

# **Part III Actuarial Memorandum**

Wellpoint Insurance Company
Texas Individual Rate Filing
Effective January 1, 2026

Prepared by:

FSA, MAAA Elevance Health, Inc.

## **TABLE OF CONTENTS**

The following table summarizes the exhibits included in this document. Some exhibits may span multiple pages.

Exhibit #	Exhibit Title
Exhibit 1	General Information
Exhibit 2	Proposed Rate Increases
Exhibit 3	Experience and Current Period Premium, Claims, and Enrollment
Exhibit 4	Benefit Categories
Exhibit 5	Projection Factors
Exhibit 6	Manual Rate Adjustments
Exhibit 7	Credibility of Experience
Exhibit 8	Establishing the Index Rate
Exhibit 9	Development of the Market-Wide Adjusted Index Rate
Exhibit 10	Plan Adjusted Index Rate
Exhibit 11	Calibration
Exhibit 12	Consumer Adjusted Premium Rate Development
Exhibit 13	Projected Loss Ratio
Exhibit 14	AV Metal Values
Exhibit 15	Membership Projections
Exhibit 16	Terminated Products
Exhibit 17	Plan Type
Exhibit 18	Effective Rate Review Information
Exhibit 19	Reliance
Exhibit 20	Actuarial Certification

## **EXHIBIT 1. GENERAL INFORMATION**

#### **Document Overview**

This document contains the Part III Actuarial Memorandum for Wellpoint Insurance Company (Wellpoint)'s Texas individual block of business, effective January 1, 2026. Elevance Health, Inc. (Elevance) is the parent company of Wellpoint Insurance Company. This actuarial memorandum is submitted in conjunction with the Part I Unified Rate Review Template (URRT). Since Wellpoint was a new carrier in Texas for 2025, this filing is based 100% on a manual rate.

The purpose of the actuarial memorandum is to provide certain information related to the submission, including support for the values entered into the Part I URRT, which supports compliance with the market rating rules and reasonableness of applicable premium rates. This information may not be appropriate for other purposes.

This information is intended for use by the Texas Department of Insurance, the Center for Consumer Information and Insurance Oversight (CCIIO), and their subcontractors to assist in the review of Wellpoint's individual rate filing. However, we recognize that this certification may become a public document. Wellpoint makes no representations or warranties regarding the contents of this letter to other users.

As prescribed by Texas the premium rates developed and supported by this Actuarial Memorandum rely on the regulations and guidance that are in place at the time of this filing. We assume that Cost Share Reductions (CSR) will not be funded as is described in current regulations and guidance. Future modifications in legislation, regulation and/or court decisions may affect the extent to which the premium rates are neither excessive nor deficient. Wellpoint reserves the right to file revised rates in the event of changes to the regulatory environment in which they were developed.

At the time of this rate filing submission, we acknowledge there is uncertainty regarding whether the enhanced premium tax credit subsidies introduced through the American Rescue Plan Act (ARPA) will or will not be extended beyond 2025. We have prepared this set of rate filing materials assuming that these enhanced premium tax credits will expire at the end of 2025 and will not be applicable in 2026. The expiration versus extension of these subsidies could have a material impact on morbidity, enrollment, and other assumptions related to the Individual market in Texas. We have incorporated various premium rate adjustments to reflect the estimated financial impact of these subsidies expiring. These adjustments are derived from a Milliman model that includes data from CMS reports, proprietary Milliman datasets, and other publicly available information. Our model results will evolve as new information becomes available and new actions are taken by the authorities and other stakeholders. If subsequent information becomes available that would materially affect this rate filing submission, we would likely pursue opportunities to revise our pricing assumptions and resubmit this rate filing.

### **Company Identifying Information**

Company Legal Name: Wellpoint Insurance Company

State: Texas

HIOS Issuer ID: 47501

Form Status: Forms will be open to new sales starting for CY2026

Form Numbers Associated with this Filing: TX ON HIX HMO 01-26, TX OFF HIX HMO 01-26, TX ON HIX POS 01-

26, TX OFF HIX POS 01-26, TX OFF HIX HMO MDT 01-26

Market: Individual

Exchange: On and off exchange Effective Date: January 1, 2026

#### **Company Contact Information**

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

## **EXHIBIT 2. PROPOSED RATE CHANGES**

This submission applies to Wellpoint's individual market rates available for sale January 1, 2026. The composite rate change proposed in this filing is as shown in Worksheet 2, Section I of the URRT (row 22). Table 2.1 summarizes the significant factors driving the proposed composite rate change effective January 1, 2026.

Table 2.1 Wellpoint Insurance Company Components of Proposed Rate Change	
Description	Value



Similar to the 2025 rate filing, we projected average statewide premiums for 2026 and assumed a risk adjustment payable that aligns with the underlying morbidity assumption utilized in the claims projections. This led to a similar, but slightly lower projected risk adjustment payable as a percent of premium compared to the 2025 rate filing. We also reflect Wellpoint's latest administrative expense assumptions. Please see Exhibit 6 and Exhibit 10 for additional detail regarding these assumptions.

### **Rate Changes by Plan**

The following table summarizes proposed rates change(s) by plan:

	Table 2.2									
Wellpoint Insurance Company										
Summary of Proposed Rate Changes										
	Current 2025 Rate (Age 2026 Rate (Age									
HIOS ID	Enrollment	21)	21)	Rate Change						

Rate changes vary by plan due to a combination of factors including changes in benefit relativities and non-benefit expense allocation. The minimum rate increase requested is and the maximum rate increase requested is the first year rate changes are being requested since Wellpoint began selling these plans in 2025.

## **Single Risk Pool**

Wellpoint rates are developed using a single risk pool, established according to the requirements in 45 CFR section 156.80(d) and reflects all covered lives for every non-grandfathered product/plan combination in the State of Texas individual health insurance market.

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

Wellpoint does not have any 2024 experience as the company began selling plans in the Texas Individual market in 2025. Current enrollment and premium figures on Worksheet 2, Section II are reported as of March 31, 2025. Premium rates presented are 100% manually rated.

## **EXHIBIT 4. BENEFIT CATEGORIES**

We assigned the manual data utilization and cost information to benefit categories based on place and type of service using a detailed claims mapping algorithm summarized as follows:

### **Inpatient Hospital**

The inpatient hospital category includes non-capitated facility services for medical, surgical, maternity, mental health and substance abuse, skilled nursing, and other services provided in an inpatient facility setting and billed by the facility.

#### **Outpatient Hospital**

The outpatient hospital category includes non-capitated facility services for surgery, emergency room, lab, radiology, therapy, observation, and other services provided in an outpatient facility setting and billed by the facility.

#### **Professional**

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

#### **Other Medical**

The other medical category includes non-capitated ambulance, home health care, DME, prosthetics, supplies, vision exams, dental services, and other services.

### Capitation

The capitation category includes all services provided under capitated arrangements.

### **Prescription Drug**

The prescription drug category includes drugs dispensed by a pharmacy. This amount is net of rebates received from drug manufacturers.

## **EXHIBIT 5. PROJECTION FACTORS**

Not applicable. Wellpoint did not have historical experience in Texas during the base period.

## **EXHIBIT 6. MANUAL RATE ADJUSTMENTS**

## Source and Appropriateness of Experience Data Used in Manual Rate Development

The basis of the manual rates is
The allowed claims that form the basis of the manual rate include a full year of 2024 incurred claims
paid through March 2025 (including adjustments for claims incurred but not yet paid as of March 31, 2025) and the latest risk adjustment information available for 2024.

## **Adjustments Made to the Data**

We adjusted these claims to represent Texas expectations as follows:

- Annualized trend of to project the 2024 claims forward to the 2026 rating period.
- A morbidity adjustment to account for health status differences between the population Wellpoint expects in Texas compared to the experience underlying the manual rate.
- A demographic distribution of individual members expected to purchase Wellpoint plans in Texas compared to the distribution of members in the manual data.
- A geographic adjustment to account for Wellpoint's expected reimbursement in Texas relative to reimbursement underlying the manual rate.
- A plan design adjustment to reflect the utilization impact due to cost sharing and plan mix differences between the
  plans underlying the manual rate and Wellpoint's projected 2026 enrollment by plan in Texas.

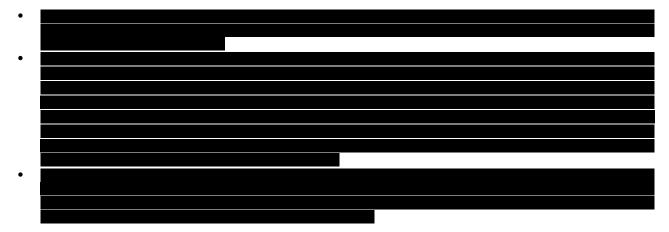
#### **Trend**

An annualized trend of is used to project the 2024 starting claims experience to the 2026 rating period. This includes the following components:

- Medical (includes inpatient, outpatient, professional, and other medical URRT categories)
  - O Utilization trend:
  - Unit cost trend:
  - Total trend:
- Prescription drug
  - Utilization trend:
  - Unit cost trend:
  - Total trend:

## **Morbidity Adjustment**

The starting claims experience is calibrated to the average morbidity across the underlying the manual rate since we account for risk adjustment transfer amounts specific to states included. We include 3 additional adjustments:



## **Demographic Adjustment**

We based the manual rate on the expected demographic mix for Wellpoint across Texas. We adjusted the starting manual claims costs to reflect differences between the demographic mix underlying the manual data and the mix expected in Texas.

## **Geographic Adjustment**

We adjusted the manual rate to reflect unit costs, utilization, and provider reimbursement levels in Texas.

## **Plan Design Changes**

We evaluated the appropriate benefit design relativities for each plan. We also compared these relativities to the relativities underlying the manual rate to adjust the manual appropriately for Texas plan designs. These plan design relativities were included in the calculation of the single risk pool manual rate.

### **Inclusion of Capitation Payments**

## **EXHIBIT 7. CREDIBILITY OF EXPERIENCE**

Not applicable. Wellpoint does not have relevant experience in the base period to use in rate development; therefore, the 2026 rate development is based on manual rates.

## **EXHIBIT 8. ESTABLISHING THE INDEX RATE**

The Index Rate for the projection period is a measurement of the average allowed claims PMPM for Essential Health Benefits (EHBs). The Projection Period Index Rate reflects the projected 2026 mix of area factors and risk level or morbidity that Wellpoint expects to receive in the Single Risk Pool. The Projection Period Index Rate has not been adjusted for payments and charges projected under the risk adjustment program or for Exchange User Fees.

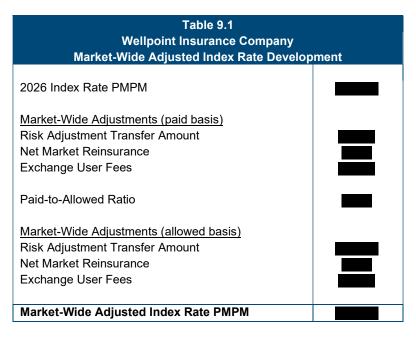
The Projection Period Index Rate is equal to the projected EHB allowed claims PMPM.

The following table summarizes the Manual Index Rate and the adjustments described in Exhibit 6. Wellpoint entered the individual market in Texas in 2025 and does not have historical experience in this market as of the date of this filing, therefore the manual rate is given 100% credibility.

Table 8.1 Wellpoint Insurance Company Projection Period Index Rate Development							
Description	Experience	Manual					
2024 Total Allowed Claims PMPM (Net of Risk Adjustment							
Transfers Underlying Manual Rate)							
Trend							
Morbidity Adjustment							
Demographic Adjustment							
Geographic Adjustment							
Plan Design Adjustment							
Projected 2026 EHB Allowed Claims PMPM Credibility							
Projection Period Index Rate PMPM							

## **EXHIBIT 9. DEVELOPMENT OF THE MARKET-WIDE ADJUSTED INDEX RATE**

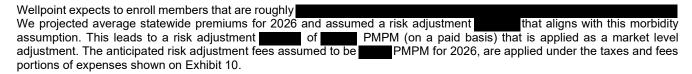
The market-wide adjusted index rate is calculated as the index rate adjusted for all allowable market-wide modifiers defined under the market rating rules in 45 CFR Part 156, §156.80(d)(1). The development of the Market Adjusted Index Rate is illustrated in Worksheet 1, Section II of the URRT and in the table below.



The Market-Wide Adjusted Index Rate is not calibrated. This means that this rate reflects the average demographic characteristics of the single risk pool.

- Risk Adjustment Transfer Amount
  - This figure includes the impact of the estimated risk adjustment transfer payment as addressed in a subsequent section of this Exhibit.
- Market Reinsurance
  - o There is no market reinsurance applicable for this filing.
- Exchange User Fee Adjustment
  - The Exchange User Fee adjustment was determined as the average of no fee and the Exchange User Fee, weighted using the expected distribution of issuer enrollment sold through versus outside the Exchange. This equates to PMPM on an allowed basis.

## **Projected Risk Adjustments**



## **EXHIBIT 10. PLAN ADJUSTED INDEX RATE**

The Market-Wide Adjusted Index Rate is adjusted to compute the Plan Adjusted Index Rate using the following allowable adjustments:

<ul> <li>Actuarial</li> </ul>	value and cost sharing adjustment
0	
	,
	We also used the mandated Texas cost sharing design factors

These factors account for differences in benefit design and richness without incorporating differences in morbidity, demographics, area mix, or similar attributes.

- Note the factor for on-exchange Silver plans is adjusted to reflect the impact of cost sharing reduction subsidies (CSRs) no longer being funded by the federal government. The CSR load added to these factors is \_\_\_\_\_, per Texas mandates.
- Provider network, delivery system and utilization management adjustment
  - The provider network factor is on POS plans and on HMO plans. The factors are based on cost differences Wellpoint expects between these provider networks.
- · Adjustment for benefits in addition to the EHBs
  - These non-EHBs are reflected via the adjustment for benefits in addition to EHB in the URRT.
- Adjustment for administrative costs, profit and taxes
  - This adjustment is a load to paid claims for non-benefit expenses, excluding the exchange user fee which is included in the derivation of the market-adjusted index rate.
- Adjustment for catastrophic eligibility
  - This adjustment only applies to the single catastrophic plan Wellpoint offers. It reflects the expected impact
    of the specific eligibility categories for this catastrophic plan.

## **CSR Experience and Projection**

Wellpoint was a new individual health insurer in Texas in 2025 and therefore did not provide any 2024 CSR amounts.

The following table demonstrates the Plan Adjusted Index Rate development for each plan in the projection period:

Table 10.1 Wellpoint Insurance Company Projection Period Plan Adjusted Index Rate Development								
Plan Name	HIOS ID	Market- Wide Adjusted Index Rate	AV & Cost Sharing	Provider Network Adjustment	Benefits In Addition to EHBs	Admin Cost Fee	Catastro phic Eligibility	Plan Adjusted Index Rate

Table 10.1 Wellpoint Insurance Company Projection Period Plan Adjusted Index Rate Development								
Plan Name	HIOS ID	Market- Wide Adjusted Index Rate	AV & Cost Sharing	Provider Network Adjustment	Developmen  Benefits In  Addition to EHBs	Admin Cost Fee	Catastro phic Eligibility	Plan Adjusted Index Rate

Table 10.1 Wellpoint Insurance Company								
Projection Period Plan Adjusted Index Rate Development								
Plan Name	HIOS ID	Market- Wide Adjusted Index Rate	AV & Cost Sharing	Provider Network Adjustment	Benefits In Addition to EHBs	Admin Cost Fee	Catastro phic Eligibility	Plan Adjusted Index Rate

The Plan Adjusted Index Rates shown are not calibrated to an age 21 rate but reflect the average demographic across the single risk pool.

### Non-Benefit Expenses, Profit, and Risk

The following table summarizes retention components (i.e., non-benefit components including administrative expenses, profit / risk load, and taxes / fees) included in rate development.

Table 10.2 Wellpoint Insurance Company Illustration of Administrative Expenses by URRT, Worksheet 2 Category									
Retention Description	PMPM	% Premium	Basis	Annotation					

Administrative expense items were allocated across plans based on a fixed expense that was applied as a percent of premium. Commissions are not varied by plan in this projection and reflect expectations associated with new sales in 2026. The taxes and fees subsection of Table 10.2 reflect adjustments for the Risk Adjustment User Fee, Texas state premium tax, the comparative effectiveness research fee, and federal income tax. The taxes and fees percentages shown in Worksheet 2 of the URRT vary slightly by plan because the Comparative Effectiveness Research Fee of specification is applied on a PMPM basis.

## **EXHIBIT 11. CALIBRATION**

A single calibration factor is applied to the Plan Adjusted Index Rates from Exhibit 10 to calibrate rates for the expected age, geographic, and tobacco use distribution expected to enroll in the plan. The single calibration factor is applied uniformly across all plans.

## **Age Curve Calibration**

The approximate weighted average age, rounded to the nearest whole number, for the single risk pool is average age curve calibration factor is

Prior to applying the allowed rating factors for age, geography and tobacco, the Plan Adjusted Index Rates need to be divided by the age curve calibration factor. In order to determine the calibration factor for age, a projected distribution of members by age was determined. The weighted average of the factors in the age curve was then calculated using this distribution. The average age was then determined by finding the age of a member that would have the closest factor to the weighted average age curve calibration factor.

Additional information regarding the age curve can be found on Exhibit 12.

### **Geographic Factor Calibration**

In order to determine the calibration factor for geography, the projected distribution of members by area was determined. The weighted average of the area factors was then determined using this distribution. The area factors used are reflective of differences in delivery costs (including unit cost and provider practice pattern differences) only, and do not reflect any difference in population morbidity. Prior to applying the allowed rating factors for age, geography and tobacco, the plan adjusted Index Rates need to be divided by the geography calibration factor.

Additional information regarding the area rating factors can be found on Exhibit 12.

#### **Tobacco Factor Calibration**

The following tables demonstrate the calibration performed for each plan.

Table 11.1								
Wellpoint Insurance Company Calibrated Plan Adjusted Index Rate Development								
Plan	HIOS ID	Plan Adjusted Index Rate	Age Calibration Factor	Geographic Calibration Factor	Tobacco Calibration Factor	Calibration Factor	Calibrated Plan Adjusted Index Rate	

_			Table 11				_
	00		point Insuranc	e Company lex Rate Develo			
Plan	HIOS ID	Plan Adjusted Index Rate	Age Calibration Factor	Geographic Calibration Factor	Tobacco Calibration Factor	Calibration Factor	Calibrated Plan Adjusted Index Rate
-							

_			Table 11				_
Wellpoint Insurance Company Calibrated Plan Adjusted Index Rate Development							
Plan	HIOS ID	Plan Adjusted Index Rate	Age Calibration Factor	Geographic Calibration Factor	Tobacco Calibration Factor	Calibration Factor	Calibrated Plan Adjusted Index Rate

## **EXHIBIT 12. CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT**

The Consumer Adjusted Premium Rate is the final premium rate for a plan that is charged to an individual utilizing the rating and premium adjustments as articulated in the applicable Market Reform Rating Rules. It is the product of the Calibrated Plan Adjusted Index Rate, the geographic rating factor, the age rating factor, and the tobacco status rating factor. All rating factors are described and shown below.

Wellpoint's 2026 age and tobacco rating factors are shown below. The age rating factors used by Wellpoint are identical to those prescribed by CMS.

		Wellpoint Insu	le 12.1 ırance Company bacco Factors		
Age Band	Age Rating Factor	Tobacco Factor	Age Band	Age Rating Factor	Tobacco Factor
		Factor			

Wellpoint's CY2026 geographic rating factors are shown below. These area factors reflect differences in utilization and unit cost by region. They were developed based on Wellpoint's anticipated provider reimbursement by region and do not include the impact of differences in population demographics and health status.

Table 12.2 Wellpoint Insurance Company Geographic Rating Factors						
Region Area Rating Factor						

The following table demonstrates the premium rate development for the Consumer Adjusted Premium Rate beginning with the Calibrated Plan Adjusted Index Rate and applying the appropriate age, area, and tobacco factors.

Table 12.3 Wellpoint Insurance Company Sample Consumer Adjusted Premium Rate Development	
Calibrated Plan Adjusted Index Rate	
Age:	
Rating Area:	
Tobacco Status: Tobacco User	
Consumer Adjusted Premium Rate	
NOTE: Due to URRT rounding conventions, there may be some variance in reported figures.	

## **EXHIBIT 13. PROJECTED LOSS RATIO**

The projected medical loss ratio (MLR) is \_\_\_\_\_. This loss ratio is calculated based on the MLR methodology as prescribed by 45 CFR 158.

The following table summarizes the calculation for the projected federal medical loss ratio:

Table 13.1 Wellpoint Insurance Company Projected Federal Medical Loss Ra	atio
	Projected 2026 TX Business
Member Months	
MLR Numerator Calculations	
Paid Claims PMPM	
Claim-Related Retention (QI/Health IT) PMPM	
Prior Rebate	
Other Claim-Related Adjustments	<u></u> _
Risk Adjustment Paid (Received) PMPM	
Market Reinsurance Recoveries (Received) PMPM	
MLR Numerator	
MLR Denominator Calculations	
Premium PMPM	
Other Premium-Related Adjustments	
Premium-Related Retention (Taxes & Fees) PMPM	
MLR Denominator	
Medical Loss Ratio	

Since this is a new block of business in 2025 and there is no historical experience, we did not estimate a credibility adjustment for the projected MLR. Including a credibility adjustment could only increase the projected MLR, which already satisfies the MLR requirement.

## **EXHIBIT 14. AV METAL VALUES**

The AV metal values included in Worksheet 2 are based on the AV Calculator. Table 14.1 below summarizes these values for each plan.

Wellpoint I	Table 14.1 nsurance Company uarial Values		
Plan	HIOS ID	Actuarial Value	Source

Table 14.1 Wellpoint Insurance Company Actuarial Values							
Plan	HIOS ID	Actuarial Value	Source				

## **EXHIBIT 15. MEMBERSHIP PROJECTIONS**

Enrollment projections shown in the URRT were developed based on the total market size, recent enrollment distributions, and reasonable expectations for market share in 2026. Note that this projection also considers a reduction in market size due to the assumed expiration of enhanced premium subsidies first introduced through the American Rescue Plan Act (ARPA) and later extended by the Inflation Reduction Act (IRA).

Table 15.1 below shows the expected enrollment in Silver plans by subsidy level.

		Table 15.1	`amnanı				
Wellpoint Insurance Company Projected Enrollment (Members) by Subsidy Level (Silver Plans)							
Plan Name	HIOS ID	70%	73%	87%	94%	Total	

## **EXHIBIT 16. TERMINATED PRODUCTS**

No products will be terminated prior to the effective date.

## **EXHIBIT 17. PLAN TYPE**

There are no differences between Wellpoint's plans and the plan type selected in the drop-down box in Worksheet 2, Section I of the URRT.

## **EXHIBIT 18. EFFECTIVE RATE REVIEW INFORMATION (OPTIONAL)**

Not applicable.

## **EXHIBIT 19. RELIANCE**

I performed a limited review of the data used directly in the analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of the assignment.

## **EXHIBIT 20. ACTUARIAL CERTIFICATION**

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. I, and a member of the American Academy of Actuaries, and I meet its qualification standards to perform the analysis and render the actuarial opinion contained herein.

I certify to the best of my knowledge and judgment:

- 1. The projected Index Rate is
  - In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80 and 147.102)
  - Developed in compliance with the applicable Actuarial Standards of Practice
  - Reasonable in relation to the benefits provided and the population anticipated to be covered
  - Neither excessive nor deficient based on my best estimates of the 2025 individual market
- 2. The Index Rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.
- 3. The geographic rating factors shown in Worksheet 3 of URRT reflect only differences in the cost of delivery, and do not include differences for population morbidity by geographic area.
- 4. The CMS Actuarial Value Calculator was used to determine the AV Metal Values shown in Worksheet 2, Section I of the URRT for all plans.
- 5. The products filed are expected to meet minimum loss ratio requirements.
- New plans are not considered modifications of existing plans under the uniform modification standards in 45 CFR 147.106.

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

The 2026 plan year premium rates in this actuarial memorandum are contingent upon the status of the ACA statutes and regulations including any regulatory guidance, court decisions, or otherwise. Changes have the potential to greatly impact the 2026 plan year premium rates provided in this Actuarial Memorandum. Changes include, but are not limited to, any legislative or regulatory amendments, court decisions, or decisions by Congress, the Health and Human Services Secretary or the Centers for Medicare and Medicaid Services director.

At the time of this rate filing submission, we acknowledge there is uncertainty regarding the expiration of the enhanced premium subsidies first introduced through the American Rescue Plan Act (ARPA) and later extended by the Inflation Reduction Act (IRA). We have assumed that these subsidies will expire at the end of 2025 and adjusted our assumptions for the 2026 premium rates accordingly. Due to the substantial uncertainty regarding the impact of removing these subsidies, some of the related assumptions may exhibit a substantially greater divergence from expectations. As more information becomes known about the 2026 subsidies, we may need to adjust the rates to result in premiums that are neither excessive nor deficient.

The information provided in this actuarial memorandum is in support of the items illustrated in the URRT and does not provide an actuarial opinion regarding the process used to develop proposed premium rates. It does certify that rates were developed in accordance with applicable regulations, as noted.

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

Signed:

Name: FSA, MAAA
Title: Director & Actuary

Date: July 21, 2025