	1474.82	1424.99	1511.38	1474.08	1509.75		1412.17	1533.34	1458.60	1474.82	1424.99	1511.38
56	1542.17	1579.49		1477.40	1604.16	1525.97	1542.94	1490.81	1581.18	1542.17	1579.49		1477.40	1604.16	1525.97	1542.94	1490.81	1581.18
57	1610.91	1649.90		1543.25	1675.67	1594.00	1611.72	1557.27	1651.67	1610.91	1649.90		1543.25	1675.67	1594.00	1611.72	1557.27	1651.67
58	1684.29	1725.05		1613.55	1752.00	1666.60	1685.13	1628.20	1726.90	1684.29	1725.05		1613.55	1752.00	1666.60	1685.13	1628.20	1726.90
59	1720.64	1762.28		1648.38	1789.81	1702.58	1721.50	1663.35	1764.18	1720.64	1762.28		1648.38	1789.81	1702.58	1721.50	1663.35	1764.18
60	1794.02	1837.43		1718.67	1866.14	1775.18	1794.91	1734.28	1839.41	1794.02	1837.43		1718.67	1866.14	1775.18	1794.91	1734.28	1839.41
61	1857.47	1902.43		1779.46	1932.15	1837.97	1858.40	1795.62	1904.47	1857.47	1902.43		1779.46	1932.15	1837.97	1858.40	1795.62	1904.47
62	1899.12	1945.08		1819.36	1975.46	1879.18	1900.07	1835.88	1947.17	1899.12	1945.08		1819.36	1975.46	1879.18	1900.07	1835.88	1947.17
63	1951.34	1998.56		1869.38	2029.78	1930.85	1952.32	1886.36	2000.71	1951.34	1998.56		1869.38	2029.78	1930.85	1952.32	1886.36	2000.71
64 and over	1983.06	2031.06		1899.78	2062.79	1962.24	1984.05	1917.03	2033.24	1983.06	2031.06		1899.78	2062.79	1962.24	1984.05	1917.03	2033.24

LifeWise Health Plan of Washigton  
RATE SCHEDULE

Plan Information

Plan Name:	LifeWise Cascade Bronze
HIOS Plan ID:	38498WA0320012
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	In the exchange
Metal Level:	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	Lewis
3	No	
4	Yes	Spokane, Stevens
5	Yes	Pierce, Thurston
6	Yes	Kittitas
7	Yes	Grant, Okanogan
8	Yes	Snohomish
9	Yes	Asotin, Columbia, Garfield, Walla Walla, Whitman

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	305.95	313.35		293.10	318.25	302.74	306.10	295.76	313.69	305.95	313.35		293.10	318.25	302.74	306.10	295.76	313.69
15	333.15	341.21		319.15	346.54	329.65	333.31	322.05	341.57	333.15	341.21		319.15	346.54	329.65	333.31	322.05	341.57
16	343.54	351.86		329.12	357.35	339.94	343.72	332.10	352.24	343.54	351.86		329.12	357.35	339.94	343.72	332.10	352.24
17	353.94	362.51		339.08	368.17	350.23	354.12	342.16	362.90	353.94	362.51		339.08	368.17	350.23	354.12	342.16	362.90
18	365.14	373.98		349.80	379.82	361.31	365.32	352.98	374.38	365.14	373.98		349.80	379.82	361.31	365.32	352.98	374.38
19	376.34	385.45		360.53	391.47	372.39	376.53	363.81	385.86	376.34	385.45		360.53	391.47	372.39	376.53	363.81	385.86
20	387.94	397.32		371.64	403.53	383.86	388.13	375.02	397.75	387.94	397.32		371.64	403.53	383.86	388.13	375.02	397.75
21	399.93	409.61		383.14	416.01	395.74	400.13	386.62	410.05	399.93	409.61		383.14	416.01	395.74	400.13	386.62	410.05
22	399.93	409.61		383.14	416.01	395.74	400.13	386.62	410.05	399.93	409.61		383.14	416.01	395.74	400.13	386.62	410.05
23	399.93	409.61		383.14	416.01	395.74	400.13	386.62	410.05	399.93	409.61		383.14	416.01	395.74	400.13	386.62	410.05
24	399.93	409.61		383.14	416.01	395.74	400.13	386.62	410.05	399.93	409.61		383.14	416.01	395.74	400.13	386.62	410.05
25	401.53	411.25		384.67	417.68	397.32	401.74	388.16	411.69	401.53	411.25		384.67	417.68	397.32	401.74	388.16	411.69
26	409.53	419.44		392.33	426.00	405.23	409.74	395.90	419.89	409.53	419.44		392.33	426.00	405.23	409.74	395.90	419.89
27	419.13	429.27		401.53	435.98	414.73	419.34	405.17	429.74	419.13	429.27		401.53	435.98	414.73	419.34	405.17	429.74
28	434.73	445.25		416.47	452.21	430.16	434.95	420.25	445.73	434.73	445.25		416.47	452.21	430.16	434.95	420.25	445.73
29	447.53	458.36		428.73	465.52	442.83	447.75	432.62	458.85	447.53	458.36		428.73	465.52	442.83	447.75	432.62	458.85
30	453.93	464.91		434.86	472.17	449.16	454.15	438.81	465.41	453.93	464.91		434.86	472.17	449.16	454.15	438.81	465.41
31	463.52	474.74		444.06	482.16	458.66	463.76	448.09	475.25	463.52	474.74		444.06	482.16	458.66	463.76	448.09	475.25
32	473.12	484.57		453.25	492.14	468.16	473.36	457.37	485.09	473.12	484.57		453.25	492.14	468.16	473.36	457.37	485.09
33	479.12	490.72		459.00	498.38	474.09	479.36	463.17	491.24	479.12	490.72		459.00	498.38	474.09	479.36	463.17	491.24
34	485.52	497.27		465.13	505.04	480.42	485.76	469.35	497.80	485.52	497.27		465.13	505.04	480.42	485.76	469.35	497.80
35	488.72	500.55		468.19	508.37	483.59	488.96	472.45	501.09	488.72	500.55		468.19	508.37	483.59	488.96	472.45	501.09
36	491.92	503.82		471.26	511.70	486.75	492.17	475.54	504.37	491.92	503.82		471.26	511.70	486.75	492.17	475.54	504.37
37	495.12	507.10		474.32	515.02	489.92	495.37	478.63	507.65	495.12	507.10		474.32	515.02	489.92	495.37	478.63	507.65
38	498.32	510.38		477.39	518.35	493.09	498.57	481.72	510.93	498.32	510.38		477.39	518.35	493.09	498.57	481.72	510.93
39	504.72	516.93		483.52	525.01	499.42	504.97	487.91	517.49	504.72	516.93		483.52	525.01	499.42	504.97	487.91	517.49
40	511.12	523.49		489.65	531.66	505.75	511.37	494.10	524.05	511.12	523.49		489.65	531.66	505.75	511.37	494.10	524.05
41	520.72	533.32		498.85	541.65	515.25	520.98	503.38	533.89	520.72	533.32		498.85	541.65	515.25	520.98	503.38	533.89
42	529.91	542.74		507.66	551.22	524.35	530.18	512.27	543.32	529.91	542.74		507.66	551.22	524.35	530.18	512.27	543.32
43	542.71	555.85		519.92	564.53	537.01	542.98	524.64	556.44	542.71	555.85		519.92	564.53	537.01	542.98	524.64	556.44
44	558.71	572.23		535.24	581.17	552.84	558.99	540.10	572.84	558.71	572.23		535.24	581.17	552.84	558.99	540.10	572.84
45	577.51	591.48		553.25	600.72	571.44	577.79	558.28	592.12	577.51	591.48		553.25	600.72	571.44	577.79	558.28	592.12
46	599.90	614.42		574.71	624.02	593.60	600.20	579.93	615.08	599.90	614.42		574.71	624.02	593.60	600.20	579.93	615.08
47	625.10	640.23		598.84	650.23	618.53	625.41	604.28	640.91	625.10	640.23		598.84	650.23	618.53	625.41	604.28	640.91
48	653.89	669.72		626.43	680.18	647.03	654.22	632.12	670.44	653.89	669.72		626.43	680.18	647.03	654.22	632.12	670.44
49	682.29	698.80		653.63	709.72	675.13	682.63	659.57	699.55	682.29	698.80		653.63	709.72	675.13	682.63	659.57	699.55
50	714.28	731.57		684.28	743.00	706.78	714.64	690.50	732.36	714.28	731.57		684.28	743.00	706.78	714.64	690.50	732.36
51	745.88	763.93		714.55	775.86	738.05	746.25	721.04	764.75	745.88	763.93		714.55	775.86	738.05	746.25	721.04	764.75
52	780.67	799.57		747.88	812.06	772.48	781.06	754.68	800.42	780.67	799.57		747.88	812.06	772.48	781.06	754.68	800.42
53	815.87	835.61		781.60	848.67	807.30	816.28	788.70	836.51	815.87	835.61		781.60	848.67	807.30	816.28	788.70	836.51
54	853.86	874.52		818.00	888.19	844.90	854.29	825.43	875.46	853.86	874.52		818.00	888.19	844.90	854.29	825.43	875.46
55	891.85	913.44		854.40	927.71	882.49	892.30	862.16	914.42	891.85	913.44		854.40	927.71	882.49	892.30	862.16	914.42
56	933.05	955.63		893.86	970.56	923.25	933.51	901.98	956.65	933.05	955.63		893.86	970.56	923.25	933.51	901.98	956.65
57	974.64	998.23		933.71	1013.82	964.41	975.13	942.19	999.30	974.64	998.23		933.71	1013.82	964.41	975.13	942.19	999.30
58	1019.03	1043.69		976.23	1060.00	1008.33	1019.54	985.10	1044.82	1019.03	1043.69		976.23	1060.00	1008.33	1019.54	985.10	1044.82
59	1041.03	1066.22		997.31	1082.88	1030.10	1041.55	1006.36	1067.37	1041.03	1066.22		997.31	1082.88	1030.10	1041.55	1006.36	1067.37
60	1085.42	1111.69		1039.84	1129.06	1074.03	1085.97	1049.28	1112.88	1085.42	1111.69		1039.84	1129.06	1074.03	1085.97	1049.28	1112.88
61	1123.82	1151.01		1076.62	1168.99	1112.02	1124.38	1086.39	1152.25	1123.82	1151.01		1076.62	1168.99	1112.02	1124.38	1086.39	1152.25
62	1149.01	1176.82		1100.75	1195.20	1136.95	1149.59	1110.75	1178.08	1149.01	1176.82		1100.75	1195.20	1136.95	1149.59	1110.75	1178.08
63	1180.61	1209.18		1131.02	1228.07	1168.21	1181.20	1141.29	1210.48	1180.61	1209.18		1131.02	1228.07	1168.21	1181.20	1141.29	1210.48
64 and over	1199.79	1228.83		1149.41	1248.03	1187.21	1200.39	1159.85	1230.15	1199.79	1228.83		1149.41	1248.03	1187.21	1200.39	1159.85	1230.15



LifeWise Health Plan of Washigton  
RATE SCHEDULE

Plan Information

Plan Name:	LifeWise Cascade Select Complete Gold
HIOS Plan ID:	38498WA0320013
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	In the exchange
Metal Level:	Gold
Plan Type:	Standardized Public Option Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz, Grays Harbor, Lewis, Wahkiakum
3	Yes	Clark, Klickitat, Skamania
4	Yes	Ferry, Pend Oreille, Spokane
5	Yes	Pierce, Thurston
6	Yes	Benton, Yakima
7	Yes	Adams, Chelan, Douglas
8	Yes	Island, Skagit, Whatcom
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		334.72	338.51	313.09	339.95	323.38	326.97	315.93			334.72	338.51	313.09	339.95	323.38	326.97	315.93	
15		364.47	368.60	340.92	370.17	352.12	356.04	344.01			364.47	368.60	340.92	370.17	352.12	356.04	344.01	
16		375.85	380.11	351.56	381.72	363.12	367.15	354.75			375.85	380.11	351.56	381.72	363.12	367.15	354.75	
17		387.23	391.61	362.20	393.27	374.11	378.26	365.49			387.23	391.61	362.20	393.27	374.11	378.26	365.49	
18		399.48	404.00	373.66	405.72	385.94	390.23	377.05			399.48	404.00	373.66	405.72	385.94	390.23	377.05	
19		411.73	416.39	385.12	418.16	397.78	402.20	388.61			411.73	416.39	385.12	418.16	397.78	402.20	388.61	
20		424.42	429.22	396.98	431.05	410.04	414.60	400.59			424.42	429.22	396.98	431.05	410.04	414.60	400.59	
21		437.54	442.50	409.26	444.38	422.72	427.42	412.98			437.54	442.50	409.26	444.38	422.72	427.42	412.98	
22		437.54	442.50	409.26	444.38	422.72	427.42	412.98			437.54	442.50	409.26	444.38	422.72	427.42	412.98	
23		437.54	442.50	409.26	444.38	422.72	427.42	412.98			437.54	442.50	409.26	444.38	422.72	427.42	412.98	
24		437.54	442.50	409.26	444.38	422.72	427.42	412.98			437.54	442.50	409.26	444.38	422.72	427.42	412.98	
25		439.29	444.27	410.90	446.16	424.41	429.13	414.63			439.29	444.27	410.90	446.16	424.41	429.13	414.63	
26		448.04	453.12	419.08	455.04	432.86	437.68	422.89			448.04	453.12	419.08	455.04	432.86	437.68	422.89	
27		458.54	463.74	428.91	465.71	443.01	447.93	432.80			458.54	463.74	428.91	465.71	443.01	447.93	432.80	
28		475.61	481.00	444.87	483.04	459.50	464.60	448.91			475.61	481.00	444.87	483.04	459.50	464.60	448.91	
29		489.61	495.16	457.96	497.26	473.02	478.28	462.12			489.61	495.16	457.96	497.26	473.02	478.28	462.12	
30		496.61	502.24	464.51	504.37	479.79	485.12	468.73			496.61	502.24	464.51	504.37	479.79	485.12	468.73	
31		507.11	512.86	474.33	515.03	489.93	495.38	478.64			507.11	512.86	474.33	515.03	489.93	495.38	478.64	
32		517.61	523.48	484.16	525.70	500.08	505.64	488.55			517.61	523.48	484.16	525.70	500.08	505.64	488.55	
33		524.18	530.11	490.30	532.36	506.42	512.05	494.75			524.18	530.11	490.30	532.36	506.42	512.05	494.75	
34		531.18	537.19	496.84	539.47	513.18	518.89	501.36			531.18	537.19	496.84	539.47	513.18	518.89	501.36	
35		534.68	540.73	500.12	543.03	516.56	522.30	504.66			534.68	540.73	500.12	543.03	516.56	522.30	504.66	
36		538.18	544.27	503.39	546.58	519.94	525.72	507.96			538.18	544.27	503.39	546.58	519.94	525.72	507.96	
37		541.68	547.81	506.67	550.14	523.33	529.14	511.27			541.68	547.81	506.67	550.14	523.33	529.14	511.27	
38		545.18	551.35	509.94	553.69	526.71	532.56	514.57			545.18	551.35	509.94	553.69	526.71	532.56	514.57	
39		552.18	558.43	516.49	560.80	533.47	539.40	521.18			552.18	558.43	516.49	560.80	533.47	539.40	521.18	
40		559.18	565.51	523.04	567.91	540.23	546.24	527.79			559.18	565.51	523.04	567.91	540.23	546.24	527.79	
41		569.68	576.13	532.86	578.58	550.38	556.50	537.70			569.68	576.13	532.86	578.58	550.38	556.50	537.70	
42		579.74	586.31	542.27	588.80	560.10	566.33	547.20			579.74	586.31	542.27	588.80	560.10	566.33	547.20	
43		593.75	600.47	555.37	603.02	573.63	580.01	560.41			593.75	600.47	555.37	603.02	573.63	580.01	560.41	
44		611.25	618.17	571.74	620.80	590.54	597.10	576.93			611.25	618.17	571.74	620.80	590.54	597.10	576.93	
45		631.81	638.97	590.97	641.68	610.41	617.19	596.34			631.81	638.97	590.97	641.68	610.41	617.19	596.34	
46		656.31	663.75	613.89	666.57	634.08	641.13	619.47			656.31	663.75	613.89	666.57	634.08	641.13	619.47	
47		683.88	691.62	639.68	694.56	660.71	668.05	645.49			683.88	691.62	639.68	694.56	660.71	668.05	645.49	
48		715.38	723.48	669.14	726.56	691.14	698.83	675.22			715.38	723.48	669.14	726.56	691.14	698.83	675.22	
49		746.45	754.90	698.20	758.11	721.16	729.17	704.54			746.45	754.90	698.20	758.11	721.16	729.17	704.54	
50		781.45	790.30	730.94	793.66	754.98	763.37	737.58			781.45	790.30	730.94	793.66	754.98	763.37	737.58	
51		816.02	825.26	763.27	828.76	788.37	797.13	770.20			816.02	825.26	763.27	828.76	788.37	797.13	770.20	
52		854.08	863.76	798.88	867.43	825.15	834.32	806.13			854.08	863.76	798.88	867.43	825.15	834.32	806.13	
53		892.59	902.70	834.89	906.53	862.35	871.93	842.48			892.59	902.70	834.89	906.53	862.35	871.93	842.48	
54		934.15	944.73	873.77	948.75	902.50	912.54	881.71			934.15	944.73	873.77	948.75	902.50	912.54	881.71	
55		975.72	986.77	912.65	990.96	942.66	953.14	920.94			975.72	986.77	912.65	990.96	942.66	953.14	920.94	
56		1020.79	1032.35	954.81	1036.73	986.20	997.17	963.48			1020.79	1032.35	954.81	1036.73	986.20	997.17	963.48	
57		1066.29	1078.37	997.37	1082.95	1030.17	1041.62	1006.43			1066.29	1078.37	997.37	1082.95	1030.17	1041.62	1006.43	
58		1114.86	1127.49	1042.80	1132.27	1077.09	1089.06	1052.27			1114.86	1127.49	1042.80	1132.27	1077.09	1089.06	1052.27	
59		1138.92	1151.82	1065.31	1156.72	1100.34	1112.57	1074.98			1138.92	1151.82	1065.31	1156.72	1100.34	1112.57	1074.98	
60		1187.49	1200.94	1110.74	1206.04	1147.26	1160.01	1120.82			1187.49	1200.94	1110.74	1206.04	1147.26	1160.01	1120.82	
61		1229.49	1243.42	1150.03	1248.70	1187.84	1201.04	1160.47			1229.49	1243.42	1150.03	1248.70	1187.84	1201.04	1160.47	
62		1257.06	1271.30	1175.81	1276.70	1214.47	1227.97	1186.49			1257.06	1271.30	1175.81	1276.70	1214.47	1227.97	1186.49	
63		1291.63	1306.25	1208.14	1311.80	1247.87	1261.74	1219.11			1291.63	1306.25	1208.14	1311.80	1247.87	1261.74	1219.11	
64 and over		1312.62	1327.49	1227.78	1333.13	1268.16	1282.25	1238.94			1312.62	1327.49	1227.78	1333.13	1268.16	1282.25	1238.94	

LifeWise Health Plan of Washigton  
RATE SCHEDULE

Plan Information

Plan Name:	LifeWise Cascade Select Silver
HIOS Plan ID:	38498WA0320014
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	In the exchange
Metal Level:	Silver
Plan Type:	Standardized Public Option Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz, Grays Harbor, Lewis, Wahkiakum
3	Yes	Clark, Klickitat, Skamania
4	Yes	Ferry, Pend Oreille, Spokane
5	Yes	Pierce, Thurston
6	Yes	Benton, Yakima
7	Yes	Adams, Chelan, Douglas
8	Yes	Island, Skagit, Whatcom
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		397.39	401.89	371.70	403.59	383.92	388.19	375.08			397.39	401.89	371.70	403.59	383.92	388.19	375.08	
15		432.71	437.61	404.74	439.47	418.05	422.70	408.42			432.71	437.61	404.74	439.47	418.05	422.70	408.42	
16		446.22	451.27	417.37	453.19	431.10	435.89	421.16			446.22	451.27	417.37	453.19	431.10	435.89	421.16	
17		459.72	464.93	430.01	466.90	444.15	449.08	433.91			459.72	464.93	430.01	466.90	444.15	449.08	433.91	
18		474.27	479.64	443.61	481.68	458.20	463.29	447.64			474.27	479.64	443.61	481.68	458.20	463.29	447.64	
19		488.81	494.35	457.22	496.45	472.25	477.50	461.37			488.81	494.35	457.22	496.45	472.25	477.50	461.37	
20		503.88	509.58	471.31	511.75	486.80	492.22	475.59			503.88	509.58	471.31	511.75	486.80	492.22	475.59	
21		519.46	525.34	485.88	527.57	501.86	507.44	490.30			519.46	525.34	485.88	527.57	501.86	507.44	490.30	
22		519.46	525.34	485.88	527.57	501.86	507.44	490.30			519.46	525.34	485.88	527.57	501.86	507.44	490.30	
23		519.46	525.34	485.88	527.57	501.86	507.44	490.30			519.46	525.34	485.88	527.57	501.86	507.44	490.30	
24		519.46	525.34	485.88	527.57	501.86	507.44	490.30			519.46	525.34	485.88	527.57	501.86	507.44	490.30	
25		521.54	527.44	487.83	529.68	503.87	509.47	492.26			521.54	527.44	487.83	529.68	503.87	509.47	492.26	
26		531.93	537.95	497.54	540.24	513.90	519.62	502.06			531.93	537.95	497.54	540.24	513.90	519.62	502.06	
27		544.39	550.56	509.21	552.90	525.95	531.80	513.83			544.39	550.56	509.21	552.90	525.95	531.80	513.83	
28		564.65	571.05	528.16	573.47	545.52	551.59	532.95			564.65	571.05	528.16	573.47	545.52	551.59	532.95	
29		581.27	587.86	543.70	590.36	561.58	567.82	548.64			581.27	587.86	543.70	590.36	561.58	567.82	548.64	
30		589.59	596.26	551.48	598.80	569.61	575.94	556.49			589.59	596.26	551.48	598.80	569.61	575.94	556.49	
31		602.05	608.87	563.14	611.46	581.66	588.12	568.25			602.05	608.87	563.14	611.46	581.66	588.12	568.25	
32		614.52	621.48	574.80	624.12	593.70	600.30	580.02			614.52	621.48	574.80	624.12	593.70	600.30	580.02	
33		622.31	629.36	582.09	632.03	601.23	607.91	587.37			622.31	629.36	582.09	632.03	601.23	607.91	587.37	
34		630.62	637.77	589.86	640.47	609.26	616.03	595.22			630.62	637.77	589.86	640.47	609.26	616.03	595.22	
35		634.78	641.97	593.75	644.70	613.27	620.09	599.14			634.78	641.97	593.75	644.70	613.27	620.09	599.14	
36		638.93	646.17	597.64	648.92	617.29	624.15	603.06			638.93	646.17	597.64	648.92	617.29	624.15	603.06	
37		643.09	650.37	601.52	653.14	621.30	628.21	606.99			643.09	650.37	601.52	653.14	621.30	628.21	606.99	
38		647.25	654.58	605.41	657.36	625.32	632.27	610.91			647.25	654.58	605.41	657.36	625.32	632.27	610.91	
39		655.56	662.98	613.18	665.80	633.35	640.39	618.75			655.56	662.98	613.18	665.80	633.35	640.39	618.75	
40		663.87	671.39	620.96	674.24	641.38	648.51	626.60			663.87	671.39	620.96	674.24	641.38	648.51	626.60	
41		676.34	684.00	632.62	686.90	653.42	660.69	638.37			676.34	684.00	632.62	686.90	653.42	660.69	638.37	
42		688.28	696.08	643.80	699.04	664.96	672.36	649.64			688.28	696.08	643.80	699.04	664.96	672.36	649.64	
43		704.91	712.89	659.34	715.92	681.02	688.59	665.33			704.91	712.89	659.34	715.92	681.02	688.59	665.33	
44		725.68	733.90	678.78	737.02	701.10	708.89	684.94			725.68	733.90	678.78	737.02	701.10	708.89	684.94	
45		750.10	758.59	701.62	761.82	724.69	732.74	707.99			750.10	758.59	701.62	761.82	724.69	732.74	707.99	
46		779.19	788.01	728.83	791.36	752.79	761.16	735.44			779.19	788.01	728.83	791.36	752.79	761.16	735.44	
47		811.91	821.11	759.44	824.60	784.41	793.13	766.33			811.91	821.11	759.44	824.60	784.41	793.13	766.33	
48		849.32	858.93	794.42	862.58	820.54	829.66	801.63			849.32	858.93	794.42	862.58	820.54	829.66	801.63	
49		886.20	896.23	828.92	900.04	856.17	865.69	836.44			886.20	896.23	828.92	900.04	856.17	865.69	836.44	
50		927.75	938.26	867.79	942.25	896.32	906.29	875.67			927.75	938.26	867.79	942.25	896.32	906.29	875.67	
51		968.79	979.76	906.17	983.93	935.97	946.37	914.40			968.79	979.76	906.17	983.93	935.97	946.37	914.40	
52		1013.98	1025.47	948.44	1029.82	979.63	990.52	957.06			1013.98	1025.47	948.44	1029.82	979.63	990.52	957.06	
53		1059.70	1071.70	991.20	1076.25	1023.79	1035.17	1000.20			1059.70	1071.70	991.20	1076.25	1023.79	1035.17	1000.20	
54		1109.04	1121.61	1037.36	1126.37	1071.47	1083.38	1046.78			1109.04	1121.61	1037.36	1126.37	1071.47	1083.38	1046.78	
55		1158.39	1171.51	1083.52	1176.49	1119.15	1131.59	1093.36			1158.39	1171.51	1083.52	1176.49	1119.15	1131.59	1093.36	
56		1211.90	1225.62	1133.57	1230.83	1170.84	1183.85	1143.86			1211.90	1225.62	1133.57	1230.83	1170.84	1183.85	1143.86	
57		1265.92	1280.26	1184.10	1285.70	1223.03	1236.63	1194.85			1265.92	1280.26	1184.10	1285.70	1223.03	1236.63	1194.85	
58		1323.58	1338.57	1238.03	1344.26	1278.74	1292.95	1249.27			1323.58	1338.57	1238.03	1344.26	1278.74	1292.95	1249.27	
59		1352.15	1367.47	1264.75	1373.28	1306.34	1320.86	1276.24			1352.15	1367.47	1264.75	1373.28	1306.34	1320.86	1276.24	
60		1409.81	1425.78	1318.69	1431.84	1362.05	1377.19	1330.66			1409.81	1425.78	1318.69	1431.84	1362.05	1377.19	1330.66	
61		1459.68	1476.21	1365.33	1482.48	1410.23	1425.90	1377.73			1459.68	1476.21	1365.33	1482.48	1410.23	1425.90	1377.73	
62		1492.41	1509.31	1395.94	1515.72	1441.84	1457.87	1408.62			1492.41	1509.31	1395.94	1515.72	1441.84	1457.87	1408.62	
63		1533.44	1550.81	1434.33	1557.40	1481.49	1497.96	1447.35			1533.44	1550.81	1434.33	1557.40	1481.49	1497.96	1447.35	
64 and over		1558.38	1576.02	1457.64	1582.71	1505.58	1522.32	1470.89			1558.38	1576.02	1457.64	1582.71	1505.58	1522.32	1470.89	

LifeWise Health Plan of Washigton  
RATE SCHEDULE

Plan Information

Plan Name:	LifeWise Cascade Select Bronze
HIOS Plan ID:	38498WA0320015
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	In the exchange
Metal Level:	Bronze
Plan Type:	Standardized Public Option Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz, Grays Harbor, Lewis, Wahkiakum
3	Yes	Clark, Klickitat, Skamania
4	Yes	Ferry, Pend Oreille, Spokane
5	Yes	Pierce, Thurston
6	Yes	Benton, Yakima
7	Yes	Adams, Chelan, Douglas
8	Yes	Island, Skagit, Whatcom
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		243.77	246.53	228.01	247.57	235.51	238.13	230.08			243.77	246.53	228.01	247.57	235.51	238.13	230.08	
15		265.43	268.44	248.28	269.58	256.44	259.29	250.53			265.43	268.44	248.28	269.58	256.44	259.29	250.53	
16		273.72	276.82	256.03	278.00	264.45	267.39	258.35			273.72	276.82	256.03	278.00	264.45	267.39	258.35	
17		282.00	285.20	263.78	286.41	272.45	275.48	266.17			282.00	285.20	263.78	286.41	272.45	275.48	266.17	
18		290.93	294.22	272.12	295.47	281.07	284.19	274.59			290.93	294.22	272.12	295.47	281.07	284.19	274.59	
19		299.85	303.25	280.47	304.53	289.69	292.91	283.02			299.85	303.25	280.47	304.53	289.69	292.91	283.02	
20		309.09	312.59	289.11	313.92	298.62	301.94	291.74			309.09	312.59	289.11	313.92	298.62	301.94	291.74	
21		318.65	322.26	298.05	323.63	307.85	311.28	300.76			318.65	322.26	298.05	323.63	307.85	311.28	300.76	
22		318.65	322.26	298.05	323.63	307.85	311.28	300.76			318.65	322.26	298.05	323.63	307.85	311.28	300.76	
23		318.65	322.26	298.05	323.63	307.85	311.28	300.76			318.65	322.26	298.05	323.63	307.85	311.28	300.76	
24		318.65	322.26	298.05	323.63	307.85	311.28	300.76			318.65	322.26	298.05	323.63	307.85	311.28	300.76	
25		319.92	323.55	299.25	324.92	309.08	312.52	301.96			319.92	323.55	299.25	324.92	309.08	312.52	301.96	
26		326.30	329.99	305.21	331.39	315.24	318.75	307.98			326.30	329.99	305.21	331.39	315.24	318.75	307.98	
27		333.94	337.73	312.36	339.16	322.63	326.22	315.20			333.94	337.73	312.36	339.16	322.63	326.22	315.20	
28		346.37	350.29	323.98	351.78	334.64	338.36	326.93			346.37	350.29	323.98	351.78	334.64	338.36	326.93	
29		356.57	360.61	333.52	362.14	344.49	348.32	336.55			356.57	360.61	333.52	362.14	344.49	348.32	336.55	
30		361.67	365.76	338.29	367.32	349.41	353.30	341.36			361.67	365.76	338.29	367.32	349.41	353.30	341.36	
31		369.31	373.50	345.44	375.08	356.80	360.77	348.58			369.31	373.50	345.44	375.08	356.80	360.77	348.58	
32		376.96	381.23	352.60	382.85	364.19	368.24	355.80			376.96	381.23	352.60	382.85	364.19	368.24	355.80	
33		381.74	386.07	357.07	387.71	368.81	372.91	360.31			381.74	386.07	357.07	387.71	368.81	372.91	360.31	
34		386.84	391.22	361.84	392.88	373.73	377.89	365.12			386.84	391.22	361.84	392.88	373.73	377.89	365.12	
35		389.39	393.80	364.22	395.47	376.20	380.38	367.53			389.39	393.80	364.22	395.47	376.20	380.38	367.53	
36		391.94	396.38	366.61	398.06	378.66	382.87	369.93			391.94	396.38	366.61	398.06	378.66	382.87	369.93	
37		394.49	398.96	368.99	400.65	381.12	385.36	372.34			394.49	398.96	368.99	400.65	381.12	385.36	372.34	
38		397.04	401.53	371.37	403.24	383.59	387.85	374.75			397.04	401.53	371.37	403.24	383.59	387.85	374.75	
39		402.14	406.69	376.14	408.42	388.51	392.83	379.56			402.14	406.69	376.14	408.42	388.51	392.83	379.56	
40		407.23	411.85	380.91	413.60	393.44	397.81	384.37			407.23	411.85	380.91	413.60	393.44	397.81	384.37	
41		414.88	419.58	388.07	421.36	400.83	405.28	391.59			414.88	419.58	388.07	421.36	400.83	405.28	391.59	
42		422.21	426.99	394.92	428.81	407.91	412.44	398.51			422.21	426.99	394.92	428.81	407.91	412.44	398.51	
43		432.41	437.30	404.46	439.16	417.76	422.40	408.13			432.41	437.30	404.46	439.16	417.76	422.40	408.13	
44		445.15	450.19	416.38	452.11	430.07	434.85	420.16			445.15	450.19	416.38	452.11	430.07	434.85	420.16	
45		460.13	465.34	430.39	467.32	444.54	449.48	434.30			460.13	465.34	430.39	467.32	444.54	449.48	434.30	
46		477.97	483.39	447.08	485.44	461.78	466.91	451.14			477.97	483.39	447.08	485.44	461.78	466.91	451.14	
47		498.05	503.69	465.86	505.83	481.18	486.52	470.09			498.05	503.69	465.86	505.83	481.18	486.52	470.09	
48		520.99	526.89	487.32	529.13	503.34	508.94	491.74			520.99	526.89	487.32	529.13	503.34	508.94	491.74	
49		543.62	549.77	508.48	552.11	525.20	531.04	513.10			543.62	549.77	508.48	552.11	525.20	531.04	513.10	
50		569.11	575.55	532.32	578.00	549.83	555.94	537.16			569.11	575.55	532.32	578.00	549.83	555.94	537.16	
51		594.28	601.01	555.87	603.56	574.15	580.53	560.92			594.28	601.01	555.87	603.56	574.15	580.53	560.92	
52		622.00	629.05	581.80	631.72	600.93	607.61	587.08			622.00	629.05	581.80	631.72	600.93	607.61	587.08	
53		650.04	657.41	608.03	660.20	628.02	635.00	613.55			650.04	657.41	608.03	660.20	628.02	635.00	613.55	
54		680.32	688.02	636.34	690.94	657.27	664.57	642.12			680.32	688.02	636.34	690.94	657.27	664.57	642.12	
55		710.59	718.64	664.66	721.69	686.51	694.15	670.69			710.59	718.64	664.66	721.69	686.51	694.15	670.69	
56		743.41	751.83	695.36	755.02	718.22	726.21	701.67			743.41	751.83	695.36	755.02	718.22	726.21	701.67	
57		776.55	785.34	726.36	788.68	750.24	758.58	732.95			776.55	785.34	726.36	788.68	750.24	758.58	732.95	
58		811.92	821.11	759.44	824.60	784.41	793.13	766.34			811.92	821.11	759.44	824.60	784.41	793.13	766.34	
59		829.44	838.84	775.83	842.40	801.34	810.25	782.88			829.44	838.84	775.83	842.40	801.34	810.25	782.88	
60		864.81	874.61	808.92	878.32	835.51	844.80	816.26			864.81	874.61	808.92	878.32	835.51	844.80	816.26	
61		895.40	905.55	837.53	909.39	865.07	874.69	845.14			895.40	905.55	837.53	909.39	865.07	874.69	845.14	
62		915.48	925.85	856.31	929.78	884.46	894.30	864.08			915.48	925.85	856.31	929.78	884.46	894.30	864.08	
63		940.65	951.31	879.85	955.35	908.78	918.89	887.84			940.65	951.31	879.85	955.35	908.78	918.89	887.84	
64 and over		955.95	966.78	894.15	970.88	923.55	933.83	902.28			955.95	966.78	894.15	970.88	923.55	933.83	902.28	



LifeWise Health Plan of Washigton  
RATE SCHEDULE

Plan Information

Plan Name:	LifeWise Cascade Vital Gold
HIOS Plan ID:	38498WA0320016
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	In the exchange
Metal Level:	Gold
Plan Type:	Standardized Non-Public Option Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Lewis
3	No	
4	Yes	Spokane, Stevens
5	Yes	Pierce, Thurston
6	Yes	Kittitas
7	Yes	Grant, Okanogan
8	Yes	Snohomish
9	Yes	Asotin, Columbia, Garfield, Walla Walla, Whitman

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	404.03	413.81		387.06	420.27	399.79	404.23	390.58	414.25	404.03	413.81		387.06	420.27	399.79	404.23	390.58	414.25
15	439.95	450.59		421.47	457.63	435.33	440.17	425.30	451.08	439.95	450.59		421.47	457.63	435.33	440.17	425.30	451.08
16	453.68	464.66		434.62	471.92	448.91	453.90	438.57	465.16	453.68	464.66		434.62	471.92	448.91	453.90	438.57	465.16
17	467.41	478.72		447.78	486.20	462.50	467.64	451.84	479.23	467.41	478.72		447.78	486.20	462.50	467.64	451.84	479.23
18	482.20	493.87		461.95	501.58	477.13	482.44	466.14	494.40	482.20	493.87		461.95	501.58	477.13	482.44	466.14	494.40
19	496.99	509.01		476.11	516.96	491.77	497.23	480.44	509.56	496.99	509.01		476.11	516.96	491.77	497.23	480.44	509.56
20	512.30	524.70		490.79	532.90	506.92	512.56	495.24	525.26	512.30	524.70		490.79	532.90	506.92	512.56	495.24	525.26
21	528.15	540.93		505.96	549.38	522.60	528.41	510.56	541.51	528.15	540.93		505.96	549.38	522.60	528.41	510.56	541.51
22	528.15	540.93		505.96	549.38	522.60	528.41	510.56	541.51	528.15	540.93		505.96	549.38	522.60	528.41	510.56	541.51
23	528.15	540.93		505.96	549.38	522.60	528.41	510.56	541.51	528.15	540.93		505.96	549.38	522.60	528.41	510.56	541.51
24	528.15	540.93		505.96	549.38	522.60	528.41	510.56	541.51	528.15	540.93		505.96	549.38	522.60	528.41	510.56	541.51
25	530.26	543.09		507.99	551.58	524.69	530.52	512.60	543.67	530.26	543.09		507.99	551.58	524.69	530.52	512.60	543.67
26	540.82	553.91		518.11	562.56	535.14	541.09	522.81	554.50	540.82	553.91		518.11	562.56	535.14	541.09	522.81	554.50
27	553.50	566.89		530.25	575.75	547.69	553.77	535.07	567.50	553.50	566.89		530.25	575.75	547.69	553.77	535.07	567.50
28	574.09	587.99		549.98	597.17	568.07	574.38	554.98	588.62	574.09	587.99		549.98	597.17	568.07	574.38	554.98	588.62
29	591.00	605.30		566.17	614.75	584.79	591.29	571.32	605.95	591.00	605.30		566.17	614.75	584.79	591.29	571.32	605.95
30	599.45	613.95		574.27	623.54	593.15	599.75	579.48	614.61	599.45	613.95		574.27	623.54	593.15	599.75	579.48	614.61
31	612.12	626.93		586.41	636.73	605.69	612.43	591.74	627.61	612.12	626.93		586.41	636.73	605.69	612.43	591.74	627.61
32	624.80	639.92		598.56	649.91	618.24	625.11	603.99	640.60	624.80	639.92		598.56	649.91	618.24	625.11	603.99	640.60
33	632.72	648.03		606.14	658.15	626.08	633.04	611.65	648.73	632.72	648.03		606.14	658.15	626.08	633.04	611.65	648.73
34	641.17	656.69		614.24	666.94	634.44	641.49	619.82	657.39	641.17	656.69		614.24	666.94	634.44	641.49	619.82	657.39
35	645.39	661.01		618.29	671.34	638.62	645.72	623.90	661.72	645.39	661.01		618.29	671.34	638.62	645.72	623.90	661.72
36	649.62	665.34		622.34	675.73	642.80	649.94	627.99	666.06	649.62	665.34		622.34	675.73	642.80	649.94	627.99	666.06
37	653.84	669.67		626.38	680.13	646.98	654.17	632.07	670.39	653.84	669.67		626.38	680.13	646.98	654.17	632.07	670.39
38	658.07	674.00		630.43	684.52	651.16	658.40	636.16	674.72	658.07	674.00		630.43	684.52	651.16	658.40	636.16	674.72
39	666.52	682.65		638.53	693.31	659.52	666.85	644.33	683.38	666.52	682.65		638.53	693.31	659.52	666.85	644.33	683.38
40	674.97	691.31		646.62	702.10	667.88	675.31	652.49	692.05	674.97	691.31		646.62	702.10	667.88	675.31	652.49	692.05
41	687.65	704.29		658.77	715.29	680.43	687.99	664.75	705.04	687.65	704.29		658.77	715.29	680.43	687.99	664.75	705.04
42	699.79	716.73		670.40	727.93	692.45	700.14	676.49	717.50	699.79	716.73		670.40	727.93	692.45	700.14	676.49	717.50
43	716.69	734.04		686.59	745.51	709.17	717.05	692.83	734.83	716.69	734.04		686.59	745.51	709.17	717.05	692.83	734.83
44	737.82	755.68		706.83	767.48	730.07	738.19	713.25	756.49	737.82	755.68		706.83	767.48	730.07	738.19	713.25	756.49
45	762.64	781.10		730.61	793.30	754.64	763.02	737.25	781.94	762.64	781.10		730.61	793.30	754.64	763.02	737.25	781.94
46	792.22	811.39		758.95	824.07	783.90	792.62	765.84	812.26	792.22	811.39		758.95	824.07	783.90	792.62	765.84	812.26
47	825.49	845.47		790.82	858.68	816.82	825.91	798.00	846.38	825.49	845.47		790.82	858.68	816.82	825.91	798.00	846.38
48	863.52	884.42		827.25	898.23	854.45	863.95	834.76	885.37	863.52	884.42		827.25	898.23	854.45	863.95	834.76	885.37
49	901.02	922.82		863.17	937.24	891.56	901.47	871.01	923.81	901.02	922.82		863.17	937.24	891.56	901.47	871.01	923.81
50	943.27	966.10		903.65	981.19	933.36	943.74	911.86	967.13	943.27	966.10		903.65	981.19	933.36	943.74	911.86	967.13
51	984.99	1008.83		943.62	1024.59	974.65	985.49	952.19	1009.91	984.99	1008.83		943.62	1024.59	974.65	985.49	952.19	1009.91
52	1030.94	1055.89		987.64	1072.39	1020.12	1031.46	996.61	1057.02	1030.94	1055.89		987.64	1072.39	1020.12	1031.46	996.61	1057.02
53	1077.42	1103.49		1032.17	1120.73	1066.11	1077.96	1041.54	1104.68	1077.42	1103.49		1032.17	1120.73	1066.11	1077.96	1041.54	1104.68
54	1127.59	1154.88		1080.23	1172.92	1115.75	1128.16	1090.04	1156.12	1127.59	1154.88		1080.23	1172.92	1115.75	1128.16	1090.04	1156.12
55	1177.77	1206.27		1128.30	1225.11	1165.40	1178.35	1138.55	1207.56	1177.77	1206.27		1128.30	1225.11	1165.40	1178.35	1138.55	1207.56
56	1232.16	1261.98		1180.41	1281.70	1219.23	1232.78	1191.13	1263.34	1232.16	1261.98		1180.41	1281.70	1219.23	1232.78	1191.13	1263.34
57	1287.09	1318.24		1233.03	1338.83	1273.58	1287.74	1244.23	1319.66	1287.09	1318.24		1233.03	1338.83	1273.58	1287.74	1244.23	1319.66
58	1345.72	1378.28		1289.20	1399.81	1331.59	1346.39	1300.90	1379.76	1345.72	1378.28		1289.20	1399.81	1331.59	1346.39	1300.90	1379.76
59	1374.76	1408.03		1317.02	1430.03	1360.33	1375.45	1328.98	1409.55	1374.76	1408.03		1317.02	1430.03	1360.33	1375.45	1328.98	1409.55
60	1433.39	1468.08		1373.19	1491.01	1418.34	1434.11	1385.66	1469.65	1433.39	1468.08		1373.19	1491.01	1418.34	1434.11	1385.66	1469.65
61	1484.09	1520.01		1421.76	1543.75	1468.51	1484.83	1434.67	1521.64	1484.09	1520.01		1421.76	1543.75	1468.51	1484.83	1434.67	1521.64
62	1517.36	1554.08		1453.63	1578.36	1501.43	1518.12	1466.84	1555.75	1517.36	1554.08		1453.63	1578.36	1501.43	1518.12	1466.84	1555.75
63	1559.09	1596.82		1493.61	1621.76	1542.72	1559.87	1507.17	1598.53	1559.09	1596.82		1493.61	1621.76	1542.72	1559.87	1507.17	1598.53
64 and over	1584.44	1622.78		1517.88	1648.13	1567.80	1585.23	1531.68	1624.52	1584.44	1622.78		1517.88	1648.13	1567.80	1585.23	1531.68	1624.52

LifeWise Health Plan of Washigton  
RATE SCHEDULE

Plan Information

Plan Name:	LifeWise Cascade Select Vital Gold
HIOS Plan ID:	38498WA0320017
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	In the exchange
Metal Level:	Gold
Plan Type:	Standardized Public Option Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz, Grays Harbor, Lewis, Wahkiakum
3	Yes	Clark, Klickitat, Skamania
4	Yes	Ferry, Pend Oreille, Spokane
5	Yes	Pierce, Thurston
6	Yes	Benton, Yakima
7	Yes	Adams, Chelan, Douglas
8	Yes	Island, Skagit, Whatcom
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		319.13	322.74	298.50	324.11	308.31	311.74	301.21		Error	319.13	322.74	298.50	324.11	308.31	311.74	301.21	
15		347.49	351.43	325.03	352.92	335.72	339.45	327.98		Error	347.49	351.43	325.03	352.92	335.72	339.45	327.98	
16		358.34	362.40	335.18	363.94	346.20	350.05	338.22		Error	358.34	362.40	335.18	363.94	346.20	350.05	338.22	
17		369.19	373.37	345.32	374.95	356.68	360.64	348.46		Error	369.19	373.37	345.32	374.95	356.68	360.64	348.46	
18		380.87	385.18	356.25	386.82	367.96	372.05	359.48		Error	380.87	385.18	356.25	386.82	367.96	372.05	359.48	
19		392.55	396.99	367.17	398.68	379.25	383.46	370.51		Error	392.55	396.99	367.17	398.68	379.25	383.46	370.51	
20		404.64	409.23	378.49	410.97	390.94	395.28	381.93		Error	404.64	409.23	378.49	410.97	390.94	395.28	381.93	
21		417.16	421.88	390.20	423.68	403.03	407.51	393.74		Error	417.16	421.88	390.20	423.68	403.03	407.51	393.74	
22		417.16	421.88	390.20	423.68	403.03	407.51	393.74		Error	417.16	421.88	390.20	423.68	403.03	407.51	393.74	
23		417.16	421.88	390.20	423.68	403.03	407.51	393.74		Error	417.16	421.88	390.20	423.68	403.03	407.51	393.74	
24		417.16	421.88	390.20	423.68	403.03	407.51	393.74		Error	417.16	421.88	390.20	423.68	403.03	407.51	393.74	
25		418.83	423.57	391.76	425.37	404.64	409.14	395.31		Error	418.83	423.57	391.76	425.37	404.64	409.14	395.31	
26		427.17	432.01	399.56	433.84	412.70	417.29	403.19		Error	427.17	432.01	399.56	433.84	412.70	417.29	403.19	
27		437.18	442.13	408.93	444.01	422.37	427.07	412.64		Error	437.18	442.13	408.93	444.01	422.37	427.07	412.64	
28		453.45	458.59	424.14	460.54	438.09	442.96	427.99		Error	453.45	458.59	424.14	460.54	438.09	442.96	427.99	
29		466.80	472.09	436.63	474.09	450.99	456.00	440.59		Error	466.80	472.09	436.63	474.09	450.99	456.00	440.59	
30		473.48	478.84	442.87	480.87	457.43	462.52	446.89		Error	473.48	478.84	442.87	480.87	457.43	462.52	446.89	
31		483.49	488.96	452.24	491.04	467.11	472.30	456.34		Error	483.49	488.96	452.24	491.04	467.11	472.30	456.34	
32		493.50	499.09	461.60	501.21	476.78	482.08	465.79		Error	493.50	499.09	461.60	501.21	476.78	482.08	465.79	
33		499.76	505.42	467.45	507.56	482.82	488.19	471.70		Error	499.76	505.42	467.45	507.56	482.82	488.19	471.70	
34		506.43	512.17	473.70	514.34	489.27	494.71	478.00		Error	506.43	512.17	473.70	514.34	489.27	494.71	478.00	
35		509.77	515.54	476.82	517.73	492.50	497.97	481.15		Error	509.77	515.54	476.82	517.73	492.50	497.97	481.15	
36		513.11	518.92	479.94	521.12	495.72	501.23	484.30		Error	513.11	518.92	479.94	521.12	495.72	501.23	484.30	
37		516.44	522.29	483.06	524.51	498.95	504.49	487.45		Error	516.44	522.29	483.06	524.51	498.95	504.49	487.45	
38		519.78	525.67	486.18	527.90	502.17	507.75	490.60		Error	519.78	525.67	486.18	527.90	502.17	507.75	490.60	
39		526.45	532.42	492.43	534.68	508.62	514.27	496.90		Error	526.45	532.42	492.43	534.68	508.62	514.27	496.90	
40		533.13	539.17	498.67	541.46	515.07	520.79	503.20		Error	533.13	539.17	498.67	541.46	515.07	520.79	503.20	
41		543.14	549.29	508.03	551.63	524.74	530.57	512.65		Error	543.14	549.29	508.03	551.63	524.74	530.57	512.65	
42		552.74	559.00	517.01	561.37	534.01	539.95	521.70		Error	552.74	559.00	517.01	561.37	534.01	539.95	521.70	
43		566.09	572.50	529.50	574.93	546.91	552.99	534.30		Error	566.09	572.50	529.50	574.93	546.91	552.99	534.30	
44		582.77	589.37	545.10	591.88	563.03	569.29	550.05		Error	582.77	589.37	545.10	591.88	563.03	569.29	550.05	
45		602.38	609.20	563.44	611.79	581.97	588.44	568.56		Error	602.38	609.20	563.44	611.79	581.97	588.44	568.56	
46		625.74	632.83	585.29	635.51	604.54	611.26	590.61		Error	625.74	632.83	585.29	635.51	604.54	611.26	590.61	
47		652.02	659.40	609.88	662.21	629.93	636.93	615.41		Error	652.02	659.40	609.88	662.21	629.93	636.93	615.41	
48		682.06	689.78	637.97	692.71	658.95	666.27	643.76		Error	682.06	689.78	637.97	692.71	658.95	666.27	643.76	
49		711.67	719.73	665.67	722.79	687.56	695.21	671.72		Error	711.67	719.73	665.67	722.79	687.56	695.21	671.72	
50		745.05	753.48	696.89	756.69	719.80	727.81	703.22		Error	745.05	753.48	696.89	756.69	719.80	727.81	703.22	
51		778.00	786.81	727.72	790.16	751.64	760.00	734.32		Error	778.00	786.81	727.72	790.16	751.64	760.00	734.32	
52		814.29	823.52	761.66	827.02	786.71	795.45	768.58		Error	814.29	823.52	761.66	827.02	786.71	795.45	768.58	
53		851.00	860.64	796.00	864.30	822.17	831.31	803.23		Error	851.00	860.64	796.00	864.30	822.17	831.31	803.23	
54		890.64	900.72	833.07	904.55	860.46	870.03	840.63		Error	890.64	900.72	833.07	904.55	860.46	870.03	840.63	
55		930.27	940.80	870.14	944.80	898.75	908.74	878.04		Error	930.27	940.80	870.14	944.80	898.75	908.74	878.04	
56		973.23	984.26	910.33	988.44	940.26	950.71	918.59		Error	973.23	984.26	910.33	988.44	940.26	950.71	918.59	
57		1016.62	1028.13	950.91	1032.50	982.17	993.09	959.54		Error	1016.62	1028.13	950.91	1032.50	982.17	993.09	959.54	
58		1062.92	1074.96	994.22	1079.53	1026.91	1038.33	1003.25		Error	1062.92	1074.96	994.22	1079.53	1026.91	1038.33	1003.25	
59		1085.87	1098.16	1015.68	1102.83	1049.08	1060.74	1024.90		Error	1085.87	1098.16	1015.68	1102.83	1049.08	1060.74	1024.90	
60		1132.17	1144.99	1058.99	1149.86	1093.81	1105.97	1068.61		Error	1132.17	1144.99	1058.99	1149.86	1093.81	1105.97	1068.61	
61		1172.22	1185.49	1096.45	1190.53	1132.50	1145.09	1106.41		Error	1172.22	1185.49	1096.45	1190.53	1132.50	1145.09	1106.41	
62		1198.50	1212.07	1121.03	1217.22	1157.89	1170.77	1131.21		Error	1198.50	1212.07	1121.03	1217.22	1157.89	1170.77	1131.21	
63		1231.45	1245.40	1151.86	1250.69	1189.73	1202.96	1162.32		Error	1231.45	1245.40	1151.86	1250.69	1189.73	1202.96	1162.32	
64 and over		1251.48	1265.64	1170.59	1271.03	1209.08	1222.52	1181.22		Error	1251.48	1265.64	1170.59	1271.03	1209.08	1222.52	1181.22	

<b>SERFF Tracking #:</b>	PBCC-134527981	<b>State Tracking #:</b>	484679	<b>Company Tracking #:</b>	2026 NONGRANDFATHERED INDIVIDUAL LWWA
<b>State:</b>	Washington	<b>Filing Company:</b>	LifeWise Health Plan of Washington		
<b>TOI/Sub-TOI:</b>	H16I Individual Health - Major Medical/H16I.005C Individual - Other				
<b>Product Name:</b>	2026 Nongrandfathered Individual rate filing LWWA				
<b>Project Name/Number:</b>	/				

URRT

State Determination

<b>Review Status:</b>	Incomplete
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<b>SERFF Tracking #:</b>	PBCC-134527981	<b>State Tracking #:</b>	484679	<b>Company Tracking #:</b>	2026 NONGRANDFATHERED INDIVIDUAL LWWA
<b>State:</b>	Washington	<b>Filing Company:</b>	LifeWise Health Plan of Washington		
<b>TOI/Sub-TOI:</b>	H16I Individual Health - Major Medical/H16I.005C Individual - Other				
<b>Product Name:</b>	2026 Nongrandfathered Individual rate filing LWWA				
<b>Project Name/Number:</b>	/				

## URRT Items

Item Name	Attachment(s)
Unified Rate Review Template	<i>UnifiedRateReviewSubmission_20250513174325.xml</i>
Actuarial Memorandum	<i>PartIIIRateFilingDocumentationandActuarialMemorandum.pdf</i>
Actuarial Memorandum - Redacted	<i>PartIIIRateFilingDocumentationandActuarialMemorandum_Redacted.pdf</i>
Consumer Justification Narrative	<i>Part_II_WrittenDescriptionJustifyingtheRateIncrease.pdf</i>
Other Supporting Documents	<i>Part_I_ Unified_Rate_Review_ Template.pdf</i>

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**General Information**

<b>Company Legal Name</b>	LifeWise Health Plan of Washington
<b>State</b>	Washington
<b>HIOS Issuer ID</b>	38498
<b>Market</b>	Individual (In Exchange Only)
<b>Effective Date</b>	January 1, 2026
<b>Company Contact</b>	Hiu-Wan Ko, FSA, MAAA VP of Actuarial Services 425-918-4917 <a href="mailto:Hiu-Wan.Ko@premera.com">Hiu-Wan.Ko@premera.com</a>

**Plans Effective 1/1/2026 In the Exchange**

LifeWise Essential Gold	38498WA0320001
LifeWise Essential Bronze	38498WA0320003
LifeWise Essential Silver	38498WA0320004
LifeWise Cascade Complete Gold	38498WA0320010
LifeWise Cascade Silver	38498WA0320011
LifeWise Cascade Bronze	38498WA0320012
LifeWise Cascade Vital Gold	38498WA0320016

**Plans Effective 1/1/2026 In Public Option**

LifeWise Cascade Select Complete Gold	38498WA0320013
LifeWise Cascade Select Silver	38498WA0320014
LifeWise Cascade Select Bronze	38498WA0320015
LifeWise Cascade Select Vital Gold	38498WA0320017

**Scope and Purpose**

The purpose of this filing is to present the development of premium rates for LifeWise Health Plan of Washington non-grandfathered individual plans offered in the Exchange, and to demonstrate that the resulting amounts charged are reasonable in relation to the benefits provided. This filing is not intended to be used for other purposes. The rates presented herein will be effective January 1, 2026.

This filing assumes that CMS will not pay carriers cost share reduction payments.

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## **Rate Increase Summary**

### **Proposed Rate Increase**

The average rate change for 1/1/2026 is 14.4%.

This average rate change includes 15.1% of experience increase with a benefit change of 0.0% and cost share change of -0.6%.

For this filing we are using the average rate increase calculated per OIC instructions to match the increase from the Uniform Product Modification Justification (UPMJ) form. This results in an average rate increase different from the average premium increase in CMS's Uniform Rate Review template. The difference between the two approaches is because they represent different averages. The UPMJ's calculation is the average rate increase weighted by member, while URRT is the average premium increase.

With the OIC emergency rules on silver loading and the AV and Cost Sharing factor, the displayed increase in premium is not representative of the expected change in premium for LifeWise. The Washington Health Board Exchange will actively migrate members between plans, resulting in a lower premium impact than the state average member increase from the UPMJ would indicate.

### **Reason for Rate Increase(s)**

Below are the major factors for the rate increase:

- Unit cost inflation: 4.4%
- Increased utilization: 2.7%
- Cost share change: -0.6%
- Change in population: 103.0%
- Risk Adjustment: -1.7%

The unit cost inflation continues to be high compared to historical levels. This is driven by hospital systems and health care providers demanding higher contracted reimbursement rates, but it is coming down compared to prior year. LifeWise has already had to agree to significant rate increases. As more provider contracting information becomes available, LifeWise will update the unit cost trend projections. Many systems are asking for large increases for services (some requesting and receiving double-digit annual increases) and have shown a willingness to allow our contracts to expire. Because of the limited competition and regional monopolies, some health care providers have achieved, there is reduced market pressure for these systems to innovate new, more efficient practices.

There are also other drivers including the difference between actual and projected base experience, changes in anticipated risk adjustment transfer dollars, service area, network providers, and taxes and fees between the experience period and projection period which would impact the final rate. For complete details around the drivers of the rate increase, see the appendices.

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## **Experience Period Premium and Claims**

**Experience period** Incurred 1/1/2024 to 12/31/2024 and paid through 3/31/2025

<b>Member Months</b>	322,785
<b>Premiums</b>	\$200,263,450
<b>Allowed claims</b>	\$195,916,806
<b>Incurred claims</b>	\$155,778,648
<b>Processed in system</b>	\$153,131,434
<b>Incurred but not paid</b>	\$2,647,214

The experience period represents the most recent data while allowing for three months of claims run-out to minimize the estimation for incurred but not paid claims. The incurred but not paid claims estimate was based on reserve triangles for this specific line of business. Monthly completion factors were developed after adjusting for outliers, seasonality, and number of working days. The incurred claims include the cost of provider incentives.

For the purpose of developing the projected rates, the above experience is used instead of the annual financial statement. The over/underestimate of medical trend for the prior years, the change in reserves, and the change in administrative costs are data points. Any gains/losses resulting from the over/underestimate of these assumptions will not directly impact the rate making, as rates are developed based on expected total costs, not to offset prior years' gains or losses.

### **Actual vs Projected Experience**

WA Exhibit 2 shows the Actual vs Projected Experience. The projected values are from the 2024 Rate Filings URRT Worksheet 2 Section IV.

The actual experience has lower claims and expenses PMPM, but this is more than offset by the lower premium PMPM. This is primarily driven by having a larger than projected percentage of members on Cascade Select plans, which have lower premiums and lower provider reimbursement rates.

### **Commercial Reinsurance**

LifeWise currently has a commercial reinsurance agreement to cover 40% of claims above an attachment point of \$3.5 million per member per year. The expected 2024 reimbursement is \$0 (\$0.00 PMPM) and the charge was \$0.26 PMPM; per URRT instructions the reimbursement amount was removed from experience period claims. The projected 2026 charge is included in the administrative expense line of worksheet 2 section III of the URRT.

### **Benefit Categories**

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Service codes were used to identify whether a claim was related to inpatient hospital, outpatient hospital, professional, other medical, or prescription drug. Service codes are defined based on place of service, type of service, revenue code, procedure code, and diagnosis code. There were no capitation claims.

## **Market, Plan, and Calibrated Plan Adjusted Index Rate**

**Projection Period Index Rate** - Represents projected allowed claims after application of trend, morbidity adjustments, network shift impact, and demographic shift. Appendix 1.1 shows the development of the projection period index rate, with the Projection Factor section providing explanations of the development. For this filing the projection period index rate was determined based on the manual rate. The projection period index is \$824.77 PMPM for all plans.

**Market Adjusted Index Rate** - Represents the average projected health care costs for essential health benefits. This is equal to the Projected Index Rate plus allowed basis risk adjustment, federal reinsurance programs, and exchange fee.

Appendix 1.1 shows the development of the Market Adjusted Index Rate. Federal reinsurance is not applicable for this year's rate filing. Risk adjustment development is explained in the Risk Adjustment section below. The Market Adjusted Index Rate PMPM is \$866.24 PMPM for all plans.

**Plan Adjusted Index Rate** - Represents the average projected premium of a plan if all members purchased this plan. The Plan Adjusted Index Rate is equal to the Market Adjusted Index Rate, multiplied by the plan specific cost share adjustment, network utilization factor, benefits above EHB, administrative expense, taxes and fees, and the profit and risk load.

Appendix 1.2 shows the development of the Plan Adjusted Index Rate. Additional information on the above factors can be found in the Market to Plan Factors and Non-Benefit Expenses sections below. The Plan Adjusted Index Rate varies from plan to plan.

**Calibrated Plan Adjusted Index Rate** - Represents the plan premium for a member who is 21 years old, non-smoker, living in King County. It is equal to the plan adjusted index rate multiplied by the reciprocals of the age, tobacco-use, and geographic factors (Appendix 2.6).

## **Projection Factors**

The development of the Market Adjusted Index Rate is shown in Appendix 1.1, calibration factors are shown in Appendix 2.6, and Plan Adjusted Index Rates prior to application of geographic and age factors are shown in Appendix 2.5.

Per the URRT instructions, the following adjustments are applied to EHB allowed claims.

### **Trend Factors**

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The development for the trend factor used in this filing is shown in Appendix 2.1. The trend is split into three components: increase in unit cost, increase in utilization, and increase due to deductible leveraging. The trend is applied to EHB claims only.

- **Unit Cost** – The unit cost increase is expected to be 4.4% annually.  
The Unit cost increase represents the average change in cost for each unit (procedure/drug) of healthcare.
  - Medical unit cost trend is expected to be 3.7% based on the changes in the negotiated healthcare provider reimbursement contracts.
  - Pharmacy unit cost trend is expected to be 7.6% based on our PBM's projections.
  - Unit cost trend in the prior year filing was 5.4%.
- **Utilization** – The utilization increase is expected to be 2.7% annually.  
The utilization increase represents the change in the number of medical services and prescriptions members seek.
  - Medical utilization trend is 2.9% based on the change in the number of medical services members per 1000 members per year.
  - Pharmacy utilization trend is 1.5% based on the change in the number of prescriptions per 1000 members per year.
  - Utilization trend in the prior year filing was 2.4%.
- **Leveraging** – Leveraging is expected to be 0.3% annually.  
Leveraging represents the acceleration of trend due to fixed-dollar member cost shares (deductible, copays, and out-of-pocket maximums) not increasing at the same rate as claims, and therefore the insurer needs to cover a larger portion of the claims cost.
  - The leveraging trend in the prior year filing was 0.3%, as shown in Appendix 2.1.

The proposed rating trend for incurred claims including leveraging is 7.5% as shown in Appendix 2.1 and in WAC 284-43-6660.

Per URRT instruction, leveraging is excluded from the two years of trend in Worksheet 1. As such, it is applied separately to the paid to allow ratio.

### **Morbidity Adjustment**

No Morbidity Adjustment is applied in 2026 rate development. In last year's rate filing, no Morbidity Adjustment was applied.

### **Demographic Shift**

The demographic shift adjustment is made for the expected change in membership demographic between the experience period and the projection period. This includes the impact of exiting Lincoln and San Juan Counties and expanding into Lewis County.

The demographic shift adjustment is 1.030, and the development is shown in more detail in Appendix 2.2. Last year's adjustment factor was 1.013.

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To develop the factor, LifeWise split 2026 projected membership into four categories:

- a) 2024 member projected to persist into 2026 (retained members)
  - b) New members as of March 2025 migrating from our affiliated company (projected to persist into 2026)
  - c) New members as of March 2025 joining from other carriers with unknown experience (projected to persist into 2026)
  - d) Projected 2026 members joining from other carriers without known experience.
- For the members in category (a) and (b), the assumption is that they will be similar to their actual 2024 experience adjusted for aging.
  - For new members in category (c), LifeWise assumed they would be similar to the members in (a) and (b) after adjusting for age, metal level mix, and applying a new members claim adjustment. The new members claims adjustment was determined by comparing several years of claims experience of renewal vs. newly enrolled membership.
  - For new members in category (d), without any information about this population LifeWise assumed this population would resemble the rest of the projected pool.

### **Plan Design Changes**

LifeWise assumed none of the changes in the plan design will affect EHB allowed claims.

### **Other Adjustments**

LifeWise is using an Other Adjustments factor of 1.149 for 2026.

This factor is a combination of 1) the network shift adjustment, 2) the projected paid to allowed vs AV & cost sharing adjustment, and 3) the impact of the expiration of the enhanced advanced premium tax credits and the new rule on the silver CSR loading.

- 1) The network shift adjustment accounts for member shift between the LifeWise Primary network plans and the LifeWise Alpine plans. The impact of the movement between the experience period and the projection period is shown in Appendix 2.3a.
- 2) Due to the new Emergency rule from the OIC, the overall AV & Cost Sharing factor varies from the projected paid to allowed factor, and an adjustment factor is added. LifeWise calculated the actual projected paid to allowed ratio based on the experience period paid to allowed, adjusting for the projected change in benefits and cost sharing, then took the projected paid to allowed divided by the projected AV & Cost Share factor to determine the adjustment factor needed. The development of this adjustment of 1.099 is shown in Appendix 2.3c.
- 3) With the expiration of the enhanced advanced premium tax credits in 2026 and the new uniform silver loading rule, we expect deterioration of our experience as healthy people exit the market or purchase less expensive plans. To determine this adjustment, LifeWise projected the contribution margin before and after these changes by looking at who would likely leave LifeWise or migrate to a different LifeWise plan. This change in contribution margin is then grossed up to an allowed basis and divided by the projected index rate to get the adjustment factor. The development of this adjustment of 1.087 is shown in Appendix 2.3d.

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The Other adjustment in prior years filing was 0.951, as shown in Appendix 1.1. This included the network shift adjustment.

**Credibility Manual Rate Development**

No manual rates were used.

**Credibility of Experience**

Due to the size of the bloc in the experience period, no credibility adjustments were used for developing the rates.

**Risk Adjustment Transfer (Appendix 2.4)**

LifeWise is expecting to pay \$-13.4 million in risk transfer payments including recovery for high cost enrollees in 2024 for its individual membership.

To develop the projected risk adjustment transfer amount, LifeWise relied on Wakely 2024 December Risk Adjustment reports, risk score data from internal data sources, and external consultant's risk adjustment reports. Below are the adjustments and assumptions used to project the 2026 risk transfer.

LifeWise split the projected 2026 membership by metal level into 2024 members that are expected to persist into 2026, new 2025 members that are expected to persist into 2026, and expected new 2026 members.

- The 2026 market average premium net of admin costs is expected to increase 14.5% over the 2024 market average premium net of admin costs.
- The 2026 state average non-plan liability risk score is assumed not to change from the 2025 state average non-plan liability risk score provided by our consultant.
- The 2026 state average plan liability risk score is estimated from the 2024 plan liability risk score, adjusted for the expected changes to the market average due to the new proposed 2026 calibrated model factors.
- For 2024 members expected to persist into 2026, LifeWise used the cohort's 2024 risk adjustment factors, adjusted to proposed 2026 calibrated model factors, and applied the factors corresponding to the members' mapped 2026 metal level.
- For new 2025 members expected to persist into 2026, the members were split into (a) 2025 members that moved from an affiliated company and (b) all other new 2025 members.



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- a) LifeWise assumed the cohort's 2024 risk adjustment factors, adjusted to proposed 2026 calibrated model factors, and applied the factors corresponding to the member's mapped 2026 metal level.
  - b) LifeWise assumed the cohort's 2026 calibrated model factors would be similar to that of the "2024 members expected to persist into 2026" after adjusting for the difference in geography and age of the population by metal level.
- For new 2026 members: LifeWise assumed the risk adjustment factors will be similar to the risk adjustment factors of the "2024 members expected to persist into 2026" and "New 2025 Members expected to persist into 2026" after adjusting for the difference in geography and age of the population by metal level.

LifeWise took the product of these members' risk scores and averaged the resulting products divided by the state average risk scores (following the statutory formula used by CMS) to determine the risk adjustment transfer amount by category and metal level. Based on the above assumptions, LifeWise estimated the 2026 risk adjustment transfer to be -\$23.53 PMPM. The projected risk adjustment transfer does not account for the impact of Risk Adjustment Data Validation.

In last year's rate filing, the projected 2025 risk adjustment transfer was -\$34.59 PMPM.

The high cost risk pool program reimbursement amount will be 60% of the claim amounts above \$1 million dollars for enrollees that surpass the \$1 million claims threshold. The projected 2026 reimbursement for this program is \$0.19 PMPM based on historical large claims experience. The administrative cost of this program is projected to be 0.4% of LifeWise's expected total premiums, or approximately \$2.55 PMPM.

In order to add the projected risk adjustment PMPM into the Market Adjusted Index Rate, projected risk adjustment transfer plus high-cost enrollee reimbursement less high cost risk pool administrative cost was converted to an allowed amount by dividing the projected paid to allowed (as shown in Appendix 2.4). The result is an allowed PMPM estimate of -\$34.63 (as shown in Appendix 1.1).

Appendix 3.3b shows projected vs. actual high cost risk pool reimbursement and assessment amounts. Historically there is variance between projected and actual. However, since both the assessment and reimbursement were generally greater than projected, the changes partially offset each other. The differences are due to the volatility of large claims, and we did not make additional adjustments for this.

## **Market to Plan Factors**

### **AV and Cost Sharing Design of Plan Adjustment (Appendix 2.5 & 2.5a)**

In 2026 the Washington Office of the Insurance Commissioner implemented WSR 25-07-021. Per the new rule, AV & Cost Sharing Adjustment must equal "AV Pricing" x "Induced Demand

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Factor” x “Silver Loading”, with the AV pricing value to be  $\pm 2\%$  or  $\pm 3\%$  of the plan’s designated AV metal value from the CMS AV calculator, the Induced Demand Factor to be  $(AV\ Pricing^2 - AV\ Pricing + 1.24)$ , and Silver Loading to be 1.435.

The AV and cost sharing design of plan adjustments (benefit relativities) were calculated using our current pricing methodology, which reflects induced utilization at different cost shares and paid to allow ratios. Then adjustments were made to the benefit relativities to comply with the tolerances of the AV & Cost Sharing requirements.

For Silver plans, the Silver CSR loading is 1.435 based on the above new rule. Historically, the silver CSR load adjustment was developed by calculating the cost share differential between the CSR plan and the base plan for each of its cost share reduction plan variations. Then the CSR adjustments were averaged based on the projected membership on each CSR variant. In 2024, the expected CSR payment if CSRs had been funded would have been \$4,480,517, which represented 7.1% of total silver claims. For 2026, the projected CSR payment is \$4,182,982 due to a higher concentration of CSR 87% and CSR 94%.

**Provider Network Adjustment (Appendix 2.3a, 2.5)**

The LifeWise Alpine network is for the Cascade Select plans. It includes only providers from the counties where LifeWise participates in the Public Option. Starting in 2026, LifeWise will expand the Alpine network to Lewis and Clark, Lincoln and San Juan. The updated network adjustment factor is 0.751, determined by comparing the updated providers’ reimbursement as a normalized allowed per RVU for those in the LifeWise Alpine network to those in the LifeWise Primary network. This adjustment factor is larger than in prior filings as the provider reimbursements for the two networks are increasing at different rates. The average provider network adjustment is normalized, therefore the projected average incurred claims PMPMs remain the same with vs without applying the normalized network factor (as shown in Appendix 2.3a).

**Calibration Factors**

Appendix 2.6 shows the calculation of the age/geographic/tobacco calibration factor. This calculates the product of the age, geographic, and tobacco use factors for each projected member, and then averages this product. The product of the age, geographic, and tobacco use calibration factors is applied to develop the Calibrated Plan Adjusted Index Rate.

- **Age** – The Affordable Care Act (ACA) age factor was applied to the membership distribution limited to a maximum of three dependent children under the age of 21 per family. The average age of the projected members is 49. The average age of the projection period was determined as the closest age factor to the average age factor.
- **Geographic** – Geographic factors have been updated to reflect the changes in provider payment among the nine rating regions since the factors were last developed.

Appendix 2.6a demonstrates the geographic factor development. LifeWise developed the updated geographic factors by starting with the 2024 contracted fee schedule as a normalized allowed per RVU adjusted by the projected 2024-2026 provider unit cost

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increases. The results were normalized to 1.0 for King County, and the Medical & Rx distribution was applied to get the weighted average formulated area factor by region.

The proposed area factors are not the same as the formulated area factors for some regions. For regions with less membership and therefore potentially more volatile allowed per RVU, LifeWise grouped them into two categories: Western Washington and Eastern Washington. Then for each category, the average difference between the 2025 filed average factors and 2026 formulated average factors was determined. This average factor difference was then applied to the 2025 factor to get the 2026 proposed factor by region.

- **Tobacco Use** – The tobacco use factor is removed for 2026. This was done to comply with the new rules issued by WAHBE on providing Cascade Care Subsidies to members enrolling on plans that have tobacco use factors.

## **Non-Benefit Expenses**

### **Administrative Expense Load (Appendix 2.5b)**

Net operating expenses for the rating period is \$67.62 PMPM, compared with \$65.59 PMPM from the prior year filing.

Commissions of \$8.89 PMPM are projected for 2026. This is developed based on the current distribution of members purchasing insurance through a producer and the producer's commission from the compensation table. Commissions were \$8.78 PMPM in the prior year filing.

Commercial reinsurance fee is \$0.69 PMPM. The fee was \$0.63 PMPM in the prior year filing.

An interest credit amount of -\$2.55 PMPM was calculated based on the yield rate.

### **Contribution to Surplus & Risk Margin (C&R) (Appendix 2.5b)**

LifeWise Health Plan of Washington is filing for a -2.7% contingency and risk (C&R) charge after paying 21% of FIT.

The C&R charge is intended to cover business risk, statistical variation, and other unknown, unpredictable risks. With the uncertainty of the inflationary pressure on provider contracted reimbursements, risk adjustment model changes and its impact on risk adjustment transfer amounts, as well as other uncertainty on claims, LifeWise determined that a C&R charge of 10.0-12.0% is needed.

LifeWise is proposing a one-time transitioning C&R charge of -2.7% to ease the impact on premium increase due to recent or expected rules changes. The negative C&R offsets the impact of the expected expiration of the enhanced advanced premium tax credit and the new rules around the development of the AV & Cost Sharing Adjustment. LifeWise is committed in the individual market and is willing to take a one-time hit to support the emergency rule with the uncertainty of how membership will react to the changes.

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LifeWise did not consider its capital and surplus in determining rates. The capital and surplus is mostly dedicated to further business development including system transformation.

**Taxes and Fees (Appendix 2.5b)**

Regulatory & Insurance Fraud Surcharge Fee – The combined Regulatory and Insurance Fraud Surcharge Fee is 0.1% of premium.

Federal Income Tax – LifeWise is subject to pay 21% federal income tax on profits. The Federal Income Tax fee is expected to be 0.0% since LifeWise is not projecting to make a profit.

WSHIP assessment – The Washington State Health Insurance Pool is anticipating \$0.0 million in total assessments for 2026. Based on our projected market share, the assumed 2026 projected fee is \$0.19 PMPM.

Premium tax – Washington state premium tax is 2.0%. This amount has not changed from prior year filing.

WAPAL Assessment Fee – The expected fee is \$0.06 PMPM, determined by the WAPAL Fund Advisory Committee.

Patient Centered Outcomes Research Fee – The expected 2026 fee is \$0.32 PMPM. According to IRS, the most recent PCORI fee was \$3.47 PMPY between Oct. 2024 and Sep. 2025. Therefore, LifeWise applied one year's worth of National Expenditures rate, which is 5%, to the most recent PCORI to predict the 2026 expected PCORI fee PMPM.

Risk Adjustment Program Administration Fee – The fee per 2026 Benefit and Payment Parameters is \$0.20 PMPM.

**Non-EHB Benefits**

LifeWise does not offer plans with non-EHB benefits. However, per URRT instructions, abortion services are included in worksheet 2, field 3.5 as non-EHB benefit.

**Exchange Fees (Appendix 2.5b)**

The projected Exchange fee is \$5.11 PMPM.

LifeWise is only actively selling In Exchange plans and expects all members to purchase inside the Exchange.

In the Market Adjusted Index Rate, the Exchange fee is 0.8%. This is the exchange fee represented as an allowed basis percentage. Therefore, the PMPM is divided by average paid to allow and the Market Adjusted Index Rate to arrive at the percentage.

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## **Projected Loss Ratio**

The projected loss ratio is 89.0% (Appendix 1.2 Section IV). This was determined by dividing projected incurred claims of \$616.63 (Appendix 1.2 Section IV) by the projected premium and risk adjustment transfer of \$692.95 (Appendix 1.2 Section IV).

The projected federal medical loss ratio for 2026 is 92.1% (Appendix 3.2), which exceeds the federal minimum loss ratio requirements of 80.0%.

## **AV Metal Values**

- Cascade Plans: the AV metal values were provided by Wakely and the Washington Health Board Exchange to LifeWise using a permissible alternative method that complies with 45 CFR 156.135(b).
- All Other Plans: the AV metal values have a unique benefit design and were determined by using a permissible alternative method that complies with 45 CFR 156.135(b)(3). These plans have different cost sharing for outpatient office visits and all other outpatient mental health and substance use disorder services (MHSUD). As the AV calculator only has one input for outpatient MHSUD, the AVC is run with MH OP office visit copay cost shares input in Tier 1 and MH OP non-office visit cost shares input in Tier 2 for each plan. The continuance tables of each metallic level from the AV model and each plan's claims maximum were used to calculate the weights between MH outpatient professional and facility that are entered into the Tier 1 Utilization field. See Appendix 6 for calculations.

## **Membership Projections (Appendix 2.5)**

The membership projection for LifeWise in 2026 is 289,572 member months.

LifeWise is projecting 47,408 member months on silver plans in 2026. Of these, 34,446 are on a 87% CSR, and 12,962 are on a 94% CSR plan.

The 2026 membership was projected from the March 2025 membership (24,913 members), with the following adjustments:

- 1) Assumes members on Silver (70%) or Silver CSR 73% will be migrated to a Gold plan.
- 2) Assumes that 21,510 members will choose to not renew coverage in 2026.
- 3) Assumes that LifeWise will gain 2,621 new members in 2026.

The projection period member months are based on assuming 12 months of membership for the projected 24,131 members.

## **Terminated Products**

No terminated plans for 2026.

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**Plan Type**

The plans included in this filing are EPO plans.

**Washington State Required Appendixes**

Appendix 2.3b: Normalization of Network Factors  
Appendix 2.5b: Projected and Historical Administrative Cost Development  
Appendix 3.1: Experience Claims by Incurred & Paid Date  
Appendix 3.2: Federal Minimum Loss Ratio Calculation  
Appendix 3.3a-b: Risk Adjustment Experience and Actual vs Projected Comparison  
Appendix 4.1: WAC 283-43-6660 vs Additional Data Statement Form  
Appendix 4.1a: Additional Data Statement screenshots  
Appendix 4.2: Months of Surplus  
Appendix 5: Rate/Rule Schedule tab of SERFF rate filing support/source  
Appendix 6: Actuarial Values for Non-Cascade Plans

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**Actuarial Certification**

I, Hiu-Wan Ko, am VP of Actuarial Services at LifeWise Health Plan of Washington. I am a member of the American Academy of Actuaries and meet its qualification standards for rendering actuarial certification.

I am familiar with applicable laws and regulations of the State and federal government for rate filing requirements applicable to health care service contractors.

I certify that the projected index rate is in compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1) and 147.102), is in compliance with the Actuarial Standards of Practice, is reasonable overall in relation to the average benefits provided and the average population anticipated to be covered, and is neither excessive nor deficient.

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

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

I certify non-Cascade plan AV Metal Values were developed with an alternate methodology as described in 45 CFR 156.135(b)(3) in accordance with generally accepted actuarial principles and methodologies. Certification is included in the "Unique Plan Design Supporting Documentation and Justification Non Cascade" file.

**Limitations**

I have relied on the analyses performed by:

- The Washington State Office of the Insurance Commissioner for the Silver Loading adjustment factor
- The Centers of Medicare and Medicaid Services AV Calculator, to use as a basis for determining the AV & Cost Sharing adjustment by plan
- Wakely, Washington State Office of the Insurance Commissioner, and the Centers of Medicare and Medicaid Services to support our analysis of risk transfer payments
- Our PBM to support our analysis of the prescription drug trends
- Our third party administrators including Evolent, CMS and WAHBE on their processes related to claims payments, eligibility/membership and premium billing
- Our finance department for net operating expense and company financial projections
- The HCE actuarial team and network team for medical trends and Medicare repricing study for the Alpine network
- Wakely to certify AV for Cascade plans: 38498WA0320010, 38498WA0320011, 38498WA0320012, 38498WA0320016 and Cascade Select plans: 38498WA0320013, 38498WA0320014, 38498WA0320015, and 38498WA0320017. Wakely's certification is included in the "Standard Plan Unique Plan Design Supporting Documentation and Justification" and "AV Screenshots Standard" files.



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While I have reviewed the information provided by the above sources for reasonableness and consistency, I performed no verification of and take no responsibility for the accuracy of the information. If the information is inaccurate or incomplete, the results of my analysis may likewise be inaccurate or incomplete.

I, Hiu-Wan Ko, FSA, MAAA, do hereby certify that this filing has been developed in accordance with the profession's Code of Professional Conduct and the following Actuarial Standards of Practice (ASOPs):

- ASOP No. 5, *Incurred Health and Disability Claims*
- ASOP No. 8, *Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits*
- ASOP No. 12, *Risk Classification*
- ASOP No. 23, *Data Quality*
- ASOP No. 25, *Credibility Procedures*
- ASOP No. 41, *Actuarial Communications*
- ASOP No. 50, *Determining Minimum Value and Actuarial Value under the Affordable Care Act*



05/14/2025

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Hiu-Wan Ko, FSA, MAAA  
VP Actuarial Services  
LifeWise Health Plan of Washington

Date



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**General Information**

<b>Company Legal Name</b>	LifeWise Health Plan of Washington
<b>State</b>	Washington
<b>HIOS Issuer ID</b>	38498
<b>Market</b>	Individual (In Exchange Only)
<b>Effective Date</b>	January 1, 2026
<b>Company Contact</b>	Hiu-Wan Ko, FSA, MAAA VP of Actuarial Services 425-918-4917 <a href="mailto:Hiu-Wan.Ko@premera.com">Hiu-Wan.Ko@premera.com</a>

**Plans Effective 1/1/2026 In the Exchange**

LifeWise Essential Gold	38498WA0320001
LifeWise Essential Bronze	38498WA0320003
LifeWise Essential Silver	38498WA0320004
LifeWise Cascade Complete Gold	38498WA0320010
LifeWise Cascade Silver	38498WA0320011
LifeWise Cascade Bronze	38498WA0320012
LifeWise Cascade Vital Gold	38498WA0320016

**Plans Effective 1/1/2026 In Public Option**

LifeWise Cascade Select Complete Gold	38498WA0320013
LifeWise Cascade Select Silver	38498WA0320014
LifeWise Cascade Select Bronze	38498WA0320015
LifeWise Cascade Select Vital Gold	38498WA0320017

**Scope and Purpose**

The purpose of this filing is to present the development of premium rates for LifeWise Health Plan of Washington non-grandfathered individual plans offered in the Exchange, and to demonstrate that the resulting amounts charged are reasonable in relation to the benefits provided. This filing is not intended to be used for other purposes. The rates presented herein will be effective January 1, 2026.

This filing assumes that CMS will not pay carriers cost share reduction payments.

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## **Rate Increase Summary**

### **Proposed Rate Increase**

The average rate change for 1/1/2026 is 14.4%.

This average rate change includes 15.1% of experience increase with a benefit change of 0.0% and cost share change of -0.6%.

For this filing we are using the average rate increase calculated per OIC instructions to match the increase from the Uniform Product Modification Justification (UPMJ) form. This results in an average rate increase different from the average premium increase in CMS's Uniform Rate Review template. The difference between the two approaches is because they represent different averages. The UPMJ's calculation is the average rate increase weighted by member, while URRT is the average premium increase.

With the OIC emergency rules on silver loading and the AV and Cost Sharing factor, the displayed increase in premium is not representative of the expected change in premium for LifeWise. The Washington Health Board Exchange will actively migrate members between plans, resulting in a lower premium impact than the state average member increase from the UPMJ would indicate.

### **Reason for Rate Increase(s)**

Below are the major factors for the rate increase:

- Unit cost inflation: 4.4%
- Increased utilization: 2.7%
- Cost share change: -0.6%
- Change in population: 103.0%
- Risk Adjustment: -1.7%

The unit cost inflation continues to be high compared to historical levels. This is driven by hospital systems and health care providers demanding higher contracted reimbursement rates, but it is coming down compared to prior year. LifeWise has already had to agree to significant rate increases. As more provider contracting information becomes available, LifeWise will update the unit cost trend projections. Many systems are asking for large increases for services (some requesting and receiving double-digit annual increases) and have shown a willingness to allow our contracts to expire. Because of the limited competition and regional monopolies, some health care providers have achieved, there is reduced market pressure for these systems to innovate new, more efficient practices.

There are also other drivers including the difference between actual and projected base experience, changes in anticipated risk adjustment transfer dollars, service area, network providers, and taxes and fees between the experience period and projection period which would impact the final rate. For complete details around the drivers of the rate increase, see the appendices.

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## **Experience Period Premium and Claims**

**Experience period** Incurred 1/1/2024 to 12/31/2024 and paid through 3/31/2025

<b>Member Months</b>	322,785
<b>Premiums</b>	\$200,263,450
<b>Allowed claims</b>	\$195,916,806
<b>Incurred claims</b>	\$155,778,648
<b>Processed in system</b>	\$153,131,434
<b>Incurred but not paid</b>	\$2,647,214

The experience period represents the most recent data while allowing for three months of claims run-out to minimize the estimation for incurred but not paid claims. The incurred but not paid claims estimate was based on reserve triangles for this specific line of business. Monthly completion factors were developed after adjusting for outliers, seasonality, and number of working days. The incurred claims include the cost of provider incentives.

For the purpose of developing the projected rates, the above experience is used instead of the annual financial statement. The over/underestimate of medical trend for the prior years, the change in reserves, and the change in administrative costs are data points. Any gains/losses resulting from the over/underestimate of these assumptions will not directly impact the rate making, as rates are developed based on expected total costs, not to offset prior years' gains or losses.

### **Actual vs Projected Experience**

WA Exhibit 2 shows the Actual vs Projected Experience. The projected values are from the 2024 Rate Filings URRT Worksheet 2 Section IV.

The actual experience has lower claims and expenses PMPM, but this is more than offset by the lower premium PMPM. This is primarily driven by having a larger than projected percentage of members on Cascade Select plans, which have lower premiums and lower provider reimbursement rates.

### **Commercial Reinsurance**

LifeWise currently has a commercial reinsurance agreement to cover 40% of claims above an attachment point of \$3.5 million per member per year. The expected 2024 reimbursement is \$0 (\$0.00 PMPM) and the charge was \$0.26 PMPM; per URRT instructions the reimbursement amount was removed from experience period claims. The projected 2026 charge is included in the administrative expense line of worksheet 2 section III of the URRT.

### **Benefit Categories**

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Service codes were used to identify whether a claim was related to inpatient hospital, outpatient hospital, professional, other medical, or prescription drug. Service codes are defined based on place of service, type of service, revenue code, procedure code, and diagnosis code. There were no capitation claims.

## **Market, Plan, and Calibrated Plan Adjusted Index Rate**

**Projection Period Index Rate** - Represents projected allowed claims after application of trend, morbidity adjustments, network shift impact, and demographic shift. Appendix 1.1 shows the development of the projection period index rate, with the Projection Factor section providing explanations of the development. For this filing the projection period index rate was determined based on the manual rate. The projection period index is \$824.77 PMPM for all plans.

**Market Adjusted Index Rate** - Represents the average projected health care costs for essential health benefits. This is equal to the Projected Index Rate plus allowed basis risk adjustment, federal reinsurance programs, and exchange fee.

Appendix 1.1 shows the development of the Market Adjusted Index Rate. Federal reinsurance is not applicable for this year's rate filing. Risk adjustment development is explained in the Risk Adjustment section below. The Market Adjusted Index Rate PMPM is \$866.24 PMPM for all plans.

**Plan Adjusted Index Rate** - Represents the average projected premium of a plan if all members purchased this plan. The Plan Adjusted Index Rate is equal to the Market Adjusted Index Rate, multiplied by the plan specific cost share adjustment, network utilization factor, benefits above EHB, administrative expense, taxes and fees, and the profit and risk load.

Appendix 1.2 shows the development of the Plan Adjusted Index Rate. Additional information on the above factors can be found in the Market to Plan Factors and Non-Benefit Expenses sections below. The Plan Adjusted Index Rate varies from plan to plan.

**Calibrated Plan Adjusted Index Rate** - Represents the plan premium for a member who is 21 years old, non-smoker, living in King County. It is equal to the plan adjusted index rate multiplied by the reciprocals of the age, tobacco-use, and geographic factors (Appendix 2.6).

## **Projection Factors**

The development of the Market Adjusted Index Rate is shown in Appendix 1.1, calibration factors are shown in Appendix 2.6, and Plan Adjusted Index Rates prior to application of geographic and age factors are shown in Appendix 2.5.

Per the URRT instructions, the following adjustments are applied to EHB allowed claims.

## **Trend Factors**

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The development for the trend factor used in this filing is shown in Appendix 2.1. The trend is split into three components: increase in unit cost, increase in utilization, and increase due to deductible leveraging. The trend is applied to EHB claims only.

- **Unit Cost** – The unit cost increase is expected to be 4.4% annually.  
The Unit cost increase represents the average change in cost for each unit (procedure/drug) of healthcare.
  - Medical unit cost trend is expected to be 3.7% based on the changes in the negotiated healthcare provider reimbursement contracts.
  - Pharmacy unit cost trend is expected to be 7.6% based on our PBM's projections.
  - Unit cost trend in the prior year filing was 5.4%.
- **Utilization** – The utilization increase is expected to be 2.7% annually.  
The utilization increase represents the change in the number of medical services and prescriptions members seek.
  - Medical utilization trend is 2.9% based on the change in the number of medical services members per 1000 members per year.
  - Pharmacy utilization trend is 1.5% based on the change in the number of prescriptions per 1000 members per year.
  - Utilization trend in the prior year filing was 2.4%.
- **Leveraging** – Leveraging is expected to be 0.3% annually.  
Leveraging represents the acceleration of trend due to fixed-dollar member cost shares (deductible, copays, and out-of-pocket maximums) not increasing at the same rate as claims, and therefore the insurer needs to cover a larger portion of the claims cost.
  - The leveraging trend in the prior year filing was 0.3%, as shown in Appendix 2.1.

The proposed rating trend for incurred claims including leveraging is 7.5% as shown in Appendix 2.1 and in WAC 284-43-6660.

Per URRT instruction, leveraging is excluded from the two years of trend in Worksheet 1. As such, it is applied separately to the paid to allow ratio.

### **Morbidity Adjustment**

No Morbidity Adjustment is applied in 2026 rate development. In last year's rate filing, no Morbidity Adjustment was applied.

### **Demographic Shift**

The demographic shift adjustment is made for the expected change in membership demographic between the experience period and the projection period. This includes the impact of exiting Lincoln and San Juan Counties and expanding into Lewis County.

The demographic shift adjustment is 1.030, and the development is shown in more detail in Appendix 2.2. Last year's adjustment factor was 1.013.

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To develop the factor, LifeWise split 2026 projected membership into four categories:

- a) 2024 member projected to persist into 2026 (retained members)
  - b) New members as of March 2025 migrating from our affiliated company (projected to persist into 2026)
  - c) New members as of March 2025 joining from other carriers with unknown experience (projected to persist into 2026)
  - d) Projected 2026 members joining from other carriers without known experience.
- For the members in category (a) and (b), the assumption is that they will be similar to their actual 2024 experience adjusted for aging.
  - For new members in category (c), LifeWise assumed they would be similar to the members in (a) and (b) after adjusting for age, metal level mix, and applying a new members claim adjustment. The new members claims adjustment was determined by comparing several years of claims experience of renewal vs. newly enrolled membership.
  - For new members in category (d), without any information about this population LifeWise assumed this population would resemble the rest of the projected pool.

### **Plan Design Changes**

LifeWise assumed none of the changes in the plan design will affect EHB allowed claims.

### **Other Adjustments**

LifeWise is using an Other Adjustments factor of 1.149 for 2026.

This factor is a combination of 1) the network shift adjustment, 2) the projected paid to allowed vs AV & cost sharing adjustment, and 3) the impact of the expiration of the enhanced advanced premium tax credits and the new rule on the silver CSR loading.

- 1) The network shift adjustment accounts for member shift between the LifeWise Primary network plans and the LifeWise Alpine plans. The impact of the movement between the experience period and the projection period is shown in Appendix 2.3a.
- 2) Due to the new Emergency rule from the OIC, the overall AV & Cost Sharing factor varies from the projected paid to allowed factor, and an adjustment factor is added. LifeWise calculated the actual projected paid to allowed ratio based on the experience period paid to allowed, adjusting for the projected change in benefits and cost sharing, then took the projected paid to allowed divided by the projected AV & Cost Share factor to determine the adjustment factor needed. The development of this adjustment of 1.099 is shown in Appendix 2.3c.
- 3) With the expiration of the enhanced advanced premium tax credits in 2026 and the new uniform silver loading rule, we expect deterioration of our experience as healthy people exit the market or purchase less expensive plans. To determine this adjustment, LifeWise projected the contribution margin before and after these changes by looking at who would likely leave LifeWise or migrate to a different LifeWise plan. This change in contribution margin is then grossed up to an allowed basis and divided by the projected index rate to get the adjustment factor. The development of this adjustment of 1.087 is shown in Appendix 2.3d.



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The Other adjustment in prior years filing was 0.951, as shown in Appendix 1.1. This included the network shift adjustment.

**Credibility Manual Rate Development**

No manual rates were used.

**Credibility of Experience**

Due to the size of the bloc in the experience period, no credibility adjustments were used for developing the rates.

**Risk Adjustment Transfer (Appendix 2.4)**

LifeWise is expecting to pay \$-13.4 million in risk transfer payments including recovery for high cost enrollees in 2024 for its individual membership.

To develop the projected risk adjustment transfer amount, LifeWise relied on Wakely 2024 December Risk Adjustment reports, risk score data from internal data sources, and external consultant's risk adjustment reports. Below are the adjustments and assumptions used to project the 2026 risk transfer.

LifeWise split the projected 2026 membership by metal level into 2024 members that are expected to persist into 2026, new 2025 members that are expected to persist into 2026, and expected new 2026 members.

- The 2026 market average premium net of admin costs is expected to increase 14.5% over the 2024 market average premium net of admin costs.
- The 2026 state average non-plan liability risk score is assumed not to change from the 2025 state average non-plan liability risk score provided by our consultant.
- The 2026 state average plan liability risk score is estimated from the 2024 plan liability risk score, adjusted for the expected changes to the market average due to the new proposed 2026 calibrated model factors.
- For 2024 members expected to persist into 2026, LifeWise used the cohort's 2024 risk adjustment factors, adjusted to proposed 2026 calibrated model factors, and applied the factors corresponding to the members' mapped 2026 metal level.
- For new 2025 members expected to persist into 2026, the members were split into (a) 2025 members that moved from an affiliated company and (b) all other new 2025 members.

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- a) LifeWise assumed the cohort's 2024 risk adjustment factors, adjusted to proposed 2026 calibrated model factors, and applied the factors corresponding to the member's mapped 2026 metal level.
  - b) LifeWise assumed the cohort's 2026 calibrated model factors would be similar to that of the "2024 members expected to persist into 2026" after adjusting for the difference in geography and age of the population by metal level.
- For new 2026 members: LifeWise assumed the risk adjustment factors will be similar to the risk adjustment factors of the "2024 members expected to persist into 2026" and "New 2025 Members expected to persist into 2026" after adjusting for the difference in geography and age of the population by metal level.

LifeWise took the product of these members' risk scores and averaged the resulting products divided by the state average risk scores (following the statutory formula used by CMS) to determine the risk adjustment transfer amount by category and metal level. Based on the above assumptions, LifeWise estimated the 2026 risk adjustment transfer to be -\$23.53 PMPM. The projected risk adjustment transfer does not account for the impact of Risk Adjustment Data Validation.

In last year's rate filing, the projected 2025 risk adjustment transfer was -\$34.59 PMPM.

The high cost risk pool program reimbursement amount will be 60% of the claim amounts above \$1 million dollars for enrollees that surpass the \$1 million claims threshold. The projected 2026 reimbursement for this program is \$0.19 PMPM based on historical large claims experience. The administrative cost of this program is projected to be 0.4% of LifeWise's expected total premiums, or approximately \$2.55 PMPM.

In order to add the projected risk adjustment PMPM into the Market Adjusted Index Rate, projected risk adjustment transfer plus high-cost enrollee reimbursement less high cost risk pool administrative cost was converted to an allowed amount by dividing the projected paid to allowed (as shown in Appendix 2.4). The result is an allowed PMPM estimate of -\$34.63 (as shown in Appendix 1.1).

Appendix 3.3b shows projected vs. actual high cost risk pool reimbursement and assessment amounts. Historically there is variance between projected and actual. However, since both the assessment and reimbursement were generally greater than projected, the changes partially offset each other. The differences are due to the volatility of large claims, and we did not make additional adjustments for this.

## **Market to Plan Factors**

### **AV and Cost Sharing Design of Plan Adjustment (Appendix 2.5 & 2.5a)**

In 2026 the Washington Office of the Insurance Commissioner implemented WSR 25-07-021. Per the new rule, AV & Cost Sharing Adjustment must equal "AV Pricing" x "Induced Demand

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Factor” x “Silver Loading”, with the AV pricing value to be  $\pm 2\%$  or  $\pm 3\%$  of the plan’s designated AV metal value from the CMS AV calculator, the Induced Demand Factor to be  $(AV\ Pricing^2 - AV\ Pricing + 1.24)$ , and Silver Loading to be 1.435.

The AV and cost sharing design of plan adjustments (benefit relativities) were calculated using our current pricing methodology, which reflects induced utilization at different cost shares and paid to allow ratios. Then adjustments were made to the benefit relativities to comply with the tolerances of the AV & Cost Sharing requirements.

For Silver plans, the Silver CSR loading is 1.435 based on the above new rule. Historically, the silver CSR load adjustment was developed by calculating the cost share differential between the CSR plan and the base plan for each of its cost share reduction plan variations. Then the CSR adjustments were averaged based on the projected membership on each CSR variant. In 2024, the expected CSR payment if CSRs had been funded would have been \$4,480,517, which represented 7.1% of total silver claims. For 2026, the projected CSR payment is \$4,182,982 due to a higher concentration of CSR 87% and CSR 94%.

#### **Provider Network Adjustment (Appendix 2.3a, 2.5)**

The LifeWise Alpine network is for the Cascade Select plans. It includes only providers from the counties where LifeWise participates in the Public Option. Starting in 2026, LifeWise will expand the Alpine network to Lewis and Clark, Lincoln and San Juan. The updated network adjustment factor is 0.751, determined by comparing the updated providers’ reimbursement as a normalized allowed per RVU for those in the LifeWise Alpine network to those in the LifeWise Primary network. This adjustment factor is larger than in prior filings as the provider reimbursements for the two networks are increasing at different rates. The average provider network adjustment is normalized, therefore the projected average incurred claims PMPMs remain the same with vs without applying the normalized network factor (as shown in Appendix 2.3a).

#### **Calibration Factors**

Appendix 2.6 shows the calculation of the age/geographic/tobacco calibration factor. This calculates the product of the age, geographic, and tobacco use factors for each projected member, and then averages this product. The product of the age, geographic, and tobacco use calibration factors is applied to develop the Calibrated Plan Adjusted Index Rate.

- **Age** – The Affordable Care Act (ACA) age factor was applied to the membership distribution limited to a maximum of three dependent children under the age of 21 per family. The average age of the projected members is 49. The average age of the projection period was determined as the closest age factor to the average age factor.
- **Geographic** – Geographic factors have been updated to reflect the changes in provider payment among the nine rating regions since the factors were last developed.

Appendix 2.6a demonstrates the geographic factor development. LifeWise developed the updated geographic factors by starting with the 2024 contracted fee schedule as a normalized allowed per RVU adjusted by the projected 2024-2026 provider unit cost

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increases. The results were normalized to 1.0 for King County, and the Medical & Rx distribution was applied to get the weighted average formulated area factor by region.

The proposed area factors are not the same as the formulated area factors for some regions. For regions with less membership and therefore potentially more volatile allowed per RVU, LifeWise grouped them into two categories: Western Washington and Eastern Washington. Then for each category, the average difference between the 2025 filed average factors and 2026 formulated average factors was determined. This average factor difference was then applied to the 2025 factor to get the 2026 proposed factor by region.

- **Tobacco Use** – The tobacco use factor is removed for 2026. This was done to comply with the new rules issued by WAHBE on providing Cascade Care Subsidies to members enrolling on plans that have tobacco use factors.

## **Non-Benefit Expenses**

### **Administrative Expense Load (Appendix 2.5b)**

Net operating expenses for the rating period is \$67.62 PMPM, compared with \$65.59 PMPM from the prior year filing.

Commissions of \$8.89 PMPM are projected for 2026. This is developed based on the current distribution of members purchasing insurance through a producer and the producer's commission from the compensation table. Commissions were \$8.78 PMPM in the prior year filing.

Commercial reinsurance fee is \$0.69 PMPM. The fee was \$0.63 PMPM in the prior year filing.

An interest credit amount of -\$2.55 PMPM was calculated based on the yield rate.

### **Contribution to Surplus & Risk Margin (C&R) (Appendix 2.5b)**

LifeWise Health Plan of Washington is filing for a -2.7% contingency and risk (C&R) charge after paying 21% of FIT.

The C&R charge is intended to cover business risk, statistical variation, and other unknown, unpredictable risks. With the uncertainty of the inflationary pressure on provider contracted reimbursements, risk adjustment model changes and its impact on risk adjustment transfer amounts, as well as other uncertainty on claims, LifeWise determined that a C&R charge of 10.0-12.0% is needed.

LifeWise is proposing a one-time transitioning C&R charge of -2.7% to ease the impact on premium increase due to recent or expected rules changes. The negative C&R offsets the impact of the expected expiration of the enhanced advanced premium tax credit and the new rules around the development of the AV & Cost Sharing Adjustment. LifeWise is committed in the individual market and is willing to take a one-time hit to support the emergency rule with the uncertainty of how membership will react to the changes.

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LifeWise did not consider its capital and surplus in determining rates. The capital and surplus is mostly dedicated to further business development including system transformation.

**Taxes and Fees (Appendix 2.5b)**

Regulatory & Insurance Fraud Surcharge Fee – The combined Regulatory and Insurance Fraud Surcharge Fee is 0.1% of premium.

Federal Income Tax – LifeWise is subject to pay 21% federal income tax on profits. The Federal Income Tax fee is expected to be 0.0% since LifeWise is not projecting to make a profit.

WSHIP assessment – The Washington State Health Insurance Pool is anticipating \$0.0 million in total assessments for 2026. Based on our projected market share, the assumed 2026 projected fee is \$0.19 PMPM.

Premium tax – Washington state premium tax is 2.0%. This amount has not changed from prior year filing.

WAPAL Assessment Fee – The expected fee is \$0.06 PMPM, determined by the WAPAL Fund Advisory Committee.

Patient Centered Outcomes Research Fee – The expected 2026 fee is \$0.32 PMPM. According to IRS, the most recent PCORI fee was \$3.47 PMPY between Oct. 2024 and Sep. 2025. Therefore, LifeWise applied one year's worth of National Expenditures rate, which is 5%, to the most recent PCORI to predict the 2026 expected PCORI fee PMPM.

Risk Adjustment Program Administration Fee – The fee per 2026 Benefit and Payment Parameters is \$0.20 PMPM.

**Non-EHB Benefits**

LifeWise does not offer plans with non-EHB benefits. However, per URRT instructions, abortion services are included in worksheet 2, field 3.5 as non-EHB benefit.

**Exchange Fees (Appendix 2.5b)**

The projected Exchange fee is \$5.11 PMPM.

LifeWise is only actively selling In Exchange plans and expects all members to purchase inside the Exchange.

In the Market Adjusted Index Rate, the Exchange fee is 0.8%. This is the exchange fee represented as an allowed basis percentage. Therefore, the PMPM is divided by average paid to allow and the Market Adjusted Index Rate to arrive at the percentage.

**LifeWise Health Plan of Washington  
Individual Filing Effective 1/1/2026  
Actuarial Memorandum**

## **Projected Loss Ratio**

The projected loss ratio is 89.0% (Appendix 1.2 Section IV). This was determined by dividing projected incurred claims of \$616.63 (Appendix 1.2 Section IV) by the projected premium and risk adjustment transfer of \$692.95 (Appendix 1.2 Section IV).

The projected federal medical loss ratio for 2026 is 92.1% (Appendix 3.2), which exceeds the federal minimum loss ratio requirements of 80.0%.

## **AV Metal Values**

- Cascade Plans: the AV metal values were provided by Wakely and the Washington Health Board Exchange to LifeWise using a permissible alternative method that complies with 45 CFR 156.135(b).
- All Other Plans: the AV metal values have a unique benefit design and were determined by using a permissible alternative method that complies with 45 CFR 156.135(b)(3). These plans have different cost sharing for outpatient office visits and all other outpatient mental health and substance use disorder services (MHSUD). As the AV calculator only has one input for outpatient MHSUD, the AVC is run with MH OP office visit copay cost shares input in Tier 1 and MH OP non-office visit cost shares input in Tier 2 for each plan. The continuance tables of each metallic level from the AV model and each plan's claims maximum were used to calculate the weights between MH outpatient professional and facility that are entered into the Tier 1 Utilization field. See Appendix 6 for calculations.

## **Membership Projections (Appendix 2.5)**

The membership projection for LifeWise in 2026 is 289,572 member months.

LifeWise is projecting 47,408 member months on silver plans in 2026. Of these, 34,446 are on a 87% CSR, and 12,962 are on a 94% CSR plan.

The 2026 membership was projected from the March 2025 membership (24,913 members), with the following adjustments:

- 1) Assumes members on Silver (70%) or Silver CSR 73% will be migrated to a Gold plan.
- 2) Assumes that 21,510 members will choose to not renew coverage in 2026.
- 3) Assumes that LifeWise will gain 2,621 new members in 2026.

The projection period member months are based on assuming 12 months of membership for the projected 24,131 members.

## **Terminated Products**

No terminated plans for 2026.

**LifeWise Health Plan of Washington  
Individual Filing Effective 1/1/2026  
Actuarial Memorandum**

**Plan Type**

The plans included in this filing are EPO plans.

**Washington State Required Appendixes**

Appendix 2.3b: Normalization of Network Factors  
Appendix 2.5b: Projected and Historical Administrative Cost Development  
Appendix 3.1: Experience Claims by Incurred & Paid Date  
Appendix 3.2: Federal Minimum Loss Ratio Calculation  
Appendix 3.3a-b: Risk Adjustment Experience and Actual vs Projected Comparison  
Appendix 4.1: WAC 283-43-6660 vs Additional Data Statement Form  
Appendix 4.1a: Additional Data Statement screenshots  
Appendix 4.2: Months of Surplus  
Appendix 5: Rate/Rule Schedule tab of SERFF rate filing support/source  
Appendix 6: Actuarial Values for Non-Cascade Plans

**LifeWise Health Plan of Washington**  
**Individual Filing Effective 1/1/2026**  
**Actuarial Memorandum**

**Actuarial Certification**

I, Hiu-Wan Ko, am VP of Actuarial Services at LifeWise Health Plan of Washington. I am a member of the American Academy of Actuaries and meet its qualification standards for rendering actuarial certification.

I am familiar with applicable laws and regulations of the State and federal government for rate filing requirements applicable to health care service contractors.

I certify that the projected index rate is in compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1) and 147.102), is in compliance with the Actuarial Standards of Practice, is reasonable overall in relation to the average benefits provided and the average population anticipated to be covered, and is neither excessive nor deficient.

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

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

I certify non-Cascade plan AV Metal Values were developed with an alternate methodology as described in 45 CFR 156.135(b)(3) in accordance with generally accepted actuarial principles and methodologies. Certification is included in the “Unique Plan Design Supporting Documentation and Justification Non Cascade” file.

**Limitations**

I have relied on the analyses performed by:

- The Washington State Office of the Insurance Commissioner for the Silver Loading adjustment factor
- The Centers of Medicare and Medicaid Services AV Calculator, to use as a basis for determining the AV & Cost Sharing adjustment by plan
- Wakely, Washington State Office of the Insurance Commissioner, and the Centers of Medicare and Medicaid Services to support our analysis of risk transfer payments
- Our PBM to support our analysis of the prescription drug trends
- Our third party administrators including Evolent, CMS and WAHBE on their processes related to claims payments, eligibility/membership and premium billing
- Our finance department for net operating expense and company financial projections
- The HCE actuarial team and network team for medical trends and Medicare repricing study for the Alpine network
- Wakely to certify AV for Cascade plans: 38498WA0320010, 38498WA0320011, 38498WA0320012, 38498WA0320016 and Cascade Select plans: 38498WA0320013, 38498WA0320014, 38498WA0320015, and 38498WA0320017. Wakely’s certification is included in the “Standard Plan Unique Plan Design Supporting Documentation and Justification” and “AV Screenshots Standard” files.



**LifeWise Health Plan of Washington**

**Individual Filing Effective 1/1/2026**

**Actuarial Memorandum**

While I have reviewed the information provided by the above sources for reasonableness and consistency, I performed no verification of and take no responsibility for the accuracy of the information. If the information is inaccurate or incomplete, the results of my analysis may likewise be inaccurate or incomplete.

I, Hiu-Wan Ko, FSA, MAAA, do hereby certify that this filing has been developed in accordance with the profession's Code of Professional Conduct and the following Actuarial Standards of Practice (ASOPs):

- ASOP No. 5, *Incurred Health and Disability Claims*
- ASOP No. 8, *Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits*
- ASOP No. 12, *Risk Classification*
- ASOP No. 23, *Data Quality*
- ASOP No. 25, *Credibility Procedures*
- ASOP No. 41, *Actuarial Communications*
- ASOP No. 50, *Determining Minimum Value and Actuarial Value under the Affordable Care Act*



05/14/2025

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Hiu-Wan Ko, FSA, MAAA  
VP Actuarial Services  
LifeWise Health Plan of Washington

Date

**LifeWise Health Plan of Washington - HHS Form Part II**  
**Individual Metallic Products**

LifeWise Health Plan of Washington (LifeWise) is renewing all current plans (three non-standard plans, three Cascade plans, and three Cascade Select plans) and adding two new plans (one Cascade and one Cascade Select). Cascade plans and Cascade Select plans have the same standard cost-sharing benefit design, except that Cascade Select plans must also meet additional quality, value, and provider reimbursement standard established by the State.

Starting in 2026, LifeWise will be exiting all plans from Lincon and San Juan County. Cascade Select plans will be expanded to Lewis County. Essential and Cascade plans will exit Chelan, Clark, Cowlitz, Douglas, Klickitat, Skagit, Skamania, Wahkiakum, and Whatcom counties. All plans will only be actively sold in the WA Marketplace.

**Scope and range of the rate increase:**

LifeWise is in 33 counties in 2025 and has 24,913 individual members on metallic plans as of March 2025.

The 2026 average rate increase is 14.4%, but due to the cost share, administrative expenses changes, and network factor changes between 2025 and 2026, the rate change by plan varies from -12.4% to 32.9%.

The rate change is mainly due to increased medical and pharmacy costs and utilization, demographic shifts, benefit design changes, and change of the anticipated risk adjustment transfer dollars.

**Changes in benefits:**

Cost-sharing component (deductible, copays, coinsurance, out of pocket max, etc.) changes were made to renewing plans in order to meet the metallic actuarial value (AV) requirements. These types of changes are needed as cost and utilization of health care continue to change every year. In 2026, the LifeWise Essential Silver plan is increasing the deductible; decreasing the out-of-pocket maximum; and increasing the Specialist, Mental Health, and Urgent care copay. For the Cascade plans, the gold deductible is increasing by \$400, the Cascade Silver and Bronze PCP and mental health office visit copay is decreasing \$10, and the bronze specialist will no longer be subject to deductible. Please see the public rate filing's Uniform Product Modification Justification form for additional information and plan specific cost-sharing changes.

**Changes in Medical Service Costs:**

For LifeWise's individual metallic business, the cost of medical and pharmacy services is increasing 4.4% annually with an additional increase in utilization of services of 2.7% per annum.

**Administrative costs and anticipated profits:**

LifeWise is committed to using its members' rate dollar responsibly and consistently paying out a high percentage of the members' rate dollar on medical claims. LifeWise expects the Medical Loss Ratio (MLR) to be 92.1%, which exceeds the ACA's required MLR for this line of business in 2026.

ACA related taxes and fees, including fees paid toward Washington Healthplanfinder, account for 2.9% of the rate dollar in 2026.

The other administrative cost (Administrative Expense Load) accounts for 10.4%, which is lower than the prior year's 10.8%.

**Commercial reinsurance agreements:**

LifeWise has a commercial reinsurance agreement to cover 40% of claims above an attachment point of \$3.5 million per member per year. The projected charge of such agreement is \$0.69 per member per month in 2026.

**Financial experience of the product:**

LifeWise uses restated data which differs from the reported annual statement. The following is the financial performance for 2022, 2023, and 2024 for this line of business.

	2024	2023	2022
Member Months	322,785	301,135	350,826
Earned Premium	\$200,263,450	\$182,042,281	\$192,170,043
Paid Claims	\$154,787,882	\$128,906,626	\$177,980,955
Beginning Claim Reserve	\$13,910,478	\$9,948,378	\$28,644,613
Ending Claim Reserve	\$14,901,243	\$13,910,478	\$9,948,378
Incurred Claims	\$155,778,648	\$132,868,726	\$159,284,719
Expenses	\$27,545,151	\$25,836,426	\$27,461,628
Commercial Reinsurance	\$ 0	\$ 0	\$ 0
Risk Adjustment	-\$13,167,801	-\$20,387,398	-\$16,812,243
High Cost Risk Pool Reinsurance	\$548,739	\$208,933	\$102,603
High Cost Risk Pool Assessment	-\$740,093	-\$656,450	-\$701,512
Gain/Loss	\$3,580,495	\$2,502,214	-\$11,987,457
MLR Rebates	\$ 0	\$ 0	\$ 0

Based on the rate increase in this filing, LifeWise expects to earn -2.7% operating income in 2026.

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Unified Rate Review v6.0

Company Legal Name: LifeWise Health Plan of Washington

HIOS Issuer ID: 38498

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

State: WA

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	\$195,916,805.92	\$606.96
Reinsurance	\$0.00	\$0.00
Incurred Claims in Experience Period	\$155,778,647.79	\$482.61
Risk Adjustment	-\$13,359,155.39	-\$41.39
Experience Period Premium	\$200,263,449.72	\$620.42
Experience Period Member Months	322,785	

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	\$99.50	1.037	1.029	1.037	1.029	\$113.32
Outpatient Hospital	\$171.98	1.037	1.029	1.037	1.029	\$195.86
Professional	\$207.59	1.037	1.029	1.037	1.029	\$236.42
Other Medical	\$21.98	1.037	1.029	1.037	1.029	\$25.03
Capitation	\$0.00	1.037	1.029	1.037	1.029	\$0.00
Prescription Drug	\$105.91	1.076	1.015	1.076	1.015	\$126.33
Total	\$606.96					\$696.95

Morbidity Adjustment	1.000
Demographic Shift	1.030
Plan Design Changes	1.000
Other	1.149
Adjusted Trended EHB Allowed Claims PMPM for 1/1/2026	\$824.77

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

Projected Period Totals

Projected Index Rate for 1/1/2026	\$824.77	\$238,830,298.44
Reinsurance	\$0.00	\$0.00
Risk Adjustment Payment/Charge	-\$34.63	-\$10,027,878.36
Exchange User Fees	0.79%	\$1,981,634.51
Market Adjusted Index Rate	\$866.24	\$250,839,811.31

Projected Member Months	289,572
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Information Not Releasable to the Public Unless Authorized by Law:

This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

Product-Plan Data Collection

Company Legal Name: LifeWise Health Plan of Washington  
 HIOS Issuer ID: 38498 State: WA  
 Effective Date of Rate Change(s): 1/1/2026 Market: Individual

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

Product/Plan Level Calculations

Field # Section I: General Product and Plan Information

Field #	Section I: General Product and Plan Information	Essential PCP EPO											
1.1	Product Name	38498WA0320002											
1.2	Product ID	38498WA0320002											
1.3	Plan Name	LifeWise											
1.4	Plan ID (Standard Component ID)	38498WA0320001	38498WA0320003	38498WA0320004	38498WA0320005	38498WA0320010	38498WA0320011	38498WA0320012	38498WA0320013	38498WA0320014	38498WA0320015	38498WA0320016	38498WA0320017
1.5	Metal	Gold	Bronze	Silver	Bronze	Gold	Silver	Bronze	Gold	Silver	Bronze	Gold	Gold
1.6	AV Metal Value	0.794	0.630	0.719	0.644	0.818	0.718	0.650	0.818	0.718	0.650	0.793	0.793
1.7	Plan Category	Renewing	Renewing	Renewing	Terminated	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	New	New
1.8	Plan Type	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
1.9	Exchange Plan?	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
1.10	Effective Date of Proposed Rates	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026
1.11	Cumulative Rate Change % (over 12 mos prior)	-4.88%	16.31%	27.32%	0.00%	-7.32%	32.50%	13.25%	-12.38%	24.67%	6.75%	0.00%	0.00%
1.12	Product Rate Increase %	14.74%											
1.13	Submission Level Rate Increase %	14.74%											

Worksheet 1 Totals Section II: Experience Period and Current Plan Level Information

Worksheet 1 Totals	Section II: Experience Period and Current Plan Level Information	Total	38498WA0320001	38498WA0320003	38498WA0320004	38498WA0320005	38498WA0320010	38498WA0320011	38498WA0320012	38498WA0320013	38498WA0320014	38498WA0320015	38498WA0320016	38498WA0320017
\$195,916,806	2.1 Plan ID (Standard Component ID)	\$195,916,806	\$16,587,556	\$27,339,873	\$18,496,242	\$17,588,611	\$18,200,014	\$21,697,368	\$17,715,581	\$10,699,706	\$34,410,835	\$13,181,020	\$0	\$0
\$0	2.2 Allowed Claims	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$40,138,158	2.4 Member Cost Sharing	\$40,138,158	\$2,778,776	\$7,847,909	\$2,602,836	\$4,584,058	\$1,623,097	\$3,148,125	\$5,256,447	\$1,289,896	\$5,340,161	\$5,670,898	\$0	\$0
\$0	2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$155,778,648	2.6 Incurred Claims	\$155,778,648	\$13,808,780	\$19,491,914	\$15,893,407	\$13,004,553	\$16,576,917	\$18,549,243	\$12,499,134	\$9,411,812	\$29,070,674	\$7,510,214	\$0	\$0
\$-13,359,155	2.7 Risk Adjustment Transfer Amount	\$-13,359,155	\$4,871,739	\$5,587,950	\$2,941,852	\$4,244,399	\$4,758,318	\$2,035,229	\$3,381,668	\$2,739,115	\$6,269,968	\$-11,221,423	\$0	\$0
\$200,263,450	2.8 Premium	\$200,263,450	\$10,963,057	\$31,637,239	\$14,792,874	\$18,026,378	\$9,737,989	\$18,500,745	\$19,743,420	\$7,421,483	\$46,138,724	\$24,335,540	\$0	\$0
322,785	2.9 Experience Period Member Months	322,785	12,804	52,758	17,423	30,126	10,674	24,631	34,389	10,531	76,282	53,167	0	0
24,913	2.10 Current Enrollment	24,913	840	4,078	934	0	823	2,164	3,738	878	5,452	6,006	0	0
\$658.17	2.11 Current Premium PMPM	\$658.17	\$910.39	\$697.75	\$919.91	\$0.00	\$884.22	\$822.15	\$629.16	\$753.31	\$653.55	\$514.35	\$0.00	\$0.00
83.37%	2.12 Loss Ratio	83.37%	87.21%	79.88%	89.62%	84.38%	122.83%	89.83%	76.13%	92.63%	72.92%	57.34%	#DIV/0!	#DIV/0!
Per Member Per Month														
2.13 Allowed Claims	\$606.96	\$1,295.50	\$518.21	\$1,061.60	\$983.83	\$1,705.08	\$880.90	\$515.15	\$1,016.02	\$453.10	\$247.92	#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	#DIV/0!	#DIV/0!
2.15 Member Cost Sharing	\$124.35	\$217.01	\$148.75	\$149.39	\$152.16	\$152.06	\$127.81	\$152.85	\$122.11	\$70.01	\$106.46	#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	#DIV/0!	#DIV/0!
2.17 Incurred Claims	\$482.61	\$1,078.47	\$369.46	\$912.21	\$431.67	\$1,553.02	\$753.09	\$362.30	\$893.91	\$381.09	\$141.26	#DIV/0!	#DIV/0!	#DIV/0!
2.18 Risk Adjustment Transfer Amount	\$-41.39	\$380.49	\$-105.92	\$168.85	\$-140.89	\$445.79	\$82.63	\$-98.34	\$260.10	\$-82.19	\$-211.06	#DIV/0!	#DIV/0!	#DIV/0!
2.19 Premium	\$620.42	\$856.22	\$599.29	\$849.04	\$598.37	\$818.62	\$751.12	\$574.12	\$704.92	\$604.84	\$457.42	#DIV/0!	#DIV/0!	#DIV/0!

Section III: Plan Adjustment Factors

3.1 Plan ID (Standard Component ID)	38498WA0320001	38498WA0320003	38498WA0320004	38498WA0320005	38498WA0320010	38498WA0320011	38498WA0320012	38498WA0320013	38498WA0320014	38498WA0320015	38498WA0320016	38498WA0320017
3.2 Market Adjusted Index Rate	586.24											
3.3 AV and Cost Sharing Design of Plan	0.7929	0.5947	0.9946	0.0000	0.8775	1.0009	0.6119	0.8772	1.0603	0.6116	0.8321	0.8318
3.4 Provider Network Adjustment	1.1680	1.1680	1.1680	0.0000	1.1680	1.1680	1.1680	0.8770	0.8770	0.8770	1.1680	0.8770
3.5 Benefits in Addition to EHB	1.0011	1.0015	1.0009	0.0000	1.0010	1.0009	1.0014	1.0014	1.0011	1.0019	1.0011	1.0014
Administrative Costs												
3.6 Administrative Expense	8.55%	11.08%	6.94%	0.00%	7.79%	6.53%	10.80%	10.11%	8.52%	13.88%	8.18%	10.60%
3.7 Taxes and Fees	2.17%	2.20%	2.15%	0.00%	2.16%	2.15%	2.19%	2.19%	2.17%	2.23%	2.17%	2.19%
3.8 Profit & Risk Load	-2.67%	-2.67%	-2.67%	0.00%	-2.67%	-2.67%	-2.67%	-2.67%	-2.67%	-2.67%	-2.67%	-2.67%
3.9 Catastrophic Adjustment	1.0000	1.0000	1.0000	0.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate	\$873.43	\$674.13	\$1,076.31	\$0.00	\$958.50	\$1,142.62	\$691.31	\$738.45	\$676.70	\$537.79	\$912.94	\$704.05

3.11 Age Calibration Factor	0.5729	0.5729											
3.12 Geographic Calibration Factor	1.0098	1.0098											
3.13 Tobacco Calibration Factor	1.0000	1.0000											
3.14 Calibrated Plan Adjusted Index Rate		\$505.29	\$389.99	\$622.66	\$0.00	\$554.50	\$661.02	\$399.93	\$427.20	\$507.19	\$311.12	\$538.15	\$407.30

Section IV: Projected Plan Level Information

4.1 Plan ID (Standard Component ID)	Total	38498WA0320001	38498WA0320003	38498WA0320004	38498WA0320005	38498WA0320010	38498WA0320011	38498WA0320012	38498WA0320014	38498WA0320015	38498WA0320016	38498WA0320017	
4.2 Allowed Claims	\$217,412,772	\$6,534,785	\$24,896,124	\$3,082,520	\$0	\$9,187,952	\$10,963,068	\$34,702,144	\$7,030,700	\$32,027,504	\$48,478,975	\$18,946,917	\$21,561,603
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$38,853,866	\$758,345	\$6,298,369	\$535,571	\$0	\$746,169	\$1,586,282	\$8,231,948	\$570,975	\$4,634,163	\$11,500,051	\$1,867,161	\$2,124,831
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$178,558,406	\$5,776,420	\$18,597,755	\$2,546,949	\$0	\$6,441,783	\$9,376,785	\$26,470,190	\$6,459,725	\$27,393,340	\$36,978,924	\$17,079,756	\$19,436,772
4.7 Risk Adjustment Transfer Amount	\$-7,497,138	\$-242,146	\$-781,348	\$-106,623	\$0	\$-335,650	\$-392,413	\$-1,111,816	\$-271,158	\$-1,148,262	\$-3,527,685	\$-715,795	\$-816,251
4.8 Premium	\$208,156,561	\$6,587,391	\$21,864,684	\$2,850,079	\$0	\$9,540,874	\$10,443,562	\$31,011,643	\$7,505,611	\$31,228,148	\$45,014,241	\$19,393,481	\$22,716,847
4.9 Projected Member Months	289,572	7,542	32,434	2,648	0	9,954	9,140	44,859	10,164	35,620	83,702	21,243	34,268
4.10 Loss Ratio	88.99%	91.04%	88.21%	92.84%	#DIV/0!	91.89%	93.29%	88.53%	88.29%	91.07%	85.09%	91.44%	88.75%
Per Member Per Month													
4.11 Allowed Claims	\$750.81	\$866.45	\$767.59	\$1,164.09	#DIV/0!	\$923.04	\$1,199.46	\$773.58	\$691.73	\$899.14	\$579.19	\$891.91	\$668.25
4.12 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.13 Member Cost Sharing	\$136.18	\$100.55	\$104.19	\$202.26	#DIV/0!	\$74.86	\$172.55	\$189.51	\$56.18	\$130.10	\$177.39	\$87.90	\$66.86
4.14 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.15 Incurred Claims	\$616.63	\$765.90	\$573.40	\$961.84	#DIV/0!	\$848.08	\$1,025.91	\$990.08	\$635.55	\$769.04	\$441.79	\$804.02	\$602.39
4.16 Risk Adjustment Transfer Amount	\$-25.89	\$-32.11	\$-24.09	\$-40.27	#DIV/0!	\$-35.53	\$-42.93	\$-24.78	\$-26.68	\$-32.24	\$-18.61	\$-33.69	\$-25.30
4.17 Premium	\$718.84	\$873.43	\$674.13	\$1,076.31	#DIV/0!	\$958.50	\$1,142.62	\$691.31	\$738.45	\$676.70	\$537.79	\$912.94	\$704.05

## Rating Area Data Collection

Rating Area	Rating Factor
Rating Area 1	1.0000
Rating Area 2	1.0242
Rating Area 3	1.0358
Rating Area 4	0.9580
Rating Area 5	1.0402
Rating Area 6	0.9895
Rating Area 7	1.0005
Rating Area 8	0.9667
Rating Area 9	1.0253

<b>State:</b>	Washington	<b>Filing Company:</b>	LifeWise Health Plan of Washington
<b>TOI/Sub-TOI:</b>	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
<b>Product Name:</b>	2026 Nongrandfathered Individual rate filing LWWA		
<b>Project Name/Number:</b>	/		

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Written Description Justifying the Rate Increase
<b>Comments:</b>	Part II is loaded on the URRT Tab
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Part III Rate Filing Documentation and Actuarial Memorandum Appendix
<b>Comments:</b>	
<b>Attachment(s):</b>	LWWA Ind 2026 WA Exhibits DUPLICATE.xlsx LWWA Ind 2026 WA Exhibits.pdf LWWA Ind 2026 Part III Appendix DUPLICATE.xlsx LWWA Ind 2026 Part III Appendix.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	WAC 284-43-6660
<b>Comments:</b>	
<b>Attachment(s):</b>	LWWA Ind 2026 WAC 284-43-6660.pdf LWWA Ind 2026 WAC 284-43-6660 DUPLICATE.xlsx LWWA Ind 2026 Summary of Pooled Experience with Adjustments.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	AV Calculator Screenshots and Unique Plan Design Justification
<b>Comments:</b>	
<b>Attachment(s):</b>	LWWA Ind 2026 AV Calculator Screenshots Cascade.pdf LWWA Ind 2026 AV Calculator Screenshots Non-Cascade.pdf 2026 Unique Plan Design Supporting Documentation and Justification Cascade.pdf Unique Plan Design Supporting Documentation and Justification Non-Cascade.pdf Cascade Actuarial Value Certification.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Mental Health Parity
<b>Comments:</b>	

<b>SERFF Tracking #:</b>	PBCC-134527981	<b>State Tracking #:</b>	484679	<b>Company Tracking #:</b>	2026 NONGRANDFATHERED INDIVIDUAL LWWA
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<b>State:</b>	Washington	<b>Filing Company:</b>	LifeWise Health Plan of Washington
<b>TOI/Sub-TOI:</b>	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
<b>Product Name:</b>	2026 Nongrandfathered Individual rate filing LWWA		
<b>Project Name/Number:</b>	/		

<b>Attachment(s):</b>	LWWA Ind 2026 MHSUD Parity Calculations DUPLICATE.xlsm LWWA Ind 2026 MHSUD Parity Calculations.pdf LWWA Ind 2026 Mental Health Parity Certification.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Checklists
<b>Comments:</b>	
<b>Attachment(s):</b>	LWWA Ind 2026 Checklist.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Benefit Components
<b>Comments:</b>	
<b>Attachment(s):</b>	LWWA Ind 2026 Benefit Components.pdf LWWA Ind 2026 Benefit Components DUPLICATE.xlsm
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Compensation Schedule
<b>Comments:</b>	
<b>Attachment(s):</b>	LifeWise Compensation Table 2026.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	1332 waiver reporting
<b>Comments:</b>	
<b>Attachment(s):</b>	LWWA 2026 1332 Waiver Checklist.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Uniform Product Modification Justification
<b>Comments:</b>	
<b>Attachment(s):</b>	LWWA Ind 2026 Uniform Product Modification Justification.pdf LWWA Ind 2026 Uniform Product Modification Justification DUPLICATE.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Rating Documents for Extended ARPA Subsidies
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State:

Washington

Filing Company:

LifeWise Health Plan of Washington

TOI/Sub-TOI:

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

Product Name:

2026 Nongrandfathered Individual rate filing LWWA

Project Name/Number:

/

Comments:	
Attachment(s):	LWWA Ind 2026 Rate Schedule with ARPA extension DUPLICATE.xlsx LWWA Ind 2026 Rate Schedule with ARPA extension.pdf LWWA Ind 2026 Part I Unified Rate Review Template with ARPA extension DUPLICATE.xlsm LWWA Ind 2026 Part I Unified Rate Review Template with ARPA extension.pdf Part III Rate Filing Documentation and Actuarial Memorandum with ARPA extension.pdf
Item Status:	
Status Date:	

WA Exhibit 1: Experience Data

Carrier Name:	LifeWise Health Plan of Washington
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

2024 CLAIMS BUILD-UP, TOTAL								2024 ULTIMATE ALLOWED CLAIMS, TOTAL										
Incurring Month yyymm	Member Months	Incurring & Paid Claims	IBNP for Incurring Claims	Ultimate Incurring Claims	Allowed Claims (without IBNP)	IBNP for Allowed Claims	Ultimate Allowed Claims	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)
202401	25,686	\$10,660,750	\$15,519	\$10,676,269	\$15,752,757	\$21,438	\$15,774,196	\$3,275,183	\$4,047,524	\$5,231,052	\$580,207	\$0	\$4,037,351	(\$1,397,122)	\$0	\$15,774,196	\$15,774,196	\$0
202402	26,920	\$12,092,306	\$16,931	\$12,109,237	\$16,149,586	\$21,956	\$16,171,542	\$2,994,016	\$4,655,016	\$5,412,954	\$362,435	\$0	\$4,210,204	(\$1,463,083)	\$0	\$16,171,542	\$16,171,542	\$0
202403	26,967	\$12,591,925	\$32,128	\$12,624,054	\$16,413,731	\$41,577	\$16,455,308	\$2,775,390	\$4,594,219	\$5,712,345	\$722,400	\$0	\$4,116,421	(\$1,465,467)	\$0	\$16,455,308	\$16,455,308	\$0
202404	27,049	\$12,352,224	\$51,189	\$12,403,412	\$15,952,840	\$66,399	\$16,019,240	\$2,428,107	\$4,536,834	\$5,617,952	\$679,104	\$0	\$4,226,906	(\$1,469,662)	\$0	\$16,019,240	\$16,019,240	\$0
202405	27,140	\$15,429,170	\$99,820	\$15,528,991	\$18,940,752	\$122,886	\$19,063,638	\$3,981,986	\$5,076,260	\$6,151,958	\$721,234	\$0	\$4,606,952	(\$1,474,752)	\$0	\$19,063,638	\$19,063,638	\$0
202406	27,137	\$12,000,705	\$88,058	\$12,088,763	\$14,849,931	\$109,091	\$14,959,023	\$2,452,978	\$4,165,750	\$5,383,470	\$586,512	\$0	\$3,844,632	(\$1,474,319)	\$0	\$14,959,023	\$14,959,023	\$0
202407	27,148	\$12,492,351	\$114,842	\$12,607,192	\$15,495,325	\$143,544	\$15,638,869	\$2,209,250	\$4,324,490	\$5,513,183	\$568,399	\$0	\$4,498,292	(\$1,474,745)	\$0	\$15,638,869	\$15,638,869	\$0
202408	27,132	\$12,610,849	\$186,335	\$12,797,183	\$15,524,818	\$231,132	\$15,755,950	\$2,446,737	\$4,320,922	\$5,482,610	\$517,045	\$0	\$4,462,422	(\$1,473,786)	\$0	\$15,755,950	\$15,755,950	\$0
202409	27,175	\$12,560,584	\$214,054	\$12,774,638	\$15,226,131	\$260,853	\$15,486,984	\$1,788,493	\$4,699,204	\$5,569,374	\$661,034	\$0	\$4,244,679	(\$1,475,800)	\$0	\$15,486,984	\$15,486,984	\$0
202410	27,090	\$14,821,937	\$420,594	\$15,242,532	\$17,937,943	\$512,995	\$18,450,938	\$2,765,350	\$5,167,848	\$6,428,709	\$698,253	\$0	\$4,861,843	(\$1,471,065)	\$0	\$18,450,938	\$18,450,938	\$0
202411	26,998	\$12,269,626	\$554,446	\$12,824,072	\$14,669,966	\$665,037	\$15,335,003	\$2,279,703	\$4,740,508	\$5,186,229	\$553,611	\$0	\$4,040,992	(\$1,466,039)	\$0	\$15,335,003	\$15,335,003	\$0
202412	26,343	\$13,249,006	\$853,298	\$14,102,304	\$15,782,283	\$1,023,832	\$16,806,115	\$2,720,273	\$5,183,147	\$5,317,604	\$443,053	\$0	\$4,572,690	(\$1,430,651)	\$0	\$16,806,115	\$16,806,115	\$0
CY2024	322,785	\$153,131,434	\$2,647,214	\$155,778,648	\$192,696,065	\$3,220,741	\$195,916,806	\$32,117,465	\$55,511,720	\$67,007,441	\$7,093,287	\$0	\$51,723,384	(\$17,536,492)	\$0	\$195,916,806	\$195,916,806	\$0

2024 CLAIMS BUILD-UP, MPPM								2024 ULTIMATE ALLOWED CLAIMS, MPPM										
Incurring Month yyymm	Member Months	Incurring & Paid Claims	IBNP for Incurring Claims	Ultimate Incurring Claims	Allowed Claims (without IBNP)	IBNP for Allowed Claims	Ultimate Allowed Claims	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)
202401		\$415.04	\$0.60	\$415.65	\$613.28	\$0.83	\$614.12	\$127.51	\$157.58	\$203.65	\$22.59	\$0.00	\$157.18	(\$54.39)	\$0.00	\$614.12	\$614.12	\$0.00
202402		\$449.19	\$0.63	\$449.82	\$599.91	\$0.82	\$600.73	\$111.22	\$172.92	\$201.08	\$13.46	\$0.00	\$156.40	(\$54.35)	\$0.00	\$600.73	\$600.73	\$0.00
202403		\$466.94	\$1.19	\$468.13	\$608.66	\$1.54	\$610.20	\$102.92	\$170.36	\$211.83	\$26.79	\$0.00	\$152.65	(\$54.34)	\$0.00	\$610.20	\$610.20	\$0.00
202404		\$456.66	\$1.89	\$458.55	\$589.78	\$2.45	\$592.23	\$89.77	\$167.73	\$207.70	\$25.11	\$0.00	\$156.27	(\$54.33)	\$0.00	\$592.23	\$592.23	\$0.00
202405		\$568.50	\$3.68	\$572.18	\$697.89	\$4.53	\$702.42	\$146.72	\$187.04	\$226.67	\$26.57	\$0.00	\$169.75	(\$54.34)	\$0.00	\$702.42	\$702.42	\$0.00
202406		\$442.23	\$3.24	\$445.47	\$547.22	\$4.02	\$551.24	\$90.39	\$153.51	\$198.38	\$21.61	\$0.00	\$141.67	(\$54.33)	\$0.00	\$551.24	\$551.24	\$0.00
202407		\$460.16	\$4.23	\$464.39	\$570.77	\$5.29	\$576.06	\$81.38	\$159.29	\$203.08	\$20.94	\$0.00	\$165.70	(\$54.32)	\$0.00	\$576.06	\$576.06	\$0.00
202408		\$464.80	\$6.87	\$471.66	\$572.20	\$8.52	\$580.71	\$90.18	\$159.26	\$202.07	\$19.06	\$0.00	\$164.47	(\$54.32)	\$0.00	\$580.71	\$580.71	\$0.00
202409		\$462.21	\$7.88	\$470.09	\$560.30	\$9.60	\$569.90	\$65.81	\$172.92	\$204.94	\$24.33	\$0.00	\$156.20	(\$54.31)	\$0.00	\$569.90	\$569.90	\$0.00
202410		\$547.14	\$15.53	\$562.66	\$662.16	\$18.94	\$681.10	\$102.08	\$190.77	\$237.31	\$25.78	\$0.00	\$179.47	(\$54.30)	\$0.00	\$681.10	\$681.10	\$0.00
202411		\$454.46	\$20.54	\$475.00	\$543.37	\$24.63	\$568.01	\$84.44	\$175.59	\$192.10	\$20.51	\$0.00	\$149.68	(\$54.30)	\$0.00	\$568.01	\$568.01	\$0.00
202412		\$502.94	\$32.39	\$535.33	\$599.11	\$38.87	\$637.97	\$103.26	\$196.76	\$201.86	\$16.82	\$0.00	\$173.58	(\$54.31)	\$0.00	\$637.97	\$637.97	\$0.00
CY2024		\$474.41	\$8.20	\$482.61	\$596.98	\$9.98	\$606.96	\$99.50	\$171.98	\$207.59	\$21.98	\$0.00	\$160.24	(\$54.33)	\$0.00	\$606.96	\$606.96	\$0.00

Comments

WA Exhibit 2: Overall Actual to Expected Experience Reporting and Analysis

Carrier Name:	LifeWise Health Plan of Washington
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

Actual-to-Expected Experience

Line Item	Description	2024, TOTAL				2024, PMPM			2024, % of PREMIUM		
		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)	322,785	325,962	-1.0%							
b	Premium	\$200,263,450	\$214,472,419	-6.6%		\$620.42	\$657.97	-5.7%			
c	Allowed Claims	\$195,916,806	\$212,481,589	-7.8%		\$606.96	\$651.86	-6.9%	97.8%	99.1%	-1.2%
d	Incurred Claims	\$155,778,648	\$164,788,237	-5.5%		\$482.61	\$505.54	-4.5%	77.8%	76.8%	1.0%
e	Cost Sharing Reduction (CSR) Amounts	\$4,480,517	\$3,297,589	35.9%		\$13.88	\$10.12	37.2%	2.2%	1.5%	0.7%
f	Risk Adjustment Transfer Amounts	(\$13,359,155)	(\$14,552,391)	-8.2%		(\$41.39)	(\$44.64)	-7.3%	-6.7%	-6.8%	0.1%
g	Administrative Expense	\$22,407,878	\$24,333,988	-7.9%		\$69.42	\$74.65	-7.0%	11.2%	11.3%	-0.2%
h	Taxes and Fees	\$5,137,273	\$5,743,775	-10.6%		\$15.92	\$17.62	-9.7%	2.6%	2.7%	-0.1%
i	Profit Margin (a.k.a. Profit & Risk Load)	\$3,580,495	\$5,054,028	-29.2%		\$11.09	\$15.50	-28.5%	1.8%	2.4%	-0.6%
j	Paid-to-Allowed Ratios	79.5%	77.6%	2.5%	2.0%						

Profit Reconciliation

Calculate profit using PMPMs from the table above  
Difference (should be close to \$0)

\$11.09	\$15.50
(\$0.00)	(\$0.00)

Loss Ratios

Simple Loss Ratio (=Incurred Claims / Premium)  
Indicated Rate Change Required, if only based on A:E simple loss ratio

77.8%	76.8%	1.0%
1.2%		

Risk Adjusted Loss Ratio (=Incurred Claims / (Premium + Risk Adjustment Transfer))  
Indicated Rate Change Required, if only based on A:E risk adjusted loss ratio

83.3%	82.4%	0.9%
1.1%		

Comments

Line Item	Comments
a	The actual membership was similar to projected.
b-e	Actual experience PMPM's were lower than projected. This is primarily driven by a larger percentage of membership being on Cascade Select plans. These plans have lower premiums as well as lower provider contracted reimbursement rates.
f	The Risk Adjustment Transfer Amounts PMPMs were higher than projected due to a riskier membership population. We were still a payer, but we were a smaller payer.
g	The administrative expenses PMPM were lower than projected. This is due to a mix of fixed and variable admin expenses.
h	Taxes and fees were lower than projected, mainly driven by lower premiums.
i	The profit margin was lower than projected, primarily due to the decrease in premiums outpacing the decrease in claims.
j	The actual vs projected paid-to-allowed ratios are similar. The variance is due to the above observations.
	The variance in actual vs projected experience is mostly tied to the change in membership distribution by plan. Our model already includes our most up to date assumptions on membership distribution. We have not made further adjustments.

### WA Exhibit 3: Essential Health Benefit (EHB) Trend Reporting and Analysis by Benefit Category, Frequency and Unit Cost

Carrier Name:	LifeWise Health Plan 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	186.52	\$6,119.84	\$95.12
Outpatient Hospital	Services	942.69	\$2,199.64	\$172.80
Professional	Services	19,685.93	\$118.50	\$194.40
Prescription Drug	Days Filled	13,526.12	\$90.50	\$102.01
Total				\$564.33

##### EXPERIENCE -- 2023

URRT w1 Benefit Category	Frequency Units	Units per 1,000	Unit Cost	EHB Cost PMPM
Inpatient Hospital	Days	149.70	\$6,246.36	\$77.92
Outpatient Hospital	Services	860.05	\$2,401.61	\$172.13
Professional	Services	18,581.40	\$125.64	\$194.55
Prescription Drug	Days Filled	12,495.77	\$100.62	\$104.78
Total				\$549.38

##### EXPERIENCE -- 2024

URRT w1 Benefit Category	Frequency Units	Units per 1,000	Unit Cost	EHB Cost PMPM
Inpatient Hospital	Days	172.68	\$6,914.55	\$99.50
Outpatient Hospital	Services	822.51	\$2,509.06	\$171.98
Professional	Services	19,562.14	\$127.34	\$207.59
Prescription Drug	Days Filled	12,076.78	\$105.24	\$105.91
Total				\$584.98

##### PROJECTED (i.e., EXPECTED) -- 2026

URRT w1 Benefit Category	Frequency Units	Units per 1,000	Unit Cost	EHB Cost PMPM
Inpatient Hospital	Days	182.84	\$7,437.13	\$113.32
Outpatient Hospital	Services	870.91	\$2,698.68	\$195.86
Professional	Services	20,713.20	\$136.97	\$236.42
Prescription Drug	Days Filled	12,441.80	\$121.84	\$126.33
Total				\$671.92

#### Comments

Experience utilization and trends are from our actual experience.

The projected Utilization trends are based on expected differences in number of services per 1,000 members.

The projected Unit Cost trends are based on provider contract changes estimated by Premera's Health Care Economics department.

When determining the projected trend we did not break out Service Mix / Intensity from Reimbursement and assumed 100% of unit cost is from Reimbursement. We will revisit this assumption in future years.

#### 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	-18.08%	-19.74%	2.07%	-3.13%	5.37%	2.07%	TRUE
Outpatient Hospital	-0.39%	-8.77%	9.18%	4.39%	4.59%	9.18%	TRUE
Professional	0.08%	-5.61%	6.03%	3.66%	2.29%	6.03%	TRUE
Prescription Drug	2.71%	-7.62%	11.18%	-0.29%	11.50%	11.18%	TRUE
Total	-2.650%						

##### EXPERIENCE TREND -- 2023 to 2024

Service	Total EHB Cost	Utilization	Unit Cost	Unit Cost Components			
				Service Mix / Intensity	Reimbursement	Unit Cost	Check
Inpatient Hospital	27.69%	15.35%	10.70%	4.59%	5.84%	10.70%	TRUE
Outpatient Hospital	-0.09%	-4.37%	4.47%	-0.70%	5.21%	4.47%	TRUE
Professional	6.70%	5.28%	1.35%	-1.04%	2.42%	1.35%	TRUE
Prescription Drug	1.08%	-3.35%	4.59%	-2.80%	7.60%	4.59%	TRUE
Total	6.481%						

##### 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	6.72%	2.90%	3.71%	0.00%	3.71%	3.71%	TRUE
Outpatient Hospital	6.72%	2.90%	3.71%	0.00%	3.71%	3.71%	TRUE
Professional	6.72%	2.90%	3.71%	0.00%	3.71%	3.71%	TRUE
Prescription Drug	9.21%	1.50%	7.60%	0.00%	7.60%	7.60%	TRUE
Total	7.174%						

WA Exhibit 4: Normalized Allowed Claims Analysis

Carrier Name:	LifeWise Health Plan 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 IBNP estimates)	Ultimate Allowed Claims	One-Time Adjustment for High Claims (Non-Predictive Claims)	One-Time Adjustment for HCRP Receipts	Non-EHB Allowed Claims	Predictive Ultimate Allowed EHB Claims	Predictive Ultimate Allowed EHB Claims PMPM	Allowable Rating Adjustments					Accumulated Adjustments	Allowable Rating Adjustment Normalization Factor	Normalized Allowed Claims PMPM (to Experience Period)	Unadjusted 12-Month Rolling Allowed Claims Trend	Normalized 12-Month Rolling Allowed Claims Trend
										Morbidity Adjustment	Demographic Shift	Plan Design Changes	Other Adjustments	Combined Adjustment					
202201	30,965	\$16,570,363	1.0000	\$16,570,363	-	\$15,300	-	\$16,555,063	\$545.20	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8948	\$487.82		
202202	30,713	\$15,771,088	1.0000	\$15,771,088	-	\$7,597	-	\$15,763,491	\$513.25	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8948	\$459.24		
202203	30,368	\$17,845,408	1.0000	\$17,845,408	-	\$8,572	-	\$17,836,836	\$587.36	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8948	\$525.54		
202204	30,008	\$16,809,442	1.0000	\$16,809,442	-	\$7,329	-	\$16,802,113	\$559.92	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8948	\$500.99		
202205	29,696	\$17,523,376	1.0000	\$17,523,376	-	\$7,958	-	\$17,515,418	\$589.82	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8948	\$527.75		
202206	29,417	\$16,589,239	1.0000	\$16,589,239	-	\$7,447	-	\$16,581,792	\$563.68	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8948	\$504.36		
202207	29,198	\$15,572,460	1.0000	\$15,572,460	-	\$7,389	-	\$15,565,071	\$533.09	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8948	\$476.98		
202208	28,883	\$17,283,482	1.0000	\$17,283,482	-	\$7,118	-	\$17,276,364	\$598.15	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8948	\$535.20		
202209	28,633	\$17,356,689	1.0000	\$17,356,689	-	\$9,457	-	\$17,347,232	\$605.85	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8948	\$542.09		
202210	28,294	\$16,982,390	1.0000	\$16,982,392	-	\$8,106	-	\$16,974,286	\$599.93	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8948	\$536.79		
202211	27,966	\$18,747,665	1.0000	\$18,747,666	-	\$8,129	-	\$18,739,538	\$670.08	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8948	\$599.56		
202212	27,285	\$16,527,828	1.0000	\$16,527,829	-	\$8,200	-	\$16,519,629	\$605.45	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8948	\$541.73		
202301	25,404	\$13,390,810	1.0000	\$13,390,811	-	\$12,073	-	\$13,378,738	\$526.64	1.0000	0.9560	1.0000	0.9760	0.9331	0.9331	0.9590	\$505.02		
202302	25,673	\$12,662,572	1.0000	\$12,662,601	-	\$10,641	-	\$12,651,961	\$492.81	1.0000	0.9560	1.0000	0.9760	0.9331	0.9331	0.9590	\$472.58		
202303	25,427	\$15,979,445	1.0000	\$15,979,476	-	\$9,732	-	\$15,969,744	\$628.06	1.0000	0.9560	1.0000	0.9760	0.9331	0.9331	0.9590	\$602.28		
202304	25,158	\$13,439,014	1.0000	\$13,439,040	-	\$12,187	-	\$13,426,854	\$533.70	1.0000	0.9560	1.0000	0.9760	0.9331	0.9331	0.9590	\$511.80		
202305	25,006	\$14,621,496	1.0000	\$14,621,525	-	\$10,111	-	\$14,611,414	\$584.32	1.0000	0.9560	1.0000	0.9760	0.9331	0.9331	0.9590	\$560.33		
202306	24,956	\$12,557,698	1.0000	\$12,558,245	-	\$11,381	-	\$12,546,864	\$502.76	1.0000	0.9560	1.0000	0.9760	0.9331	0.9331	0.9590	\$482.12		
202307	24,977	\$12,820,813	0.9997	\$12,824,965	-	\$9,734	-	\$12,815,231	\$513.08	1.0000	0.9560	1.0000	0.9760	0.9331	0.9331	0.9590	\$492.02		
202308	25,013	\$15,235,274	0.9996	\$15,241,244	-	\$25,324	-	\$15,215,920	\$608.32	1.0000	0.9560	1.0000	0.9760	0.9331	0.9331	0.9590	\$583.35		
202309	24,985	\$14,417,061	0.9996	\$14,422,899	-	\$27,615	-	\$14,395,283	\$576.16	1.0000	0.9560	1.0000	0.9760	0.9331	0.9331	0.9590	\$552.51		
202310	24,953	\$16,173,115	0.9988	\$16,192,022	-	\$27,638	-	\$16,164,383	\$647.79	1.0000	0.9560	1.0000	0.9760	0.9331	0.9331	0.9590	\$621.21		
202311	24,961	\$14,603,035	0.9987	\$14,621,841	-	\$27,035	-	\$14,594,806	\$584.70	1.0000	0.9560	1.0000	0.9760	0.9331	0.9331	0.9590	\$560.71		
202312	24,622	\$15,337,967	0.9987	\$15,358,011	-	\$25,475	-	\$15,332,536	\$622.72	1.0000	0.9560	1.0000	0.9760	0.9331	0.9331	0.9590	\$597.16	-2.03%	4.99%
202401	25,686	\$15,752,757	0.9986	\$15,774,196	-	-	-	\$15,774,196	\$614.12	1.0000	1.0180	1.0000	0.9420	0.9590	0.8948	1.0000	\$614.12	-0.61%	6.43%
202402	26,920	\$16,149,586	0.9986	\$16,171,542	-	\$44,919	-	\$16,126,623	\$599.06	1.0000	1.0180	1.0000	0.9420	0.9590	0.8948	1.0000	\$599.06	1.06%	8.13%
202403	26,967	\$16,413,731	0.9975	\$16,455,308	-	\$35,812	-	\$16,419,497	\$608.87	1.0000	1.0180	1.0000	0.9420	0.9590	0.8948	1.0000	\$608.87	0.30%	7.09%
202404	27,049	\$15,952,840	0.9959	\$16,019,240	-	\$36,737	-	\$15,982,503	\$590.87	1.0000	1.0180	1.0000	0.9420	0.9590	0.8948	1.0000	\$590.87	1.40%	8.10%
202405	27,140	\$18,940,752	0.9936	\$19,063,638	-	\$145,248	-	\$18,918,390	\$697.07	1.0000	1.0180	1.0000	0.9420	0.9590	0.8948	1.0000	\$697.07	3.21%	9.84%
202406	27,137	\$14,849,931	0.9927	\$14,959,023	-	\$46,234	-	\$14,912,788	\$549.54	1.0000	1.0180	1.0000	0.9420	0.9590	0.8948	1.0000	\$549.54	4.62%	11.09%
202407	27,148	\$15,495,325	0.9908	\$15,638,869	-	\$42,998	-	\$15,595,877	\$574.48	1.0000	1.0180	1.0000	0.9420	0.9590	0.8948	1.0000	\$574.48	5.63%	11.91%
202408	27,132	\$15,524,818	0.9853	\$15,755,950	-	\$52,382	-	\$15,703,568	\$578.78	1.0000	1.0180	1.0000	0.9420	0.9590	0.8948	1.0000	\$578.78	5.09%	11.03%
202409	27,175	\$15,236,131	0.9832	\$15,486,984	-	\$4,873	-	\$15,482,111	\$569.72	1.0000	1.0180	1.0000	0.9420	0.9590	0.8948	1.0000	\$569.72	5.47%	11.09%
202410	27,090	\$17,937,943	0.9722	\$18,450,938	-	\$77,474	-	\$18,373,464	\$678.24	1.0000	1.0180	1.0000	0.9420	0.9590	0.8948	1.0000	\$678.24	5.31%	10.60%
202411	26,998	\$14,669,966	0.9566	\$15,335,003	-	\$38,117	-	\$15,296,886	\$566.59	1.0000	1.0180	1.0000	0.9420	0.9590	0.8948	1.0000	\$566.59	6.50%	11.41%
202412	26,343	\$15,782,283	0.9391	\$16,806,115	-	\$23,951	-	\$16,782,165	\$637.06	1.0000	1.0180	1.0000	0.9420	0.9590	0.8948	1.0000	\$637.06	6.52%	11.08%

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	350,826	\$202,579,430	\$202,579,435	-	\$102,603	-	\$202,476,822	\$579.99
2023	301,135	\$171,238,300	\$171,312,681	-	\$208,947	-	\$171,103,734	\$568.20
2024	322,785	\$192,696,065	\$195,916,806	-	\$548,739	-	\$195,368,067	\$605.26

Comments

Our observed allowed claims trend has grown to percentages in the mid single digits. Much of this is due to demographic shift and other adjustments, which are tied to more membership on our Cascade Select plans. These plans have lower provider reimbursement and tend to have lower utilization. The normalized allowed claims trends are higher, as expected. The remaining trend is a mix of increased provider reimbursements and changes in utilization. Morbidity Adjustment, Demographic Shift, Plan Design Change, and Other Adjustments are the filing values from the corresponding year's rate filings.

## WA Exhibit 5: URRT Worksheet 1 (w1) EHB Pool-Level Adjustment Factors

Carrier Name:

LifeWise Health Plan 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)
<b>URRT Worksheet 1</b>								
Annualized Cost Trend Factor	(0.010)	0.066	0.037	0.051	0.054	0.044	(0.275)	1.299
Annualized Utilization Trend Factor	(0.037)	(0.041)	0.039	0.024	0.024	0.027	(0.953)	(1.701)
Morbidity Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Demographic Shift	0.987	0.952	0.956	1.018	1.013	1.030	1.033	0.935
Plan Design Changes	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Other	0.953	0.898	0.976	0.942	0.951	1.149	0.977	0.954

<sup>1</sup> Ratios for factors. Subtraction for percents.

### Comments

The actual cost trends varied from projected. For 2021 to 2023, the actual trend was lower due to some projected provider increases not materializing yet.

For 2022 to 2024, the actual trend was significantly higher than projected. Some providers that were on multi-year contracts before COVID-19, and when these contracts were renegotiated in 2022-2024 they asked for (and received) large double-digit increases.

Utilization trends were lower than expected. We had projected larger increase in utilization trends due to pent up demand, but these did not materialize.

WA Exhibit 6: URRT Worksheet 2 (w2) Actuarial Values by Plan

Carrier Name:	LifeWise Health Plan 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
38498WA0320001	Gold	0.7898	0.7830	0.7937	0.8269	0.8408	0.7738	0.0371	0.0578	-0.0199
38498WA0320003	Bronze	0.6366	0.6172	0.6298	0.7217	0.7220	0.6162	0.0851	0.1048	-0.0136
38498WA0320004	Silver	0.7189	0.7095	0.7187	0.7762	0.7879	0.6994	0.0573	0.0784	-0.0193
38498WA0320010	Gold	0.8189	0.8139	0.8181	0.8898	0.8971	0.8298	0.0709	0.0832	0.0117
38498WA0320011	Silver	0.7179	0.7075	0.7184	0.7874	0.7959	0.7348	0.0695	0.0884	0.0164
38498WA0320012	Bronze	0.6455	0.6364	0.6497	0.7327	0.7377	0.6316	0.0872	0.1013	-0.0181
38498WA0320013	Gold	0.8189	0.8139	0.8181	0.8898	0.8971	0.8298	0.0709	0.0832	0.0117
38498WA0320014	Silver	0.7179	0.7075	0.7184	0.7874	0.7959	0.7348	0.0695	0.0884	0.0164
38498WA0320015	Bronze	0.6455	0.6364	0.6497	0.7327	0.7377	0.6316	0.0872	0.1013	-0.0181
38498WA0320016	Gold	n/a	n/a	0.7806	n/a	n/a	0.8005	#VALUE!	#VALUE!	0.0199
38498WA0320017	Gold	n/a	n/a	0.7806	n/a	n/a	0.8005	#VALUE!	#VALUE!	0.0199

Overall AV Metal Value			Overall AV Pricing Value			Difference of Pricing Value and Metal Value		
2024	2025	2026	2024	2025	2026	2024	2025	2026
0.6836	0.6765	0.6984	0.7595	0.7703	0.6951	0.0759	0.0938	-0.0032

Comments

Historically the AV Pricing Values are higher than the AV Metal Values. The AV Pricing Values were calculated using our current pricing methodology, which reflects induced utilization. For 2026, the AV Metal Values and AV Pricing Values are close because the new rule WSR 25-07-021 requires the Pricing Value to be within 2% or 3% of the designated Metal Value from the CMS AV calculator.

## WA Exhibit 7: URRT Worksheet 2 (w2) Plan Adjustment Factors, in Aggregate

Carrier Name:	LifeWise Health Plan of Washington
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

Table	ACTUAL EXPERIENCE (A)			PROJECTED (i.e., EXPECTED; E)					YEAR-TO-YEAR CHANGE in PROJECTED AMOUNTS				2024 EXPERIENCE to 2026 PROJECTED	A:E		
Component	2022	2023	2024	2022	2023	2024	2025	2026	2022 to 2023	2023 to 2024	2024 to 2025	2025 to 2026		2022	2023	2024
Paid-to-Allowed Ratio (All, Unadjusted)	0.7947	0.7925	0.8116	0.7533	0.7287	0.7595	0.7703	0.6951	0.967	1.042	1.014	0.902	0.856	1.055	1.088	1.069
Paid-to-Allowed Ratio (Catastrophic, Unadjusted)	1.0000	1.0000	1.0000	n/a	n/a	n/a	n/a	n/a	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
Paid-to-Allowed Ratio (Bronze, Unadjusted)	0.6939	0.7121	0.7245	0.7241	0.6930	0.7271	0.7330	0.6285	0.957	1.049	1.008	0.857	0.867	0.958	1.028	0.996
Paid-to-Allowed Ratio (Silver, Unadjusted)	0.8596	0.8462	0.8630	0.7873	0.7568	0.7837	0.7947	0.7328	0.961	1.036	1.014	0.922	0.849	1.092	1.118	1.101
Paid-to-Allowed Ratio (Gold, Unadjusted)	0.8690	0.8636	0.8797	0.8353	0.8333	0.8607	0.8760	0.8053	0.998	1.033	1.018	0.919	0.915	1.040	1.036	1.022
Paid-to-Allowed Ratio (Platinum, Unadjusted)	1.0000	1.0000	1.0000	n/a	n/a	n/a	n/a	n/a	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
<b>AV and Cost Sharing Design of Plan Development Components</b>																
AV Pricing Value	0.7947	0.7925	0.8116	0.7533	0.7287	0.7595	0.7703	0.6951	0.967	1.042	1.014	0.902	0.856	1.055	1.088	1.069
Induced Demand Factor (IDF)	1.0000	1.0000	1.0000	1.0031	1.0030	1.0027	1.0034	1.0054	1.000	1.000	1.001	1.002	1.005	0.997	0.997	0.997
CSR Silver Load	1.0186	1.0268	1.0264	1.0201	1.0218	1.0182	1.0313	1.0712	1.002	0.996	1.013	1.039	1.044	0.999	1.005	1.008
Factor for cost of abortion services for which public funding is prohibited	1.0000	1.0000	0.9999	0.9981	0.9983	0.9984	0.9985	0.9985	1.000	1.000	1.000	1.000	0.999	1.002	1.002	1.001
AV and Cost Sharing Design of Plan	0.8095	0.8137	0.8330	0.7694	0.7456	0.7743	0.7959	0.7476	0.969	1.039	1.028	0.939	0.897	1.052	1.091	1.076
Benefits in Addition to EHB	1.0000	1.0000	1.0001	1.0019	1.0017	1.0016	1.0016	1.0015	1.000	1.000	1.000	1.000	1.001	0.998	0.998	0.999
Catastrophic Adjustment	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000

### Comments

IDF was set to 1.0 for Actual Experience due to the complex nature of determining this amount. We will revisit this in future years.

The "Actual Experience CSR Silver Loading" is an estimation based on actual claims multiplied by the expected additional Paid to Allow ratio of the CSR variants versus the Base Silver Paid to Allow ratio.



## WA Exhibit 8: CSR Related Experience

Carrier Name:	LifeWise Health Plan of Washington
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

Table

HIOS Plan ID	Metal Level	CSR Plan Variant	2026 Plan Category (New, Renewing, Terminated)	CSR Silver Load (Projected)	Plan Year 2024 Actual Experience							
					Member Months	Allowed Claims	Paid Claims	Paid-to-Allowed Ratio	CSR Paid Claims	CSR-Adjusted Paid-to-Allowed Ratio	APTC Payments	Net CSR Funds
38498WA0320001	Gold	Base	Renewing	1.0000	12,785	\$16,574,196	\$13,800,585	0.832654876	\$0	0.832654876	\$2,154,653	
38498WA0320001	Gold	AI/AN	Renewing	1.0000	19	\$13,360	\$8,195	0.6133651	\$0	0.6133651	\$3,584	
38498WA0320003	Bronze	Base	Renewing	1.0000	50,942	\$25,652,993	\$17,851,652	0.695889643	\$0	0.695889643	\$13,368,810	
38498WA0320003	Bronze	AI/AN	Renewing	1.0000	1,816	\$1,686,880	\$1,640,262	0.972364666	\$514,346	0.667454973	\$742,817	\$228,471
38498WA0320004	Silver	Base	Renewing	1.0000	8,476	\$8,071,332	\$6,431,859	0.796876971	\$0	0.796876971	\$1,690,611	
38498WA0320004	Silver	AI/AN	Renewing	1.0000	112	\$51,955	\$32,282	0.621347429	\$0	0.621347429	\$13,293	
38498WA0320004	Silver	CSR1	Renewing	1.0151	1,947	\$2,023,589	\$1,674,325	0.82740397	\$39,538	0.807865458	\$1,368,287	\$1,328,749
38498WA0320004	Silver	CSR2	Renewing	1.1220	4,265	\$4,988,815	\$4,514,263	0.904876759	\$473,440	0.809976475	\$2,996,048	\$2,522,609
38498WA0320004	Silver	CSR3	Renewing	1.1956	2,623	\$3,360,551	\$3,240,677	0.964329148	\$474,842	0.823030294	\$1,717,762	\$1,242,920
38498WA0320005	Bronze	Base	Terminated	1.0000	30,111	\$17,585,848	\$13,003,825	0.739448296	\$0	0.739448296	\$6,427,489	
38498WA0320005	Bronze	AI/AN	Terminated	1.0000	15	\$2,763	\$728	0.263464532	\$0	0.263464532	\$2,125	
38498WA0320010	Gold	Base	Renewing	1.0000	10,623	\$17,463,697	\$15,853,048	0.907771572	\$0	0.907771572	\$1,444,458	
38498WA0320010	Gold	AI/AN	Renewing	1.0000	51	\$736,317	\$723,869	0.983094232	\$0	0.983094232	\$0	
38498WA0320011	Silver	Base	Renewing	1.0000	11,996	\$8,992,655	\$7,096,972	0.789196527	\$0	0.789196527	\$1,596,367	
38498WA0320011	Silver	AI/AN	Renewing	1.0000	68	\$212,921	\$195,745	0.919329811	\$29,879	0.779003314	\$6,251	-\$23,628
38498WA0320011	Silver	CSR1	Renewing	1.0151	4,155	\$2,916,175	\$2,333,385	0.800152514	\$31,435	0.789373076	\$1,872,267	\$1,840,832
38498WA0320011	Silver	CSR2	Renewing	1.1220	6,262	\$7,518,959	\$6,946,087	0.923809642	\$599,849	0.844031469	\$3,163,296	\$2,563,447
38498WA0320011	Silver	CSR3	Renewing	1.1956	2,150	\$2,056,657	\$1,977,054	0.961294823	\$250,261	0.839611255	\$1,102,357	\$852,096
38498WA0320012	Bronze	Base	Renewing	1.0000	33,883	\$16,876,497	\$11,700,107	0.69327818	\$0	0.69327818	\$7,233,701	
38498WA0320012	Bronze	AI/AN	Renewing	1.0000	506	\$839,084	\$759,027	0.904590323	\$105,321	0.77907167	\$130,778	\$25,458
38498WA0320013	Gold	Base	Renewing	1.0000	10,497	\$10,541,213	\$9,260,673	0.878520605	\$0	0.878520605	\$3,048,930	
38498WA0320013	Gold	AI/AN	Renewing	1.0000	34	\$158,493	\$153,139	0.966221206	\$575	0.962595769	\$7,343	\$6,768
38498WA0320014	Silver	Base	Renewing	1.0000	16,603	\$8,713,011	\$6,696,230	0.768532261	\$0	0.768532261	\$5,403,288	
38498WA0320014	Silver	AI/AN	Renewing	1.0000	56	\$8,224	\$6,859	0.834083597	\$1,277	0.678769334	\$10,670	\$9,393
38498WA0320014	Silver	CSR1	Renewing	1.0151	19,038	\$6,200,200	\$4,626,071	0.746116465	\$62,350	0.736060291	\$10,101,125	\$10,038,774
38498WA0320014	Silver	CSR2	Renewing	1.1220	30,195	\$14,994,913	\$13,459,702	0.897617886	\$1,162,305	0.820104598	\$16,887,789	\$15,725,484
38498WA0320014	Silver	CSR3	Renewing	1.1956	10,390	\$4,494,488	\$4,281,811	0.952680671	\$541,992	0.832090353	\$6,306,845	\$5,764,854
38498WA0320015	Bronze	Base	Renewing	1.0000	51,973	\$12,423,074	\$6,849,624	0.551363044	\$0	0.551363044	\$12,344,423	
38498WA0320015	Bronze	AI/AN	Renewing	1.0000	1,194	\$757,946	\$660,590	0.871553312	\$193,108	0.616774689	\$410,795	\$217,687
38498WA0320016	Gold	Base	New	1.0000	0	\$0	\$0	#DIV/0!	\$0	#DIV/0!	\$0	
38498WA0320016	Gold	AI/AN	New	1.0000	0	\$0	\$0	#DIV/0!	\$0	#DIV/0!	\$0	
38498WA0320017	Gold	Base	New	1.0000	0	\$0	\$0	#DIV/0!	\$0	#DIV/0!	\$0	
38498WA0320017	Gold	AI/AN	New	1.0000	0	\$0	\$0	#DIV/0!	\$0	#DIV/0!	\$0	

## Comments

CSR Paid Claims are the estimated amount that the federal government would be responsible if CSRs were funded. They are calculated as (experience EHB Incurred) \* (1 - (Pricing P/A for the base variant) / (Pricing P/A for the CSR variant)).

WA Exhibit 9: URRT Worksheet 2 (w2) AV and Cost Sharing Design Factors

Carrier Name:	LifeWise Health Plan 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
38498WA0320001	Gold	Renewing	Yes	No	0.7937	0.7738	1.0650	1.0000	-1.99%	1.0650	
38498WA0320003	Bronze	Renewing	Yes	No	0.6298	0.6162	1.0035	1.0000	-1.36%	1.0035	
38498WA0320004	Silver	Renewing	Yes	No	0.7187	0.6994	1.0298	1.4350	-1.93%	1.0298	1.435
38498WA0320010	Gold	Renewing	Yes	No	0.8181	0.8298	1.0988	1.0000	1.17%	1.0988	
38498WA0320011	Silver	Renewing	Yes	No	0.7184	0.7348	1.0451	1.4350	1.64%	1.0451	1.435
38498WA0320012	Bronze	Renewing	Yes	No	0.6497	0.6316	1.0073	1.0000	-1.81%	1.0073	
38498WA0320013	Gold	Renewing	Yes	No	0.8181	0.8298	1.0988	1.0000	1.17%	1.0988	
38498WA0320014	Silver	Renewing	Yes	No	0.7184	0.7348	1.0451	1.4350	1.64%	1.0451	1.435
38498WA0320015	Bronze	Renewing	Yes	No	0.6497	0.6316	1.0073	1.0000	-1.81%	1.0073	
38498WA0320016	Gold	New	Yes	No	0.7806	0.8005	1.0803	1.0000	1.99%	1.0803	
38498WA0320017	Gold	New	Yes	No	0.7806	0.8005	1.0803	1.0000	1.99%	1.0803	

Comments

Carrier Name:	LifeWise Health Plan of Washington
Market:	individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

#### Comments

Because billable member months are not the same as member months and premiums are set based on member months, we have adjusted all factors to be on a member month basis. The formulas in P65, P66, P68, and P70 were using empty cells instead of MM to calculate the weighted average. We corrected this.

WA Exhibit 11: Retention / Administrative Costs

Carrier Name:	LifeWise Health Plan 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		A:E					
	2022		2023		2024		2022		2023		2024		2025		2026		2022 to 2023		2023 to 2024		2024 to 2025		2025 to 2026		2026 PROJECTED		2022		2023		2024			
	% of	PMPM	% of	PMPM	% of	PMPM	% of	PMPM	% of	PMPM	% of	PMPM	% of	PMPM	% of	PMPM	% of	PMPM	% of	PMPM	% of	PMPM	% of	PMPM	% of	PMPM	% of	PMPM	% of	PMPM	% of	PMPM		
	Premium		Premium		Premium		Premium		Premium		Premium		Premium		Premium		Premium		Premium		Premium		Premium		Premium		Premium		Premium		Premium			
Administrative Expenses																																		
Commissions	1.83%	\$10.04	1.57%	\$9.49	1.48%	\$9.16	1.68%	\$9.08	1.57%	\$9.92	1.61%	\$10.57	1.31%	\$8.78	1.24%	\$8.89	-0.10%	9.32%	0.03%	6.58%	-0.30%	-16.92%	-0.07%	1.25%	-0.24%	-2.90%	-0.16%	-9.61%	0.00%	4.54%	0.13%	15.43%		
Quality improvement	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		
Investment income credit (enter as a negative number)	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	-0.02%	(\$0.09)	-0.08%	(\$0.51)	-0.39%	(\$2.55)	-0.39%	(\$2.61)	-0.35%	(\$2.55)	-0.06%	466.67%	-0.31%	400.00%	0.00%	2.35%	0.03%	-2.30%	-0.35%	TBD	-0.02%	TBD	-0.08%	TBD	-0.39%	TBD		
Commercial reinsurance premium	0.02%	\$0.10	0.04%	\$0.26	0.11%	\$0.71	0.05%	\$0.28	0.04%	\$0.24	0.04%	\$0.26	0.09%	\$0.63	0.10%	\$0.69	-0.01%	-14.29%	0.00%	8.33%	0.05%	142.31%	0.00%	9.52%	-0.02%	-2.82%	0.03%	180.00%	0.00%	-7.69%	-0.07%	-63.38%		
Other administrative expenses	9.72%	\$53.27	9.94%	\$60.10	9.60%	\$59.55	9.41%	\$50.99	8.28%	\$52.15	8.96%	\$58.92	9.78%	\$65.59	9.41%	\$67.62	-1.14%	2.27%	0.68%	13.00%	0.82%	11.32%	-0.37%	3.09%	-0.19%	13.55%	-0.31%	-4.28%	-1.67%	-13.23%	-0.64%	-1.05%		
Total administrative expenses	11.58%	\$63.41	11.55%	\$69.85	11.19%	\$69.42	11.12%	\$60.25	9.81%	\$61.80	10.21%	\$67.21	10.79%	\$72.40	10.39%	\$74.65	-1.32%	2.56%	0.41%	8.75%	0.58%	7.72%	-0.40%	3.11%	-0.80%	7.54%	-0.45%	-4.98%	-1.75%	-11.53%	-0.97%	-3.19%		
Taxes and Fees																																		
Premium tax	2.00%	\$10.96	2.00%	\$12.09	2.00%	\$12.41	2.00%	\$10.83	2.00%	\$12.60	2.00%	\$13.16	2.00%	\$13.42	2.00%	\$14.38	0.00%	16.35%	0.00%	4.41%	0.00%	1.98%	0.00%	7.13%	0.00%	15.86%	0.00%	-1.12%	0.00%	4.24%	0.00%	6.05%		
Federal income tax	0.00%	\$0.00	0.00%	\$0.00	0.74%	\$4.56	0.00%	\$0.00	0.00%	\$0.00	0.74%	\$4.84	0.74%	\$4.93	0.00%	\$0.00	0.00%	TBD	0.74%	TBD	0.00%	1.98%	-0.74%	-100.00%	-0.74%	-100.00%	0.00%	TBD	0.00%	TBD	0.00%	6.05%		
WA OIC regulatory surcharge	0.0820%	\$0.45	0.0772%	\$0.47	0.0723%	\$0.45	0.0820%	\$0.44	0.0772%	\$0.49	0.0723%	\$0.48	0.0784%	\$0.53	0.0778%	\$0.56	0.00%	9.48%	0.00%	-2.26%	0.01%	10.70%	0.00%	6.20%	0.01%	24.68%	0.00%	-1.12%	0.00%	4.24%	0.00%	6.05%		
WA OIC fraud surcharge	0.0052%	\$0.03	0.0048%	\$0.03	0.0043%	\$0.03	0.0052%	\$0.03	0.0048%	\$0.03	0.0043%	\$0.03	0.0047%	\$0.03	0.0042%	\$0.03	0.00%	7.48%	0.00%	-7.13%	0.00%	12.05%	0.00%	-4.14%	0.00%	13.91%	0.00%	-1.12%	0.00%	4.24%	0.00%	6.05%		
Risk adjustment user fee	0.05%	\$0.25	0.04%	\$0.22	0.03%	\$0.21	0.05%	\$0.25	0.03%	\$0.22	0.03%	\$0.21	0.03%	\$0.18	0.03%	\$0.20	-0.01%	-12.00%	0.00%	-4.55%	-0.01%	-14.29%	0.00%	11.11%	-0.01%	-4.76%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		
PCORI fee	0.05%	\$0.25	0.04%	\$0.26	0.05%	\$0.28	0.05%	\$0.25	0.04%	\$0.26	0.04%	\$0.28	0.04%	\$0.30	0.04%	\$0.32	0.00%	4.00%	0.00%	7.69%	0.00%	7.14%	0.00%	6.67%	0.00%	14.29%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		
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%	\$0.45	0.06%	\$0.37	0.00%	(\$0.03)	0.10%	\$0.55	0.06%	\$0.38	0.05%	\$0.30	0.02%	\$0.13	0.03%	\$0.19	-0.04%	-31.92%	-0.01%	-19.07%	-0.03%	-58.19%	0.01%	50.72%	0.03%	-739.29%	0.02%	22.75%	0.00%	1.64%	0.05%	-1114.48%		
WAPAL assessment	0.00%	\$0.00	0.00%	\$0.00	0.01%	\$0.06	0.00%	\$0.00	0.00%	\$0.00	0.01%	\$0.06	0.01%	\$0.07	0.01%	\$0.06	0.00%	TBD	0.01%	TBD	0.00%	16.67%	0.00%	-14.29%	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	0.00%		
Total administrative expenses	2.26%	\$12.38	2.22%	\$13.44	2.90%	\$17.96	2.28%	\$12.36	2.22%	\$13.98	2.94%	\$19.35	2.92%	\$19.59	2.19%	\$15.74	-0.06%	13.10%	0.72%	38.47%	-0.02%	1.21%	-0.73%	-19.65%	-0.71%	-12.39%	0.02%	-0.21%	0.00%	4.02%	0.05%	7.74%		
Profit & Risk Load	-6.24%	(\$34.17)	1.37%	\$8.31	1.79%	\$11.09	3.50%	\$18.96	3.50%	\$22.06	2.77%	\$18.19	3.50%	\$23.49	-2.67%	(\$19.22)	0.00%	16.35%	-0.74%	-17.52%	0.74%	29.09%	-6.17%	-181.85%	-4.46%	-273.29%	9.74%	-155.48%	2.13%	165.44%	0.98%	64.01%		
Total Retention (excluding Exchange Fee)	7.60%	\$41.62	15.15%	\$91.60	15.87%	\$98.48	16.91%	\$91.57	15.52%	\$97.83	15.92%	\$104.75	17.21%	\$115.47	9.90%	\$71.17	-1.38%	6.84%	0.40%	7.08%	1.29%	10.23%	-7.31%	-38.37%	-5.97%	-27.73%	9.31%	119.99%	0.37%	6.81%	0.05%	6.37%		
Exchange User Fee *	0.56%	\$3.05	0.49%	\$2.96	0.48%	\$2.96	0.60%	\$3.27	0.47%	\$2.96	0.45%	\$2.97	0.76%	\$5.07	0.71%	\$5.11	-0.13%	-9.48%	-0.02%	0.34%	0.30%	70.71%	-0.04%	0.79%	0.23%	72.64%	0.05%	7.21%	-0.02%	0.00%	-0.03%	0.34%		
Total Retention (including Exchange Fee)	8.16%	\$44.67	15.64%	\$94.56	16.35%	\$101.44	17.51%	\$94.84	15.99%	\$100.79	16.37%	\$107.72	17.96%	\$120.54	10.61%	\$76.28	-1.52%	6.28%	0.38%	6.88%	1.59%	11.90%	-7.35%	-36.72%	-5.74%	-24.80%	9.35%	112.29%	0.35%	6.59%	0.02%	6.20%		
Projected Required Premium PMPM		\$547.76		\$604.52		\$620.42		\$541.63		\$630.18		\$657.97		\$671.01		\$718.84	16.35%		4.41%		1.98%		7.13%	15.86%		-1.12%		4.24%		6.05%		6.05%		

\* Exchange User Fee on incurred claim basis (not on allowed claim basis like what is on URRT worksheet 1)

Comments

Actual fees are calculated from our financial statements which can include restatement of prior year fees.

WA Exhibit 12: URRT Worksheet 2 (w2) Projections, Reconciliation

Carrier Name:	LifeWise Health Plan 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	10.39%	\$74.65
3.7 Taxes and Fees	2.19%	\$15.74
3.8 Profit & Risk Load	-2.67%	(\$19.22)
Total Retention (excluding Exchange Fee)	9.90%	\$71.17
Aggregate Projected Amounts PMPM		
Exchange user fee		\$5.11
4.15 Incurred Claims		\$616.63
4.16 Risk Adjustment Transfer Amount		(\$25.89)
4.17 Premium		\$718.84
A. (Premium) + (Risk Adjustment Transfer Amount)		\$692.95
B. (Incurred Claims) + (Admin, Taxes & Fees) + (Profit & Risk Load) + (Exchange User Fee)		\$692.91
C. Difference = A - B (should be \$0)		\$0.04

Comments

The difference is not \$0.00 due to rounding.

**LifeWise Health Plan of Washington**  
**Appendix 1.1**  
Development of URRT Wksh 1 - Market Experience

Individual Filing - Effective 1/1/2026

**Section I: Experience period data**

	2024 Rate filing	2024 Actual Experience		2024 Actual Experience by Continuing/Terminated County	
	Projected 2024 PMPM	Total	PMPM	Continuing	Terminated
Allowed Claims	\$651.86	\$195,916,806	\$606.96	\$178,710,961	\$17,205,845
Reinsurance	\$0.00	\$0	\$0.00	\$0	\$0
Incurred Claims in Experience Period	\$505.54	\$155,778,648	\$482.61	\$142,259,591	\$13,519,057
Risk Adjustment	-\$44.64	-\$13,359,155	-\$41.39	-\$11,115,119	-\$2,244,037
Experience Period Premium	\$657.97	\$200,263,450	\$620.42	\$181,991,719	\$18,271,731
Experience Period Member Months	325,962	322,785		296,351	26,434

**Section II: Allowed Claims, PMPM basis**

Benefit Category	2025 Rate Filing							Trended EHB Allowed Claims PMPM
	Experience Period Index Rate PMPM	Year 1 Trend		Year 2 Trend				
		Cost	Util	Cost	Util			
Inpatient	\$80.13	1.046	1.026	1.046	1.026	\$92.16		
Outpatient	\$175.47	1.046	1.026	1.046	1.026	\$201.82		
Professional	\$196.27	1.046	1.026	1.046	1.026	\$225.74		
Other	\$18.48	1.046	1.026	1.046	1.026	\$21.25		
Capitation	\$0.00	1.046	1.026	1.046	1.026	\$0.00		
Prescription Drug	\$105.21	1.089	1.017	1.089	1.017	\$128.93		
Total	\$575.55					\$669.91		

	2026 Rate Filing						
Benefit Category	Experience Period Index	Year 1 Trend		Year 2 Trend		Trended EHB Allowed Claims	
	Rate PMPM <sup>(2)</sup>	Cost	Util	Cost	Util	PMPM	
Inpatient Hospital	\$99.50	1.0371	1.0290	1.0371	1.0290	\$113.32	
Outpatient Hospital	\$171.98	1.0371	1.0290	1.0371	1.0290	\$195.86	
Professional	\$207.59	1.0371	1.0290	1.0371	1.0290	\$236.42	
Other Medical	\$21.98	1.0371	1.0290	1.0371	1.0290	\$25.03	
Capitation	\$0.00	1.0371	1.0290	1.0371	1.0290	\$0.00	
Prescription Drug	\$105.91	1.0760	1.0150	1.0760	1.0150	\$126.33	
Total	\$606.96					\$696.95	

	2025 Rate Filing	2026 Rate Filing	Projected Period Totals	
Morbidity Adjustment	1.000	1.000		
Demographic Shift	1.013	1.030		
Plan Design Changes	1.000	1.000		
Other	0.951	1.149		
Adjusted Trended EHB Allowed Claims PMPM	\$645.37	\$824.77		
Manual EHB Allowed Claims PMPM	\$0.00	\$0.00		
Applied Credibility %	100.00%	100.00%		
Projected Index Rate	\$645.37	\$824.77	\$238,830,298.44	\$0.00
Reinsurance	\$0.00	\$0.00		\$0.00
Risk Adjustment Payment/Charge <sup>(2)</sup>	(\$45.49)	(\$34.63)		-\$10,027,878.36
Exchange User Fees <sup>(1)</sup>	0.91%	0.79%		\$1,981,634.51
Market Adjusted Index Rate	\$697.20	\$866.24	\$250,839,811.31	
Projected Member Months	326,246	289,572		

Note:

(1) Projected Exchange user fee % = Exchange user fee on an allowed basis / Projected Market Adjusted Index Rate

Exchange user fee on an allowed basis = \$5.11 / 0.7476 = \$6.84

Projected Exchange user fee % = \$6.84/(\$824.77 - \$34.63 + \$6.84)

(2) Risk Adjustment projection is based on Wakely 2024 Dec end report

**LifeWise Health Plan of Washington**  
**Appendix 1.2**  
Development of URRT Wksh 2 - Product/Plan Level Calculations

Individual Filing - Effective 1/1/2026

**Section I: General Product and Plan Information**

Product Name		Essential PCP EPO 38498WA032											
Product ID:													
Plan Name		LifeWise Essential Gold	LifeWise Essential Bronze	LifeWise Essential Silver	LifeWise Essential Bronze HSA	LifeWise Cascade Complete Gold	LifeWise Cascade Silver	LifeWise Cascade Bronze	LifeWise Cascade Select Complete Gold	LifeWise Cascade Select Silver	LifeWise Cascade Select Bronze	LifeWise Cascade Vital Gold	LifeWise Cascade Select Vital Gold
Plan ID (Standard Component ID):		38498WA0320001	38498WA0320003	38498WA0320004	38498WA0320005	38498WA0320010	38498WA0320011	38498WA0320012	38498WA0320013	38498WA0320014	38498WA0320015	38498WA0320016	38498WA0320017
Metal:		Gold	Bronze	Silver	Bronze	Gold	Silver	Bronze	Gold	Silver	Bronze	Gold	Gold
AV Metal Value		79.37%	62.98%	71.87%	64.37%	81.81%	71.84%	64.97%	81.81%	71.84%	64.97%	78.06%	78.06%
Plan Category		Renewing EPO	Renewing EPO	Renewing EPO	Terminated EPO	Renewing EPO	Renewing EPO	Renewing EPO	Renewing EPO	Renewing EPO	Renewing EPO	New EPO	New EPO
Plan Type:		Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Exchange Plan?													
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
Cum/Ine Rate Change % (over 12 mos prior)		-4.84%	14.31%	27.12%	0.00%	-7.32%	32.90%	13.25%	-12.38%	24.67%	6.75%	0.00%	0.00%
Product Rate Increase %													
Submission Level Rate Increase													

**Section II: Experience Period and Current Plan Level Information**

Plan ID (Standard Component ID):	Total	38498WA0320001	38498WA0320003	38498WA0320004	38498WA0320005	38498WA0320010	38498WA0320011	38498WA0320012	38498WA0320013	38498WA0320014	38498WA0320015	38498WA0320016	38498WA0320017
Allowed Claims	\$195,916.806	\$16,587.556	\$27,339.873	\$18,496.242	\$17,588.611	\$18,200.014	\$21,697.368	\$17,715.581	\$10,699.706	\$34,410.835	\$13,181.020	\$0	\$0
Reinsurance	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Member Cost Sharing	\$40,138.158	\$2,778.776	\$7,847.958	\$2,602.836	\$4,584.058	\$1,623.097	\$3,148.125	\$5,256.447	\$1,285.894	\$5,340.161	\$5,670.806	\$0	\$0
Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Incurred Claims	\$155,778.648	\$13,808.780	\$19,491.914	\$15,893.407	\$13,004.553	\$16,576.917	\$18,549.243	\$12,459.134	\$9,413.812	\$29,070.674	\$7,510.214	\$0	\$0
Risk Adjustment Transfer Amount	-\$13,359.155	\$4,871.739	-\$5,587.950	\$2,941.852	-\$4,244.399	\$4,758.318	\$2,035.229	-\$3,381.668	\$2,739.115	-\$6,269.968	-\$11,221.423	\$0	\$0
Premium	\$200,263.450	\$10,963.057	\$31,617.239	\$14,792.874	\$18,026.378	\$8,737.989	\$18,500.745	\$19,743.420	\$7,423.483	\$46,138.724	\$24,319.540	\$0	\$0
Member Months	322,785	12,804	52,758	17,423	30,126	10,674	24,631	34,389	10,531	76,282	53,167	0	0
Current Enrollment	24,913	840	4,078	934	0	823	2,164	3,738	878	5,452	6,006	0	0
Current Premium PMPM	\$658.17	\$910.39	\$637.75	\$919.91	\$0.00	\$884.22	\$822.15	\$629.16	\$753.31	\$653.55	\$514.35	\$0.00	\$0.00
Loss Ratio	83.35%	87.21%	74.88%	89.62%	94.36%	122.83%	90.33%	76.15%	92.63%	72.92%	57.34%	#DIV/0!	#DIV/0!
<b>Per Member Per Month</b>													
Allowed Claims	\$606.96	\$1,295.50	\$518.21	\$1,061.60	\$583.83	\$1,705.08	\$880.90	\$515.15	\$1,016.02	\$451.10	\$247.92	#DIV/0!	#DIV/0!
Reinsurance	\$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!
Member Cost Sharing	\$124.35	\$217.02	\$148.75	\$149.39	\$152.16	\$152.06	\$127.81	\$152.85	\$122.11	\$70.01	\$106.66	#DIV/0!	#DIV/0!
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	#DIV/0!	#DIV/0!
Incurred Claims	\$482.61	\$1,078.47	\$389.46	\$912.21	\$431.67	\$1,553.02	\$753.09	\$362.30	\$893.91	\$381.09	\$141.26	#DIV/0!	#DIV/0!
Risk Adjustment Transfer Amount	\$41.39	\$380.49	-\$105.92	\$168.85	-\$140.89	\$445.79	\$82.63	-\$98.34	\$260.10	-\$82.19	-\$211.06	#DIV/0!	#DIV/0!
Premium	\$620.42	\$856.22	\$599.29	\$849.04	\$598.37	\$818.82	\$751.12	\$574.12	\$704.92	\$604.84	\$457.42	#DIV/0!	#DIV/0!

**Section III: Plan Adjustment Factors**

Plan ID (Standard Component ID):		38498WA0320001	38498WA0320003	38498WA0320004	38498WA0320005	38498WA0320010	38498WA0320011	38498WA0320012	38498WA0320013	38498WA0320014	38498WA0320015	38498WA0320016	38498WA0320017
Market Adjusted Index Rate							\$866.24						
AV and Cost Sharing Design of Plan		0.7929	0.5947	0.9946	0.0000	0.8775	1.0605	0.6119	0.8772	1.0603	0.6116	0.8321	0.8318
Provider Network Adjustment		1.1680	1.1680	1.1680	0.0000	1.1680	1.1680	1.1680	0.8770	0.8770	0.8770	1.1680	0.8770
Benefits in Addition to EHB		1.0011	1.0015	1.0009	0.0000	1.0010	1.0009	1.0014	1.0014	1.0011	1.0019	1.0011	1.0014
<b>Administrative Costs</b>													
Administrative Expense		8.55%	11.08%	6.94%	0.00%	7.79%	6.53%	10.80%	10.11%	8.52%	13.88%	8.18%	10.60%
Taxes and Fees		2.17%	2.20%	2.15%	0.00%	2.16%	2.15%	2.19%	2.19%	2.17%	2.23%	2.17%	2.19%
Profit & Risk Load		-2.67%	-2.67%	-2.67%	0.00%	-2.67%	-2.67%	-2.67%	-2.67%	-2.67%	-2.67%	-2.67%	-2.67%
Catastrophic Adjustment		1.0000	1.0000	1.0000	0.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
<b>Plan Adjusted Index Rate</b>		\$873.43	\$674.13	\$1,076.31	\$0.00	\$958.50	\$1,142.62	\$691.31	\$738.45	\$876.70	\$537.79	\$912.94	\$704.05

Age Calibration Factor							0.5729						
Geographic Calibration Factor							1.0098						
Tobacco Calibration Factor							1.0000						
<b>Calibrated Plan Adjusted Index Rate</b>		\$505.29	\$389.99	\$622.66	\$0.00	\$554.50	\$661.02	\$399.93	\$427.20	\$507.19	\$311.12	\$528.15	\$407.30

**Section IV: Projected Plan Level Information**

Plan ID (Standard Component ID):	Total	38498WA0320001	38498WA0320003	38498WA0320004	38498WA0320005	38498WA0320010	38498WA0320011	38498WA0320012	38498WA0320013	38498WA0320014	38498WA0320015	38498WA0320016	38498WA0320017
Allowed Claims	\$217,412.272	\$6,534.765	\$24,896.124	\$3,082.520	\$0	\$9,167.952	\$10,963.068	\$34,702.144	\$7,030.700	\$32,027.504	\$48,478.975	\$18,946.917	\$21,561.603
Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Member Cost Sharing	\$38,853.866	\$758.345	\$6,298.389	\$535.571	\$0	\$746.189	\$1,586.282	\$6,231.949	\$570.975	\$4,634.163	\$11,500.051	\$1,867.161	\$2,124.831
Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Incurred Claims	\$178,558.408	\$5,776.420	\$18,597.755	\$2,546.949	\$0	\$8,441.783	\$9,376.786	\$26,470.196	\$6,459.725	\$27,393.340	\$36,978.924	\$17,079.756	\$19,436.772
Risk Adjustment Transfer Amount	-\$7,497.138	-\$242.146	-\$781.348	-\$106.623	\$0	-\$353.650	-\$392.413	-\$1,111.816	-\$271.158	-\$1,148.292	-\$1,557.685	-\$715.755	-\$816.251
Premium	\$208,156.561	\$6,587.391	\$21,864.684	\$2,850.079	\$0	\$9,540.874	\$10,443.562	\$31,011.643	\$7,505.611	\$31,228.148	\$45,014.241	\$19,393.481	\$22,716.847
Projected Member Months	289,572	7,542	32,434	2,648	0	9,954	9,140	44,859	10,164	35,620	83,702	21,243	32,268
Loss Ratio	88.99%	91.04%	88.21%	92.84%	#DIV/0!	91.89%	93.29%	88.53%	89.29%	91.07%	85.09%	91.44%	88.75%
<b>Per Member Per Month</b>													
Allowed Claims	\$750.81	\$866.45	\$767.59	\$1,164.09	#DIV/0!	\$923.04	\$1,199.46	\$773.58	\$691.73	\$899.14	\$579.19	\$891.91	\$668.25
Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Cost Sharing	\$134.18	\$100.55	\$194.19	\$202.26	#DIV/0!	\$74.96	\$173.55	\$183.51	\$56.18	\$130.10	\$137.39	\$87.90	\$65.85
Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Incurred Claims	\$616.63	\$765.90	\$573.40	\$961.84	#DIV/0!	\$848.08	\$1,025.91	\$590.08	\$635.55	\$769.04	\$441.79	\$804.02	\$602.39
Risk Adjustment Transfer Amount	-\$25.89	-\$32.11	-\$24.09	-\$40.27	#DIV/0!	-\$35.53	-\$42.93	-\$24.78	-\$26.68	-\$32.24	-\$18.61	-\$33.69	-\$25.30
Premium	\$718.84	\$873.43	\$674.13	\$1,076.31	#DIV/0!	\$958.50	\$1,142.62	\$691.31	\$738.45	\$876.70	\$537.79	\$912.94	\$704.05

# LifeWise Health Plan of Washington

## Appendix 1.3

Average Rate Change by plan

Individual Filing - Effective 1/1/2026

2025 HIOS ID	2025 Plan Name	Plan Category	2026 HIOS	2026 Plan Name	Current Members		2025 Premium <sup>(1)</sup>	2026 Premium <sup>(2)</sup>	Rate Change due to			
					2025 Counties	2026 Counties			Experience	Benefit	Cost Sharing	Overall
38498WA0320001	LifeWise Essential Gold	Renewal	38498WA0320001	LifeWise Essential Gold	840	797	\$917.78	\$873.38	-4.84%	0.00%	0.00%	-4.84%
38498WA0320004	LifeWise Essential Silver Low Deductible	Renewal	38498WA0320004	LifeWise Essential Silver	934	882	\$846.62	\$1,076.26	27.78%	0.00%	-0.52%	27.12%
38498WA0320003	LifeWise Essential Bronze	Renewal	38498WA0320003	LifeWise Essential Bronze	4,078	3,937	\$589.70	\$674.10	14.31%	0.00%	0.00%	14.31%
38498WA0320010	LifeWise Cascade Gold	Renewal	38498WA0320010	LifeWise Cascade Complete Gold	823	822	\$1,034.10	\$958.45	-5.83%	0.00%	-1.58%	-7.32%
38498WA0320011	LifeWise Cascade Silver	Renewal	38498WA0320011	LifeWise Cascade Silver	2,164	2,158	\$859.69	\$1,142.57	33.66%	0.00%	-0.57%	32.90%
38498WA0320012	LifeWise Cascade Bronze	Renewal	38498WA0320012	LifeWise Cascade Bronze	3,738	3,727	\$610.39	\$691.28	14.19%	0.00%	-0.82%	13.25%
38498WA0320013	LifeWise Cascade Select Gold	Renewal	38498WA0320013	LifeWise Cascade Select Complete Gold	878	834	\$842.78	\$738.41	-10.97%	0.00%	-1.58%	-12.38%
38498WA0320014	LifeWise Cascade Select Silver	Renewal	38498WA0320014	LifeWise Cascade Select Silver	5,452	5,054	\$703.19	\$876.66	25.38%	0.00%	-0.57%	24.67%
38498WA0320015	LifeWise Cascade Select Bronze	Renewal	38498WA0320015	LifeWise Cascade Select Bronze	6,006	5,516	\$503.77	\$537.77	7.63%	0.00%	-0.82%	6.75%
Total					24,913	23,727			15.13%	0.00%	-0.62%	14.43%

Note

1) 2025 premium is calculated by 2025 Calibrated Plan Adjusted Index Rate multiplying the average 2025 age/geo/smoke factors for 202503 active members

2) 2026 premium is calculated by 2026 Calibrated Plan Adjusted Index Rate multiplying the average 2026 age/geo/smoke factors for 202603 active members



# LifeWise Health Plan of Washington

## Appendix 2.1

### Trend Development

Individual Filing - Effective 1/1/2026

	2026 Rate Filing	2025 Rate Filing	2024 Rate Filing	2023 Rate Filing	2022 Rate Filing
Unit Cost <sup>(1)</sup>	4.39%	5.37%	5.10%	3.70%	4.00%
Utilization <sup>(2)</sup>	2.66%	2.39%	2.40%	3.90%	2.60%

#### For the WAC 284-43-6660

Leveraging <sup>(3)</sup>	0.30%	0.30%	0.40%	0.40%	0.40%
Total Trend with Leveraging	7.49%	8.21%	8.10%	8.20%	7.10%

#### Unit Cost and Utilization breakdown for 2026 Rate Filing

	Medical	Rx	Average Med + Rx
Unit Cost	3.71%	7.60%	4.39%
Utilization	2.90%	1.50%	2.66%
Leveraging	0.30%	0.30%	0.30%
% of Blending Claims	82.55%	17.45%	
Average Allowed Trend	6.72%	9.21%	7.15%
Proposed Annual Incurred Trend	7.04%	9.54%	7.48%

Benefit Category	Annual Trend	% of claims
Hospital	7.04%	44.73%
Professional	7.04%	34.20%
Other Medical	7.04%	3.62%
Dental	N/A	0.00%
Prescription Drug	9.54%	17.45%
Total	7.48%	100.00%

#### Notes:

(1) Based on provider contract estimated by LifeWise's Health Care Economics department

(2) Based on expected differences in number of services per 1,000 members

(3) Based on fixed member cost shares

**LifeWise Health Plan of Washington**  
**Appendix 2.2**  
Demographic Shift Adjustment Development

*Individual Filing - Effective 1/1/2026*

Experience Period	Experience of Retained Members	Experience of Termed Members	Total Experience Period (A)
2024 Member Months	202,409	120,376	322,785
2024 Allowed Claims PMPM	\$615.31	\$592.91	\$606.96

Projection Period	2024 Retained Members	New 2026 Members with known experience <sup>1</sup>	New 2026 Members without known experience	New 2026 Members	Average Projected Experience (B)	Demographic Shift ( B / A )
Projected Member Months	195,550	2,415	60,159	31,448	289,572	
2024 Allowed Claims PMPM	\$633.12	\$1,003.13	\$586.67	\$618.77	\$624.99	1.030

Notes:

1 - Current LifeWise members with experience from an affiliated company

**LifeWise Health Plan of Washington**  
**Appendix 2.3a**  
Other Factor Development

*Individual Filing - Effective 1/1/2026*

		Experience Period		Project Period	
	Network Name	Membership	Normalized Network Factor	Membership	Normalized Network Factor
LifeWise Non Cascade Select Plans	LifeWise Primary	182,805	1.168	127,820	1.168
LifeWise Cascade Select Plans	LifeWise Alpine	139,980	0.886	161,752	0.877
<b>Average Factor</b>			<b>1.046</b>		<b>1.005</b>

**Cascade Select Plan Network Impact                      0.962**

# LifeWise Health Plan of Washington

## Appendix 2.3b

### Normalization of Network Factors

Individual Filing - Effective 1/1/2026

HIOS	Plan	Projected Membership	Market Adj Index Rate	AV & Cost Sharing	Incurred Claims <sup>(1)</sup>	Network Factor	Incurred Claims <sup>(1)</sup> w/ Network Factor	Normalized Network Factor	Incurred Claims <sup>(1)</sup> w/ Norm Network Factor
38498WA0320001	LifeWise Essential Gold	7,542	\$866.24	0.7938	\$687.62	1.0000	\$687.62	1.1678	\$802.99
38498WA0320003	LifeWise Essential Bronze	32,434	\$866.24	0.5956	\$515.93	1.0000	\$515.93	1.1678	\$602.50
38498WA0320004	LifeWise Essential Silver	2,648	\$866.24	0.9955	\$862.35	1.0000	\$862.35	1.1678	\$1,007.03
38498WA0320010	LifeWise Cascade Complete Gold	9,954	\$866.24	0.8784	\$760.91	1.0000	\$760.91	1.1678	\$888.57
38498WA0320011	LifeWise Cascade Silver	9,140	\$866.24	1.0615	\$919.52	1.0000	\$919.52	1.1678	\$1,073.79
38498WA0320012	LifeWise Cascade Bronze	44,859	\$866.24	0.6128	\$530.83	1.0000	\$530.83	1.1678	\$619.90
38498WA0320013	LifeWise Cascade Select Complete Gold	10,164	\$866.24	0.8784	\$760.91	0.7510	\$571.44	0.8770	\$667.32
38498WA0320014	LifeWise Cascade Select Silver	35,620	\$866.24	1.0615	\$919.52	0.7510	\$690.56	0.8770	\$806.42
38498WA0320015	LifeWise Cascade Select Bronze	83,702	\$866.24	0.6128	\$530.83	0.7510	\$398.66	0.8770	\$465.54
38498WA0320016	LifeWise Cascade Vital Gold	21,243	\$866.24	0.8330	\$721.58	1.0000	\$721.58	1.1678	\$842.65
38498WA0320017	LifeWise Cascade Select Vital Gold	32,266	\$866.24	0.8330	\$721.58	0.7510	\$541.91	0.8770	\$632.83
		289,572		0.7476	\$647.59	0.8609	\$554.55	1.0054	\$647.59

Note:

(1) = Incurred Claims & Risk Adjustment

**LifeWise Health Plan of Washington**  
**Appendix 2.3c**  
Adjustment for AV & Cost Sharing to Paid/Allowed

*Individual Filing - Effective 1/1/2026*

Experience Paid to Allow	79.5% (a)
Change in Benefit and Cost Share	3.3% (b)
<hr/>	
Projected Paid to Allow	82.1% (c) = (a) (1+b)
Projected AV & Cost Sharing (Appendix 2.5)	74.8% (d)
<hr/>	
Adjustment Factor	1.099 = (c) / (d)

## LifeWise Health Plan of Washington

### Appendix 2.3d

#### Impact of Expiration of Enhanced Advanced Premium Tax Credits and Migration Due to Silver Loading

*Individual Filing - Effective 1/1/2026*

Projected Premium before ending of eAPTC and new Silver Loading

	2026 Projected
Contribution Margin before eAPTC and Silver Loading	\$91.27
Contribution Margin after eAPTC and Silver Loading	\$41.82
Change in Contribution Margin	-\$49.46
Projected AV & Cost Sharing (Appendix 2.5)	0.7476
Allowed Basis Impact	(\$66.15)
Claims Base (Projected Index Rate before adjustment)	\$758.61
Adjustment Factor	1.0872

# LifeWise Health Plan of Washington

## Appendix 2.4

### Risk Adjustment Development

Individual Filing - Effective 1/1/2026

#### Market Level Risk Adjustment Reduced by 14% Administrative costs

Metallic Level	Year	Market Average Premium	Plan Liability Risk Score	Allowable Rating Factor	Metal Level AV	Induced Demand Factor	Geographic Cost Factor	Plan Liability Component	Allowable Rating Component	Transfer Amount PMPM
Metallic <sup>(2)</sup>	2024	\$507.46	1.303	1.707	0.686	1.030	1.001	1.343	1.208	\$0.00
Metallic <sup>(1)</sup>	2025	\$553.13	1.254	1.707	0.686	1.030	1.001	1.293	1.208	\$0.00
Metallic <sup>(1)</sup>	2026	\$580.79	1.230	1.707	0.686	1.030	1.001	1.268	1.208	\$0.00

#### Experience Risk Adjustment

Metallic Level	Member Months	Billable Member Months	Plan Liability Risk Score	Allowable Rating Factor	Metal Level AV	Induced Demand Factor	Geographic Cost Factor	Plan Liability Component	Allowable Rating Component	Transfer Amount PMPM
Gold <sup>(2)</sup>	34,009	34,505	2.352	1.631	0.800	1.080	0.997	2.533	1.405	\$366.65
Silver <sup>(2)</sup>	118,336	120,347	1.277	1.668	0.700	1.030	1.013	1.332	1.218	-\$8.44
Bronze <sup>(2)</sup>	170,440	172,640	0.823	1.806	0.600	1.000	1.001	0.824	1.085	-\$144.55
Catastrophic <sup>(2)</sup>	0	0	0.000	0.000	0.000	0.000	0.000	0.000	0.000	\$0.00
Total	322,785	327,492	1.151	1.737	0.658	1.019	1.005	1.190	1.168	-\$40.79

Estimated 2024 Risk Adjustment Transfer PMPM	-\$40.79 (a)
Expected 2024 High Cost Risk Pool Reimbursement PMPM	\$1.70 (b)
Expected 2024 High Cost Risk Pool Administrative Cost PMPM	-\$2.29 (c) <sup>(3)</sup>
Estimated 2024 Net Risk Adjustment PMPM	-\$41.39 (d) = (a + b + c)

#### Projected Risk Adjustment

2024 members projected to persist into 2026

Metallic Level	Member Months	Billable Member Months	Plan Liability Risk Score	Allowable Rating Factor	Metal Level AV	Induced Demand Factor	Geographic Cost Factor	Plan Liability Component	Allowable Rating Component	Transfer Amount PMPM
Gold	55,376	55,957	1.625	1.695	0.800	1.080	0.997	1.751	1.460	\$99.40
Silver	34,529	35,009	1.448	1.612	0.700	1.030	1.012	1.508	1.176	\$125.17
Bronze	105,645	106,716	0.865	1.847	0.600	1.000	0.998	0.863	1.106	-\$136.51
Total	195,550	197,682	1.183	1.762	0.674	1.028	1.000	1.228	1.219	-\$23.50

New 2025 members projected to persist into 2026

Metallic Level	Member Months	Billable Member Months	Plan Liability Risk Score	Allowable Rating Factor	Metal Level AV	Induced Demand Factor	Geographic Cost Factor	Plan Liability Component	Allowable Rating Component	Transfer Amount PMPM
Gold	17,205	17,366	1.582	1.581	0.800	1.080	0.999	1.707	1.364	\$125.44
Silver	7,974	8,085	1.653	1.644	0.700	1.030	1.007	1.714	1.194	\$210.72
Bronze	37,395	37,729	0.799	1.749	0.600	1.000	1.008	0.805	1.058	-\$140.04
Total	62,574	63,180	1.123	1.689	0.668	1.026	1.006	1.169	1.160	-\$22.35

New members projected in 2026

Metallic Level	Member Months	Billable Member Months	Plan Liability Risk Score	Allowable Rating Factor	Metal Level AV	Induced Demand Factor	Geographic Cost Factor	Plan Liability Component	Allowable Rating Component	Transfer Amount PMPM
Gold	8,588	29,964	1.627	1.672	0.800	1.080	0.998	1.753	1.441	\$109.66
Silver	4,905	11,411	1.494	1.623	0.700	1.030	1.012	1.556	1.184	\$143.26
Bronze	17,955	56,802	0.848	1.822	0.600	1.000	0.998	0.846	1.091	-\$137.23
Total	31,448	98,177	1.161	1.750	0.670	1.027	1.000	1.205	1.201	-\$26.06

#### Total 2026 Projected Risk Adjustment

Metallic Level	Member Months	Billable Member Months	Plan Liability Risk Score	Allowable Rating Factor	Metal Level AV	Induced Demand Factor	Geographic Cost Factor	Plan Liability Component	Allowable Rating Component	Transfer Amount PMPM
Gold	81,169	103,287	1.616	1.668	0.800	1.080	0.998	1.742	1.438	\$106.01
Silver	47,408	54,505	1.487	1.619	0.700	1.030	1.011	1.548	1.180	\$141.43
Bronze	160,995	201,247	0.847	1.821	0.600	1.000	1.000	0.848	1.093	-\$137.41
Total	289,572	359,039	1.168	1.745	0.672	1.027	1.001	1.213	1.204	-\$23.53

	2026 Filing	Prior Filing
Risk Adjustment Transfer PMPM	-\$23.53	-\$34.59 (a)
Expected High Cost Risk Pool Reimbursement PMPM	\$0.19	\$0.73 (b)
Expected High Cost Risk Pool Administrative Cost PMPM	-\$2.55	-\$2.39 (c) <sup>(3)</sup>
Net Risk Adjustment PMPM	-\$25.89	-\$36.25 (d) = (a + b + c)
Projection Period Paid to Allowed (Appendix 2.5)	0.748	(e)
Allowed Net Risk Adjustment PMPM	-\$34.63	(f) = (d / e)

Notes:

(1) Source: Wakely 2024 Dec End Risk Adjustment Report

(2) Source: Wakely 2024 Dec End Risk Adjustment Report

(3) The % of premium for high cost risk pool administrative cost= 0.356%

2026 Expected High Cost Risk Pool Admin Cost PMPM = 0.356%\* \$718.84= \$2.55

LifeWise Health Plan of Washington  
Appendix 2.5  
Plan Adjustment Factors Development  
Individual Filing - Effective 1/1/2026

HICR	Plan	Projected Membership	Market Adj Index Rate	AV & Cost Sharing Dev			AV & Cost Sharing	Network Utilization (%)	Catastrophic Adjustment	Administrative Expense (A)			Taxes and Fees (B)			Profit & Risk Load (C)			Plan Adj Index Rate (D)	1,000B Premium (E)	Calibrated Plan Adj Index Rate (F)	(A) - (F) Difference	Benefits in addition to EHB			URRT	EHB %
				IRA	IRF	Silver Load				AE Fixed	AE % Prem	AE % Total	TF Fixed	TF % Prem	TF % Total	PR Fixed	PR % Prem	PR % Total					NB Fixed	NB % Prem	NB Factor	AV & Cost	%
3849BW/A0320001	LifeWise Essential Gold	7,542	\$866.24	0.7738	1.0259	1.0000	0.7938	1.1680	1.0000	\$74.65	0.00%	8.55%	\$0.77	2.08%	2.17%	\$0.00	-2.67%	-2.67%	\$873.43	\$505.29	\$505.29	\$0.00	\$1.00	0.00%	1.0011	0.7929	99.89%
3849BW/A0320003	LifeWise Essential Bronze	32,434	\$866.24	0.6162	0.9667	1.0000	0.9595	1.1680	1.0000	\$74.65	0.00%	11.08%	\$0.77	2.08%	2.20%	\$0.00	-2.67%	-2.67%	\$674.13	\$389.99	\$389.99	\$0.00	\$1.00	0.00%	1.0015	0.5947	99.85%
3849BW/A0320004	LifeWise Essential Silver	2,648	\$866.24	0.6994	0.9920	1.4300	0.9955	1.1680	1.0000	\$74.65	0.00%	6.94%	\$0.77	2.08%	2.15%	\$0.00	-2.67%	-2.67%	\$1,076.31	\$622.66	\$622.66	\$0.00	\$1.00	0.00%	1.0009	0.9946	99.91%
3849BW/A0320010	LifeWise Cascade Complete Gold	9,954	\$866.24	0.8238	1.0585	1.0000	0.8784	1.1680	1.0000	\$74.65	0.00%	7.79%	\$0.77	2.08%	2.16%	\$0.00	-2.67%	-2.67%	\$958.50	\$554.50	\$554.50	\$0.00	\$1.00	0.00%	1.0010	0.8775	99.90%
3849BW/A0320011	LifeWise Cascade Silver	8,140	\$866.24	0.7348	1.0068	1.4300	1.0615	1.1680	1.0000	\$74.65	0.00%	6.53%	\$0.77	2.08%	2.15%	\$0.00	-2.67%	-2.67%	\$1,142.62	\$661.02	\$661.02	\$0.00	\$1.00	0.00%	1.0009	1.0605	99.93%
3849BW/A0320012	LifeWise Cascade Bronze	44,859	\$866.24	0.6316	0.9703	1.0000	0.6128	1.1680	1.0000	\$74.65	0.00%	10.80%	\$0.77	2.08%	2.19%	\$0.00	-2.67%	-2.67%	\$691.31	\$399.93	\$399.93	\$0.00	\$1.00	0.00%	1.0014	0.6119	99.86%
3849BW/A0320013	LifeWise Cascade Select Complete Gold	10,184	\$866.24	0.8298	1.0595	1.0000	0.8784	0.8770	1.0000	\$74.65	0.00%	10.11%	\$0.77	2.08%	2.19%	\$0.00	-2.67%	-2.67%	\$738.45	\$427.20	\$427.20	\$0.00	\$1.00	0.00%	1.0014	0.8772	99.86%
3849BW/A0320014	LifeWise Cascade Select Silver	35,020	\$866.24	0.7248	1.0068	1.4300	1.0615	0.8770	1.0000	\$74.65	0.00%	8.52%	\$0.77	2.08%	2.17%	\$0.00	-2.67%	-2.67%	\$676.70	\$507.19	\$507.19	\$0.00	\$1.00	0.00%	1.0011	1.0603	99.89%
3849BW/A0320015	LifeWise Cascade Select Bronze	83,732	\$866.24	0.6316	0.9703	1.0000	0.6128	0.8770	1.0000	\$74.65	0.00%	13.88%	\$0.77	2.08%	2.23%	\$0.00	-2.67%	-2.67%	\$537.79	\$311.12	\$311.12	\$0.00	\$1.00	0.00%	1.0019	0.6116	99.81%
3849BW/A0320016	LifeWise Cascade Vital Gold	27,243	\$866.24	0.8005	1.0406	1.0000	0.8330	1.1680	1.0000	\$74.65	0.00%	8.18%	\$0.77	2.08%	2.17%	\$0.00	-2.67%	-2.67%	\$913.94	\$528.15	\$528.15	\$0.00	\$1.00	0.00%	1.0011	0.8321	99.86%
3849BW/A0320017	LifeWise Cascade Select Vital Gold	32,286	\$866.24	0.8005	1.0406	1.0000	0.8330	0.8770	1.0000	\$74.65	0.00%	10.60%	\$0.77	2.08%	2.19%	\$0.00	-2.67%	-2.67%	\$708.05	\$407.30	\$407.30	\$0.00	\$1.00	0.00%	1.0014	0.8318	99.86%
Total		289,872	\$866.24	0.6991	1.0000	1.0712	0.7470	1.0955	1.0000										-2.67%	\$718.84							

2025 Vs 2026 Filing Factors vary by plans											
HICR	Plan	AV & Cost Sharing		Network Utilization		Benefits in addition to EHB Factor		Administrative Expense % of Total		Taxes & Fees % of Total	
		2024 Filing	2026 Filing	2024 Filing	2026 Filing	2024 Filing	2026 Filing	2024 Filing	2026 Filing	2024 Filing	2026 Filing
3849BW/A0320001	LifeWise Essential Gold	1.0171	0.7938	1.1090	1.1680	1.0011	1.0011	7.89%	8.55%	2.89%	2.17%
3849BW/A0320003	LifeWise Essential Bronze	0.6168	0.9595	1.1090	1.1680	1.0017	1.0015	12.35%	11.08%	2.93%	2.20%
3849BW/A0320004	LifeWise Essential Silver Low Deductible	0.9308	0.9950	1.1090	1.1680	1.0012	1.0009	8.56%	6.94%	2.90%	2.15%
3849BW/A0320010	LifeWise Cascade Gold	1.1581	0.8784	1.1090	1.1680	1.0010	1.0010	7.03%	7.79%	2.88%	2.16%
3849BW/A0320011	LifeWise Cascade Silver	0.9467	1.0615	1.1090	1.1680	1.0012	1.0009	8.42%	6.53%	2.90%	2.15%
3849BW/A0320012	LifeWise Cascade Bronze	0.6447	0.6128	1.1090	1.1680	1.0016	1.0014	11.87%	10.80%	2.93%	2.19%
3849BW/A0320013	LifeWise Cascade Select Gold	1.1581	0.8784	0.8870	0.8770	1.0012	1.0014	8.59%	10.11%	2.90%	2.19%
3849BW/A0320014	LifeWise Cascade Select Silver	0.9467	1.0615	0.8870	0.8770	1.0014	1.0011	10.30%	8.52%	2.91%	2.17%
3849BW/A0320015	LifeWise Cascade Select Bronze	0.6447	0.6128	0.8870	0.8775	1.0020	1.0019	14.98%	13.88%	2.95%	2.23%

2025 Vs 2026 Filing Factors do not vary by plans		
Filing	Catastrophic Adjustment	Profit & Risk Load
2025 Filing	1.0000	2.50%
2026 Filing	1.0000	2.67%

Notes:

(1) Plans vary by Network Utilization

(2) Refer to the Administrative Expenses Load on Appendix 2.5d

(3) Refer to the Taxes & Fees on Appendix 2.5b

(4) Refer to the Profit & Risk Load on Appendix 2.5b

(5) Market Adjust Index Rate adjusted for allocable plan level defined in the market rating rules 45 CFR 158.80(a)(2).



# LifeWise Health Plan of Washington

## Appendix 2.5a

Induced Demand Factor Adjustment

Individual Filing - Effective 1/1/2026

HIOS	Plan	Projected Membership	AV & Cost Sharing Dev		
			P/A	IDF	Norm IDF
38498WA0320001	LifeWise Essential Gold	7,542	0.7738	1.0650	1.0259
38498WA0320003	LifeWise Essential Bronze	32,434	0.6162	1.0035	0.9667
38498WA0320004	LifeWise Essential Silver	2,648	0.6994	1.0298	0.9920
38498WA0320010	LifeWise Cascade Complete Gold	9,954	0.8298	1.0988	1.0585
38498WA0320011	LifeWise Cascade Silver	9,140	0.7348	1.0451	1.0068
38498WA0320012	LifeWise Cascade Bronze	44,859	0.6316	1.0073	0.9703
38498WA0320013	LifeWise Cascade Select Complete Gold	10,164	0.8298	1.0988	1.0585
38498WA0320014	LifeWise Cascade Select Silver	35,620	0.7348	1.0451	1.0068
38498WA0320015	LifeWise Cascade Select Bronze	83,702	0.6316	1.0073	0.9703
38498WA0320016	LifeWise Cascade Vital Gold	21,243	0.8005	1.0803	1.0406
38498WA0320017	LifeWise Cascade Select Vital Gold	32,266	0.8005	1.0803	1.0406
Total		289,572	0.6951	1.0381	1.0000

IDF Adjustment Factor

0.96329

**LifeWise Health Plan of Washington**

**Appendix 2.5b**

Administrative Cost Development

Individual Filing - Effective 1/1/2026

Summary of Administrative Expenses Load: (Appendix 2.5)											
Expense Components	PMPM or % of Premium	2026 Rate Filing PMPM	2026 Rate Filing % of Premium	2025 Rate Filing PMPM	2025 Rate Filing % of Premium	2024 Rate Filing PMPM	2024 Rate Filing % of Premium	2023 Rate Filing PMPM	2023 Rate Filing % of Premium	2022 Rate Filing PMPM	2022 Rate Filing % of Premium
Proposed Net Operating Expense <sup>(3)</sup>	PMPM	\$67.62	9.41%	\$65.59	9.78%	\$58.92	8.96%	\$52.15	8.28%	\$50.99	9.41%
Commission	PMPM	\$8.89	1.24%	\$8.78	1.31%	\$10.57	1.61%	\$9.92	1.57%	\$9.08	1.68%
Reinsurance Fees <sup>(1)</sup>	PMPM	\$0.69	0.10%	\$0.63	0.09%	\$0.26	0.04%	\$0.24	0.04%	\$0.28	0.05%
Interest Credit	PMPM	-\$2.55	-0.35%	(\$2.61)	-0.39%	-\$2.55	-0.39%	-\$0.51	-0.08%	-\$0.09	-0.02%
Subtotal		\$74.65		\$72.40		\$67.21		\$61.80		\$60.25	

Changes between 2025 and 2026 Filing	
PMPM	% of Premium
\$2.03	
\$0.11	
\$0.06	
\$0.06	
\$2.25	

Summary of Profit & Risk Load: (Appendix 2.5)											
Expense Components	PMPM or % of Premium	2026 Rate Filing PMPM	2026 Rate Filing % of Premium	2025 Rate Filing PMPM	2025 Rate Filing % of Premium	2024 Rate Filing PMPM	2024 Rate Filing % of Premium	2023 Rate Filing PMPM	2023 Rate Filing % of Premium	2022 Rate Filing PMPM	2022 Rate Filing % of Premium
Risk & Contingency	% of Premium	-\$19.22	-2.67%	\$23.49	3.50%	\$18.19	2.77%	\$22.06	3.50%	\$18.96	3.50%

PMPM	% of Premium
	-6.17%

Summary of Taxes & Fees: (Appendix 2.5)											
Expense Components	PMPM or % of Premium	2026 Rate Filing PMPM	2026 Rate Filing % of Premium	2025 Rate Filing PMPM	2025 Rate Filing % of Premium	2024 Rate Filing PMPM	2024 Rate Filing % of Premium	2023 Rate Filing PMPM	2023 Rate Filing % of Premium	2022 Rate Filing PMPM	2022 Rate Filing % of Premium
Regulatory&Insurance Fraud Surcharge	% of Premium	\$0.59	0.08%	\$0.56	0.08%	\$0.50	0.08%	\$0.52	0.08%	\$0.47	0.09%
Federal Income Tax <sup>(4)</sup>	% of Premium	\$0.00	0.00%	\$4.93	0.74%	\$0.13	0.74%	\$0.00	0.00%	\$0.00	0.00%
WSHIP Assessment	PMPM	\$0.19	0.03%	\$0.13	0.02%	\$0.30	0.05%	\$0.38	0.06%	\$0.55	0.10%
Premium Tax	% of Premium	\$14.38	2.00%	\$13.42	2.00%	\$13.16	2.00%	\$12.60	2.00%	\$10.83	2.00%
WAPAL Assessment Fee	PMPM	\$0.06	0.01%	\$0.07	0.01%	\$0.06	0.01%				
Patient Centered Outcome Research Fee	PMPM	\$0.32	0.04%	\$0.30	0.04%	\$0.28	0.04%	\$0.26	0.04%	\$0.25	0.05%
Risk Adjustment Program Administration Fee	PMPM	\$0.20	0.03%	\$0.18	0.03%	\$0.21	0.03%	\$0.22	0.03%	\$0.25	0.05%
Subtotal			2.19%		2.92%		2.94%		2.22%		2.28%

PMPM	% of Premium
	0.00%
	-0.74%
\$0.06	
	0.00%
(\$0.01)	
\$0.02	
\$0.02	

Summary of Exchange Fee: (Appendix 1.1)											
Expense Components	PMPM or % of Premium	2026 Rate Filing PMPM	2026 Rate Filing % of Premium	2025 Rate Filing PMPM	2025 Rate Filing % of Premium	2024 Rate Filing PMPM	2024 Rate Filing % of Premium	2023 Rate Filing PMPM	2023 Rate Filing % of Premium	2022 Rate Filing PMPM	2022 Rate Filing % of Premium
Exchange Fee <sup>(2)</sup>	PMPM	\$5.11	0.71%	\$5.07	0.76%	\$2.97	0.45%	\$2.96	0.47%	\$3.27	0.60%

PMPM	% of Premium
\$0.04	

Notes:

(1) Commercially purchased reinsurance coverage (not the Federal Reinsurance program)

(2) Assumes 100% of members buy through the Exchange, which costs \$5.11 per month per Exchange member

(3) Reliant on LifeWise Financial Department projection

(4) LifeWise is subject to pay 21% federal income tax of profits.

**LifeWise Health Plan of Washington**  
**Appendix 2.5c**  
Commission

*Individual Filing - Effective 1/1/2026*

Producer Tier	Comm PMPM	Projected Membership
Tier 1+	\$21	3%
Tier 1	\$20	29%
Tier 2	\$15	3%
Tier 3	\$10	6%
No Commissions	\$0	59%
Projected Comm		\$7.48

Tier One (\$20 PMPM) Bonus		
Bonus Tier	Bonus PMPY <sup>(1)</sup>	Projected Membership
New Cascade Select member	\$100	2%
Existing member or new non-Cascade Select	\$50	30%
Projected Bonus PMPM		\$1.41

**Total Commission PMPM**                      **\$8.89**

Note:

(1) For every new cascade select enrolled member, Tier 1 or 1+ producers will be rewarded \$100  
and for every existing member or new non-cascade select member who continue to enroll with us, they will be rewarded \$50.

**LifeWise Health Plan of Washington**  
**Appendix 2.5d**  
WSHIP Assessment

*Individual Filing - Effective 1/1/2026*

	2025 Projection <sup>(2)</sup>
WSHIP Total Assessment	\$9,000,000
Total Insured Persons Reported <sup>(1)</sup>	46,927,276
WSHIP Assessment PMPM	\$0.19

Note:

(1) Total Insured Persons assumed to slightly grow based on 2025 insured persons

(2) Projection based on projected 2026 Assessment March 2025

# LifeWise Health Plan of Washington

## Appendix 2.6

### Calibration Factor Development

Individual Filing - Effective 1/1/2026

		Projected Membership Distribution									
Geographic Factor <sup>(1)</sup>		1.0000	1.0242	1.0358	0.9580	1.0402	0.9895	1.0005	0.9667	1.0253	Subtotal
Age Band	Age Factor <sup>(2)</sup>	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9	
>3 Child under 21	0.000	0.04%	0.03%	0.01%	0.02%	0.04%	0.05%	0.01%	0.12%	0.03%	0.34%
0-14	0.765	1.49%	0.27%	0.24%	0.59%	0.94%	0.49%	0.38%	2.41%	0.14%	6.95%
15	0.833	0.17%	0.02%	0.02%	0.11%	0.09%	0.06%	0.07%	0.21%	0.02%	0.77%
16	0.859	0.15%	0.02%	0.03%	0.07%	0.08%	0.06%	0.05%	0.19%	0.03%	0.67%
17	0.885	0.14%	0.03%	0.05%	0.09%	0.12%	0.03%	0.04%	0.21%	0.01%	0.72%
18	0.913	0.15%	0.03%	0.03%	0.05%	0.11%	0.03%	0.03%	0.20%	0.03%	0.66%
19	0.941	0.17%	0.02%	0.06%	0.14%	0.12%	0.11%	0.11%	0.47%	0.04%	1.23%
20	0.970	0.22%	0.07%	0.03%	0.10%	0.13%	0.10%	0.05%	0.46%	0.02%	1.17%
21	1.000	0.21%	0.04%	0.03%	0.09%	0.12%	0.08%	0.07%	0.48%	0.03%	1.14%
22	1.000	0.17%	0.03%	0.03%	0.06%	0.08%	0.04%	0.10%	0.51%	0.01%	1.04%
23	1.000	0.15%	0.02%	0.03%	0.11%	0.10%	0.05%	0.05%	0.49%	0.03%	1.02%
24	1.000	0.11%	0.01%	0.08%	0.10%	0.10%	0.06%	0.04%	0.47%	0.02%	0.98%
25	1.004	0.18%	0.04%	0.03%	0.08%	0.10%	0.05%	0.05%	0.59%	0.02%	1.13%
26	1.024	0.23%	0.06%	0.07%	0.16%	0.17%	0.10%	0.05%	0.67%	0.02%	1.52%
27	1.048	0.21%	0.03%	0.05%	0.09%	0.13%	0.07%	0.08%	0.77%	0.01%	1.44%
28	1.087	0.23%	0.07%	0.05%	0.11%	0.13%	0.09%	0.09%	0.72%	0.03%	1.50%
29	1.119	0.25%	0.05%	0.05%	0.11%	0.16%	0.07%	0.06%	0.65%	0.05%	1.45%
30	1.135	0.27%	0.03%	0.05%	0.12%	0.17%	0.08%	0.11%	0.66%	0.03%	1.50%
31	1.159	0.30%	0.05%	0.06%	0.10%	0.15%	0.10%	0.11%	0.75%	0.02%	1.62%
32	1.183	0.27%	0.04%	0.05%	0.13%	0.19%	0.08%	0.07%	0.75%	0.02%	1.60%
33	1.198	0.29%	0.05%	0.07%	0.10%	0.21%	0.07%	0.08%	0.74%	0.03%	1.63%
34	1.214	0.25%	0.06%	0.05%	0.07%	0.22%	0.09%	0.08%	0.80%	0.02%	1.64%
35	1.222	0.35%	0.05%	0.06%	0.07%	0.17%	0.08%	0.10%	0.80%	0.04%	1.73%
36	1.230	0.26%	0.04%	0.02%	0.10%	0.17%	0.09%	0.10%	0.73%	0.03%	1.54%
37	1.238	0.30%	0.03%	0.06%	0.11%	0.14%	0.08%	0.14%	0.75%	0.03%	1.65%
38	1.246	0.32%	0.07%	0.04%	0.13%	0.15%	0.10%	0.13%	0.73%	0.02%	1.69%
39	1.262	0.30%	0.05%	0.07%	0.13%	0.17%	0.09%	0.13%	0.77%	0.05%	1.75%
40	1.278	0.31%	0.08%	0.05%	0.13%	0.15%	0.10%	0.11%	0.74%	0.04%	1.71%
41	1.302	0.22%	0.04%	0.05%	0.14%	0.19%	0.12%	0.13%	0.79%	0.02%	1.70%
42	1.325	0.33%	0.05%	0.06%	0.20%	0.17%	0.13%	0.08%	0.72%	0.05%	1.78%
43	1.357	0.35%	0.08%	0.08%	0.15%	0.20%	0.11%	0.14%	0.78%	0.03%	1.91%
44	1.397	0.32%	0.11%	0.07%	0.15%	0.20%	0.11%	0.14%	0.73%	0.04%	1.88%
45	1.444	0.35%	0.08%	0.07%	0.14%	0.21%	0.15%	0.13%	0.73%	0.05%	1.92%
46	1.500	0.36%	0.08%	0.08%	0.16%	0.19%	0.12%	0.11%	0.65%	0.02%	1.77%
47	1.563	0.33%	0.09%	0.08%	0.12%	0.22%	0.14%	0.14%	0.76%	0.05%	1.94%
48	1.635	0.33%	0.08%	0.08%	0.15%	0.20%	0.10%	0.13%	0.60%	0.02%	1.69%
49	1.706	0.29%	0.04%	0.07%	0.10%	0.20%	0.11%	0.13%	0.62%	0.03%	1.61%
50	1.786	0.31%	0.09%	0.10%	0.15%	0.18%	0.15%	0.09%	0.73%	0.03%	1.84%
51	1.865	0.30%	0.08%	0.04%	0.16%	0.25%	0.14%	0.15%	0.69%	0.05%	1.85%
52	1.952	0.30%	0.10%	0.08%	0.11%	0.17%	0.08%	0.13%	0.59%	0.06%	1.61%
53	2.040	0.34%	0.08%	0.07%	0.20%	0.31%	0.13%	0.13%	0.69%	0.05%	2.00%
54	2.135	0.47%	0.14%	0.08%	0.22%	0.31%	0.15%	0.16%	0.76%	0.07%	2.37%
55	2.230	0.50%	0.09%	0.05%	0.22%	0.19%	0.14%	0.14%	0.79%	0.04%	2.16%
56	2.333	0.43%	0.15%	0.07%	0.16%	0.25%	0.13%	0.18%	0.79%	0.05%	2.22%
57	2.437	0.48%	0.14%	0.06%	0.22%	0.22%	0.14%	0.18%	0.86%	0.05%	2.35%
58	2.548	0.43%	0.12%	0.10%	0.16%	0.33%	0.13%	0.14%	0.89%	0.05%	2.34%
59	2.603	0.49%	0.17%	0.08%	0.23%	0.34%	0.15%	0.20%	1.00%	0.10%	2.75%
60	2.714	0.44%	0.19%	0.16%	0.22%	0.31%	0.18%	0.26%	0.94%	0.09%	2.79%
61	2.810	0.53%	0.21%	0.16%	0.27%	0.40%	0.25%	0.32%	1.29%	0.11%	3.55%
62	2.873	0.60%	0.27%	0.16%	0.38%	0.52%	0.26%	0.30%	1.48%	0.13%	4.11%
63	2.952	0.61%	0.25%	0.20%	0.44%	0.48%	0.33%	0.41%	1.63%	0.17%	4.53%
64 and older	3.000	0.74%	0.33%	0.18%	0.56%	0.54%	0.32%	0.48%	2.15%	0.21%	5.49%
Subtotal:		17.33%	4.44%	3.71%	8.27%	11.15%	6.26%	6.90%	39.50%	2.44%	100.00%

	2026	2025	2024	2023
Inverse of Average Age Factor:	0.5729	0.5733	0.5497	0.5472
Inverse of Average Geographic Factor:	1.0098	0.9505	0.9267	0.9206
Inverse of Average Tobacco Factor:	1.0000	0.9958	0.9955	0.9952
Average Age:	49	49	50	51

#### Historical Tobacco Factors

	2026	2025	2024	2023
Non-smoker	1.0000	1.0000	1.0000	1.0000
Smoker	1.0000	1.0750	1.0750	1.0750

#### Notes:

(1) Counties in Service Area for Essential Plans by Region

Region 1: King  
Region 2: Lewis  
Region 3: N/A  
Region 4: Ferry, Pend Oreille, Spokane, Stevens  
Region 5: Pierce, Thurston  
Region 6: Benton, Kittitas  
Region 7: Adams, Grant, Okanogan  
Region 8: Island, Snohomish  
Region 9: Asotin, Columbia, Garfield, Walla Walla, Whitman

Counties in Service Area for Cascade plans by Region

Region 1: King  
Region 2: Lewis  
Region 3: N/A  
Region 4: Spokane, Stevens  
Region 5: Pierce, Thurston  
Region 6: Kittitas  
Region 7: Grant, Okanogan  
Region 8: Snohomish  
Region 9: Asotin, Columbia, Garfield, Walla Walla, Whitman

Counties in Service Area for Cascade Select plans by Region

Region 1: N/A  
Region 2: Cowlitz, Grays Harbor, Lewis, Wahkiakum  
Region 3: Clark, Klickitat, Skamania  
Region 4: Ferry, Pend Oreille, Spokane  
Region 5: Pierce, Thurston  
Region 6: Benton, Yakima  
Region 7: Adams, Chelan, Douglas  
Region 8: Island, Skagit, Whatcom  
Region 9: N/A

(2) Per PHS Act Section 2701(a)(4) the rates of no more than the 3 oldest children under age 21 can be taken into account in computing the family premium.

LifeWise Health Plan of Washington  
Appendix 2.6a  
Development of Geographic Area Factors

Individual Filing - Effective 1/1/2026

Region <sup>(2)</sup>	WEST/EAST WA	Projected MBR Distribution	2024 Medical Ratio	Projected Unit Cost Increase 2024-2026	2026 Medical Ratio	2026 Medical Ratio Normalizing King to 1.000	Medical/ Total Allowed	Pharmacy/ Total Allowed	Formulated 2026 Area Factor	2026 Proposed Factors	2025 Area Factors	2024 Area Factors	2023 Area Factors
1 WWA		17.3%	90.4%	7.7%	97.4%	1.0000	83.0%	17.0%	1.0000	1.0000	1.0000	1.0000	1.0000
2 WWA		4.4%	92.0%	8.6%	100.0%	1.0262	83.0%	17.0%	1.0218	1.0242	1.1570	1.1698	1.2064
3 WWA		3.7%	94.3%	8.2%	102.0%	1.0467	83.0%	17.0%	1.0388	1.0358	1.1701	1.1830	1.2200
4 EWA		8.3%	85.5%	8.1%	92.5%	0.9494	83.0%	17.0%	0.9580	0.9580	0.9970	1.0050	1.0100
5 WWA		11.2%	94.6%	8.0%	102.1%	1.0484	83.0%	17.0%	1.0402	1.0402	1.0464	1.0923	1.1265
6 EWA		6.3%	94.7%	8.5%	102.7%	1.0542	83.0%	17.0%	1.0450	0.9895	1.0011	1.0379	1.0431
7 EWA		6.9%	88.8%	9.8%	97.5%	1.0006	83.0%	17.0%	1.0005	1.0005	1.1224	1.1637	1.1695
8 WWA		39.5%	86.3%	8.4%	93.5%	0.9599	83.0%	17.0%	0.9667	0.9667	1.0613	1.0837	1.0737
9 EWA		2.4%	77.1%	8.6%	83.7%	0.8589	83.0%	17.0%	0.8828	1.0253	1.0373	1.0755	1.0809
										0.9903	1.0518	1.0736	1.0777
Max to min Area factor ratio				1.0858	Small Region Avg Area Factor WWA				1.0295	1.1630			
Ratio under 1.22				TRUE	EWA				0.9995	1.0113			

Notes:

1) Contracted Rates for Prescription Drug does not vary between regions

2) 2026 Service Counties by Rating Area For LifeWise Essential Plans

- Area 1: King
- Area 2: Lewis
- Area 3: N/A
- Area 4: Ferry, Pend Oreille, Spokane, Stevens
- Area 5: Pierce, Thurston
- Area 6: Benton, Kittitas
- Area 7: Adams, Grant, Okanogan
- Area 8: Island, Snohomish
- Area 9: Asotin, Columbia, Garfield, Walla Walla, Whitman

3) 2026 Service Counties by Rating Area For LifeWise Cascade Plans

- Area 1: King
- Area 2: Lewis
- Area 3: N/A
- Area 4: Spokane, Stevens
- Area 5: Pierce, Thurston
- Area 6: Kittitas
- Area 7: Grant, Okanogan
- Area 8: Snohomish
- Area 9: Asotin, Columbia, Garfield, Walla Walla, Whitman

4) 2026 Service Counties by Rating Area For LifeWise Cascade Select Plans

- Area 1: N/A
- Area 2: Cowlitz, Grays Harbor, Lewis, Wahkiakum
- Area 3: Clark, Klickitat, Skamania
- Area 4: Ferry, Pend Oreille, Spokane
- Area 5: Pierce, Thurston
- Area 6: Benton, Yakima
- Area 7: Adams, Chelan, Douglas
- Area 8: Island, Skagit, Whatcom
- Area 9: N/A

LifeWise Health Plan of Washington  
Appendix 3.1  
Experience Claims by Incurred & Paid Date & EHB/Non EHB Category<sup>(1)</sup>

Individual Filing - Effective 1/1/2026

By Incurred Date

Month	Allowed Claims		Incurred Claims		Premium	Paid to Allowed	
	Medical	Rx	Medical	Rx		Medical	Rx
202401	\$13,113,104	\$2,639,653	\$9,584,012	\$1,076,738	\$16,263,819	73.1%	40.8%
202402	\$13,402,983	\$2,746,603	\$10,372,237	\$1,720,069	\$16,857,877	77.4%	62.6%
202403	\$13,763,620	\$2,650,111	\$10,635,879	\$1,956,047	\$16,831,727	77.3%	73.8%
202404	\$13,198,842	\$2,753,998	\$10,170,640	\$2,181,584	\$16,871,679	77.1%	79.2%
202405	\$15,810,868	\$3,129,885	\$12,832,669	\$2,596,501	\$16,880,227	81.2%	83.0%
202406	\$12,483,848	\$2,386,083	\$10,058,129	\$1,942,575	\$16,845,559	80.6%	82.1%
202407	\$12,478,128	\$3,017,197	\$9,964,236	\$2,528,115	\$16,811,598	79.9%	83.8%
202408	\$12,542,985	\$2,981,833	\$10,086,245	\$2,524,604	\$16,748,005	80.4%	84.7%
202409	\$12,465,469	\$2,760,663	\$10,198,085	\$2,362,498	\$16,744,179	81.8%	85.6%
202410	\$14,561,911	\$3,376,032	\$11,899,529	\$2,922,408	\$16,648,181	81.7%	86.6%
202411	\$12,110,450	\$2,559,516	\$10,076,873	\$2,192,954	\$16,568,956	83.2%	85.7%
202412	\$12,664,393	\$3,117,892	\$10,527,211	\$2,721,795	\$16,181,610	83.1%	87.3%
IBNR	\$3,133,315	\$87,426	\$2,578,425	\$68,789		82.3%	78.7%
Total w/o Adjustment	\$161,729,914	\$34,186,892	\$128,983,971	\$26,794,676		79.8%	78.4%
Total	\$161,729,914	\$34,186,892	\$128,983,971	\$26,794,676	\$200,263,450	79.8%	78.4%

By Incurred Date Total

Month	Allowed & Paid Claims							Incurred & Paid Claims						
	IP	OP	PROF	OTHER	Capitation	Rx	Non EHB	IP	OP	PROF	OTHER	Capitation	Rx	Non EHB
202401	\$3,270,086	\$4,041,220	\$5,222,893	\$578,906	\$0	\$2,639,653	\$0	\$3,125,430	\$2,711,278	\$3,272,834	\$474,470	\$0	\$1,076,738	\$0
202402	\$2,989,227	\$4,647,587	\$5,404,372	\$361,797	\$0	\$2,746,603	\$0	\$2,835,587	\$3,562,202	\$3,693,487	\$280,961	\$0	\$1,720,069	\$0
202403	\$2,767,206	\$4,580,693	\$5,695,583	\$720,138	\$0	\$2,650,111	\$0	\$2,608,103	\$3,388,697	\$3,989,245	\$649,834	\$0	\$1,956,047	\$0
202404	\$4,514,383	\$5,005,833	\$5,677,753	\$0	\$0	\$2,753,998	\$0	\$2,186,117	\$3,377,890	\$4,017,008	\$589,625	\$0	\$2,181,584	\$0
202405	\$3,926,868	\$5,039,495	\$6,127,076	\$717,429	\$0	\$3,129,885	\$0	\$3,734,956	\$3,942,493	\$4,515,036	\$640,183	\$0	\$2,596,501	\$0
202406	\$2,414,816	\$4,127,590	\$5,357,270	\$584,173	\$0	\$2,366,083	\$0	\$2,275,902	\$3,235,357	\$4,022,089	\$524,691	\$0	\$1,942,575	\$0
202407	\$2,168,269	\$4,273,683	\$5,471,515	\$564,661	\$0	\$3,017,197	\$0	\$2,004,018	\$3,355,502	\$4,125,486	\$479,230	\$0	\$2,528,115	\$0
202408	\$2,385,935	\$4,241,465	\$5,405,158	\$510,427	\$0	\$2,881,833	\$0	\$2,231,644	\$3,307,137	\$4,093,880	\$453,584	\$0	\$2,524,604	\$0
202409	\$1,740,101	\$4,598,432	\$5,476,190	\$650,746	\$0	\$2,760,663	\$0	\$1,640,711	\$3,699,263	\$4,276,869	\$581,242	\$0	\$2,362,498	\$0
202410	\$2,651,594	\$4,985,006	\$5,246,751	\$678,580	\$0	\$3,376,032	\$0	\$2,453,868	\$4,014,480	\$4,809,809	\$621,372	\$0	\$2,922,408	\$0
202411	\$2,136,959	\$4,485,278	\$4,957,831	\$530,345	\$0	\$2,559,516	\$0	\$1,990,658	\$3,774,359	\$3,833,351	\$478,305	\$0	\$2,192,954	\$0
202412	\$2,477,217	\$4,779,330	\$4,990,918	\$416,926	\$0	\$3,117,891	\$0	\$2,325,464	\$3,976,368	\$3,873,428	\$351,952	\$0	\$2,721,795	\$0
IBNR	\$788,325	\$1,197,549	\$1,046,250	\$101,190	\$0	\$87,426	\$0	\$731,060	\$967,235	\$792,550	\$87,580	\$0	\$68,789	\$0
Total w/o Adjustment	\$32,117,465	\$55,511,720	\$67,007,441	\$7,093,287	\$0	\$34,186,892	\$0	\$30,143,606	\$43,312,261	\$49,315,074	\$6,213,030	\$0	\$26,794,676	\$0
Paid to Allowed Factor								93.9%	78.0%	73.6%	87.6%		78.4%	
Total	\$32,117,465	\$55,511,720	\$67,007,441	\$7,093,287	\$0	\$34,186,892	\$0	\$30,143,606	\$43,312,261	\$49,315,074	\$6,213,030	\$0	\$26,794,676	\$0

By Incurred Date PMPM

Month	Allowed & Paid Claims PMPM							Incurred & Paid Claims PMPM						
	IP	OP	PROF	OTHER	Capitation	Rx	Non EHB	IP	OP	PROF	OTHER	Capitation	Rx	Non EHB
202401	\$127.31	\$157.33	\$203.34	\$22.54	\$0.00	\$102.77	\$0.00	\$121.68	\$105.55	\$127.42	\$18.47	\$0.00	\$41.92	\$0.00
202402	\$111.04	\$172.64	\$200.76	\$13.44	\$0.00	\$102.03	\$0.00	\$105.33	\$132.33	\$137.20	\$10.44	\$0.00	\$63.90	\$0.00
202403	\$102.61	\$169.86	\$211.21	\$26.70	\$0.00	\$98.27	\$0.00	\$96.71	\$125.66	\$147.83	\$24.10	\$0.00	\$72.53	\$0.00
202404	\$98.76	\$166.90	\$207.25	\$25.06	\$0.00	\$101.82	\$0.00	\$80.82	\$124.88	\$148.51	\$21.80	\$0.00	\$90.65	\$0.00
202405	\$144.69	\$185.69	\$225.76	\$26.43	\$0.00	\$115.32	\$0.00	\$137.62	\$145.27	\$166.36	\$23.59	\$0.00	\$95.67	\$0.00
202406	\$88.99	\$152.10	\$197.42	\$21.53	\$0.00	\$88.19	\$0.00	\$83.87	\$119.22	\$148.21	\$19.33	\$0.00	\$71.58	\$0.00
202407	\$79.87	\$157.42	\$201.54	\$20.80	\$0.00	\$111.14	\$0.00	\$73.82	\$123.60	\$151.96	\$17.65	\$0.00	\$93.12	\$0.00
202408	\$87.94	\$156.33	\$199.22	\$18.81	\$0.00	\$109.90	\$0.00	\$82.25	\$121.89	\$150.89	\$16.72	\$0.00	\$93.05	\$0.00
202409	\$169.22	\$201.52	\$233.96	\$0.00	\$0.00	\$101.58	\$0.00	\$60.38	\$136.13	\$157.38	\$21.39	\$0.00	\$86.94	\$0.00
202410	\$97.88	\$184.02	\$230.59	\$25.05	\$0.00	\$124.62	\$0.00	\$90.58	\$148.19	\$177.55	\$22.94	\$0.00	\$107.88	\$0.00
202411	\$79.15	\$166.13	\$183.63	\$19.65	\$0.00	\$94.80	\$0.00	\$73.73	\$139.80	\$141.99	\$17.72	\$0.00	\$81.23	\$0.00
202412	\$94.04	\$181.43	\$189.46	\$15.83	\$0.00	\$118.38	\$0.00	\$88.28	\$150.95	\$147.04	\$13.36	\$0.00	\$103.32	\$0.00
IBNR	\$2.44	\$3.71	\$3.24	\$0.31	\$0.00	\$0.27	\$0.00	\$2.26	\$3.00	\$2.46	\$0.27	\$0.00	\$0.21	\$0.00
Total w/o Adjustment	\$99.50	\$171.98	\$207.59	\$21.98	\$0.00	\$105.91	\$0.00	\$93.39	\$134.18	\$152.78	\$19.25	\$0.00	\$83.01	\$0.00
Total	\$99.50	\$171.98	\$207.59	\$21.98	\$0.00	\$105.91	\$0.00	\$93.39	\$134.18	\$152.78	\$19.25	\$0.00	\$83.01	\$0.00

By Paid Date

Month	Allowed Claims		Incurred Claims		Paid to Allowed	
	Medical	Rx	Medical	Rx	Medical	Rx
Jan-24	\$1,993,817	\$1,199,970	\$1,148,028	\$1,285,122	57.6%	107.1%
Feb-24	\$1,988,225	\$4,145,613	\$8,277,900	\$2,155,365	69.2%	52.0%
Mar-24	\$11,430,111	\$2,665,333	\$5,688,960	\$1,776,830	76.0%	66.7%
Apr-24	\$14,823,002	\$2,223,500	\$11,366,519	\$1,672,143	76.7%	75.2%
May-24	\$14,399,772	\$4,567,241	\$11,211,612	\$3,835,832	77.9%	84.0%
Jun-24	\$12,878,220	\$2,294,411	\$10,417,625	\$1,851,232	80.9%	80.7%
Jul-24	\$11,687,132	\$2,693,606	\$9,281,554	\$2,259,488	79.4%	83.9%
Aug-24	\$13,098,949	\$2,349,027	\$10,283,955	\$1,936,173	78.5%	82.4%
Sep-24	\$12,736,127	\$2,774,513	\$10,507,264	\$2,370,255	82.5%	85.4%
Oct-24	\$13,728,148	\$4,540,655	\$11,007,462	\$3,968,961	80.2%	87.4%
Nov-24	\$13,508,471	\$2,628,901	\$11,349,486	\$2,244,670	84.0%	85.4%
Dec-24	\$14,357,306	\$2,805,646	\$11,889,632	\$2,448,568	82.8%	87.3%
Jan-25	\$9,091,576	\$1,598,317	\$8,186,882	\$1,479,782	90.0%	92.6%
Feb-25	\$1,773,755	\$12,479,719	\$1,701,015	\$12,159	95.9%	97.4%
Mar-25	\$844,913	\$193	\$813,580	\$448	96.3%	-232.5%
IBNR	\$3,133,315	\$87,426	\$2,578,425	\$68,789	82.3%	78.7%
Total w/o Adjustment	\$161,454,839	\$34,186,892	\$128,708,897	\$26,794,676	79.7%	78.4%
Total	\$161,454,839	\$34,186,892	\$128,708,897	\$26,794,676	79.7%	78.4%

By Paid Date Total

Month	Allowed & Paid Claims							Incurred & Paid Claims						
	IP	OP	PROF	OTHER	Capitation	Rx	Non EHB	IP	OP	PROF	OTHER	Capitation	Rx	Non EHB
202401	\$0	\$211,540	\$1,702,683	\$79,594	\$0	\$-1,199,970	\$0	\$0	\$102,424	\$1,007,153	\$38,451	\$0	\$-1,285,122	\$0
202402	\$1,545,335	\$4,781,031	\$5,368,836	\$273,023	\$0	\$4,145,613	\$0	\$1,386,729	\$3,269,328	\$3,427,428	\$194,415	\$0	\$2,155,365	\$0
202403	\$2,693,426	\$3,842,343	\$4,691,714	\$292,629	\$0	\$2,665,333	\$0	\$2,479,155	\$2,828,520	\$3,151,632	\$229,552	\$0	\$1,776,830	\$0
202404	\$3,487,712	\$5,136,115	\$5,705,755	\$493,420	\$0	\$2,223,500	\$0	\$3,242,410	\$3,804,528	\$4,005,398	\$314,184	\$0	\$1,672,143	\$0
202405	\$3,162,401	\$4,828,708	\$5,956,667	\$451,996	\$0	\$4,567,241	\$0	\$2,946,168	\$3,567,914	\$4,222,394	\$475,136	\$0	\$3,835,832	\$0
202406	\$2,738,536	\$4,358,047	\$5,089,221	\$692,416	\$0	\$2,294,411	\$0	\$2,571,656	\$3,422,850	\$3,788,511	\$634,608	\$0	\$1,851,232	\$0
202407	\$1,884,063	\$4,163,169	\$5,150,729	\$489,171	\$0	\$2,693,606	\$0	\$1,796,268	\$3,298,249	\$3,828,552	\$358,485	\$0	\$2,259,488	\$0
202408	\$2,285,060	\$4,471,657	\$5,816,136	\$527,096	\$0	\$2,349,027	\$0	\$2,129,561	\$3,462,469	\$4,374,923	\$316,101	\$0	\$1,936,173	\$0
202409	\$3,033,817	\$4,081,271	\$5,177,590	\$443,449	\$0	\$2,774,513	\$0	\$2,862,874	\$3,218,596	\$4,134,516	\$291,278	\$0	\$2,370,255	\$0
202410	\$2,048,538	\$5,261,480	\$5,824,293	\$593,837	\$0	\$4,540,655	\$0	\$1,919,914	\$4,161,563	\$4,404,157	\$521,828	\$0	\$3,968,961	\$0
202411	\$3,004,103	\$3,886,749	\$5,785,388	\$833,231	\$0	\$2,628,901	\$0	\$2,819,829	\$3,101,721	\$4,530,552	\$897,384	\$0	\$2,244,670	\$0
202412	\$2,586,508	\$5,100,585	\$6,074,970	\$595,242	\$0	\$2,805,646	\$0	\$2,449,241	\$4,341,761	\$4,576,298	\$522,332	\$0	\$2,448,568	\$0
202501	\$2,594,397	\$3,328,663	\$2,639,321	\$529,196	\$0	\$1,598,317	\$0	\$2,477,370	\$2,887,052	\$2,190,754	\$631,705	\$0	\$1,479,782	\$0
202502	\$212,186	\$454,904	\$778,921	\$327,744	\$0	\$193	\$0	\$193,713	\$456,436	\$719,588	\$331,277	\$0	\$12,159	\$0
202503	\$143,059	\$407,909	\$198,967	\$94,977	\$0	\$193	\$0	\$137,657	\$421,615	\$160,688	\$93,639	\$0	\$-442	\$0
IBNR	\$788,325	\$1,197,549	\$1,046,250	\$101,190	\$0	\$87,426	\$0	\$731,060	\$967,235	\$792,550	\$87,580	\$0	\$68,789	\$0
Total w/o Adjustment	\$32,117,465	\$55,511,720	\$67,007,441	\$6,818,212	\$0	\$34,186,882	\$0	\$30,143,806	\$43,312,261	\$49,315,074	\$5,937,956	\$0	\$26,774,676	\$0
Total	\$32,117,465	\$55,511,720	\$67,007,441	\$6,818,212	\$0	\$34,186,882	\$0	\$30,143,806	\$43,312,261	\$49,315,074	\$5,937,956	\$0	\$26,774,676	\$0

# LifeWise Health Plan of Washington

## Appendix 3.2

### Minimum Loss Ratio Calculation

*Individual Filing - Effective 1/1/2026*

<b><u>Adjusted Premium</u></b>	<b>Filing</b>
Premium PMPM	\$718.84
Regulatory&Insurance Fraud Surcharge	\$0.59
Federal Income Tax	\$0.00
WSHIP Assessment	\$0.19
Premium Tax	\$14.38
WAPAL Assessment Fee	\$0.06
Patient Centered Outcomes Research Fee	\$0.32
Risk Adjustment Program Administration Fee	\$0.20
Exchange Fees	\$5.11
Total	\$697.99
<b><u>Adjusted Claims</u></b>	
Projected Incurred Claims	\$616.63
Net Risk Adjustment	(\$25.89)
Total	\$642.52
Projected MLR	92.1%

Note:

Changes in MLR reporting for 2025 have been accounted for and do not change our calculations significantly from prior years due to most changes not being applicable to our business



## LifeWise Health Plan of Washington

### Appendix 3.3a

Experience Period: Risk Adjustment Experience by Plan

*Individual Filing - Effective 1/1/2026*

Plan ID	Plan Name	Member Months	Risk Adjustment Transfer	High Cost Risk Pool Reimbursement	High Cost Risk Pool Assessments	Total
38498WA0320001	LifeWise Essential Gold	12,804	\$4,912,254	\$0	\$40,515	\$4,871,739
38498WA0320004	LifeWise Essential Silver	17,423	\$2,996,521	\$0	\$54,668	\$2,941,852
38498WA0320003	LifeWise Essential Bronze	52,758	-\$5,856,160	\$385,054	\$116,845	-\$5,587,950
38498WA0320005	LifeWise Essential Bronze HSA	30,126	-\$4,196,607	\$18,826	\$66,618	-\$4,244,399
38498WA0320010	LifeWise Cascade Complete Gold	10,674	\$4,790,610	\$0	\$32,292	\$4,758,318
38498WA0320011	LifeWise Cascade Silver	24,631	\$2,103,600	\$0	\$68,371	\$2,035,229
38498WA0320012	LifeWise Cascade Bronze	34,389	-\$3,453,564	\$144,859	\$72,964	-\$3,381,668
38498WA0320013	LifeWise Cascade Select Complete Gold	10,531	\$2,766,549	\$0	\$27,434	\$2,739,115
38498WA0320014	LifeWise Cascade Select Silver	76,282	-\$6,099,458	\$0	\$170,510	-\$6,269,968
38498WA0320015	LifeWise Cascade Select Bronze	53,167	-\$11,131,548	\$0	\$89,875	-\$11,221,423
Total		322,785	-\$13,167,801	\$548,739	\$740,093	-\$13,359,155

# LifeWise Health Plan of Washington

## Appendix 3.3b

HCRP Actual vs Projected

*Individual Filing - Effective 1/1/2026*

Year	High Cost Risk Pool Reimbursement		High Cost Risk Pool Assessment	
	Projected	Actual	Projected	Actual
2026	\$0.19		-\$2.55	
2025	\$0.73		-\$2.39	
2024	\$0.41	\$1.70	-\$2.37	-\$2.29
2023	\$0.00	\$0.69	-\$1.96	-\$2.18
2022	\$0.00	\$0.29	-\$1.29	-\$2.00

# LifeWise Health Plan of Washington

## Appendix 4.1

WAC 284-43-6660 vs Additional Data Statement Form

Individual Filing - Effective 1/1/2026

<b>Total Revenues<sup>(1)</sup></b>	Total	Grandfathered	Metallic
<b>Total Revenues from Additional Data Statement</b>	<b>199,049,137</b>		
<b>Data Components used in Reporting Additional Data Statement</b>			
Net Premium Income	\$216,243,336	\$15,496,380	\$200,746,957
Commercial Reinsurance Premium	-\$246,715	-\$18,357	-\$228,358
2024 MLR Rebates	\$0	\$0	\$0
2024 - High Cost Risk Pool	\$399,401	\$0	\$399,401
2024 - High Cost Risk Pool Assessment	-\$886,892	\$0	-\$886,892
2023 - High Cost Risk Pool	\$81,001	\$0	\$81,001
2023 - High Cost Risk Pool Assessment	\$92,158	\$0	\$92,158
2024 - Risk Adjustment	-\$13,744,112	\$0	-\$13,744,112
2023 - Risk Adjustment	-\$2,889,040	\$0	-\$2,889,040
<b>Total</b>	<b>\$199,049,137</b>		

Individual Metallic Premium from Additional Data Statement	\$200,746,957
Rate Filing Earned Premium <sup>(3)</sup>	\$200,263,450
Variance Amount <sup>(2)</sup>	-\$483,507
Variance %	-0.2%

<b>Total Hospital and Medical<sup>(1)</sup></b>			
<b>Total Claims from Additional Data Statement</b>	<b>\$167,141,572</b>		
<b>Data Components used in Reporting Additional Data Statement</b>			
WSHIP Assessment	-\$9,114	-\$678	-\$8,436
IBNR Ceded	-\$30,000	-\$2,166	-\$27,834
PY Restated Claims	-\$69,543	-\$5,020	-\$64,523
Rx Rebate	-\$17,507,035	-\$1,263,832	-\$16,243,203
Incurred Claims	\$184,757,264	\$13,337,616	\$171,419,648
<b>Total</b>	<b>\$167,141,572</b>		

Individual Metallic Rx Rebate+Md Incurred from Additional Data Statement	\$155,176,445
Rate Filing Incurred Claims <sup>(4)</sup>	\$155,778,648
Variance Amount <sup>(2)</sup>	\$602,203
Variance %	0.4%

<b>General Administrative &amp; Claims Adjustment Expenses<sup>(1)</sup></b>			
<b>Total Admin Expense from Additional Data Statement</b>	<b>\$29,426,307</b>		
<b>Data Components used in Reporting Additional Data Statement</b>			
Net Operating Expense	\$20,767,366	\$1,545,227	\$19,222,139
Commissions	\$3,195,119	\$237,738	\$2,957,382
ACA Fees	\$111,703	\$8,311	\$103,392
Premium Tax	\$4,323,112	\$309,802	\$4,013,310
RA Fee	\$73,708	\$0	\$73,708
Exchange Fee	\$955,300	\$0	\$955,300
<b>Total</b>	<b>\$29,426,307</b>	<b>\$2,101,078</b>	<b>\$27,325,229</b>

Expense from Additional Data Statement	\$27,545,151
Rate Filing Expenses <sup>(5)</sup>	\$27,545,151
Variance Amount <sup>(2)</sup>	\$0
Variance %	0.0%

<b>Total Members at the end of <sup>(1)</sup></b>			
<b>Average Membership</b>	<b>29,335</b>		
<b>Data Components used in Reporting Additional Data Statement</b>			
First Quarter	29,495	2,251	27,244
Second Quarter	29,539	2,190	27,349
Third Quarter	29,480	2,122	27,358
Fourth Quarter	28,825	2,071	26,754
<b>Average</b>	<b>29,335</b>	<b>2,158</b>	<b>27,176</b>

Average Membership from Additional Data Statement	27,176
Rate Filing Members <sup>(6)</sup>	26,899
Variance Amount <sup>(2)</sup>	-278
Variance %	-1.0%

Note:

1) From 2024 Additional Data Statement

2) The Additional Data Statement only shows the reported data while the rate filing applies the restated data

3) Premium in Appendix 1.1 does not include Risk Corridor, Risk Adjustment, Reinsurance, & Prior Year Premiums

4) Incurred Claims in Appendix 1.1 does not include WSHIP Assessment and prior year claims restatement

5) Expenses in Appendix 4.1 Old includes Additional Data Statement Expenses, WSHIP Assessment, & Commercial Reinsurance Premium

6) Financial Statement assumes a percentage of membership will terminate every month.

# LifeWise Health Plan of Washington

## Appendix 4.1a

Copy of Additional Data Statement pages

Individual Filing - Effective 1/1/2026

### Additional Data Statement Form for the Year Ending December 31, 2024

Company: LifeWise Health Plan of Washington

NAIC Company Code: 52633

#### II. Analysis of the Washington Comprehensive Line

	1 Total Comprehensive (Hospital & Medical)	2a Individual Contracts	2b Children's Health Insurance Program	3 Small Group Contracts	Large Group Contracts				5 Other	6 List the full legal name of each Pathway 1 Association Health Plan included in column 4c
					4a Public Employees Benefits Board	4b School Employees Benefits Board	4c Pathway 1 Association Health Plans	4d Large Group (what is not in columns 4a, 4b or 4c)		
1. Net Premium Income	199,309,825	199,049,137					260,888			1 Association of Washington Business
7. Total Revenues (Lines 1 to 6)	199,309,825	199,049,137					260,888			2
15. Subtotal (Lines 8 to 14)	167,814,722	167,171,571					643,151			3
16. Net Reinsurance Recoveries	30,000	30,000								4
17. Total hospital and medical (Lines 15 minus 16)	167,784,722	167,141,571	0	0	0	0	643,151	0	0	5
19. Claims adjustment expenses	11,025,180	11,002,089					23,091			6
20. General administrative expenses	18,462,267	18,424,218					38,049			7
21. Increase in reserves for accident and health contracts	0									8
23. Total underwriting deductions (Lines 17 to 22)	197,272,169	196,567,878	0	0	0	0	704,291	0	0	9
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	2,037,656	2,481,259	0	0	0	0	(443,603)	0	0	10
										11
										12
										13
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										22
										23
										24
										25

Form IC-13A-HC (Rev. 12/24) and Form IC-14-HMO (Rev. 12/24)

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### Additional Data Statement Form for the Year Ending December 31, 2024

Company: LifeWise Health Plan of Washington

NAIC Company Code: 52633

#### III. Group Enrollment in Washington

	1 Total Comprehensive (Hospital & Medical)	2a Individual Contracts	2b Children's Health Insurance Program	3 Small Group Contracts	Large Group Contracts				5 Other	6 List the full legal name of each Pathway 1 Association Health Plan included in column 4c (continued)
					4a Public Employees Benefits Board	4b School Employees Benefits Board	4c Pathway 1 Association Health Plans	4d Large Group (what is not in columns 4a, 4b or 4c)		
Total Members at end of:										26
1. Prior Year	27,347	27,347								27
2. First Quarter	29,495	29,495								28
3. Second Quarter	29,627	29,539					88			29
4. Third Quarter	29,572	29,480					92			30
5. Current Year	28,933	28,825					108			31
										32
										33
										34
										35
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										50

Form IC-13A-HC (Rev. 12/24) and Form IC-14-HMO (Rev. 12/24)

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# LifeWise Health Plan of Washington

## Appendix 4.3

### Months of Surplus

*Individual Filing - Effective 1/1/2026*

Line Item	Actual Amounts <sup>(3)</sup>
2024 Total capital and surplus <sup>(1)</sup>	\$80,912,916
2024 Subtotal of hospital and medical claims <sup>(2)</sup>	\$170,582,396
2024 Months of Surplus	5.7

Note:

(1) 2024 Total capital and surplus is from 2024 LifeWise Health Plan of Washington  
Annual Statement Liabilities, Capital and Surplus page 3, line 33

(2) 2024 Subtotal of hospital and medical claims is from 2024 LifeWise Health Plan of Washington  
Annual Statement of Revenue and Expense page 4, line 18

(3) Issuer's capital and surplus is not used in the rate development

# LifeWise Health Plan of Washington

## Appendix 5

### SERFF Rate/Rule Schedule Support

*Individual Filing - Effective 1/1/2026*

#### COMPANY RATE INFORMATION

Company Rate Change	Increase
Overall % Indicated Change	14.43%
Overall % Rate Impact	14.43%
Written Premium Change	\$26,249,228
Policy Holders as of March 2025	17,596
Written Premium	\$181,907,333
Maximum % Change	32.90%
Minimum % Change	-12.38%

#### RATE REVIEW DETAIL

Annual Trend	7.5%
Covered Lives as of March 2025	24,913
38498WA032	24,913

#### Requested Rate Change Information

Change Period	Annual
Experience Period Member Months:	322,785
Benefit Change	Neutral

#### Percent Rate Change Requested

Min	-12.38%
Max	32.90%
Weighted Avg	14.43%

#### Prior Rate:

Total Earned Premium	\$181,907,333
Total Incurred Claims	\$166,116,295

#### Annualized PMPM

Min	\$208.42
Max	\$2,093.01
Weighted Avg	\$628.19

#### Requested Rate:

Total Earned Premium	\$208,156,561
Total Incurred Claims	\$178,558,406

#### Annualized PMPM

Min	\$228.01
Max	\$2,062.79
Weighted Avg	\$718.84

#### Notes:

(1) Values in SERFF are based on the original submission with allowed correction and updates to the service area.

(2) Values in this Exhibit are based on the updated rates.

(3) Min and Max Prior Rates from last filing.

**LifeWise Health Plan of Washington**  
**Appendix 6**

Actuarial Values for Non-Cascade plans

*Individual Filing - Effective 1/1/2026*

					For Mental Health Unique Plan Design			
HIOS ID_16 Digits		HIOS ID_14 Digits	Plan Name	AV	Claims Maximum	MH OV Freq <sup>(3)</sup>	MH Facility Freq <sup>(3)</sup>	C = A / (A+B) MH OV% <sup>(3)</sup>
38498WA032000100 to 38498WA032000103		38498WA0320001	LifeWise Essential Gold	0.7937	\$23,467	2.1764	0.0417	98.12%
38498WA032000300 to 38498WA032000303		38498WA0320003	LifeWise Essential Bronze	0.7187	\$20,917	1.7890	0.0346	98.10%
38498WA032000400 to 38498WA032000403		38498WA0320004	LifeWise Essential Silver	0.7392	\$16,667	1.7241	0.0299	98.29%
38498WA032000404		38498WA0320004	LifeWise Essential Silver CSR1	0.8782	\$6,700	1.4253	0.0138	99.04%
38498WA032000405		38498WA0320004	LifeWise Essential Silver CSR2	0.9444	\$3,100	0.8626	0.0055	99.37%
38498WA032000406		38498WA0320004	LifeWise Essential Silver CSR3	0.6298	\$14,214	1.0764	0.0195	98.22%

Note:

(1) This represents the % of OP Mental Health Office Visit spends out of the total OP Mental Health care based on the Continuance table by metal level provided in the AV Calculator.

In the circumstance where the two cost shares are the same, 1.000 is entered.

The MH OV Freq and MH Facility Freq are calculated in the interpolated way based on the claims maximum which is Ded+((OOPM-Ded)/Coinsurance by plan

### INDIVIDUAL AND SMALL GROUP FILING SUMMARY

Carrier Name	LifeWise Health Plan of Washington
Address	P.O. Box 2113 Seattle, WA 98111-2113
Carrier Identification Number	LIFEWHP1025U

Rate Renewal Period:	From	1/1/2026	To	12/31/2026
Date Submitted:		5/15/2025		

#### Proposed Rate Summary

Current community rate:	\$628.19	per month
Proposed community rate:	\$718.84	per month
Percentage change:	14.43%	%
Portion of carrier's total enrollment affected:	92.56	%
Portion of carrier's total premium revenue affected:	92.83	%

#### Components of Proposed Community Rate

	Dollars Per Month	% of Total
a) Claims	\$642.56	89.39%
b) Expenses	\$98.05	13.64%
c) Contribution to surplus contingency charges, or risk charges	-\$19.22	-2.67%
d) Investment earnings	\$2.55	0.35%
e) Total (a + b + c - d)	\$718.84	100.00%

#### Summary of Pooled Experience

	Experience Period				First Prior Period				Second Prior Period			
	From	1/1/2024	To	1/1/2024	From	1/1/2023	To	12/31/2023	From	1/1/2022	To	12/31/2022
Member Months				322785				301135				350826
Earned Premium				\$200,263,449.72				\$182,042,280.73				\$192,170,043.09
Paid Claims				\$154,787,882.40				\$128,906,626.17				\$177,980,954.75
Beginning Claim Reserve				\$13,910,477.74				\$9,948,377.79				\$28,644,613.07
Ending Claim Reserve				\$14,901,243.13				\$13,910,477.74				\$9,948,377.79
Incurred Claims				\$155,778,647.79				\$132,868,726.12				\$159,284,719.47
Expenses				\$27,545,151.17				\$25,836,425.74				\$27,461,628.42
Gain/Loss				\$16,939,650.76				\$23,337,128.87				\$5,423,695.20
Loss Ratio Percentage				77.79%				72.99%				82.89%



## General Information

## 1. Trend Factor Summary

Types of Service	Annual Trend Assumed	Portion of Claim Dollars
Hospital	7.04%	44.73%
Professional	7.04%	34.20%
Prescription Drugs	7.04%	3.62%
Dental	N/A	0.00%
Other	9.54%	17.45%

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

1)	1/1/2025	8.02%
	Date	%

2)	1/1/2024	7.79%
	Date	%

3)	1/1/2023	16.05%
	Date	%

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

Geographic Area

☒ Yes ☐ No

### Family Size

☐ Yes ☒ No

Age

☐ Yes ☒ No

## Wellness Activities

☒ Yes ☐ No

Other (specify)

☐ Yes ☒ No

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

[See Rate Schedule](#)

## 5. Attach comments or additional Information

2022 and 2023 Membership, Premium, Incurred claims, and Paid claims are restated.

## 6. Preparer's Information

Name: Hiu-Wan Ko, FSA, MAAA

Title: VP of Actuarial Services

Telephone Number: (425) 918-4917

**LifeWise Health Plan of Washington**  
**Summary of Pooled Experience with Adjustments**

*Individual Filing - Effective 1/1/2026*

	2024	2023	2022	3-yr Total
Member Months	322,785	301,135	350,826	974,746
Earned Premium	\$200,263,449.72	\$182,042,280.73	\$192,170,043.09	\$574,475,773.54
Paid Claims	\$154,787,882.40	\$128,906,626.17	\$177,980,954.75	\$461,675,463.32
Beginning Claim Reserve	\$13,910,477.74	\$9,948,377.79	\$28,644,613.07	\$52,503,468.59
Ending Claim Reserve	\$14,901,243.13	\$13,910,477.74	\$9,948,377.79	\$38,760,098.65
Incurred Claims	\$155,778,647.79	\$132,868,726.12	\$159,284,719.47	\$447,932,093.38
Expenses	\$27,545,151.17	\$25,836,425.74	\$27,461,628.42	\$80,843,205.33
Risk Adjustment Transfer	-\$13,167,801.24	-\$20,387,398.15	-\$16,812,242.93	-\$50,367,442.32
High Cost Enrollee Reinsurance	\$548,738.79	\$208,932.76	\$102,602.80	\$860,274.35
High Cost Enrollee Assessment	-\$740,092.94	-\$656,449.93	-\$701,511.95	-\$2,098,054.82
Commerical Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00
Gain/Loss	\$3,580,495.36	\$2,502,213.55	-\$11,987,456.88	-\$5,904,747.97
Anticipated MLR Rebate	\$0.00	\$0.00	\$0.00	\$0.00
Gain/Loss % of Premium	1.8%	1.4%	-6.2%	-1.0%

	Previous Rate Filing		Changes between Current and Previous Filing	
	2023	2022	2023	2022
Member Months	301,191	350,837	-56	-11
Earned Premium	\$182,104,709.54	\$192,203,015.50	-\$62,429	-\$32,972
Paid Claims	\$128,906,626.17	\$177,980,954.75	\$0	\$0
Beginning Claim Reserve	\$9,953,383.83	\$28,288,354.10	-\$5,006	\$356,259
Ending Claim Reserve	\$15,541,547.49	\$9,953,383.83	-\$1,631,070	-\$5,006
Incurred Claims	\$134,494,789.83	\$159,645,984.48	-\$1,626,064	-\$361,265
Expenses	\$25,836,425.74	\$27,461,628.42	\$0	\$0
Risk Adjustment Transfer	-\$20,387,398.15	-\$16,812,242.93	\$0	\$0
High Cost Enrollee Reinsurance	\$208,932.76	\$102,602.80	\$0	\$0
High Cost Enrollee Assessment	-\$656,449.93	-\$701,511.95	\$0	\$0
Commerical Reinsurance	\$0.00	\$0.00	\$0	\$0
Gain/Loss	\$938,578.65	-\$12,315,749.48	\$1,563,635	\$328,293
Anticipated MLR Rebate	\$0.00	\$0.00	\$0	\$0
Gain/Loss % of Premium	0.5%	-6.4%	0.9%	0.2%

## Individual Market Standard Complete Gold Plan

### User Inputs for Plan Parameters

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

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

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



[Click Here for Important Instructions](#)

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

### Options for Additional Benefit Design Limits:

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

### Plan Description:

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

### Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

### Options for Additional Benefit Design Limits:

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

### Plan Description:

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

### Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

78.06%

Gold

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

Additional Notes:

Calculation Time:

0.1523 seconds

Revised Final 2026 AV Calculator

## Individual Market Standard Silver Plan

### User Inputs for Plan Parameters

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

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

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



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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?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input 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?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$24.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Options for Additional Benefit Design Limits:

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

### Plan Description:

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

### Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

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

73.49%

Silver

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

0.1055 seconds

## Individual Market Standard Silver, CSR 87% Plan

### User Inputs for Plan Parameters

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

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

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

### Options for Additional Benefit Design Limits:

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

### Plan Description:

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

### Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

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

87.78%

Gold

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

0.1172 seconds

## Individual Market Standard Silver, CSR 94% Plan

### User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$0.00
		85.00%
		\$2,400.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



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

### Options for Additional Benefit Design Limits:

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

### Plan Description:

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

### Output

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?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$32.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

### Options for Additional Benefit Design Limits:

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

### Plan Description:

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

### Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

Expanded Bronze Standard (56% to 65%), Calculation Successful.

63.64%

Bronze

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

0.1055 seconds

## Individual Market Standard Silver Plan (Adjusted)

### User Inputs for Plan Parameters

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

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

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



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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?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care & MHSUD Office Visits	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services other than Office Visits	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Options for Additional Benefit Design Limits:

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

### Plan Description:

Name:  
 Plan HIOS ID:  
 Issuer HIOS ID:  
 AVC Version: 2026\_1d\_Coins\_Cap

### Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

71.84%

Metal Tier:

Silver

Additional Notes:

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

Calculation Time:

0.1133 seconds

WAHBE Revised Final 2026 AV Calculator

## Individual Market Standard Silver, CSR 73% Plan (Adjusted)

### User Inputs for Plan Parameters

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

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

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



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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?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care & MHSUD Office Visits	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services other than Office Visits	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$24.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Options for Additional Benefit Design Limits:

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

### Plan Description:

Name:  
 Plan HIOS ID:  
 Issuer HIOS ID:  
 AVC Version: 2026\_1d\_Coins\_Cap

### Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

WAHBE Revised Final 2026 AV Calculator

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

73.95%

Silver

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

0.1055 seconds

## Individual Market Standard Silver, CSR 87% Plan (Adjusted)

### User Inputs for Plan Parameters

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

Desired Metal Tier: Gold

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

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



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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?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$425.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$425.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care & MHSUD Office Visits	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services other than Office Visits	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$425.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$325.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$160.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$160.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

### Options for Additional Benefit Design Limits:

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

### Plan Description:

Name:  
 Plan HIOS ID:  
 Issuer HIOS ID:  
 AVC Version: 2026\_1d\_Coins\_Cap

### Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

WAHBE Revised Final 2026 AV Calculator

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

87.87%

Gold

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

0.1016 seconds

## Individual Market Standard Silver, CSR 94% Plan (Adjusted)

### User Inputs for Plan Parameters

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

Desired Metal Tier **Platinum**

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$0.00
		85.00%
		MOOP (\$) \$2,400.00
		MOOP if Separate (\$)

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



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

### Options for Additional Benefit Design Limits:

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

### Plan Description:

Name:  
 Plan HIOS ID:  
 Issuer HIOS ID:  
 AVC Version: 2026\_1d\_Coins\_Cap

### Output

**Calculate**

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

94.86%

Platinum

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

Additional Notes:

Calculation Time:

0.1016 seconds

WAHBE Revised Final 2026 AV Calculator

## Individual Market Standard Expanded Bronze Plan (Adjusted)

### User Inputs for Plan Parameters

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

Desired Metal Tier: Bronze

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$6,000.00
		60.00%
		\$10,150.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



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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?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care & MHSUD Office Visits	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services other than Office Visits	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$32.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

### Options for Additional Benefit Design Limits:

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

### Plan Description:

Name:  
 Plan HIOS ID:  
 Issuer HIOS ID:  
 AVC Version: 2026\_1d\_Coins\_Cap

### Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

WAHBE Revised Final 2026 AV Calculator

Expanded Bronze Standard (56% to 65%), Calculation Successful.

64.97%

Bronze

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

0.1055 seconds

User Inputs for Plan Parameters

Exhibit 5.1 ☒

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

Deductible (\$)

Coinsurance (% , Insurer's Cost Share)

MOOP (\$)

MOOP if Separate (\$)

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount: <input type="text"/>	1st Tier Utilization: 98.12%
	2nd Tier Utilization: 1.88%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$800.00
		70.00%
		\$7,600.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
		\$800.00
		70.00%
		\$7,600.00

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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 type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input 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"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<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 type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input 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"/>		\$10.00	<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"/>	60.00%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60.00%		<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? ☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay? ☐

# Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits? ☐

# Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? ☐

# Copays (1-10):

Plan Description: LifeWise Health Plan of WA Scenario 1

Name: Essential Gold

Plan HIOS ID: 38498WA0320001

Issuer HIOS ID: 38498

AVC Version: 2026\_1b

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

79.37%

Gold

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

Additional Notes:

Calculation Time:

0.5039 seconds

Final 2026 AV Calculator

User Inputs for Plan Parameters

Exhibit 5.1 ☒  
Apply Inpatient Copay per Day? ☐  
Apply Skilled Nursing Facility Copay per Day? ☐  
Use Separate MOOP for Medical and Drug Spending? ☐  
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐  
Desired Metal Tier

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 98.10%
	2nd Tier Utilization: 1.90%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$3,000.00
Coinsurance (%; Insurer's Cost Share)			70.00%
MOOP (\$)			\$8,375.00
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$3,000.00
Coinsurance (%; Insurer's Cost Share)			70.00%
MOOP (\$)			\$8,375.00
MOOP if Separate (\$)			

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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 type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input 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"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<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 type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input 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"/>		\$20.00	<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"/>	60.00%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60.00%		<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<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: LifeWise Health Plan of WA Scenario 1

Name: Essential Silver  
Plan HIOS ID: 38498WA0320004  
Issuer HIOS ID: 38498  
AVC Version: 2026\_1b

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2026 AV Calculator

Calculation Successful.

71.87%

Silver

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

0.4453 seconds



User Inputs for Plan Parameters

Exhibit 5.1 ☒  
Apply Inpatient Copay per Day? ☐  
Apply Skilled Nursing Facility Copay per Day? ☐  
Use Separate MOOP for Medical and Drug Spending? ☐  
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒  
Desired Metal Tier

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 98.29% 2nd Tier Utilization: 1.71%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$3,000.00			\$3,000.00
Coinsurance (%; Insurer's Cost Share)			70.00%			70.00%
MOOP (\$)			\$7,100.00			\$7,100.00
MOOP if Separate (\$)						

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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 type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input 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"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<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 type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<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"/>	60.00%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60.00%		<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<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: LifeWise Health Plan of WA Scenario 1

Name: Essential Silver CSR 73%  
Plan HIOS ID: 38498WA032000404  
Issuer HIOS ID: 38498  
AVC Version: 2026\_1b

Output

Status/Error Messages: CSR Level of 73% (200-250% FPL), Calculation Successful.  
Actuarial Value: 73.92%  
Metal Tier: Silver  
NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.4688 seconds

Final 2026 AV Calculator

User Inputs for Plan Parameters

Exhibit 5.1 ☒  
Apply Inpatient Copay per Day? ☐  
Apply Skilled Nursing Facility Copay per Day? ☐  
Use Separate MOOP for Medical and Drug Spending? ☐  
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒  
Desired Metal Tier

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 99.04%
	2nd Tier Utilization: 0.96%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$700.00			\$700.00
Coinsurance (%; Insurer's Cost Share)			70.00%			70.00%
MOOP (\$)			\$2,500.00			\$2,500.00
MOOP if Separate (\$)						

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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 type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<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 type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input 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"/>		\$10.00	<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"/>	60.00%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60.00%		<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<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: LifeWise Health Plan of WA Scenario 1

Name: Essential Silver CSR 87%  
Plan HIOS ID: 38498WA032000405  
Issuer HIOS ID: 38498  
AVC Version: 2026\_1b

Output

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.  
Actuarial Value: 87.82%  
Metal Tier: Gold  
NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.6953 seconds

Final 2026 AV Calculator

User Inputs for Plan Parameters

Exhibit 5.1 ☒  
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 checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 99.37% 2nd Tier Utilization: 0.63%

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

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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 type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input 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"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<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 type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input 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"/>		\$5.00	<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"/>	60.00%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60.00%		<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<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: LifeWise Health Plan of WA Scenario 1

Name: Essential Silver CSR 94%  
Plan HIOS ID: 38498WA032000406  
Issuer HIOS ID: 38498  
AVC Version: 2026\_1b

Output

**Calculate**

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.  
Actuarial Value: 94.44%  
Metal Tier: Platinum  
NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.6172 seconds

Final 2026 AV Calculator

User Inputs for Plan Parameters

Exhibit 5.1 ☒  
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 checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 98.22% 2nd Tier Utilization: 1.78%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$6,500.00			\$6,500.00
Coinsurance (%; Insurer's Cost Share)			65.00%			65.00%
MOOP (\$)			\$9,200.00			\$9,200.00
MOOP if Separate (\$)						

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input 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"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$110.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$110.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<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"/>	60.00%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60.00%		<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<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: LifeWise Health Plan of WA Scenario 1

Name: Essential Bronze  
Plan HIOS ID: 38498WA0320003  
Issuer HIOS ID: 38498  
AVC Version: 2026\_1b

Output

**Calculate**

Status/Error Messages: Expanded Bronze Standard (58% to 65%), Calculation Successful.  
Actuarial Value: 62.98%  
Metal Tier: Bronze  
NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.6484 seconds  
Final 2026 AV Calculator

## **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

## Unique Plan Design—Supporting Documentation and Justification

Issuers must fill in the following information.

**Health Insurance Oversight System (HIOS) Issuer ID:**

38498

**HIOS Product IDs:**

38498WA032

**Applicable HIOS Plan IDs (Standard Component):**

38498WA0320001, 38498WA0320003, 38498WA0320004

**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:**

Mental health outpatient office visit and all other outpatient services are subject to different cost sharing but the AVC only provides one row for benefit input.

**Acceptable alternate method used per *Code of Federal Regulations* (CFR) 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:**

Yes, only in-network cost sharing was considered.

**Description of the standardized plan population data used:**

The population data used is from the Continuance tables in the Actuarial value calculator.

**If the method described in CFR 156.135(b)(2) was used, a description of how the benefits were modified to fit the parameters of the AVC:**

N/A

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

LifeWise calculated the actuarial value for each plan by using the network tiers within the AV.

In Tier 1 the mental health office visit cost shares inputted into the outpatient mental health.

In Tier 2 the mental health outpatient non-office visit cost shares inputted into the outpatient mental health.

Using the continuance tables of each metallic level, we calculated the distribution between MH outpatient professional and facility using the frequency of each service type at the Claims Maximum Level. The proportional frequency of the above distribution was inputted in the AV calculator as the Tier 1 and Tier 2 utilization to obtained the final AV value.

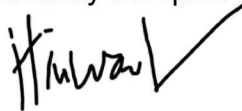
**Certification Language:**

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:**



**Actuary Printed Name:** Hiu-Wan Ko

**Date:** 05/14/2026



## **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

# MHSUD Financial Requirement Parity Testing -- Summary

## Issuer and Filing Information

Issuer Name:	LifeWise Health Plan of Washington
HIOS Issuer ID:	38498
Market:	Individual
Plan Year:	2026

## Worksheet Instructions

Step 1) In your Excel application, ensure macros are enabled and calculations are set to automatic.

Step 2) Enter Plans.

- List HIOS Plan IDs and Plan Names in the first two columns of the table below. Include silver base and CSR plan variants.
- When a plan has multiple in-network tiers, load information for each tier. Enter each in-network tier here in this file as a separate "plan" record with the plan ID formatted as "12345WA0010001\_INN-T1." This will create a separate worksheet for each in-network tier and allows for parity to be analyzed for each tier.
- Confirm all HIOS Plan IDs are included in the table-object and then remove any extra rows in the table.
- For ease of review, we request that plans in this file be in the same order as they are in the Benefit Components' file.

Step 3) Click the button below to start the macro that generates the testing worksheets.

Note: The macro creates a testing template for each Plan ID listed in the table below. It also links the IDs in the table to its worksheet.

Step 4) Populate each testing worksheet with the corresponding plan's information.

This format is used for cells that need user input

Step 5) Prior to submitting this file as part of the rate filing, remove the "Example" sheet from the workbook.

Step 6) After completing all plan testing worksheets, save a copy of the workbook in Excel and PDF formats and include both as part of your rate filing submission.

## Testing Summary

HIOS Plan ID	Plan Name	Test Results	Notes
38498WA0320001	LifeWise Essential Gold	Pass	
38498WA0320003	LifeWise Essential Bronze	Pass	
38498WA0320004	LifeWise Essential Silver	Pass	
38498WA0320004 (73% CSR)	LifeWise Essential Silver CSR1	Pass	
38498WA0320004 (87% CSR)	LifeWise Essential Silver CSR2	Pass	
38498WA0320004 (94% CSR)	LifeWise Essential Silver CSR3	Pass	
38498WA0320010	LifeWise Cascade Complete Gold	Pass	
38498WA0320011	LifeWise Cascade Silver	Pass	
38498WA0320011 (73% CSR)	LifeWise Cascade Silver CSR1	Pass	
38498WA0320011 (87% CSR)	LifeWise Cascade Silver CSR2	Pass	
38498WA0320011 (94% CSR)	LifeWise Cascade Silver CSR3	Pass	
38498WA0320012	LifeWise Cascade Bronze	Pass	
38498WA0320013	LifeWise Cascade Select Complete Gold	Pass	
38498WA0320014	LifeWise Cascade Select Silver	Pass	
38498WA0320014 (73% CSR)	LifeWise Cascade Select Silver CSR1	Pass	
38498WA0320014 (87% CSR)	LifeWise Cascade Select Silver CSR2	Pass	
38498WA0320014 (94% CSR)	LifeWise Cascade Select Silver CSR3	Pass	
38498WA0320015	LifeWise Cascade Select Bronze	Pass	
38498WA0320016	LifeWise Cascade Vital Gold	Pass	
38498WA0320017	LifeWise Cascade Select Vital Gold	Pass	

# MHSUD Financial Requirement Parity Testing

## Testing Data Information

Instructions: Provide information about the data used to test parity.

Item #	Task
1	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. <u>We used LifeWise Washington Individual plan claims data, provided to us by our claims processing vendors.</u>
2	Identify the period (i.e., date range) represented in the data. <u>claims incurred between 2023 and 2024 trended by category to match the URRT.</u>
3	Address the credibility of the data used in your MHSUD financial requirement parity testing. <u>We assign full credibility to the data for proposes of determining mental health parity.</u>
4	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. <u>Yes, the data is consistent with the information in the URRT; except in cases when projected membership is zero, in this case then overall plans projected data was used.</u>
5	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? <u>Only WA plan data was used.</u>

# MHSUD Financial Requirement Parity Testing

## Mapping Medical/Surgical Services to Benefit Classifications

### Instructions

**Purpose:** Show how medical/surgical services map to benefit classifications used in PART 1 of the testing worksheets.

#### A. Service Description column:

List all services used to test parity. If additional rows are needed, add rows to the table.  
Enter descriptions exactly as they are entered in PART 1 of the testing worksheets.

#### B. Mapped Benefit Classification for MHSUD Parity Testing column:

Select the parity testing benefit classification assigned to each medical/surgical service:  
Inpatient, Outpatient - Office Visits\*, Outpatient - All Other\*, Emergency Care, or Prescription Drugs.  
\*Note 1: If **ALL** plans test parity with the combined Outpatient classification, you may enter "Outpatient" instead of "Outpatient - Office Visits" and "Outpatient - All Other".  
\*Note 2: If **ANY** plan tests parity using Outpatient subclassifications, choose either "Outpatient - Office Visits" or "Outpatient - All Other" for each outpatient medical/surgical service.

#### C. Mapped Benefit in corresponding Benefit Components document (If applicable) column:

Select the benefit from the Benefit Components document that is assigned to each Benefit Classification for MHSUD parity testing.  
\*Note 1: Click on the "Import Benefit Components Into Column C" button and select the matching benefit components to expand the list of options in column C.  
\*Note 2: To assign multiple benefits from the Benefit Components document to a single Benefit Classification for MHSUD parity testing, create two separate rows with the same entry in column B, but different entries in column C.

**Notes column:** Explain any differences by plan.

### Mapping Table

A. Service Description	B. Mapped Benefit Classification for MHSUD Parity Testing	C. Mapped Benefit in corresponding Benefit Components document (If applicable)	Notes
Primary Care Visit	Outpatient - Office Visits	Primary Care Visit to Treat an Injury or Illness	
Specialist Office Visit	Outpatient - Office Visits	Specialist Visit	
Preventive Care Office Visit	Outpatient - Office Visits	Preventive Care/Screening/Immunization	
Urgent Care	Outpatient - Office Visits	Urgent Care	
Speech, Occupational and Physical Therapy	Outpatient - Office Visits	Rehabilitative Occupational and Rehabilitative Physical Therapy	
Chiro/Acupuncture	Outpatient - Office Visits	Chiro/Acupuncture	
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	
Advanced Imaging	Outpatient - All Other	Imaging (CT/PET Scans, MRIs)	
Outpatient Facility	Outpatient - All Other	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	
Outpatient Physician	Outpatient - All Other	Outpatient Surgery Physician/Surgical Services	
Preventive Care	Outpatient - All Other	Preventive Care/Screening/Immunization	



MHSUD Financial Requirement (a.k.a. Cost Share) Parity Testing

Issuer / Market: LifeWise Health Plan of Washington  
Market: Individual

Workbook Info

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

PLAN INFORMATION

Plan Name: LifeWise Essential Bronze  
Plan ID: 36493WAD320003  
CER Variant Description:   
Overall Result: **Pass**

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: **Pass**

Click the links in the call below to scroll directly to the stated section(s)

Links to IP (IN) Links to OP (OUT) Links to OP-ON (ON) Links to OP-NN (NN) Links to OP-ON-NN (ON-NN) Links to OP-ON-NN-NN (ON-NN-NN)

Testing Options

Option	Selection
Out of Network Test	Yes
Outpatient Benefit Testing	Offer Whole Population

Column Options

No Errors Found?

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 Test		E. Test Results
					D1. In-Network	D2. Out of Network	
Impatient	Yes	No			Pass		Pass
Outpatient							
Outpatient - All Services Combined							
Outpatient - Office Visits Separate	No	Yes			Pass		Pass
Outpatient - Office Visits	Yes	No			Pass		Pass
Outpatient - All Other	Yes	No			Pass		Pass
A. Benefit Classification	B. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification?	C. Test Required?	D. Test Results				
Emergency Care	No	Yes					
Prescription Drugs	Yes	No	Pass				

Benefit Classification (3a) Outpatient - Office Visits, In-Network (OP-ON/NN)

Click here to [Scroll](#) [Errors Found](#)

Click the links in the call below to scroll directly to the stated section(s)

Links to IP (IN) Links to OP (OUT) Links to OP-ON (ON) Links to OP-NN (NN) Links to OP-ON-NN (ON-NN) Links to OP-ON-NN-NN (ON-NN-NN)

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

Benefit Classification		(3a) Outpatient - Office Visits, In-Network (OP-ON/NN)					
Notes:		Use the table if you are separately testing outpatient office visits and all other outpatient services.					
Classification		Outpatient - Office Visits	OP-ON				
Network (If/Not)		In-Network	NN				
Classification Code		3a	OP-ON/NN				
Table Name		Table Name	OP-ON/NN_P1				
For each row above, if it does not apply, enter "N/A"		Number of Rows: 6					
Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Co-payment	Co-insurance	Out of Pocket Maximum	No Cost Share (If True)
Primary Care Visit	Copay	\$350.00	N/A	\$30	N/A	\$5,000	
Specialty Office Visit	Copay	\$1,227.00	N/A	\$100	N/A	\$5,000	
Prescription Drug (Office Visit)	No Charge	\$100.00	N/A	N/A	N/A	N/A	
Immunization	No Charge	\$2,280.00	N/A	\$0.00	N/A	\$5,000	
Surgery, Hospitalization, Maternity and Physical Therapy	Deductible, No Co-insurance	\$2,280.00	\$5,000	N/A	N/A	\$5,000	
Chiropractic Services	Deductible, No Co-insurance	\$50,000.00	N/A	N/A	N/A	\$5,000	
Total Rows		\$2,400,000.00					

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

Financial Parity for (3a) Outpatient - Office Visits, In-Network (OP-ON/NN)				Enter Functions (as needed) about Medical Cost Share
Cost Share Type	In Plan Design?	Medical/Surgical	Parity Result	
Deductible	N/A	N/A	Pass	
Co-payment	N/A	N/A	Pass	
Co-insurance	N/A	N/A	Pass	
Overall			Pass	

Step 1 Substantially All (i.e., ≥ % of medical/surgical benefits)			
Deductible	\$500.00	18.02%	Fail
Co-payment	\$1,178.00	71.22%	OP-ON/NN
Co-insurance	\$500.00	18.02%	Fail
Overall	\$2,400,000.00	80.00%	OP-ON/NN/NN
Total Projected	\$2,400,000.00		

Step 2 Predominant Level		Errors Found: 0
Deductible --- (3a) Outpatient - Office Visits, In-Network (OP-ON/NN)		
Does not apply to substantially all medical/surgical benefits in this classification.		
Deductible		
Allowed Claims	Percent	Predominant & Error Checking
\$0.00		
Total	0.00%	
Co-payment --- (3a) Outpatient - Office Visits, In-Network (OP-ON/NN)		Errors Found: 0
Applies to substantially all medical/surgical benefits in this classification.		
ENTER different copay amounts from smallest to largest.		
Copayment	Percent	Predominant & Error Checking
\$0.00	0.00%	
\$1,178.00	71.22%	
\$500.00	18.02%	
Total	100.00%	
Co-insurance --- (3a) Outpatient - Office Visits, In-Network (OP-ON/NN)		Errors Found: 0
Does not apply to substantially all medical/surgical benefits in this classification.		
ENTER any values in the table based on claims data.		
Co-insurance		
Allowed Claims	Percent	Predominant & Error Checking
\$0.00		
Total	0.00%	
Overall --- (3a) Outpatient - Office Visits, In-Network (OP-ON/NN)		Errors Found: 0
Applies to substantially all medical/surgical benefits in this classification.		
ENTER different copay amounts from smallest to largest.		
Copay	Percent	Predominant & Error Checking
\$0.00	0.00%	
\$1,178.00	71.22%	
\$500.00	18.02%	
Total	100.00%	

<b>Workbook Info</b>
<a href="#">Link back to Summary Sheet</a> User Inputs Cell Format See the <i>Example worksheet</i> for additional details.

Issuer / Market: LifeWise Health Plan of Washington  
Market: Individual

Plan Name:	LifeWise Essential Silver	***This will auto populate from summary sheet macro
Plan ID:	38498WA0320004	***This will auto populate from summary sheet macro
Plan Description:		***If the plan is a CSR variant, identify it here. Otherwise, leave the field blank

<b>Click the links in the cells below to scroll directly to the stated section</b>				
<a href="#">Move to IP INN</a>	<a href="#">Move to IP OON</a>	<a href="#">Move to OP INN</a>	<a href="#">Move to OP-ON INN</a>	<a href="#">Move to OP-AO INN</a>
<a href="#">Move to OP OON</a>	<a href="#">Move to OP-ON OON</a>	<a href="#">Move to OP-AO OON</a>	<a href="#">Move to ER</a>	<a href="#">Move to BX</a>

Links only work for sections that are not alone

Testing Options	
Option	Selection
Out-of-Network Tier?	No
Outpatient Benefit Testing	Office Visits Separate

Column Options
<a href="#">Update Columns</a>
<a href="#">Hide/Unhide All Columns</a>

No Errors found?

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A. Benefit Classification	B. Do the MMSUD and shares match all Medical/Curgical test shares in the Benefit Classification? (In-Network)	C. Test Required? (In-Network)	D. Do the MMSUD and shares match all Medical/Curgical test shares in the Benefit Classification? (Out-of-Network)	E. Test Required? (Out-of-Network)	F. In-Network Tier		
					DL	DL	E. Test Results
					In-Network	Out-of-Network	
Injectable	Yes	No			Pass		Pass
Outpatient	Yes	No			Pass		Pass
Outpatient - All Services Combined	Yes	No			Pass		Pass
Outpatient - Office Visit Services	Yes	No			Pass		Pass
Outpatient - Office Visit	Yes	Yes			Pass		Pass
Outpatient - All Other	Yes	No			Pass		Pass
					Pass		Pass
A. Benefit Classification	B. Do the MMSUD and shares match all Medical/Curgical test shares in the Benefit Classification?	C. Test Required?	D. Test Results				
Emergency Care	Yes	No	Pass	Pass	Pass	Pass	Pass
Preventive Care	Yes	No	Pass	Pass	Pass	Pass	Pass

Errors found: 0

Click>>>>

the stated section>>>>

	Move to OP-QV INP	Move to OP-AQ INP
OP	Move to ER	Move to RX

#### COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Classification	Outpatient - Office Visit	OP-QV	Number of Rows
Network (In/Out)	In-Network	NN	
Classification Code	3a	OP-QV-NN	
Table Name		HS_OPQVNN_P1	

Service Description	Cost Share Description	Planned Amount	Deductible	Co-payment	Coinurance	Out of Pocket Maximum	No Cost Share if Not
Primary Care Visit	Co-pay	\$44,827.22	N/A	\$25	N/A	\$2,575	
Specialist Office Visit	Co-pay	\$59,736.55	N/A	\$50	N/A	\$2,575	
Preventative Care Office Visit	No Co-pay	\$11,205.63	N/A	N/A	N/A	\$2,575	
Specialty, Comprehensive, Management and Physical Therapy	Deductible, Out of pocket maximum	\$26,955.43	\$3,000	N/A	80%	\$2,575	
Chiropractic Services		\$7,420.00	N/A	\$60	N/A	\$2,575	
<b>Total Plan</b>		<b>\$203,880.23</b>					

#### ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Enter Footnote (as needed) about MajSD Cost Shown	
	XX

Cost Share Type	MSHSD Cost Share in Plan Design?	Prevalent Level for Medical/Surgical	MSHSD Financial Pcty Result
Deductible	N/A	Fail	Pass
Copayment	\$60.00	\$60.00	Pass
Coinurance	N/A	Fail	Pass
COBRA	\$8,375.00	\$8,375.00	Pass
Overall			Pass

\*If not applicable, enter "N/A"

5	Fail
5	OP-OV INN

Deductible	\$29,951.41	14.69%	Fail
Copayment	\$152,599.21	74.85%	OP-01 INN Copayment
Coinsurance	\$29,951.41	14.69%	Fail
OPPM	\$182,550.62	89.55%	OP-01 INN OPPM

Errors found: 0

**Deductible --- (3a) Outpatient - Office Visits, In-Network (OP-OV INN)**  
Does not apply to substantially all medical/surgical benefits in this classification

Does not apply to substantially all medical/surgical benefits in this classification.  
DELETE any values in the left-hand column below.

Deductible	Allowed Claims	Portion	Predominant %	Error Checking
	\$0.00			
	\$0.00			
<b>Total</b>	\$0.00	0.00%		

Errors found:	0
---------------	---

ENTER different copayment amounts from smallest to largest.

Particulars	Billed Prices	Realize	Realized %	Open Receivables
\$25.00	\$44,427.22	29.38%	\$25.00	
\$60.00	\$307,771.99	70.62%	\$60.00	
	\$0.00			
	\$0.00			
<b>Total</b>	<b>\$352,199.21</b>	<b>100.00%</b>		

Errors found:	0
---------------	---

Coincidence	Allowed Gains	Portion	Predominant &	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

Errors found:	0
---------------	---

ENTER different open amounts from smallest to largest.

DOFM	Allowed Claims	Portion	Predominant &	Error Checking
\$8,375.00	\$182,500.62	100.00%	\$8,375.00	
	\$0.00			
	\$0.00			
	\$0.00			
<b>Total</b>	<b>\$182,500.62</b>	<b>100.00%</b>		





MHSUD Financial Requirement (a.k.a. Cost Share) Parity Testing

Workbook Info

user / Market: LifeWise Health Plan of Washington  
Market: Individual

[Go back to Summary Sheet](#)  
[View Input Cell Format](#)  
[See the Example worksheet for additional details](#)

PLAN INFORMATION

Plan Name: LifeWise Essential Silver CSR2  
Plan ID: 3849BW0320004\_B75\_CSR

CSR Variant Description: 

over this will auto calculate from summary sheet macro  
over this will auto calculate from summary sheet macro  
over this plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: 

Pass

overClick the links in the callbelow to scroll directly to the stated sectionsover

Clickover

Errors Found

Testing Options

Option

Selection

Column Options

No Errors Found?

Out-of-Network Test?

Yes

Include Columns

Yes

Outpatient Benefit Testing

Offer Whole Population

Also Include All Columns

No

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	
Important	Yes	No			Pass		Pass
Outpatient							
Outpatient - All Services Combined							
Outpatient - Office Visits Separately	No	Yes			Pass		Pass
Outpatient - Office Visits	Yes	No			Pass		Pass
Outpatient - All Other	Yes	No			Pass		Pass
A. Benefit Classification	B. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification?	C. Test Required?	D. Test Results				
Emergency Care	No	Yes					
Prescription Drugs	Yes	No	Pass				

Benefit Classification

(3a) Outpatient - Office Visits, In-Network (OP-OV INN)

overClick the links in the callbelow to scroll directly to the stated sectionsover

Clickover

Errors Found

Clickover

Errors Found

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

Benefit Classification		(3a) Outpatient - Office Visits, In-Network (OP-OV INN)				
Notes:		Use the table if you are separately testing outpatient office visits and all other outpatient services.				
Classification	Outpatient - Office Visits	OP-OV				
	In-Network	INN				
Network (3a/3d)	3a	OP-OV INN				
Classification Code	Table Name	OP-OV INN_P1	Number of Rows: 6			
For each row above, if it does not apply, enter "N/A"						
Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Coinsurance	Out-of-Pocket Maximum	No Cost Share (If Yes)
Primary Care Visit	Copay	\$12,570.84	N/A	5%	N/A	\$2,500.00
Specialty Office Visit	Copay	\$77,480.79	N/A	5%	N/A	\$2,500.00
Prescription Drug (30-day supply)	No charge	\$23,480.77	N/A	N/A	N/A	N/A
Specialty Care	Copay	\$432.34	N/A	5%	N/A	\$2,500.00
Speech, Occupational, Managerial, and Physical Therapy	Deductible, then Copay	\$21,762.38	\$700	N/A	30%	\$2,500.00
Chiropractic Therapy	Copay	\$5,385.36	N/A	5%	N/A	\$2,500.00
Total Row		\$148,122.05				

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	Amount Cost Share in Plan Design?	Amount Cost Share Medical/Surgical	Parity Result
Deductible	N/A	\$700	Fail
Coinsurance	5%	5%	Pass
Out-of-Pocket	\$2,500.00	\$2,500.00	Pass
Overall			Pass
If not applicable, enter "N/A"			
Step 1 Substantially All (i.e., ≥ 80% of medical/surgical benefits)			
Deductible	\$700	74.85%	OP-OV INN
Coinsurance	5%	54.09%	OP-OV INN
Out-of-Pocket	\$2,500.00	89.52%	OP-OV INN
Overall			

Step 2 Predominant Level		Errors Found	0
Deductible - (3a) Outpatient - Office Visits, In-Network (OP-OV INN)			
Does not apply to substantially all medical/surgical benefits in this classification.			
ENTER any values in the left-hand column below			
Deductible	Allowed Claims	Portion	Predominant & Error Checking
	\$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 & Error Checking
	\$0.00		
	\$0.00		
	\$0.00		
Total	\$0.00	0.00%	
Out-of-Pocket - (3a) Outpatient - Office Visits, In-Network (OP-OV INN)		Errors Found	0
Does not apply to substantially all medical/surgical benefits in this classification.			
ENTER any values in the left-hand column below			
Out-of-Pocket	Allowed Claims	Portion	Predominant & Error Checking
	\$0.00		
	\$0.00		
	\$0.00		
Total	\$0.00	0.00%	
Overall - (3a) Outpatient - Office Visits, In-Network (OP-OV INN)		Errors Found	0
Applies to substantially all medical/surgical benefits in this classification.			
ENTER different overall amounts from smallest to largest.			
Overall	Allowed Claims	Portion	Predominant & Error Checking
	\$0.00		
	\$0.00		
	\$0.00		
Total	\$0.00	0.00%	

MHSUD Financial Requirement (a.k.a. Cost Share) Parity Testing

User / Member: LifeWise Health Plan of Washington  
Market: Individual

Workbook Info
<a href="#">Link back to Summary Sheet</a>
<a href="#">View Input Cell Format</a>
<a href="#">See the Example worksheet for additional details.</a>

PLAN INFORMATION

Plan Name: LifeWise Essential Silver C83  
Plan ID: 3849BW0320004\_P04S\_C83  
C83 Variant Description:   
PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

over this will auto calculate from summary sheet macro  
over this will auto calculate from summary sheet macro  
over this will auto calculate from summary sheet macro

Overall Result: Pass

Links only work for sections that are not already hidden ->

Option	Selection
Out of Network Test?	Yes
Outpatient Benefit Testing	Offer Whole Spectrum

overClick the links in the call below to scroll directly to the stated section(s)				
Click to IP 100%	Click to IP 70%	Click to IP 50%	Click to IP 40% 100%	Click to IP 40% 100%
Click to IP 40%	Click to IP 40% 100%	Click to IP 40% 100%	Click to IP 40%	Click to IP 40%

Column Options	No Errors Found?
Include Columns	True
Exclude Columns	

Results by Benefit Classification						
A. Benefit Classification	B1. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification? (In-Network)	C1. Test Required? (In-Network)	B2. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification? (Out-of-Network)	C2. Test Required? (Out-of-Network)	D. By Network Test	
					D1. In-Network	D2. Out-of-Network
Important	Yes	No			Pass	Pass
Outpatient						
Outpatient - All Services Combined						
Outpatient - Office Visits Separately	No	Yes			Pass	Pass
Outpatient - Office Visits	Yes	No			Pass	Pass
Outpatient - All Other	Yes	No			Pass	Pass
A. Benefit Classification	B. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification?	C. Test Required?	D. Test Results			
Emergency Care	No	Yes				
Prescription Drugs	Yes	No	Pass			

Benefit Classification (3a) Outpatient - Office Visits, In-Network (OP-OV INN)

Click to Pass Click to Error Found

overClick the links in the call below to scroll directly to the stated section(s)				
Click to IP 100%	Click to IP 70%	Click to IP 50%	Click to IP 40% 100%	Click to IP 40% 100%
Click to IP 40%	Click to IP 40% 100%	Click to IP 40% 100%	Click to IP 40%	Click to IP 40%

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

Benefit Classification (3a) Outpatient - Office Visits, In-Network (OP-OV INN)									
Notes: Use the table if you are separately testing outpatient office visits and all other outpatient services.									
Classification	Outpatient - Office Visits	OP-OV							
Network (3a) Code	In-Network	INN							
Classification Code	3a	OP-OV INN							
Table Name	OP-OV INN	OP-OV INN							
For each row above, if it does not apply, enter "N/A"									
Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Co-payment	Co-insurance	Out of Pocket Maximum	No Cost Share (If Yes)	Number of Rows: 6	
Primary Care Visit	Copay	\$12,250.00	N/A	\$30	N/A	\$1,000			
Specialty Office Visit	Copay	\$27,277.50	N/A	\$30	N/A	\$1,000			
Prescription Drug (3a) Code	No Payable	\$3,000.00	N/A	N/A	N/A	N/A			
Specialty Care	Copay	\$100.00	N/A	\$30	N/A	\$1,000			
Speech, Occupational, Managerial, and Physical Therapy	Deductible, then Copay	\$8,100.00	\$100	N/A	30%	\$1,000			
Chiropractic/Chiropractic	Copay	\$1,000.00	N/A	\$30	N/A	\$1,000			
Total Row		\$55,738.22							

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

Financial Parity for (3a) Outpatient - Office Visits, In-Network (OP-OV INN)					Error Found(s) (as noted) about MHSUD Cost Share
Cost Share Type	Amount Cost Share in Plan Design?	Amount Cost Share in Plan Design?	Medical of Surgical	Parity Result	
Deductible	Yes	\$12,250.00	Yes	Pass	
Co-payment	Yes	\$30.00	Yes	Pass	
Co-insurance	No	N/A	Yes	Pass	
COBRA	Yes	\$1,000.00	Yes	Pass	
Overall				Pass	
If not applicable, enter "N/A"					
Step 1 Substantially All (i.e., > 80% of medical/surgical benefits)					
Deductible	\$12,250.00	74.85%	OP-OV INN	Pass	
Co-payment	\$30.00	74.85%	OP-OV INN	Pass	
Co-insurance	N/A	74.85%	OP-OV INN	Pass	
COBRA	\$1,000.00	89.52%	OP-OV INN/COBRA	Pass	

Step 2 Predominant Level					Errors Found
<b>Deductible - (3a) Outpatient - Office Visits, In-Network (OP-OV INN)</b>					
Does not apply to substantially all medical/surgical benefits in this classification.					
ENTER any values in the left-hand column below					
Deductible	Allowed Claims	Portion	Predominant &	Error Checking	
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			
<b>Co-payment - (3a) Outpatient - Office Visits, In-Network (OP-OV INN)</b>					
Applies to substantially all medical/surgical benefits in this classification.					
ENTER different co-payment amounts from smallest to largest.					
Co-payment	Allowed Claims	Portion	Predominant &	Error Checking	
	\$0.00				
	\$25,256.18	100.00%			
	\$25,400.38				
	\$0.00				
Total	\$45,722.74	100.00%			
<b>Co-insurance - (3a) Outpatient - Office Visits, In-Network (OP-OV INN)</b>					
Does not apply to substantially all medical/surgical benefits in this classification.					
ENTER any values in the left-hand column below					
Co-insurance	Allowed Claims	Portion	Predominant &	Error Checking	
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			
<b>COBRA - (3a) Outpatient - Office Visits, In-Network (OP-OV INN)</b>					
Applies to substantially all medical/surgical benefits in this classification.					
ENTER different co-payment amounts from smallest to largest.					
COBRA	Allowed Claims	Portion	Predominant &	Error Checking	
	\$1,000.00	100.00%			
	\$0.00				
	\$0.00				
Total	\$1,000.00	100.00%			

### PLAN INFORMATION

Plan Name:	LifeWise Cascade Complete Gold	***This will auto populate from summary sheet macro
Plan ID:	38498WA0320010	***This will auto populate from summary sheet macro
Product Description:		***If the plan is a CSR variant, identify it here. Otherwise, leave the field blank

Overall Result: Pass

*Links only work for sections that are not already hidden*

Column Options  
[Update Columns](#)  
[Hide/Unhide All Columns](#)

A. Benefit Classification	B. Do the MHGUD 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)  
**Notes:** Use this table if you are separately billing outpatient office visits and all other outpatient services.

* not an estimate, if it does not exist, enter "N/A"							
Service Description	Category	Description	Planned Amount	Encumbered	Payement	Commenceure	End of Period (if applicable)
Primary Care Visit	Office	Office	\$108,269.38	N/A	\$15	N/A	\$108,269.38
Specialist Office Visit	Office	Office	\$375,684.51	N/A	\$60	N/A	\$1,000,000
Preventive Care Office Visit	Office	Office	\$80,240.42	N/A	N/A	N/A	N/A
Inpatient Care	Office	Office	\$1,291.85	N/A	\$35	N/A	\$1,000,000
Speech, Occupational, Massage, and Physical Therapy	Office	Office	\$112,989.20	N/A	\$25	N/A	\$1,000,000
<b>Total Row</b>	<b>Office</b>	<b>Office</b>	<b>\$706,485.95</b>	<b>N/A</b>	<b>\$95</b>	<b>\$800</b>	<b>\$1,000,000</b>

**Financial Parity for (3a) Outpatient - Office Visits, In-Network (OP-OV INN)**

Enter footnotes (as needed) about Selected Post Shares	
	XX

Step 2 Predominant Level

<p> <a href="#">Coverage</a> — <a href="#">3a Outpatient - Office Visits, In-Network (OP-OV IN)</a> </p>	<p> <a href="#">Errors found:</a> </p>
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Coinsurance --- (3a) Outpatient - Office Visits In-Network (OIS-ON/IN)	Errors found:	
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COSM - (Tel) Outpatient - Office Visits, In-Network IOP-QV (NN)	Errors found:	
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[illegible]

Click Home Errors found: 0

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**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.

For each asset and liability, if there are multiple assets, enter "Multiple Assets" or "Multiple Liabilities"		Plan-Reported Amount	Debitable	Co-payments	Contribution	Global Product Measurement (\$MM)	No-Global Share of Product Sales (%)
Administrative Expenses and Professional Services	Office	\$243,988.08	N/A	\$20	N/A	\$20	
Rents and Occupancy Expenses	Office	\$221,536.33	N/A	\$40	N/A	\$2,000	
Administrative Expenses	Executive, Other, Occupancy	\$178,920.48	\$2.00	\$500	N/A	\$7,500	
Occupational Payroll	Executive, Other, Occupancy	\$1,633,535.29	\$1,000	\$200	N/A	\$7,500	
Occupational Payroll	Executive, Other, Occupancy	\$676,202.22	\$1,000	\$75	N/A	\$7,500	
Other	Occupancy	\$1,000,000.00	N/A	\$50	YES	\$7,500	
<b>Total Fees</b>		<b>\$3,255,634.73</b>					

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

<p>Enter Exponents (as needed) about Sketch of Cost Shown</p>
<p>OK</p>

Step 2 Predominant Level

Copyment --- (2b) Outpatient - All Other, In-Network (OP-AO INN)	Errors found:	0
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Total	53,144,617.83	100.00%	
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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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Total	53,544,617.83	100.00%	
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MHSUD Financial Requirement (a.k.a. Cost Share) Parity Testing

Plan / Market: LifeWise Health Plan of Washington  
Market: Individual

**Worksheet Info**

[Link back to Summary Sheet](#)

[Worksheet Full Format](#)

[See the Sample worksheet for additional details](#)

PLAN INFORMATION

Plan Name: LifeWise Cascade Silver CSM  
Plan ID: 38498W032011\_7735\_CSM  
CSP Variant Description: *xxxxThis will auto populate from summary sheet macro  
xxxxThis will auto populate from summary sheet macro  
xxxxIf the plan is a CSP variant, identify it here. Otherwise, leave the field blank.*

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: **Pass**

*xxxxClick the links in the cells below to scroll directly to the stated sectionxxxx*

*xxxxxxxxxx*

**Testing Options**

Option	Selection	Column Options	Networks Tested?
Out of Network Test?	Yes	<input type="checkbox"/> Deductible Columns	<input checked="" type="checkbox"/> Yes
Outpatient Benefit Testing	Officer Price Inquiry	<input type="checkbox"/> Deductible Columns	

Results By Benefit Classification					
A. Benefit Classification	B1. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification? (In-Network)	C1. Test Required? (In-Network)	B2. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification? (Out of Network)	C2. Test Required? (Out of Network)	E. Test Results
Emergency	Yes	No		Pass	Pass
Outpatient					
Outpatient - All Services Combined					
Outpatient - Office Visit Separate	Yes	Yes		Pass	Pass
Outpatient - Office Visit, Outpatient - All Other	Yes	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** (3d) Outpatient - Office Visits, In-Network (OP-OV INN)

**Clickxxxx** **None** **Error Found:** **0**

*xxxxClick the links in the cells below to scroll directly to the stated sectionxxxx*

*xxxxxxxxxx*

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

**Clickxxxx** **None** **Error Found:** **0**

*xxxxClick the links in the cells below to scroll directly to the stated sectionxxxx*

*xxxxxxxxxx*

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

**Benefit Classification** (3d) Outpatient - Office Visits, In-Network (OP-OV INN)

**Note:** 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
Classification Code	000-00-000
Table Name	000-000000_P1

*For each cost share, if it does not apply, enter "N/A".*

Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Co-payment	Co-insurance	Out-of-Pocket Maximum (OPOM)	No Cash Share (If True, enter "N/A")
First 3 Primary Care Visit	Copay	\$100,000.00	N/A	\$10	N/A	\$1,000	
Primary Care In-Visit	Copay	\$100,000.00	N/A	\$10	N/A	\$1,000	
Specialty Office Visit	Copay	\$100,000.00	N/A	\$10	N/A	\$1,000	
Emergency Care Office Visit	No charge	\$100,000.00	N/A	N/A	N/A	N/A	
Emergency, Outpatient, Maternity, and Physical Therapy	Copay	\$100,000.00	N/A	\$10	N/A	\$1,000	
Chiropractic	Copay	\$100,000.00	N/A	\$10	N/A	\$1,000	
<b>Total Row</b>		\$100,000.00					

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

**Financial Parity for (3a) Outpatient - Office Visits, In-Network (OP-OV INN)**

Cost Share Type	MHSUD Cost Share or Plan Charge?	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	Pass	Pass
Co-payment	\$100.00	Pass	Pass
Co-insurance	N/A	Pass	Pass
OPOM	\$1,000.00	Pass	Pass
<b>Overall</b>			Pass

*If not applicable, enter "N/A"*

**Step 1 Substantially All (i.e., ≥ 5% of medical/surgical benefits)**

Category	Allowed Claims	Portion	Predominant & Smaller	Error Checking
Deductible	\$0.00	0.00%		Fail
Co-payment	\$100,000.00	85.36%	OP-OV INN	
Co-insurance	\$0.00	0.00%	Fail	
OPOM	\$100,000.00	85.36%	OP-OV INN/OPOM	
<b>Total/Predominant</b>	\$100,000.00			

**Step 2 Predominant Level**

**Deductible — (3d) Outpatient - Office Visits, In-Network (OP-OV INN)**

Does not apply to substantially all medical/surgical benefits in this classification.

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00	0.00%		
<b>Total</b>	\$0.00	0.00%		

**Co-payment — (3d) Outpatient - Office Visits, In-Network (OP-OV INN)**

Applies to substantially all medical/surgical benefits in this classification.

Co-payment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$100.00	85.36%	\$100.00	
<b>Total</b>	\$100,000.00	85.36%	\$100.00	

**Co-insurance — (3d) Outpatient - Office Visits, In-Network (OP-OV INN)**

Does not apply to substantially all medical/surgical benefits in this classification.

Co-insurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00	0.00%		
<b>Total</b>	\$0.00	0.00%		

**OPOM — (3d) Outpatient - Office Visits, In-Network (OP-OV INN)**

Does not apply to substantially all medical/surgical benefits in this classification.

OPOM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$1,000.00	85.36%	\$1,000.00	
<b>Total</b>	\$100,000.00	85.36%	\$1,000.00	

**Co-payment — (3d) Outpatient - Office Visits, In-Network (OP-OV INN)**

Does not apply to substantially all medical/surgical benefits in this classification.

Co-payment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$100.00	85.36%	\$100.00	
<b>Total</b>	\$100,000.00	85.36%	\$100.00	

**OPOM — (3d) Outpatient - Office Visits, In-Network (OP-OV INN)**

Does not apply to substantially all medical/surgical benefits in this classification.

OPOM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$1,000.00	85.36%	\$1,000.00	
<b>Total</b>	\$100,000.00	85.36%	\$1,000.00	

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

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

**Note:** 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
Classification Code	000-00-000
Table Name	000-000000_P2

*For each cost share, if it does not apply, enter "N/A".*

Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Co-payment	Co-insurance	Out-of-Pocket Maximum (OPOM)	No Cash Share (If True, enter "N/A")
Laboratory Outpatient and Professional Services	Deductible, then copay	\$222,100.00	N/A	\$40	N/A	\$2,000	
Physician and Diagnostic Services	Deductible, then copay	\$100,000.00	N/A	\$40	N/A	\$2,000	
Advanced Imaging	Deductible, then copay	\$100,000.00	N/A	\$40	N/A	\$2,000	
Outpatient Lab	Copay	\$1,000.00	N/A	\$40	N/A	\$2,000	
Outpatient Care	Copay	\$1,000.00	N/A	\$40	N/A	\$2,000	
<b>Total Row</b>		\$222,100.00					

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

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

Cost Share Type	MHSUD Cost Share or Plan Charge?	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	Pass	Pass
Co-payment	\$40.00	Pass	Pass
Co-insurance	N/A	Pass	Pass
OPOM	\$2,000.00	Pass	Pass
<b>Overall</b>			Pass

*If not applicable, enter "N/A"*

**Step 1 Substantially All (i.e., ≥ 5% of medical/surgical benefits)**

Category	Allowed Claims	Portion	Predominant & Smaller	Error Checking
Deductible	\$0.00	0.00%		Fail
Co-payment	\$40,000.00	8.53%	OP-AO INN/Co-payment	
Co-insurance	\$0.00	0.00%	Fail	
OPOM	\$2,000.00	8.53%	OP-AO INN/OPOM	
<b>Total/Predominant</b>	\$40,000.00			

**Step 2 Predominant Level**

**Deductible — (3d) Outpatient - All Other, In-Network (OP-AO INN)**

Does not apply to substantially all medical/surgical benefits in this classification.

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00	0.00%		
<b>Total</b>	\$0.00	0.00%		

**Co-payment — (3d) Outpatient - All Other, In-Network (OP-AO INN)**

Applies to substantially all medical/surgical benefits in this classification.

Co-payment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$40.00	8.53%	\$40.00	
<b>Total</b>	\$40,000.00	8.53%	\$40.00	

**Co-insurance — (3d) Outpatient - All Other, In-Network (OP-AO INN)**

Does not apply to substantially all medical/surgical benefits in this classification.

Co-insurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00	0.00%		
<b>Total</b>	\$0.00	0.00%		

**OPOM — (3d) Outpatient - All Other, In-Network (OP-AO INN)**

Does not apply to substantially all medical/surgical benefits in this classification.

OPOM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$2,000.00	8.53%	\$2,000.00	
<b>Total</b>	\$40,000.00	8.53%	\$2,000.00	

**Co-payment — (3d) Outpatient - All Other, In-Network (OP-AO INN)**

Does not apply to substantially all medical/surgical benefits in this classification.

Co-payment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$40.00	8.53%	\$40.00	
<b>Total</b>	\$40,000.00	8.53%	\$40.00	

**OPOM — (3d) Outpatient - All Other, In-Network (OP-AO INN)**

Does not apply to substantially all medical/surgical benefits in this classification.

OPOM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$2,000.00	8.53%	\$2,000.00	
<b>Total</b>	\$40,000.00	8.53%	\$2,000.00	

Workbook Info
<a href="#">Link back to Summary Sheet</a>
User Inputs Cell Format
See the Example worksheet for additional details.

<<<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

Links only work for sections that are not already hidden>>>>>>>

<<<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.

*Links only work for sections that are not already hidden>>>>*

Testing Options		Column Options	No Errors found?
Option	Selection		
Out-of-Network Tier?	No	<a href="#">Update Columns</a>	TRUE
Outpatient Benefit Testing	Office Visits Separate	<a href="#">Hide/Unhide All Columns</a>	

A. Sample Classification		B. Do the MISSED-out shares match all Medical/Surgical out shares in the Sample Classification? (In-Network)	C. Test Required? (In-Network)	B. Do the MISSED-out shares match all Medical/Surgical out shares in the Sample Classification? (Out-of-Network)	C. Test Required? (Out-of-Network)	D. By Network Tier		E. Test Results
						Q1 In-Network	Q2 Out-of-Network	
Impairment	Yes	No				Pass		Pass
Chronicity								
Outpatient - All Services Combined								
Outpatient - Office Visit Separate								
Outpatient - Office Visit	No	Yes				Pass		Pass
Outpatient - All Other								
Outpatient - All Other						Pass		Pass
A. Sample Classification		B. Do the MISSED-out shares match all Medical/Surgical out shares in the Sample Classification?	C. Test Required?	D. Test Results				
Emergency Care	Yes	No	Pass					
Emergency Care	Yes	No	Pass					

A. Benefit Classification	B. Do the MHSD 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		

**PART 1**

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

Benefit Classification		[34] (Outpatient - Office Visits, In-Network (OP-OWN))							
		See this table if you are currently billing outpatient office visits and all other outpatient services.							
Classification	Classification Office Code	Plan	Contract						
Network (N/Cat)	to (N/Cat)	to (N/Cat)	to (N/Cat)						
Classification Code	Tell me more	to (N/Cat)	to (N/Cat)	Number of Rows: 10					
For each row, if you are not sure, enter "N/A"									
Service/Description	Description	Plan-Proposed Allowed Amount	Deductible	Co-payment	Co-insurance	Out-of-Pocket Maximum	No Share	Other (see "N/A")	
Final 2 Primary Care Visit	Office	\$75.07, 31	N/A	\$1	N/A	\$1,820			
Primary Care N/A Visit	Office	\$38,348.29	N/A	\$5	N/A	\$1,820			
Specialist Office N/A Visit	Office	\$226,368.33	N/A	\$50	N/A	\$1,820			
Preventive Care Office Visit	No charge	\$51,999.99	N/A	N/A	N/A	N/A			
Specialty Office Visit	Office	\$1,499.02	N/A	N/A	N/A	\$1,820			
Research, Occupational Services and Physical Therapy	Office	\$75,220.00	N/A	N/A	N/A	\$1,820			
Chiropractic	Office	\$11,557.25	N/A	N/A	N/A	\$1,820			
<b>Total Rows</b>		<b>\$11,557.25</b>							

<b>Network Classification:</b> <b>Notes:</b>		<b>(B3) Outpatient - All Other, In-Network (OP-AD-INN)</b> <i>Use this tab if you are currently billing outpatient-eligible visits and other outpatient services.</i>	
<b>Classification</b> <b>Network In/Out</b> <b>Classification Code</b> <b>ID</b> <b>Title Name</b>	<b>Contract All Other</b> <b>AD-ADN</b> <b>AD-ADN</b> <b>AD-ADN</b> <b>AD-ADN</b>	<b>GA-AD</b> <b>GA-AD</b> <b>GA-AD</b> <b>GA-AD</b>	<b>Number of Rows</b> <b>0</b>
	<b>For each row above, if you select "Other" then "Other"</b>		
	<b>Service Description</b> <b>Code</b> <b>Code Short Description</b>	<b>Pre-Programmed Amount</b> <b>Amount</b>	<b>Discountable</b> <b>Co-payment</b> <b>Co-insurance</b> <b>Cost-Point Maximum (\$/month)</b> <b>Net Share of Costs (%)</b>
<b>Laboratory Diagnostic and Professional Services</b>	<b>Discountable, Innet usage</b>	<b>\$261,448.36</b>	<b>N/A</b> <b>\$20</b> <b>N/A</b> <b>\$2,000</b> <b>0</b>
<b>PT/OT and Diagnostic Imaging</b>	<b>Discountable, Innet usage</b>	<b>\$147,709.23</b>	<b>N/A</b> <b>\$40</b> <b>N/A</b> <b>\$2,000</b> <b>0</b>
<b>Non-surgical Imaging</b>	<b>Discountable, Innet usage</b>	<b>\$178,100.41</b>	<b>N/A</b> <b>\$40</b> <b>N/A</b> <b>\$2,000</b> <b>0</b>
<b>Cardiac Services</b>	<b>Discountable, Innet usage</b>	<b>\$2,000,000.00</b>	<b>\$750</b> <b>N/A</b> <b>0%</b> <b>\$2,000</b> <b>0</b>
<b>Cardiac Services</b>	<b>Discountable, Innet usage</b>	<b>\$200,000.00</b>	<b>\$750</b> <b>N/A</b> <b>0%</b> <b>\$2,000</b> <b>0</b>
<b>Neurological Care</b>	<b>No change</b>	<b>\$41,174.40</b>	<b>N/A</b> <b>N/A</b> <b>N/A</b> <b>\$2,000</b> <b>0</b>
<b>Total Row</b>		<b>\$2,138,330.00</b>	

**PART 2**

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**ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION**

Financial Plan for (3a) Outpatient - Office Visits, In-Network (OP-ON INN)				
Cost Share Type	MOHCA Cost Share in First Period	Prostatectomy/Total Prostatectomy/Total Radical Prostatectomy	MOHCA Financial Party Benefit	Other Insurance (as outlined under MOHCA plan design)
Indemnitable	\$0	Full	Full	
Copayment	\$0	None	None	
Coinsurance	0%	0%	0%	
CDPM	\$1,850.00	\$4,800.00	\$4,800.00	
<b>Total</b>			Full	

\*If not applicable, enter "N/A"

**Step 1 Subpartney AB (i.e., 2% of medical/surgical benefits)**

Beneficiary	OP-ON	OP-ON INN	OP-ON INN	OP-ON INN
Subpartney AB	\$511,824.28	85.55%	OP-ON INN	
Copayment	\$0.00	0.00%	Full	
CDPM	\$450,824.28	85.55%	OP-ON INN	
Total Beneficiary	\$511,824.28	85.55%	OP-ON INN	

[illegible][illegible]

Step 2 – Preliminary Level					
<b>Details – (2B) Outpatient, All Other, In-Network QIP AD (NN)</b>				<b>Error/Reason:</b>	
Applies to an intermediate of medical/surgical benefit in this classification. ENTER different deductible amounts from underinsured to target.					
<b>Deductible</b>	<b>Allowed Dates</b>	<b>Periods</b>	<b>Preindemnity &amp; Smaller</b>	<b>Error Checking</b>	
\$150.00	\$1,198,750.00	100.00%		\$750.00	
<b>Total</b>	<b>\$1,198,750.00</b>	<b>100.00%</b>			
<b>Consentment – (2B) Outpatient, All Other, In-Network QIP AD (NN)</b>				<b>Error/Reason:</b>	
Applies to substantially of medical/surgical benefit in this classification. ENTER different payment amounts from underinsured to target.					
<b>Coincure</b>	<b>Allowed Dates</b>	<b>Periods</b>	<b>Preindemnity &amp; Smaller</b>	<b>Error Checking</b>	
\$20.00	\$251,548.50	9.54%			
\$40.00	\$257,789.20	7.77%			
\$100.00	\$258,460.40	24.69%			
\$500.00	\$258,125.70	24.91%			
<b>Total</b>	<b>\$1,076,923.80</b>	<b>100.00%</b>			
<b>Consentance – (2B) Outpatient, All Other, In-Network QIP AD (NN)</b>				<b>Error/Reason:</b>	
Does not apply to substantially of medical/surgical benefit in this classification. ENTER 0% when value of the benefit payment is zero.					
<b>Coinsurance</b>	<b>Allowed Dates</b>	<b>Periods</b>	<b>Preindemnity &amp; Smaller</b>	<b>Error Checking</b>	
	\$0.00				
	\$0.00				
	\$0.00				
<b>Total</b>	<b>\$0.00</b>	<b>0.00%</b>			
<b>COPI – (2B) Outpatient, All Other, In-Network QIP AD (NN)</b>				<b>Error/Reason:</b>	
Applies to substantially of medical/surgical benefit in this classification. ENTER different copay amounts from underinsured to target.					
<b>Copay</b>	<b>Allowed Dates</b>	<b>Periods</b>	<b>Preindemnity &amp; Smaller</b>	<b>Error Checking</b>	
\$1,000.00	\$2,091,350.40	100.00%		\$3,000.00	
<b>Total</b>	<b>\$2,091,350.40</b>	<b>100.00%</b>			

### PLAN INFORMATION

Plan Name:	LifeWise Cascade Silver CSR3	«««This will auto populate from summary sheet macro
Plan ID:	38498WAD320D11 (94% CSR)	«««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

Overall Result: **Pass**

*Links only work for sections that are not already hidden*

<b>Results by Severity Classification</b>							
<b>A. Severity Classification</b>	<b>B1. Do the MMSI/GD call shares match all Medica/Surgical call shares in the Severity Classification? (In-Network)</b>	<b>C1. Test Requested? (In-Network)</b>	<b>B2. Do the MMSI/GD call shares match all Medica/Surgical call shares in the Severity Classification? (Out-of-Network)</b>	<b>C2. Test Requested? (Out-of-Network)</b>	<b>D. By Network Type</b>		<b>E. Test Results</b>
					<b>D1. In-Network</b>	<b>D2. Out-of-Network</b>	
Inpatient	No	No	No	No			Pass
Observation							
Occupied - All Patients Combined							
Occupied - Other Vets Separately							
Subacute - Other Vets	No	Yes	Yes	No	Pass	Pass	Pass
Subacute - All Others	No	Yes	Yes	No	Pass	Pass	Pass
<b>A. Severity Classification</b>	<b>B. Do the MMSI/GD call shares match all Medica/Surgical call shares in the Severity Classification?</b>	<b>C. Test Requested?</b>	<b>D. Test Results</b>				
Emergency Care	No	No	No	Pass			
Prevention Care	No	No	No	Pass			

[Click<<<<<<>>>>>>](#)

[Home](#)

Errors found: 0

<<Click the links in the cells below to scroll directly to the stated section>>>>

	<a href="#">Move to IP ODN</a>	<a href="#">Move to OP INs</a>	<a href="#">Move to OP-OV IN</a>	<a href="#">Move to OP-DO INs</a>
	<a href="#">Move to OP-OV ODN</a>	<a href="#">Move to OP-AO ODN</a>	<a href="#">Move to ER</a>	<a href="#">Move to RX</a>

Click<<<<<<< Home Errors found: 0

<<<Click the links in the cells below to scroll directly to the stated section>>>>>>>>

to IP INN	Move to IP OON	Move to OP INN	Move to OP-AP INN	Move to OP-AP OON
to OP OON	Move to OP OY OON	Move to OP-AO OON	Move to ER	Move to BX

**PART 1**

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

[illegible]

**PART 2**

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**ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION**

[illegible]

Step 2: Prevalence Level					
Disease – (SD) Outpatient, AD/Other, In-Network (SD AD/IN)				Error Band:	0
Does not apply to measurement of medical/surgical benefits in this classification.					
DELTA: any values in the left hand column below.					
Delistable	Allowed Codes	Parity	Prevalence & Similar	Error Checking	
	\$505,040.71	100.00%	N/A		
	\$50.00				
Total	\$505,090.71	100.00%			
Consequence – (SD) Outpatient, AD/Other, In-Network (SD AD/IN)				Error Band:	0
Applies to substantially all medical/surgical benefits in this classification.					
DELTA: all equipment codes amount below target.					
Equipment	Allowed Codes	Parity	Prevalence & Similar	Error Checking	
	\$50,792.28	8.25%	\$5.00		
	\$55,615.50	7.41%	\$15.00		
	\$22,048.50	2.94%	\$25.00		
	\$1,455.25	0.23%	\$25.00		
Total	\$134,911.53	100.00%			
Consequence – (SD) Outpatient, AD/Other, In-Network (SD AD/IN)				Error Band:	0
Does not apply to substantially all medical/surgical benefits in this classification.					
DELTA: any values in the left hand column below.					
Consequence	Allowed Codes	Parity	Prevalence & Similar	Error Checking	
	\$5.00				
	\$5.00				
	\$5.00				
Total	\$5.00	0.02%			
Consequence – (SD) Outpatient, AD/Other, In-Network (SD AD/IN)				Error Band:	0
Applies to substantially all medical/surgical benefits in this classification.					
DELTA: any values in the left hand column below.					
OSPM	Allowed Codes	Parity	Prevalence & Similar	Error Checking	
	\$184,415.56	100.00%			
	\$5.00		\$21.00		
	\$5.00				
Total	\$184,425.56	100.00%			

MHSUD Financial Requirement (a.k.a. Cost Share) Parity Testing

Workbook Info

Link back to Summary Sheet

Use inputs CSV format

See the Example worksheet for additional details

PLAN INFORMATION

Plan Name: LifeWise Cascade Bronze

Plan ID: 38498WAD320012

CSR Variant Description:

Overall Result: Pass

overClick the links in the callbelow to scroll directly to the stated section(s)

overThis will auto calculate from summary sheet macro

overThis will auto calculate from summary sheet macro

overIf the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Links only work for sections that are not already hidden/seen

Testing Options

Option Selection

Out of Network Test? Yes

Outpatient Benefit Testing Offer Whole Population

Column Options

Include Columns

Exclude Columns All Columns

No Errors found? TRUE

Results by 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 Test		E. Test Results
A. Benefit Classification							D1. In-Network	D2. Out-of-Network	
Inpatient	Yes	No					Pass		Pass
Outpatient									
Outpatient - All Services Combined									
Outpatient - Office Visits Separate	No	Yes					Pass		Pass
Outpatient - Office Visits	Yes	No					Pass		Pass
Outpatient - All Other	Yes	No					Pass		Pass
A. Benefit Classification									
B. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification?									
Emergency Care	No	Pass							
Prescription Drugs	Yes	No	Pass						

Benefit Classification (3a) Outpatient - Office Visits, In-Network (OP-OV INN)

Click below

Errors found

overClick the links in the callbelow to scroll directly to the stated section(s)

Move to B1 INN

Move to B1 OOV

Move to B2 INN

Move to B2 OOV

Move to C1 INN

Move to C1 OOV

Move to C2 INN

Move to C2 OOV

Move to D1

Move to D2

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

Benefit Classification		(3a) Outpatient - Office Visits, In-Network (OP-OV INN)						
Notes:		Use the table if you are separately testing outpatient office visits and all other outpatient services.						
Classification	Outpatient - Office Visits		OP-OV					Number of Rows
	In-Network		INN					
	Classification Code		3a OP-OV INN					
Table Name		OP-OV INN_P1					3	
For each row, enter the cost share value, enter "N/A" or "N/A" if not applicable.								
Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Co-payment	Co-insurance	Out of Pocket Maximum	No Cost Share (If true)	
First 2 Primary Care Visits	Capable	\$400,000.00	N/A	\$0	N/A	\$0,000		
Primary Care In-Network	Capable	\$400,000.00	N/A	\$0	N/A	\$0,000		
Specialty Office Visit	Capable	\$1,000,000.00	N/A	\$200	N/A	\$0,000		
Prescription Drug Office Visit	Not Applicable	\$200,000.00	N/A	N/A	N/A	N/A		
Outpatient Care	Capable	\$2,000,000.00	N/A	\$200	N/A	\$0,000		
Speech, Occupational, Massage, and Physical Therapy	Deductible, then Co-insurance	\$200,000.00	\$0,000	N/A	40%	\$0,000		
Chiropractic Services	Capable	\$100,000.00	N/A	\$0	N/A	\$0,000		
Total Row		\$1,000,000.00						

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

Financial Parity for (3a) Outpatient - Office Visits, In-Network (OP-OV INN)				Enter Footnotes (as needed) about MHSUD Cost Shares
Cost Share Type	In-Plan Design?	Medical/Surgical	Parity Result	
Deductible	N/A	\$0,000	Pass	
Co-payment	N/A	\$200	Pass	
Co-insurance	N/A	40%	Pass	
OCOM	N/A	\$0,000	Pass	
Overall			Pass	

Step 1 Substantially All (i.e., ≥ 2 % of medical/surgical benefits)			
Deductible	\$0,000	14.00%	Fail
Co-payment	\$2,000,000.00	74.00%	Pass
Co-insurance	\$200,000.00	14.00%	Fail
OCOM	\$0,000,000.00	0.00%	Pass
Total Proposed	\$2,000,000.00	74.00%	Pass

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.			
ENTER any values in the left-hand column below:			
Deductible	Allowed Claims	Portion	Predominant & Error Checking
	\$0.00		
	\$0.00		
Total	\$0.00	0.00%	

Co-insurance	Allowed Claims	Portion	Predominant & Error Checking
	\$0.00		
	\$0.00		
Total	\$0.00	0.00%	

Co-payment	Allowed Claims	Portion	Predominant & Error Checking
	\$0.00		
	\$0.00		
Total	\$0.00	0.00%	

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



MHSUD Financial Requirement (a.k.a. Cost Share) Parity Testing

Issuer / Market: LifeWise Health Plan of Washington  
Market: Individual

**Workbook Info**

[Click back to Summary Sheet](#)

[View Request Log History](#)

[See the Example worksheet for additional details](#)

PLAN INFORMATION

Plan Name: LifeWise Cascade Select Complete Gold  
Plan ID: 38498WAS20013  
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 blank.

Testing Options

Option	Selection
Out-of-Network Test?	No
Outpatient Benefits Testing	Office Visits Separate

Column Options
Hide Columns
Hide/Unhide All Columns

No Errors Found?  
**False**

Results by Benefit Classification

A. Benefit Classification	B.1. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification? (In-Network)	C.1. Test Required? (In-Network)	B.2. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification? (Out-of-Network)	C.2. Test Required? (Out-of-Network)	D. In-Network Test	E. Test Results
Inpatient	No	No				
Outpatient	No	No				
Outpatient - All Services Combined	No	No				
Outpatient - Office Visits Separate	No	Yes			Pass	Pass
Outpatient - Office Visits	No	Yes			Pass	Pass
Outpatient - All Other	No	Yes			Pass	Pass
A. Benefit Classification	B. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification?	C. Test Required?	D. Test Results			
Emergency Care	No	Pass				
Prescription Drugs	No	No	Pass			

Benefit Classification (3a) Outpatient - Office Visits, In-Network (OP-OV INN)

Click here to view **None** Errors Found: **0**

Click the links in the cells below to scroll directly to the stated section(s):					
Move to B.1. INN	Move to B.1. OON	Move to B.2. INN	Move to B.2. OON	Move to C.1. INN	Move to C.1. OON
Move to B.1. INN	Move to B.1. OON	Move to B.2. INN	Move to B.2. OON	Move to C.1. INN	Move to C.1. OON

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

Click here to view **None** Errors Found: **0**

Click the links in the cells below to scroll directly to the stated section(s):					
Move to B.1. INN	Move to B.1. OON	Move to B.2. INN	Move to B.2. OON	Move to C.1. INN	Move to C.1. OON
Move to B.1. INN	Move to B.1. OON	Move to B.2. INN	Move to B.2. OON	Move to C.1. INN	Move to C.1. OON

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

Benefit Classification		(3a) Outpatient - Office Visits, In-Network (OP-OV INN)					
Notes:		Use this table if you are separately testing outpatient office visits and all other outpatient services.					
Classification (Outpatient - Office Visits)		OP-OV					
Network (In/Out)		In-Network					
Classification Code		3a					
Table Name		OP-OV INN					
				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	No Cost Share (If Yes, \$)
Primary Care Visit	Copay	\$175.00	N/A	\$15	N/A	\$7,000	
Specialist Office Visit	Copay	\$280.00	N/A	\$40	N/A	\$7,000	
Prescription Care Office Visit	No charge	\$80.00	N/A	N/A	N/A	N/A	
Emergency Care	Copay	\$1,000.00	N/A	\$25	N/A	\$7,000	
Emergency, Urgency, and Hospital Therapy	Copay	\$1,000.00	N/A	\$25	N/A	\$7,000	
Total Row		\$780,400.00					

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

Financial Parity for (3a) Outpatient - Office Visits, In-Network (OP-OV INN)

Cost Share Type	MHSUD Cost Share (If Not Target)	Predominant Level for Medical/Surgical Parity Result
Deductible	N/A	Fail
Copayment	\$15.00	Pass
Coinsurance	N/A	Fail
Overall	\$1,000.00	Fail

If not applicable, enter "N/A".				
Step 1 Substantially All (i.e., ≥ 5% of medical/surgical benefits)				
Deductible	\$0.00	0.00%	Fail	
Copayment	\$175.00	88.10%	OP-OV INN	Pass
Coinsurance	\$0.00	0.00%	Fail	
DCPM	\$780,400.00	88.10%	OP-OV INN/DCPM	Pass
Total/Targeted	\$780,400.00			

Step 2 Predominant Level

Deductible — (3a) Outpatient - Office Visits, In-Network (OP-OV INN)

Does not apply to substantially all medical/surgical benefits in this classification.

DCPM: any values in the left-hand column below.

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

Copayment — (3a) Outpatient - Office Visits, In-Network (OP-OV INN)

Applies to substantially all medical/surgical benefits in this classification.

DCPM: different copayment amounts from smallest to largest.

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$15.00	\$200,000.00	25.75%	\$15.00	
\$15.00	\$200,000.00	25.75%	\$15.00	
\$15.00	\$200,000.00	25.75%	\$15.00	
Total	\$200,000.00	25.75%	\$15.00	

Coinsurance — (3a) Outpatient - Office Visits, In-Network (OP-OV INN)

Does not apply to substantially all medical/surgical benefits in this classification.

DCPM: 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%		
Total	\$0.00	0.00%		

DCPM — (3a) Outpatient - Office Visits, In-Network (OP-OV INN)

Applies to substantially all medical/surgical benefits in this classification.

DCPM: different copayment amounts from smallest to largest.

DCPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$1,000.00	\$780,400.00	100.00%	\$7,000.00	
\$0.00	\$0.00	0.00%		
Total	\$780,400.00	100.00%		

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

Benefit Classification Code:	(3b) Outpatient - All Other, In-Network (OP-AO INN)						
	Use this table if you are separately testing outpatient office visits and all other outpatient services.						
Classification Network (In/Out):	Outpatient - All Other	OP-AO					
Classification Code:	Outpatient	100					
Classification Code Table Name:	3b	OP-AO INN					
		OP-AO INN (3b)	Number of Rows: 6				
For each cost share, if it does not apply, enter "N/A".							
Service Description	Cost Share Description	Plan-Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum	No Cost Share (If Yes, \$)
Laboratory Outpatient and Professional Services	Copay	\$187,000.00	N/A	\$40	N/A	\$7,000	
X-Rays and Diagnostic Imaging	Copay	\$225,000.00	N/A	\$40	N/A	\$7,000	
Advanced Imaging	Deductible, then copay	\$187,000.00	\$1,000	\$200	N/A	\$7,000	
Outpatient Therapy	Deductible, then copay	\$1,000,000.00	\$1,000	\$200	N/A	\$7,000	
Outpatient Pharmacy	Deductible, then copay	\$800,000.00	\$1,000	\$20	N/A	\$7,000	
Prescription Care	No charge	\$63,000.00	N/A	\$25	N/A	\$7,000	
Total Row		\$3,274,000.00					

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

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

Cost Share Type	MHSUD Cost Share (If Not Target)	Predominant Level for Medical/Surgical Parity Result
Deductible	N/A	Fail
Copayment	\$15.00	Pass
Coinsurance	N/A	Fail
Overall	\$1,000.00	Fail

If not applicable, enter "N/A".				
Step 1 Substantially All (i.e., ≥ 5% of medical/surgical benefits)				
Deductible	\$0.00	0.00%	OP-AO INN/Deductible	
Copayment	\$15.00	88.07%	OP-AO INN/Copayment	Pass
Coinsurance	\$0.00	0.00%	Fail	
DCPM	\$3,274,000.00	88.07%	OP-AO INN/DCPM	Pass
Total/Targeted	\$3,274,000.00			

Step 2 Predominant Level

Deductible — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Applies to substantially all medical/surgical benefits in this classification.

DCPM: different deductible amounts from smallest to largest.

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$0.00	\$3,274,000.00	100.00%	\$1,000.00	
\$0.00	\$0.00	0.00%		
Total	\$3,274,000.00	100.00%		

Copayment — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Applies to substantially all medical/surgical benefits in this classification.

DCPM: different copayment amounts from smallest to largest.

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$15.00	\$287,000.00	8.75%	\$15.00	
\$15.00	\$287,000.00	8.75%	\$15.00	
\$15.00	\$287,000.00	8.75%	\$15.00	
Total	\$287,000.00	8.75%	\$15.00	

Coinsurance — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Does not apply to substantially all medical/surgical benefits in this classification.

DCPM: 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%		
Total	\$0.00	0.00%		

DCPM — (3b) Outpatient - All Other, In-Network (OP-AO INN)

Applies to substantially all medical/surgical benefits in this classification.

DCPM: different copayment amounts from smallest to largest.

DCPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$1,000.00	\$3,274,000.00	100.00%	\$7,000.00	
\$0.00	\$0.00	0.00%		
Total	\$3,274,000.00	100.00%		

### PLAN INFORMATION

Plan Name:	LifeWise Cascade Select Silver	«««This will auto populate from summary sheet macro
Plan ID:	38498WAD320014	«««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

Overall Result: **Pass**

Links only work for sections that are not already hidden>>>>

Results By Remote Test Classification							
A. Search Classification		B. Do the MIMO/OTD show matches of Medical/Surgical/clinical shares in the Search Classification?	C. Test Result(s)	B. Do the MIMO/OTD show matches of Medical/Surgical/OTD shares in the Benefits Classification? (Out-of-Network)	C. Test Result(s) (Out-of-Network)	D. By Network Tier	E. Test Results
		Yes	No			OTD In-Network	OTD Out-of-Network
Important		Yes	No				Pass
Outpatient							
	Outpatient - All Services Combined						
	Outpatient - Office Visits Only						
	Outpatient - Office Visits	Yes	Yes			Pass	Pass
	Outpatient - All Other	No	Yes			Pass	Pass
A. Search Classification		B. Do the MIMO/OTD show matches of Medical/Surgical/clinical shares in the Search Classification?		C. Test Result(s)	D. Test Results		
Emergency Care		Yes	No	Pass			
Preventive Services		No	No	Pass			

**Benefit Classification** (3a) Outpatient - Office Visits, In-Network (OP-OV INN)  
**Notes:** Use this table if you are separately testing outpatient office visits and all other outpatient services.

<b>Benefit Classification:</b>		<b>(2a) Outpatient – Office Visits, In-Network (OP-OU-NN)</b>	
<b>Notes:</b>		See this page for any separately billing companion office visits and all other associated services.	
<b>Classification</b>	<b>ICD-9-CM</b>	<b>ICD-9-CM</b>	
<b>Network ID (if [X])</b>	<b>01</b>	<b>01</b>	
<b>Classification Code</b>	<b>25.00</b>	<b>25.00</b>	
<b>Title Name</b>	<b>Dr. [Name]</b>	<b>Dr. [Name]</b>	<b>Number of Rows</b>
<b>For each row, enter 1 if you are not billing, and "NA" if you are.</b>			<b>1</b>

Service/Description	Quantity	Description	Place Precedent Amount	Denial/able	Co-payment	Coinsurance	Out-of-Pocket Maximum	No-Cost Share (If applicable)
First 2 Primary Care Visit	Co-pay	\$100.00	42	NA	\$1	NA	\$0.00	
Primary Care 3rd Visit	Co-pay	\$150.00	22	NA	\$0	NA	\$0.00	
Specialist Office Visit	Co-pay	\$1,500.00	NA	NA	NA	50.00%	\$0.00	
Preventive Care Office Visit	No Co-pay	\$1,000.00	NA	NA	NA	NA	\$0.00	
Office Visit (95.00)	Co-pay	\$20.00	35	NA	NA	50.00%	\$0.00	
Specialty, Outpatient Ambulatory and Physical Therapy	Co-pay	\$400.00	NA	NA	NA	NA	\$0.00	
<b>Total Rows</b>			<b>112</b>					

**Financial Parity for (3a) Outpatient - Office Visits, In-Network (OP-OV INN)**

Cost-Share Type	MHQID Cost Share in Plan Design*	Predominant Law for Medical/Surgical	MHQID Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$25.00	\$65.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$8,750.00	\$8,750.00	Pass
<b>Overall</b>			<b>Pass</b>

\*If not applicable, enter "N/A"

**Step 1 Substantially All (i.e.,  $\geq 3/4$  of medical/surgical benefits)**

Deductible	\$0.00	0.00%	Fail
Copayment	\$2,455,609.23	89.55%	OP-OV INN
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$2,455,609.23	89.55%	OP-OV INN OOPM
Total Projected	\$2,742,258.89		

### Step 2 Predominant Level

**Deductible — (2a) Outpatient - Office Visits, In-Network (OP-OV INN)**  
Does not apply to substantially all medical/surgical benefits in this classification.  
DELETE any values in the left-hand column below.

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

Commentary — (3a) Outpatient - Office Visits, In Network (OP-CV-IN)

ENTER different copayment amounts from smallest to largest.

Co-payment	Allowed Claims	Portion	Predominant &	Error Checking
\$1.00	\$391,950.42	35.98%	\$1.00	
\$20.00	\$320,715.47	32.85%	\$20.00	
\$40.00	\$402,896.24	36.42%	\$40.00	
\$65.00	\$1,330,047.10	54.98%	\$65.00	
<b>Total</b>	<b>\$2,455,609.23</b>	<b>100.00%</b>		

<p><b>Coinurance — (Tel) Consultant - Office Visits, In-Network (OP-QV INN)</b></p> <p> <input type="checkbox"/> 100%  <input type="checkbox"/> 80%  <input type="checkbox"/> 70%  <input type="checkbox"/> 60%  <input type="checkbox"/> 50%  <input type="checkbox"/> 40%  <input type="checkbox"/> 30%  <input type="checkbox"/> 20%  <input type="checkbox"/> 10%  <input type="checkbox"/> 0% </p>
---

DELETE any values in the left-hand column below.

Coinsurance	Allowed Claims	Portion	Predominant &	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
<b>Total</b>	\$0.00	0.00%		

QCPM—[1a] Outpatient, Office Visits, In-Network (QV INN)

ENTER different open amounts from smallest to largest.

GOPM	Allowed Charge	Portion	Preponderant &	Error Checking
\$0,750.00	\$2,455,609.23	100.00%	\$0,750.00	
	\$0.00			
	\$0.00			
	\$0.00			
<b>Total</b>	\$2,455,609.23	100.00%		

[illegible]

**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.

<b>Benefit Classification</b> <i>Note: (B) [Outpatient] Other, In-Network (OP-AD-INN)</i> <i>Use this table if you are currently billing outpatient office visits and all other outpatient services.</i>							
<b>Classification</b> <b>Network (In/Out)</b> <b>Classification Code</b> <b>Service Code</b>	<b>Outpatient (AD-INN)</b> <b>OP-AD-INN</b> <b>OP-AD-INN</b> <b>OP-AD-INN</b>						
<b>Service Description</b> <i>Use each code only once and only when "Yes"</i>	<b>Outpatient (AD-INN)</b> <b>OP-AD-INN</b> <b>OP-AD-INN</b> <b>OP-AD-INN</b>	<b>Non-Proprietary Amount</b> <b>Net</b>	<b>Discretion</b>	<b>Co-payment</b>	<b>Coinurance</b>	<b>Out-of-Pocket Maximum</b> <b>Net</b>	<b>Out-of-Pocket Maximum</b> <b>Net</b>
<b>Emergency Outpatient and Professional Services</b> <i>Emergency, When Applicable</i>	<b>OP-AD-INN</b> <b>OP-AD-INN</b> <b>OP-AD-INN</b> <b>OP-AD-INN</b>	<b>\$600,000.00</b>	<b>Yes</b>	<b>\$40</b>	<b>Yes</b>	<b>\$6,750</b>	<b>\$6,750</b>
<b>Office and Emergency Visiting</b> <i>Office/Office, When Applicable</i>	<b>OP-AD-INN</b> <b>OP-AD-INN</b> <b>OP-AD-INN</b> <b>OP-AD-INN</b>	<b>\$750,000.00</b>	<b>Yes</b>	<b>\$90</b>	<b>Yes</b>	<b>\$6,750</b>	<b>\$6,750</b>
<b>Post-acute Visiting</b> <i>Office/Office, When Applicable</i>	<b>OP-AD-INN</b> <b>OP-AD-INN</b> <b>OP-AD-INN</b> <b>OP-AD-INN</b>	<b>\$400,000.00</b>	<b>Yes</b>	<b>\$40</b>	<b>Yes</b>	<b>\$6,750</b>	<b>\$6,750</b>
<b>Outpatient Physical Therapy</b> <i>Office/Office, When Applicable</i>	<b>OP-AD-INN</b> <b>OP-AD-INN</b> <b>OP-AD-INN</b> <b>OP-AD-INN</b>	<b>\$1,000,000.00</b>	<b>Yes</b>	<b>\$60</b>	<b>Yes</b>	<b>\$6,750</b>	<b>\$6,750</b>
<b>Outpatient Chiropractic</b> <i>Office/Office, When Applicable</i>	<b>OP-AD-INN</b> <b>OP-AD-INN</b> <b>OP-AD-INN</b> <b>OP-AD-INN</b>	<b>\$1,000,000.00</b>	<b>Yes</b>	<b>\$60</b>	<b>Yes</b>	<b>\$6,750</b>	<b>\$6,750</b>
<b>Intensive Care</b> <i>Office/Office, When Applicable</i>	<b>OP-AD-INN</b> <b>OP-AD-INN</b> <b>OP-AD-INN</b> <b>OP-AD-INN</b>	<b>\$2,250,000.00</b>	<b>Yes</b>	<b>\$60</b>	<b>Yes</b>	<b>\$6,750</b>	<b>\$6,750</b>
<b>Total Row</b>	<b>\$11,474,600.00</b>						

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

Financial Parity for (3b) Outpatient - All Other, In-Network (OP-AO INN)			
Cash Share Type	Minimum Cost Shares in Plan Design*	Predecessor Level for Medical/Surgical	MINUD Financial Parity Result
Deductible	N/A	\$2,500.00	Pass
Copayment	\$25.00	\$600.00	Pass
Out-of-pocket max	N/A	\$7,000.00	Pass
OPM	\$9,750.00	\$9,750.00	Pass
<b>Overall</b>			<b>Pass</b>

\*if not applicable, enter "N/A"

**Step 1 Substantially All (i.e.,  $\geq 7\%$  of medical/surgical benefits)**

Deductible	\$0,594,257.41	81.61%	OP-AD INN Deductible
Copayment	\$10,614,064.60	92.50%	OP-AD INN Copayment
Coinsurance	\$638,827.40	5.57%	Fail
CDPM	\$11,252,892.00	98.07%	OP-AD INN-CDPM
Total Protected	\$11,474,809.97		

### Step 2 Predominant Level

**Deductible — (3b) Outpatient - All Other, In-Network (OP-AD INN)**  
 Applies to substantially all medical/surgical benefits in this classification.

ENTER different deductible amounts from smallest to largest.

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$2,500.00	\$9,594,257.41	100.00%	\$2,500.00	
	50.00			
<b>Total</b>	\$9,594,257.41	100.00%		

Co-payment --- (3b) Outpatient - All Other, In-Network (OP-AO INN)	
--	--

ENTER different copayment amounts from smallest to largest.

Copy Payment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$40.00	\$805,944.90	8.16%	\$40.00	
\$45.00	\$792,689.69	7.47%	\$45.00	
\$200.00	\$3,245,600.84	29.64%	\$200.00	
\$600.00	\$5,809,829.17	54.74%	\$600.00	
<b>Total</b>	<b>\$10,614,064.60</b>	<b>100.00%</b>		

Coinsurance — (2b) Outpatient - All Other, In-Network (OP-AO INN)

DELETE any values in the left-hand column below.

Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	50.00			
	50.00			
	50.00			
	50.00			
<b>Total</b>	50.00	0.00%		

ODPM — (33) Outpatient - All Other, In-Network (OP-AD INN)

ENTER different copay amounts from smallest to largest.

QOPM	Adjusted Capital	Parity	Predominant & Smaller	Error Checking
\$8,750.00	\$11,252,892.00	100.00%	\$8,750.00	
	\$0.00			
	\$0.00			
	\$0.00			
<b>Total</b>	<b>\$11,252,892.00</b>	<b>100.00%</b>		

Workbook Info
<a href="#">Link back to Summary Sheet</a>
User Inputs Cell Format
See the Example worksheet for additional details.

<<<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

«««This will auto populate from summary sheet macro  
«««This will auto populate from summary sheet macro

Overall Result: Pass

*(links only work for sections that are not already hidden)*

Links only work for sections that are not already hidden>>>>

Testing Options		Column Options	No Errors found?
Option	Selection		
Out-of-Network Tier?	No	<a href="#">Update Columns</a>	TRUE
Outpatient Benefit Testing	Office Visits Separate	<a href="#">Hide/Unhide All Columns</a>	

A. Sample Classification		B. Do the MMSD cost shares match all Medical/urgical cost shares in the Sample Classification? (In-Network)	C. Test Required? (In-Network)	B. Do the MMSD cost shares match all Medical/urgical cost shares in the Sample Classification? (Out-of-Network)	C. Test Required? (Out-of-Network)	D. By Network Tier		E. Test Results
						Q1 In-Network	Q2 Out-of-Network	
Impatient	Yes	No				Pass		Pass
Outpatient								
Outpatient - All Services Combined								
Outpatient - Office Visit Services								
Outpatient - Office Visit	No	Yes				Pass		Pass
Outpatient - All Other								
Outpatient - All Other						Pass		Pass
A. Sample Classification		B. Do the MMSD cost shares match all Medical/urgical cost shares in the Sample Classification?	C. Test Required?	D. Test Results				
Emergency Care	Yes	No	Pass					
Emergency Care	Yes	No	Pass					

Click>>>>  Errors found:

Click the links in the cells below to scroll directly to the stated section>>>>

<a href="#">Move to IP DOCS</a>	<a href="#">Move to OP INR</a>	<a href="#">Move to OP OV IN</a>	<a href="#">Move to OP OV INR</a>
<a href="#">Move to OP OV OCN</a>	<a href="#">Move to OP OV OC</a>	<a href="#">Move to ER</a>	<a href="#">Move to RX</a>

Click >>>>> [Home](#) [Errors found:](#) [5](#)

<<<Click the links in the cells below to scroll directly to the stated section>>>

<a href="#">to IP INN</a>	<a href="#">Move to OP INN</a>	<a href="#">Move to OP INN</a>	<a href="#">Move to OP-DV INN</a>	<a href="#">Move to OP-AD INN</a>
<a href="#">to OP DON</a>	<a href="#">Move to OP-DV DON</a>	<a href="#">Move to OP-AD DON</a>	<a href="#">Move to FR</a>	<a href="#">Move to BX</a>

**PART 1**

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**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.

[illegible][illegible]

## PART 2

### ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Enter footnotes (as needed) about Microsoft Cast Share

Cost-Share Type	MHSUD Cost Share 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
<b>Overall</b>			<b>Pass</b>

\*If not applicable, enter "N/A"

Deductible	\$0.00	0.00%	Fail
Copyment	\$2,455,609.23	89.55%	OP-OV INN <i>Transcendent</i>
Consumance	\$0.00	0.00%	Fail
OOPM	\$2,455,609.23	89.55%	OP-OV INN OOPM
Total Projected	\$2,742,258.89		

Errors found: 0

DELETED 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%		

Errors found:	0
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ENTER different copayment amounts from smallest to largest.

Logarithms	Arithmetic	Algebra	Geometry	Statistics
\$1.00	\$391,950.42	35.96%	\$1.00	
\$20.00	\$310,715.47	32.85%	\$20.00	
\$40.00	\$402,896.24	36.42%	\$40.00	
\$65.00	\$1,350,047.10	54.98%	\$65.00	
Total	\$2,455,609.23	100.00%		

Errors found:	0
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DELETE any values in the left-hand column below.

Compliance	Awarded Liabilities	Person	Presumptive &	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

Errors found:	0
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[illegible]

Source	Amount	Percent	Percentage %	After Release
\$7,950.00	\$2,455,609.23	100.00%	\$7,950.00	
	\$0.00			
	\$0.00			
	\$0.00			
<b>Total</b>	<b>\$2,455,609.23</b>	<b>100.00%</b>		

Enter Footnotes (as needed) about Murkoff Cost Shares

Cost Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/Surgical	MHSUD Financial Party Result
Deductible	N/A	\$2,500.00	Pass
Copayment	\$20.00	\$600.00	Pass
Out-of-pocket maximum	N/A	Fail	Pass
OCIPM	\$7,950.00	\$7,950.00	Pass
<b>Overall</b>			<b>Pass</b>

**Step 1 Substantially All (i.e.,  $\geq 75\%$  of medical/surgical benefits)**

COINSURANCE	\$638,827.40	5.57%	Fail
OOPM	\$11,252,892.00	98.07%	OP-AQ INN OOPM
Total Projected	\$11,474,809.97		

Errors found: 0

**Deductible — (a) Outpatient - All Other, In-Network (OP-AD INN)**  
Applies to substantially all medical/surgical benefits in this classification.  
ENTER different deductible amounts from smallest to largest.

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$2,500.00	\$0,594,257.41	100.00%	\$2,500.00	
\$0.00				
<b>Total</b>	\$0,594,257.41	100.00%		

Errors found:	
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Consentment	Second Choice	Reason
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Legierungsmittel	Anteil des Güterums	Verlust	Preisrückgang in Prozent	Stichtag
\$40.00	\$805.944.90	8.10%	\$40.00	
\$45.00	\$792.889.69	7.47%	\$45.00	
\$200.00	\$3.145.000.84	29.64%	\$200.00	
\$600.00	\$5.809.829.17	54.74%	\$600.00	
<b>Total</b>	<b>\$10.634.064.60</b>	<b>100.00%</b>		

Errors found: 0

DELETE any values in the left-hand column below.

Consequence	Award Liabilities	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
<b>Total</b>	\$0.00	0.00%		

Errors found: 0

**ENTER different coin amounts from smallest to largest.**

Coin	Amount	Total
Quarter	\$0.25	\$0.75
Dime	\$0.10	\$0.85
Nickel	\$0.05	\$0.90
Penny	\$0.01	\$0.91

Current	2014 Cash	Percent	Predecessor's audit	Error Checking
\$7,950.00	\$11,252,892.00	100.00%	\$7,950.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$11,252,892.00	100.00%		

MHSUD Financial Requirement (a.k.a. Cost Share) Parity Testing

Plan / Market: LifeWise Cascade Select Silver CSR2  
Market: Individual

**Worksheet Info**

[Link back to Summary Sheet](#)

[Worksheet Full Format](#)

[See the sample worksheet for additional details](#)

PLAN INFORMATION

Plan Name: LifeWise Cascade Select Silver CSR2  
Plan ID: 38498W032014\_3879\_CSR2  
CSR Variant Description:   
Note: This will auto populate from summary sheet macro  
Note: This will auto populate from summary sheet macro  
Note: 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(s)

Links only work for sections that are not already hidden(s)

**Testing Options**

Option	Selection	Column Options	Network Name?
Out of Network Test?	Yes	Medical Columns	True
Outpatient Benefit Testing	Officer Price Inquiry	Medical/Outpatient Columns	

A. Benefit Classification	B1. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification? (In-Network)	C1. Test Required? (In-Network)	B2. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification? (Out of Network)	C2. Test Required? (Out of Network)	D1. In-Network	D2. Out of Network	E. Test Results
Outpatient	Yes	No			Pass		Pass
Outpatient - All Services Combined							
Outpatient - Office Visit Separate							
Outpatient - Office Visit	No	Yes			Pass		Pass
Outpatient - All Other	Yes	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: (3d) Outpatient - Office Visits, In-Network (OP-ON INN)

Click the links in the cells below to scroll directly to the stated section(s)

Links to B1: Pass, Links to B2: Pass, Links to C1: Pass, Links to C2: Pass, Links to D1: Pass, Links to D2: Pass, Links to E: Pass

Benefit Classification: (3d) Outpatient - All Other, In-Network (OP-AD INN)

Click the links in the cells below to scroll directly to the stated section(s)

Links to B1: Pass, Links to B2: Pass, Links to C1: Pass, Links to C2: Pass, Links to D1: Pass, Links to D2: Pass, Links to E: Pass

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

Benefit Classification: (3d) Outpatient - Office Visits, In-Network (OP-ON INN)

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

Classification	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OPOM)	No Cost Share (If True, enter "N")
Outpatient - Office Visit (OP-ON)							
Primary Care In-Visit	Copay	\$200.00	N/A	\$15.00	N/A	\$2,000.00	
Primary Care In-Visit	Copay	\$200.00	N/A	\$15.00	N/A	\$2,000.00	
Specialty Office Visit	Copay	\$250.00	N/A	\$20.00	N/A	\$2,500.00	
Emergency Care Office Visit	No charge	\$0.00	N/A	N/A	N/A	N/A	
Emergency, Unplanned, Managed, and Physical Therapy	Copay	\$250.00	N/A	\$20.00	N/A	\$2,500.00	
Outpatient - All Other (OP-AD)							
Emergency Care	No charge	\$0.00	N/A	N/A	N/A	N/A	
Prescription Drugs	No charge	\$0.00	N/A	N/A	N/A	N/A	

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

Financial Parity for (3d) Outpatient - Office Visits, In-Network (OP-ON INN)

Cost Share Type	MHSUD Cost Share or Plan Design	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	Pass	Pass
Copayment	\$15.00	Pass	Pass
Coinsurance	N/A	Pass	Pass
OPOM	\$2,000.00	Pass	Pass
Overall			Pass

Step 1 Substantially All (i.e., ≥ 2 % of medical/surgical benefits)

Cost Share Type	MHSUD Cost Share or Plan Design	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	\$0.00	0.00%	Fail
Copayment	\$15.00	85.36%	OP-ON INN
Coinsurance	\$0.00	0.00%	Fail
OPOM	\$2,000.00	85.36%	OP-ON INN/OPOM
Total/Predominant	\$0.00	85.36%	OP-ON INN

Step 2 Predominant Level

Cost Share Type	MHSUD Cost Share or Plan Design	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	\$0.00	0.00%	Fail
Copayment	\$15.00	85.36%	OP-ON INN
Coinsurance	\$0.00	0.00%	Fail
OPOM	\$2,000.00	85.36%	OP-ON INN/OPOM
Total/Predominant	\$0.00	85.36%	OP-ON INN

Conclusion - (3d) Outpatient - Office Visits, In-Network (OP-ON INN)

Applies to substantially all medical/surgical benefits in this classification.

ENTER different copayment amounts from smallest to largest.

Cost Share Type	MHSUD Cost Share or Plan Design	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	\$0.00	0.00%	Fail
Copayment	\$15.00	85.36%	OP-ON INN
Coinsurance	\$0.00	0.00%	Fail
OPOM	\$2,000.00	85.36%	OP-ON INN/OPOM
Total/Predominant	\$0.00	85.36%	OP-ON INN

Conclusion - (3d) Outpatient - Office Visits, In-Network (OP-ON INN)

Applies to substantially all medical/surgical benefits in this classification.

ENTER different copayment amounts from smallest to largest.

Cost Share Type	MHSUD Cost Share or Plan Design	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	\$0.00	0.00%	Fail
Copayment	\$15.00	85.36%	OP-ON INN
Coinsurance	\$0.00	0.00%	Fail
OPOM	\$2,000.00	85.36%	OP-ON INN/OPOM
Total/Predominant	\$0.00	85.36%	OP-ON INN

Conclusion - (3d) Outpatient - Office Visits, In-Network (OP-ON INN)

Applies to substantially all medical/surgical benefits in this classification.

ENTER different copayment amounts from smallest to largest.

Cost Share Type	MHSUD Cost Share or Plan Design	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	\$0.00	0.00%	Fail
Copayment	\$15.00	85.36%	OP-ON INN
Coinsurance	\$0.00	0.00%	Fail
OPOM	\$2,000.00	85.36%	OP-ON INN/OPOM
Total/Predominant	\$0.00	85.36%	OP-ON INN

Conclusion - (3d) Outpatient - Office Visits, In-Network (OP-ON INN)

Applies to substantially all medical/surgical benefits in this classification.

ENTER different copayment amounts from smallest to largest.

Cost Share Type	MHSUD Cost Share or Plan Design	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	\$0.00	0.00%	Fail
Copayment	\$15.00	85.36%	OP-ON INN
Coinsurance	\$0.00	0.00%	Fail
OPOM	\$2,000.00	85.36%	OP-ON INN/OPOM
Total/Predominant	\$0.00	85.36%	OP-ON INN

Conclusion - (3d) Outpatient - Office Visits, In-Network (OP-ON INN)

Applies to substantially all medical/surgical benefits in this classification.

ENTER different copayment amounts from smallest to largest.

Cost Share Type	MHSUD Cost Share or Plan Design	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	\$0.00	0.00%	Fail
Copayment	\$15.00	85.36%	OP-ON INN
Coinsurance	\$0.00	0.00%	Fail
OPOM	\$2,000.00	85.36%	OP-ON INN/OPOM
Total/Predominant	\$0.00	85.36%	OP-ON INN

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

Benefit Classification: (3d) Outpatient - All Other, In-Network (OP-AD INN)

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

Classification	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OPOM)	No Cost Share (If True, enter "N")
Outpatient - All Other (OP-AD)							
Laboratory Outpatient and Professional Services	Deductible, then copay	\$275.00	N/A	\$15.00	N/A	\$2,000.00	
Primary Care In-Visit	Copay	\$200.00	N/A	\$15.00	N/A	\$2,000.00	
Specialty Office Visit	Copay	\$250.00	N/A	\$20.00	N/A	\$2,500.00	
Emergency Care Office Visit	No charge	\$0.00	N/A	N/A	N/A	N/A	
Emergency, Unplanned, Managed, and Physical Therapy	Copay	\$250.00	N/A	\$20.00	N/A	\$2,500.00	
Outpatient - All Other (OP-AD)							
Emergency Care	No charge	\$0.00	N/A	N/A	N/A	N/A	
Prescription Drugs	No charge	\$0.00	N/A	N/A	N/A	N/A	

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

Financial Parity for (3d) Outpatient - All Other, In-Network (OP-AD INN)

Cost Share Type	MHSUD Cost Share or Plan Design	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	Pass	Pass
Copayment	\$15.00	Pass	Pass
Coinsurance	N/A	Pass	Pass
OPOM	\$2,000.00	Pass	Pass
Overall			Pass

Step 1 Substantially All (i.e., ≥ 2 % of medical/surgical benefits)

Cost Share Type	MHSUD Cost Share or Plan Design	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	\$0.00	0.00%	OP-AD INN/Deductible
Copayment	\$15.00	85.36%	OP-AD INN/Copayment
Coinsurance	\$0.00	0.00%	Fail
OPOM	\$2,000.00	85.36%	OP-AD INN/OPOM
Total/Predominant	\$0.00	85.36%	OP-AD INN

Step 2 Predominant Level

Cost Share Type	MHSUD Cost Share or Plan Design	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	\$0.00	0.00%	OP-AD INN/Deductible
Copayment	\$15.00	85.36%	OP-AD INN/Copayment
Coinsurance	\$0.00	0.00%	Fail
OPOM	\$2,000.00	85.36%	OP-AD INN/OPOM
Total/Predominant	\$0.00	85.36%	OP-AD INN

Conclusion - (3d) Outpatient - All Other, In-Network (OP-AD INN)

Applies to substantially all medical/surgical benefits in this classification.

ENTER different copayment amounts from smallest to largest.

Cost Share Type	MHSUD Cost Share or Plan Design	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	\$0.00	0.00%	OP-AD INN/Deductible
Copayment	\$15.00	85.36%	OP-AD INN/Copayment
Coinsurance	\$0.00	0.00%	Fail
OPOM	\$2,000.00	85.36%	OP-AD INN/OPOM
Total/Predominant	\$0.00	85.36%	OP-AD INN

Conclusion - (3d) Outpatient - All Other, In-Network (OP-AD INN)

Applies to substantially all medical/surgical benefits in this classification.

ENTER different copayment amounts from smallest to largest.

Cost Share Type	MHSUD Cost Share or Plan Design	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	\$0.00	0.00%	OP-AD INN/Deductible
Copayment	\$15.00	85.36%	OP-AD INN/Copayment
Coinsurance	\$0.00	0.00%	Fail
OPOM	\$2,000.00	85.36%	OP-AD INN/OPOM
Total/Predominant	\$0.00	85.36%	OP-AD INN

Conclusion - (3d) Outpatient - All Other, In-Network (OP-AD INN)

Applies to substantially all medical/surgical benefits in this classification.

ENTER different copayment amounts from smallest to largest.

Cost Share Type	MHSUD Cost Share or Plan Design	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	\$0.00	0.00%	OP-AD INN/Deductible
Copayment	\$15.00	85.36%	OP-AD INN/Copayment
Coinsurance	\$0.00	0.00%	Fail
OPOM	\$2,000.00	85.36%	OP-AD INN/OPOM
Total/Predominant	\$0.00	85.36%	OP-AD INN

Conclusion - (3d) Outpatient - All Other, In-Network (OP-AD INN)

Applies to substantially all medical/surgical benefits in this classification.

ENTER different copayment amounts from smallest to largest.

Cost Share Type	MHSUD Cost Share or Plan Design	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	\$0.00	0.00%	OP-AD INN/Deductible
Copayment	\$15.00	85.36%	OP-AD INN/Copayment
Coinsurance	\$0.00	0.00%	Fail
OPOM	\$2,000.00	85.36%	OP-AD INN/OPOM
Total/Predominant	\$0.00	85.36%	OP-AD INN

Conclusion - (3d) Outpatient - All Other, In-Network (OP-AD INN)

Applies to substantially all medical/surgical benefits in this classification.

ENTER different copayment amounts from smallest to largest.

Cost Share Type	MHSUD Cost Share or Plan Design	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	\$0.00	0.00%	OP-AD INN/Deductible
Copayment	\$15.00	85.36%	OP-AD INN/Copayment
Coinsurance	\$0.00	0.00%	Fail
OPOM	\$2,000.00	85.36%	OP-AD INN/OPOM
Total/Predominant	\$0.00	85.36%	OP-AD INN

MHSUD Financial Requirement (a.k.a. Cost Share) Parity Testing

Plan Name: LifeWise Cascade Select Silver CDR3  
Market: Individual

PLAN INFORMATION

Plan Name: LifeWise Cascade Select Silver CDR3  
Plan ID: 38498WAD32014\_3945\_CDR3  
CSP Variant Description: CSP Variant

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: Pass

Option	Selection
Out of Network Test?	Yes
Outpatient Benefit Testing	Offer Prior Inquiry

A. Benefit Classification	B1. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification? (In-Network)	C1. Test Required? (In-Network)	B2. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification? (Out of Network)	C2. Test Required? (Out of Network)	D1. In-Network	D2. Out of Network	E. Test Results
Emergency	Yes	No			Pass		Pass
Outpatient							
Outpatient - All Services Combined							
Outpatient - Office Visit Separate	Yes	Yes			Pass		Pass
Outpatient - Office Visit, In-Network	Yes	Yes			Pass		Pass
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				

Worksheet Info
Link back to Summary Sheet
Worksheet Full Format
See the Sample worksheet for additional details

Benefit Classification (3a) Outpatient - Office Visits, In-Network (OP-ON INN)

Click>>>>	<a href="#">Home</a>	Errors found:	0
Click the links in the cells below to scroll directly to the stated section>>>>			
<a href="#">Move to OP-CON</a>	<a href="#">Move to OP-REN</a>	<a href="#">Move to OP-OV-IN</a>	<a href="#">Move to OP-BO-IN</a>
<a href="#">Move to OP-OV-CON</a>	<a href="#">Move to OP-BO-CON</a>	<a href="#">Move to ER</a>	<a href="#">Move to RX</a>

Benefit Classification (3a) Outpatient - All Other, In-Network (OP-AD INN)

Click here to view	<a href="#">Home</a>	Errors found: 0		
Click the links in the cells below to scroll directly to the stated section(s)				
<a href="#">IP INN</a>	<a href="#">Move to IP COIN</a>	<a href="#">Move to OP INN</a>	<a href="#">Move to OP CO INN</a>	<a href="#">Move to OP AD INN</a>
<a href="#">OP COIN</a>	<a href="#">Move to OP CO COIN</a>	<a href="#">Move to OP AD COIN</a>	<a href="#">Move to ER</a>	<a href="#">Move to RT</a>

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

Service Description	Cost Share	Plan Projected Allowed Amount	Deductible	Co-payment	Co-insurance	Out-of-Pocket Maximum (OP-OMM)	No Cost Share (If True, enter "N/A")
First 3 Primary Care Visit	Copay	\$107,394.83	N/A	\$1	N/A	\$2,400	
Primary Care In-Visit	Copay	\$17,394.83	N/A	\$1	N/A	\$2,400	
Specialty Office Visit	Copay	\$68,664.63	N/A	\$11	N/A	\$2,400	
Preventive Care Office Visit	No charge	\$78,371.96	N/A	N/A	N/A	N/A	
Emergency, Unplanned, Managed, and Physical Therapy	Copay	\$1,321,571.48	N/A	\$1	N/A	\$2,400	
Chiropractic Care	Copay	\$78,371.96	N/A	\$1	N/A	\$2,400	
Total Row		\$2,400,000.00					

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

Financial Parity for (3a) Outpatient - Office Visits, In-Network (OP-ON INN)

Cost Share Type	MHSUD Cost Share or Plan Design	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	Pass	Pass
Co-payment	\$1.00	\$10.00	Pass
Co-insurance	N/A	Pass	Pass
OPMM	\$2,400.00	\$2,400.00	Pass
Overall			Pass

Step 1 Substantially All (i.e., ≥ 5% of medical/surgical benefits)			
Deductible	\$0.00	0.00%	Fail
Co-payment	\$671,397.48	85.35%	OP-ON INN
Co-insurance	\$0.00	0.00%	Fail
OPMM	\$671,397.48	85.35%	OP-ON INN/OPMM
Total/Predominant	\$748,794.96		

Step 2 Predominant Level				
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00	0.00%		
Total	\$0.00	0.00%		

Co-payment - (3a) Outpatient - Office Visits, In-Network (OP-ON INN)				
Co-payment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$1.00	\$107,394.83	28.45%	\$1.00
	\$1.00	\$17,394.83	14.41%	\$1.00
	\$11.00	\$68,664.63	54.08%	\$11.00
Total	\$671,397.48	100.00%		

Co-insurance - (3a) Outpatient - Office Visits, In-Network (OP-ON INN)				
Co-insurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00	\$0.00	0.00%	
Total	\$0.00	0.00%		

OPMM - (3a) Outpatient - Office Visits, In-Network (OP-ON INN)				
OPMM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$2,400.00	\$671,397.48	100.00%	\$2,400.00
	\$0.00	\$0.00		
Total	\$671,397.48	100.00%		

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

Service Description	Cost Share	Plan Projected Allowed Amount	Deductible	Co-payment	Co-insurance	Out-of-Pocket Maximum (OP-OMM)	No Cost Share (If True, enter "N/A")
Laboratory Diagnostic and Professional Services	Deductible, then copay	\$235,761.30	N/A	\$1	N/A	\$2,400	
Pharmacy and Dispensing Services	Deductible, then copay	\$135,732.31	N/A	\$11	N/A	\$2,400	
Advanced Imaging	Deductible, then copay	\$174,664.29	N/A	N/A	N/A	\$2,400	
Chiropractic Services	Copay	\$1,321,571.48	N/A	\$1	N/A	\$2,400	
Preventive Care	No charge	\$68,664.63	N/A	N/A	N/A	\$2,400	
Total Row		\$2,400,000.00					

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

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

Cost Share Type	MHSUD Cost Share or Plan Design	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	Pass	Pass
Co-payment	\$1.00	\$10.00	Pass
Co-insurance	N/A	Pass	Pass
OPMM	\$2,400.00	\$2,400.00	Pass
Overall			Pass

Step 1 Substantially All (i.e., ≥ 5% of medical/surgical benefits)			
Deductible	\$0.00	0.00%	Fail
Co-payment	\$2,362,233.87	92.55%	OP-AD INN/Co-payment
Co-insurance	\$174,664.29	5.57%	Fail
OPMM	\$2,400,000.00	98.27%	OP-AD INN/OPMM
Total/Predominant	\$2,362,233.87		

Step 2 Predominant Level				
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00	0.00%		
Total	\$0.00	0.00%		

Co-payment - (3b) Outpatient - All Other, In-Network (OP-AD INN)				
Co-payment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$1.00	\$235,761.30	8.16%	\$1.00
	\$11.00	\$174,664.29	7.47%	\$11.00
	\$10.00	\$68,664.63	2.94%	\$10.00
Total	\$2,362,233.87	100.00%		

Co-insurance - (3b) Outpatient - All Other, In-Network (OP-AD INN)				
Co-insurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00	\$0.00	0.00%	
Total	\$0.00	0.00%		

OPMM - (3b) Outpatient - All Other, In-Network (OP-AD INN)				
OPMM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$2,400.00	\$2,362,233.87	100.00%	\$2,400.00
	\$0.00	\$0.00		
Total	\$2,362,233.87	100.00%		



MHSUD Financial Requirement (a.k.a. Cost Share) Parity Testing

Issuer / Market: LifeWise Health Plan of Washington  
Market: Individual

<b>Workbook Info</b>
<a href="#">Click here to Sample Chart</a>
<a href="#">View Request Self Portal</a>
<a href="#">See the Example worksheet for additional details</a>

PLAN INFORMATION

Plan Name: LifeWise Cascade Vital Gold  
Plan ID: 38498WAS20215  
CSR Variant Description:   
This will auto populate from summary sheet macro  
This will auto populate from summary sheet macro  
This will auto populate from summary sheet macro

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result:	Pass	Click the links in the cells below to scroll directly to the stated section			
Links only work for sections that are not already hidden		Move to D1:INN	Move to D1:INN	Move to D1:INN	Move to D1:INN
Testing Options		Move to D1:INN	Move to D1:INN	Move to D1:INN	Move to D1:INN
Option	Selection	Column Options	No Errors Found?		
Out of Network Test?	No	Hide/Unhide All Columns	YES		
Outpatient Benefits Testing	Other Visit Separate				

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. In Network Test			E. Test Results	
					DL In-Network	DL Out-of-Network			
Inpatient Outpatient	No	No			Pass			Pass	
Outpatient - All Services Combined									
Outpatient - Office Visits Separate	No	Yes			Pass			Pass	
Outpatient - Office Visits	No	Yes			Pass			Pass	
Outpatient - All Other	No	Yes			Pass			Pass	
A. Benefit Classification	B. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification?	C. Test Required?	D. Test Results						
Emergency Care	No	Pass							
Prescription Drugs	No	Pass							

Benefit Classification (3a) Outpatient - Office Visits, In-Network (OP-OV INN)

Click here to Move Errors Found: 0

Click the links in the cells below to scroll directly to the stated section					
Move to D1:INN	Move to D1:INN	Move to D1:INN	Move to D1:INN	Move to D1:INN	Move to D1:INN
Move to D1:INN	Move to D1:INN	Move to D1:INN	Move to D1:INN	Move to D1:INN	Move to D1:INN

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

Click here to Move Errors Found: 0

Click the links in the cells below to scroll directly to the stated section					
Move to D1:INN	Move to D1:INN	Move to D1:INN	Move to D1:INN	Move to D1:INN	Move to D1:INN
Move to D1:INN	Move to D1:INN	Move to D1:INN	Move to D1:INN	Move to D1:INN	Move to D1:INN

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

Benefit Classification (3a) Outpatient - Office Visits, In-Network (OP-OV INN)									
Notes: Use this table if you are separately testing outpatient office visits and all other outpatient services.									
Classification Outpatient - Office Visits (OP-OV)									
Network (In/Out) In-Network									
Classification Code 3a	OP-OV INN								
Table Name	OP-OV INN								
For each row, enter "N/A" if data not apply, enter "N/A"									
Service Description	Cost Share Description	Plan-Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum	No Cost Share (If Yes, enter amount)		
Primary Care Visit	Copay	\$200.00-50	N/A	\$25	N/A	\$5,000			
Specialist Office Visit	Copay	\$250.00-50	N/A	\$40	N/A	\$5,000			
Prescription Care Office Visit	No charge	\$250.00-50	N/A	N/A	N/A	N/A			
Outpatient Care	Copay	\$4,775.00	N/A	\$25	N/A	\$5,000			
Outpatient - Occupational, Massage and Physical Therapy	Copay	\$200.00-50	N/A	\$40	N/A	\$5,000			
Outpatient Care	Copay	\$200.00-50	N/A	\$25	N/A	\$5,000			
Total Row		\$2,000,000.00							

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

Financial Parity for (3a) Outpatient - Office Visits, In-Network (OP-OV INN)

Cost Share Type	MHSUD Cost Share or "No Charge"	Predominant Level for Medical/Surgical Parity Result	
Deductible	N/A	Pass	
Copayment	\$25.00	Pass	
Coinsurance	N/A	Pass	
Out-of-Pocket	\$5,000.00	Pass	
Overall		Pass	

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

Deductible	\$0.00	0.00%	Pass
Copayment	\$2,464,472.42	88.10%	OP-OV INN
Coinsurance	\$0.00	0.00%	Pass
Out-of-Pocket	\$2,464,472.42	88.10%	OP-OV INN/DCPM
Total/Reported	\$2,464,472.42		

Step 2 Predominant Level

Deductible - (3a) Outpatient - Office Visits, In-Network (OP-OV INN)  
Does not apply to substantially all medical/surgical benefits in this classification.  
ENTER any values in the left-hand column below:

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

Copayment - (3a) Outpatient - Office Visits, In-Network (OP-OV INN)

Applies to substantially all medical/surgical benefits in this classification.  
ENTER different copayment amounts from smallest to largest:

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$25.00	\$250,000.00	28.43%	\$25.00	
\$25.00	\$2,464,472.42	88.10%	\$25.00	
\$25.00	\$4,775.00	0.12%	\$25.00	
Total	\$2,464,472.42	100.00%		

Coinsurance - (3a) Outpatient - Office Visits, In-Network (OP-OV INN)

Does not apply to substantially all medical/surgical benefits in this classification.  
ENTER any values in the left-hand column below:

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

Out-of-Pocket - (3a) Outpatient - Office Visits, In-Network (OP-OV INN)

Applies to substantially all medical/surgical benefits in this classification.  
ENTER different copayment amounts from smallest to largest:

Out-of-Pocket	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$5,000.00	\$2,464,472.42	100.00%	\$5,000.00	
\$5,000.00	\$0.00			
Total	\$2,464,472.42	100.00%		

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

Benefit Classification (3b) Outpatient - All Other, In-Network (OP-AO INN)									
Notes: Use this table if you are separately testing outpatient office visits and all other outpatient services.									
Classification Outpatient - All Other (OP-AO)									
Network (In/Out) In-Network									
Classification Code 3b	OP-AO INN								
Table Name	OP-AO INN								
For each row, enter "N/A" if data not apply, enter "N/A"									
Service Description	Cost Share Description	Plan-Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum	No Cost Share (If Yes, enter amount)		
Laboratory Diagnostic and Professional Services	Copay	\$100.00-50	N/A	\$30.00	N/A	\$5,000			
X-Ray and Diagnostic Imaging	Copay	\$475.00-50	N/A	\$30.00	N/A	\$5,000			
Professional Imaging	Deductible, then copay	\$500.00-50	\$1,000.00	\$30.00	N/A	\$5,000			
Outpatient Pharmacy	Deductible, then copay	\$2,464,472.42	\$1,000.00	\$30.00	N/A	\$5,000			
Outpatient Physical Therapy	Deductible, then copay	\$1,000.00-50	\$1,000.00	\$30.00	N/A	\$5,000			
Outpatient Care	No charge	\$2,464,472.42	N/A	N/A	N/A	N/A			
Total Row		\$2,464,472.42							

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 or "No Charge"	Predominant Level for Medical/Surgical Parity Result	
Deductible	N/A	Pass	
Copayment	\$30.00	Pass	
Coinsurance	N/A	Pass	
Out-of-Pocket	\$5,000.00	Pass	
Overall		Pass	

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

Deductible	\$0.00	0.00%	OP-AO INN/DCPM
Copayment	\$2,464,472.42	88.10%	OP-AO INN/DCPM
Coinsurance	\$0.00	0.00%	Pass
Out-of-Pocket	\$2,464,472.42	88.10%	OP-AO INN/DCPM
Total/Reported	\$2,464,472.42		

Step 2 Predominant Level

Deductible - (3b) Outpatient - All Other, In-Network (OP-AO INN)  
Applies to substantially all medical/surgical benefits in this classification.  
ENTER different deductible amounts from smallest to largest:

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$0.00	\$2,464,472.42	100.00%	\$0.00	
\$0.00	\$0.00			
Total	\$2,464,472.42	100.00%		

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

Applies to substantially all medical/surgical benefits in this classification.  
ENTER different copayment amounts from smallest to largest:

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$30.00	\$250,000.00	10.14%	\$30.00	
\$30.00	\$2,464,472.42	88.10%	\$30.00	
\$30.00	\$4,775.00	0.12%	\$30.00	
Total	\$2,464,472.42	100.00%		

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

Does not apply to substantially all medical/surgical benefits in this classification.  
ENTER any values in the left-hand column below:

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

Out-of-Pocket - (3b) Outpatient - All Other, In-Network (OP-AO INN)

Applies to substantially all medical/surgical benefits in this classification.  
ENTER different copayment amounts from smallest to largest:

Out-of-Pocket	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$5,000.00	\$2,464,472.42	100.00%	\$5,000.00	
\$5,000.00	\$0.00			
Total	\$2,464,472.42	100.00%		





# Mental Health and Substance Use Disorder (MHSUD) Financial Requirement Parity Certification

*Required to be submitted with Plan Year (PY) 2026*

*ACA Individual and Small Group Market Rate Filings*

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## **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:	LifeWise Health Plan of Washington
Applicable Market:	Individual
Plan Year:	2026

1. 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:

[LWWA Ind 2026 MHSUD Parity Calculations DUPLICATE.xlsx](#)

[LWWA Ind 2025 MHSUD Parity Calculations.pdf](#)

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

I, [Hiu-Wan Ko, FSA, MAAA](#), certify the following:

- ☒ I am an employee of [LifeWise Health Plan of Washington](#) or  
☐ I am a consultant associated with the firm of [<<insert name of consulting firm>>](#);
- ☒ I am a qualified actuary as outlined in Chapter 284-05 WAC. I am a member of the American Academy of Actuaries, and I am acting within the scope of my training, experience, and qualifications.
- ☒ Level of review:  
I attest to conducting MHSUD financial requirement parity analysis at the appropriate level, as noted below:
- ☒ Parity review was done separately by plan, for each type of financial requirement and each benefit classification. Parity analysis does not vary by coverage unit because financial requirements do not vary by coverage unit.
- ☐ Parity review was done separately by plan and coverage unit, for each type of financial requirement and each benefit classification. Parity analysis varies by coverage unit because financial requirements vary by coverage unit.

☒ Benefit classifications:

I attest that all medical/surgical and MHSUD benefits were assigned to benefit classifications.

I attest that the issuer (1) has criteria documented as to how medical/surgical benefits were assigned to each permitted classification and (2) the same standards apply for both medical/surgical and MHSUD benefits.

Upon request, the documentation can be made available to the Washington OIC within 10 business days.

☒ Cost-share accuracy:

For the 2026 plan year, I certify the accuracy of the cost shares for both medical/surgical and MHSUD benefits that are used to evaluate parity of MHSUD financial requirements as loaded into the calculation workbook ([LWWA Ind 2025 MHSUD Parity Calculations.pdf](#)) and as otherwise discussed in this rate filing.

☒ Projected plan dollar amounts:

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

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

☒ Financial requirement parity:

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

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

☒ Substantially all and predominance:

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

- ☒ Type: I attest that for each plan, the type of financial requirement imposed upon MHSUD benefits in each classification (or applicable subclassification) applies to at least two-thirds of projected allowed amounts for medical/surgical benefits within that classification (or applicable subclassification).
- ☒ Level: I attest that for each plan, the level of financial requirement imposed upon MHSUD benefits in each classification (or applicable subclassification) is no more restrictive than the level of financial



requirement imposed upon more than one-half of projected allowed amounts for medical/surgical benefits within that classification (or applicable subclassification).

- ☒ I attest that if a single financial requirement did not meet the one-half threshold for a particular plan and classification (or applicable subclassification), then the level of financial requirement imposed upon MHSUD benefits was determined after combining levels until the combination of levels covered more than one-half of projected allowed amounts for medical/surgical benefits within that classification (or applicable subclassification), as described in WAC 284-43-7040(2)(b)(ii) and (iii).
- ☒ I attest that the above statements are supported by details in the complementary MHSUD financial requirement calculation workbook (cited above) and submitted as part of this rate filing.

☒ Parity across tiers:

- WAC 284-43-7020(5)(a): A plan or issuer must treat the least restrictive level of the financial requirement that applies to at least two-thirds of medical/surgical benefits across all provider tiers in a classification as the predominant level that it may apply to MHSUD benefits in the same classification.
  - ☒ I certify that this does not apply to any plans in this rate filing. The plans do not use provider tiers, or the financial requirements do not vary by provider tier.
  - ☐ This situation applies to at least one plan in this rate filing, and I certify that the requirements were met. See this related file for additional documentation and explanation: <<enter name of file(s)>>.
- WAC 284-43-7020(5)(b): If a plan or issuer classifies providers into tiers and varies cost-sharing by tier, the criteria for classification must be applied to generalists and specialists providing MHSUD services no more restrictively than such criteria are applied to medical/surgical benefit providers.
  - ☒ I certify that this does not apply to any plans in this rate filing. The plans do not use provider tiers, or the cost-sharing does not vary by provider tier.
  - ☐ This situation applies to at least one plan in this rate filing, and I certify that the requirements were met. See this related file for additional documentation and explanation: <<enter name of file(s)>>.
- WAC 284-43-7020(6)(b): A plan or issuer may divide its benefits furnished on an in-network basis into subclassifications that reflect network tiers if the tiering is based on reasonable factors and without regard to whether a provider is an MHSUD provider or a medical/surgical provider.
  - ☒ I certify that this does not apply to plans in this rate filing. The plans do not use network tiers.
  - ☐ This situation applies to at least one plan in this rate filing, and I certify that the requirements were met. See this related file for additional documentation and explanation: <<enter name of file(s)>>.
- WAC 284-43-7020(6)(c): After network tiers are established, the plan or issuer may not impose any financial requirement on MHSUD benefits in any tier that is more restrictive than the predominant financial requirement that applies to substantially all medical/surgical benefits in that tier.
  - ☒ I certify that this does not apply to any plans in this rate filing. The plans do not use network tiers.
  - ☐ This situation applies to at least one plan in this rate filing, and I certify that the requirements were addressed. See this related file for additional documentation and explanation: <<enter name of file(s)>>.

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

- WAC 284-43-7020(6)(d): If a plan applies different levels of financial requirements to different tiers of prescription drug benefits based on reasonable factors and without regard to whether a drug is generally prescribed with respect to medical/surgical benefits or with respect to MHSUD benefits, the plan satisfies the parity requirements with respect to prescription drug benefits. Reasonable factors include cost, efficacy, generic versus brand name, and mail order versus pharmacy pick-up.

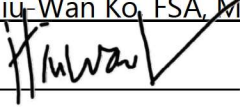
☒ I certify that none of the plans in this rate filing use prohibited prescription drug tiers. Prescription drug tiers are based only on the reasonable factors listed above and without regard to whether a drug is prescribed for medical/surgical or MHSUD benefits.

☒ No prohibited exclusions:

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

☐ I certify that none of the plans in this rate filing apply exclusions prohibited by WAC 284-43-7080.

☒ I attest that, to the best of my knowledge, each of the plans otherwise satisfy the requirements under MHPAEA and Chapter 284-43 WAC, Subchapter K.

Actuary's Name & Designations: Hiu-Wan Ko, FSA, MAAA  
Signature:   
Title: VP of Actuarial Services  
Contact Information: Hiu-Wan.Ko@Premera.com  
Date of Attestation: 5/14/2025



# 2026 Plan Year (PY)

## Individual Nongrandfathered Health Plan (Pool)

### Rate Filing Checklist

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#### Instructions:

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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:** LifeWise 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)**

<b>HIOS Plan ID</b>	<b>Standard Plan Name</b>	<b>Public Option Plan</b> (Yes, Cascade Select/ No, Cascade)	<b>Metal Level</b>	<b>AV Metal Value</b>
38498WA0320010	LifeWise Cascade Complete Gold	No	Gold	81.81%
38498WA0320017	LifeWise Cascade Vital Gold	No	Gold	78.06%
38498WA0320011	LifeWise Cascade Silver	No	Silver	71.84%
38498WA0320012	LifeWise Cascade Bronze	No	Bronze	64.97%
38498WA0320013	LifeWise Cascade Select Complete Gold	Yes	Gold	81.81%
38498WA0320017	LifeWise Cascade Select Vital Gold	Yes	Gold	78.06%
38498WA0320014	LifeWise Cascade Select Silver	Yes	Silver	71.84%
38498WA0320015	LifeWise Cascade Select Bronze	Yes	Bronze	64.97%

**All Plans Offered (excluding the subsidized benefit plan variations)**

<b>HIOS Plan ID</b>	<b>Plan Name</b>	<b>Unique Benefit Design (UBD)</b>		<b>Pediatric Dental Embedded</b> (Yes/No)	<b>Description of Non-Essential Health Benefits (Non-EHBs)</b>
		<b>(Yes/No)</b>	<b>If yes, briefly explain why. If no, "N/A."</b>		
38498WA0320001	LifeWise Essential Gold	Yes	Different cost sharing for Mental Health outpatient office visit and all other outpatient Mental Health and Substance use disorder services (MHSUD).	No	
38498WA0320003	LifeWise Essential Bronze	Yes	Different cost sharing for Mental Health outpatient office visit and all other outpatient Mental Health and Substance use disorder services (MHSUD).	No	
38498WA0320004	LifeWise Essential Silver Low Deductible	Yes	Different cost sharing for Mental Health outpatient office visit and all other outpatient Mental	No	

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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."		
			Health and Substance use disorder services (MHSUD).		
38498WA0320010	LifeWise Cascade Complete Gold	No	N/A	No	
38498WA0320011	LifeWise Cascade Silver	Yes	\$1 copay for first two eligible office visits, then \$30 copay afterwards	No	
38498WA0320012	LifeWise Cascade Bronze	Yes	\$1 copay for first two eligible office visits, then \$50 copay afterwards	No	
38498WA0320013	LifeWise Cascade Select Complete Gold	No	N/A	No	
38498WA0320014	LifeWise Cascade Select Silver	Yes	\$1 copay for first two eligible office visits, then \$30 copay afterwards	No	
38498WA0320015	LifeWise Cascade Select Bronze	Yes	\$1 copay for first two eligible office visits, then \$50 copay afterwards	No	
38498WA0320016	LifeWise Cascade Vital Gold	No	N/A	No	
38498WA0320017	LifeWise Cascade Select Vital Gold	No	N/A	No	

D. **Do you have any expanded bronze plans as described under 45 CFR §156.140(c) in which the variation in AV Metal Value is between +2% and +5% (i.e., the AV is between 62% and 65%)?**

☐ No

☒ Yes, and they are listed in the table below. We confirm each of the following:

(a) That the plans' member cost-shares are equivalent to less than 50% coinsurance and

(b) That each plan is either

(1) A High Deductible Health Plan <sup>1</sup> or

(2) Has at least one major service <sup>2</sup>, other than preventive services, covered prior to the deductible.

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Note: Only one major service needs to be listed in the table even if multiple major services are covered prior to the deductible.

HIOS Plan ID	Plan Name	High Deductible Health Plan (Yes/No) <sup>1</sup>	Major Service covered prior to the deductible <sup>2</sup>	
			Yes/No	Service
38498WA0320012	LifeWise Cascade Bronze	No	Yes	PCP visits
38498WA0320012	LifeWise Cascade Bronze	No	Yes	PCP visits
38498WA0320015	LifeWise Cascade Select Bronze	No	Yes	PCP visits

<sup>1</sup> The plan meets the requirements to be a high deductible health plan within the meaning of 26 U.S.C.233(c)(2) as established at 45 CFR §156.140(c).

<sup>2</sup> The following are considered major services. The major service covered before the deductible must apply a reasonable cost-sharing rate to the service to ensure that the service is affordably covered (HHS Notice of Benefit and Payment Parameters (NBPP) for 2018).

- (i) At least three primary care visits.
- (ii) Specialist office visits.
- (iii) Inpatient hospital services.
- (iv) Emergency room services.
- (v) Generic drugs.
- (vi) Preferred brand drugs.
- (vii) Specialty drugs.

E. Is your service area changing from Plan Year 2025?

☐ No

☒ Yes. We are making the following changes:

Geographic Rating Area	Additional Counties Covered	Terminated Counties (a.k.a. Exited or No Longer Covered)
1		
2		
3		
4		Lincoln
5		
6		

Washington State OIC 2026 Individual Medical Rate Filing Checklist

7		
8		San Juan
9		

F. **Network Information:**

Network Name	Type (EPO, HMO, POS, or PPO)	Tiered or Single	Date Filed
LifeWise Primary	EPO	Single	5/13/2025
LifeWise Alpine	EPO	Single	5/13/2025

G. **Rate filing file names for Parts I, II, and III of HHS Forms:** (Requirements per RCW 48.02.120(5) and 45 CFR §154.215.)

- ☒ Name the Parts I, II, and III according to the instructions provided in Washington State SERFF Life, Health and Disability Rate Filing General Instructions.

## Section II – Experience Data and Projections

For each item, provide the rate filing document name and section number, page number, and/or exhibit number that addresses the item.

For example: (1) "Part III Rate Filing Documentation and Actuarial Memorandum," Section III or (2) "Supporting Documentation File," Exhibit 5.

For items that require justification, please indicate where to find both narrative and technical details.

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
EXPERIENCE PERIOD DATA			
1	<p><b>Complete Experience:</b></p> <p>Include the complete experience for all 2024 individual non-grandfathered plans which includes subsidized populations defined under the Cost Sharing Reduction (CSR) programs.</p> <ul style="list-style-type: none"><li>Per CCIO, include experience data for the American Indian/Alaska Native (AIAN) population (see <a href="https://www.healthcare.gov/american-indians-alaska-natives/coverage/">https://www.healthcare.gov/american-indians-alaska-natives/coverage/</a>).</li><li>Include experience for membership covered by plans with benefits and subsidy levels (73%, 87%, and 94% AV levels, as well as any zero cost-share subsidies for the AIAN population) sold in the market.</li></ul> <p>Note: per CCIO, the AIAN population is not restricted to silver level plans, however, eligible individuals must select a metal level plan (i.e., they are not eligible for AIAN-related subsidies with a catastrophic plan).</p> <ul style="list-style-type: none"><li>Net of Rx rebates: Any prescription drug claims should be net of rebates received from drug manufacturers; please document in the Part III Actuarial Memorandum where and how this is addressed.</li><li>Note: if financial data paid through March 2025 is not directly used as the foundation for this rate filing, discuss why the March 2025 data was not available. Discuss what data was used instead and how it was or was not adjusted to mimic data paid through March 2025.</li></ul>		
	<p><b>a</b> Financial data consistency:</p> <p>Demonstrate that the financial data, including the member months, in (i) URRT Worksheet 1, Section I General Product and Plan Information, (ii) URRT Worksheet 2, Section II Experience Period and Current Plan Level Information, (iii) the WAC 284-43-6660 summary, and (iv) the actuarial memorandum exhibits are consistent as of March 2025. If not consistent, explain why the discrepancy is appropriate.</p>	All consistent	

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
<b>b</b>	<p>Support for URRT Worksheet 1, Section I experience period data for 2024: Provide separately for medical and prescription drugs (Rx), as appropriate:</p> <ul style="list-style-type: none"> <li>By incurred month and paid month, for claims paid through March 2025: allowed claims and incurred claims (Note that any embedded pediatric dental claims experience should also be included and will be considered part of EHB experience; see URR Instructions' section 1.4 for additional information.)</li> <li>Any annual estimated payable and/or receivable amounts (e.g., reserves, reinsurance, overpayments, rebates, and other) as of March 2025, including justification of such amounts</li> <li>Any annual risk adjustment transfer amounts, including justification of such amounts</li> <li>Monthly premium amounts</li> <li>Monthly membership</li> </ul>	<b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b>	<b>Appx 3.1 Appx 2.4</b>
<b>c</b>	<p>Consistent with #1.b above, provide the following to support benefit category experience data in URRT Worksheet 1, Section II, and the WAC 284-43-6660 summary:</p> <p>(i) Provide the following separately for 2024 allowed claims and incurred claims as well as by incurred month and benefit category (i.e., categories as defined for URRT Worksheet 1, Section II, plus separate categories for each non-EHB):</p> <ul style="list-style-type: none"> <li>Change in reserves between the beginning (i.e., previous year's 3/31) claim reserves and ending (i.e., current year's 3/31) claim reserves.</li> <li>Total claims.</li> <li>PMPM (i.e., use monthly membership from #1.b above to calculate claims per member per month (PMPM)).</li> <li>Paid-to-allowed ratios of paid (incurred) claims to allowed claims.</li> </ul> <p>(ii) Explain if EHB allowed claims were obtained from claims records or imputed from paid claims. If amounts were imputed, please elaborate about how they were imputed.</p> <p>(iii) Demonstrate how URRT Worksheet 1, Section II, categories map to WAC 284-43-6660 summary categories. Reconcile data between the two summaries.</p> <p>(iv) Additionally, provide related monthly information in WA Exhibit 1.</p>	<b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b>	<p>i) <b>The allowed and incurred claims show the actual experience. No beginning reserves are counted.</b> <b>Appx 3.1</b></p> <p>ii) <b>EHB allowed claims were obtained from claims records.</b></p> <p>iii) <b>Map directly</b></p> <p>iv) <b>Provided</b></p>



Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
d	2024 actual and projected: Provide analysis of actual experience versus amounts projected in the plan year 2024 rate filing [45 CFR §154.301(a)(3)(ii)] in WA Exhibit 2.  Identify material differences in actual and expected experience, the primary source(s) of deviations, and any action taken in your 2026 projections to address deviations. Additionally, address how the business is or is not impacted by federal income tax.	WA Exhibits	Exhibit 2
	e Split up experience if you are terminating any counties in 2025 and/or 2026: If you are terminating any counties for plan year 2025 and/or 2026, include a table splitting URRT Worksheet 1, Section I experience between continuing and terminated counties.  If you are not terminating any counties, respond "N/A."	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 1.1
2	<b>Manual EHB Allowed Claims:</b> If credibility is 100%, respond "N/A" for each item. <ul style="list-style-type: none"> <li>If you use a credibility-blended estimate, explain the processes in detail (i) per guidance in URR Instructions 4.4.3.3, to establish the Manual EHB Allowed Claims PMPM for WA and (ii) per 4.4.3.4 to establish the credibility percentage for URRT Worksheet 1, Section II.</li> <li>Note: if the 2024 experience is 0.00% credible, then the trend, morbidity, demographic, plan design, and other factors in URRT Worksheet 1, Section II can be listed as 1.000. In that case, only analyses of the manual trend and adjustment factors are required.</li> </ul>		
a	Manual data relevance: Explain the relevance of the data used to determine the Manual EHB Allowed Claims PMPM.	N/A	
	b Manual EHB allowed claims PMPM: <ul style="list-style-type: none"> <li>Show the detailed calculation of the Manual EHB Allowed Claims PMPM entered in URRT Worksheet 1, Section II.</li> <li>Justify any adjustments made to the data, such as adjustments for trend, morbidity, demographics, plan design, and geographic areas. Your response should clearly identify how your estimate considers</li> </ul>	N/A	

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<p>the cost and utilization characteristics of your individual health plan market service area in the State of Washington.</p> <ul style="list-style-type: none"> <li>Note: the manual rate must be developed in a manner consistent with 100% credibility. See #2.c below.</li> </ul>		
	<p><b>c</b> 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"> <li>Identify the actuarially sound and appropriate credibility procedure used to develop your credibility estimate.</li> <li>At what level is experience determined to be more than 0% credible?</li> <li>How is partial credibility determined?</li> <li>At what level is experience determined to be 100% credible?</li> </ul>	N/A	
	<p><b>d</b> Show how you estimated credibility of the 2024 allowed claims and member months used in rate development. Use your credibility procedure.</p>	N/A	
<b>3</b>	<b>Experience in WAC 284-43-6660 Summary, and Summary of Pooled Experience with Adjustments:</b>		
	<p><b>a</b> 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"> <li>Provide data to support WAC 284-43-6660 without adjustments for Risk Adjustment and High-Cost Risk Pool (HCRP) receipts and assessments.</li> <li>Data should be based on the incurred years 2024, 2023, and 2022.</li> </ul>	<b>WAC 284-43-6660</b>	
	<p><b>b</b> Summary of Pooled Experience with Adjustments:</p> <ul style="list-style-type: none"> <li>Create a document or exhibit called "Summary of Pooled Experience with Adjustments" for calendar years 2024, 2023, and 2022.</li> </ul>	<b>Summary of Pooled Experience with Adjustments</b>	

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<p>Start with the "Summary of Pooled Experience" table from the WAC 284-43-6660 summary and add the following rows:</p> <ul style="list-style-type: none"> <li>○ Risk Adjustment transfer amounts</li> <li>○ HCRP receipts</li> <li>○ HCRP assessments</li> <li>○ HHS-RADV adjustments: Indicate the source of each RADV amount and specify each applicable Benefit Year (BY) and HHS report date. List amounts from different reports on separate lines.</li> <li>○ Commercial reinsurance reimbursements received and expected</li> <li>○ Adjusted Gain/Loss, excluding anticipated Medical Loss Ratio (MLR) rebates, as a dollar amount</li> <li>○ Adjusted Gain/Loss, excluding anticipated MLR rebates, as a percent of premium</li> <li>○ Anticipated MLR rebates</li> <li>○ Subsequent adjustments: If necessary, also list any subsequent adjustments for prior years according to when payments were received. Document the amount and incurred year for each adjustment. For example, if a Risk Adjustment transfer amount was received or paid in 2024 for a period prior to 2024 at an amount other than the Risk Adjustment transfer amounts above (i.e., at the top of this list), list the difference as a below-the-line adjustment to 2024 experience.</li> </ul> <ul style="list-style-type: none"> <li>• Add a copy of this table to the Part II Written Description.</li> <li>• Document and justify every estimated amount.</li> <li>• For each federal Risk Adjustment transfer amount, identify either (1) the final federal Risk Adjustment Payments Report used or (2) the interim risk adjustment report used. Note: only use an interim report for periods when a final report is not yet available.</li> <li>• Note: Since the federal Reinsurance and Risk Corridor programs ended in 2016, they should not be included in the summary.</li> </ul>		

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	<b>c</b> 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.		
4	<b>Plan Level Experience and Current Data:</b> Document and justify URRT Worksheet 2, Section II Experience Period and Current Plan Level Information. <ul style="list-style-type: none"> <li>Explain whether amounts are based on each plan's experience or allocated to plans. If amounts are allocated, demonstrate and justify the allocation method.</li> <li>Explain any differences between totals in URRT Worksheet 2, Section II and URRT Worksheet 1, Section I.</li> </ul>	The amounts are actual experience by plan	
<b>TREND FACTORS</b>			
5	<b>Allowed Claims Trends:</b> Trend assumptions should reflect your best estimates by URRT Worksheet 1 benefit category and one or more categories of non-EHBs, as applicable.  Rely on market-specific information for Washington State to the extent possible. Justify use of any alternative data.  As indicated in URR Instructions, describe the trend development in the Part III actuarial memorandum.		
	<b>a</b> Allowed claims EHB trend analysis: <ul style="list-style-type: none"> <li>In WA Exhibit 3, provide annual EHB trends by benefit category. See instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.</li> <li>In WA Exhibit 4, provide your retrospective analysis of normalized EHB allowed claim trends. See instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.</li> <li>In WA Exhibit 5, provide aggregate actual experience (A) EHB trends, projected (i.e., expected; E) EHB trends, and actual-to-expected (a.k.a. A:E) EHB trend analysis. See instructions in the exhibit</li> </ul>	WA Exhibits	Exhibit 4

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	template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.		
<b>b</b>	Allowed claims non-EHB trend analysis: If applicable, include an exhibit that develops the non-EHB allowed claims trend.	N/A	
<b>c</b>	<p>Projected allowed claims trend development (EHB &amp; non-EHB):</p> <ul style="list-style-type: none"> <li>As outlined in URR Instructions 4.4.3.1, describe how you arrived at your allowed claims trend assumptions, including the data used, credibility of the data used, and any adjustments made to the data.</li> <li>Provide an overall allowed claims trend estimate as well as EHB breakdowns into URRT worksheet 1 benefit categories (or at least medical and prescription drug categories). <ul style="list-style-type: none"> <li>Further break the EHB trends down into utilization, unit cost, and service mix/intensity components.</li> <li>Upload relevant EHB details to <b>WA Exhibit 3</b>; see instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.</li> </ul> </li> <li>If your overall trend, indicated in URRT Worksheet 1, Section II, differs materially from the retrospective trend indicated in WA Exhibit 4, provide detailed actuarial support for the difference. Address the following: <ul style="list-style-type: none"> <li>Actuarial support must provide both qualitative and quantitative bases for the difference. Refer to other WA Exhibits and/or separate issuer-developed actuarial exhibits for support, where appropriate.</li> <li>Prospective trend adjustments should identify all data, assumptions, methods, and models. Note that prospective trend adjustments are NOT exempt from actuarial support requirements. Reliance statements do not exempt carriers from actuarial support requirements.</li> </ul> </li> <li>Address how your estimates reflect trends specific to the State of Washington. Note that nationwide trend analysis is not sufficient support for Washington State unit cost trend projections. <ul style="list-style-type: none"> <li>Address whether and how unit cost projections reflect projected network and provider contract changes for the projection period. Comment about how much of the provider</li> </ul> </li> </ul>	<b>Part III Rate Filing Documentation and Actuarial Memorandum</b>	<b>Projection Factors: Trend Factors</b>

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
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	contracting is already complete for plan year 2026 and how much of the projected reimbursement trend is already locked in for plan year 2026.		
d	<p>Independence of various utilization changes:</p> <ul style="list-style-type: none"> <li>Explain how you separated expected utilization changes due to (i) changes in average health status of the population (a.k.a. morbidity) versus (ii) other projected utilization changes (e.g., change in mix of services).</li> <li>Clarify how the various utilization and morbidity adjustments in the rate filing are independent (i.e., do not overlap nor depend on one another).</li> </ul>	N/A	Morbidity adjustment is not applied
6	<p><b>Incurred Claims Trends:</b></p> <ul style="list-style-type: none"> <li>Trend assumptions should reflect your best estimates by URRT Worksheet 1 benefit category and one or more separate non-EHB categories, as applicable. They should also be available for each type of service in the WAC 284-43-6660 trend factor summary.</li> <li>Incurred claims trends differ from allowed claims trends in that they reflect leveraging of fixed cost-shares.</li> <li>Rely on market-specific information for Washington State to the extent possible. Justify use of any alternative data.</li> <li>Describe the trend development in the Part III actuarial memorandum.</li> </ul>		
a	<p>Incurred claims projected trend (EHB &amp; non-EHB): (see also #32.c of this checklist)</p> <ul style="list-style-type: none"> <li>Include an exhibit that develops the incurred claims trend percentages entered in the WAC 284-43-6660 summary. Justify the projected incurred claims trend percentages.</li> <li>Show how to calculate the Portion of Claim Dollars for trends in the WAC 284-43-6660 summary. Note: the percentages should be based on the 2024 incurred claims dollars by trend category. The 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.</li> <li>Demonstrate that the overall incurred claims annual trend (EHB and non-EHB) matches (1) the annualized trend from URRT Worksheet 1, Section I General Product and Plan Information to URRT</li> </ul>	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 2.1

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	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).		
<b>URRT WORKSHEET 1, SECTION II EXPERIENCE PERIOD and CURRENT PLAN LEVEL INFORMATION, NON-TREND EHB ADJUSTMENT FACTORS</b>			
7	<p><b>URRT Worksheet 1, Section II Non-Trend EHB Factors:</b></p> <p>Explain and show the detailed calculations for actuarial assumptions underlying each non-trend EHB factor used in URRT Worksheet 1, Section II Experience Period and Current Plan Level Information. Provide actual experience, projections, and actual-to-expected information in WA Exhibit 5; see instructions in the exhibit template.</p> <ul style="list-style-type: none"> <li>• Morbidity Adjustment</li> <li>• Demographic Shift</li> <li>• Plan Design Changes</li> <li>• Other</li> </ul> <p>If applicable, provide a detailed breakdown of any adjustments made under the “Other” category such as significant provider network or pharmacy rebate changes from the experience period.</p>	<p><b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b></p> <p><b>Part III Rate Filing Documentation and Actuarial Memorandum</b></p>	<p><b>Appx 2.2, 2.3a, 2.3b, 2.3c, 2.3d</b></p> <p><b>Projection Factors: Demographic Shift &amp; Other Adjustments</b></p> <p><b>Morbidity Adjustment and Plan Design Changes are not applied</b></p>
<b>URRT WORKSHEET 2, SECTION I GENERAL PRODUCT and PLAN INFORMATION, AV METAL VALUES</b>			
8	<p><b>AVC Screenshots:</b></p> <p>(see also #9 below)</p> <ul style="list-style-type: none"> <li>• Provide the Actuarial Value Calculator (AVC) screenshots in PDF format showing “Calculation Successful.” State the corresponding HIOS Plan ID on each AVC Screenshot. For the 2026 AV Calculator and Methodology, see link:  <a href="https://www.cms.gov/ccio/resources/regulations-and-guidance/index.html">https://www.cms.gov/ccio/resources/regulations-and-guidance/index.html</a></li> </ul> <p>Please do not submit AVC screenshots for every CSR plan variation (i.e., 73%, 87%, and 94%), however, be mindful of the de minimis variation limit of 0/+1 percentage points.</p> <p>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>	<p><b>AV Screenshots Cascade Plans</b></p> <p><b>AV Screenshots Cascade Plan</b></p>	

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	<ul style="list-style-type: none"> <li>MHSUD cost-share: You may list the MHSUD office visit cost-share in the AVC if you include justification in the actuarial memorandum that blending the cost-share with the MHSUD other outpatient cost-share has a negligible impact on the final AV Metal Value.</li> <li>Please reformat the "Coinsurance, if different" cells to display the same 4-decimal place accuracy as the default coinsurance for tiers 1 &amp; 2. Also, reformat the tiered utilization percentages to more accurately indicate the weights used in the calculation.</li> <li>The AV Metal Value of non-standardized silver health plans offered on the Exchange may not be less than the AV Metal Value of the standardized silver health plan with the lowest AV Metal Value. [RCW 43.71.095(2)(b)(iii)] Standardized plan information is available on Exchange's website.</li> <li><u>Metal Levels</u>  Platinum – 90%, range -2/+2%  Gold – 80%, range -2/+2%  Silver – 70%, range -2/+2% for non-QHPs and 0/+2% for QHPs  Bronze – 60%, range -2/+2% or Expanded Bronze +2/+5%  Catastrophic – The AV requirements are not specified by law</li> </ul>		
9	<p><b>Unique Benefit Design for AVC (Actuarial Value Calculator):</b></p> <p>Note: Address this item in conjunction with #8 above.</p> <ul style="list-style-type: none"> <li>The actuary would be prudent to attempt to use data and assumptions that are consistent with the calculators as much as possible when adjusting for unique plan designs (<a href="https://www.actuary.org/sites/default/files/files/MVPN_042314.pdf">https://www.actuary.org/sites/default/files/files/MVPN_042314.pdf</a>). The continuance tables in the AVC should be used, if possible, so that the adjustments are consistent with the AVC calculations.</li> <li>Do any plans have a unique benefit design? If yes, for each such plan, you must: <ul style="list-style-type: none"> <li>Use one of the two methods, 45 CFR §156.135(b)(2) <b>or</b> 45 CFR §156.135(b)(3), to certify the Metal Value and provide the exact AV Metal Value for the plan.</li> <li>You must also provide detailed support for your unique plan design AVs.</li> </ul> </li> <li>Please provide supporting unique AV calculations in your rate filing memorandum and exhibits. <ul style="list-style-type: none"> <li>Include enough detail for the reviewer to determine whether the methods, assumptions, and results are appropriate and reasonable.</li> </ul> </li> </ul>		



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	<ul style="list-style-type: none"> <li>○ You must provide justification for AVs when actual plan designs deviate from the AVC's functionality, even if your actuary assumes the impact is immaterial.</li> <li>• <b>Notes About Plan Designs in the AVC:</b> <ul style="list-style-type: none"> <li>○ To be consistent with the requirements in the AVC User Guide (see FAQ Q2 &amp; Q3), all plans with a \$0 Rx or a \$0 medical deductible should indicate an integrated medical and drug deductible when possible. For illustrative purposes, consider a plan with a non-zero medical deductible and a \$0 drug deductible, which is equivalent to saying that none of the drug tiers (i.e., benefits) is subject to any kind of deductible: <ul style="list-style-type: none"> <li>▪ Case 1: One or more of the drug tiers are subject to coinsurance (which, from our earlier assumption, apply before any deductible).</li> <li>▪ Case 2: Each drug tier is either fully covered or subject to a copay.</li> <li>▪ For Case 1, using a combined deductible would force the drug coinsurance(s) to apply after the medical deductible (given the limitations of the AVC with regards to entering coinsurance before the deductible). For Case 2, an integrated deductible should be used.</li> </ul> </li> <li>○ The reverse situation with \$0 medical and non-zero Rx deductibles is similar, however, only coinsurance for the medical benefits listed in the AVC are considered. If, for example, a coinsurance is only applied to the ambulance benefit, which is not part of the AVC, a combined deductible should be applied.</li> <li>○ <i>Plans that include Coinsurance During the Deductible Phase or can otherwise be described as having "Services not Subject to Deductible and without a copay":</i> Excel row 72 on the User Guide sheet of the AVC states, "Services not subject to deductible and without a copay are treated as covered at 100 percent by the plan until the deductible is met through enrollee payments for other services." When this occurs, the AVC output is higher than that of the actual plan design; the difference depends on the size of the deductible and impact of the corresponding benefit on the actuarial value. The exact difference, however, is unknown without using an effective copay, which requires a unique benefit design, to approximate the coinsurance in the deductible range. If your plans include this type of cost-sharing design, you 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.</li> </ul> </li> </ul>		

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	<ul style="list-style-type: none"> <li>Plans that include "Services not Subject to Deductible and with a copay": Copays paid during the deductible range do not accumulate toward the deductible, regardless of whether the benefit is subject to deductible.</li> <li>Plans that partition benefit categories into subcategories with different cost-share designs: If the plan has different cost-sharing for subcategories of benefits included in the AVC but the AVC only accepts one cost-sharing structure, you must (1) enter the cost-share variations in the Benefit Components document and (2) account for the differences between the plan design and the AVC functionality in your AV Metal Value calculations.  For example, the AVC only accepts one MHSUD (mental health/substance use disorder) outpatient cost-share structure, so if a plan design includes different cost-shares for MHSUD outpatient professional (office) visits versus MHSUD outpatient other-than-professional-visits, the plan design does not align with standard use of the AVC.</li> </ul>		
	<b>a</b> If using the unique benefit design certification method in 45 CFR §156.135(b)(2): <ul style="list-style-type: none"> <li>Provide the required actuarial certification language as well as justification and <u>detailed calculations</u> of how you estimated a fit of the plan design into the parameters of the AVC.</li> <li>Submit one AVC screenshot for each plan to show that the benefit design after the fit is a legal metal plan.</li> </ul>	N/A	
	<b>b</b> If using the unique benefit design certification method in 45 CFR §156.135(b)(3): <ul style="list-style-type: none"> <li>Provide the required actuarial certification language as well as justification and <u>detailed calculations</u> of (i) how the AVC was used to determine the AV Metal Value for the plan provisions that fit within the calculator parameters while (ii) appropriate adjustments were made to the AVC output(s) for plan design features that deviate substantially from AVC parameters.</li> <li>Submit two or more AVC screenshots including at least one extreme high AV Metal Value and one extreme low AV Metal Value based on features like those of the plan.</li> <li>Using the filed AVC screenshot results, explain how adjustments are made to generate each plan's EXACT final AV Metal Value used in the URRT.</li> </ul>	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 6

## Washington State OIC 2026 Individual Medical Rate Filing Checklist

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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.	Unique Plan Design Supporting Documentation and Justification Cascade	
		Unique Plan Design Supporting Documentation and Justification Non-Cascade	
d	Pharmacy tiers: If your prescription drug tiers do not exactly match those in the AVC and you do not identify the plans as having unique benefits, please add a discussion to the Part III actuarial memorandum. Consider guidance in relevant documents such as the PY2025 QHP Issuer Application Instructions (e.g., 5.8 Suggested Coordination of Drug Data between Templates) and AVC supporting documentation.	N/A	
10	<b>AV Metal Values:</b> (URRT Worksheet 2, Section I General Product and Plan Information, Field 1.6) Load the final PY2026 AV Metal Values into URRT Worksheet 2 and WA Exhibit 6. Additionally, load prior AV Metal Values into WA Exhibit 6; see instructions in the exhibit template.	WA Exhibits	Exhibit 6
<b>URRT WORKSHEET 2, SECTION III PLAN ADJUSTMENT FACTORS</b>			

11	<p><b>AV and Cost Sharing Design of Plan Factors:</b> (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.3) Document and justify the factors including #11.a through #11.d below.</p> <p>Then, address items #11.e through #11.h below. Include aggregate actual experience, projections, and actual-to-expected analysis in WA Exhibit 7; see the instructions in the exhibit template.</p> <p>URR Instructions Section 2.2.3 and URRT Worksheet 2, Section III include four adjustments directly related to plan-level incurred claims rate development.</p> <ul style="list-style-type: none"> <li>• These adjustments are the “AV and Cost Sharing Design of Plan”, “Provider Network Adjustment” (see checklist #12), “Benefits in Addition to EHB” (see checklist #13), and “Catastrophic Adjustment” (see checklist #14).</li> <li>• Do not include morbidity of the population expected to enroll in the plan (i.e., differences due to health status) per URR Instructions Section 4.4.4.</li> <li>• Each of these adjustments should be normalized to not double count the impact of the other factors.</li> </ul> <p><b>To derive the “AV and Cost Sharing Design of Plan”:</b></p> <ul style="list-style-type: none"> <li>• There are four subcomponents of the adjustment defined in WAC 284-43-6810(1); they are: <ul style="list-style-type: none"> <li>○ AV pricing value,</li> <li>○ Induced demand factor (IDF),</li> <li>○ Cost-sharing reduction (CSR) silver load (if applicable), and</li> <li>○ Exclusion of funds for abortion services per 45 CFR §156.280(e) (if applicable).</li> </ul> </li> <li>• Definitions of these terms and related terms can be found in WAC 284-43-6800.</li> <li>• Detailed guidance related to each subcomponent of the “AV and Cost Sharing Design of Plan” is provided in this checklist in sections 11 (a)-(h).</li> <li>• The formula combining the subcomponents of the “AV and Cost Sharing Design of Plan” is expected to be the following: (AV and Cost Sharing Design of Plan) = (AV Pricing Value) x (Induced Demand Factor, IDF) x (CSR Silver Load and/or AIAN adjustment, as applicable) x (Factor to exclude the cost of abortion services for which public funding is prohibited); where the AV Pricing Value and IDF are on an appropriate relativity basis.</li> </ul> <p>Note the following:</p> <ul style="list-style-type: none"> <li>• For benefit differences relate to EHB-only cost sharing. See #11.a below.</li> </ul>	
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	<ul style="list-style-type: none"> <li>For expected utilization adjustments due to differences in cost-sharing (i.e., induced demand). See #11.b below.</li> <li>For CSR silver load and exclusion of funds for abortion services per 45 CFR §156.280(e): <ul style="list-style-type: none"> <li>If CSR payments are not funded, a CSR silver load factor should be included for the on-Exchange silver plans; this is an additional step not covered in the URR Instructions. See #11.c below.</li> <li>For all plans offered on the Exchange, include an adjustment to remove the impact of coverage of abortion services for which public funding is prohibited. See #11.d below.</li> </ul> </li> <li>To determine aggregate weighted averages for items covered by this #11, unless otherwise specified, apply each plan's projected membership as weights.</li> </ul>		
a	<p><b>AV Pricing Value (a.k.a. EHB paid-to-allowed factors) by plan:</b></p> <ul style="list-style-type: none"> <li>Provide the factor for each plan that shows the impact of benefit differences for EHB-only cost sharing.</li> <li>See WAC 284-43-6800(3) for the definition of AV pricing value and WAC 284-43-6800(1) for the definition of AV metal value.</li> <li>Per WAC 284-43-6810(3): <ul style="list-style-type: none"> <li>Rate development exhibits should demonstrate compliance with the following: <ul style="list-style-type: none"> <li>"The AV pricing value must be within <math>\pm 2\%</math> of a plan's designated AV metal value."</li> <li>"The allowable range of AV pricing value may be increased or decreased by 1% and must not result in a total adjustment exceeding <math>\pm 3\%</math>, if the plan has significant features that are not considered in the AV metal value calculation. Applicable plan features may include, but are not limited to, an embedded pediatric dental benefit, aggregate family deductible, or significant out-of-network utilization."</li> <li>If you are requesting the expanded AV Pricing Value range of <math>\pm 3\%</math>, identify this in WA Exhibit 9 and provide supporting documentation for the request. Documentation for this request must show significant plan features impact EHBs, those plan features are excluded from consideration in the federal AV calculator and AV metal value, and those plan features have a material pricing impact supported by actuarial analysis.</li> </ul> </li> </ul> </li> </ul>	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 2.5

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	<ul style="list-style-type: none"> <li>▪ Note that AV pricing value must be actuarially sound, and the ranges referenced above should not be used as an adjustment (i.e., ceiling or floor) to AV pricing values.</li> <li>▪ AV pricing values should be normalized for impacts of all other allowable plan-level rating adjustments (including subcomponents of the “AV and Cost Sharing Design of Plan”) and for use in the calculations of the “AV and Cost Sharing Design of Plan” factors.</li> <li>○ The Part III actuarial memorandum in the rate filing must include the following information related to AV metal value and AV pricing value: <ul style="list-style-type: none"> <li>▪ Each plan's AV metal value, AV pricing value, and the method used to develop AV pricing values.</li> <li>▪ The methodology that was used to develop the AV pricing value including that it is based on a standardized population. The carrier must identify all material changes in the AV pricing value development and their impacts.</li> <li>▪ Note that if you have a commercial or other (e.g., internal) reinsurance/pooling agreement, consider projected recoverable amounts in the overall AV Pricing Value.</li> </ul> </li> </ul>		
<b>b</b>	<p><b>Induced demand factors (IDFs) by plan:</b></p> <ul style="list-style-type: none"> <li>• Each plan's IDF can vary by plan design but must be consistent with the federal risk adjustment transfer formula per WAC 284-43-6810(2). Therefore, plan IDFs should be determined by the formula <math>(AV \text{ pricing value})^2 - (AV \text{ pricing value}) + 1.24</math>.</li> <li>• Note the following: <ul style="list-style-type: none"> <li>○ The MAIR reflects average induced demand for the pool.</li> <li>○ IDFs adjust average pool-level projected allowed claims to plan-level amounts. IDFs reflect the impact of plan design on plan-level utilization (i.e., induced demand or anti-selection) relative to the average induced demand in the pool. IDFs should not change the overall expected allowed claims nor the paid-to-allowed claims ratio.</li> <li>○ Calculate the aggregate impact of your pool's projected induced demand factors. If it is not 1.000, apply an adjustment in URRT worksheet 1's “Other” adjustment. Such an adjustment should equal <math>1 / (\text{aggregate impact of your pool's projected induced demand factors})</math>. The net impact should be 1.000.</li> </ul> </li> </ul>	<b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b>	<b>Appx 2.5a</b>

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Line	Task	Issuer Response:	
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c	<b>Cost-sharing reduction (CSR) silver load factors by plan:</b> <ul style="list-style-type: none"> <li>Note: In this case, references to “CSR” subsidies include subsidies for the AIAN population. Include actual experience and the projected CSR silver load factor in WA Exhibit 8; see the instructions in the exhibit template.</li> <li>Consult WAC 284-43-6820 for guidance on the uniform CSR silver load adjustment factor for plan year 2026.</li> </ul>	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 2.5
d	<b>Exchange plan adjustment for cost of covering certain abortion services:</b> (see also #13 & #27 of this checklist) For Exchange plans only, include an adjustment factor to remove the impact of coverage of abortion services for which public funding is prohibited. Per 45 CFR §156.280(e)(4)(iii), you may not estimate such a cost at less than one dollar per enrollee, per month (i.e., \$1.00 premium PMPM, see <a href="https://www.cms.gov/files/document/qhp-abortion-faq.pdf">https://www.cms.gov/files/document/qhp-abortion-faq.pdf</a> Q3). <ul style="list-style-type: none"> <li>Note that you must include abortion services in URRT Worksheet 1, Section II because Washington considers abortion services to be EHBs.</li> <li>The impact of coverage of abortion services for which public funding is prohibited should be addressed in URRT Worksheet 2, Section II Experience Period and Current Plan Level Information. In other words, related costs should flow through with other claim experience.</li> <li>For Exchange plans:               <ul style="list-style-type: none"> <li>Include the impact as part of URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.5 Benefits in Addition to EHB.</li> <li>Remove the impact from URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.3 AV and Cost Sharing Design of Plan. The abortion adjustment applied to Field 3.3 is the reciprocal of the abortion adjustment applied to Field 3.5. (URR Instructions Section 2.2.3). This load should be explicitly listed as a separate column in your development exhibit for the AV and Cost Sharing Design of Plan factors.</li> <li>Explain in the Part III actuarial memorandum that per URR instructions, coverage of abortion services for which public funding is prohibited are included in the URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.5 as a non-EHB.</li> </ul> </li> </ul>	Part III Rate Filing Documentation and Actuarial Memorandum Appendix  Part III Rate Filing Documentation and Actuarial Memorandum	Appx 2.5  Non-Benefit Expense: Non-EHB Benefits

## Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
e	<b>AV and Cost Sharing Design of Plan factors:</b> (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.3) Discuss and demonstrate the calculation of the final plan adjustment factors used in URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.3, AV and Cost Sharing Design of Plan. See the introduction to this checklist #11 for the AV and Cost Sharing Design of Plan formula using the four subcomponents addressed in WAC 284-43-6810(1).	<b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b>  <b>Part III Rate Filing Documentation and Actuarial Memorandum</b>	<b>Appx 2.5</b>  <b>Market to Plan Factors: AV and Cost Sharing of Plan Adjustment</b>
f	<b>Compare the AV Metal Value and the AV Pricing Value:</b> Provide the comparison of the AV Metal Values and AV Pricing Values in WA Exhibits 6 and 9.	WA Exhibits	Exhibit 6, 9
g	<b>Base premium rates versus CPAIR:</b> Calculate the difference between the 1.0000 premium rates (i.e., age factor 1.0000 such as for age 21; area factor 1.0000; tobacco factor 1.0000 for non-smoker) for each plan in the Rate Schedule and the Calibrated Plan Adjusted Index Rate (CPAIR) amounts in URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.14. The differences should be within a few cents at most. (see also #36 of this checklist)	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 2.5
h	<b>Experience period incurred claims, allowed claims, and paid-to-allowed ratios:</b> Include a table that shows by metal level the 2024 paid (incurred) claims and allowed claims experience and calculates the paid-to-allowed ratios. See also #1.c and #1.d of this checklist.	WA Exhibits	Exhibit 8
12	<b>Provider Network Adjustment Factors:</b> (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.4) Demonstrate the build-up of the provider network factors. If you only have one network, please respond "N/A," and use a factor of 1.0000. The network factors should be normalized so that there is no change to the overall weighted average of the claim costs after the Provider Network Adjustment factors are applied. Include an exhibit demonstrating the normalization (i.e., normalize the network factors such that the following amounts match):	<b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b>  <b>Part III Rate Filing Documentation</b>	<b>Appx 2.3a</b> <b>Appx 2.3b</b> <b>Appx 2.5</b> <b>Projection Factors: Other Adjustments</b>



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	<ul style="list-style-type: none"> <li>Average incurred claims with risk adjustment and Exchange user fee: Sum product of the projected membership x MAIR x (AV and Cost Sharing Design of Plan) x (Benefits in Addition to EHB) x (Catastrophic Adjustment) divided by the total projected membership.</li> <li>Average incurred claims with risk adjustment and Exchange fee as well as provider network adjustment factors: Sum product as described above with Provider Network Adjustment factors also incorporated.</li> </ul> <p>If applicable, include a discussion of the network for the public option plans (i.e., Cascade Select plans).</p>	and Actuarial Memorandum	
13	<p><b>Benefits in Addition to EHB Factors:</b> (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.5) Document and justify these factors. Note that they should be developed as loads on EHB incurred claims. See URR Instructions and 45 CFR §156.115(d) for additional information. Include aggregate actual experience, projections, and actual-to-expected analysis in WA Exhibit 7; see the instructions in the exhibit template.</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 &amp; #27 of this checklist):</p> <ul style="list-style-type: none"> <li>Exchange plans that include coverage of abortion services for which public funding is prohibited must calculate such abortion services as non-EHBs.</li> <li>For plans offered Outside Market Only, such abortion services must be calculated as EHBs. Then, only non-EHBs, if applicable, should be addressed as part of Benefits in Addition to EHB.</li> </ul>	<p>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</p> <p>Part III Rate Filing Documentation and Actuarial Memorandum</p>	Appx 2.5 Non-Benefit Expense: Non-EHB Benefits
14	<p><b>Catastrophic Adjustment Factors:</b> (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.9) Document and justify any such factor(s). Include aggregate actual experience, projections, and actual-to-expected analysis in WA Exhibit 7; see the instructions in the exhibit template.</p>	N/A	

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
<b>URRT WORKSHEET 2, SECTION III PLAN ADJUSTMENT FACTORS, CALIBRATION FACTORS</b>			
<b>15</b>	<b>Age Factors and Age Calibration Factors:</b>		
<b>a</b>	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.	<b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b>	<b>Appx 2.6</b>
<b>b</b>	Age calibration factors, projected versus prior: Compare the 2026 age calibration factor to the 2023, 2024, and 2025 factors.	<b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b>	<b>Appx 2.6</b>
<b>c</b>	Average age: Show the average age and provide actuarial justification for the methodology employed to calculate the average age.	<b>Part III Rate Filing Documentation and Actuarial Memorandum</b>	<b>Market to Plan Factors – Calibration Factors: Age</b>
<b>16</b>	<b>Area Factors and Geographic Calibration Factors:</b> See WAC 284-43-6701 for geographic rating areas effective on or after January 1, 2019.  Note, if Area 1 (King County) is in your service area, its factor must be set at 1.0000. If Area 1 (King County) is <b>not</b> in your service area, the geographic rating area of the county with the largest enrollment in your service area must be set at 1.0000. If you are an insurer new to the Washington state market, the geographic area with the greatest number of counties must be set at 1.0000.		
<b>a</b>	Area factor development: Note: if your service area is limited to a single area, please respond "N/A," since the area factor is 1.0000. Demonstrate the build-up of the geographic rating area factors. Document and justify the 2026 factors with details including, but not limited to, the following: <ul style="list-style-type: none"> <li>Certify that the following items were not used to establish any geographic rating area factor:</li> </ul>	<b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b>	<b>Appx 2.6a</b>  <b>Market to Plan Factors – Calibration Factors: Age</b>

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Line	Task	Issuer Response:	
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	<ul style="list-style-type: none"> <li>Health status of enrollees or the population in an area.</li> <li>Medical condition of enrollees or the population in an area including physical, mental, and behavioral health illnesses.</li> <li>Claims experience.</li> <li>Health services utilization in the area.</li> <li>Medical history of enrollees or the population in an area.</li> <li>Genetic information of enrollees or the population in an area.</li> <li>Disability status of enrollees or the population in an area.</li> <li>Other evidence of insurability applicable in the area.</li> <li>Clarify how projected unit cost changes were considered for each area. Also, clarify how credibility was considered. Like trends, you should not solely rely on historical information, especially if it is not considered to be 100% credible or if significant changes are projected in the future.</li> </ul>	<b>Part III Rate Filing Documentation and Actuarial Memorandum</b>	
<b>b</b>	<p>Area factors, highest versus lowest:</p> <p>Demonstrate that your geographic rating area factors comply with WAC 284-43-6681 highest to lowest cost ratio requirements of</p> <ul style="list-style-type: none"> <li>1.40 if offering an Exchange QHP in every county,</li> <li>1.22 if offering an Exchange QHP in every county in six or more rating areas, or</li> <li>1.15 in all other cases.</li> </ul>	<b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b>	<b>Appx 2.6a</b>
<b>c</b>	<p>Area factors, projected versus prior:</p> <p>Compare the 2026 area factors and calibration factor to the 2023, 2024, and 2025 factors. If the 2026 factors did not change from those in the prior filing, indicate why the factors did not change; indicate when the factors were last evaluated and what data was used in that evaluation.</p> <p>Note: Our opinion is that the geographic area factors should be regularly evaluated.</p>	<b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b>	<b>Appx 2.6a Appx 2.6</b>
<b>d</b>	<p>URRT geographic calibration factor:</p> <p>Provide the calculation of the geographic calibration factor used in URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.12.</p> <p>Note: each calibration factor (age, geographic, and tobacco) must be calculated independently.</p>	<b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b>	<b>Appx 2.6</b>

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
e	Load area factors into URRT: Provide the geographic rating areas and rating factors in URRT Worksheet 3.	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 2.6a
17	<b>Tobacco Use Factor and Tobacco Calibration Factor:</b>		
a	Tobacco use factor development: Document and justify the 2026 Tobacco Use factor. <ul style="list-style-type: none"> <li>The maximum factor is 1.500 (see 45 CFR §147.102(a)(1)(iv)).</li> <li>If the factor did not change from the prior filing, indicate when the factor was last evaluated and what data was used in that evaluation. Note: Our opinion is that the factor should be re-evaluated periodically.</li> </ul>	N/A	Removed the Tobacco Use factor for 2026.
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	
c	Tobacco factors, projected versus prior: Compare the 2026 tobacco use factor and calibration factor to amounts for 2023, 2024, and 2025.	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 2.6
<b>RISK ADJUSTMENT AND HIGH-COST RISK POOL (HCRP)</b>			
18	<b>Experience Period Risk Adjustment &amp; HCRP:</b>		
a	Experience period risk adjustment formula details:	WA Exhibits	Exhibit 10

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<p>Provide the actual 2024 risk adjustment experience and projections in WA Exhibit 10; see the instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.</p> <p>REMINDER: Do <b>NOT</b> revise the sign (receivables positive; payables negative) of the actual or projected risk adjustment transfer and HCRP amounts in any exhibit unless specifically instructed to do so. Clearly document the instances when the instructions specify a change in sign.</p>		
<b>b</b>	<p>Experience period risk adjustment &amp; HCRP by plan: (URRT Worksheet 2, Section II Experience Period and Current Plan Level Information, Field 2.7)</p> <p>Using formulae, please address 2024 risk adjustment transfer amounts, HCRP assessments, and HCRP receipts.</p>	<b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b>	<b>Appx 3.3a</b>
<b>19</b>	<b>Projection Period Risk Adjustment &amp; HCRP:</b>		
<b>a</b>	<p>Projection period incurred risk adjustment &amp; HCRP development: (URRT Worksheet 2, Section IV Projected Plan Level Information, Fields 4.7 and 4.16)</p> <p>Provide the projected plan year 2026 risk adjustment information in WA Exhibit 10; see the instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.</p>	<b>WA Exhibits</b>	<b>Exhibit 10</b>
<b>b</b>	<p>Projection period risk adjustment &amp; HCRP for URRT Worksheet 2 (on incurred claims basis), Development and justification: (URRT Worksheet 2, Section IV Projected Plan Level Information, Fields 4.7 and 4.16)</p> <ul style="list-style-type: none"> <li>Explain in detail in the Part III actuarial memorandum how you estimated the 2026 risk adjustment factors (e.g., PLRS, IDF, GCF, AV, and ARF), including the four membership groupings in (a), as applicable. (See URR Instructions regarding the requirements to provide detailed information and justification for risk adjustment.)</li> <li>Provide detailed support and rationale for each assumption, including persisting membership, stating the most current data used, its "as of" date, and its source (e.g., internal, CMS, etc.).</li> <li>Describe how your projections considered the 2026 risk adjustment model changes.</li> </ul>	<b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b>	<b>Appx 2.4</b>

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	<ul style="list-style-type: none"> <li>Explain 2026 HCRP estimated assessments and receipts.</li> <li>We expect the following: <ul style="list-style-type: none"> <li>Since the URRT applies total pool-level projected risk adjustment in Worksheet 1, Section II, the projected risk adjustment loaded into Worksheet 2, Section IV can use total pool-level projections rather than metal/catastrophic or plan projections.</li> <li>Applicable risk adjustment transfer amount parameters projected for your own risk pool will be consistent with assumptions in the rate development (e.g., population and other factors in URRT, age and geographic calibration factors, etc.). Please explain any deviations.</li> </ul> </li> </ul>		
c	<p>Projection period risk adjustment &amp; HCRP for URRT Worksheet 1 (on allowed claims basis): (URRT Worksheet 1, Section II Projections)</p> <p>Provide the calculation of the projected Risk Adjustment Payment/Charge, on an allowed claim dollar basis, as entered in URRT Worksheet 1, Section II. For additional details, see #28 of this checklist.</p>	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 2.4
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>	Part III Rate Filing Documentation and Actuarial Memorandum	Risk Adjustment Transfer
e	<p>HCRP, projected versus prior:</p> <p>Compare (i) actual HCRP receipts and assessments for 2022, 2023, and 2024 versus (ii) projected HCRP receipts and assessments for 2022, 2023, 2024, 2025, and 2026. Explain differences.</p>	<p>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</p> <p>Part III Rate Filing Documentation and Actuarial Memorandum</p>	<p>Appx 3.3b</p> <p>Risk Adjustment Transfer</p>

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Line	Task	Issuer Response:	
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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.	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 1.2

Line	Task	Issuer Response:		
		Document Name	Section / Page / Exhibit Number	
<b>RETENTION LOADS</b>				
<b>URRT WORKSHEET 2, SECTION III PLAN ADJUSTMENT FACTORS, ADMINISTRATIVE COSTS</b>				
<b>20</b>	<p><b>Administrative Expense:</b> (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.6) Provide the requested information in WA Exhibit 11; see instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.</p> <p>Projection period administrative expense development:</p> <ul style="list-style-type: none"> <li>In the Part III actuarial memorandum and supporting exhibits, justify the 2026 PMPM and/or percent of premium load for each item, and comment why various amounts do or do not vary by plan.</li> <li>In the Part III actuarial memorandum, justify any item with a \$0.00 load. For example, if no offset is projected for investment income, please explain why. Note: it is insufficient to simply state that an amount is considered immaterial.</li> <li>In the Part III actuarial memorandum, describe planned quality improvement initiatives.</li> <li>At a minimum, include detailed calculations of the following projected amounts: <ul style="list-style-type: none"> <li>Quality improvement (QI) expenses</li> <li>Commissions</li> <li>Commercial reinsurance premium (if applicable)</li> <li>Offset for anticipated investment income (if applicable)</li> <li>General administrative expenses</li> </ul> </li> <li>Note that the commissions load should be consistent with the submitted commission certification (see also #35 of this checklist). The load may include adjustments for bonuses which are not specific to the individual line of business and, therefore, not covered in the certification. Any such bonuses should be explained in the Part III actuarial memorandum and exhibits.</li> </ul> <p>Combine these amounts with actual taxes and fees to reconcile to Expenses shown in the WAC 284-43-6660 summary (see also #21 of this checklist).</p>			



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21	<p><b>Taxes and Fees:</b> (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.7) Provide the requested information in WA Exhibit 11; see instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.</p> <p>Projection period taxes and fees' development:</p> <ul style="list-style-type: none"> <li>In the Part III actuarial memorandum and supporting exhibits, justify the 2026 PMPM and/or percent of premium load for each item, and explain why various amounts do or do not vary by plan.</li> <li>In the Part III actuarial memorandum, justify any item with a \$0.00 load. Note: it is insufficient to simply state that an amount is considered immaterial.</li> <li>At a minimum, include detailed calculations of the following projected amounts: <ul style="list-style-type: none"> <li>Premium Tax [RCW 48.14.020 or 0201]</li> <li>Federal Income Tax</li> <li>Regulatory Surcharge [RCW 48.02.190] Include a discussion of the current information available at <a href="https://www.insurance.wa.gov/regulatory-surcharge-calculation">https://www.insurance.wa.gov/regulatory-surcharge-calculation</a>.</li> <li>Insurance Fraud Surcharge [RCW 48.02.190] Include a discussion of the current information available at <a href="https://www.insurance.wa.gov/fraud-surcharge-calculation">https://www.insurance.wa.gov/fraud-surcharge-calculation</a>.</li> <li>Risk Adjustment user fee The 2026 per capita risk adjustment user fee is set at \$0.20 PMPM.</li> <li>PCORI Patient-Centered Outcomes Research Institute (PCORI) Fee (Internal Revenue Code sections 4375 and 4376). Include a discussion of the latest information on the IRS website and the National Health Expenditure (NHE) trend projections. Note that the fee changes annually by policy end date; for this Individual market rate filing, assume all plans end 12/31/2026.</li> <li>Mitigating Inequity Fee [WAC 284-43-6590], if applicable (see also #38 of this checklist).</li> </ul> </li> </ul>		

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Line	Task	Issuer Response:	
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	<ul style="list-style-type: none"> <li>WSHIP assessment [RCW 48.41.090] Include a discussion of the current and projected assessment information in annual or other reports available at <a href="https://www.wship.org/">https://www.wship.org/</a> as well as the WSHIP information separately sent to you as a member plan. Note: WSHIP = Washington State Health Insurance Pool.</li> <li>Washington Partnership Access Line (WAPAL) assessment [WAC 182-110-0500] Include a discussion of the historical assessments paid and the current information available at <a href="https://wapalfund.org">https://wapalfund.org</a>.</li> </ul> <p>Combine these amounts with actual administrative expenses to reconcile to Expenses shown in the WAC 284-43-6660 summary. (see also #20 of this checklist)</p>		
22	<p><b>Profit &amp; Risk Load:</b> (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.8) Provide the information in WA Exhibit 11; see instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.</p> <ul style="list-style-type: none"> <li>Profit &amp; Risk load is the portion of the projected earned premium that is not directly associated with claims or expenses.</li> <li>The amount must be the same across all plans.</li> </ul> <p>Projection period profit &amp; risk load development: Justify that your Profit &amp; Risk load is reasonable [RCW 48.43.734] in relation to your company's surplus, capital, and profit levels.</p> <ul style="list-style-type: none"> <li>Discuss in detail how you established your 2026 plan year load.</li> <li>Clarify whether your experience unpaid claims liability estimate also includes any margin or if the estimate reflects your best estimate.</li> <li>Explain whether other plan year 2026 rating assumptions include their own margin provisions.</li> </ul>		
<b>DOCUMENTATION AND EXHIBITS</b>			

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Line	Task	Issuer Response:	
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23	<b>Company Rate Information and Rate Review Detail:</b> For the “Company Rate Information” and “View Rate Review Detail” on the Rate/Rule Schedule tab of the SERFF rate filing, provide an exhibit with the following information. <ul style="list-style-type: none"> <li>The information should represent your <b>initial requested rate change</b>.</li> <li>Note: If post submission updates are necessary to correct any information, update the exhibit to indicate what was updated and the reason for the update(s).</li> <li>Issuers with renewal plans must address the items below. For more information related to “Company Rate Information” and “View Rate Review Detail,” see SERFF and Rate Filing Instructions.</li> </ul>		
	<b>a</b> SERFF Company Rate Information: Provide the calculation, explanation, and/or source of the information.  Note the following: <ul style="list-style-type: none"> <li>Number of policy holders affected for this program: The number of subscribers as of March 2025.</li> <li>Minimum and Maximum % changes: From the initial Uniform Product Modification Justification (UPMJ) Q5 rate changes by plan.</li> <li>Overall % rate impact: The calculated overall average rate change in UPMJ Q5.</li> <li>Written Premium for this Program and Written Premium Change for this Program: Annual amounts; see Written Premium in the NAIC glossary.</li> </ul>	<b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b>	<b>Appx 5</b>
	<b>b</b> SERFF Rate Review Detail (RRD): Provide the calculation, explanation, and/or source of the information. <ul style="list-style-type: none"> <li>(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).</li> <li>(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)</li> </ul>	<b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b>	<b>Appx 5</b>

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	<p>(iii) Forms: List all forms for the rate filing in the applicable categories. If a category does not apply to any form in the filing, leave it blank. (see SERFF instructions)</p> <p>Note: since the ACA requires that all non-grandfathered individual and small group health plans be guaranteed issue, the "Affected Forms for Closed Blocks" in the Forms Section should be left blank.</p> <p>(iv) Requested Rate Change Information:</p> <ul style="list-style-type: none"> <li>• Change period: Annual.</li> <li>• Member months: Membership for the 2024 experience period.</li> <li>• Min, Max, and weighted average rate change: Match the initial UPMJ Q5.</li> </ul> <p>(v) Prior Rate:</p> <ul style="list-style-type: none"> <li>• Total earned premium &amp; total incurred claims: Projected earned premiums and incurred claims, respectively, for 2025.</li> <li>• Minimum and maximum per member per month (PMPM): Be consistent with the rates in the 2025 final Rate Schedule.</li> <li>• Weighted average PMPM: Be consistent with the current community rate in the initial WAC 284-43-6660 summary.</li> </ul> <p>(vi) Requested Rate:</p> <ul style="list-style-type: none"> <li>• Projected earned premium &amp; projected incurred claims: For 2026, be consistent with the initial URRT Worksheet 2.</li> <li>• Minimum and maximum PMPM: From the initial 2026 Rate Schedule.</li> <li>• Weighted average PMPM: Be consistent with the weighted average PMPM premium rate consistent in the initial URRT Worksheet 2.</li> </ul>		

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		Document Name	Section / Page / Exhibit Number
c	<p>Current enrollment:</p> <p>Compare current enrollment information across the various rate filing exhibits, including, but not limited to the following:</p> <ul style="list-style-type: none"> <li>• RRD Number of Covered Lives</li> <li>• URRT Worksheet 2, Section II Experience Period and Current Plan Level Information, Field 2.10 Current Enrollment</li> <li>• UPMJ Q1 Enrollment as of 3/31/2025</li> <li>• Part III supporting exhibits' current enrollment</li> </ul> <p>Explain any inconsistencies.</p>	All consistent	
	<p>Projected enrollment:</p> <p>Compare projected enrollment information across the various rate filing exhibits, including, but not limited to the following:</p> <ul style="list-style-type: none"> <li>• RRD (Projected Earned Premium) / (Requested Rate Weighted Avg. PMPM)</li> <li>• URRT Worksheet 2, Section IV Projected Plan Level Information, Field 4.9 Projected Member Months</li> <li>• Part II written explanation projected enrollment</li> <li>• Part III supporting exhibits' projected enrollment</li> </ul> <p>Explain any inconsistencies.</p>	All consistent	
24	<p><b>Impacts of Changes 45 CFR §154.301(a)(4):</b></p> <ul style="list-style-type: none"> <li>• Document the methodology, justification, and calculations used to determine the impacts of the changes outlined in the Effective Rate Review Program under 45 CFR §154.301(a)(4) (i) through (xv).</li> <li>• Note that if you change the contribution to surplus from the prior submission, you must provide additional support for why the change is warranted.</li> <li>• <u>To add context to the factors listed below, please also summarize in the Part III actuarial memorandum the approximate percent impact of the most significant contributors to the proposed aggregate rate change (see URR Instructions section 4.3, for example).</u></li> </ul>		

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	(i) The impact of medical cost trend <b><u>changes by major service category</u></b> . Include a discussion of the cost trend change for each specific benefit category listed in URRT Worksheet 1, Section II.	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 2.1  Projection Factors: Trend Factors
	(ii) The impact of utilization <b><u>changes by major service category</u></b> . Include a discussion of the utilization trend change for each specific benefit category listed in URRT Worksheet 1, Section II.	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 2.1  Projection Factors: Trend Factors
	(iii) The impact of cost-sharing <b><u>changes by major service category</u></b> , including actuarial values. Include a discussion of the cost-share changes for each specific benefit category listed in URRT Worksheet 1, Section II.	Part III Rate Filing Documentation and Actuarial Memorandum Appendix  UPMJ	Appx 1.3  UPMJ Q4a

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	(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.	No benefit changes	
	(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.	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 2.2
	(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 Rate Filing Documentation and Actuarial Memorandum	Experience Period Premium and Claims: Experience period
	(vii) The impact of <u>changes in</u> reserve needs. Include a discussion of any change in reserve needs.	Part III Rate Filing Documentation and Actuarial Memorandum	Experience Period Premium and Claims: Experience period
	(viii) The impact of <u>changes in</u> administrative costs related to programs that improve health care quality. Include a discussion of any such changes.	Part III Rate Filing Documentation and Actuarial Memorandum	Experience Period Premium and Claims: Experience period

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	(ix) The impact of <u>changes in</u> other administrative costs. Include a discussion of any such changes.	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 2.5b  Non-Benefit Expenses: Administrative Expense Load
	(x) The impact of <u>changes in</u> applicable taxes, licensing, or regulatory fees. Include a discussion of any such changes.	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 2.5b  Non-Benefit Expenses: Taxes and Fees
	(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"> <li><u>Issuers who (a) are NOT projected to be qualifying issuers or (b) are projected to be qualifying issuers but opt to follow the unadjusted MLR formula, as defined in the Final 2026 Notice of Benefit and Payment Parameters (NBPP):</u></li> </ul>	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 3.2



Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> <li>○ <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)]</li> <li>○ <u>Denominator:</u> Earned Premiums [45 CFR §158.130] – Taxes &amp; 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]</li> <li>• <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"> <li>○ <u>Numerator:</u> Incurred claims [45 CFR §158.140(a)] + Quality Improvement Expenses [45 CFR §158.150(a)]</li> <li>○ <u>Denominator:</u> Earned Premiums [45 CFR §158.130] – Taxes &amp; 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]</li> </ul> </li> <li>• If CBE are included, provide justification that includes the following details: <ul style="list-style-type: none"> <li>○ How total CBE are allocated to lines of business (e.g., individual, small group, and large group)</li> <li>○ For <u>federal tax-exempt issuers</u>: <ul style="list-style-type: none"> <li>▪ CBE are limited to the highest of either: <ul style="list-style-type: none"> <li>• Three percent of earned premium; or</li> </ul> </li> </ul> </li> </ul> </li> </ul>		

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> <li>The highest health insurance coverage premium tax rate in the State for which the report is being submitted, multiplied by the issuer's earned premium in the applicable State market.</li> <li>Please address the impact, if any, of capping CBE for MLR purposes.</li> <li>MLR reporting instructions say <u>federal tax-exempt issuers</u> may report a value for both state premium taxes and CBE if reported CBE do not exceed the allowable capped amount (as outlined above). If you are a federal tax-exempt issuer, please confirm this requirement has been met.</li> <li>For <u>non-federal tax-exempt issuers</u>: <ul style="list-style-type: none"> <li>CBE are limited to: The highest health insurance coverage premium tax rate in the State for which the report is being submitted, multiplied by the issuer's earned premium in the applicable State market.</li> <li>Please address the impact, if any, of capping CBE for MLR purposes.</li> <li>MLR reporting instructions say <u>non-federal tax-exempt issuers</u> may report a value for state premium taxes or CBE but not both. Issuers may not report zero (\$0) CBE in lieu of negative State premium taxes and may not enter CBE more than the allowable capped amount. If you are a non-federal tax-exempt issuer, please confirm this requirement has been met.</li> </ul> </li> <li>Credibility adjustment, if any [45 CFR §158.232]</li> <li>Comment about how the following recent MLR reporting regulation changes were considered: [See, for example: 45 CFR §158 and related sections as well as various Final plan year NBPPs] <ul style="list-style-type: none"> <li>Adjustments to the numerator: <ul style="list-style-type: none"> <li>Deduct from incurred claims not only prescription drug rebates received by the issuer, but also any price concessions received and retained by the issuer, and any prescription drug rebates, and other price concessions received and retained by an entity providing pharmacy benefit management services to the issuer. [45 CFR 158.140(b) and 2022 NBPP]</li> <li>Beginning with the 2020 MLR reporting year, an issuer may include in the numerator of the MLR any shared savings payments the issuer has made to an enrollee as a result</li> </ul> </li> </ul> </li> </ul>		

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
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	<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"> <li>○ Report expenses for services outsourced to or provided by other entities in the same manner as expenses for non-outsourced (i.e., incurred directly by the issuer) services. [45 CFR §158.110(a) and 2021 NBPP]</li> <li>○ Quality Improvement Activity (QIA) expenses: <ul style="list-style-type: none"> <li>▪ Allowance for the Individual market to report certain wellness incentives described in 45 CFR §158.150(b)(2)(iv)(A)(5)(ii) (see also 2021 NBPP) as QIA expenses.</li> <li>▪ Only those provider incentives and bonuses that are tied to clearly defined, objectively measurable, and well-documented clinical or quality improvement standards that apply to providers may be included in incurred claims for MLR reporting and rebate calculation purposes. (e.g., see 2023 NBPP)</li> <li>▪ Only expenditures directly related to activities that improve health care quality may be included in QIA (Quality Improvement Activity) expenses for MLR reporting and rebate calculation purposes. [45 CFR §158.150(a) and 2023 NBPP]</li> <li>▪ <u>Removing</u> the option for issuers to report an amount equal to 0.8 percent of earned premium in the relevant State and market in lieu of reporting the issuer's actual expenditures for activities that improve health care quality (e.g., see 2022 NBPP).</li> </ul> </li> <li>○ MLR rebate prepayment and safe harbor [45 CFR §158.240(g)]: Allowance to prepay a portion or 100% of an estimated MLR rebate for a given MLR reporting year, and establishing a safe harbor allowing such issuers, under certain conditions, to defer the payment of rebates remaining after prepayment until the following MLR reporting year (e.g., see 2022 NBPP).</li> <li>○ Replacement formula for qualifying issuers (e.g., see 45 CFR §158.103 for definition of qualifying issuer), written with variables: If <math>(ra / p) &gt; \text{or} = 50\%</math>, then: Adjusted MLR = <math>[(i + q - s + nc - rc) / \{(p + s - nc + rc) - t - f - (s - nc + rc) - na + ra\}] + c</math> where i = incurred claims</li> </ul>		

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Line	Task	Issuer Response:	
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	<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>	<p><b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b></p> <p><b>Part III Rate Filing Documentation and Actuarial Memorandum</b></p>	<p><b>Appx 4.2</b></p> <p><b>Non-Benefit Expenses: Contribution to Surplus &amp; Risk Margin (C&amp;R)</b></p> <p><b>Issuer's capital and surplus is not used to develop rates</b></p>
	<p>(xiii) The impacts of geographic factors and variations.</p>	<p><b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b></p>	<p><b>Appx 2.6, 2.6a</b></p>
	<p>(xiv) The impact of <u>changes within</u> a single risk pool to all products or plans within the risk pool.</p>	<p><b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b></p>	<p><b>Appx 1.2 rows 31 and 71</b></p>

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	(xv) The impact of reinsurance (which is N/A for Washington) and risk adjustment payments and charges under sections 1341 and 1343 of the Affordable Care Act.	<b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b>	<b>Appx 2.4</b>
<b>25</b>	<b>Drug Manufacturer Support of Member Out-of-Pocket Costs:</b> Per revised 45 CFR §156.130(h), for plan years beginning on or after January 1, 2020, amounts paid toward cost sharing using any form of direct support offered by drug manufacturers to insured patients to reduce or eliminate immediate out-of-pocket costs for specific prescription brand drugs are permitted, but not required, to be counted toward the annual limitation on cost sharing. RCW 48.43.435 further outlines requirements for plans issued or renewed on or after January 1, 2024.  Indicate what you implemented related to these requirements and justify any impact to your rate development.	<b>LifeWise is not planning on implementing this option for 2026</b>	
<b>26</b>	<b>Financial Statement Analysis:</b>		
<b>a</b>	Reconcile to Additional Data Statement (ADS) for the year ending December 31, 2024: <ul style="list-style-type: none"> <li>For carriers not required to file an ADS, please respond "N/A." For ease of review for carriers who file an ADS, please include with the rate filing a copy of the ADS pages.</li> <li>For HMOs and HCSCs, show ADS amounts total revenues (line 7), total hospital and medical claims (line 17), and administrative expenses (line 19 + line 20).</li> <li>Please include a detailed list of adjustments required to reconcile between ADS amounts and amounts in the Summary of Pooled Experience in the WAC 284-43-6660 summary and in URRT Worksheet 1, Section I. Calculate the amount and percentage unreconciled, and explain any significant unreconciled amounts.</li> <li>Explain any difference in the projected risk adjustment amount included in the ADS premium amount versus the experience period risk adjustment amount entered in URRT Worksheet 1, Section I.</li> </ul>	<b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b>	<b>Appx 4.1, 4.1a</b>

## Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> <li>Also, compare the average monthly membership from the WAC 284-43-6660 summary's 2024 experience period with the average monthly membership calculated from the quarter ending enrollment listed in the ADS. Explain any significant differences.</li> </ul>		
<b>b</b>	<p>Months of surplus:</p> <p>For all issuers, please provide a calculation of your company's Months of Surplus using information in the 2024 annual statement and one of the following formulas, with one decimal place of accuracy.</p> <p><u>Health Statement</u>: Months of Surplus = [(Annual Statement Page 3, Line 33: Total capital and surplus) / (Page 4, Line 18: Total hospital and medical (Lines 16 minus 17))] * 12.</p> <p><u>Life Statement</u>: Months of Surplus = [(Annual Statement Page 3, Line 38: Total (Lines 29, 30, &amp; 37)) / (Page 4, Line 20: Total (Lines 10 to 19))] * 12.</p>	<b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b>	<b>Appx 4.2</b>
<b>27</b>	<p><b>Abortion Services for Which Public Funding is Prohibited:</b></p> <p>(see also #11.d &amp; #13 of this checklist)</p> <p>For Exchange filings, document the pricing per member per month (PMPM) for voluntary abortion services and the "EHB Percent of Total Premium" to be listed in the Plans &amp; Benefit Template (PBT) in the binder filing [45 CFR §156.280(e)(4)]. See also QHP Application Instructions for EHB Percent of Total Premium calculation guidance.</p> <p>Note: The Index Rates in URRT Worksheet 1, Section II must include allowed claims for abortion services even for Exchange plans. Voluntary abortion services are <u>only</u> considered a non-EHB for Exchange plans in the percentages listed in the PBT and in URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.5. Otherwise, the State of Washington considers voluntary abortion services as EHBs for Exchange plans. Additionally, non-Exchange plans will consistently consider voluntary abortion services as EHBs.</p>	<b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b>	<b>Appx 2.5</b>
<p><b>SEPARATE DOCUMENTS</b></p> <p>Address the following items together with other relevant items covered elsewhere in this checklist.</p>			
<b>28</b>	<p><b>Part I Unified Rate Review Template (URRT):</b></p> <p>Note: The various index rates (Index Rate, MAIR, etc.) in the URRT are the official amounts. For calculations in your supporting exhibits requiring one of these amounts, such as the Exchange User Fee</p>		

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<p>input for URRT Worksheet 1 Section II, please use and reference the applicable amount(s) calculated in the URRT.</p> <p>Please do not disable the macros in the Excel version of the URRT; please submit a macro-enabled URRT workbook.</p> <p>The URRT worksheets allow up to 16 characters including decimal places. Only apply rounding to amounts directly loaded into the URRT and only to the extent necessary to meet the 16-character limitation. Do not round any intermediate amounts.</p>		
a	<p><b>URRT Exchange User Fees:</b> (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"> <li>For issuers marketing both inside and outside the Exchange, confirm that the Exchange user fees, or Exchange assessment fees, are spread across the entire pool.</li> <li>For issuers only marketing inside the Exchange: The default expectation is that 100% of membership will be on the Exchange. If your project less than 100% Exchange membership, include an explanation in the Part III actuarial memorandum.</li> <li>Justify the Exchange User Fees' percentage load entered in URRT Worksheet 1, Section II. Compare the result against the required amount per member per month (PMPM). There should be a reasonable assumption for the distribution of enrollees inside and outside the Exchange.</li> <li>If any Exchange membership is projected for plan year 2026, please check that a nonzero dollar amount flows through to URRT Worksheet 1, Section II Exchange User Fees.</li> <li>Ensure the amount is adjusted to reflect an allowed dollar basis as discussed in #28.b of this checklist.</li> </ul>	<b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b>	<b>Appx 1.1 Note 1</b>
b	<p>URRT factor to toggle between worksheet 1 and worksheet 2 amounts for risk adjustment transfers and Exchange user fees: Justify the factor used to develop Risk Adjustment Payment/Charge and Exchange User Fees for URRT Worksheet 1, Section II. The adjustment should be the aggregate impact of the four plan factors from URRT Worksheet 2, Section III Plan Adjustment Factors (i.e., Fields 3.3, 3.4, 3.5, and 3.9). Later URRT steps</p>	<b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b>	<b>Appx 2.4</b>

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Line	Task	Issuer Response:	
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	apply the plan factors through multiplication; to neutralize the overall impact, URRT Worksheet 1 needs to divide by their aggregate impact.		
<b>c</b>	URRT Worksheet 1, Section II, 2026 versus 2025: Compare the projections in URRT Worksheet 1, Section II in this year's filing for 2026 versus those in last year's filing for 2025.	<b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b>	<b>Appx 1.1</b>
<b>d</b>	URRT Worksheet 2 terminated plan mapping: Document and justify URRT Worksheet 2 product and plan mapping for terminated plans, in accordance with the following: <ul style="list-style-type: none"> <li>For the inside Exchange plans and plans that are both inside and outside Exchange, follow the mapping information you (the issuer) provided to WAHBE and as required by 45 CFR §155.335(j).</li> <li>For the outside Exchange plans, follow your procedure as indicated in the letter(s) provided to the policyholder(s) and consistent with Uniform Product Modification Justification (UPMJ).</li> </ul> Note: each 2025 plan should map all members in the plan to the same 2026 plan. Respond "N/A" if no 2025 plans are terminating.	N/A	
<b>e</b>	URRT Worksheet 2, Section I, general product and plan information, Cumulative rate change % for composite plans: For any plan in URRT Worksheet 2 which is the composite of more than one plan in UPMJ Q5, include an exhibit detailing the calculation of the Cumulative Rate Change % (over 12 mos. prior) based on the overall average rate change by plan in UPMJ Q5. If there are no composite plan rate changes, respond as "N/A."	N/A	N/A
<b>f</b>	URRT Worksheet 2, Section IV Projected Plan Level Information Projected allowed claims, incurred claims & premiums: <ul style="list-style-type: none"> <li>Include an exhibit that calculates the projected dollar amounts by plan for URRT Worksheet 2, Section IV Projected Plan Level Information.</li> </ul>	<b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b>	<b>Appx 1.2</b>



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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> <li>For clarity, please also show calculations of the plan-specific and aggregate projected PMPM amounts for Fields 4.11 through 4.17.</li> <li>Aggregate amounts should reconcile as demonstrated in WA Exhibit 12; see instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.</li> </ul> <p>Note that although reconciliation is expected in aggregate, differences may be reasonable for specific plans.</p> <ul style="list-style-type: none"> <li>Note that the following results are expected: <ul style="list-style-type: none"> <li>The Total Allowed Claims PMPM in Field 4.11 should be consistent with the [Projected Index Rate] + [average PMPM of the CSR load (on an allowed basis)] + [average PMPM for non-EHB, excluding abortion services reported as non-EHB (on an allowed basis)].</li> <li>The Allowed Claims PMPM by plan in Field 4.11 should only differ from the Total Allowed Claims PMPM due to URRT Worksheet 2, Section III Plan Adjustment Factors, Fields 3.3 AV and Cost Sharing Design of Plan (a.k.a. Pricing AV), 3.4 Provider Network Adjustment, 3.5 Benefits in Addition to EHB, and 3.9 Catastrophic Adjustment.</li> </ul> </li> </ul>		
<b>g</b>	<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"> <li>Explain how member months were projected by plan.</li> <li>Explain how URRT membership projections align with 2026 company expectations for the product line.</li> <li>Justify any new or renewing plans with zero projected enrollment.</li> <li>If the opining actuary relied on membership projections from another area of your company, please indicate as such in the reliance section of the actuarial certification.</li> </ul>	<b>Part III Rate Filing Documentation and Actuarial Memorandum</b>	<b>Membership Projections</b>
<b>h</b>	<p>URRT projected PAIR versus premium PMPM:</p> <p>Compare the weighted-average Plan Adjusted Index Rate (PAIR; URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.10) to the aggregate premium PMPM projected in Field 4.17. Weight the PAIR amounts by projected member months. Explain any differences.</p>	<b>No difference</b>	

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
i	<p>URRT controlled group renewal clarification:</p> <p>Based on input from CMS/CCIIO, if you are an issuer renewing only one 2025 plan that will be offered by a health insurance issuer within your controlled group, please include the following (see also #30.b and #31.c of this checklist).</p> <p>If not applicable, indicate "N/A."</p> <p>In URRT Worksheet 2 Section I General Product and Plan Information and Section II Experience Period and Current Plan Level Information, for the current and new issuers:</p> <ul style="list-style-type: none"> <li>• The Plan Name (Field 1.3) and Plan ID (Field 1.4) will be unique to each issuer.</li> <li>• Indicate the plan as a renewing plan (Field 1.7).</li> <li>• Include the current rate from the current issuer (Field 2.11) in the new issuer's URRT.</li> <li>• Use the current rate in the calculation of the rate increase (Field 1.11) in the new issuer's URRT.</li> <li>• For consistency across the worksheets, only include experience in the current issuer's URRT Worksheets 1 and 2.</li> </ul>	N/A	
29	<p><b>Part II Written Description Justifying the Rate Increase:</b></p> <p>(a) Follow content guidance outlined in URR Instructions.</p> <p>(b) Include key drivers of the risk pool's rate increase as well as relevant plan details such as those described below.</p> <ul style="list-style-type: none"> <li>• 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 &amp; 4b.</li> <li>• 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.</li> <li>• Please also note the pool's projected profit &amp; risk load.</li> </ul>	Part II Written Description Justifying the Rate Increase	

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Line	Task	Issuer Response:	
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30	<b>Part III Actuarial Memorandum and Certification:</b> <ul style="list-style-type: none"> <li>Submit the actuarial memorandum exhibits in a separate Excel spreadsheet and corresponding PDF. Note: the PDF version of the actuarial memorandum exhibits can be submitted on the URRT tab rather than the Supporting Documentation tab in SERFF so that it will be uploaded to CMS. The Excel spreadsheet, however, must be submitted on the Supporting Documentation tab.</li> <li>Note: to reduce the review time required to sift through duplicate file versions, please do NOT submit additional complete copies of the URRT worksheets, the WAC 284-43-6660 summary, or the Rate Schedules with the actuarial memorandum exhibits.</li> <li>Note: The State of Washington requires that the redacted actuarial memorandum must match the unredacted actuarial memorandum.</li> </ul>		
	<b>a</b> Actuarial certification: Include an actuarial certification as prescribed in the Part III Actuarial Memorandum and Certification Instructions found in the URR Instructions. Include the signature date in the signatory block of the certification and update the date throughout the filing review season, as needed, if assumptions or rates change.	Part III Rate Filing Documentation and Actuarial Memorandum	Last page
	<b>b</b> Controlled group renewal clarification for Part III: Based on input from CMS/CCIIO, if you are an issuer renewing only one 2025 plan that will be offered by a health insurance issuer within your controlled group, please include the following (see also #28.i and #31.c of this checklist).  If not applicable, indicate "N/A."  In both the current and new issuers' Part III actuarial memorandums, add a crosswalk detailing the current and renewing plan information. Include: <ul style="list-style-type: none"> <li>The name of the current and new issuers offering the plan.</li> <li>A comparison of the 2025 and 2026 HIOS Plan IDs and plan names.</li> <li>A comparison of the 2025 counties in the service area for the renewing plan and the 2026 counties offered by the new issuer to demonstrate meeting the requirement to cover a majority of the same service area.</li> </ul>	N/A	

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Line	Task	Issuer Response:	
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	<ul style="list-style-type: none"> <li>Discuss the cost-share changes to the plan and confirm that the product network type and covered benefits remain the same.</li> </ul>		
<b>c</b>	<p>UPMJ versus URRT rate changes:</p> <p>Rate changes by plan in URRT Worksheet 2, Section I General Product and Plan Information, Field 1.11 should match rate changes by plan in UPMJ Q5. For clarity, discuss in the Part III actuarial memorandum the differences in the calculation of the official aggregate rate change in UPMJ Q5 and the rate change amounts in URRT Worksheet 2, Section I General Product and Plan Information, Fields 1.12 and 1.13.</p>	<b>Part III Rate Filing Documentation and Actuarial Memorandum</b>	<b>Rate Increase Summary: Proposed Rate Increase</b>
<b>31</b>	<p><b>Uniform Product Modification Justification (UPMJ):</b></p> <p>Review and follow the general instructions as well as the UPMJ instructions for each question. The UPMJ template can be found on the <a href="#">Washington State OIC website</a>.</p>		
<b>a</b>	<p>UPMJ Q4a &amp; 4b:</p> <ul style="list-style-type: none"> <li>For UPMJ Q4a, keep in mind that the content will ultimately be included in our decision memorandum that is posted for public consumption, so explain the cost-share changes as you would to an existing or prospective member.</li> <li>For each cost-share amount listed in UPMJ Q4a, include dollar, comma, and percent symbols as well as numeric amounts.</li> <li>Spell out the first occurrence of each acronym in Q4a and Q4b. For example, "Maximum Out-of-Pocket (MOOP)."</li> <li>Note: For plans that add or remove out-of-network (OON) coverage, the change should be listed as a member cost-share change rather than a benefit change.</li> </ul>	<b>UPMJ</b>	
<b>b</b>	<p>UPMJ Q5:</p> <p>(i) Column 5(d):</p> <ul style="list-style-type: none"> <li>Only include enrollment from renewing counties.</li> <li>If you are exiting any counties, please address the following: Since you are exiting counties, total enrollment in Q5 may not match the UPMJ Q1 total, so include an exhibit in the filing with current enrollment by plan split between renewing and</li> </ul>	<p><b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b></p> <p><b>UPMJ</b></p>	<b>Appx 1.3, Notes 1 and 2</b>

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<p>terminating counties. Note that UPMJ Q1 should include all enrollment before reductions for terminating counties.</p> <p>(ii) Display rate changes for every renewing and terminated plan, even if the 03/31/2025 enrollment is 0. A plan should only reflect 0.00% across columns 5(g), 5(h), 5(i), and 5(j) if there are no experience, benefit, and cost-share rate changes for the plan.</p> <p>(iii) Submit an exhibit supporting rate changes for each UPMJ Q5 column.</p> <ul style="list-style-type: none"> <li>• Ensure UPMJ Q5 rate changes are consistent with the benefit and cost-share changes in UPMJ Q4a and Q4b.</li> <li>• Justify each rate change by showing the calculation or explaining how the percentages were determined and ensure rate filing documents consistently support the rate changes.</li> <li>• Explain how plan-specific rate changes disregard the morbidity of the population expected to enroll in each plan.</li> <li>• Note that it is acceptable to back into column 5(g), Experience Rate Change for Plan, using justified amounts for 5(j), Overall Average Rate Change for Plan; 5(i), Cost-Share Rate Change for Plan; and 5(h), Benefit Rate Change for Plan.</li> <li>• Explain any large plan variations in 5(g), Experience Rate Change for Plan. We expect that there should be little variability due to the single risk pool requirement.</li> <li>• Specify the source of the 2025 and 2026 rates used to calculate the overall increase for each plan. The changes should be consistent with the changes to the Rate Schedule. They should be weighted by the plan's current enrollment distribution for age, geographic area, and tobacco status (see URR Instructions 2.2.1 and 4.3).</li> </ul>		
c	<p>Controlled group renewal clarification for UPMJ:</p> <p>Based on input from CMS/CCIIO, if you are an issuer renewing only one 2025 plan that will be offered by a health insurance issuer within your controlled group, please include the following (see also #28.i and #30.b of this checklist).</p> <p>If not applicable, indicate "N/A."</p> <ul style="list-style-type: none"> <li>• <i>Current issuer:</i> UPMJ Q4a and Q5 will be blank.</li> </ul>	N/A	

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> <li><i>New issuer:</i> UPMJ Q4a must include the benefit changes from the current issuer's plan to the new issuer's plan. Q5 should include a line with the new plan's rate change percentage with zero members.</li> </ul>		
<b>32</b>	<b>WAC 284-43-6660 summary:</b> Complete and submit the template "Format – Rates – WAC 284-43-6660 Summary Duplicate" provided on the <a href="#">Washington State OIC website</a> . See below for additional information.		
<b>a</b>	Proposed rate summary: <ul style="list-style-type: none"> <li>Proposed Community Rate must be consistent with the aggregate projected premium PMPM in URRT Worksheet 2, Section IV Projected Plan Level Information, Field 4.17.</li> <li>Percentage Change must be consistent with the overall average rate change in UPMJ Q5.</li> <li>Current Community Rate = (Proposed Community Rate) / (1 + Percentage Change).</li> </ul>	<b>WAC 284-43-6660</b>	
<b>b</b>	Components of proposed community rate: <ul style="list-style-type: none"> <li>Component (a) Claims should match (URRT Worksheet 2, Section IV Projected Plan Level Information, Field 4.15 Incurred Claims PMPM) minus (URRT Worksheet 2, Section IV Projected Plan Level Information, Field 4.16 Risk Adjustment Transfer Amount PMPM).</li> <li>Component (b) Expenses combined with component (d) Investment Earnings must be consistent with the combined values of (Exchange User Fees in URRT Worksheet 1, Section II) + (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.6 Administrative Expense) + (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.7 Taxes and Fees).</li> <li>Component (c) Contribution to Surplus Contingency Charges, or Risk Charges must be consistent with (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.8 Profit &amp; Risk Load).</li> <li>Total row (e) must match the Proposed Community Rate from #32.a above (i.e., Proposed rate summary) in the WAC 284-43-6660 summary.</li> </ul>	<b>WAC 284-43-6660</b>	
<b>c</b>	Trend factor summary: (see also #6.b of this checklist)	<b>Part III Rate Filing Documentation and Actuarial Memorandum</b>	<b>Projection Factors: Trend Factors</b>

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> <li>If the WAC 284-43-6660 summary shows the same trend for each type of service, please explain whether you expect any variation by type of service. If variation is expected, please explain the choice of a single trend factor for this summary.</li> <li>For plans with embedded dental (pediatric or adult), ensure the embedded dental trend is included in the Other trend category, and then add a note to the General Information section #5 that the embedded dental trend is included in the Other trend category. This is to be consistent with the URR Instructions, section 2.1.3.1.</li> </ul>		
d	General Information section #4: Respond with "See Rate Schedule."	WAC 284-43-6660	
33	<b>Benefit Components:</b> Provide a completed Benefit Components Speed-to-Market Tool. <ul style="list-style-type: none"> <li>The file "Format - Rates - 2026 Med Benefit Components" is provided on the <a href="#">Washington State OIC website</a>.</li> <li>The cost-shares for all embedded benefits, including pediatric dental, must have every different cost-share visible such as for different kinds of pediatric dental care (e.g., cleaning versus extensive surgeries, or as preventive, basic, major services), if applicable.</li> <li>Note: the information you provide in this file should be consistent with the other documents in your binder, rate, and form filings (e.g., PBT, AVC Screenshots, MH/SUD Certification).</li> <li>Include the benefit components for the Exchange silver plan CSR variations.</li> <li>The plans should indicate integrated or separate medical and drug deductibles consistent with the AVC screenshots (see also #9 of this checklist).</li> </ul>	Benefit Components	

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
<b>34</b>	<b>Mental Health and Substance Use Disorder (MH/SUD) Financial Requirement Parity:</b>		
<b>a</b>	<p>MH/SUD financial requirement parity certification: Complete the "Mental Health and Substance Use Disorder Financial Requirement Parity Certification" Speed-to-Market Tool.</p> <p>See file "Certification – Rates – 2026 Mental Health and Substance Use Disorder Financial Req Parity" on the <a href="#">Washington State OIC website</a>.</p>	<b>MH Parity</b>	
<b>b</b>	<p>MH/SUD parity calculations: Complete an MH/SUD Parity Speed-to-Market Tool that documents MHSUD financial requirement parity testing calculations.</p> <p>See file template "Certification - Rates - 2026 Mental Health and Substance Use Disorder Financial Req Parity Calculations" on the <a href="#">Washington State OIC website</a>.</p> <ul style="list-style-type: none"> <li>• In the Mapping Information and each MHSUD Parity Testing Worksheet, please use the same benefit descriptions listed (both EHB and non-EHB) in the Benefit Components. The list should include all benefits, including inpatient, emergency care and prescription drugs.</li> <li>• Carriers must either test all outpatient services in one category or test both outpatient office visits and all other outpatient services separately.</li> <li>• Categories can be split in some cases if, for example, you want to split services between office visits and all other outpatient services. If you combine categories, indicate in the notes which categories are included. For example, a therapies category in the testing can combine rehabilitative speech therapy and rehabilitative occupational and physical therapies from the Benefit Components.</li> <li>• For easy comparison, enter the plans in the same order and use the same tab names in the MHSUD Parity and Benefit Components workbooks. It would also be helpful if the Service Descriptions in the worksheets are in the same order as the Benefit Components.</li> <li>• Plan projected allowed amounts should be annual dollar amounts which reflect a reasonable projected dollar amount [WAC 284-43-7040(1)(c)(ii)] as attested to in the MH/SUD Financial Requirement Parity Certification (section II.B.2). The amounts should be consistent with the allowed claims projected in URRT Worksheet 2, Section IV Projected Plan Level Information.</li> </ul>	<b>MH Parity</b>	



Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> <li>The cost-shares for all embedded benefits, including dental and vision, must have every different cost-share visible, such as for different kinds of pediatric dental care, in the list of medical/surgical benefits.</li> <li>Include the parity calculations for the Exchange silver plan CSR variations.</li> <li>As noted in WAC 284-43-7020(5)(a), a plan or issuer must treat the least restrictive level of the financial requirement limitation that applies to at least two-thirds of medical/surgical benefits across all provider tiers in a classification as the predominant level that it may apply to mental health or substance use disorder benefits in the same classification.</li> </ul> <p>In the case of multiple cost shares across provider tiers, we recommend demonstrating parity by comparing each tier's MH/SUD cost shares versus the least restrictive level of medical/surgical benefit cost shares across all provider tiers in the classification.</p>		
35	<p><b>Commission Certification:</b> (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><a href="https://www.cms.gov/files/document/agent-broker-compensation-and-guaranteed-availability-coverage.pdf?utm_content=&amp;utm_medium=email&amp;utm_name=&amp;utm_source=govdelivery&amp;utm_term=">https://www.cms.gov/files/document/agent-broker-compensation-and-guaranteed-availability-coverage.pdf?utm_content=&amp;utm_medium=email&amp;utm_name=&amp;utm_source=govdelivery&amp;utm_term=</a></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>	LifeWise Compensation Table 2026	

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
36	<b>Rate Schedule:</b> Provide a complete rate schedule using the " <a href="#">Format - Rates - 2026 Individual Non-grandfathered Health Plan Rate Schedule template</a> ." Be mindful of the following: <ul style="list-style-type: none"> <li>• Use the most current version of the template.</li> <li>• The 1.0000 premium rates (age factor 1.0000 such as for age 21; tobacco factor 1.0000 for non-smoker; area factor 1.0000) should be consistent with the Calibrated Plan Adjusted Index Rate (CPAIR) amounts in URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.14. (see also #11.g of this checklist)</li> <li>• Submit on the Rate/Rule Schedule tab in SERFF.</li> </ul>	Rate Schedule	
37	<b>Rate Example:</b> Submit a rate calculation example on the Rate/Rule Schedule tab in SERFF. Address the following: <ul style="list-style-type: none"> <li>• Use the rates in the Rate Schedule.</li> <li>• Include a statement that rates are charged to no more than the three <b>oldest</b> covered children under 21 for family coverage [45 CFR §147.102(c)(1)].</li> <li>• If your premium rates adjust for tobacco use, please include in the example at least one family member who uses tobacco and would then be subject to the adjustment.</li> </ul>	Illustrative Example of Premium Rate Calculation	
38	<b>Requirements for Mitigating Inequity in the Health Insurance Market [WAC 284-43-6590]:</b> If applicable, submit a separate certification detailing the calculation of a fee for excluding any benefit mandated or required by Title 48 RCW or rules adopted by the commissioner. A member of the American Academy of Actuaries (MAAA) must sign the certification. (see also #21.a of this checklist)	N/A	

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
39	<p><b>Use of Artificial Intelligence, Machine Learning, and/or Predictive Modeling:</b></p> <p>In preparing assumptions and premium rates for this rate filing, did your company rely on artificial intelligence techniques, machine learning techniques, and/or other predictive modeling methods? Please explain any such reliance including the models and where the results applied to the rate filing. Please explain how your actuary fulfilled professionalism requirements including those in the Code of Professional Conduct and Actuarial Standards of Practice (ASOPs), such as ASOP No. 56, <i>Modeling</i>. Include comments about how you evaluated results for reasonableness.</p> <p>Consider, for example, the September 2024 professionalism discussion paper, "Actuarial Professionalism Considerations for Generative AI," published by the American Academy of Actuaries.</p>	No AI, Machine Learning and/or Predictive Modeling methods were relied on and applied in this filing.	
40	<p><b>1332 waiver checklist:</b></p> <p>Complete and submit the file "<a href="#">Checklist – Rates – 2026 Individual Supplemental Checklist for 1332 Waiver Reporting</a>."</p>	1332 Waiver Checklist	

Benefit Components

Worksheet  
Controls

Company: LifeWise Health Plan of WashingtonMarket: IndividualPlan Year: 2025

Section 1: Plan Information

Line 1.1HIOS Plan ID38498WA0320001

Line 1.2Plan NameLifeWise Essential Gold

Line 1.3Metal LevelGold

Line 1.4Cost-Share Reduction (CSR) Plan?

Line 1.5Exchange StatusOn Exchange

Line 1.6New or RenewingRenewing

Section 2: Plan Design Information

Line 2.1Unique Plan DesignYes

Line 2.2Use Integrated Medical & Drug Deductible?Yes

Line 2.3Apply Inpatient Copay per Day?No

Line 2.4Apply Skilled Nursing Facility Copay per Day?No

Line 2.5Separate MOOP for Medical & Drug Spending?

Line 2.6Maximum Number of Days for Charging an IP CopayN/A

Line 2.7Begin Primary Care Cost-Sharing After a Set Number of VisitsN/A

Line 2.8Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?N/A

Line 2.9HSA Plan?No

Line 2.10HSA Employer Contribution Amount

Line 2.11Different Cost-Sharing for Virtual vs Non-Virtual Care?No

Line 2.12Pediatric Dental Embedded?No

Line 2.13Includes Non-EHBs?No

Section 3: Network and Tier Information

Line 3.1Network TypeEPO

Line 3.2Network NameLifeWise Primary

Line 3.3In-Network Tiers (P)1

Line 3.4Tier 1 Utilization100.00%

Line 3.5Tier 2 Utilization

Line 3.6Tier 3 Utilization

Line 3.7Out-of-Network Benefits?No

Section 4: Cost-Share Designs

Line 4.1In-Network Tier 1:In Network

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$400	
Default Coinsurance			30%	
MOOP			\$7,600	

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	\$ 60	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits		No	\$ 60	Before and After Deductible	No					
Mental Health & Substance Use Disorder All Other OP Services		Yes				30%	After Deductible			
Imaging (CT/PET Scans, MRIs)		Yes				30%	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				30%	After Deductible			
X-rays and Diagnostic Imaging		Yes				30%	After Deductible			
Skilled Nursing Facility		Yes				30%	After Deductible			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Yes				30%	After Deductible			
Outpatient Surgery Physician/Surgical Services		Yes				30%	After Deductible			
Urgent Care		No	\$ 60	Before and After Deductible	No	30%	After Deductible			
Emergency Transportation		Yes								
Other EHB Categories										
Chiro/Acupuncture		No	\$ 60	Before and After Deductible	No					
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$ 10	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		Yes				30%	After Deductible			
Non-Preferred Brand Drugs (Tier 3)		Yes				40%	After Deductible			
Specialty Drugs (Tier 4)		Yes				50%	After Deductible			

Notes

Version 3.2

Benefit Components

Worksheet  
Controls

Company: LifeWise Health Plan of WashingtonMarket: IndividualPlan Year: 2025

Section 1: Plan Information

Line 1.1HIOS Plan ID38498WA0320003

Line 1.2Plan NameLifeWise Essential Bronze

Line 1.3Metal LevelExpanded Bronze

Line 1.4Cost-Share Reduction (CSR) Plan?1

Line 1.5Exchange StatusOn Exchange

Line 1.6New or RenewingRenewing

Section 2: Plan Design Information

Line 2.1Unique Plan DesignYes

Line 2.2Use Integrated Medical & Drug Deductible?Yes

Line 2.3Apply Inpatient Copay per Day?No

Line 2.4Apply Skilled Nursing Facility Copay per Day?No

Line 2.5Separate MOOP for Medical & Drug Spending?N/A

Line 2.6Maximum Number of Days for Charging an IP CopayN/A

Line 2.7Begin Primary Care Cost-Sharing After a Set Number of VisitsN/A

Line 2.8Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?N/A

Line 2.9HSA Plan?No

Line 2.10HSA Employer Contribution AmountNo

Line 2.11Different Cost-Sharing for Virtual vs Non-Virtual Care?No

Line 2.12Pediatric Dental Embedded?No

Line 2.13Includes Non-EHBs?No

Section 3: Network and Tier Information

Line 3.1Network TypeEPO

Line 3.2Network NameLifeWise Primary

Line 3.3In-Network Tiers (P)1

Line 3.4Tier 1 Utilization100.00%

Line 3.5Tier 2 Utilization

Line 3.6Tier 3 Utilization

Line 3.7Out-of-Network Benefits?No

Section 4: Cost-Share Designs

Line 4.1In-Network Tier 1:In Network

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$5,100	
Default Coinsurance			35%	
MOOP			\$9,200	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Amount	Copays		Coinsurance		Comments	Errors/Warnings	
				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	\$ 50	Before and After Deductible	No					
Specialist Visit		Yes	\$ 110	After Deductible						
Mental Health & Substance Use Disorder Office Visits		No	\$ 75	Before and After Deductible	No					
Mental Health & Substance Use Disorder All Other OP Services		Yes				35%	After Deductible			
Imaging (CT/PET Scans, MRIs)		Yes				35%	After Deductible			
Rehabilitative Speech Therapy		Yes				35%	After Deductible			
Rehabilitative Occupational and Rehabilitative Physical Therapy		Yes				35%	After Deductible			
Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services		Yes				35%	After Deductible			
X-rays and Diagnostic Imaging		Yes				35%	After Deductible			
Skilled Nursing Facility		Yes				35%	After Deductible			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Yes				35%	After Deductible			
Outpatient Surgery Physician/Surgical Services		Yes				35%	After Deductible			
Urgent Care		Yes	\$ 110	After Deductible		35%	After Deductible			
Emergency Transportation		Yes								
Other EHB Categories										
Chiro/Acupuncture		Yes	\$ 110	After Deductible						
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$ 35	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		Yes				35%	After Deductible			
Non-Preferred Brand Drugs (Tier 3)		Yes				40%	After Deductible			
Specialty Drugs (Tier 4)		Yes				50%	After Deductible			

Notes

Version 3.2

Benefit Components

Worksheet  
Controls

Company: LifeWise Health Plan of WashingtonMarket: IndividualPlan Year: 2025

Section 1: Plan Information

Line 1.1HIOS Plan ID38498WA0320004

Line 1.2Plan NameLifeWise Essential Silver

Line 1.3Metal LevelSilver

Line 1.4Cost-Share Reduction (CSR) Plan?No

Line 1.5Exchange StatusOn Exchange

Line 1.6New or RenewingRenewing

Section 2: Plan Design Information

Line 2.1Unique Plan DesignYes

Line 2.2Use Integrated Medical & Drug Deductible?Yes

Line 2.3Apply Inpatient Copay per Day?No

Line 2.4Apply Skilled Nursing Facility Copay per Day?No

Line 2.5Separate MOOP for Medical & Drug Spending?N/A

Line 2.6Maximum Number of Days for Charging an IP CopayN/A

Line 2.7Begin Primary Care Cost-Sharing After a Set Number of VisitsN/A

Line 2.8Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?N/A

Line 2.9HSA Plan?No

Line 2.10HSA Employer Contribution AmountNo

Line 2.11Different Cost-Sharing for Virtual vs Non-Virtual Care?No

Line 2.12Pediatric Dental Embedded?No

Line 2.13Includes Non-EHBs?No

Section 3: Network and Tier Information

Line 3.1Network TypeEPO

Line 3.2Network NameLifeWise Primary

Line 3.3In-Network Tiers (P)1

Line 3.4Tier 1 Utilization100.00%

Line 3.5Tier 2 Utilization

Line 3.6Tier 3 Utilization

Line 3.7Out-of-Network Benefits?No

Section 4: Cost-Share Designs

Line 4.1In-Network Tier 1:In Network

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$1,000	
Default Coinsurance			30%	
MOOP			\$8,375	

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	\$ 25	Before and After Deductible	No					
Specialist Visit		No	\$ 60	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits		No	\$ 60	Before and After Deductible	No					
Mental Health & Substance Use Disorder All Other OP Services		Yes				30%	After Deductible			
Imaging (CT/PET Scans, MRIs)		Yes				30%	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				30%	After Deductible			
X-rays and Diagnostic Imaging		Yes				30%	After Deductible			
Skilled Nursing Facility		Yes				30%	After Deductible			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Yes				30%	After Deductible			
Outpatient Surgery Physician/Surgical Services		Yes				30%	After Deductible			
Urgent Care		No	\$ 60	Before and After Deductible	No	30%	After Deductible			
Emergency Transportation		Yes								
Other EHB Categories										
Chiro/Acupuncture		No	\$ 60	Before and After Deductible	No					
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$ 20	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		Yes				30%	After Deductible			
Non-Preferred Brand Drugs (Tier 3)		Yes				40%	After Deductible			
Specialty Drugs (Tier 4)		Yes				50%	After Deductible			

Notes

Version 3.2

Benefit Components

Company: LifeWise Health Plan of Washington Market: Individual Plan Year: 2025

Section 1: Plan Information

Line 1.1	HIOS Plan ID	38498WA0320004	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	LifeWise Essential 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?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	LifeWise Primary
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$1,000	
Default Coinsurance			30%	
MOOP			\$7,100	

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				30%	After Deductible			
Inpatient Hospital Services (e.g., Hospital Stay)		Yes				30%	After Deductible			
Primary Care Visit to Treat an Injury or Illness		No	\$ 25	Before and After Deductible	No					
Specialist Visit		No	\$ 60	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits		No	\$ 60	Before and After Deductible	No					
Mental Health & Substance Use Disorder All Other OP Services		Yes				30%	After Deductible			
Imaging (CT/PET Scans, MRIs)		Yes				30%	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				30%	After Deductible			
X-rays and Diagnostic Imaging		Yes				30%	After Deductible			
Skilled Nursing Facility		Yes				30%	After Deductible			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Yes				30%	After Deductible			
Outpatient Surgery Physician/Surgical Services		Yes				30%	After Deductible			
Urgent Care		No	\$ 60	Before and After Deductible	No	30%	After Deductible			
Emergency Transportation		Yes								
Other EHB Categories										
Chiro/Acupuncture		No	\$ 60	Before and After Deductible	No					
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$ 15	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		Yes				30%	After Deductible			
Non-Preferred Brand Drugs (Tier 3)		Yes				40%	After Deductible			
Specialty Drugs (Tier 4)		Yes				50%	After Deductible			

Notes

Benefit Components

Worksheet  
Controls

Company: LifeWise Health Plan of WashingtonMarket: IndividualPlan Year: 2025

Section 1: Plan Information

Line 1.1HIOS Plan ID38498WA0320004

Line 1.2Plan NameLifeWise Essential Silver

Section 2: Plan Design Information

Line 2.1Unique Plan DesignYes

Line 2.2Use Integrated Medical & Drug Deductible?Yes

Line 2.3Apply Inpatient Copay per Day?No

Line 2.4Apply Skilled Nursing Facility Copay per Day?No

Line 2.5Separate MOOP for Medical & Drug Spending?N/A

Line 2.6Maximum Number of Days for Charging an IP CopayN/A

Line 2.7Begin Primary Care Cost-Sharing After a Set Number of VisitsN/A

Line 2.8Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?N/A

Line 2.9HSA Plan?No

Line 2.10HSA Employer Contribution AmountNo

Line 2.11Different Cost-Sharing for Virtual vs Non-Virtual Care?No

Line 2.12Pediatric Dental Embedded?No

Line 2.13Includes Non-EHBs?No

Section 3: Network and Tier Information

Line 1.3Metal LevelSilver

Line 1.4Cost-Share Reduction (CSR) Plan?87% AV Level Silver Plan

Line 1.5Exchange StatusOn Exchange

Line 1.6New or RenewingRenewing

Line 3.1Network TypeEPO

Line 3.2Network NameLifeWise Primary

Line 3.3In-Network Tiers (P)1

Line 3.4Tier 1 Utilization100.00%

Line 3.5Tier 2 Utilization

Line 3.6Tier 3 Utilization

Line 3.7Out-of-Network Benefits?No

Section 4: Cost-Share Designs

Line 4.1In-Network Tier 1:In Network

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$ 700	
Default Coinsurance			30%	
MOOP			\$2,500	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays		Coinsurance		Comments	Errors/Warnings		
			Amount	Applies	Amount	Applies				
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	\$ 15	Before and After Deductible	No					
Specialist Visit		No	\$ 45	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits		No	\$ 45	Before and After Deductible	No					
Mental Health & Substance Use Disorder All Other OP Services		Yes			30%	After Deductible				
Imaging (CT/PET Scans, MRIs)		Yes			30%	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			30%	After Deductible				
X-rays and Diagnostic Imaging		Yes			30%	After Deductible				
Skilled Nursing Facility		Yes			30%	After Deductible				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Yes			30%	After Deductible				
Outpatient Surgery Physician/Surgical Services		Yes			30%	After Deductible				
Urgent Care		No	\$ 45	Before and After Deductible	No					
Emergency Transportation		Yes			30%	After Deductible				
Other EHB Categories										
Chiro/Acupuncture		No	\$ 45	Before and After Deductible	No					
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$ 10	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		Yes				30%	After Deductible			
Non-Preferred Brand Drugs (Tier 3)		Yes				40%	After Deductible			
Specialty Drugs (Tier 4)		Yes				50%	After Deductible			

Notes



Benefit Components

Worksheet  
Controls

Company: LifeWise Health Plan of WashingtonMarket: IndividualPlan Year: 2025

Section 1: Plan Information

Line 1.1HIOS Plan ID38498WA0320004

Line 1.2Plan NameLifeWise Essential Silver

Section 2: Plan Design Information

Line 2.1Unique Plan DesignYes

Line 2.2Use Integrated Medical & Drug Deductible?Yes

Line 2.3Apply Inpatient Copay per Day?No

Line 2.4Apply Skilled Nursing Facility Copay per Day?No

Line 2.5Separate MOOP for Medical & Drug Spending?N/A

Line 2.6Maximum Number of Days for Charging an IP CopayN/A

Line 2.7Begin Primary Care Cost-Sharing After a Set Number of VisitsN/A

Line 2.8Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?N/A

Line 2.9HSA Plan?No

Line 2.10HSA Employer Contribution AmountNo

Line 2.11Different Cost-Sharing for Virtual vs Non-Virtual Care?No

Line 2.12Pediatric Dental Embedded?No

Line 2.13Includes Non-EHBs?No

Section 3: Network and Tier Information

Line 1.3Metal LevelSilver

Line 1.4Cost-Share Reduction (CSR) Plan?94% AV Level Silver Plan

Line 1.5Exchange StatusOn Exchange

Line 1.6New or RenewingRenewing

Line 3.1Network TypeEPO

Line 3.2Network NameLifeWise Primary

Line 3.3In-Network Tiers (P)1

Line 3.4Tier 1 Utilization100.00%

Line 3.5Tier 2 Utilization

Line 3.6Tier 3 Utilization

Line 3.7Out-of-Network Benefits?No

Section 4: Cost-Share Designs

Line 4.1In-Network Tier 1:In Network

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$ 100	
Default Coinsurance			30%	
MOOP			\$1,000	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Amount	Copays		Coinsurance		Comments	Errors/Warnings	
				Applies	Accrues toward Deductible?	Amount	Applies			Accrues toward Deductible?
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	\$ 25	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits		No	\$ 25	Before and After Deductible	No					
Mental Health & Substance Use Disorder All Other OP Services		Yes				30%	After Deductible			
Imaging (CT/PET Scans, MRIs)		Yes				30%	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				30%	After Deductible			
X-rays and Diagnostic Imaging		Yes				30%	After Deductible			
Skilled Nursing Facility		Yes				30%	After Deductible			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Yes				30%	After Deductible			
Outpatient Surgery Physician/Surgical Services		Yes				30%	After Deductible			
Urgent Care		No	\$ 25	Before and After Deductible	No	30%	After Deductible			
Emergency Transportation		Yes								
Other EHB Categories										
Chiro/Acupuncture		No	\$ 25	Before and After Deductible	No					
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$ 5	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		Yes				30%	After Deductible			
Non-Preferred Brand Drugs (Tier 3)		Yes				40%	After Deductible			
Specialty Drugs (Tier 4)		Yes				50%	After Deductible			

Notes

Benefit Components

Company: LifeWise Health Plan of Washington Market: Individual Plan Year: 2025

Section 1: Plan Information

Line 1.1	HIOS Plan ID	38498WA0320010	Line 1.3	Metal Level	Gold	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	LifeWise Cascade Complete Gold	Line 1.4	Cost-Share Reduction (CSR) Plan?		Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	No
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charging an IP Copay	5
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	LifeWise Primary
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1 In-Network Tier 1: In Network

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$1,000	
Default Coinsurance			20%	
MOOP			\$7,000	

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	\$ 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										
Chiro/Acupuncture		No	\$ 15	Before and After Deductible	No					
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$ 10	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		No	\$ 60	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3)		No	\$ 100	Before and After Deductible	No					
Specialty Drugs (Tier 4)		No	\$ 100	Before and After Deductible	No					

Notes

Benefit Components

Company: LifeWise Health Plan of Washington Market: Individual Plan Year: 2025

Section 1: Plan Information

Line 1.1	HIOS Plan ID	38498WA0320011	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	LifeWise 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?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	LifeWise Primary
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1 In-Network Tier 1: In Network

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$2,500	
Default Coinsurance			30%	
MOOP			\$9,750	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services	No	Yes	\$ 800	After Deductible						
Inpatient Hospital Services (e.g., Hospital Stay)	No	Yes	\$ 800	After Deductible						
Primary Care Visit to Treat an Injury or Illness	Yes	No	\$ 20	Before and After Deductible	No				Note 1	
Specialist Visit	No	No	\$ 65	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits	Yes	No	\$ 20	Before and After Deductible	No				Note 1	
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	\$ 55	Before and After Deductible	No					
Emergency Transportation	No	No	\$ 375	Before and After Deductible	No					
Other EHB Categories										
Chiro/Acupuncture	No	No	\$ 20	Before and After Deductible	No					
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)										
Generic Drugs (Tier 1)		No	\$ 25	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		No	\$ 75	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3)		Yes	\$ 250	After Deductible						
Specialty Drugs (Tier 4)		Yes	\$ 250	After Deductible						

Notes  
Note 1 The first two Primary Care Visit and Mental Health Office Visits are subjected to \$1 copay

Benefit Components

Worksheet  
Controls

Company: LifeWise Health Plan of Washington

Market: Individual

Plan Year: 2025

Section 1: Plan Information

Line 1.1	HIOS Plan ID	38498WA0320011	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	LifeWise 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?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	LifeWise Primary
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$2,500	
Default Coinsurance			30%	
MOOP			\$7,950	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services	No	Yes	\$ 800	After Deductible						
Inpatient Hospital Services (e.g., Hospital Stay)	No	Yes	\$ 800	After Deductible						
Primary Care Visit to Treat an Injury or Illness	Yes	No	\$ 20	Before and After Deductible	No				Note 1	
Specialist Visit	No	No	\$ 65	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits	Yes	No	\$ 20	Before and After Deductible	No				Note 1	
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	\$ 55	Before and After Deductible	No					
Emergency Transportation	No	No	\$ 325	Before and After Deductible	No					
Other EHB Categories										
Chiro/Acupuncture	No	No	\$ 20	Before and After Deductible	No					
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)										
Generic Drugs (Tier 1)		No	\$ 24	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		No	\$ 75	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3)		Yes	\$ 250	After Deductible						
Specialty Drugs (Tier 4)		Yes	\$ 250	After Deductible						

Notes

Note 1 The first two Primary Care Visit and Mental Health Office Visits are subjected to \$1 copay

Benefit Components

Company: LifeWise Health Plan of Washington      Market: Individual      Plan Year: 2025

Section 1: Plan Information

Line 1.1	HIOS Plan ID	38498WA0320011	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	LifeWise 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?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	LifeWise Primary
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1 In-Network Tier 1: In Network

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$1750	
Default Coinsurance			20%	
MOOP			\$2,850	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services	No	Yes	\$ 425	After Deductible						
Inpatient Hospital Services (e.g., Hospital Stay)	No	Yes	\$ 425	After Deductible						
Primary Care Visit to Treat an Injury or Illness	Yes	No	\$ 5	Before and After Deductible	No				Note 1	
Specialist Visit	No	No	\$ 30	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits	Yes	No	\$ 5	Before and After Deductible	No				Note 1	
Mental Health & Substance Use Disorder All Other OP Services	No	No	\$ 10	Before and After Deductible	No					
Imaging (CT/PET Scans, MRIs)	No	Yes				20%	After Deductible			
Rehabilitative Speech Therapy	No	No	\$ 20	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	No	\$ 20	Before and After Deductible	No					
Preventive Care/Screening/Immunization	No	No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services	No	No	\$ 20	Before and After Deductible	No					
X-rays and Diagnostic Imaging	No	No	\$ 40	Before and After Deductible	No					
Skilled Nursing Facility	No	Yes	\$ 425	After Deductible						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	No	Yes	\$ 325	After Deductible						
Outpatient Surgery Physician/Surgical Services	No	Yes	\$ 120	After Deductible						
Urgent Care	No	No	\$ 30	Before and After Deductible	No					
Emergency Transportation	No	No	\$ 175	Before and After Deductible	No					
Other EHB Categories										
Chiro/Acupuncture	No	No	\$ 5	Before and After Deductible	No					
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)										
Generic Drugs (Tier 1)		No	\$ 12	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		No	\$ 35	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3)		No	\$ 160	Before and After Deductible	No					
Specialty Drugs (Tier 4)		No	\$ 160	Before and After Deductible	No					

Notes  
Note 1 The first two Primary Care Visit and Mental Health Office Visits are subjected to \$1 copay

Benefit Components

Worksheet  
Controls

Company: LifeWise Health Plan of Washington

Market: Individual

Plan Year: 2025

Section 1: Plan Information

Line 1.1	HIOS Plan ID	38498WA0320011	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	LifeWise 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	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	LifeWise Primary
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$0	
Default Coinsurance			15%	
MOOP			\$2,400	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services		No	\$	150	Before and After Deductible	No				
Inpatient Hospital Services (e.g., Hospital Stay)		No	\$	100	Before and After Deductible	No				
Primary Care Visit to Treat an Injury or Illness		No	\$	1	Before and After Deductible	No				
Specialist Visit		No	\$	15	Before and After Deductible	No				
Mental Health & Substance Use Disorder Office Visits		No	\$	1	Before and After Deductible	No				
Mental Health & Substance Use Disorder All Other OP Services		No	\$	5	Before and After Deductible	No				
Imaging (CT/PET Scans, MRIs)		No				15%	Before and After Deductible	No		
Rehabilitative Speech Therapy		No	\$	5	Before and After Deductible	No				
Rehabilitative Occupational and Rehabilitative Physical Therapy		No	\$	5	Before and After Deductible	No				
Preventive Care/Screening/Immunization		No	\$	-	Before and After Deductible	No				
Laboratory Outpatient and Professional Services		No	\$	5	Before and After Deductible	No				
X-rays and Diagnostic Imaging		No	\$	15	Before and After Deductible	No				
Skilled Nursing Facility		No	\$	100	Before and After Deductible	No				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		No	\$	100	Before and After Deductible	No				
Outpatient Surgery Physician/Surgical Services		No	\$	25	Before and After Deductible	No				
Urgent Care		No	\$	15	Before and After Deductible	No				
Emergency Transportation		No	\$	75	Before and After Deductible	No				
Other EHB Categories										
Chiro/Acupuncture		No	\$	1	Before and After Deductible	No				
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$	5	Before and After Deductible	No				
Preferred Brand Drugs (Tier 2)		No	\$	15	Before and After Deductible	No				
Non-Preferred Brand Drugs (Tier 3)		No	\$	35	Before and After Deductible	No				
Specialty Drugs (Tier 4)		No	\$	35	Before and After Deductible	No				

Notes

Benefit Components

Worksheet  
Controls

Company: LifeWise Health Plan of Washington

Market: Individual

Plan Year: 2025

Section 1: Plan Information

Line 1.1	HIOS Plan ID	38498WA0320012	Line 1.3	Metal Level	Expanded Bronze	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	LifeWise 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?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	LifeWise Primary
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$5,000	
Default Coinsurance			40%	
MOOP			\$10,150	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Amount	Copays		Coinsurance			Comments	Errors/Warnings
				Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency/Room Services	No	Yes				40%	After Deductible			
Inpatient Hospital Services (e.g. Hospital Stay)	No	Yes				40%	After Deductible			
Primary Care Visit to Treat an Injury or Illness	Yes	No	\$ 40	Before and After Deductible	No				Note 1	
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 1	
Mental Health & Substance Use Disorder All Other OP Services	No	Yes				40%	After Deductible			
Imaging (CT/PET Scans, MRI)	No	Yes				40%	After Deductible			
Rehabilitative Speech Therapy	No	Yes				40%	After Deductible			
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	Yes				40%	After Deductible			
Preventive Care/Screening/Immunization	No	No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services	No	Yes				40%	After Deductible			
X-rays and Diagnostic Imaging	No	Yes				40%	After Deductible			
Skilled Nursing Facility	No	Yes				40%	After Deductible			
Outpatient Facility Fee (e.g. Ambulatory Surgery Center)	No	Yes				40%	After Deductible			
Outpatient Surgery Physician/Surgical Services	No	Yes				40%	After Deductible			
Urgent Care	No	No	\$ 100	Before and After Deductible	No	40%	After Deductible			
Emergency Transportation	No	Yes								
Other EHB Categories										
Chiro/Acupuncture	No	No	\$ 40	Before and After Deductible	No					
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)										
Generic Drugs (Tier 1)		No	\$ 32	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		Yes				40%	After Deductible			
Non-Preferred Brand Drugs (Tier 3)		Yes				40%	After Deductible			
Specialty Drugs (Tier 4)		Yes				40%	After Deductible			

Notes

Note 1 The first two Primary Care Visit and Mental Health Office Visits are subjected to \$1 copay

Benefit Components

Company: LifeWise Health Plan of Washington      Market: Individual      Plan Year: 2025

Section 1: Plan Information

Line 1.1	HIOS Plan ID	38488WA0320013 LifeWise Cascade Select Complete Gold	Line 1.3	Metal Level	Gold	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name		Line 1.4	Cost-Share Reduction (CSR) Plan?		Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	No
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charging an IP Copay	5
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	LifeWise Alpine
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1 In-Network Tier 1: In Network

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$1,000	
Default Coinsurance			20%	
MOOP			\$7,000	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services		Yes	\$ 450	After Deductible						
Inpatient Hospital Services (e.g. Hospital Stay)		No	\$ 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	No					
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										
Chiro/Acupuncture		No	\$ 15	Before and After Deductible	No					
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$ 10	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		No	\$ 60	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3)		No	\$ 100	Before and After Deductible	No					
Specialty Drugs (Tier 4)		No	\$ 100	Before and After Deductible	No					

Notes



Benefit Components

Company: LifeWise Health Plan of Washington Market: Individual Plan Year: 2025

Section 1: Plan Information

Line 1.1	HIOS Plan ID	38498WA0320014	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	LifeWise Cascade Select Silver	Line 1.4	Cost-Share Reduction (CSR) Plan?	No	Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charging an IP Copay	5
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	2
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	LifeWise Alpine
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$2,500	
Default Coinsurance			30%	
MOOP			\$9,750	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services	No	Yes	\$ 800	After Deductible						
Inpatient Hospital Services (e.g., Hospital Stay)	No	Yes	\$ 800	After Deductible						
Primary Care Visit to Treat an Injury or Illness	Yes	No	\$ 20	Before and After Deductible	No				Note 1	
Specialist Visit	No	No	\$ 65	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits	Yes	No	\$ 20	Before and After Deductible	No				Note 1	
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	\$ 55	Before and After Deductible	No					
Emergency Transportation	No	No	\$ 375	Before and After Deductible	No					
Other EHB Categories										
Chiro/Acupuncture	No	No	\$ 20	Before and After Deductible	No					
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)										
Generic Drugs (Tier 1)		No	\$ 25	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		No	\$ 75	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3)		Yes	\$ 250	After Deductible						
Specialty Drugs (Tier 4)		Yes	\$ 250	After Deductible						

Notes  
Note 1 The first two Primary Care Visit and Mental Health Office Visits are subjected to \$1 copay

Benefit Components

Worksheet  
Controls

Company: LifeWise Health Plan of Washington

Market: Individual

Plan Year: 2025

Section 1: Plan Information

Line 1.1	HIOS Plan ID	38498WA0320014	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	LifeWise Cascade Select Silver	Line 1.4	Cost-Share Reduction (CSR) Plan?	73% AV Level Silver Plan	Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charging an IP Copay	5
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	2
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	LifeWise Alpine
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$2,500	
Default Coinsurance			30%	
MOOP			\$7,950	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services	No	Yes	\$ 800	After Deductible						
Inpatient Hospital Services (e.g., Hospital Stay)	No	Yes	\$ 800	After Deductible						
Primary Care Visit to Treat an Injury or Illness	Yes	No	\$ 20	Before and After Deductible	No				Note 1	
Specialist Visit	No	No	\$ 65	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits	Yes	No	\$ 20	Before and After Deductible	No				Note 1	
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	\$ 55	Before and After Deductible	No					
Emergency Transportation	No	No	\$ 325	Before and After Deductible	No					
Other EHB Categories										
Chiro/Acupuncture	No	No	\$ 20	Before and After Deductible	No					
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)										
Generic Drugs (Tier 1)		No	\$ 24	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		No	\$ 75	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3)		Yes	\$ 250	After Deductible						
Specialty Drugs (Tier 4)		Yes	\$ 250	After Deductible						

Notes

Note 1 The first two Primary Care Visit and Mental Health Office Visits are subjected to \$1 copay

Benefit Components

Worksheet  
Controls

Company: LifeWise Health Plan of Washington

Market: Individual

Plan Year: 2025

Section 1: Plan Information

Line 1.1	HIOS Plan ID	38498WA0320014	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	LifeWise Cascade Select Silver	Line 1.4	Cost-Share Reduction (CSR) Plan?	87% AV Level Silver Plan	Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charging an IP Copay	5
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	2
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	LifeWise Alpine
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$1750	
Default Coinsurance			20%	
MOOP			\$2,850	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services	No	Yes	\$ 425	After Deductible						
Inpatient Hospital Services (e.g., Hospital Stay)	No	Yes	\$ 425	After Deductible						
Primary Care Visit to Treat an Injury or Illness	Yes	No	\$ 5	Before and After Deductible	No				Note 1	
Specialist Visit	No	No	\$ 30	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits	Yes	No	\$ 5	Before and After Deductible	No				Note 1	
Mental Health & Substance Use Disorder All Other OP Services	No	No	\$ 10	Before and After Deductible	No					
Imaging (CT/PET Scans, MRIs)	No	Yes				20%	After Deductible			
Rehabilitative Speech Therapy	No	No	\$ 20	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	No	\$ 20	Before and After Deductible	No					
Preventive Care/Screening/Immunization	No	No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services	No	No	\$ 20	Before and After Deductible	No					
X-rays and Diagnostic Imaging	No	No	\$ 40	Before and After Deductible	No					
Skilled Nursing Facility	No	Yes	\$ 425	After Deductible						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	No	Yes	\$ 325	After Deductible						
Outpatient Surgery Physician/Surgical Services	No	Yes	\$ 120	After Deductible						
Urgent Care	No	No	\$ 30	Before and After Deductible	No					
Emergency Transportation	No	No	\$ 175	Before and After Deductible	No					
Other EHB Categories										
Chiro/Acupuncture	No	No	\$ 5	Before and After Deductible	No					
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)										
Generic Drugs (Tier 1)		No	\$ 12	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		No	\$ 35	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3)		No	\$ 160	Before and After Deductible	No					
Specialty Drugs (Tier 4)		No	\$ 160	Before and After Deductible	No					

Notes

Note 1 The first two Primary Care Visit and Mental Health Office Visits are subjected to \$1 copay

Benefit Components

Company: LifeWise Health Plan of Washington Market: Individual Plan Year: 2025

Section 1: Plan Information

Line 1.1	HIOS Plan ID	38498WA0320014	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	LifeWise Cascade Select Silver	Line 1.4	Cost-Share Reduction (CSR) Plan?	94% AV Level Silver Plan	Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charging an IP Copay	5
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	LifeWise Alpine
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In Network
----------	--------------------	------------

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$0	
Default Coinsurance			15%	
MOOP			\$2,400	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services		No	\$	150	Before and After Deductible	No				
Inpatient Hospital Services (e.g., Hospital Stay)		No	\$	100	Before and After Deductible	No				
Primary Care Visit to Treat an Injury or Illness		No	\$	1	Before and After Deductible	No				
Specialist Visit		No	\$	15	Before and After Deductible	No				
Mental Health & Substance Use Disorder Office Visits		No	\$	1	Before and After Deductible	No				
Mental Health & Substance Use Disorder All Other OP Services		No	\$	5	Before and After Deductible	No				
Imaging (CT/PET Scans, MRIs)		No				15%	Before and After Deductible	No		
Rehabilitative Speech Therapy		No	\$	5	Before and After Deductible	No				
Rehabilitative Occupational and Rehabilitative Physical Therapy		No	\$	5	Before and After Deductible	No				
Preventive Care/Screening/Immunization		No	\$	-	Before and After Deductible	No				
Laboratory Outpatient and Professional Services		No	\$	5	Before and After Deductible	No				
X-rays and Diagnostic Imaging		No	\$	15	Before and After Deductible	No				
Skilled Nursing Facility		No	\$	100	Before and After Deductible	No				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		No	\$	100	Before and After Deductible	No				
Outpatient Surgery Physician/Surgical Services		No	\$	25	Before and After Deductible	No				
Urgent Care		No	\$	15	Before and After Deductible	No				
Emergency Transportation		No	\$	75	Before and After Deductible	No				
Other EHB Categories										
Chiro/Acupuncture		No	\$	1	Before and After Deductible	No				
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$	5	Before and After Deductible	No				
Preferred Brand Drugs (Tier 2)		No	\$	15	Before and After Deductible	No				
Non-Preferred Brand Drugs (Tier 3)		No	\$	35	Before and After Deductible	No				
Specialty Drugs (Tier 4)		No	\$	35	Before and After Deductible	No				

Notes

Benefit Components

Worksheet  
Controls

Company: LifeWise Health Plan of Washington      Market: Individual      Plan Year: 2025

Section 1: Plan Information

Line 1.1	HIOS Plan ID	38498WA0320015	Line 1.3	Metal Level	Expanded Bronze	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	LifeWise Cascade Select Bronze	Line 1.4	Cost-Share Reduction (CSR) Plan?		Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for 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?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	LifeWise Alpine
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1 In-Network Tier 1: In Network

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$0,000	
Default Coinsurance			40%	
MOOP			\$10,150	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Amount	Copays		Coinsurance			Comments	Errors/Warnings
				Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services	No	Yes				40%	After Deductible			
Inpatient Hospital Services (e.g. Hospital Stay)	No	Yes				40%	After Deductible			
Primary Care Visit to Treat an Injury or Illness	Yes	No	\$ 40	Before and After Deductible	No				Note 1	
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 1	
Mental Health & Substance Use Disorder All Other OP Services	No	Yes				40%	After Deductible			
Imaging (CT/PET Scans, MRI)	No	Yes				40%	After Deductible			
Rehabilitative Speech Therapy	No	Yes				40%	After Deductible			
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	Yes				40%	After Deductible			
Preventive Care/Screening/Immunization	No	No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services	No	Yes				40%	After Deductible			
X-rays and Diagnostic Imaging	No	Yes				40%	After Deductible			
Skilled Nursing Facility	No	Yes				40%	After Deductible			
Outpatient Facility Fee (e.g. Ambulatory Surgery Center)	No	Yes				40%	After Deductible			
Outpatient Surgery Physician/Surgical Services	No	Yes				40%	After Deductible			
Urgent Care	No	No	\$ 100	Before and After Deductible	No	40%	After Deductible			
Emergency Transportation	No	Yes								
Other EHB Categories										
Chiro/Acupuncture	No	No	\$ 40	Before and After Deductible	No					
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)										
Maximum Coinsurance										
Subject to Deductible?										
Amount										
Applies										
Accrues toward Deductible?										
Amount										
Applies										
Accrues toward Deductible?										
Comments										
Errors/Warnings										
Generic Drugs (Tier 1)		No	\$ 32	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		Yes				40%	After Deductible			
Non-Preferred Brand Drugs (Tier 3)		Yes				40%	After Deductible			
Specialty Drugs (Tier 4)		Yes				40%	After Deductible			

Notes

Note 1 The first two Primary Care Visit and Mental Health Office Visits are subjected to \$1 copay

Benefit Components

Company: LifeWise Health Plan of Washington Market: Individual Plan Year: 2025

Section 1: Plan Information

Line 1.1	HIOS Plan ID	38498WA0320016	Line 1.3	Metal Level	Gold	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	LifeWise Cascade Vital Gold	Line 1.4	Cost-Share Reduction (CSR) Plan?		Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	No
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charging an IP Copay	5
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	LifeWise Primary
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$1,900	
Default Coinsurance			20%	
MOOP			\$8,800	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services		No	\$ 800	After Deductible						
Inpatient Hospital Services (e.g., Hospital Stay)		No	\$ 650	Before and After Deductible	No					
Primary Care Visit to Treat an Injury or Illness		No	\$ 15	Before and After Deductible	No					
Specialist Visit		No	\$ 40	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits		No	\$ 15	Before and After Deductible	No					
Mental Health & Substance Use Disorder All Other OP Services		No	\$ 15	Before and After Deductible	No					
Imaging (CT/PET Scans, MRIs)		Yes	\$ 300	After Deductible						
Rehabilitative Speech Therapy		No	\$ 30	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy		No	\$ 30	Before and After Deductible	No					
Preventive Care/Screening/Immunization		No	-	Before and After Deductible						
Laboratory Outpatient and Professional Services		No	\$ 30	Before and After Deductible	No					
X-rays and Diagnostic Imaging		No	\$ 30	Before and After Deductible	No					
Skilled Nursing Facility		Yes	\$ 350	After Deductible						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Yes	\$ 350	After Deductible						
Outpatient Surgery Physician/Surgical Services		Yes	\$ 75	After Deductible						
Urgent Care		No	\$ 35	Before and After Deductible	No					
Emergency Transportation		No	\$ 375	Before and After Deductible	No					
Other EHB Categories										
Chiro/Acupuncture		No	\$ 15	Before and After Deductible	No					
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$ 10	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		No	\$ 75	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3)		No	\$ 200	Before and After Deductible	No					
Specialty Drugs (Tier 4)		No	\$ 200	Before and After Deductible	No					

Notes

Benefit Components

Company: LifeWise Health Plan of Washington Market: Individual Plan Year: 2025

Section 1: Plan Information

Line 1.1	HIOS Plan ID	38498WA0320017	Line 1.3	Metal Level	Gold	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	LifeWise Cascade Select Vital Gold	Line 1.4	Cost-Share Reduction (CSR) Plan?		Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	No
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charging an IP Copay	5
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	LifeWise Alpine
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In Network
----------	--------------------	------------

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$1,900	
Default Coinsurance			20%	
MOOP			\$8,800	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services		Yes	\$ 800	After Deductible						
Inpatient Hospital Services (e.g., Hospital Stay)		No	\$ 650	Before and After Deductible	No					
Primary Care Visit to Treat an Injury or Illness		No	\$ 15	Before and After Deductible	No					
Specialist Visit		No	\$ 40	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits		No	\$ 15	Before and After Deductible	No					
Mental Health & Substance Use Disorder All Other OP Services		No	\$ 15	Before and After Deductible	No					
Imaging (CT/PET Scans, MRIs)		Yes	\$ 300	After Deductible						
Rehabilitative Speech Therapy		No	\$ 30	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy		No	\$ 30	Before and After Deductible	No					
Preventive Care/Screening/Immunization		No	-	Before and After Deductible						
Laboratory Outpatient and Professional Services		No	\$ 30	Before and After Deductible	No					
X-rays and Diagnostic Imaging		No	\$ 30	Before and After Deductible	No					
Skilled Nursing Facility		Yes	\$ 350	After Deductible						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Yes	\$ 350	After Deductible						
Outpatient Surgery Physician/Surgical Services		Yes	\$ 75	After Deductible						
Urgent Care		No	\$ 35	Before and After Deductible	No					
Emergency Transportation		No	\$ 375	Before and After Deductible	No					
Other EHB Categories										
Chiro/Acupuncture		No	\$ 15	Before and After Deductible	No					
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$ 10	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		No	\$ 75	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3)		No	\$ 200	Before and After Deductible	No					
Specialty Drugs (Tier 4)		No	\$ 200	Before and After Deductible	No					

Notes



I hereby certify that, to the best of my knowledge, the commission documentation provided with this letter includes all proposed LifeWise of Washington commission schedules for this block of business for the 2026 plan year as of April 29, 2025.

**Commission for non-Metallic medical membership in Washington service area**

LifeWise Family Dental Plan (new and existing)	\$0.00 PMPM
Pediatric Dental (new and existing)	\$0.00 PMPM
Grandfathered Medical Plans	\$17.00 PMPM

**Commission for Metallic medical membership in Washington service area**

Tier 1+ Producer Commission (new and existing)	\$21.00 PMPM
Tier 1 Producer Commission (new and existing)	\$20.00 PMPM
Tier 2 Producer Commission (new and existing)	\$15.00 PMPM
Tier 3 Producer Commission (new and existing)	\$10.00 PMPM
All Other Producer Commission:	\$0.00 PMPM

Sincerely,

A handwritten signature in cursive script, appearing to read "K Meadows".

Kristin Meadows  
President and CEO, LifeWise Health Plan of Washington



# 2026 Plan Year (PY)

## Individual Nongrandfathered Health Plan

### Supplemental Checklist for 1332 Waiver Reporting

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#### Instructions:

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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:

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General Information	
Issuer Name:	LifeWise 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.  
  
N/A
  - 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.

The total premium for LifeWise Health Plan of Washington would decrease due to fewer members purchasing insurance through the exchange.

**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**.

Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9
4,182	1,067	894	1,996	2,692	1,511	1,665	9,533	589

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.

Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9
4,154	1,052	881	1,942	2,646	1,474	1,648	9,143	580

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.

The plan mix would be expected to differ with-waiver and without-waiver. For the non-standard and Cascade Bronze plans the members would likely not change as these members are not eligible or do not choose to participate in the additional state subsidies. The Cascade Gold and Silver plans would be the most impacted as these plans have a significant proportion on members that the state subsidy provides a significant portion of the premium.

Plan Name	LifeWise Essential Gold	LifeWise Essential Bronze	LifeWise Essential Silver	LifeWise Cascade Complete Gold	LifeWise Cascade Silver	LifeWise Cascade Bronze	LifeWise Cascade Select Complete Gold	LifeWise Cascade Select Silver	LifeWise Cascade Select Bronze	LifeWise Cascade Vital Gold	LifeWise Cascade Select Vital Gold

Washington State OIC 2026 Individual Supplemental Checklist for 1332 Waiver Reporting

With Waiver	629	2,703	221	830	762	3,738	847	2,968	6,975	1,770	2,689
Without Waiver	629	2,681	221	798	719	3,738	749	2,564	6,962	1,770	2,689

### 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.

Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9
\$40,091,642	\$9,450,805	\$6,924,609	\$17,294,737	\$23,917,520	\$12,300,445	\$15,131,653	\$76,810,093	\$6,235,057

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.

Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9
\$39,760,701	\$9,290,744	\$6,791,835	\$16,800,395	\$23,463,720	\$11,948,782	\$14,945,793	\$73,276,731	\$6,132,011

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.

For PY 2026 projected premiums the assumptions would differ between with-waiver and without-waiver on the projected membership and difference in plan mix. However, the rate schedule PMPM would not differ between with-waiver and without-waiver as it is assumed these members have a similar cost, risk adjustment, and administrative cost as the average member.

### Service Area

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

☐ Yes ☒ No

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

N/A

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

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

Provide the reporting issuer's projected medical allowed claims spending by rating area as well as summed across the issuer's rating areas. The total amount summed across the rating areas should reconcile to the value reported in the Unified Rate Review Template (URRT), Worksheet 2 – Product-Plan Data, Section IV: Projected Plan Level Information, field **4.2 Allowed Claims**.

Round to the nearest cent.

Use enrollment reported above in #3.

Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9
\$42,404,459	\$9,740,215	\$7,084,619	\$18,135,407	\$24,957,972	\$12,771,899	\$15,771,836	\$79,972,425	\$6,573,441

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.

Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9
\$42,045,419	\$9,570,951	\$6,943,241	\$17,609,685	\$24,477,349	\$12,399,415	\$15,572,689	\$76,208,721	\$6,462,423

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.

For PY 2026 projected total medical allowed claims projection the assumptions would differ between with-waiver and without-waiver on the projected membership and difference in plan mix. However, the projected medical cost PMPM by rating cell would not differ between with-waiver and without-waiver as it is assumed these members have a similar cost to the comparable average member.

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.

For PY 2026 projected total Risk Adjustment projection the assumptions would differ between with-waiver and without-waiver on the projected membership and difference in plan mix. However, the projected medical cost PMPM by rating cell would not differ between with-waiver and without-waiver as it is assumed these members have a similar risk to the comparable average member.

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.

The Administrative Expense projection assumptions would not vary with or without waiver as these expenses are on a per member per month or a percent of premium basis.

## Section II - For Informational Purposes as Background Information

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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.



**Question 1:**

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

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

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

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

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

<b>Issuer Name:</b>	LifeWise Health Plan of Washington
<b>HIOS Issuer ID:</b>	38498WA
<b>Market:</b>	Individual
<b>Plan Year:</b>	2025

**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
38498WA0320001	LifeWise Essential Gold	LifeWise Essential Gold	Renewal	840
38498WA0320003	LifeWise Essential Bronze	LifeWise Essential Bronze	Renewal	4,078
38498WA0320004	LifeWise Essential Silver Low Deductible	LifeWise Essential Silver	Renewal	934
38498WA0320010	LifeWise Cascade Gold	LifeWise Cascade Complete Gold	Renewal	823
38498WA0320011	LifeWise Cascade Silver	LifeWise Cascade Silver	Renewal	2,164
38498WA0320012	LifeWise Cascade Bronze	LifeWise Cascade Bronze	Renewal	3,738
38498WA0320013	LifeWise Cascade Select Gold	LifeWise Cascade Select Complete Gold	Renewal	878
38498WA0320014	LifeWise Cascade Select Silver	LifeWise Cascade Select Silver	Renewal	5,452
38498WA0320015	LifeWise Cascade Select Bronze	LifeWise Cascade Select Bronze	Renewal	6,006
38498WA0320016	N/A	LifeWise Cascade Vital Gold	New	0
38498WA0320017	N/A	LifeWise Cascade Select Vital Gold	New	0
<b>Total</b>				<b>24,913</b>

## Question 2:

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

## Response:

LifeWise Essential Gold	The network type is unchanged, continuing to cover more than 50% of the counties from last year, same cost-sharing structure other than changes to maintain metal level and due to cost and utilization, and only state mandated changes in the covered benefits, so it is a renewal product.
LifeWise Essential Silver	The network type is unchanged, continuing to cover more than 50% of the counties from last year, same cost-sharing structure other than changes to maintain metal level and due to cost and utilization, and only state mandated changes in the covered benefits, so it is a renewal product.
LifeWise Essential Bronze	The network type is unchanged, continuing to cover more than 50% of the counties from last year, same cost-sharing structure other than changes to maintain metal level and due to cost and utilization, and only state mandated changes in the covered benefits, so it is a renewal product.
LifeWise Cascade Complete Gold	The network type is unchanged, continuing to cover more than 50% of the counties from last year, same cost-sharing structure other than changes to maintain metal level and due to cost and utilization, and only state mandated changes in the covered benefits, so it is a renewal product.

LifeWise Cascade Silver	The network type is unchanged, continuing to cover more than 50% of the counties from last year, same cost-sharing structure other than changes to maintain metal level and due to cost and utilization, and only state mandated changes in the covered benefits, so it is a renewal product.
LifeWise Cascade Bronze	The network type is unchanged, continuing to cover more than 50% of the counties from last year, same cost-sharing structure other than changes to maintain metal level and due to cost and utilization, and only state mandated changes in the covered benefits, so it is a renewal product.
LifeWise Cascade Select Complete Gold	The network type is unchanged, continuing to cover more than 50% of the counties from last year, same cost-sharing structure other than changes to maintain metal level and due to cost and utilization, and only state mandated changes in the covered benefits, so it is a renewal product.
LifeWise Cascade Select Silver	The network type is unchanged, continuing to cover more than 50% of the counties from last year, same cost-sharing structure other than changes to maintain metal level and due to cost and utilization, and only state mandated changes in the covered benefits, so it is a renewal product.
LifeWise Cascade Select Bronze	The network type is unchanged, continuing to cover more than 50% of the counties from last year, same cost-sharing structure other than changes to maintain metal level and due to cost and utilization, and only state mandated changes in the covered benefits, so it is a renewal product.

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?
38498WA0320016	LifeWise Cascade Vital Gold	This is a new standard plan required to be offered in the Washington individual market
38498WA0320017	LifeWise Cascade Select Vital Gold	This is a new standard plan required to be offered in the Washington individual market

**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)
38498WA0320010	LifeWise Cascade Gold	LifeWise Cascade Complete Gold	PBCC-134418185	None	Deductible	\$600	\$1,000
38498WA0320011	LifeWise Cascade Silver	N/A-Same as 2025	PBCC-134418185	None	MOOP	\$9,200	\$9,750
38498WA0320011					Primary Care Office Visit	First 2 visits at \$1 copay, then \$30 copay for 3+ visit	First 2 visits at \$1 copay, then \$20 copay for 3+ visit
38498WA0320011					Mental/Behavioral Health and Substance Use Disorder Office Visits	First 2 visits at \$1 copay, then \$30 copay for 3+ visit	First 2 visits at \$1 copay, then \$20 copay for 3+ visit
38498WA0320011					Acupuncture	\$30	\$20
38498WA0320011					Chiropractic Care	\$30	\$20
38498WA0320012	LifeWise Cascade Bronze	N/A-Same as 2025	PBCC-134418185	None	MOOP	\$9,200	\$10,150
38498WA0320012					Primary Care Office Visit	First 2 visits at \$1 copay, then \$50 copay for 3+ visit	First 2 visits at \$1 copay, then \$40 copay for 3+ visit
38498WA0320012					Mental/Behavioral Health and Substance Use Disorder Office Visits	First 2 visits at \$1 copay, then \$50 copay for 3+ visit	First 2 visits at \$1 copay, then \$40 copay for 3+ visit
38498WA0320012					Specialist Office Visit	Deductible then \$100 Copay	\$100 Copay
38498WA0320012					Acupuncture	\$50	\$40
38498WA0320012					Chiropractic Care	\$50	\$40
38498WA0320013	LifeWise Cascade Select Gold	LifeWise Cascade Select Complete Gold	PBCC-134418185	None	Deductible	\$600	\$1,000
38498WA0320014	LifeWise Cascade Select Silver	N/A-Same as 2025	PBCC-134418185	None	MOOP	\$9,200	\$9,750
38498WA0320014					Primary Care Office Visit	First 2 visits at \$1 copay, then \$30 copay for 3+ visit	First 2 visits at \$1 copay, then \$20 copay for 3+ visit
38498WA0320014					Mental/Behavioral Health and Substance Use Disorder Office Visits	First 2 visits at \$1 copay, then \$30 copay for 3+ visit	First 2 visits at \$1 copay, then \$20 copay for 3+ visit
38498WA0320014					Acupuncture	\$30	\$20
38498WA0320014					Chiropractic Care	\$30	\$20
38498WA0320015	LifeWise Cascade Select Bronze	N/A-Same as 2025	PBCC-134418185	None	MOOP	\$9,200	\$10,150
38498WA0320015					Primary Care Office Visit	First 2 visits at \$1 copay, then \$50 copay for 3+ visit	First 2 visits at \$1 copay, then \$40 copay for 3+ visit
38498WA0320015					Mental/Behavioral Health and Substance Use Disorder Office Visits	First 2 visits at \$1 copay, then \$50 copay for 3+ visit	First 2 visits at \$1 copay, then \$40 copay for 3+ visit
38498WA0320015					Specialist Office Visit	Deductible then \$100 Copay	\$100 Copay
38498WA0320015					Acupuncture	\$50	\$40
38498WA0320015					Chiropractic Care	\$50	\$40
38498WA0320004	LifeWise Essential Silver Low Deductible	LifeWise Essential Silver	PBCC-134418185	None	Deductible	\$2,850	\$3,000
38498WA0320004					MOOP	\$8,400	\$8,375
38498WA0320004					Mental/Behavioral Health and Substance Use Disorder Office Visits	\$55 Copay	\$60 Copay
38498WA0320004					Specialist Office Visit	\$55 Copay	\$60 Copay
38498WA0320004					Acupuncture	\$55 Copay	\$60 Copay
38498WA0320004					Chiropractic Care	\$55 Copay	\$60 Copay
38498WA0320004					Urgent care	\$55 Copay	\$60 Copay
38498WA0320003	LifeWise Essential Bronze	N/A-Same as 2025	PBCC-134418185	None	None		
38498WA0320001	LifeWise Essential Gold	N/A-Same as 2025	PBCC-134418185	None	None		

For each terminated plan (i.e., a plan offered in 2025 but not in 2026), please provide the following:

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

[illegible]

**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:**

<b>Total Enrollment 5(k):</b>	23,727
<b>Overall Average Rate Change (weighted by 03/31/2024 enrollment) 5(l):</b>	14.43%

<b>COLUMN: 5(a)</b>	<b>5(b)</b>	<b>5(c)</b>	<b>5(d)</b>	<b>5(e)</b>	<b>5(f)</b>	<b>5(g)</b>	<b>5(h)</b>	<b>5(i)</b>	<b>5(j)</b>
2025 HIOS Plan ID	2025 Plan Name	Renewal or Terminated in 2026?	Enrollment as of 03/31/2025	Terminated Plans: HIOS Plan ID of plan mapped to in 2026	Terminated Plans: Plan Name corresponding to HIOS Plan ID in column 5(e)	Experience Rate Change for Plan	Benefit Rate Change for Plan	Cost-Share Rate Change for Plan	Overall Average Rate Change for Plan
38498WA0320001	LifeWise Essential Gold	Renewal	797	N/A	N/A	-4.84%	0.00%	0.00%	-4.84%
38498WA0320003	LifeWise Essential Bronze	Renewal	3,937	N/A	N/A	14.31%	0.00%	0.00%	14.31%
38498WA0320004	LifeWise Essential Silver Low Deductible	Renewal	882	N/A	N/A	27.78%	0.00%	-0.52%	27.12%
38498WA0320010	LifeWise Cascade Complete Gold	Renewal	822	N/A	N/A	-5.83%	0.00%	-1.58%	-7.32%
38498WA0320011	LifeWise Cascade Silver	Renewal	2,158	N/A	N/A	33.66%	0.00%	-0.57%	32.90%
38498WA0320012	LifeWise Cascade Bronze	Renewal	3,727	N/A	N/A	14.19%	0.00%	-0.82%	13.25%
38498WA0320013	LifeWise Cascade Select Complete Gold	Renewal	834	N/A	N/A	-10.97%	0.00%	-1.58%	-12.38%
38498WA0320014	LifeWise Cascade Select Silver	Renewal	5,054	N/A	N/A	25.38%	0.00%	-0.57%	24.67%
38498WA0320015	LifeWise Cascade Select Bronze	Renewal	5,516	N/A	N/A	7.63%	0.00%	-0.82%	6.75%

**LifeWise Health Plan of Washington**  
**RATE SCHEDULE**

**Plan Information**

**Plan Name:** LifeWise Essential Gold  
**HIOS Plan ID:** 38498WA0320001  
**Effective Date:** 1/1/2026  
**Market Type:** Individual  
**Exchange Status:** In the exchange  
**Metal Level:** Gold  
**Plan Type:** Non-Standardized Plan

**Plan Geographic Availability**

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Lewis
3	No	
4	Yes	Ferry, Pend Oreille, Spokane, Stevens
5	Yes	Pierce, Thurston
6	Yes	Benton, Kittitas
7	Yes	Adams, Grant, Okanogan
8	Yes	Island, Snohomish
9	Yes	Asotin, Columbia, Garfield, Walla Walla, Whitman

**Plan Rates**

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	386.35	395.70		370.12	401.88	382.29	386.54	373.48	396.12	386.35	395.70		370.12	401.88	382.29	386.54	373.48	396.12
15	420.69	430.87		403.02	437.60	416.27	420.90	406.68	431.33	420.69	430.87		403.02	437.60	416.27	420.90	406.68	431.33
16	433.82	444.32		415.60	451.26	429.27	434.04	419.38	444.80	433.82	444.32		415.60	451.26	429.27	434.04	419.38	444.80
17	446.95	457.77		428.18	464.92	442.26	447.18	432.07	458.26	446.95	457.77		428.18	464.92	442.26	447.18	432.07	458.26
18	461.09	472.25		441.73	479.63	456.25	461.32	445.74	472.76	461.09	472.25		441.73	479.63	456.25	461.32	445.74	472.76
19	475.23	486.73		455.27	494.34	470.24	475.47	459.41	487.26	475.23	486.73		455.27	494.34	470.24	475.47	459.41	487.26
20	489.88	501.73		469.30	509.57	484.74	490.12	474.57	502.27	489.88	501.73		469.30	509.57	484.74	490.12	474.57	502.27
21	505.03	517.25		483.82	525.33	499.73	505.28	488.21	517.81	505.03	517.25		483.82	525.33	499.73	505.28	488.21	517.81
22	505.03	517.25		483.82	525.33	499.73	505.28	488.21	517.81	505.03	517.25		483.82	525.33	499.73	505.28	488.21	517.81
23	505.03	517.25		483.82	525.33	499.73	505.28	488.21	517.81	505.03	517.25		483.82	525.33	499.73	505.28	488.21	517.81
24	505.03	517.25		483.82	525.33	499.73	505.28	488.21	517.81	505.03	517.25		483.82	525.33	499.73	505.28	488.21	517.81
25	507.05	519.32		485.75	527.43	501.73	507.30	490.17	519.88	507.05	519.32		485.75	527.43	501.73	507.30	490.17	519.88
26	517.15	529.67		495.43	537.94	511.72	517.41	499.93	530.24	517.15	529.67		495.43	537.94	511.72	517.41	499.93	530.24
27	529.27	542.08		507.04	550.55	523.71	529.54	511.65	542.66	529.27	542.08		507.04	550.55	523.71	529.54	511.65	542.66
28	548.97	562.25		525.91	571.04	543.20	549.24	530.69	562.86	548.97	562.25		525.91	571.04	543.20	549.24	530.69	562.86
29	565.13	578.81		541.39	587.85	559.20	565.41	546.31	579.43	565.13	578.81		541.39	587.85	559.20	565.41	546.31	579.43
30	573.21	587.08		549.14	596.25	567.19	573.50	554.12	587.71	573.21	587.08		549.14	596.25	567.19	573.50	554.12	587.71
31	585.33	599.50		560.75	608.86	579.18	585.62	565.84	600.14	585.33	599.50		560.75	608.86	579.18	585.62	565.84	600.14
32	597.45	611.91		572.36	621.47	591.18	597.75	577.56	612.57	597.45	611.91		572.36	621.47	591.18	597.75	577.56	612.57
33	605.03	619.67		579.62	629.35	598.67	605.33	584.88	620.33	605.03	619.67		579.62	629.35	598.67	605.33	584.88	620.33
34	613.11	627.94		587.36	637.75	606.67	613.41	592.69	628.62	613.11	627.94		587.36	637.75	606.67	613.41	592.69	628.62
35	617.15	632.08		591.23	641.96	610.67	617.46	596.60	632.76	617.15	632.08		591.23	641.96	610.67	617.46	596.60	632.76
36	621.19	636.22		595.10	646.16	614.67	621.50	600.50	636.90	621.19	636.22		595.10	646.16	614.67	621.50	600.50	636.90
37	625.23	640.36		598.97	650.36	618.66	625.54	604.41	641.05	625.23	640.36		598.97	650.36	618.66	625.54	604.41	641.05
38	629.27	644.50		602.84	654.56	622.66	629.58	608.31	645.19	629.27	644.50		602.84	654.56	622.66	629.58	608.31	645.19
39	637.35	652.77		610.58	662.97	630.66	637.67	616.13	653.47	637.35	652.77		610.58	662.97	630.66	637.67	616.13	653.47
40	645.43	661.05		618.32	671.38	638.65	645.75	623.94	661.76	645.43	661.05		618.32	671.38	638.65	645.75	623.94	661.76
41	657.55	673.46		629.93	683.98	650.65	657.88	635.65	674.19	657.55	673.46		629.93	683.98	650.65	657.88	635.65	674.19
42	669.17	685.36		641.06	696.07	662.14	669.50	646.88	686.10	669.17	685.36		641.06	696.07	662.14	669.50	646.88	686.10
43	685.33	701.91		656.54	712.88	678.13	685.67	662.51	702.67	685.33	701.91		656.54	712.88	678.13	685.67	662.51	702.67
44	705.53	722.60		675.90	733.89	698.12	705.88	682.03	723.38	705.53	722.60		675.90	733.89	698.12	705.88	682.03	723.38
45	729.26	746.91		698.64	758.58	721.61	729.63	704.98	747.71	729.26	746.91		698.64	758.58	721.61	729.63	704.98	747.71
46	757.55	775.88		725.73	788.00	749.59	757.92	732.32	776.71	757.55	775.88		725.73	788.00	749.59	757.92	732.32	776.71
47	789.36	808.47		756.21	821.10	781.07	789.76	763.08	809.33	789.36	808.47		756.21	821.10	781.07	789.76	763.08	809.33
48	825.73	845.71		791.04	858.92	817.06	826.14	798.23	846.62	825.73	845.71		791.04	858.92	817.06	826.14	798.23	846.62
49	861.58	882.43		825.40	896.22	852.54	862.01	832.89	883.38	861.58	882.43		825.40	896.22	852.54	862.01	832.89	883.38
50	901.98	923.81		864.10	938.24	892.51	902.44	871.95	924.81	901.98	923.81		864.10	938.24	892.51	902.44	871.95	924.81
51	941.88	964.68		902.32	979.75	931.99	942.35	910.52	965.71	941.88	964.68		902.32	979.75	931.99	942.35	910.52	965.71
52	985.82	1009.68		944.42	1025.45	975.47	986.31	952.99	1010.76	985.82	1009.68		944.42	1025.45	975.47	986.31	952.99	1010.76
53	1030.26	1055.19		986.99	1071.68	1019.44	1030.78	995.95	1056.33	1030.26	1055.19		986.99	1071.68	1019.44	1030.78	995.95	1056.33
54	1078.24	1104.33		1032.95	1121.59	1066.92	1078.78	1042.34	1105.52	1078.24	1104.33		1032.95	1121.59	1066.92	1078.78	1042.34	1105.52
55	1126.22	1153.47		1078.92	1171.49	1114.39	1126.78	1088.72	1154.71	1126.22	1153.47		1078.92	1171.49	1114.39	1126.78	1088.72	1154.71
56	1178.24	1206.75		1128.75	1225.60	1165.87	1178.83	1139.00	1208.05	1178.24	1206.75		1128.75	1225.60	1165.87	1178.83	1139.00	1208.05
57	1230.76	1260.54		1179.07	1280.24	1217.84	1231.38	1189.78	1261.90	1230.76	1260.54		1179.07	1280.24	1217.84	1231.38	1189.78	1261.90
58	1286.82	1317.96		1232.77	1338.55	1273.31	1287.46	1243.97	1319.37	1286.82	1317.96		1232.77	1338.55	1273.31	1287.46	1243.97	1319.37
59	1314.59	1346.41		1259.38	1367.44	1300.79	1315.25	1270.82	1347.85	1314.59	1346.41		1259.38	1367.44	1300.79	1315.25	1270.82	1347.85
60	1370.65	1403.82		1313.09	1425.75	1356.26	1371.34	1325.01	1405.33	1370.65	1403.82		1313.09	1425.75	1356.26	1371.34	1325.01	1405.33
61	1419.14	1453.48		1359.53	1476.19	1404.24	1419.85	1371.88	1455.04	1419.14	1453.48		1359.53	1476.19	1404.24	1419.85	1371.88	1455.04
62	1450.95	1486.07		1390.01	1509.28	1435.72	1451.68	1402.64	1487.66	1450.95	1486.07		1390.01	1509.28	1435.72	1451.68	1402.64	1487.66
63	1490.85	1526.93		1428.23	1550.78	1475.20	1491.60	1441.21	1528.57	1490.85	1526.93		1428.23	1550.78	1475.20	1491.60	1441.21	1528.57
64 and over	1515.09	1551.75		1451.46	1575.99	1499.18	1515.84	1464.63	1553.42	1515.09	1551.75		1451.46	1575.99	1499.18	1515.84	1464.63	1553.42



**LifeWise Health Plan of Washington**  
**RATE SCHEDULE**

**Plan Information**

**Plan Name:** LifeWise Essential Bronze  
**HIOS Plan ID:** 38498WA0320003  
**Effective Date:** 1/1/2026  
**Market Type:** Individual  
**Exchange Status:** In 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	Lewis
3	No	
4	Yes	Ferry, Pend Oreille, Spokane, Stevens
5	Yes	Pierce, Thurston
6	Yes	Benton, Kittitas
7	Yes	Adams, Grant, Okanogan
8	Yes	Island, Snohomish
9	Yes	Asotin, Columbia, Garfield, Walla Walla, Whitman

**Plan Rates**

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	298.38	305.60		285.85	310.38	295.25	298.53	288.45	305.93	298.38	305.60		285.85	310.38	295.25	298.53	288.45	305.93
15	324.91	332.77		311.26	337.97	321.49	325.07	314.09	333.13	324.91	332.77		311.26	337.97	321.49	325.07	314.09	333.13
16	335.05	343.16		320.98	348.52	331.53	335.21	323.89	343.52	335.05	343.16		320.98	348.52	331.53	335.21	323.89	343.52
17	345.19	353.54		330.69	359.06	341.56	345.36	333.69	353.92	345.19	353.54		330.69	359.06	341.56	345.36	333.69	353.92
18	356.11	364.73		341.15	370.43	352.37	356.29	344.25	365.12	356.11	364.73		341.15	370.43	352.37	356.29	344.25	365.12
19	367.03	375.91		351.62	381.79	363.18	367.21	354.81	376.32	367.03	375.91		351.62	381.79	363.18	367.21	354.81	376.32
20	378.34	387.50		362.45	393.55	374.37	378.53	365.74	387.91	378.34	387.50		362.45	393.55	374.37	378.53	365.74	387.91
21	390.04	399.48		373.66	405.72	385.95	390.24	377.05	399.91	390.04	399.48		373.66	405.72	385.95	390.24	377.05	399.91
22	390.04	399.48		373.66	405.72	385.95	390.24	377.05	399.91	390.04	399.48		373.66	405.72	385.95	390.24	377.05	399.91
23	390.04	399.48		373.66	405.72	385.95	390.24	377.05	399.91	390.04	399.48		373.66	405.72	385.95	390.24	377.05	399.91
24	390.04	399.48		373.66	405.72	385.95	390.24	377.05	399.91	390.04	399.48		373.66	405.72	385.95	390.24	377.05	399.91
25	391.60	401.08		375.16	407.35	387.49	391.80	378.56	401.51	391.60	401.08		375.16	407.35	387.49	391.80	378.56	401.51
26	399.40	409.07		382.63	415.46	395.21	399.60	386.10	409.51	399.40	409.07		382.63	415.46	395.21	399.60	386.10	409.51
27	408.77	418.66		391.60	425.20	404.47	408.97	395.15	419.11	408.77	418.66		391.60	425.20	404.47	408.97	395.15	419.11
28	423.98	434.24		406.17	441.02	419.53	424.19	409.86	434.70	423.98	434.24		406.17	441.02	419.53	424.19	409.86	434.70
29	436.46	447.02		418.13	454.00	431.88	436.68	421.92	447.50	436.46	447.02		418.13	454.00	431.88	436.68	421.92	447.50
30	442.70	453.41		424.11	460.50	438.05	442.92	427.96	453.90	442.70	453.41		424.11	460.50	438.05	442.92	427.96	453.90
31	452.06	463.00		433.07	470.23	447.31	452.29	437.01	463.50	452.06	463.00		433.07	470.23	447.31	452.29	437.01	463.50
32	461.42	472.59		442.04	479.97	456.58	461.65	446.06	473.10	461.42	472.59		442.04	479.97	456.58	461.65	446.06	473.10
33	467.27	478.58		447.65	486.06	462.37	467.51	451.71	479.09	467.27	478.58		447.65	486.06	462.37	467.51	451.71	479.09
34	473.51	484.97		453.63	492.55	468.54	473.75	457.74	485.49	473.51	484.97		453.63	492.55	468.54	473.75	457.74	485.49
35	476.63	488.17		456.61	495.79	471.63	476.87	460.76	488.69	476.63	488.17		456.61	495.79	471.63	476.87	460.76	488.69
36	479.75	491.36		459.60	499.04	474.72	479.99	463.78	491.89	479.75	491.36		459.60	499.04	474.72	479.99	463.78	491.89
37	482.87	494.56		462.59	502.29	477.80	483.12	466.79	495.09	482.87	494.56		462.59	502.29	477.80	483.12	466.79	495.09
38	485.99	497.76		465.58	505.53	480.89	486.24	469.81	498.29	485.99	497.76		465.58	505.53	480.89	486.24	469.81	498.29
39	492.23	504.15		471.56	512.02	487.07	492.48	475.84	504.69	492.23	504.15		471.56	512.02	487.07	492.48	475.84	504.69
40	498.48	510.54		477.54	518.51	493.24	498.72	481.88	511.09	498.48	510.54		477.54	518.51	493.24	498.72	481.88	511.09
41	507.84	520.13		486.51	528.25	502.50	508.09	490.93	520.68	507.84	520.13		486.51	528.25	502.50	508.09	490.93	520.68
42	516.81	529.31		495.10	537.58	511.38	517.07	499.60	529.88	516.81	529.31		495.10	537.58	511.38	517.07	499.60	529.88
43	529.29	542.10		507.06	550.57	523.73	529.55	511.66	542.68	529.29	542.10		507.06	550.57	523.73	529.55	511.66	542.68
44	544.89	558.08		522.01	566.80	539.17	545.16	526.75	558.68	544.89	558.08		522.01	566.80	539.17	545.16	526.75	558.68
45	563.22	576.85		539.57	585.86	557.31	563.50	544.47	577.47	563.22	576.85		539.57	585.86	557.31	563.50	544.47	577.47
46	585.07	599.22		560.49	608.58	578.92	585.36	565.58	599.87	585.07	599.22		560.49	608.58	578.92	585.36	565.58	599.87
47	609.64	624.39		584.03	634.15	603.24	609.94	589.34	625.06	609.64	624.39		584.03	634.15	603.24	609.94	589.34	625.06
48	637.72	653.15		610.94	663.36	631.02	638.04	616.48	653.86	637.72	653.15		610.94	663.36	631.02	638.04	616.48	653.86
49	665.41	681.52		637.47	692.16	658.43	665.75	643.26	682.25	665.41	681.52		637.47	692.16	658.43	665.75	643.26	682.25
50	696.62	713.48		667.36	724.62	689.30	696.97	673.42	714.24	696.62	713.48		667.36	724.62	689.30	696.97	673.42	714.24
51	727.43	745.03		696.88	756.67	719.79	727.79	703.21	745.83	727.43	745.03		696.88	756.67	719.79	727.79	703.21	745.83
52	761.36	779.79		729.39	791.97	753.37	761.75	736.01	780.63	761.36	779.79		729.39	791.97	753.37	761.75	736.01	780.63
53	795.69	814.94		762.27	827.68	787.33	796.09	769.19	815.82	795.69	814.94		762.27	827.68	787.33	796.09	769.19	815.82
54	832.74	852.89		797.77	866.22	824.00	833.16	805.01	853.81	832.74	852.89		797.77	866.22	824.00	833.16	805.01	853.81
55	869.80	890.85		833.27	904.76	860.66	870.23	840.83	891.80	869.80	890.85		833.27	904.76	860.66	870.23	840.83	891.80
56	909.97	931.99		871.75	946.55	900.42	910.43	879.67	932.99	909.97	931.99		871.75	946.55	900.42	910.43	879.67	932.99
57	950.54	973.54		910.61	988.75	940.55	951.01	918.88	974.58	950.54	973.54		910.61	988.75	940.55	951.01	918.88	974.58
58	993.83	1017.88		952.09	1033.78	983.40	994.33	960.74	1018.97	993.83	1017.88		952.09	1033.78	983.40	994.33	960.74	1018.97
59	1015.28	1039.85		972.64	1056.10	1004.62	1015.79	981.47	1040.97	1015.28	1039.85		972.64	1056.10	1004.62	1015.79	981.47	1040.97
60	1058.58	1084.20		1014.12	1101.13	1047.46	1059.11	1023.33	1085.36	1058.58	1084.20		1014.12	1101.13	1047.46	1059.11	1023.33	1085.36
61	1096.02	1122.55		1049.99	1140.08	1084.51	1096.57	1059.52	1123.75	1096.02	1122.55		1049.99	1140.08	1084.51	1096.57	1059.52	1123.75
62	1120.59	1147.71		1073.53	1165.64	1108.83	1121.15	1083.28	1148.95	1120.59	1147.71		1073.53	1165.64	1108.83	1121.15	1083.28	1148.95
63	1151.41	1179.27		1103.05	1197.69	1139.32	1151.98	1113.07	1180.54	1151.41	1179.27		1103.05	1197.69	1139.32	1151.98	1113.07	1180.54
64 and over	1170.12	1198.44		1120.98	1217.16	1157.84	1170.72	1131.15	1199.73	1170.12	1198.44		1120.98	1217.16	1157.84	1170.72	1131.15	1199.73

**LifeWise Health Plan of Washington  
RATE SCHEDULE**

**Plan Information**

**Plan Name:** LifeWise Essential Silver  
**HIOS Plan ID:** 38498WA0320004  
**Effective Date:** 1/1/2026  
**Market Type:** Individual  
**Exchange Status:** In the exchange  
**Metal Level:** Silver  
**Plan Type:** Non-Standardized Plan

**Plan Geographic Availability**

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Lewis
3	No	
4	Yes	Ferry, Pend Oreille, Spokane, Stevens
5	Yes	Pierce, Thurston
6	Yes	Benton, Kittitas
7	Yes	Adams, Grant, Okanogan
8	Yes	Island, Snohomish
9	Yes	Asotin, Columbia, Garfield, Walla Walla, Whitman

**Plan Rates**

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	475.87	487.39		455.89	495.00	470.88	476.11	460.03	487.91	475.87	487.39		455.89	495.00	470.88	476.11	460.03	487.91
15	518.17	530.71		496.41	539.00	512.73	518.43	500.92	531.28	518.17	530.71		496.41	539.00	512.73	518.43	500.92	531.28
16	534.35	547.28		511.90	555.83	528.74	534.61	516.55	547.87	534.35	547.28		511.90	555.83	528.74	534.61	516.55	547.87
17	550.52	563.84		527.40	572.65	544.74	550.80	532.19	564.45	550.52	563.84		527.40	572.65	544.74	550.80	532.19	564.45
18	567.94	581.68		544.08	590.77	561.97	568.22	549.03	582.31	567.94	581.68		544.08	590.77	561.97	568.22	549.03	582.31
19	585.35	599.52		560.77	608.89	579.21	585.65	565.86	600.16	585.35	599.52		560.77	608.89	579.21	585.65	565.86	600.16
20	603.39	618.00		578.05	627.65	597.06	603.70	583.30	618.66	603.39	618.00		578.05	627.65	597.06	603.70	583.30	618.66
21	622.06	637.11		595.93	647.06	615.52	622.37	601.34	637.79	622.06	637.11		595.93	647.06	615.52	622.37	601.34	637.79
22	622.06	637.11		595.93	647.06	615.52	622.37	601.34	637.79	622.06	637.11		595.93	647.06	615.52	622.37	601.34	637.79
23	622.06	637.11		595.93	647.06	615.52	622.37	601.34	637.79	622.06	637.11		595.93	647.06	615.52	622.37	601.34	637.79
24	622.06	637.11		595.93	647.06	615.52	622.37	601.34	637.79	622.06	637.11		595.93	647.06	615.52	622.37	601.34	637.79
25	624.54	639.66		598.31	649.65	617.99	624.86	603.75	640.35	624.54	639.66		598.31	649.65	617.99	624.86	603.75	640.35
26	636.99	652.40		610.23	662.59	630.30	637.30	615.77	653.10	636.99	652.40		610.23	662.59	630.30	637.30	615.77	653.10
27	651.91	667.69		624.53	678.12	645.07	652.24	630.21	668.41	651.91	667.69		624.53	678.12	645.07	652.24	630.21	668.41
28	676.18	692.54		647.78	703.36	669.08	676.51	653.66	693.28	676.18	692.54		647.78	703.36	669.08	676.51	653.66	693.28
29	696.08	712.93		666.85	724.06	688.77	696.43	672.90	713.69	696.08	712.93		666.85	724.06	688.77	696.43	672.90	713.69
30	706.03	723.12		676.38	734.42	698.62	706.39	682.52	723.90	706.03	723.12		676.38	734.42	698.62	706.39	682.52	723.90
31	720.96	738.41		690.68	749.95	713.39	721.32	696.96	739.20	720.96	738.41		690.68	749.95	713.39	721.32	696.96	739.20
32	735.89	753.70		704.99	765.48	728.17	736.26	711.39	754.51	735.89	753.70		704.99	765.48	728.17	736.26	711.39	754.51
33	745.22	763.26		713.92	775.18	737.40	745.60	720.41	764.08	745.22	763.26		713.92	775.18	737.40	745.60	720.41	764.08
34	755.18	773.45		723.46	785.53	747.25	755.55	730.03	774.28	755.18	773.45		723.46	785.53	747.25	755.55	730.03	774.28
35	760.15	778.55		728.23	790.71	752.17	760.53	734.84	779.38	760.15	778.55		728.23	790.71	752.17	760.53	734.84	779.38
36	765.13	783.65		732.99	795.89	757.10	765.51	739.65	784.49	765.13	783.65		732.99	795.89	757.10	765.51	739.65	784.49
37	770.11	788.74		737.76	801.06	762.02	770.49	744.46	789.59	770.11	788.74		737.76	801.06	762.02	770.49	744.46	789.59
38	775.08	793.84		742.53	806.24	766.94	775.47	749.27	794.69	775.08	793.84		742.53	806.24	766.94	775.47	749.27	794.69
39	785.03	804.03		752.06	816.59	776.79	785.43	758.89	804.90	785.03	804.03		752.06	816.59	776.79	785.43	758.89	804.90
40	794.99	814.23		761.60	826.95	786.64	795.39	768.51	815.10	794.99	814.23		761.60	826.95	786.64	795.39	768.51	815.10
41	809.92	829.52		775.90	842.48	801.41	810.32	782.95	830.41	809.92	829.52		775.90	842.48	801.41	810.32	782.95	830.41
42	824.22	844.17		789.61	857.36	815.57	824.64	796.78	845.08	824.22	844.17		789.61	857.36	815.57	824.64	796.78	845.08
43	844.13	864.56		808.68	878.06	835.27	844.55	816.02	865.49	844.13	864.56		808.68	878.06	835.27	844.55	816.02	865.49
44	869.01	890.04		832.51	903.95	859.89	869.45	840.07	891.00	869.01	890.04		832.51	903.95	859.89	869.45	840.07	891.00
45	898.25	919.99		860.52	934.36	888.82	898.70	868.34	920.97	898.25	919.99		860.52	934.36	888.82	898.70	868.34	920.97
46	933.08	955.66		893.89	970.59	923.29	933.55	902.01	956.69	933.08	955.66		893.89	970.59	923.29	933.55	902.01	956.69
47	972.27	995.80		931.44	1011.36	962.07	972.76	939.90	996.87	972.27	995.80		931.44	1011.36	962.07	972.76	939.90	996.87
48	1017.06	1041.67		974.35	1057.95	1006.38	1017.57	983.19	1042.79	1017.06	1041.67		974.35	1057.95	1006.38	1017.57	983.19	1042.79
49	1061.23	1086.91		1016.66	1103.89	1050.09	1061.76	1025.89	1088.08	1061.23	1086.91		1016.66	1103.89	1050.09	1061.76	1025.89	1088.08
50	1110.99	1137.88		1064.33	1155.65	1099.33	1111.55	1074.00	1139.10	1110.99	1137.88		1064.33	1155.65	1099.33	1111.55	1074.00	1139.10
51	1160.13	1188.21		1111.41	1206.77	1147.95	1160.71	1121.50	1189.49	1160.13	1188.21		1111.41	1206.77	1147.95	1160.71	1121.50	1189.49
52	1214.25	1243.64		1163.26	1263.07	1201.50	1214.86	1173.82	1244.97	1214.25	1243.64		1163.26	1263.07	1201.50	1214.86	1173.82	1244.97
53	1268.99	1299.70		1215.70	1320.01	1255.67	1269.63	1226.74	1301.10	1268.99	1299.70		1215.70	1320.01	1255.67	1269.63	1226.74	1301.10
54	1328.09	1360.23		1272.31	1381.48	1314.15	1328.75	1283.86	1361.69	1328.09	1360.23		1272.31	1381.48	1314.15	1328.75	1283.86	1361.69
55	1387.19	1420.76		1328.92	1442.95	1372.62	1387.88	1340.99	1422.28	1387.19	1420.76		1328.92	1442.95	1372.62	1387.88	1340.99	1422.28
56	1451.26	1486.38		1390.30	1509.60	1436.02	1451.98	1402.93	1487.97	1451.26	1486.38		1390.30	1509.60	1436.02	1451.98	1402.93	1487.97
57	1515.95	1552.64		1452.28	1576.89	1500.03	1516.71	1465.47	1554.30	1515.95	1552.64		1452.28	1576.89	1500.03	1516.71	1465.47	1554.30
58	1585.00	1623.36		1518.43	1648.72	1568.36	1585.79	1532.22	1625.10	1585.00	1623.36		1518.43	1648.72	1568.36	1585.79	1532.22	1625.10
59	1619.21	1658.40		1551.21	1684.30	1602.21	1620.02	1565.29	1660.18	1619.21	1658.40		1551.21	1684.30	1602.21	1620.02	1565.29	1660.18
60	1688.26	1729.12		1617.35	1756.13	1670.53	1689.10	1632.04	1730.97	1688.26	1729.12		1617.35	1756.13	1670.53	1689.10	1632.04	1730.97
61	1747.98	1790.28		1674.56	1818.25	1729.62	1748.85	1689.77	1792.20	1747.98	1790.28		1674.56	1818.25	1729.62	1748.85	1689.77	1792.20
62	1787.17	1830.42		1712.11	1859.01	1768.40	1788.06	1727.65	1832.38	1787.17	1830.42		1712.11	1859.01	1768.40	1788.06	1727.65	1832.38
63	1836.31	1880.75		1759.18	1910.13	1817.03	1837.23	1775.16	1882.77	1836.31	1880.75		1759.18	1910.13	1817.03	1837.23	1775.16	1882.77
64 and over	1866.17	1911.33		1787.79	1941.18	1846.56	1867.10	1804.02	1913.37	1866.17	1911.33		1787.79	1941.18	1846.56	1867.10	1804.02	1913.37

**LifeWise Health Plan of Washington**  
**RATE SCHEDULE**

**Plan Information**

**Plan Name:** LifeWise Cascade Complete Gold  
**HIOS Plan ID:** 38498WA0320010  
**Effective Date:** 1/1/2026  
**Market Type:** Individual  
**Exchange Status:** In the exchange  
**Metal Level:** Gold  
**Plan Type:** Standardized Non-Public Option Plan

**Plan Geographic Availability**

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Lewis
3	No	
4	Yes	Spokane, Stevens
5	Yes	Pierce, Thurston
6	Yes	Kittitas
7	Yes	Grant, Okanogan
8	Yes	Snohomish
9	Yes	Asotin, Columbia, Garfield, Walla Walla, Whitman

**Plan Rates**

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	423.88	434.14		406.08	440.92	419.43	424.10	409.77	434.61	423.88	434.14		406.08	440.92	419.43	424.10	409.77	434.61
15	461.56	472.73		442.18	480.12	456.72	461.79	446.19	473.24	461.56	472.73		442.18	480.12	456.72	461.79	446.19	473.24
16	475.97	487.49		455.98	495.10	470.97	476.21	460.12	488.01	475.97	487.49		455.98	495.10	470.97	476.21	460.12	488.01
17	490.38	502.24		469.78	510.09	485.23	490.62	474.05	502.78	490.38	502.24		469.78	510.09	485.23	490.62	474.05	502.78
18	505.89	518.13		484.64	526.23	500.58	506.14	489.04	518.69	505.89	518.13		484.64	526.23	500.58	506.14	489.04	518.69
19	521.41	534.02		499.51	542.37	515.93	521.67	504.04	534.60	521.41	534.02		499.51	542.37	515.93	521.67	504.04	534.60
20	537.47	550.48		514.90	559.08	531.83	537.74	519.58	551.07	537.47	550.48		514.90	559.08	531.83	537.74	519.58	551.07
21	554.10	567.51		530.83	576.37	548.28	554.37	535.65	568.12	554.10	567.51		530.83	576.37	548.28	554.37	535.65	568.12
22	554.10	567.51		530.83	576.37	548.28	554.37	535.65	568.12	554.10	567.51		530.83	576.37	548.28	554.37	535.65	568.12
23	554.10	567.51		530.83	576.37	548.28	554.37	535.65	568.12	554.10	567.51		530.83	576.37	548.28	554.37	535.65	568.12
24	554.10	567.51		530.83	576.37	548.28	554.37	535.65	568.12	554.10	567.51		530.83	576.37	548.28	554.37	535.65	568.12
25	556.31	569.78		532.95	578.68	550.47	556.59	537.79	570.39	556.31	569.78		532.95	578.68	550.47	556.59	537.79	570.39
26	567.40	581.13		543.56	590.20	561.44	567.68	548.50	581.75	567.40	581.13		543.56	590.20	561.44	567.68	548.50	581.75
27	580.69	594.75		556.30	604.04	574.60	580.98	561.36	595.39	580.69	594.75		556.30	604.04	574.60	580.98	561.36	595.39
28	602.30	616.88		577.01	626.52	595.98	602.60	582.25	617.54	602.30	616.88		577.01	626.52	595.98	602.60	582.25	617.54
29	620.03	635.04		593.99	644.96	613.52	620.34	599.39	635.72	620.03	635.04		593.99	644.96	613.52	620.34	599.39	635.72
30	628.90	644.12		602.49	654.18	622.30	629.21	607.96	644.81	628.90	644.12		602.49	654.18	622.30	629.21	607.96	644.81
31	642.20	657.74		615.23	668.02	635.46	642.52	620.81	658.45	642.20	657.74		615.23	668.02	635.46	642.52	620.81	658.45
32	655.50	671.36		627.97	681.85	648.61	655.82	633.67	672.08	655.50	671.36		627.97	681.85	648.61	655.82	633.67	672.08
33	663.81	679.87		635.93	690.49	656.84	664.14	641.70	680.60	663.81	679.87		635.93	690.49	656.84	664.14	641.70	680.60
34	672.67	688.95		644.42	699.72	665.61	673.01	650.27	689.69	672.67	688.95		644.42	699.72	665.61	673.01	650.27	689.69
35	677.11	693.49		648.67	704.33	670.00	677.45	654.56	694.24	677.11	693.49		648.67	704.33	670.00	677.45	654.56	694.24
36	681.54	698.03		652.91	708.94	674.38	681.88	658.84	698.78	681.54	698.03		652.91	708.94	674.38	681.88	658.84	698.78
37	685.97	702.57		657.16	713.55	678.77	686.32	663.13	703.33	685.97	702.57		657.16	713.55	678.77	686.32	663.13	703.33
38	690.41	707.11		661.41	718.16	683.16	690.75	667.41	707.87	690.41	707.11		661.41	718.16	683.16	690.75	667.41	707.87
39	699.27	716.19		669.90	727.38	691.93	699.62	675.99	716.96	699.27	716.19		669.90	727.38	691.93	699.62	675.99	716.96
40	708.14	725.27		678.39	736.60	700.70	708.49	684.56	726.05	708.14	725.27		678.39	736.60	700.70	708.49	684.56	726.05
41	721.43	738.89		691.13	750.44	713.86	721.80	697.41	739.69	721.43	738.89		691.13	750.44	713.86	721.80	697.41	739.69
42	734.18	751.95		703.34	763.69	726.47	734.55	709.73	752.75	734.18	751.95		703.34	763.69	726.47	734.55	709.73	752.75
43	751.91	770.11		720.33	782.14	744.01	752.29	726.87	770.93	751.91	770.11		720.33	782.14	744.01	752.29	726.87	770.93
44	774.07	792.81		741.56	805.19	765.95	774.46	748.30	793.66	774.07	792.81		741.56	805.19	765.95	774.46	748.30	793.66
45	800.12	819.48		766.51	832.28	791.72	800.52	773.47	820.36	800.12	819.48		766.51	832.28	791.72	800.52	773.47	820.36
46	831.15	851.26		796.24	864.56	822.42	831.56	803.47	852.17	831.15	851.26		796.24	864.56	822.42	831.56	803.47	852.17
47	866.05	887.01		829.68	900.87	856.96	866.49	837.21	887.97	866.05	887.01		829.68	900.87	856.96	866.49	837.21	887.97
48	905.95	927.87		867.90	942.37	896.44	906.40	875.78	928.87	905.95	927.87		867.90	942.37	896.44	906.40	875.78	928.87
49	945.29	968.17		905.59	983.29	935.36	945.76	913.81	969.21	945.29	968.17		905.59	983.29	935.36	945.76	913.81	969.21
50	989.62	1013.57		948.05	1029.40	979.23	990.11	956.66	1014.66	989.62	1013.57		948.05	1029.40	979.23	990.11	956.66	1014.66
51	1033.39	1058.40		989.99	1074.93	1022.54	1033.91	998.98	1059.54	1033.39	1058.40		989.99	1074.93	1022.54	1033.91	998.98	1059.54
52	1081.60	1107.77		1036.17	1125.08	1070.24	1082.14	1045.58	1108.96	1081.60	1107.77		1036.17	1125.08	1070.24	1082.14	1045.58	1108.96
53	1130.36	1157.71		1082.88	1175.80	1118.49	1130.92	1092.72	1158.96	1130.36	1157.71		1082.88	1175.80	1118.49	1130.92	1092.72	1158.96
54	1183.00	1211.63		1133.31	1230.55	1170.58	1183.59	1143.60	1212.93	1183.00	1211.63		1133.31	1230.55	1170.58	1183.59	1143.60	1212.93
55	1235.64	1265.54		1183.74	1285.31	1222.66	1236.25	1194.49	1266.90	1235.64	1265.54		1183.74	1285.31	1222.66	1236.25	1194.49	1266.90
56	1292.71	1323.99		1238.42	1344.68	1279.14	1293.36	1249.66	1325.41	1292.71	1323.99		1238.42	1344.68	1279.14	1293.36	1249.66	1325.41
57	1350.34	1383.01		1293.62	1404.62	1336.16	1351.01	1305.37	1384.50	1350.34	1383.01		1293.62	1404.62	1336.16	1351.01	1305.37	1384.50
58	1411.84	1446.01		1352.54	1468.60	1397.02	1412.55	1364.83	1447.56	1411.84	1446.01		1352.54	1468.60	1397.02	1412.55	1364.83	1447.56
59	1442.32	1477.22		1381.74	1500.30	1427.17	1443.04	1394.29	1478.81	1442.32	1477.22		1381.74	1500.30	1427.17	1443.04	1394.29	1478.81
60	1503.82	1540.21		1440.66	1564.27	1488.03	1504.57	1453.74	1541.87	1503.82	1540.21		1440.66	1564.27	1488.03	1504.57	1453.74	1541.87
61	1557.01	1594.69		1491.62	1619.61	1540.66	1557.79	1505.16	1596.41	1557.01	1594.69		1491.62	1619.61	1540.66	1557.79	1505.16	1596.41
62	1591.92	1630.45		1525.06	1655.92	1575.21	1592.72	1538.91	1632.20	1591.92	1630.45		1525.06	1655.92	1575.21	1592.72	1538.91	1632.20
63	1635.70	1675.28		1567.00	1701.45	1618.52	1636.51	1581.23	1677.08	1635.70	1675.28		1567.00	1701.45	1618.52	1636.51	1581.23	1677.08
64 and over	1662.29	1702.52		1592.48	1729.11	1644.84	1663.11	1606.94	1704.35	1662.29	1702.52		1592.48	1729.11	1644.84	1663.11	1606.94	1704.35

### LifeWise Health Plan of Washington RATE SCHEDULE

#### Plan Information

**Plan Name:** LifeWise Cascade Silver  
**HIOS Plan ID:** 38498WA0320011  
**Effective Date:** 1/1/2026  
**Market Type:** Individual  
**Exchange Status:** In the exchange  
**Metal Level:** Silver  
**Plan Type:** Standardized Non-Public Option Plan

#### Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Lewis
3	No	
4	Yes	Spokane, Stevens
5	Yes	Pierce, Thurston
6	Yes	Kittitas
7	Yes	Grant, Okanogan
8	Yes	Snohomish
9	Yes	Asotin, Columbia, Garfield, Walla Walla, Whitman

#### Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	505.19	517.41		483.97	525.50	499.88	505.44	488.37	517.97	505.19	517.41		483.97	525.50	499.88	505.44	488.37	517.97
15	550.09	563.41		526.99	572.21	544.32	550.37	531.78	564.01	550.09	563.41		526.99	572.21	544.32	550.37	531.78	564.01
16	567.26	580.99		543.44	590.07	561.31	567.55	548.37	581.61	567.26	580.99		543.44	590.07	561.31	567.55	548.37	581.61
17	584.43	598.58		559.89	607.93	578.30	584.73	564.97	599.22	584.43	598.58		559.89	607.93	578.30	584.73	564.97	599.22
18	602.92	617.51		577.60	627.16	596.59	603.22	582.85	618.18	602.92	617.51		577.60	627.16	596.59	603.22	582.85	618.18
19	621.41	636.45		595.31	646.39	614.89	621.72	600.72	637.14	621.41	636.45		595.31	646.39	614.89	621.72	600.72	637.14
20	640.56	656.07		613.66	666.32	633.84	640.89	619.23	656.77	640.56	656.07		613.66	666.32	633.84	640.89	619.23	656.77
21	660.38	676.36		632.64	686.92	653.44	660.71	638.39	677.08	660.38	676.36		632.64	686.92	653.44	660.71	638.39	677.08
22	660.38	676.36		632.64	686.92	653.44	660.71	638.39	677.08	660.38	676.36		632.64	686.92	653.44	660.71	638.39	677.08
23	660.38	676.36		632.64	686.92	653.44	660.71	638.39	677.08	660.38	676.36		632.64	686.92	653.44	660.71	638.39	677.08
24	660.38	676.36		632.64	686.92	653.44	660.71	638.39	677.08	660.38	676.36		632.64	686.92	653.44	660.71	638.39	677.08
25	663.02	679.06		635.17	689.67	656.06	663.35	640.94	679.79	663.02	679.06		635.17	689.67	656.06	663.35	640.94	679.79
26	676.23	692.59		647.82	703.41	669.12	676.56	653.71	693.33	676.23	692.59		647.82	703.41	669.12	676.56	653.71	693.33
27	692.07	708.82		663.01	719.90	684.81	692.42	669.03	709.58	692.07	708.82		663.01	719.90	684.81	692.42	669.03	709.58
28	717.83	735.20		687.68	746.69	710.29	718.19	693.93	735.99	717.83	735.20		687.68	746.69	710.29	718.19	693.93	735.99
29	738.96	756.84		707.92	768.67	731.20	739.33	714.35	757.66	738.96	756.84		707.92	768.67	731.20	739.33	714.35	757.66
30	749.53	767.67		718.05	779.66	741.66	749.90	724.57	768.49	749.53	767.67		718.05	779.66	741.66	749.90	724.57	768.49
31	765.38	783.90		733.23	796.14	757.34	765.76	739.89	784.74	765.38	783.90		733.23	796.14	757.34	765.76	739.89	784.74
32	781.23	800.13		748.41	812.63	773.02	781.62	755.21	800.99	781.23	800.13		748.41	812.63	773.02	781.62	755.21	800.99
33	791.13	810.28		757.90	822.93	782.82	791.53	764.79	811.15	791.13	810.28		757.90	822.93	782.82	791.53	764.79	811.15
34	801.70	821.10		768.03	833.92	793.28	802.10	775.00	821.98	801.70	821.10		768.03	833.92	793.28	802.10	775.00	821.98
35	806.98	826.51		773.09	839.42	798.51	807.38	780.11	827.40	806.98	826.51		773.09	839.42	798.51	807.38	780.11	827.40
36	812.26	831.92		778.15	844.92	803.73	812.67	785.21	832.81	812.26	831.92		778.15	844.92	803.73	812.67	785.21	832.81
37	817.55	837.33		783.21	850.41	808.96	817.95	790.32	838.23	817.55	837.33		783.21	850.41	808.96	817.95	790.32	838.23
38	822.83	842.74		788.27	855.91	814.19	823.24	795.43	843.65	822.83	842.74		788.27	855.91	814.19	823.24	795.43	843.65
39	833.39	853.56		798.39	866.90	824.64	833.81	805.64	854.48	833.39	853.56		798.39	866.90	824.64	833.81	805.64	854.48
40	843.96	864.38		808.51	877.89	835.10	844.38	815.86	865.31	843.96	864.38		808.51	877.89	835.10	844.38	815.86	865.31
41	859.81	880.62		823.70	894.37	850.78	860.24	831.18	881.56	859.81	880.62		823.70	894.37	850.78	860.24	831.18	881.56
42	875.00	896.17		838.25	910.17	865.81	875.44	845.86	897.14	875.00	896.17		838.25	910.17	865.81	875.44	845.86	897.14
43	896.13	917.82		858.49	932.15	886.72	896.58	866.29	918.80	896.13	917.82		858.49	932.15	886.72	896.58	866.29	918.80
44	922.55	944.87		883.80	959.63	912.86	923.01	891.82	945.89	922.55	944.87		883.80	959.63	912.86	923.01	891.82	945.89
45	953.58	976.66		913.53	991.92	943.57	954.06	921.83	977.71	953.58	976.66		913.53	991.92	943.57	954.06	921.83	977.71
46	990.56	1014.54		948.96	1030.39	980.16	991.06	957.58	1015.63	990.56	1014.54		948.96	1030.39	980.16	991.06	957.58	1015.63
47	1032.17	1057.15		988.82	1073.66	1021.33	1032.68	997.80	1058.28	1032.17	1057.15		988.82	1073.66	1021.33	1032.68	997.80	1058.28
48	1079.72	1105.84		1034.37	1123.12	1068.38	1080.26	1043.76	1107.03	1079.72	1105.84		1034.37	1123.12	1068.38	1080.26	1043.76	1107.03
49	1126.60	1153.87		1079.28	1171.89	1114.77	1127.17	1089.09	1155.10	1126.60	1153.87		1079.28	1171.89	1114.77	1127.17	1089.09	1155.10
50	1179.43	1207.97		1129.90	1226.85	1167.05	1180.02	1140.16	1209.27	1179.43	1207.97		1129.90	1226.85	1167.05	1180.02	1140.16	1209.27
51	1231.60	1261.41		1179.87	1281.11	1218.67	1232.22	1190.59	1262.76	1231.60	1261.41		1179.87	1281.11	1218.67	1232.22	1190.59	1262.76
52	1289.05	1320.25		1234.91	1340.87	1275.52	1289.70	1246.13	1321.67	1289.05	1320.25		1234.91	1340.87	1275.52	1289.70	1246.13	1321.67
53	1347.17	1379.77		1290.59	1401.32	1333.02	1347.84	1302.31	1381.25	1347.17	1379.77		1290.59	1401.32	1333.02	1347.84	1302.31	1381.25
54	1409.90	1444.02		1350.69	1466.58	1395.10	1410.61	1362.95	1445.57	1409.90	1444.02		1350.69	1466.58	1395.10	1410.61	1362.95	1445.57
55	1472.64	1508.28		1410.79	1531.84	1457.18	1473.38	1423.60	1509.90	1472.64	1508.28		1410.79	1531.84	1457.18	1473.38	1423.60	1509.90
56	1540.66	1577.94		1475.95	1602.59	1524.48	1541.43	1489.35	1579.64	1540.66	1577.94		1475.95	1602.59	1524.48	1541.43	1489.35	1579.64
57	1609.34	1648.28		1541.74	1674.03	1592.44	1610.14	1555.75	1650.05	1609.34	1648.28		1541.74	1674.03	1592.44	1610.14	1555.75	1650.05
58	1682.64	1723.36		1611.97	1750.28	1664.97	1683.48	1626.61	1725.21	1682.64	1723.36		1611.97	1750.28	1664.97	1683.48	1626.61	1725.21
59	1718.96	1760.56		1646.76	1788.06	1700.91	1719.82	1661.72	1762.45	1718.96	1760.56		1646.76	1788.06	1700.91	1719.82	1661.72	1762.45
60	1792.26	1835.63		1716.99	1864.31	1773.44	1793.16	1732.58	1837.61	1792.26	1835.63		1716.99	1864.31	1773.44	1793.16	1732.58	1837.61
61	1855.66	1900.56		1777.72	1930.25	1836.17	1856.59	1793.86	1902.61	1855.66	1900.56		1777.72	1930.25	1836.17	1856.59	1793.86	1902.61
62	1897.26	1943.17		1817.58	1973.53	1877.34	1898.21	1834.08	1945.26	1897.26	1943.17		1817.58	1973.53	1877.34	1898.21	1834.08	1945.26
63	1949.43	1996.61		1867.55	2027.80	1928.96	1950.41	1884.51	1998.75	1949.43	1996.61		1867.55	2027.80	1928.96	1950.41	1884.51	1998.75
64 and over	1981.13	2029.07		1897.92	2060.76	1960.32	1982.12	1915.16	2031.24	1981.13	2029.07		1897.92	2060.76	1960.32	1982.12	1915.16	2031.24

**LifeWise Health Plan of Washington**  
**RATE SCHEDULE**

**Plan Information**

**Plan Name:** LifeWise Cascade Bronze  
**HIOS Plan ID:** 38498WA0320012  
**Effective Date:** 1/1/2026  
**Market Type:** Individual  
**Exchange Status:** In the exchange  
**Metal Level:** 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	Lewis
3	No	
4	Yes	Spokane, Stevens
5	Yes	Pierce, Thurston
6	Yes	Kittitas
7	Yes	Grant, Okanogan
8	Yes	Snohomish
9	Yes	Asotin, Columbia, Garfield, Walla Walla, Whitman

**Plan Rates**

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	306.00	313.40		293.15	318.30	302.78	306.15	295.81	313.74	306.00	313.40		293.15	318.30	302.78	306.15	295.81	313.74
15	333.20	341.26		319.20	346.59	329.70	333.36	322.10	341.63	333.20	341.26		319.20	346.59	329.70	333.36	322.10	341.63
16	343.60	351.91		329.17	357.41	339.99	343.77	332.16	352.29	343.60	351.91		329.17	357.41	339.99	343.77	332.16	352.29
17	354.00	362.56		339.13	368.23	350.28	354.17	342.21	362.95	354.00	362.56		339.13	368.23	350.28	354.17	342.21	362.95
18	365.20	374.04		349.86	379.88	361.36	365.38	353.04	374.44	365.20	374.04		349.86	379.88	361.36	365.38	353.04	374.44
19	376.40	385.51		360.59	391.53	372.45	376.59	363.86	385.92	376.40	385.51		360.59	391.53	372.45	376.59	363.86	385.92
20	388.00	397.39		371.70	403.59	383.92	388.19	375.08	397.81	388.00	397.39		371.70	403.59	383.92	388.19	375.08	397.81
21	400.00	409.68		383.20	416.08	395.80	400.20	386.68	410.12	400.00	409.68		383.20	416.08	395.80	400.20	386.68	410.12
22	400.00	409.68		383.20	416.08	395.80	400.20	386.68	410.12	400.00	409.68		383.20	416.08	395.80	400.20	386.68	410.12
23	400.00	409.68		383.20	416.08	395.80	400.20	386.68	410.12	400.00	409.68		383.20	416.08	395.80	400.20	386.68	410.12
24	400.00	409.68		383.20	416.08	395.80	400.20	386.68	410.12	400.00	409.68		383.20	416.08	395.80	400.20	386.68	410.12
25	401.60	411.32		384.73	417.74	397.38	401.80	388.22	411.76	401.60	411.32		384.73	417.74	397.38	401.80	388.22	411.76
26	409.60	419.51		392.39	426.06	405.30	409.80	395.96	419.96	409.60	419.51		392.39	426.06	405.30	409.80	395.96	419.96
27	419.20	429.34		401.59	436.05	414.80	419.41	405.24	429.80	419.20	429.34		401.59	436.05	414.80	419.41	405.24	429.80
28	434.80	445.32		416.54	452.28	430.23	435.01	420.32	445.80	434.80	445.32		416.54	452.28	430.23	435.01	420.32	445.80
29	447.60	458.43		428.80	465.59	442.90	447.82	432.69	458.92	447.60	458.43		428.80	465.59	442.90	447.82	432.69	458.92
30	454.00	464.98		434.93	472.25	449.23	454.22	438.88	465.48	454.00	464.98		434.93	472.25	449.23	454.22	438.88	465.48
31	463.60	474.82		444.13	482.23	458.73	463.83	448.16	475.33	463.60	474.82		444.13	482.23	458.73	463.83	448.16	475.33
32	473.20	484.65		453.32	492.22	468.23	473.43	457.44	485.17	473.20	484.65		453.32	492.22	468.23	473.43	457.44	485.17
33	479.20	490.79		459.07	498.46	474.17	479.44	463.24	491.32	479.20	490.79		459.07	498.46	474.17	479.44	463.24	491.32
34	485.60	497.35		465.20	505.12	480.50	485.84	469.43	497.88	485.60	497.35		465.20	505.12	480.50	485.84	469.43	497.88
35	488.80	500.63		468.27	508.45	483.66	489.04	472.52	501.16	488.80	500.63		468.27	508.45	483.66	489.04	472.52	501.16
36	492.00	503.90		471.33	511.77	486.83	492.24	475.61	504.44	492.00	503.90		471.33	511.77	486.83	492.24	475.61	504.44
37	495.20	507.18		474.40	515.10	490.00	495.44	478.71	507.73	495.20	507.18		474.40	515.10	490.00	495.44	478.71	507.73
38	498.40	510.46		477.46	518.43	493.16	498.65	481.80	511.01	498.40	510.46		477.46	518.43	493.16	498.65	481.80	511.01
39	504.80	517.01		483.60	525.09	499.50	505.05	487.99	517.57	504.80	517.01		483.60	525.09	499.50	505.05	487.99	517.57
40	511.20	523.57		489.73	531.75	505.83	511.45	494.17	524.13	511.20	523.57		489.73	531.75	505.83	511.45	494.17	524.13
41	520.80	533.40		498.92	541.73	515.33	521.06	503.45	533.97	520.80	533.40		498.92	541.73	515.33	521.06	503.45	533.97
42	530.00	542.82		507.74	551.30	524.43	530.26	512.35	543.41	530.00	542.82		507.74	551.30	524.43	530.26	512.35	543.41
43	542.80	555.93		520.00	564.62	537.10	543.07	524.72	556.53	542.80	555.93		520.00	564.62	537.10	543.07	524.72	556.53
44	558.80	572.32		535.33	581.26	552.93	559.08	540.19	572.93	558.80	572.32		535.33	581.26	552.93	559.08	540.19	572.93
45	577.60	591.57		553.34	600.82	571.53	577.88	558.36	592.21	577.60	591.57		553.34	600.82	571.53	577.88	558.36	592.21
46	600.00	614.52		574.80	624.12	593.70	600.30	580.02	615.18	600.00	614.52		574.80	624.12	593.70	600.30	580.02	615.18
47	625.20	640.33		598.94	650.33	618.63	625.51	604.38	641.01	625.20	640.33		598.94	650.33	618.63	625.51	604.38	641.01
48	654.00	669.82		626.53	680.29	647.13	654.32	632.22	670.54	654.00	669.82		626.53	680.29	647.13	654.32	632.22	670.54
49	682.40	698.91		653.73	709.83	675.23	682.74	659.67	699.66	682.40	698.91		653.73	709.83	675.23	682.74	659.67	699.66
50	714.40	731.68		684.39	743.11	706.89	714.75	690.61	732.47	714.40	731.68		684.39	743.11	706.89	714.75	690.61	732.47
51	745.99	764.05		714.66	775.98	738.16	746.37	721.15	764.87	745.99	764.05		714.66	775.98	738.16	746.37	721.15	764.87
52	780.79	799.69		748.00	812.18	772.60	781.19	754.79	800.55	780.79	799.69		748.00	812.18	772.60	781.19	754.79	800.55
53	815.99	835.74		781.72	848.80	807.43	816.40	788.82	836.64	815.99	835.74		781.72	848.80	807.43	816.40	788.82	836.64
54	853.99	874.66		818.13	888.32	845.03	854.42	825.56	875.60	853.99	874.66		818.13	888.32	845.03	854.42	825.56	875.60
55	891.99	913.58		854.53	927.85	882.63	892.44	862.29	914.56	891.99	913.58		854.53	927.85	882.63	892.44	862.29	914.56
56	933.19	955.78		894.00	970.71	923.40	933.66	902.12	956.80	933.19	955.78		894.00	970.71	923.40	933.66	902.12	956.80
57	974.79	998.38		933.85	1013.98	964.56	975.28	942.33	999.46	974.79	998.38		933.85	1013.98	964.56	975.28	942.33	999.46
58	1019.19	1043.86		976.39	1060.16	1008.49	1019.70	985.25	1044.98	1019.19	1043.86		976.39	1060.16	1008.49	1019.70	985.25	1044.98
59	1041.19	1066.39		997.46	1083.05	1030.26	1041.71	1006.52	1067.54	1041.19	1066.39		997.46	1083.05	1030.26	1041.71	1006.52	1067.54
60	1085.59	1111.86		1040.00	1129.23	1074.19	1086.14	1049.44	1113.06	1085.59	1111.86		1040.00	1129.23	1074.19	1086.14	1049.44	1113.06
61	1123.99	1151.19		1076.78	1169.18	1112.19	1124.55	1086.56	1152.43	1123.99	1151.19		1076.78	1169.18	1112.19	1124.55	1086.56	1152.43
62	1149.19	1177.00		1100.93	1195.39	1137.13	1149.77	1110.92	1178.27	1149.19	1177.00		1100.93	1195.39	1137.13	1149.77	1110.92	1178.27
63	1180.79	1209.37		1131.20	1228.26	1168.39	1181.38	1141.47	1210.67	1180.79	1209.37		1131.20	1228.26	1168.39	1181.38	1141.47	1210.67
64 and over	1199.99	1229.03		1149.59	1248.23	1187.39	1200.59	1160.03	1230.35	1199.99	1229.03		1149.59	1248.23	1187.39	1200.59	1160.03	1230.35

**LifeWise Health Plan of Washington**  
**RATE SCHEDULE**

**Plan Information**

**Plan Name:** LifeWise Cascade Select Complete Gold  
**HIOS Plan ID:** 38498WA0320013  
**Effective Date:** 1/1/2026  
**Market Type:** Individual  
**Exchange Status:** In the exchange  
**Metal Level:** Gold  
**Plan Type:** Standardized Public Option Plan

**Plan Geographic Availability**

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz, Grays Harbor, Lewis, Wahkiakum
3	Yes	Clark, Klickitat, Skamania
4	Yes	Ferry, Pend Oreille, Spokane
5	Yes	Pierce, Thurston
6	Yes	Benton, Yakima
7	Yes	Adams, Chelan, Douglas
8	Yes	Island, Skagit, Whatcom
9	No	

**Plan Rates**

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		334.70	338.49	313.07	339.93	323.36	326.96	315.91			334.70	338.49	313.07	339.93	323.36	326.96	315.91	
15		364.45	368.58	340.90	370.15	352.11	356.02	343.99			364.45	368.58	340.90	370.15	352.11	356.02	343.99	
16		375.83	380.09	351.54	381.70	363.10	367.13	354.73			375.83	380.09	351.54	381.70	363.10	367.13	354.73	
17		387.21	391.59	362.18	393.25	374.09	378.25	365.47			387.21	391.59	362.18	393.25	374.09	378.25	365.47	
18		399.46	403.98	373.64	405.70	385.92	390.21	377.03			399.46	403.98	373.64	405.70	385.92	390.21	377.03	
19		411.71	416.37	385.10	418.14	397.76	402.18	388.59			411.71	416.37	385.10	418.14	397.76	402.18	388.59	
20		424.39	429.20	396.96	431.02	410.02	414.57	400.57			424.39	429.20	396.96	431.02	410.02	414.57	400.57	
21		437.52	442.48	409.24	444.36	422.70	427.40	412.96			437.52	442.48	409.24	444.36	422.70	427.40	412.96	
22		437.52	442.48	409.24	444.36	422.70	427.40	412.96			437.52	442.48	409.24	444.36	422.70	427.40	412.96	
23		437.52	442.48	409.24	444.36	422.70	427.40	412.96			437.52	442.48	409.24	444.36	422.70	427.40	412.96	
24		437.52	442.48	409.24	444.36	422.70	427.40	412.96			437.52	442.48	409.24	444.36	422.70	427.40	412.96	
25		439.27	444.25	410.88	446.13	424.39	429.11	414.61			439.27	444.25	410.88	446.13	424.39	429.11	414.61	
26		448.02	453.09	419.06	455.02	432.84	437.65	422.87			448.02	453.09	419.06	455.02	432.84	437.65	422.87	
27		458.52	463.71	428.88	465.68	442.99	447.91	432.78			458.52	463.71	428.88	465.68	442.99	447.91	432.78	
28		475.58	480.97	444.84	483.01	459.47	464.58	448.88			475.58	480.97	444.84	483.01	459.47	464.58	448.88	
29		489.58	495.13	457.94	497.23	473.00	478.26	462.10			489.58	495.13	457.94	497.23	473.00	478.26	462.10	
30		496.59	502.21	464.49	504.34	479.76	485.09	468.71			496.59	502.21	464.49	504.34	479.76	485.09	468.71	
31		507.09	512.83	474.31	515.01	489.91	495.35	478.62			507.09	512.83	474.31	515.01	489.91	495.35	478.62	
32		517.59	523.45	484.13	525.67	500.05	505.61	488.53			517.59	523.45	484.13	525.67	500.05	505.61	488.53	
33		524.15	530.09	490.27	532.34	506.39	512.02	494.72			524.15	530.09	490.27	532.34	506.39	512.02	494.72	
34		531.15	537.17	496.82	539.45	513.15	518.86	501.33			531.15	537.17	496.82	539.45	513.15	518.86	501.33	
35		534.65	540.70	500.09	543.00	516.54	522.28	504.63			534.65	540.70	500.09	543.00	516.54	522.28	504.63	
36		538.15	544.24	503.37	546.56	519.92	525.70	507.94			538.15	544.24	503.37	546.56	519.92	525.70	507.94	
37		541.65	547.78	506.64	550.11	523.30	529.12	511.24			541.65	547.78	506.64	550.11	523.30	529.12	511.24	
38		545.15	551.32	509.91	553.67	526.68	532.54	514.54			545.15	551.32	509.91	553.67	526.68	532.54	514.54	
39		552.15	558.40	516.46	560.78	533.44	539.37	521.15			552.15	558.40	516.46	560.78	533.44	539.37	521.15	
40		559.15	565.48	523.01	567.89	540.21	546.21	527.76			559.15	565.48	523.01	567.89	540.21	546.21	527.76	
41		569.65	576.10	532.83	578.55	550.35	556.47	537.67			569.65	576.10	532.83	578.55	550.35	556.47	537.67	
42		579.71	586.28	542.24	588.77	560.07	566.30	547.17			579.71	586.28	542.24	588.77	560.07	566.30	547.17	
43		593.71	600.44	555.34	602.99	573.60	579.98	560.38			593.71	600.44	555.34	602.99	573.60	579.98	560.38	
44		611.22	618.14	571.71	620.76	590.51	597.07	576.90			611.22	618.14	571.71	620.76	590.51	597.07	576.90	
45		631.78	638.93	590.94	641.65	610.37	617.16	596.31			631.78	638.93	590.94	641.65	610.37	617.16	596.31	
46		656.28	663.71	613.86	666.53	634.05	641.09	619.44			656.28	663.71	613.86	666.53	634.05	641.09	619.44	
47		683.84	691.59	639.64	694.53	660.68	668.02	645.45			683.84	691.59	639.64	694.53	660.68	668.02	645.45	
48		715.35	723.45	669.11	726.52	691.11	698.79	675.18			715.35	723.45	669.11	726.52	691.11	698.79	675.18	
49		746.41	754.86	698.16	758.07	721.12	729.14	704.50			746.41	754.86	698.16	758.07	721.12	729.14	704.50	
50		781.41	790.26	730.90	793.62	754.94	763.33	737.54			781.41	790.26	730.90	793.62	754.94	763.33	737.54	
51		815.97	825.22	763.23	828.72	788.33	797.09	770.17			815.97	825.22	763.23	828.72	788.33	797.09	770.17	
52		854.04	863.71	798.84	867.38	825.10	834.28	806.09			854.04	863.71	798.84	867.38	825.10	834.28	806.09	
53		892.54	902.65	834.85	906.48	862.30	871.89	842.43			892.54	902.65	834.85	906.48	862.30	871.89	842.43	
54		934.11	944.69	873.73	948.70	902.46	912.49	881.66			934.11	944.69	873.73	948.70	902.46	912.49	881.66	
55		975.67	986.72	912.61	990.91	942.61	953.09	920.89			975.67	986.72	912.61	990.91	942.61	953.09	920.89	
56		1020.73	1032.30	954.76	1036.68	986.15	997.11	963.43			1020.73	1032.30	954.76	1036.68	986.15	997.11	963.43	
57		1066.24	1078.31	997.32	1082.89	1030.11	1041.56	1006.38			1066.24	1078.31	997.32	1082.89	1030.11	1041.56	1006.38	
58		1114.80	1127.43	1042.75	1132.22	1077.03	1089.00	1052.21			1114.80	1127.43	1042.75	1132.22	1077.03	1089.00	1052.21	
59		1138.86	1151.76	1065.25	1156.66	1100.28	1112.51	1074.93			1138.86	1151.76	1065.25	1156.66	1100.28	1112.51	1074.93	
60		1187.43	1200.88	1110.68	1205.98	1147.20	1159.95	1120.77			1187.43	1200.88	1110.68	1205.98	1147.20	1159.95	1120.77	
61		1229.43	1243.36	1149.97	1248.64	1187.78	1200.98	1160.41			1229.43	1243.36	1149.97	1248.64	1187.78	1200.98	1160.41	
62		1257.00	1271.23	1175.75	1276.63	1214.41	1227.91	1186.43			1257.00	1271.23	1175.75	1276.63	1214.41	1227.91	1186.43	
63		1291.56	1306.19	1208.08	1311.74	1247.80	1261.67	1219.05			1291.56	1306.19	1208.08	1311.74	1247.80	1261.67	1219.05	
64 and over		1312.56	1327.43	1227.72	1333.07	1268.09	1282.19	1238.87			1312.56	1327.43	1227.72	1333.07	1268.09	1282.19	1238.87	

**LifeWise Health Plan of Washington**  
**RATE SCHEDULE**

**Plan Information**

**Plan Name:** LifeWise Cascade Select Silver  
**HIOS Plan ID:** 38498WA0320014  
**Effective Date:** 1/1/2026  
**Market Type:** Individual  
**Exchange Status:** In the exchange  
**Metal Level:** Silver  
**Plan Type:** Standardized Public Option Plan

**Plan Geographic Availability**

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz, Grays Harbor, Lewis, Wahkiakum
3	Yes	Clark, Klickitat, Skamania
4	Yes	Ferry, Pend Oreille, Spokane
5	Yes	Pierce, Thurston
6	Yes	Benton, Yakima
7	Yes	Adams, Chelan, Douglas
8	Yes	Island, Skagit, Whatcom
9	No	

**Plan Rates**

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		397.18	401.68	371.51	403.38	383.72	387.99	374.88			397.18	401.68	371.51	403.38	383.72	387.99	374.88	
15		432.48	437.38	404.53	439.24	417.83	422.48	408.20			432.48	437.38	404.53	439.24	417.83	422.48	408.20	
16		445.98	451.03	417.16	452.95	430.87	435.66	420.94			445.98	451.03	417.16	452.95	430.87	435.66	420.94	
17		459.48	464.68	429.78	466.66	443.91	448.85	433.69			459.48	464.68	429.78	466.66	443.91	448.85	433.69	
18		474.02	479.39	443.38	481.42	457.96	463.05	447.41			474.02	479.39	443.38	481.42	457.96	463.05	447.41	
19		488.56	494.09	456.98	496.19	472.00	477.25	461.13			488.56	494.09	456.98	496.19	472.00	477.25	461.13	
20		503.61	509.32	471.06	511.48	486.55	491.96	475.34			503.61	509.32	471.06	511.48	486.55	491.96	475.34	
21		519.19	525.07	485.63	527.30	501.60	507.17	490.04			519.19	525.07	485.63	527.30	501.60	507.17	490.04	
22		519.19	525.07	485.63	527.30	501.60	507.17	490.04			519.19	525.07	485.63	527.30	501.60	507.17	490.04	
23		519.19	525.07	485.63	527.30	501.60	507.17	490.04			519.19	525.07	485.63	527.30	501.60	507.17	490.04	
24		519.19	525.07	485.63	527.30	501.60	507.17	490.04			519.19	525.07	485.63	527.30	501.60	507.17	490.04	
25		521.26	527.17	487.57	529.41	503.60	509.20	492.00			521.26	527.17	487.57	529.41	503.60	509.20	492.00	
26		531.65	537.67	497.28	539.95	513.64	519.35	501.80			531.65	537.67	497.28	539.95	513.64	519.35	501.80	
27		544.11	550.27	508.94	552.61	525.67	531.52	513.56			544.11	550.27	508.94	552.61	525.67	531.52	513.56	
28		564.36	570.75	527.88	573.17	545.24	551.30	532.67			564.36	570.75	527.88	573.17	545.24	551.30	532.67	
29		580.97	587.55	543.42	590.05	561.29	567.53	548.35			580.97	587.55	543.42	590.05	561.29	567.53	548.35	
30		589.28	595.95	551.19	598.48	569.31	575.64	556.19			589.28	595.95	551.19	598.48	569.31	575.64	556.19	
31		601.74	608.55	562.84	611.14	581.35	587.81	567.96			601.74	608.55	562.84	611.14	581.35	587.81	567.96	
32		614.20	621.16	574.50	623.79	593.39	599.99	579.72			614.20	621.16	574.50	623.79	593.39	599.99	579.72	
33		621.99	629.03	581.78	631.70	600.91	607.59	587.07			621.99	629.03	581.78	631.70	600.91	607.59	587.07	
34		630.29	637.43	589.55	640.14	608.94	615.71	594.91			630.29	637.43	589.55	640.14	608.94	615.71	594.91	
35		634.45	641.63	593.44	644.36	612.95	619.77	598.83			634.45	641.63	593.44	644.36	612.95	619.77	598.83	
36		638.60	645.83	597.32	648.58	616.96	623.82	602.75			638.60	645.83	597.32	648.58	616.96	623.82	602.75	
37		642.75	650.03	601.21	652.80	620.98	627.88	606.67			642.75	650.03	601.21	652.80	620.98	627.88	606.67	
38		646.91	654.23	605.09	657.01	624.99	631.94	610.59			646.91	654.23	605.09	657.01	624.99	631.94	610.59	
39		655.21	662.64	612.86	665.45	633.02	640.05	618.43			655.21	662.64	612.86	665.45	633.02	640.05	618.43	
40		663.52	671.04	620.63	673.89	641.04	648.17	626.27			663.52	671.04	620.63	673.89	641.04	648.17	626.27	
41		675.98	683.64	632.29	686.54	653.08	660.34	638.03			675.98	683.64	632.29	686.54	653.08	660.34	638.03	
42		687.92	695.71	643.46	698.67	664.62	672.00	649.30			687.92	695.71	643.46	698.67	664.62	672.00	649.30	
43		704.54	712.52	659.00	715.54	680.67	688.23	664.98			704.54	712.52	659.00	715.54	680.67	688.23	664.98	
44		725.30	733.52	678.42	736.64	700.73	708.52	684.59			725.30	733.52	678.42	736.64	700.73	708.52	684.59	
45		749.71	758.20	701.25	761.42	724.31	732.36	707.62			749.71	758.20	701.25	761.42	724.31	732.36	707.62	
46		778.78	787.60	728.44	790.95	752.40	760.76	735.06			778.78	787.60	728.44	790.95	752.40	760.76	735.06	
47		811.49	820.68	759.04	824.17	784.00	792.71	765.93			811.49	820.68	759.04	824.17	784.00	792.71	765.93	
48		848.87	858.49	794.00	862.13	820.11	829.23	801.21			848.87	858.49	794.00	862.13	820.11	829.23	801.21	
49		885.73	895.77	828.48	899.57	855.73	865.24	836.01			885.73	895.77	828.48	899.57	855.73	865.24	836.01	
50		927.27	937.77	867.33	941.75	895.85	905.81	875.21			927.27	937.77	867.33	941.75	895.85	905.81	875.21	
51		968.28	979.25	905.70	983.41	935.48	945.88	913.92			968.28	979.25	905.70	983.41	935.48	945.88	913.92	
52		1013.45	1024.93	947.95	1029.29	979.12	990.00	956.56			1013.45	1024.93	947.95	1029.29	979.12	990.00	956.56	
53		1059.14	1071.14	990.68	1075.69	1023.26	1034.63	999.68			1059.14	1071.14	990.68	1075.69	1023.26	1034.63	999.68	
54		1108.47	1121.02	1036.82	1125.78	1070.91	1082.82	1046.23			1108.47	1121.02	1036.82	1125.78	1070.91	1082.82	1046.23	
55		1157.79	1170.90	1082.95	1175.88	1118.56	1131.00	1092.79			1157.79	1170.90	1082.95	1175.88	1118.56	1131.00	1092.79	
56		1211.26	1224.98	1132.97	1230.19	1170.23	1183.24	1143.26			1211.26	1224.98	1132.97	1230.19	1170.23	1183.24	1143.26	
57		1265.26	1279.59	1183.48	1285.03	1222.39	1235.98	1194.23			1265.26	1279.59	1183.48	1285.03	1222.39	1235.98	1194.23	
58		1322.89	1337.87	1237.38	1343.56	1278.07	1292.28	1248.62			1322.89	1337.87	1237.38	1343.56	1278.07	1292.28	1248.62	
59		1351.45	1366.75	1264.09	1372.56	1305.66	1320.17	1275.57			1351.45	1366.75	1264.09	1372.56	1305.66	1320.17	1275.57	
60		1409.07	1425.03	1318.00	1431.09	1361.34	1376.47	1329.97			1409.07	1425.03	1318.00	1431.09	1361.34	1376.47	1329.97	
61		1458.92	1475.44	1364.62	1481.71	1409.49	1425.16	1377.01			1458.92	1475.44	1364.62	1481.71	1409.49	1425.16	1377.01	
62		1491.63	1508.52	1395.21	1514.93	1441.09	1457.11	1407.88			1491.63	1508.52	1395.21	1514.93	1441.09	1457.11	1407.88	
63		1532.64	1550.00	1433.58	1556.58	1480.72	1497.18	1446.60			1532.64	1550.00	1433.58	1556.58	1480.72	1497.18	1446.60	
64 and over		1557.56	1575.20	1456.89	1581.89	1504.79	1521.51	1470.12			1557.56	1575.20	1456.89	1581.89	1504.79	1521.51	1470.12	

**LifeWise Health Plan of Washington**  
**RATE SCHEDULE**

**Plan Information**

**Plan Name:** LifeWise Cascade Select Bronze  
**HIOS Plan ID:** 38498WA0320015  
**Effective Date:** 1/1/2026  
**Market Type:** Individual  
**Exchange Status:** In the exchange  
**Metal Level:** Bronze  
**Plan Type:** Standardized Public Option Plan

**Plan Geographic Availability**

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz, Grays Harbor, Lewis, Wahkiakum
3	Yes	Clark, Klickitat, Skamania
4	Yes	Ferry, Pend Oreille, Spokane
5	Yes	Pierce, Thurston
6	Yes	Benton, Yakima
7	Yes	Adams, Chelan, Douglas
8	Yes	Island, Skagit, Whatcom
9	No	

**Plan Rates**

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		244.01	246.78	228.24	247.83	235.75	238.37	230.32			244.01	246.78	228.24	247.83	235.75	238.37	230.32	
15		265.70	268.71	248.53	269.86	256.70	259.56	250.79			265.70	268.71	248.53	269.86	256.70	259.56	250.79	
16		274.00	277.10	256.29	278.28	264.71	267.66	258.62			274.00	277.10	256.29	278.28	264.71	267.66	258.62	
17		282.29	285.49	264.05	286.70	272.73	275.76	266.44			282.29	285.49	264.05	286.70	272.73	275.76	266.44	
18		291.22	294.52	272.40	295.77	281.36	284.48	274.87			291.22	294.52	272.40	295.77	281.36	284.48	274.87	
19		300.15	303.55	280.75	304.84	289.98	293.21	283.30			300.15	303.55	280.75	304.84	289.98	293.21	283.30	
20		309.40	312.91	289.41	314.24	298.92	302.24	292.03			309.40	312.91	289.41	314.24	298.92	302.24	292.03	
21		318.97	322.59	298.36	323.96	308.17	311.59	301.07			318.97	322.59	298.36	323.96	308.17	311.59	301.07	
22		318.97	322.59	298.36	323.96	308.17	311.59	301.07			318.97	322.59	298.36	323.96	308.17	311.59	301.07	
23		318.97	322.59	298.36	323.96	308.17	311.59	301.07			318.97	322.59	298.36	323.96	308.17	311.59	301.07	
24		318.97	322.59	298.36	323.96	308.17	311.59	301.07			318.97	322.59	298.36	323.96	308.17	311.59	301.07	
25		320.25	323.88	299.55	325.25	309.40	312.84	302.27			320.25	323.88	299.55	325.25	309.40	312.84	302.27	
26		326.63	330.33	305.52	331.73	315.56	319.07	308.29			326.63	330.33	305.52	331.73	315.56	319.07	308.29	
27		334.28	338.07	312.68	339.51	322.96	326.55	315.52			334.28	338.07	312.68	339.51	322.96	326.55	315.52	
28		346.72	350.65	324.31	352.14	334.98	338.70	327.26			346.72	350.65	324.31	352.14	334.98	338.70	327.26	
29		356.93	360.97	333.86	362.51	344.84	348.67	336.89			356.93	360.97	333.86	362.51	344.84	348.67	336.89	
30		362.03	366.13	338.63	367.69	349.77	353.66	341.71			362.03	366.13	338.63	367.69	349.77	353.66	341.71	
31		369.69	373.88	345.79	375.47	357.16	361.14	348.94			369.69	373.88	345.79	375.47	357.16	361.14	348.94	
32		377.35	381.62	352.96	383.24	364.56	368.61	356.16			377.35	381.62	352.96	383.24	364.56	368.61	356.16	
33		382.13	386.46	357.43	388.10	369.18	373.29	360.68			382.13	386.46	357.43	388.10	369.18	373.29	360.68	
34		387.23	391.62	362.20	393.28	374.11	378.27	365.49			387.23	391.62	362.20	393.28	374.11	378.27	365.49	
35		389.79	394.20	364.59	395.87	376.58	380.77	367.90			389.79	394.20	364.59	395.87	376.58	380.77	367.90	
36		392.34	396.78	366.98	398.47	379.04	383.26	370.31			392.34	396.78	366.98	398.47	379.04	383.26	370.31	
37		394.89	399.36	369.36	401.06	381.51	385.75	372.72			394.89	399.36	369.36	401.06	381.51	385.75	372.72	
38		397.44	401.94	371.75	403.65	383.98	388.24	375.13			397.44	401.94	371.75	403.65	383.98	388.24	375.13	
39		402.54	407.10	376.53	408.83	388.91	393.23	379.94			402.54	407.10	376.53	408.83	388.91	393.23	379.94	
40		407.65	412.26	381.30	414.02	393.84	398.21	384.76			407.65	412.26	381.30	414.02	393.84	398.21	384.76	
41		415.30	420.01	388.46	421.79	401.23	405.69	391.99			415.30	420.01	388.46	421.79	401.23	405.69	391.99	
42		422.64	427.43	395.32	429.24	408.32	412.86	398.91			422.64	427.43	395.32	429.24	408.32	412.86	398.91	
43		432.85	437.75	404.87	439.61	418.18	422.83	408.55			432.85	437.75	404.87	439.61	418.18	422.83	408.55	
44		445.61	450.65	416.80	452.57	430.51	435.29	420.59			445.61	450.65	416.80	452.57	430.51	435.29	420.59	
45		460.60	465.81	430.83	467.79	444.99	449.94	434.74			460.60	465.81	430.83	467.79	444.99	449.94	434.74	
46		478.46	483.88	447.53	485.93	462.25	467.39	451.60			478.46	483.88	447.53	485.93	462.25	467.39	451.60	
47		498.56	504.20	466.33	506.34	481.66	487.02	470.57			498.56	504.20	466.33	506.34	481.66	487.02	470.57	
48		521.52	527.43	487.81	529.67	503.85	509.45	492.24			521.52	527.43	487.81	529.67	503.85	509.45	492.24	
49		544.17	550.33	509.00	552.67	525.73	531.58	513.62			544.17	550.33	509.00	552.67	525.73	531.58	513.62	
50		569.69	576.14	532.86	578.59	550.39	556.50	537.70			569.69	576.14	532.86	578.59	550.39	556.50	537.70	
51		594.89	601.62	556.43	604.18	574.73	581.12	561.49			594.89	601.62	556.43	604.18	574.73	581.12	561.49	
52		622.64	629.69	582.39	632.36	601.54	608.23	587.68			622.64	629.69	582.39	632.36	601.54	608.23	587.68	
53		650.71	658.08	608.65	660.87	628.66	635.65	614.17			650.71	658.08	608.65	660.87	628.66	635.65	614.17	
54		681.01	688.72	636.99	691.65	657.94	665.25	642.78			681.01	688.72	636.99	691.65	657.94	665.25	642.78	
55		711.31	719.37	665.33	722.42	687.21	694.85	671.38			711.31	719.37	665.33	722.42	687.21	694.85	671.38	
56		744.16	752.59	696.06	755.79	718.95	726.94	702.39			744.16	752.59	696.06	755.79	718.95	726.94	702.39	
57		777.34	786.14	727.09	789.48	751.00	759.35	733.70			777.34	786.14	727.09	789.48	751.00	759.35	733.70	
58		812.74	821.95	760.21	825.44	785.21	793.94	767.12			812.74	821.95	760.21	825.44	785.21	793.94	767.12	
59		830.29	839.69	776.62	843.26	802.16	811.07	783.67			830.29	839.69	776.62	843.26	802.16	811.07	783.67	
60		865.69	875.50	809.74	879.22	836.36	845.66	817.09			865.69	875.50	809.74	879.22	836.36	845.66	817.09	
61		896.31	906.47	838.38	910.32	865.95	875.57	845.99			896.31	906.47	838.38	910.32	865.95	875.57	845.99	
62		916.41	926.79	857.18	930.73	885.36	895.20	864.96			916.41	926.79	857.18	930.73	885.36	895.20	864.96	
63		941.61	952.27	880.75	956.32	909.71	919.82	888.75			941.61	952.27	880.75	956.32	909.71	919.82	888.75	
64 and over		956.91	967.76	895.07	971.87	924.50	934.77	903.20			956.91	967.76	895.07	971.87	924.50	934.77	903.20	



**LifeWise Health Plan of Washington**  
**RATE SCHEDULE**

**Plan Information**

**Plan Name:** LifeWise Cascade Vital Gold  
**HIOS Plan ID:** 38498WA0320016  
**Effective Date:** 1/1/2026  
**Market Type:** Individual  
**Exchange Status:** In the exchange  
**Metal Level:** Gold  
**Plan Type:** Standardized Non-Public Option Plan

**Plan Geographic Availability**

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Lewis
3	No	
4	Yes	Spokane, Stevens
5	Yes	Pierce, Thurston
6	Yes	Kittitas
7	Yes	Grant, Okanogan
8	Yes	Snohomish
9	Yes	Asotin, Columbia, Garfield, Walla Walla, Whitman

**Plan Rates**

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	403.78	413.55		386.82	420.01	399.54	403.98	390.34	414.00	403.78	413.55		386.82	420.01	399.54	403.98	390.34	414.00
15	439.67	450.31		421.21	457.35	435.06	439.89	425.03	450.80	439.67	450.31		421.21	457.35	435.06	439.89	425.03	450.80
16	453.40	464.37		434.35	471.62	448.64	453.62	438.30	464.87	453.40	464.37		434.35	471.62	448.64	453.62	438.30	464.87
17	467.12	478.42		447.50	485.90	462.21	467.35	451.56	478.94	467.12	478.42		447.50	485.90	462.21	467.35	451.56	478.94
18	481.90	493.56		461.66	501.27	476.84	482.14	465.85	494.09	481.90	493.56		461.66	501.27	476.84	482.14	465.85	494.09
19	496.68	508.70		475.82	516.64	491.46	496.93	480.14	509.24	496.68	508.70		475.82	516.64	491.46	496.93	480.14	509.24
20	511.98	524.37		490.48	532.57	506.61	512.24	494.94	524.94	511.98	524.37		490.48	532.57	506.61	512.24	494.94	524.94
21	527.82	540.59		505.65	549.04	522.28	528.08	510.24	541.17	527.82	540.59		505.65	549.04	522.28	528.08	510.24	541.17
22	527.82	540.59		505.65	549.04	522.28	528.08	510.24	541.17	527.82	540.59		505.65	549.04	522.28	528.08	510.24	541.17
23	527.82	540.59		505.65	549.04	522.28	528.08	510.24	541.17	527.82	540.59		505.65	549.04	522.28	528.08	510.24	541.17
24	527.82	540.59		505.65	549.04	522.28	528.08	510.24	541.17	527.82	540.59		505.65	549.04	522.28	528.08	510.24	541.17
25	529.93	542.75		507.67	551.23	524.37	530.19	512.28	543.34	529.93	542.75		507.67	551.23	524.37	530.19	512.28	543.34
26	540.49	553.57		517.79	562.21	534.81	540.76	522.49	554.16	540.49	553.57		517.79	562.21	534.81	540.76	522.49	554.16
27	553.15	566.54		529.92	575.39	547.35	553.43	534.73	567.15	553.15	566.54		529.92	575.39	547.35	553.43	534.73	567.15
28	573.74	587.62		549.64	596.80	567.71	574.03	554.63	588.25	573.74	587.62		549.64	596.80	567.71	574.03	554.63	588.25
29	590.63	604.92		565.82	614.37	584.43	590.92	570.96	605.57	590.63	604.92		565.82	614.37	584.43	590.92	570.96	605.57
30	599.07	613.57		573.91	623.16	592.78	599.37	579.13	614.23	599.07	613.57		573.91	623.16	592.78	599.37	579.13	614.23
31	611.74	626.55		586.05	636.33	605.32	612.05	591.37	627.22	611.74	626.55		586.05	636.33	605.32	612.05	591.37	627.22
32	624.41	639.52		598.18	649.51	617.85	624.72	603.62	640.21	624.41	639.52		598.18	649.51	617.85	624.72	603.62	640.21
33	632.33	647.63		605.77	657.75	625.69	632.64	611.27	648.32	632.33	647.63		605.77	657.75	625.69	632.64	611.27	648.32
34	640.77	656.28		613.86	666.53	634.04	641.09	619.43	656.98	640.77	656.28		613.86	666.53	634.04	641.09	619.43	656.98
35	644.99	660.60		617.90	670.92	638.22	645.32	623.52	661.31	644.99	660.60		617.90	670.92	638.22	645.32	623.52	661.31
36	649.22	664.93		621.95	675.32	642.40	649.54	627.60	665.64	649.22	664.93		621.95	675.32	642.40	649.54	627.60	665.64
37	653.44	669.25		626.00	679.71	646.58	653.77	631.68	669.97	653.44	669.25		626.00	679.71	646.58	653.77	631.68	669.97
38	657.66	673.58		630.04	684.10	650.76	657.99	635.76	674.30	657.66	673.58		630.04	684.10	650.76	657.99	635.76	674.30
39	666.11	682.23		638.13	692.88	659.11	666.44	643.93	682.96	666.11	682.23		638.13	692.88	659.11	666.44	643.93	682.96
40	674.55	690.88		646.22	701.67	667.47	674.89	652.09	691.62	674.55	690.88		646.22	701.67	667.47	674.89	652.09	691.62
41	687.22	703.85		658.36	714.85	680.00	687.56	664.34	704.61	687.22	703.85		658.36	714.85	680.00	687.56	664.34	704.61
42	699.36	716.28		669.99	727.47	692.02	699.71	676.07	717.05	699.36	716.28		669.99	727.47	692.02	699.71	676.07	717.05
43	716.25	733.58		686.17	745.04	708.73	716.61	692.40	734.37	716.25	733.58		686.17	745.04	708.73	716.61	692.40	734.37
44	737.36	755.21		706.39	767.00	729.62	737.73	712.81	756.02	737.36	755.21		706.39	767.00	729.62	737.73	712.81	756.02
45	762.17	780.61		730.16	792.81	754.17	762.55	736.79	781.45	762.17	780.61		730.16	792.81	754.17	762.55	736.79	781.45
46	791.73	810.89		758.48	823.56	783.41	792.12	765.36	811.76	791.73	810.89		758.48	823.56	783.41	792.12	765.36	811.76
47	824.98	844.95		790.33	858.14	816.32	825.39	797.51	845.85	824.98	844.95		790.33	858.14	816.32	825.39	797.51	845.85
48	862.98	883.87		826.74	897.68	853.92	863.42	834.25	884.82	862.98	883.87		826.74	897.68	853.92	863.42	834.25	884.82
49	900.46	922.25		862.64	936.66	891.00	900.91	870.47	923.24	900.46	922.25		862.64	936.66	891.00	900.91	870.47	923.24
50	942.68	965.50		903.09	980.58	932.79	943.16	911.29	966.53	942.68	965.50		903.09	980.58	932.79	943.16	911.29	966.53
51	984.38	1008.20		943.04	1023.95	974.05	984.87	951.60	1009.29	984.38	1008.20		943.04	1023.95	974.05	984.87	951.60	1009.29
52	1030.30	1055.24		987.03	1071.72	1019.48	1030.82	995.99	1056.37	1030.30	1055.24		987.03	1071.72	1019.48	1030.82	995.99	1056.37
53	1076.75	1102.81		1031.53	1120.04	1065.44	1077.29	1040.89	1103.99	1076.75	1102.81		1031.53	1120.04	1065.44	1077.29	1040.89	1103.99
54	1126.89	1154.16		1079.56	1172.19	1115.06	1127.46	1089.37	1155.40	1126.89	1154.16		1079.56	1172.19	1115.06	1127.46	1089.37	1155.40
55	1177.04	1205.52		1127.60	1224.35	1164.68	1177.62	1137.84	1206.81	1177.04	1205.52		1127.60	1224.35	1164.68	1177.62	1137.84	1206.81
56	1231.40	1261.20		1179.68	1280.90	1218.47	1232.02	1190.40	1262.56	1231.40	1261.20		1179.68	1280.90	1218.47	1232.02	1190.40	1262.56
57	1286.29	1317.42		1232.27	1338.00	1272.79	1286.94	1243.46	1318.84	1286.29	1317.42		1232.27	1338.00	1272.79	1286.94	1243.46	1318.84
58	1344.88	1377.43		1288.40	1398.95	1330.76	1345.55	1300.10	1378.91	1344.88	1377.43		1288.40	1398.95	1330.76	1345.55	1300.10	1378.91
59	1373.91	1407.16		1316.21	1429.14	1359.49	1374.60	1328.16	1408.67	1373.91	1407.16		1316.21	1429.14	1359.49	1374.60	1328.16	1408.67
60	1432.50	1467.17		1372.33	1490.09	1417.46	1433.22	1384.80	1468.74	1432.50	1467.17		1372.33	1490.09	1417.46	1433.22	1384.80	1468.74
61	1483.17	1519.06		1420.88	1542.79	1467.60	1483.91	1433.78	1520.69	1483.17	1519.06		1420.88	1542.79	1467.60	1483.91	1433.78	1520.69
62	1516.42	1553.12		1452.73	1577.38	1500.50	1517.18	1465.93	1554.79	1516.42	1553.12		1452.73	1577.38	1500.50	1517.18	1465.93	1554.79
63	1558.12	1595.83		1492.68	1620.76	1541.76	1558.90	1506.24	1597.54	1558.12	1595.83		1492.68	1620.76	1541.76	1558.90	1506.24	1597.54
64 and over	1583.46	1621.77		1516.95	1647.11	1566.83	1584.24	1530.72	1623.51	1583.46	1621.77		1516.95	1647.11	1566.83	1584.24	1530.72	1623.51

**LifeWise Health Plan of Washington**  
**RATE SCHEDULE**

**Plan Information**

**Plan Name:** LifeWise Cascade Select Vital Gold  
**HIOS Plan ID:** 38498WA0320017  
**Effective Date:** 1/1/2026  
**Market Type:** Individual  
**Exchange Status:** In the exchange  
**Metal Level:** Gold  
**Plan Type:** Standardized Public Option Plan

**Plan Geographic Availability**

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz, Grays Harbor, Lewis, Wahkiakum
3	Yes	Clark, Klickitat, Skamania
4	Yes	Ferry, Pend Oreille, Spokane
5	Yes	Pierce, Thurston
6	Yes	Benton, Yakima
7	Yes	Adams, Chelan, Douglas
8	Yes	Island, Skagit, Whatcom
9	No	

**Plan Rates**

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		319.16	322.77	298.53	324.14	308.34	311.77	301.24	Error	319.16	322.77	298.53	324.14	308.34	311.77	301.24		
15		347.53	351.46	325.06	352.96	335.75	339.49	328.02	Error	347.53	351.46	325.06	352.96	335.75	339.49	328.02		
16		358.37	362.43	335.21	363.97	346.23	350.08	338.25	Error	358.37	362.43	335.21	363.97	346.23	350.08	338.25		
17		369.22	373.40	345.36	374.99	356.71	360.68	348.49	Error	369.22	373.40	345.36	374.99	356.71	360.68	348.49		
18		380.90	385.22	356.28	386.85	368.00	372.09	359.52	Error	380.90	385.22	356.28	386.85	368.00	372.09	359.52		
19		392.58	397.03	367.21	398.72	379.28	383.50	370.54	Error	392.58	397.03	367.21	398.72	379.28	383.50	370.54		
20		404.68	409.27	378.53	411.01	390.97	395.32	381.96	Error	404.68	409.27	378.53	411.01	390.97	395.32	381.96		
21		417.20	421.92	390.23	423.72	403.06	407.55	393.78	Error	417.20	421.92	390.23	423.72	403.06	407.55	393.78		
22		417.20	421.92	390.23	423.72	403.06	407.55	393.78	Error	417.20	421.92	390.23	423.72	403.06	407.55	393.78		
23		417.20	421.92	390.23	423.72	403.06	407.55	393.78	Error	417.20	421.92	390.23	423.72	403.06	407.55	393.78		
24		417.20	421.92	390.23	423.72	403.06	407.55	393.78	Error	417.20	421.92	390.23	423.72	403.06	407.55	393.78		
25		418.87	423.61	391.79	425.41	404.68	409.18	395.35	Error	418.87	423.61	391.79	425.41	404.68	409.18	395.35		
26		427.21	432.05	399.60	433.89	412.74	417.33	403.23	Error	427.21	432.05	399.60	433.89	412.74	417.33	403.23		
27		437.22	442.18	408.96	444.05	422.41	427.11	412.68	Error	437.22	442.18	408.96	444.05	422.41	427.11	412.68		
28		453.50	458.63	424.18	460.58	438.13	443.00	428.04	Error	453.50	458.63	424.18	460.58	438.13	443.00	428.04		
29		466.85	472.13	436.67	474.14	451.03	456.04	440.64	Error	466.85	472.13	436.67	474.14	451.03	456.04	440.64		
30		473.52	478.88	442.91	480.92	457.48	462.56	446.94	Error	473.52	478.88	442.91	480.92	457.48	462.56	446.94		
31		483.53	489.01	452.28	491.09	467.15	472.34	456.39	Error	483.53	489.01	452.28	491.09	467.15	472.34	456.39		
32		493.55	499.14	461.65	501.26	476.83	482.13	465.84	Error	493.55	499.14	461.65	501.26	476.83	482.13	465.84		
33		499.80	505.47	467.50	507.61	482.87	488.24	471.74	Error	499.80	505.47	467.50	507.61	482.87	488.24	471.74		
34		506.48	512.22	473.74	514.39	489.32	494.76	478.05	Error	506.48	512.22	473.74	514.39	489.32	494.76	478.05		
35		509.82	515.59	476.86	517.78	492.54	498.02	481.20	Error	509.82	515.59	476.86	517.78	492.54	498.02	481.20		
36		513.15	518.97	479.99	521.17	495.77	501.28	484.35	Error	513.15	518.97	479.99	521.17	495.77	501.28	484.35		
37		516.49	522.34	483.11	524.56	498.99	504.54	487.50	Error	516.49	522.34	483.11	524.56	498.99	504.54	487.50		
38		519.83	525.72	486.23	527.95	502.22	507.80	490.65	Error	519.83	525.72	486.23	527.95	502.22	507.80	490.65		
39		526.51	532.47	492.47	534.73	508.67	514.32	496.95	Error	526.51	532.47	492.47	534.73	508.67	514.32	496.95		
40		533.18	539.22	498.72	541.51	515.12	520.84	503.25	Error	533.18	539.22	498.72	541.51	515.12	520.84	503.25		
41		543.19	549.35	508.08	551.68	524.79	530.62	512.70	Error	543.19	549.35	508.08	551.68	524.79	530.62	512.70		
42		552.79	559.05	517.06	561.42	534.06	540.00	521.75	Error	552.79	559.05	517.06	561.42	534.06	540.00	521.75		
43		566.14	572.55	529.55	574.98	546.96	553.04	534.36	Error	566.14	572.55	529.55	574.98	546.96	553.04	534.36		
44		582.83	589.43	545.16	591.93	563.08	569.34	550.11	Error	582.83	589.43	545.16	591.93	563.08	569.34	550.11		
45		602.44	609.26	563.50	611.85	582.02	588.50	568.61	Error	602.44	609.26	563.50	611.85	582.02	588.50	568.61		
46		625.80	632.89	585.35	635.57	604.60	611.32	590.67	Error	625.80	632.89	585.35	635.57	604.60	611.32	590.67		
47		652.08	659.47	609.93	662.27	629.99	636.99	615.47	Error	652.08	659.47	609.93	662.27	629.99	636.99	615.47		
48		682.12	689.85	638.03	692.78	659.01	666.34	643.83	Error	682.12	689.85	638.03	692.78	659.01	666.34	643.83		
49		711.74	719.80	665.74	722.86	687.63	695.27	671.78	Error	711.74	719.80	665.74	722.86	687.63	695.27	671.78		
50		745.12	753.56	696.96	756.76	719.87	727.88	703.29	Error	745.12	753.56	696.96	756.76	719.87	727.88	703.29		
51		778.08	786.89	727.78	790.23	751.71	760.07	734.39	Error	778.08	786.89	727.78	790.23	751.71	760.07	734.39		
52		814.37	823.60	761.73	827.09	786.78	795.53	768.65	Error	814.37	823.60	761.73	827.09	786.78	795.53	768.65		
53		851.09	860.73	796.08	864.38	822.25	831.39	803.30	Error	851.09	860.73	796.08	864.38	822.25	831.39	803.30		
54		890.72	900.81	833.15	904.63	860.54	870.11	840.71	Error	890.72	900.81	833.15	904.63	860.54	870.11	840.71		
55		930.35	940.89	870.22	944.89	898.83	908.83	878.12	Error	930.35	940.89	870.22	944.89	898.83	908.83	878.12		
56		973.33	984.35	910.41	988.53	940.35	950.80	918.68	Error	973.33	984.35	910.41	988.53	940.35	950.80	918.68		
57		1016.71	1028.23	951.00	1032.60	982.27	993.19	959.63	Error	1016.71	1028.23	951.00	1032.60	982.27	993.19	959.63		
58		1063.02	1075.06	994.31	1079.63	1027.01	1038.42	1003.34	Error	1063.02	1075.06	994.31	1079.63	1027.01	1038.42	1003.34		
59		1085.97	1098.27	1015.78	1102.93	1049.18	1060.84	1025.00	Error	1085.97	1098.27	1015.78	1102.93	1049.18	1060.84	1025.00		
60		1132.28	1145.10	1059.09	1149.97	1093.92	1106.08	1068.71	Error	1132.28	1145.10	1059.09	1149.97	1093.92	1106.08	1068.71		
61		1172.33	1185.61	1096.55	1190.64	1132.61	1145.20	1106.51	Error	1172.33	1185.61	1096.55	1190.64	1132.61	1145.20	1106.51		
62		1198.61	1212.19	1121.14	1217.34	1158.00	1170.88	1131.32	Error	1198.61	1212.19	1121.14	1217.34	1158.00	1170.88	1131.32		
63		1231.57	1245.52	1151.97	1250.81	1189.85	1203.07	1162.43	Error	1231.57	1245.52	1151.97	1250.81	1189.85	1203.07	1162.43		
64 and over		1251.60	1265.76	1170.69	1271.15	1209.18	1222.64	1181.33	Error	1251.60	1265.76	1170.69	1271.15	1209.18	1222.64	1181.33		

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Unified Rate Review v6.0

Company Legal Name: LifeWise Health Plan of Washington

HIOS Issuer ID: 38498

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

State: WA

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	\$195,916,805.92	\$606.96
Reinsurance	\$0.00	\$0.00
Incurred Claims in Experience Period	\$155,778,647.79	\$482.61
Risk Adjustment	-\$13,359,167.66	-\$41.39
Experience Period Premium	\$200,263,449.72	\$620.42
Experience Period Member Months	322,785	

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	\$99.50	1.037	1.029	1.037	1.029	\$113.32
Outpatient Hospital	\$171.98	1.037	1.029	1.037	1.029	\$195.86
Professional	\$207.59	1.037	1.029	1.037	1.029	\$236.42
Other Medical	\$21.98	1.037	1.029	1.037	1.029	\$25.03
Capitation	\$0.00	1.037	1.029	1.037	1.029	\$0.00
Prescription Drug	\$105.91	1.076	1.015	1.076	1.015	\$126.33
Total	\$606.96					\$696.95

Morbidity Adjustment	1.000
Demographic Shift	1.030
Plan Design Changes	1.000
Other	1.117
Adjusted Trended EHB Allowed Claims PMPM for 1/1/2026	\$802.02

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

Projected Period Totals

Projected Index Rate for 1/1/2026	\$802.02	\$232,242,535.44
Reinsurance	\$0.00	\$0.00
Risk Adjustment Payment/Charge	-\$34.63	-\$10,027,878.36
Exchange User Fees	0.81%	\$1,978,415.52
Market Adjusted Index Rate	\$843.48	\$244,248,829.32

Projected Member Months	289,572
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Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

1 of 3

Product-Plan Data Collection

Company Legal Name: LifeWise Health Plan of Washington  
 HIOS Issuer ID: 38498 State: WA  
 Effective Date of Rate Change(s): 1/1/2026 Market: Individual

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

Product/Plan Level Calculations

Field #	Section I: General Product and Plan Information	Essential PCP EPO										
1.1	Product Name	38498WA0320002										
1.2	Product ID	38498WA0320002										
1.3	Plan Name	LifeWise Essential	LifeWise Essential	LifeWise Essential	LifeWise Essential	LifeWise Cascade	LifeWise Cascade	LifeWise Cascade	LifeWise Cascade	LifeWise Cascade	LifeWise Cascade	LifeWise Cascade
1.4	Plan ID (Standard Component ID)	38498WA0320001	38498WA0320003	38498WA0320004	38498WA0320005	38498WA0320010	38498WA0320011	38498WA0320012	38498WA0320013	38498WA0320014	38498WA0320015	38498WA0320016
1.5	Metal	Gold	Bronze	Silver	Bronze	Gold	Silver	Bronze	Gold	Silver	Bronze	Gold
1.6	AV Metal Value	0.794	0.630	0.719	0.644	0.818	0.718	0.650	0.818	0.718	0.650	0.781
1.7	Plan Category	Renewing	Renewing	Renewing	Terminated	Renewing	Renewing	Renewing	Renewing	Renewing	New	New
1.8	Plan Type	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
1.9	Exchange Plan?	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
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
1.11	Cumulative Rate Change % (over 12 mos prior)	-4.89%	14.33%	27.00%	0.00%	-7.38%	32.77%	13.27%	-12.99%	24.60%	6.86%	0.00%
1.12	Product Rate Increase %	14.73%										
1.13	Submission Level Rate Increase %	14.73%										

Worksheet 1 Totals	Section II: Experience Period and Current Plan Level Information													
	2.1 Plan ID (Standard Component ID)	Total	38498WA0320001	38498WA0320003	38498WA0320004	38498WA0320005	38498WA0320010	38498WA0320011	38498WA0320012	38498WA0320013	38498WA0320014	38498WA0320015	38498WA0320016	38498WA0320017
\$195,916,806	2.1 Allowed Claims	\$195,916,806	\$16,587,556	\$27,339,873	\$18,496,242	\$17,588,611	\$18,200,014	\$21,697,368	\$17,715,581	\$10,699,706	\$34,410,835	\$13,181,020	\$0	\$0
\$0	2.2 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	2.3 Member Cost Sharing	\$40,138,118	\$2,778,776	\$7,847,958	\$2,602,436	\$4,584,058	\$1,621,097	\$3,148,125	\$5,256,447	\$1,285,894	\$5,340,161	\$5,670,806	\$0	\$0
\$0	2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$155,778,648	2.6 Incurred Claims	\$155,778,648	\$13,808,780	\$19,491,914	\$15,893,407	\$13,004,553	\$16,576,917	\$18,549,243	\$12,459,134	\$9,413,812	\$29,070,674	\$7,510,214	\$0	\$0
\$-113,359,168	2.7 Risk Adjustment Transfer Amount	\$-113,359,168	\$4,871,738	\$5,587,952	\$2,941,852	\$4,244,400	\$4,758,318	\$2,035,228	\$-3,381,669	\$2,739,115	\$6,269,971	\$-11,221,424	\$0	\$0
\$200,263,450	2.8 Premium	\$200,263,450	\$10,963,057	\$31,617,239	\$14,792,874	\$18,026,378	\$8,737,989	\$18,500,745	\$19,743,420	\$7,423,483	\$46,138,724	\$24,319,540	\$0	\$0
322,785	2.9 Experience Period Member Months	322,785	12,804	52,758	17,423	30,126	10,674	24,631	34,389	10,531	76,282	53,167	0	0
	2.10 Current Enrollment	24,913	860	4,078	934	0	823	2,164	3,738	878	5,452	6,006	0	0
	2.11 Current Premium PMPM	\$658.17	\$910.39	\$637.75	\$919.91	\$0.00	\$884.22	\$822.15	\$629.16	\$753.31	\$653.35	\$514.35	\$0.00	\$0.00
	2.12 Loss Ratio	83.35%	87.21%	74.88%	89.62%	94.36%	122.83%	90.33%	76.15%	92.63%	72.92%	57.34%	#DIV/0!	#DIV/0!
	Per Member Per Month													
	2.13 Allowed Claims	\$606.96	\$1,295.50	\$518.21	\$1,061.60	\$583.83	\$1,705.08	\$880.90	\$515.15	\$1,016.02	\$451.10	\$242.92	#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	#DIV/0!	#DIV/0!
	2.15 Member Cost Sharing	\$124.35	\$217.02	\$148.75	\$149.39	\$152.16	\$152.06	\$127.81	\$152.85	\$122.11	\$70.01	\$106.66	#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	#DIV/0!	#DIV/0!
	2.17 Incurred Claims	\$482.61	\$1,078.47	\$369.46	\$912.21	\$431.67	\$1,553.02	\$753.09	\$362.30	\$893.91	\$381.09	\$141.26	#DIV/0!	#DIV/0!
	2.18 Risk Adjustment Transfer Amount	\$41.39	\$380.49	\$105.92	\$168.85	\$140.89	\$445.79	\$82.63	\$98.34	\$260.10	\$82.15	\$-211.06	#DIV/0!	#DIV/0!
	2.19 Premium	\$620.42	\$856.22	\$599.29	\$849.04	\$598.37	\$818.62	\$753.12	\$574.12	\$704.92	\$604.84	\$457.42	#DIV/0!	#DIV/0!

Section III: Plan Adjustment Factors													
3.1	Plan ID (Standard Component ID)	38498WA0320001	38498WA0320003	38498WA0320004	38498WA0320005	38498WA0320010	38498WA0320011	38498WA0320012	38498WA0320013	38498WA0320014	38498WA0320015	38498WA0320016	38498WA0320017
3.2	Market Adjusted Index Rate	584.148											
3.3	AV and Cost Sharing Design of Plan	0.7929	0.5947	0.9946	0.0000	0.8775	1.0605	0.6119	0.8772	1.0603	0.6116	0.8321	0.8318
3.4	Provider Network Adjustment	1.1680	1.1680	1.1680	0.0000	1.1680	1.1680	1.1680	0.8770	0.8770	0.8770	1.1680	0.8770
3.5	Benefits in Addition to EHB	1.0011	1.0015	1.0009	0.0000	1.0010	1.0009	1.0014	1.0014	1.0011	1.0019	1.0011	1.0014
Administrative Costs													
3.6	Administrative Expense	8.55%	11.07%	6.94%	0.00%	7.79%	6.54%	10.80%	10.11%	8.52%	13.87%	8.18%	10.60%
3.7	Taxes and Fees	2.17%	2.20%	2.15%	0.00%	2.16%	2.15%	2.19%	2.19%	2.17%	2.23%	2.17%	2.19%
3.8	Profit & Risk Load	-0.30%	-0.30%	-0.30%	0.00%	-0.30%	-0.30%	-0.30%	-0.30%	-0.30%	-0.30%	-0.30%	-0.30%
3.9	Catastrophic Adjustment	1.0000	1.0000	1.0000	0.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.10	Plan Adjusted Index Rate	\$872.98	\$674.22	\$1,075.26	\$0.00	\$957.79	\$1,141.50	\$691.42	\$738.41	\$876.24	\$538.34	\$912.37	\$704.12
3.11	Age Calibration Factor	0.5729	0.5729										
3.12	Geographic Calibration Factor	1.0098	1.0098										
3.13	Tobacco Calibration Factor	1.0000	1.0000										
3.14	Calibrated Plan Adjusted Index Rate	\$505.03	\$390.04	\$622.06	\$0.00	\$554.10	\$660.38	\$400.00	\$427.18	\$506.92	\$311.44	\$527.82	\$407.34

Section IV: Projected Plan Level Information														
4.1	Plan ID (Standard Component ID)	Total	38498WA0320001	38498WA0320003	38498WA0320004	38498WA0320005	38498WA0320010	38498WA0320011	38498WA0320012	38498WA0320013	38498WA0320014	38498WA0320015	38498WA0320016	38498WA0320017
4.2	Allowed Claims	\$211,415,292	\$6,354,822	\$24,209,052	\$2,997,754	\$0	\$8,935,113	\$10,661,094	\$33,744,690	\$6,836,838	\$31,145,611	\$47,137,553	\$18,425,355	\$20,966,809
4.3	Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4	Member Cost Sharing	\$37,784,499	\$737,557	\$6,124,851	\$520,885	\$0	\$725,773	\$1,542,837	\$8,005,253	\$555,336	\$4,507,004	\$11,182,442	\$1,816,040	\$2,066,531
4.5	Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6	Incurred Claims	\$173,630,793	\$5,617,265	\$18,084,201	\$2,476,869	\$0	\$8,209,341	\$9,118,867	\$25,739,437	\$6,281,502	\$26,638,608	\$35,955,111	\$16,609,315	\$18,900,278
4.7	Risk Adjustment Transfer Amount	\$7,497,138	\$242,146	\$781,348	\$106,023	\$0	\$353,650	\$392,413	\$1,111,816	\$271,158	\$1,148,292	\$1,557,885	\$715,755	\$816,251
4.8	Premium	\$208,160,013	\$6,584,004	\$21,867,503	\$2,847,301	\$0	\$9,533,875	\$10,433,342	\$31,016,473	\$7,505,225	\$31,211,826	\$45,059,993	\$19,381,457	\$22,719,013
4.9	Projected Member Months	289,572	7,542	32,434	2,648	0	9,954	9,140	44,859	10,164	35,620	83,702	21,243	32,266
4.10	Loss Ratio	86.53%	88.57%	85.76%	90.37%	#DIV/0!	89.42%	90.82%	86.07%	86.83%	88.61%	82.65%	88.98%	86.29%
Per Member Per Month														
4.11	Allowed Claims	\$730.10	\$842.59	\$746.41	\$1,132.08	#DIV/0!	\$897.64	\$1,166.49	\$752.24	\$672.65	\$874.39	\$563.16	\$867.36	\$649.81
4.12	Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.13	Member Cost Sharing	\$130.48	\$97.79	\$188.84	\$196.71	#DIV/0!	\$72.91	\$168.80	\$178.45	\$54.64	\$126.53	\$133.60	\$85.49	\$64.05
4.14	Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.15	Incurred Claims	\$599.61	\$744.80	\$552.57	\$935.37	#DIV/0!	\$824.73	\$997.69	\$573.79	\$618.01	\$787.86	\$429.56	\$781.87	\$585.76
4.16	Risk Adjustment Transfer Amount	\$-25.89	\$-32.11	\$-24.09	\$-40.27	#DIV/0!	\$-35.53	\$-42.93	\$-24.78	\$-26.68	\$-32.24	\$-18.61	\$-33.69	\$-25.30
4.17	Premium	\$718.85	\$872.98	\$674.22	\$1,075.26	#DIV/0!	\$957.79	\$1,141.50	\$691.42	\$738.41	\$876.24	\$538.34	\$912.37	\$704.12

## Rating Area Data Collection

Rating Area	Rating Factor
Rating Area 1	1.0000
Rating Area 2	1.0242
Rating Area 3	1.0358
Rating Area 4	0.9580
Rating Area 5	1.0402
Rating Area 6	0.9895
Rating Area 7	1.0005
Rating Area 8	0.9667
Rating Area 9	1.0253

**LifeWise Health Plan of Washington**  
**Individual Filing Effective 1/1/2026**  
**Actuarial Memorandum**

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**LifeWise Health Plan of Washington  
Individual Filing Effective 1/1/2026  
Actuarial Memorandum**

**General Information**

<b>Company Legal Name</b>	LifeWise Health Plan of Washington
<b>State</b>	Washington
<b>HIOS Issuer ID</b>	38498
<b>Market</b>	Individual (In Exchange Only)
<b>Effective Date</b>	January 1, 2026
<b>Company Contact</b>	Hiu-Wan Ko, FSA, MAAA VP of Actuarial Services 425-918-4917 <a href="mailto:Hiu-Wan.Ko@premera.com">Hiu-Wan.Ko@premera.com</a>

**Plans Effective 1/1/2026 In the Exchange**

LifeWise Essential Gold	38498WA0320001
LifeWise Essential Bronze	38498WA0320003
LifeWise Essential Silver	38498WA0320004
LifeWise Cascade Complete Gold	38498WA0320010
LifeWise Cascade Silver	38498WA0320011
LifeWise Cascade Bronze	38498WA0320012
LifeWise Cascade Vital Gold	38498WA0320016

**Plans Effective 1/1/2026 In Public Option**

LifeWise Cascade Select Complete Gold	38498WA0320013
LifeWise Cascade Select Silver	38498WA0320014
LifeWise Cascade Select Bronze	38498WA0320015
LifeWise Cascade Select Vital Gold	38498WA0320017

**Scope and Purpose**

The purpose of this filing is to present the development of premium rates for LifeWise Health Plan of Washington non-grandfathered individual plans offered in the Exchange, and to demonstrate that the resulting amounts charged are reasonable in relation to the benefits provided. This filing is not intended to be used for other purposes. The rates presented herein will be effective January 1, 2026.

This filing assumes that CMS will not pay carriers cost share reduction payments.



**LifeWise Health Plan of Washington**  
**Individual Filing Effective 1/1/2026**  
**Actuarial Memorandum**

## **Rate Increase Summary**

### **Proposed Rate Increase**

The average rate change for 1/1/2026 is 14.4%.

This average rate change includes 15.1% of experience increase with a benefit change of 0.0% and cost share change of -0.6%.

For this filing we are using the average rate increase calculated per OIC instructions to match the increase from the Uniform Product Modification Justification (UPMJ) form. This results in an average rate increase different from the average premium increase in CMS's Uniform Rate Review template. The difference between the two approaches is because they represent different averages. The UPMJ's calculation is the average rate increase weighted by member, while URRT is the average premium increase.

With the OIC emergency rules on silver loading and the AV and Cost Sharing factor, the displayed increase in premium is not representative of the expected change in premium for LifeWise. The Washington Health Board Exchange will actively migrate members between plans, resulting in a lower premium impact than the state average member increase from the UPMJ would indicate.

### **Reason for Rate Increase(s)**

Below are the major factors for the rate increase:

- Unit cost inflation: 4.4%
- Increased utilization: 2.7%
- Cost share change: -0.6%
- Change in population: 103.0%
- Risk Adjustment: -1.7%

The unit cost inflation continues to be high compared to historical levels. This is driven by hospital systems and health care providers demanding higher contracted reimbursement rates, but it is coming down compared to prior year. LifeWise has already had to agree to significant rate increases. As more provider contracting information becomes available, LifeWise will update the unit cost trend projections. Many systems are asking for large increases for services (some requesting and receiving double-digit annual increases) and have shown a willingness to allow our contracts to expire. Because of the limited competition and regional monopolies, some health care providers have achieved, there is reduced market pressure for these systems to innovate new, more efficient practices.

There are also other drivers including the difference between actual and projected base experience, changes in anticipated risk adjustment transfer dollars, service area, network providers, and taxes and fees between the experience period and projection period which would impact the final rate. For complete details around the drivers of the rate increase, see the appendices.

**LifeWise Health Plan of Washington  
Individual Filing Effective 1/1/2026  
Actuarial Memorandum**

## **Experience Period Premium and Claims**

**Experience period** Incurred 1/1/2024 to 12/31/2024 and paid through 3/31/2025

<b>Member Months</b>	322,785
<b>Premiums</b>	\$200,263,450
<b>Allowed claims</b>	\$195,916,806
<b>Incurred claims</b>	\$155,778,648
<b>Processed in system</b>	\$153,131,434
<b>Incurred but not paid</b>	\$2,647,214

The experience period represents the most recent data while allowing for three months of claims run-out to minimize the estimation for incurred but not paid claims. The incurred but not paid claims estimate was based on reserve triangles for this specific line of business. Monthly completion factors were developed after adjusting for outliers, seasonality, and number of working days. The incurred claims include the cost of provider incentives.

For the purpose of developing the projected rates, the above experience is used instead of the annual financial statement. The over/underestimate of medical trend for the prior years, the change in reserves, and the change in administrative costs are data points. Any gains/losses resulting from the over/underestimate of these assumptions will not directly impact the rate making, as rates are developed based on expected total costs, not to offset prior years' gains or losses.

### **Actual vs Projected Experience**

WA Exhibit 2 shows the Actual vs Projected Experience. The projected values are from the 2024 Rate Filings URRT Worksheet 2 Section IV.

The actual experience has lower claims and expenses PMPM, but this is more than offset by the lower premium PMPM. This is primarily driven by having a larger than projected percentage of members on Cascade Select plans, which have lower premiums and lower provider reimbursement rates.

### **Commercial Reinsurance**

LifeWise currently has a commercial reinsurance agreement to cover 40% of claims above an attachment point of \$3.5 million per member per year. The expected 2024 reimbursement is \$0 (\$0.00 PMPM) and the charge was \$0.26 PMPM; per URRT instructions the reimbursement amount was removed from experience period claims. The projected 2026 charge is included in the administrative expense line of worksheet 2 section III of the URRT.

### **Benefit Categories**

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Service codes were used to identify whether a claim was related to inpatient hospital, outpatient hospital, professional, other medical, or prescription drug. Service codes are defined based on place of service, type of service, revenue code, procedure code, and diagnosis code. There were no capitation claims.

## **Market, Plan, and Calibrated Plan Adjusted Index Rate**

**Projection Period Index Rate** - Represents projected allowed claims after application of trend, morbidity adjustments, network shift impact, and demographic shift. Appendix 1.1 shows the development of the projection period index rate, with the Projection Factor section providing explanations of the development. For this filing the projection period index rate was determined based on the manual rate. The projection period index is \$802.02 PMPM for all plans.

**Market Adjusted Index Rate** - Represents the average projected health care costs for essential health benefits. This is equal to the Projected Index Rate plus allowed basis risk adjustment, federal reinsurance programs, and exchange fee.

Appendix 1.1 shows the development of the Market Adjusted Index Rate. Federal reinsurance is not applicable for this year's rate filing. Risk adjustment development is explained in the Risk Adjustment section below. The Market Adjusted Index Rate PMPM is \$843.48 PMPM for all plans.

**Plan Adjusted Index Rate** - Represents the average projected premium of a plan if all members purchased this plan. The Plan Adjusted Index Rate is equal to the Market Adjusted Index Rate, multiplied by the plan specific cost share adjustment, network utilization factor, benefits above EHB, administrative expense, taxes and fees, and the profit and risk load.

Appendix 1.2 shows the development of the Plan Adjusted Index Rate. Additional information on the above factors can be found in the Market to Plan Factors and Non-Benefit Expenses sections below. The Plan Adjusted Index Rate varies from plan to plan.

**Calibrated Plan Adjusted Index Rate** - Represents the plan premium for a member who is 21 years old, non-smoker, living in King County. It is equal to the plan adjusted index rate multiplied by the reciprocals of the age, tobacco-use, and geographic factors (Appendix 2.6).

## **Projection Factors**

The development of the Market Adjusted Index Rate is shown in Appendix 1.1, calibration factors are shown in Appendix 2.6, and Plan Adjusted Index Rates prior to application of geographic and age factors are shown in Appendix 2.5.

Per the URRT instructions, the following adjustments are applied to EHB allowed claims.

### **Trend Factors**

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The development for the trend factor used in this filing is shown in Appendix 2.1. The trend is split into three components: increase in unit cost, increase in utilization, and increase due to deductible leveraging. The trend is applied to EHB claims only.

- **Unit Cost** – The unit cost increase is expected to be 4.4% annually.  
The Unit cost increase represents the average change in cost for each unit (procedure/drug) of healthcare.
  - Medical unit cost trend is expected to be 3.7% based on the changes in the negotiated healthcare provider reimbursement contracts.
  - Pharmacy unit cost trend is expected to be 7.6% based on our PBM's projections.
  - Unit cost trend in the prior year filing was 5.4%.
- **Utilization** – The utilization increase is expected to be 2.7% annually.  
The utilization increase represents the change in the number of medical services and prescriptions members seek.
  - Medical utilization trend is 2.9% based on the change in the number of medical services members per 1000 members per year.
  - Pharmacy utilization trend is 1.5% based on the change in the number of prescriptions per 1000 members per year.
  - Utilization trend in the prior year filing was 2.4%.
- **Leveraging** – Leveraging is expected to be 0.3% annually.  
Leveraging represents the acceleration of trend due to fixed-dollar member cost shares (deductible, copays, and out-of-pocket maximums) not increasing at the same rate as claims, and therefore the insurer needs to cover a larger portion of the claims cost.
  - The leveraging trend in the prior year filing was 0.3%, as shown in Appendix 2.1.

The proposed rating trend for incurred claims including leveraging is 7.5% as shown in Appendix 2.1 and in WAC 284-43-6660.

Per URRT instruction, leveraging is excluded from the two years of trend in Worksheet 1. As such, it is applied separately to the paid to allow ratio.

### **Morbidity Adjustment**

No Morbidity Adjustment is applied in 2026 rate development. In last year's rate filing, no Morbidity Adjustment was applied.

### **Demographic Shift**

The demographic shift adjustment is made for the expected change in membership demographic between the experience period and the projection period. This includes the impact of exiting Lincoln and San Juan Counties and expanding into Lewis County.

The demographic shift adjustment is 1.030, and the development is shown in more detail in Appendix 2.2. Last year's adjustment factor was 1.013.

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To develop the factor, LifeWise split 2026 projected membership into four categories:

- a) 2024 member projected to persist into 2026 (retained members)
  - b) New members as of March 2025 migrating from our affiliated company (projected to persist into 2026)
  - c) New members as of March 2025 joining from other carriers with unknown experience (projected to persist into 2026)
  - d) Projected 2026 members joining from other carriers without known experience.
- For the members in category (a) and (b), the assumption is that they will be similar to their actual 2024 experience adjusted for aging.
  - For new members in category (c), LifeWise assumed they would be similar to the members in (a) and (b) after adjusting for age, metal level mix, and applying a new members claim adjustment. The new members claims adjustment was determined by comparing several years of claims experience of renewal vs. newly enrolled membership.
  - For new members in category (d), without any information about this population LifeWise assumed this population would resemble the rest of the projected pool.

### **Plan Design Changes**

LifeWise assumed none of the changes in the plan design will affect EHB allowed claims.

### **Other Adjustments**

LifeWise is using an Other Adjustments factor of 1.117 for 2026.

This factor is a combination of 1) the network shift adjustment, 2) the projected paid to allowed vs AV & cost sharing adjustment, and 3) the impact of the new rule on the silver CSR loading.

- 1) The network shift adjustment accounts for member shift between the LifeWise Primary network plans and the LifeWise Alpine plans. The impact of the movement between the experience period and the projection period is shown in Appendix 2.3a.
- 2) Due to the new Emergency rule from the OIC, the overall AV & Cost Sharing factor varies from the projected paid to allowed factor, and an adjustment factor is added. LifeWise calculated the actual projected paid to allowed ratio based on the experience period paid to allowed, adjusting for the projected change in benefits and cost sharing, then took the projected paid to allowed divided by the projected AV & Cost Share factor to determine the adjustment factor needed. The development of this adjustment of 1.099 is shown in Appendix 2.3c.
- 3) With the new uniform silver loading rule, we expect deterioration of our experience as healthy people exit the market or purchase less expensive plans. To determine this adjustment, LifeWise projected the contribution margin before and after these changes by looking at who would likely leave LifeWise or migrate to a different LifeWise plan. This change in contribution margin is then grossed up to an allowed basis and divided by the projected index rate to get the adjustment factor. The development of this adjustment of 1.057 is shown in Appendix 2.3d.

The Other adjustment in prior years filing was 0.951, as shown in Appendix 1.1. This included the network shift adjustment.

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**Credibility Manual Rate Development**

No manual rates were used.

**Credibility of Experience**

Due to the size of the bloc in the experience period, no credibility adjustments were used for developing the rates.

**Risk Adjustment Transfer (Appendix 2.4)**

LifeWise is expecting to pay \$-13.4 million in risk transfer payments including recovery for high cost enrollees in 2024 for its individual membership.

To develop the projected risk adjustment transfer amount, LifeWise relied on Wakely 2024 December Risk Adjustment reports, risk score data from internal data sources, and external consultant's risk adjustment reports. Below are the adjustments and assumptions used to project the 2026 risk transfer.

LifeWise split the projected 2026 membership by metal level into 2024 members that are expected to persist into 2026, new 2025 members that are expected to persist into 2026, and expected new 2026 members.

- The 2026 market average premium net of admin costs is expected to increase 14.5% over the 2024 market average premium net of admin costs.
- The 2026 state average non-plan liability risk score is assumed not to change from the 2025 state average non-plan liability risk score provided by our consultant.
- The 2026 state average plan liability risk score is estimated from the 2024 plan liability risk score, adjusted for the expected changes to the market average due to the new proposed 2026 calibrated model factors.
- For 2024 members expected to persist into 2026, LifeWise used the cohort's 2024 risk adjustment factors, adjusted to proposed 2026 calibrated model factors, and applied the factors corresponding to the members' mapped 2026 metal level.
- For new 2025 members expected to persist into 2026, the members were split into (a) 2025 members that moved from an affiliated company and (b) all other new 2025 members.
  - a) LifeWise assumed the cohort's 2024 risk adjustment factors, adjusted to proposed 2026 calibrated model factors, and applied the factors corresponding to the member's mapped 2026 metal level.

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- b) LifeWise assumed the cohort's 2026 calibrated model factors would be similar to that of the "2024 members expected to persist into 2026" after adjusting for the difference in geography and age of the population by metal level.
- For new 2026 members: LifeWise assumed the risk adjustment factors will be similar to the risk adjustment factors of the "2024 members expected to persist into 2026" and "New 2025 Members expected to persist into 2026" after adjusting for the difference in geography and age of the population by metal level.

LifeWise took the product of these members' risk scores and averaged the resulting products divided by the state average risk scores (following the statutory formula used by CMS) to determine the risk adjustment transfer amount by category and metal level. Based on the above assumptions, LifeWise estimated the 2026 risk adjustment transfer to be -\$23.53 PMPM. The projected risk adjustment transfer does not account for the impact of Risk Adjustment Data Validation.

In last year's rate filing, the projected 2025 risk adjustment transfer was -\$34.59 PMPM.

The high cost risk pool program reimbursement amount will be 60% of the claim amounts above \$1 million dollars for enrollees that surpass the \$1 million claims threshold. The projected 2026 reimbursement for this program is \$0.19 PMPM based on historical large claims experience. The administrative cost of this program is projected to be 0.4% of LifeWise's expected total premiums, or approximately \$2.55 PMPM.

In order to add the projected risk adjustment PMPM into the Market Adjusted Index Rate, projected risk adjustment transfer plus high-cost enrollee reimbursement less high cost risk pool administrative cost was converted to an allowed amount by dividing the projected paid to allowed (as shown in Appendix 2.4). The result is an allowed PMPM estimate of -\$34.63 (as shown in Appendix 1.1).

Appendix 3.3b shows projected vs. actual high cost risk pool reimbursement and assessment amounts. Historically there is variance between projected and actual. However, since both the assessment and reimbursement were generally greater than projected, the changes partially offset each other. The differences are due to the volatility of large claims, and we did not make additional adjustments for this.

## **Market to Plan Factors**

### **AV and Cost Sharing Design of Plan Adjustment (Appendix 2.5 & 2.5a)**

In 2026 the Washington Office of the Insurance Commissioner implemented WSR 25-07-021. Per the new rule, AV & Cost Sharing Adjustment must equal "AV Pricing" x "Induced Demand Factor" x "Silver Loading", with the AV pricing value to be  $\pm 2\%$  or  $\pm 3\%$  of the plan's designated AV metal value from the CMS AV calculator, the Induced Demand Factor to be  $(AV\ Pricing^2 - AV\ Pricing + 1.24)$ , and Silver Loading to be 1.435.

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The AV and cost sharing design of plan adjustments (benefit relativities) were calculated using our current pricing methodology, which reflects induced utilization at different cost shares and paid to allow ratios. Then adjustments were made to the benefit relativities to comply with the tolerances of the AV & Cost Sharing requirements.

For Silver plans, the Silver CSR loading is 1.435 based on the above new rule. Historically, the silver CSR load adjustment was developed by calculating the cost share differential between the CSR plan and the base plan for each of its cost share reduction plan variations. Then the CSR adjustments were averaged based on the projected membership on each CSR variant. In 2024, the expected CSR payment if CSRs had been funded would have been \$4,480,517, which represented 7.1% of total silver claims. For 2026, the projected CSR payment is \$4,067,789 due to a higher concentration of CSR 87% and CSR 94%.

**Provider Network Adjustment (Appendix 2.3a, 2.5)**

The LifeWise Alpine network is for the Cascade Select plans. It includes only providers from the counties where LifeWise participates in the Public Option. Starting in 2026, LifeWise will expand the Alpine network to Lewis and Clark, Lincoln and San Juan. The updated network adjustment factor is 0.751, determined by comparing the updated providers' reimbursement as a normalized allowed per RVU for those in the LifeWise Alpine network to those in the LifeWise Primary network. This adjustment factor is larger than in prior filings as the provider reimbursements for the two networks are increasing at different rates. The average provider network adjustment is normalized, therefore the projected average incurred claims PMPMs remain the same with vs without applying the normalized network factor (as shown in Appendix 2.3a).

**Calibration Factors**

Appendix 2.6 shows the calculation of the age/geographic/tobacco calibration factor. This calculates the product of the age, geographic, and tobacco use factors for each projected member, and then averages this product. The product of the age, geographic, and tobacco use calibration factors is applied to develop the Calibrated Plan Adjusted Index Rate.

- **Age** – The Affordable Care Act (ACA) age factor was applied to the membership distribution limited to a maximum of three dependent children under the age of 21 per family. The average age of the projected members is 49. The average age of the projection period was determined as the closest age factor to the average age factor.
- **Geographic** – Geographic factors have been updated to reflect the changes in provider payment among the nine rating regions since the factors were last developed.

Appendix 2.6a demonstrates the geographic factor development. LifeWise developed the updated geographic factors by starting with the 2024 contracted fee schedule as a normalized allowed per RVU adjusted by the projected 2024-2026 provider unit cost increases. The results were normalized to 1.0 for King County, and the Medical & Rx distribution was applied to get the weighted average formulated area factor by region.



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The proposed area factors are not the same as the formulated area factors for some regions. For regions with less membership and therefore potentially more volatile allowed per RVU, LifeWise grouped them into two categories: Western Washington and Eastern Washington. Then for each category, the average difference between the 2025 filed average factors and 2026 formulated average factors was determined. This average factor difference was then applied to the 2025 factor to get the 2026 proposed factor by region.

- **Tobacco Use** – The tobacco use factor is removed for 2026. This was done to comply with the new rules issued by WAHBE on providing Cascade Care Subsidies to members enrolling on plans that have tobacco use factors.

## **Non-Benefit Expenses**

### **Administrative Expense Load (Appendix 2.5b)**

Net operating expenses for the rating period is \$67.62 PMPM, compared with \$65.59 PMPM from the prior year filing.

Commissions of \$8.89 PMPM are projected for 2026. This is developed based on the current distribution of members purchasing insurance through a producer and the producer's commission from the compensation table. Commissions were \$8.78 PMPM in the prior year filing.

Commercial reinsurance fee is \$0.69 PMPM. The fee was \$0.63 PMPM in the prior year filing.

An interest credit amount of -\$2.55 PMPM was calculated based on the yield rate.

### **Contribution to Surplus & Risk Margin (C&R) (Appendix 2.5b)**

LifeWise Health Plan of Washington is filing for a -0.3% contingency and risk (C&R) charge after paying 21% of FIT.

The C&R charge is intended to cover business risk, statistical variation, and other unknown, unpredictable risks. With the uncertainty of the inflationary pressure on provider contracted reimbursements, risk adjustment model changes and its impact on risk adjustment transfer amounts, as well as other uncertainty on claims, LifeWise determined that a C&R charge of 10.0-12.0% is needed.

LifeWise is proposing a one-time transitioning C&R charge of -0.3% to ease the impact on premium increase due to recent or expected rules changes. The negative C&R offsets the impact of the new rules around the development of the AV & Cost Sharing Adjustment. LifeWise is committed in the individual market and is willing to take a one-time hit to support the emergency rule with the uncertainty of how membership will react to the changes.

LifeWise did not consider its capital and surplus in determining rates. The capital and surplus is mostly dedicated to further business development including system transformation.

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**Taxes and Fees (Appendix 2.5b)**

Regulatory & Insurance Fraud Surcharge Fee – The combined Regulatory and Insurance Fraud Surcharge Fee is 0.1% of premium.

Federal Income Tax – LifeWise is subject to pay 21% federal income tax on profits. The Federal Income Tax fee is expected to be 0.0% since LifeWise is not projecting to make a profit.

WSHIP assessment – The Washington State Health Insurance Pool is anticipating \$0.0 million in total assessments for 2026. Based on our projected market share, the assumed 2026 projected fee is \$0.19 PMPM.

Premium tax – Washington state premium tax is 2.0%. This amount has not changed from prior year filing.

WAPAL Assessment Fee – The expected fee is \$0.06 PMPM, determined by the WAPAL Fund Advisory Committee.

Patient Centered Outcomes Research Fee – The expected 2026 fee is \$0.32 PMPM. According to IRS, the most recent PCORI fee was \$3.47 PMPY between Oct. 2024 and Sep. 2025. Therefore, LifeWise applied one year's worth of National Expenditures rate, which is 5%, to the most recent PCORI to predict the 2026 expected PCORI fee PMPM.

Risk Adjustment Program Administration Fee – The fee per 2026 Benefit and Payment Parameters is \$0.20 PMPM.

**Non-EHB Benefits**

LifeWise does not offer plans with non-EHB benefits. However, per URRT instructions, abortion services are included in worksheet 2, field 3.5 as non-EHB benefit.

**Exchange Fees (Appendix 2.5b)**

The projected Exchange fee is \$5.11 PMPM.

LifeWise is only actively selling In Exchange plans and expects all members to purchase inside the Exchange.

In the Market Adjusted Index Rate, the Exchange fee is 0.8%. This is the exchange fee represented as an allowed basis percentage. Therefore, the PMPM is divided by average paid to allow and the Market Adjusted Index Rate to arrive at the percentage.

**Projected Loss Ratio**

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The projected loss ratio is 86.5% (Appendix 1.2 Section IV). This was determined by dividing projected incurred claims of \$599.61 (Appendix 1.2 Section IV) by the projected premium and risk adjustment transfer of \$692.96 (Appendix 1.2 Section IV).

The projected federal medical loss ratio for 2026 is 89.6% (Appendix 3.2), which exceeds the federal minimum loss ratio requirements of 80.0%.

## **AV Metal Values**

- Cascade Plans: the AV metal values were provided by Wakely and the Washington Health Board Exchange to LifeWise using a permissible alternative method that complies with 45 CFR 156.135(b).
- All Other Plans: the AV metal values have a unique benefit design and were determined by using a permissible alternative method that complies with 45 CFR 156.135(b)(3). These plans have different cost sharing for outpatient office visits and all other outpatient mental health and substance use disorder services (MHSUD). As the AV calculator only has one input for outpatient MHSUD, the AVC is run with MH OP office visit copay cost shares input in Tier 1 and MH OP non-office visit cost shares input in Tier 2 for each plan. The continuance tables of each metallic level from the AV model and each plan's claims maximum were used to calculate the weights between MH outpatient professional and facility that are entered into the Tier 1 Utilization field. See Appendix 6 for calculations.

## **Membership Projections (Appendix 2.5)**

The membership projection for LifeWise in 2026 is 289,572 member months.

LifeWise is projecting 47,408 member months on silver plans in 2026. Of these, 34,446 are on a 87% CSR, and 12,962 are on a 94% CSR plan.

The 2026 membership was projected from the March 2025 membership (24,913 members), with the following adjustments:

- 1) Assumes members on Silver (70%) or Silver CSR 73% will be migrated to a Gold plan.
- 2) Assumes that 21,510 members will choose to not renew coverage in 2026.
- 3) Assumes that LifeWise will gain 2,621 new members in 2026.

The projection period member months are based on assuming 12 months of membership for the projected 24,131 members.

## **Terminated Products**

No terminated plans for 2026.

## **Plan Type**

The plans included in this filing are EPO plans.

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**Washington State Required Appendixes**

Appendix 2.3b: Normalization of Network Factors  
Appendix 2.5b: Projected and Historical Administrative Cost Development  
Appendix 3.1: Experience Claims by Incurred & Paid Date  
Appendix 3.2: Federal Minimum Loss Ratio Calculation  
Appendix 3.3a-b: Risk Adjustment Experience and Actual vs Projected Comparison  
Appendix 4.1: WAC 283-43-6660 vs Additional Data Statement Form  
Appendix 4.1a: Additional Data Statement screenshots  
Appendix 4.2: Months of Surplus  
Appendix 5: Rate/Rule Schedule tab of SERFF rate filing support/source  
Appendix 6: Actuarial Values for Non-Cascade Plans

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**Actuarial Certification**

I, Hiu-Wan Ko, am VP of Actuarial Services at LifeWise Health Plan of Washington. I am a member of the American Academy of Actuaries and meet its qualification standards for rendering actuarial certification.

I am familiar with applicable laws and regulations of the State and federal government for rate filing requirements applicable to health care service contractors.

I certify that the projected index rate is in compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1) and 147.102), is in compliance with the Actuarial Standards of Practice, is reasonable overall in relation to the average benefits provided and the average population anticipated to be covered, and is neither excessive nor deficient.

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

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

I certify non-Cascade plan AV Metal Values were developed with an alternate methodology as described in 45 CFR 156.135(b)(3) in accordance with generally accepted actuarial principles and methodologies. Certification is included in the “Unique Plan Design Supporting Documentation and Justification Non Cascade” file.

**Limitations**

I have relied on the analyses performed by:

- The Washington State Office of the Insurance Commissioner for the Silver Loading adjustment factor
- The Centers of Medicare and Medicaid Services AV Calculator, to use as a basis for determining the AV & Cost Sharing adjustment by plan
- Wakely, Washington State Office of the Insurance Commissioner, and the Centers of Medicare and Medicaid Services to support our analysis of risk transfer payments
- Our PBM to support our analysis of the prescription drug trends
- Our third party administrators including Evolent, CMS and WAHBE on their processes related to claims payments, eligibility/membership and premium billing
- Our finance department for net operating expense and company financial projections
- The HCE actuarial team and network team for medical trends and Medicare repricing study for the Alpine network
- Wakely to certify AV for Cascade plans: 38498WA0320010, 38498WA0320011, 38498WA0320012, 38498WA0320016 and Cascade Select plans: 38498WA0320013, 38498WA0320014, 38498WA0320015, and 38498WA0320017. Wakely’s certification is included in the “Standard Plan Unique Plan Design Supporting Documentation and Justification” and “AV Screenshots Standard” files.

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While I have reviewed the information provided by the above sources for reasonableness and consistency, I performed no verification of and take no responsibility for the accuracy of the information. If the information is inaccurate or incomplete, the results of my analysis may likewise be inaccurate or incomplete.

I, Hiu-Wan Ko, FSA, MAAA, do hereby certify that this filing has been developed in accordance with the profession's Code of Professional Conduct and the following Actuarial Standards of Practice (ASOPs):

- ASOP No. 5, *Incurred Health and Disability Claims*
- ASOP No. 8, *Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits*
- ASOP No. 12, *Risk Classification*
- ASOP No. 23, *Data Quality*
- ASOP No. 25, *Credibility Procedures*
- ASOP No. 41, *Actuarial Communications*
- ASOP No. 50, *Determining Minimum Value and Actuarial Value under the Affordable Care Act*



05/14/2025

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Hiu-Wan Ko, FSA, MAAA  
VP Actuarial Services  
LifeWise Health Plan of Washington

Date