

**State:** Washington **Filing Company:** Regence BlueCross BlueShield of Oregon  
**TOI/Sub-TOI:** H16I Individual Health - Major Medical/H16I.005C Individual - Other  
**Product Name:** 2026 Nongrandfathered Individual Rate Filing RCBOSO Clark County  
**Project Name/Number:** /

## Filing at a Glance

Company: Regence BlueCross BlueShield of Oregon  
Product Name: 2026 Nongrandfathered Individual Rate Filing RCBOSO Clark County  
State: Washington  
TOI: H16I Individual Health - Major Medical  
Sub-TOI: H16I.005C Individual - Other  
Filing Type: Rate  
Date Submitted: 05/14/2025  
SERFF Tr Num: RGOR-134499027  
SERFF Status: Assigned  
State Tr Num: 484603  
State Status: Review Pending  
Co Tr Num: REGENBB173QM  
  
Effective: 01/01/2026  
Date Requested:  
Author(s): Paul Harmon, Daniel Boeder, Isaac Justus, Julia Shabalov, Lisa Mudgett, Janessa Sanchez, Chris Jasperson, Brittany Chan, Jaakob Sundberg, Andy Seymore, Mary Katayama, Summer Baek, Trey Norton  
  
Reviewer(s): Rocky Patterson II (primary), Amy Peach  
Disposition Date:  
Disposition Status:  
Effective Date:  
Destruction Date:  
  
State Filing Description:

**State:** Washington **Filing Company:** Regence BlueCross BlueShield of Oregon  
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## General Information

Project Name: Status of Filing in Domicile:  
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: 24.93% Filing Status Changed: 05/14/2025  
State Status Changed: 05/14/2025  
Deemer Date: Created By: Jaakob Sundberg  
Submitted By: Isaac Justus Corresponding Filing Tracking Number: RGOR-WA26-125119791, RGOR-134492127, RGOR-134491359  
PPACA: Non-Grandfathered Immed Mkt Reforms  
PPACA Notes: null  
Exchange Intentions: Exchange and Outside Market  
Filing Description:  
This filing was prepared with the intention of following the Speed to Market Tools.

## Company and Contact

### Filing Contact Information

Daniel Boeder, daniel.boeder@regence.com  
200 SW Market St 206-332-5619 [Phone]  
11th Floor  
Portland, OR 97201

### Filing Company Information

Regence BlueCross BlueShield of Oregon  
P.O. Box 1271  
Portland, OR 97207-1271  
(800) 422-7076 ext. [Phone]  
CoCode: 54933  
Group Code:  
Group Name:  
FEIN Number: 93-0238155  
State of Domicile: Oregon  
Company Type:  
State ID Number:

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<b>State:</b>	Washington	<b>Filing Company:</b>	Regence BlueCross BlueShield of Oregon
<b>TOI/Sub-TOI:</b>	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
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## Filing Fees

### State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

### State Specific

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

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

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

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	05/23/2025	



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<b>State:</b>	Washington	<b>Filing Company:</b>	Regence BlueCross BlueShield of Oregon
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## Note To Filer

**Created By:**

Rocky Patterson II on 05/19/2025 05:54 PM

**Last Edited By:**

Gail Jones

**Submitted On:**

05/27/2025 09:55 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.

<b>State:</b>	Washington	<b>Filing Company:</b>	Regence BlueCross BlueShield of Oregon
<b>TOI/Sub-TOI:</b>	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
<b>Product Name:</b>	2026 Nongrandfathered Individual Rate Filing RBCBSO Clark County		
<b>Project Name/Number:</b>	/		

## Reviewer Note

**Created By:**

Kelli Armfield on 05/23/2025 06:00 PM

**Last Edited By:**

Gail Jones

**Submitted On:**

05/27/2025 09:55 AM

**Subject:**

Rate Request Summary

**Comments:**

See attached

## Regence BlueCross BlueShield of Oregon – 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:	24.93% <i>average*</i>
Requested effective date:	Jan. 1, 2026
Plans impacted:	Regence BlueCross BlueShield of Oregon's Individual plans
People impacted:	10,029
Counties:	Clark

### Key information used to develop the rate request

(Jan. 2024 - Dec. 2024)

Premiums	\$61,965,509
Claims	\$55,222,991
Administrative expenses	\$7,991,086
Risk adjustment	<b>-\$5,320,316</b>
Company lost	<b>-\$6,568,884</b>

The company expects its annual medical costs to increase 10.2%.

### 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:

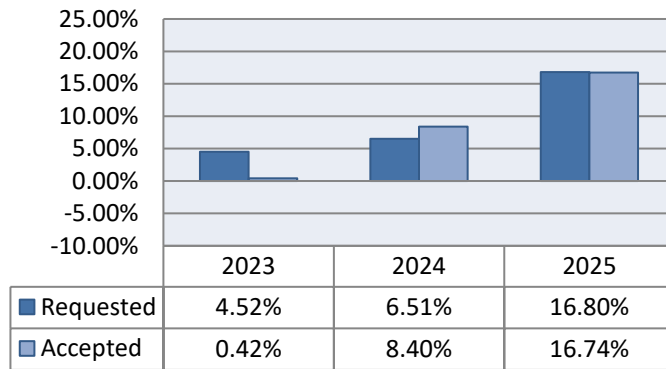
Claims:	86.87%
Administration:	9.63%
Profit:	3.50%

### Are there any benefit changes?

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

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

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



**Need Help?**

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

## Glossary

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

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

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

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

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

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

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

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

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

## Rate request summary #RGOR-134499027

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

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

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

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

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

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

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

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

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

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

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

State:Washington

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

Product Name:2026 Nongrandfathered Individual Rate Filing RCBOSO Clark County

Project Name/Number:/

Rate Information

Rate data applies to filing.

Filing Method:

Electronic

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

16.740%

Effective Date of Last Rate Revision:

01/01/2025

Filing Method of Last Filing:

Electronic

SERFF Tracking Number of Last Filing:

RGOR-134064657

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):
Regence BlueCross BlueShield of Oregon	Increase	24.930%	24.930%	\$35,492,854	6,863	\$70,065,333	55.990%	1.340%

**State:** Washington **Filing Company:** Regence BlueCross BlueShield of Oregon  
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## Rate Review Detail

### COMPANY:

Company Name: Regence BlueCross BlueShield of Oregon  
HHS Issuer Id: 71281

### PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
Regence Direct EPO	71281WA135		1663
Regence Exchange EPO	71281WA136		8366

Trend Factors: This filing uses an overall annual trend of 10.2%

### FORMS:

New Policy Forms:

Affected Forms: N/A

Other Affected Forms: WO0126PSDEPOE, WO0126PHSEPOE, WO0126PEPOD, WO0126PHSEPOD, WO0126PESEPOD, WO0126PESEPOE

### REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual  
Member Months: 105,260  
Benefit Change: None  
Percent Change Requested: Min: 1.3 Max: 56.0 Avg: 24.9

### PRIOR RATE:

Total Earned Premium: 70,065,333.00  
Total Incurred Claims: 55,060,835.00  
Annual \$: Min: 246.00 Max: 2,186.00 Avg: 702.00

### REQUESTED RATE:

Projected Earned Premium: 105,558,187.00  
Projected Incurred Claims: 84,756,330.00  
Annual \$: Min: 282.00 Max: 2,567.00 Avg: 877.00



State: Washington

Filing Company: Regence BlueCross BlueShield of Oregon

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

Product Name: 2026 Nongrandfathered Individual Rate Filing RCBOSO Clark County

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		2026 RCBOSO Rate Sheets	WO0126PSDEPOE, WO0126PHSEPOE, WO0126PEPOD, WO0126PHSEPOD, WO0126PESEPOD, WO0126PESEPOE	Revised	Previous State Filing Number: RGOR-134064657 Percent Rate Change Request: 24.93	Rate Schedule Duplicate.xlsx, Rate Schedule.pdf, RCBOSO IND Rating Example.pdf,

Regence BlueCross BlueShield of Oregon  
RATE SCHEDULE

Plan Information

Plan Name:	Bronze HSA 7750 Individual Connect Network
HIOS Plan ID:	71281WA1350023
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	Outside the Exchange
Metal Level:	Bronze
Plan Type:	Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	N/A	
2	N/A	
3	Yes	Clark
4	N/A	
5	N/A	
6	N/A	
7	N/A	
8	N/A	
9	N/A	

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			332.38									332.38						
15			361.92									361.92						
16			373.22									373.22						
17			384.51									384.51						
18			396.68									396.68						
19			408.85									408.85						
20			421.45									421.45						
21			434.48									434.48						
22			434.48									434.48						
23			434.48									434.48						
24			434.48									434.48						
25			436.22									436.22						
26			444.91									444.91						
27			455.34									455.34						
28			472.28									472.28						
29			486.18									486.18						
30			493.13									493.13						
31			503.56									503.56						
32			513.99									513.99						
33			520.51									520.51						
34			527.46									527.46						
35			530.93									530.93						
36			534.41									534.41						
37			537.89									537.89						
38			541.36									541.36						
39			548.31									548.31						
40			555.27									555.27						
41			565.69									565.69						
42			575.69									575.69						
43			589.59									589.59						
44			606.97									606.97						
45			627.39									627.39						
46			651.72									651.72						
47			679.09									679.09						
48			710.37									710.37						
49			741.22									741.22						
50			775.98									775.98						
51			810.31									810.31						
52			848.10									848.10						
53			886.34									886.34						
54			927.61									927.61						
55			968.89									968.89						
56			1013.64									1013.64						
57			1058.83									1058.83						
58			1107.06									1107.06						
59			1130.95									1130.95						
60			1179.18									1179.18						
61			1220.89									1220.89						
62			1248.26									1248.26						
63			1282.58									1282.58						
64 and over			1303.44									1303.44						

Regence BlueCross BlueShield of Oregon  
RATE SCHEDULE

Plan Information

Plan Name:	Bronze Essential 9000 Individual Connect Network
HIOS Plan ID:	71281WA1350025
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	Outside the Exchange
Metal Level:	Bronze
Plan Type:	Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	N/A	
2	N/A	
3	Yes	Clark
4	N/A	
5	N/A	
6	N/A	
7	N/A	
8	N/A	
9	N/A	

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			318.57									318.57						
15			346.89									346.89						
16			357.71									357.71						
17			368.54									368.54						
18			380.20									380.20						
19			391.86									391.86						
20			403.94									403.94						
21			416.43									416.43						
22			416.43									416.43						
23			416.43									416.43						
24			416.43									416.43						
25			418.10									418.10						
26			426.42									426.42						
27			436.42									436.42						
28			452.66									452.66						
29			465.99									465.99						
30			472.65									472.65						
31			482.64									482.64						
32			492.64									492.64						
33			498.88									498.88						
34			505.55									505.55						
35			508.88									508.88						
36			512.21									512.21						
37			515.54									515.54						
38			518.87									518.87						
39			525.53									525.53						
40			532.20									532.20						
41			542.19									542.19						
42			551.77									551.77						
43			565.10									565.10						
44			581.75									581.75						
45			601.32									601.32						
46			624.65									624.65						
47			650.88									650.88						
48			680.86									680.86						
49			710.43									710.43						
50			743.74									743.74						
51			776.64									776.64						
52			812.87									812.87						
53			849.52									849.52						
54			889.08									889.08						
55			928.64									928.64						
56			971.53									971.53						
57			1014.84									1014.84						
58			1061.06									1061.06						
59			1083.97									1083.97						
60			1130.19									1130.19						
61			1170.17									1170.17						
62			1196.40									1196.40						
63			1229.30									1229.30						
64 and over			1249.29									1249.29						

Regence BlueCross BlueShield of Oregon  
RATE SCHEDULE

Plan Information

Plan Name:	Bronze 8000 Individual Connect Network
HIOS Plan ID:	71281WA1350027
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	Outside the Exchange
Metal Level:	Bronze
Plan Type:	Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	N/A	
2	N/A	
3	Yes	Clark
4	N/A	
5	N/A	
6	N/A	
7	N/A	
8	N/A	
9	N/A	

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			332.91									332.91						
15			362.50									362.50						
16			373.81									373.81						
17			385.13									385.13						
18			397.31									397.31						
19			409.49									409.49						
20			422.11									422.11						
21			435.17									435.17						
22			435.17									435.17						
23			435.17									435.17						
24			435.17									435.17						
25			436.91									436.91						
26			445.61									445.61						
27			456.06									456.06						
28			473.03									473.03						
29			486.96									486.96						
30			493.92									493.92						
31			504.36									504.36						
32			514.81									514.81						
33			521.33									521.33						
34			528.30									528.30						
35			531.78									531.78						
36			535.26									535.26						
37			538.74									538.74						
38			542.22									542.22						
39			549.18									549.18						
40			556.15									556.15						
41			566.59									566.59						
42			576.60									576.60						
43			590.53									590.53						
44			607.93									607.93						
45			628.39									628.39						
46			652.76									652.76						
47			680.17									680.17						
48			711.50									711.50						
49			742.40									742.40						
50			777.21									777.21						
51			811.59									811.59						
52			849.45									849.45						
53			887.75									887.75						
54			929.09									929.09						
55			970.43									970.43						
56			1015.25									1015.25						
57			1060.51									1060.51						
58			1108.81									1108.81						
59			1132.75									1132.75						
60			1181.05									1181.05						
61			1222.83									1222.83						
62			1250.24									1250.24						
63			1284.62									1284.62						
64 and over			1305.51									1305.51						

Regence BlueCross BlueShield of Oregon  
RATE SCHEDULE

Plan Information

Plan Name:	Regence Cascade Bronze Individual Connect Network
HIOS Plan ID:	71281WA1360015
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	Inside 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	N/A	
2	N/A	
3	Yes	Clark
4	N/A	
5	N/A	
6	N/A	
7	N/A	
8	N/A	
9	N/A	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14			337.69									337.69						
15			367.70									367.70						
16			379.18									379.18						
17			390.66									390.66						
18			403.02									403.02						
19			415.38									415.38						
20			428.18									428.18						
21			441.42									441.42						
22			441.42									441.42						
23			441.42									441.42						
24			441.42									441.42						
25			443.19									443.19						
26			452.01									452.01						
27			462.61									462.61						
28			479.82									479.82						
29			493.95									493.95						
30			501.01									501.01						
31			511.61									511.61						
32			522.20									522.20						
33			528.82									528.82						
34			535.88									535.88						
35			539.42									539.42						
36			542.95									542.95						
37			546.48									546.48						
38			550.01									550.01						
39			557.07									557.07						
40			564.13									564.13						
41			574.73									574.73						
42			584.88									584.88						
43			599.01									599.01						
44			616.66									616.66						
45			637.41									637.41						
46			662.13									662.13						
47			689.94									689.94						
48			721.72									721.72						
49			753.06									753.06						
50			788.38									788.38						
51			823.25									823.25						
52			861.65									861.65						
53			900.50									900.50						
54			942.43									942.43						
55			984.37									984.37						
56			1029.83									1029.83						
57			1075.74									1075.74						
58			1124.74									1124.74						
59			1149.02									1149.02						
60			1198.01									1198.01						
61			1240.39									1240.39						
62			1268.20									1268.20						
63			1303.07									1303.07						
64 and over			1324.26									1324.26						

Regence BlueCross BlueShield of Oregon  
RATE SCHEDULE

Plan Information

Plan Name:	Bronze HSA 7000 Individual Connect Network
HIOS Plan ID:	71281WA1360018
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	Inside 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	N/A	
2	N/A	
3	Yes	Clark
4	N/A	
5	N/A	
6	N/A	
7	N/A	
8	N/A	
9	N/A	

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			335.03									335.03						
15			364.81									364.81						
16			376.20									376.20						
17			387.59									387.59						
18			399.85									399.85						
19			412.11									412.11						
20			424.81									424.81						
21			437.95									437.95						
22			437.95									437.95						
23			437.95									437.95						
24			437.95									437.95						
25			439.70									439.70						
26			448.46									448.46						
27			458.97									458.97						
28			476.05									476.05						
29			490.07									490.07						
30			497.07									497.07						
31			507.58									507.58						
32			518.09									518.09						
33			524.66									524.66						
34			531.67									531.67						
35			535.17									535.17						
36			538.68									538.68						
37			542.18									542.18						
38			545.69									545.69						
39			552.69									552.69						
40			559.70									559.70						
41			570.21									570.21						
42			580.28									580.28						
43			594.30									594.30						
44			611.82									611.82						
45			632.40									632.40						
46			656.93									656.93						
47			684.52									684.52						
48			716.05									716.05						
49			747.14									747.14						
50			782.18									782.18						
51			816.78									816.78						
52			854.88									854.88						
53			893.42									893.42						
54			935.02									935.02						
55			976.63									976.63						
56			1021.74									1021.74						
57			1067.28									1067.28						
58			1115.90									1115.90						
59			1139.98									1139.98						
60			1188.60									1188.60						
61			1230.64									1230.64						
62			1258.23									1258.23						
63			1292.83									1292.83						
64 and over			1313.85									1313.85						

Regence BlueCross BlueShield of Oregon  
RATE SCHEDULE

Plan Information

Plan Name:	Gold 2000 Individual Connect Network
HIOS Plan ID:	71281WA1350020
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	Outside 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	N/A	
2	N/A	
3	Yes	Clark
4	N/A	
5	N/A	
6	N/A	
7	N/A	
8	N/A	
9	N/A	

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			467.77									467.77						
15			509.35									509.35						
16			525.24									525.24						
17			541.14									541.14						
18			558.26									558.26						
19			575.38									575.38						
20			593.12									593.12						
21			611.46									611.46						
22			611.46									611.46						
23			611.46									611.46						
24			611.46									611.46						
25			613.91									613.91						
26			626.14									626.14						
27			640.81									640.81						
28			664.66									664.66						
29			684.22									684.22						
30			694.01									694.01						
31			708.68									708.68						
32			723.36									723.36						
33			732.53									732.53						
34			742.31									742.31						
35			747.20									747.20						
36			752.10									752.10						
37			756.99									756.99						
38			761.88									761.88						
39			771.66									771.66						
40			781.45									781.45						
41			796.12									796.12						
42			810.18									810.18						
43			829.75									829.75						
44			854.21									854.21						
45			882.95									882.95						
46			917.19									917.19						
47			955.71									955.71						
48			999.74									999.74						
49			1043.15									1043.15						
50			1092.07									1092.07						
51			1140.37									1140.37						
52			1193.57									1193.57						
53			1247.38									1247.38						
54			1305.47									1305.47						
55			1363.56									1363.56						
56			1426.54									1426.54						
57			1490.13									1490.13						
58			1558.00									1558.00						
59			1591.63									1591.63						
60			1659.50									1659.50						
61			1718.20									1718.20						
62			1756.72									1756.72						
63			1805.03									1805.03						
64 and over			1834.38									1834.38						

Regence BlueCross BlueShield of Oregon  
RATE SCHEDULE

Plan Information

Plan Name:	Regence Cascade Complete Gold Individual Connect Network
HIOS Plan ID:	71281WA1360013
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	Inside 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	N/A	
2	N/A	
3	Yes	Clark
4	N/A	
5	N/A	
6	N/A	
7	N/A	
8	N/A	
9	N/A	

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			491.13									491.13						
15			534.79									534.79						
16			551.48									551.48						
17			568.17									568.17						
18			586.15									586.15						
19			604.12									604.12						
20			622.74									622.74						
21			642.00									642.00						
22			642.00									642.00						
23			642.00									642.00						
24			642.00									642.00						
25			644.57									644.57						
26			657.41									657.41						
27			672.82									672.82						
28			697.85									697.85						
29			718.40									718.40						
30			728.67									728.67						
31			744.08									744.08						
32			759.49									759.49						
33			769.12									769.12						
34			779.39									779.39						
35			784.52									784.52						
36			789.66									789.66						
37			794.80									794.80						
38			799.93									799.93						
39			810.20									810.20						
40			820.48									820.48						
41			835.88									835.88						
42			850.65									850.65						
43			871.19									871.19						
44			896.87									896.87						
45			927.05									927.05						
46			963.00									963.00						
47			1003.45									1003.45						
48			1049.67									1049.67						
49			1095.25									1095.25						
50			1146.61									1146.61						
51			1197.33									1197.33						
52			1253.18									1253.18						
53			1309.68									1309.68						
54			1370.67									1370.67						
55			1431.66									1431.66						
56			1497.79									1497.79						
57			1564.55									1564.55						
58			1635.82									1635.82						
59			1671.13									1671.13						
60			1742.39									1742.39						
61			1804.02									1804.02						
62			1844.47									1844.47						
63			1895.18									1895.18						
64 and over			1926.00									1926.00						



Regence BlueCross BlueShield of Oregon

RATE SCHEDULE

Plan Information

Plan Name:	Regence Cascade Vital Gold Individual Connect Network
HIOS Plan ID:	71281WA1360019
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	Inside 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	N/A	
2	N/A	
3	Yes	Clark
4	N/A	
5	N/A	
6	N/A	
7	N/A	
8	N/A	
9	N/A	

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			446.00									446.00						
15			485.64									485.64						
16			500.80									500.80						
17			515.96									515.96						
18			532.28									532.28						
19			548.60									548.60						
20			565.51									565.51						
21			583.00									583.00						
22			583.00									583.00						
23			583.00									583.00						
24			583.00									583.00						
25			585.33									585.33						
26			596.99									596.99						
27			610.98									610.98						
28			633.72									633.72						
29			652.38									652.38						
30			661.71									661.71						
31			675.70									675.70						
32			689.69									689.69						
33			698.43									698.43						
34			707.76									707.76						
35			712.43									712.43						
36			717.09									717.09						
37			721.75									721.75						
38			726.42									726.42						
39			735.75									735.75						
40			745.07									745.07						
41			759.07									759.07						
42			772.48									772.48						
43			791.13									791.13						
44			814.45									814.45						
45			841.85									841.85						
46			874.50									874.50						
47			911.23									911.23						
48			953.21									953.21						
49			994.60									994.60						
50			1041.24									1041.24						
51			1087.30									1087.30						
52			1138.02									1138.02						
53			1189.32									1189.32						
54			1244.71									1244.71						
55			1300.09									1300.09						
56			1360.14									1360.14						
57			1420.77									1420.77						
58			1485.48									1485.48						
59			1517.55									1517.55						
60			1582.26									1582.26						
61			1638.23									1638.23						
62			1674.96									1674.96						
63			1721.02									1721.02						
64 and over			1749.00									1749.00						

Regence BlueCross BlueShield of Oregon  
RATE SCHEDULE

Plan Information

Plan Name:	Silver 5000 Individual Connect Network
HIOS Plan ID:	71281WA1350022
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	Outside 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	N/A	
2	N/A	
3	Yes	Clark
4	N/A	
5	N/A	
6	N/A	
7	N/A	
8	N/A	
9	N/A	

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			378.03									378.03						
15			411.64									411.64						
16			424.48									424.48						
17			437.33									437.33						
18			451.17									451.17						
19			465.00									465.00						
20			479.34									479.34						
21			494.16									494.16						
22			494.16									494.16						
23			494.16									494.16						
24			494.16									494.16						
25			496.14									496.14						
26			506.02									506.02						
27			517.88									517.88						
28			537.15									537.15						
29			552.97									552.97						
30			560.87									560.87						
31			572.73									572.73						
32			584.59									584.59						
33			592.00									592.00						
34			599.91									599.91						
35			603.86									603.86						
36			607.82									607.82						
37			611.77									611.77						
38			615.72									615.72						
39			623.63									623.63						
40			631.54									631.54						
41			643.40									643.40						
42			654.76									654.76						
43			670.58									670.58						
44			690.34									690.34						
45			713.57									713.57						
46			741.24									741.24						
47			772.37									772.37						
48			807.95									807.95						
49			843.04									843.04						
50			882.57									882.57						
51			921.61									921.61						
52			964.60									964.60						
53			1008.09									1008.09						
54			1055.03									1055.03						
55			1101.98									1101.98						
56			1152.88									1152.88						
57			1204.27									1204.27						
58			1259.12									1259.12						
59			1286.30									1286.30						
60			1341.15									1341.15						
61			1388.59									1388.59						
62			1419.72									1419.72						
63			1458.76									1458.76						
64 and over			1482.48									1482.48						

Regence BlueCross BlueShield of Oregon  
RATE SCHEDULE

Plan Information

Plan Name:	Regence Cascade Silver Individual Connect Network
HIOS Plan ID:	71281WA1360014
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	Inside 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	N/A	
2	N/A	
3	Yes	Clark
4	N/A	
5	N/A	
6	N/A	
7	N/A	
8	N/A	
9	N/A	

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			569.12									569.12						
15			619.71									619.71						
16			639.05									639.05						
17			658.40									658.40						
18			679.23									679.23						
19			700.06									700.06						
20			721.63									721.63						
21			743.95									743.95						
22			743.95									743.95						
23			743.95									743.95						
24			743.95									743.95						
25			746.93									746.93						
26			761.80									761.80						
27			779.66									779.66						
28			808.67									808.67						
29			832.48									832.48						
30			844.38									844.38						
31			862.24									862.24						
32			880.09									880.09						
33			891.25									891.25						
34			903.16									903.16						
35			909.11									909.11						
36			915.06									915.06						
37			921.01									921.01						
38			926.96									926.96						
39			938.86									938.86						
40			950.77									950.77						
41			968.62									968.62						
42			985.73									985.73						
43			1009.54									1009.54						
44			1039.30									1039.30						
45			1074.26									1074.26						
46			1115.93									1115.93						
47			1162.79									1162.79						
48			1216.36									1216.36						
49			1269.18									1269.18						
50			1328.69									1328.69						
51			1387.47									1387.47						
52			1452.19									1452.19						
53			1517.66									1517.66						
54			1588.33									1588.33						
55			1659.01									1659.01						
56			1735.64									1735.64						
57			1813.01									1813.01						
58			1895.58									1895.58						
59			1936.50									1936.50						
60			2019.08									2019.08						
61			2090.50									2090.50						
62			2137.37									2137.37						
63			2196.14									2196.14						
64 and over			2231.85									2231.85						

Regence BlueCross BlueShield of Oregon  
RATE SCHEDULE

Plan Information

Plan Name:	Bronze 8000 Legacy Network
HIOS Plan ID:	71281WA1350029
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	Outside the Exchange
Metal Level:	Bronze
Plan Type:	Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	N/A	
2	N/A	
3	Yes	Clark
4	N/A	
5	N/A	
6	N/A	
7	N/A	
8	N/A	
9	N/A	

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			294.30									294.30						
15			320.46									320.46						
16			330.47									330.47						
17			340.47									340.47						
18			351.24									351.24						
19			362.01									362.01						
20			373.17									373.17						
21			384.71									384.71						
22			384.71									384.71						
23			384.71									384.71						
24			384.71									384.71						
25			386.25									386.25						
26			393.94									393.94						
27			403.18									403.18						
28			418.18									418.18						
29			430.49									430.49						
30			436.65									436.65						
31			445.88									445.88						
32			455.11									455.11						
33			460.88									460.88						
34			467.04									467.04						
35			470.12									470.12						
36			473.19									473.19						
37			476.27									476.27						
38			479.35									479.35						
39			485.50									485.50						
40			491.66									491.66						
41			500.89									500.89						
42			509.74									509.74						
43			522.05									522.05						
44			537.44									537.44						
45			555.52									555.52						
46			577.07									577.07						
47			601.30									601.30						
48			629.00									629.00						
49			656.32									656.32						
50			687.09									687.09						
51			717.48									717.48						
52			750.95									750.95						
53			784.81									784.81						
54			821.36									821.36						
55			857.90									857.90						
56			897.53									897.53						
57			937.54									937.54						
58			980.24									980.24						
59			1001.40									1001.40						
60			1044.10									1044.10						
61			1081.04									1081.04						
62			1105.27									1105.27						
63			1135.66									1135.66						
64 and over			1154.13									1154.13						

Regence BlueCross BlueShield of Oregon  
RATE SCHEDULE

Plan Information

Plan Name:	Bronze Essential 9000 Legacy Network
HIOS Plan ID:	71281WA1350030
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	Outside the Exchange
Metal Level:	Bronze
Plan Type:	Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	N/A	
2	N/A	
3	Yes	Clark
4	N/A	
5	N/A	
6	N/A	
7	N/A	
8	N/A	
9	N/A	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14			281.61									281.61						
15			306.64									306.64						
16			316.22									316.22						
17			325.79									325.79						
18			336.09									336.09						
19			346.40									346.40						
20			357.08									357.08						
21			368.12									368.12						
22			368.12									368.12						
23			368.12									368.12						
24			368.12									368.12						
25			369.59									369.59						
26			376.95									376.95						
27			385.79									385.79						
28			400.15									400.15						
29			411.93									411.93						
30			417.82									417.82						
31			426.65									426.65						
32			435.49									435.49						
33			441.01									441.01						
34			446.90									446.90						
35			449.84									449.84						
36			452.79									452.79						
37			455.73									455.73						
38			458.68									458.68						
39			464.57									464.57						
40			470.46									470.46						
41			479.29									479.29						
42			487.76									487.76						
43			499.54									499.54						
44			514.26									514.26						
45			531.57									531.57						
46			552.18									552.18						
47			575.37									575.37						
48			601.88									601.88						
49			628.01									628.01						
50			657.46									657.46						
51			686.54									686.54						
52			718.57									718.57						
53			750.96									750.96						
54			785.94									785.94						
55			820.91									820.91						
56			858.82									858.82						
57			897.11									897.11						
58			937.97									937.97						
59			958.22									958.22						
60			999.08									999.08						
61			1034.42									1034.42						
62			1057.61									1057.61						
63			1086.69									1086.69						
64 and over			1104.36									1104.36						

Regence BlueCross BlueShield of Oregon  
RATE SCHEDULE

Plan Information

Plan Name:	Bronze Essential 8500 Legacy Network
HIOS Plan ID:	71281WA1360003
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	Inside 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	N/A	
2	N/A	
3	Yes	Clark
4	N/A	
5	N/A	
6	N/A	
7	N/A	
8	N/A	
9	N/A	

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			284.43									284.43						
15			309.71									309.71						
16			319.38									319.38						
17			329.04									329.04						
18			339.45									339.45						
19			349.86									349.86						
20			360.65									360.65						
21			371.80									371.80						
22			371.80									371.80						
23			371.80									371.80						
24			371.80									371.80						
25			373.29									373.29						
26			380.72									380.72						
27			389.65									389.65						
28			404.15									404.15						
29			416.04									416.04						
30			421.99									421.99						
31			430.92									430.92						
32			439.84									439.84						
33			445.42									445.42						
34			451.37									451.37						
35			454.34									454.34						
36			457.31									457.31						
37			460.29									460.29						
38			463.26									463.26						
39			469.21									469.21						
40			475.16									475.16						
41			484.08									484.08						
42			492.64									492.64						
43			504.53									504.53						
44			519.40									519.40						
45			536.88									536.88						
46			557.70									557.70						
47			581.12									581.12						
48			607.89									607.89						
49			634.29									634.29						
50			664.03									664.03						
51			693.41									693.41						
52			725.75									725.75						
53			758.47									758.47						
54			793.79									793.79						
55			829.11									829.11						
56			867.41									867.41						
57			906.08									906.08						
58			947.35									947.35						
59			967.80									967.80						
60			1009.07									1009.07						
61			1044.76									1044.76						
62			1068.18									1068.18						
63			1097.55									1097.55						
64 and over			1115.40									1115.40						

Regence BlueCross BlueShield of Oregon

RATE SCHEDULE

Plan Information

Plan Name:	Regence Cascade Bronze Legacy Network
HIOS Plan ID:	71281WA1360007
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	Inside 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	N/A	
2	N/A	
3	Yes	Clark
4	N/A	
5	N/A	
6	N/A	
7	N/A	
8	N/A	
9	N/A	

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			298.50									298.50						
15			325.03									325.03						
16			335.17									335.17						
17			345.32									345.32						
18			356.24									356.24						
19			367.17									367.17						
20			378.48									378.48						
21			390.19									390.19						
22			390.19									390.19						
23			390.19									390.19						
24			390.19									390.19						
25			391.75									391.75						
26			399.55									399.55						
27			408.92									408.92						
28			424.14									424.14						
29			436.62									436.62						
30			442.87									442.87						
31			452.23									452.23						
32			461.59									461.59						
33			467.45									467.45						
34			473.69									473.69						
35			476.81									476.81						
36			479.93									479.93						
37			483.06									483.06						
38			486.18									486.18						
39			492.42									492.42						
40			498.66									498.66						
41			508.03									508.03						
42			517.00									517.00						
43			529.49									529.49						
44			545.10									545.10						
45			563.43									563.43						
46			585.29									585.29						
47			609.87									609.87						
48			637.96									637.96						
49			665.66									665.66						
50			696.88									696.88						
51			727.70									727.70						
52			761.65									761.65						
53			795.99									795.99						
54			833.06									833.06						
55			870.12									870.12						
56			910.31									910.31						
57			950.89									950.89						
58			994.20									994.20						
59			1015.66									1015.66						
60			1058.98									1058.98						
61			1096.43									1096.43						
62			1121.02									1121.02						
63			1151.84									1151.84						
64 and over			1170.57									1170.57						



Regence BlueCross BlueShield of Oregon  
RATE SCHEDULE

Plan Information

Plan Name:	Regence Cascade Complete Gold Legacy Network
HIOS Plan ID:	71281WA1360005
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	Inside 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	N/A	
2	N/A	
3	Yes	Clark
4	N/A	
5	N/A	
6	N/A	
7	N/A	
8	N/A	
9	N/A	

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			434.15									434.15						
15			472.74									472.74						
16			487.50									487.50						
17			502.26									502.26						
18			518.15									518.15						
19			534.04									534.04						
20			550.49									550.49						
21			567.52									567.52						
22			567.52									567.52						
23			567.52									567.52						
24			567.52									567.52						
25			569.79									569.79						
26			581.14									581.14						
27			594.76									594.76						
28			616.89									616.89						
29			635.05									635.05						
30			644.14									644.14						
31			657.76									657.76						
32			671.38									671.38						
33			679.89									679.89						
34			688.97									688.97						
35			693.51									693.51						
36			698.05									698.05						
37			702.59									702.59						
38			707.13									707.13						
39			716.21									716.21						
40			725.29									725.29						
41			738.91									738.91						
42			751.96									751.96						
43			770.12									770.12						
44			792.83									792.83						
45			819.50									819.50						
46			851.28									851.28						
47			887.03									887.03						
48			927.90									927.90						
49			968.19									968.19						
50			1013.59									1013.59						
51			1058.42									1058.42						
52			1107.80									1107.80						
53			1157.74									1157.74						
54			1211.66									1211.66						
55			1265.57									1265.57						
56			1324.02									1324.02						
57			1383.05									1383.05						
58			1446.04									1446.04						
59			1477.25									1477.25						
60			1540.25									1540.25						
61			1594.73									1594.73						
62			1630.48									1630.48						
63			1675.32									1675.32						
64 and over			1702.56									1702.56						



Regence BlueCross BlueShield of Oregon  
RATE SCHEDULE

Plan Information

Plan Name:	Regence Cascade Vital Gold Legacy Network
HIOS Plan ID:	71281WA1360020
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	Inside 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	N/A	
2	N/A	
3	Yes	Clark
4	N/A	
5	N/A	
6	N/A	
7	N/A	
8	N/A	
9	N/A	

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			394.28									394.28						
15			429.33									429.33						
16			442.73									442.73						
17			456.13									456.13						
18			470.56									470.56						
19			484.99									484.99						
20			499.94									499.94						
21			515.40									515.40						
22			515.40									515.40						
23			515.40									515.40						
24			515.40									515.40						
25			517.46									517.46						
26			527.77									527.77						
27			540.14									540.14						
28			560.24									560.24						
29			576.73									576.73						
30			584.98									584.98						
31			597.35									597.35						
32			609.72									609.72						
33			617.45									617.45						
34			625.70									625.70						
35			629.82									629.82						
36			633.94									633.94						
37			638.07									638.07						
38			642.19									642.19						
39			650.43									650.43						
40			658.68									658.68						
41			671.05									671.05						
42			682.91									682.91						
43			699.40									699.40						
44			720.01									720.01						
45			744.24									744.24						
46			773.10									773.10						
47			805.57									805.57						
48			842.68									842.68						
49			879.27									879.27						
50			920.50									920.50						
51			961.22									961.22						
52			1006.06									1006.06						
53			1051.42									1051.42						
54			1100.38									1100.38						
55			1149.34									1149.34						
56			1202.43									1202.43						
57			1256.03									1256.03						
58			1313.24									1313.24						
59			1341.59									1341.59						
60			1398.80									1398.80						
61			1448.27									1448.27						
62			1480.74									1480.74						
63			1521.46									1521.46						
64 and over			1546.20									1546.20						

Regence BlueCross BlueShield of Oregon  
RATE SCHEDULE

Plan Information

Plan Name:	Silver 5000 Legacy Network
HIOS Plan ID:	71281WA1350028
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	Outside 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	N/A	
2	N/A	
3	Yes	Clark
4	N/A	
5	N/A	
6	N/A	
7	N/A	
8	N/A	
9	N/A	

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			334.18									334.18						
15			363.89									363.89						
16			375.25									375.25						
17			386.60									386.60						
18			398.83									398.83						
19			411.07									411.07						
20			423.73									423.73						
21			436.84									436.84						
22			436.84									436.84						
23			436.84									436.84						
24			436.84									436.84						
25			438.59									438.59						
26			447.32									447.32						
27			457.81									457.81						
28			474.85									474.85						
29			488.82									488.82						
30			495.81									495.81						
31			506.30									506.30						
32			516.78									516.78						
33			523.33									523.33						
34			530.32									530.32						
35			533.82									533.82						
36			537.31									537.31						
37			540.81									540.81						
38			544.30									544.30						
39			551.29									551.29						
40			558.28									558.28						
41			568.77									568.77						
42			578.81									578.81						
43			592.79									592.79						
44			610.27									610.27						
45			630.80									630.80						
46			655.26									655.26						
47			682.78									682.78						
48			714.23									714.23						
49			745.25									745.25						
50			780.20									780.20						
51			814.71									814.71						
52			852.71									852.71						
53			891.15									891.15						
54			932.65									932.65						
55			974.15									974.15						
56			1019.15									1019.15						
57			1064.58									1064.58						
58			1113.07									1113.07						
59			1137.09									1137.09						
60			1185.58									1185.58						
61			1227.52									1227.52						
62			1255.04									1255.04						
63			1289.55									1289.55						
64 and over			1310.52									1310.52						

Regence BlueCross BlueShield of Oregon  
RATE SCHEDULE

Plan Information

Plan Name:	Regence Cascade Silver Legacy Network
HIOS Plan ID:	71281WA1360006
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	Inside 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	N/A	
2	N/A	
3	Yes	Clark
4	N/A	
5	N/A	
6	N/A	
7	N/A	
8	N/A	
9	N/A	

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			503.13									503.13						
15			547.85									547.85						
16			564.95									564.95						
17			582.05									582.05						
18			600.46									600.46						
19			618.88									618.88						
20			637.95									637.95						
21			657.68									657.68						
22			657.68									657.68						
23			657.68									657.68						
24			657.68									657.68						
25			660.31									660.31						
26			673.46									673.46						
27			689.25									689.25						
28			714.90									714.90						
29			735.94									735.94						
30			746.47									746.47						
31			762.25									762.25						
32			778.04									778.04						
33			787.90									787.90						
34			798.42									798.42						
35			803.68									803.68						
36			808.95									808.95						
37			814.21									814.21						
38			819.47									819.47						
39			829.99									829.99						
40			840.52									840.52						
41			856.30									856.30						
42			871.43									871.43						
43			892.47									892.47						
44			918.78									918.78						
45			949.69									949.69						
46			986.52									986.52						
47			1027.95									1027.95						
48			1075.31									1075.31						
49			1122.00									1122.00						
50			1174.62									1174.62						
51			1226.57									1226.57						
52			1283.79									1283.79						
53			1341.67									1341.67						
54			1404.15									1404.15						
55			1466.63									1466.63						
56			1534.37									1534.37						
57			1602.77									1602.77						
58			1675.77									1675.77						
59			1711.94									1711.94						
60			1784.94									1784.94						
61			1848.08									1848.08						
62			1889.51									1889.51						
63			1941.47									1941.47						
64 and over			1973.04									1973.04						

## Rating Example

Individual rates are determined by multiplying the:

- (A) plan base rate;
- (B) age factor;
- (C) tobacco factor; and
- (D) rating area factor

Family rates are determined by summing rates for individual members. The charge for covered children under the age of 21 is capped at the three oldest. There is no limit to the number of children age 21 and over included in the family rate. Rates are rounded to the nearest penny after each rating factor is applied during separate calculation steps.

### Example 1:

Subscriber only policy, age 35, tobacco user, living in Rating Area 3, choosing the Bronze Essential 9000 Individual Connect Network Plan.

Member	(A) Plan Base Rate	(B) Age Factor	(C) Tobacco Factor	(D) Rating Area Factor	Final Rate = (A) x (B) x (C) x (D)
Subscriber - Age 35, Tobacco user	\$416.43	1.222	1.00	1.000	\$508.88

### Example 2:

Family policy including: the subscriber, age 47, non-tobacco user, living in Rating Area 3;

- spouse, age 46, tobacco user;
- dependent, age 24, tobacco user;
- dependent, age 14, non-tobacco user;
- dependent, age 12, non-tobacco user;
- dependent, age 8, non-tobacco user; and
- dependent, age 6, non-tobacco user;

choosing the Bronze Essential 9000 Individual Connect Network Plan.

Family Member	(A) Plan Base Rate	(B) Age Factor	(C) Tobacco Factor	(D) Rating Area Factor	Final Rate = (A) x (B) x (C) x (D)
Subscriber - Age 47, Non-tobacco user	\$416.43	1.563	1.00	1.000	\$650.88
Spouse - Age 46, Tobacco user	\$416.43	1.500	1.00	1.000	\$624.65
Dependent - Age 24, Tobacco user	\$416.43	1.000	1.00	1.000	\$416.43
Dependent - Age 14, Non-tobacco user	\$416.43	0.765	1.00	1.000	\$318.57
Dependent - Age 12, Non-tobacco user	\$416.43	0.765	1.00	1.000	\$318.57
Dependent - Age 8, Non-tobacco user	\$416.43	0.765	1.00	1.000	\$318.57
Dependent - Age 6, Non-tobacco user	\$416.43	0.000	1.00	1.000	\$0.00
Total = Sum of Individual Rates =					\$2,647.67

Note: Due to Rating System component methodology, rates may occasionally vary from the base rate multiplied by applicable factors due to rounding; generally the difference is one penny.

<b>SERFF Tracking #:</b>	RGOR-134499027	<b>State Tracking #:</b>	484603	<b>Company Tracking #:</b>	REGENBB173QM
<b>State:</b>	Washington	<b>Filing Company:</b>	Regence BlueCross BlueShield of Oregon		
<b>TOI/Sub-TOI:</b>	H16I Individual Health - Major Medical/H16I.005C Individual - Other				
<b>Product Name:</b>	2026 Nongrandfathered Individual Rate Filing RBCBSO Clark County				
<b>Project Name/Number:</b>	/				

URRT

State Determination

<b>Review Status:</b>	Incomplete
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State:Washington

Filing Company:Regence BlueCross BlueShield of Oregon

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

Product Name:2026 Nongrandfathered Individual Rate Filing RBCBSO Clark County

Project Name/Number:/

URRT Items

Item Name	Attachment(s)
Unified Rate Review Template	PartIUnifiedRateReviewTemplateDuplicate.xml
Actuarial Memorandum	PartIIIRateFilingDocumentationandActuarialMemorandum.pdf
Actuarial Memorandum - Redacted	PartIIIRateFilingDocumentationandActuarialMemorandumRedacted.pdf
Consumer Justification Narrative	PartIWrittenDescriptionJustifyingtheRateIncrease.pdf
Other Supporting Documents	RBCBSOINDPartIIAppendix.pdf, PartIUnifiedRateReviewTemplate.pdf

**Regence BlueCross BlueShield of Oregon – Individual  
Actuarial Memorandum and Certification – Part III  
Rates Effective January 1, 2026**

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- 4.2 General Information (p. 2)
- 4.3 Proposed Rate Change (p. 3)
- 4.4 Market Experience (p. 4)
  - 4.4.1 Experience and Current Period Premium, Claims, and Enrollment (p. 4)
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**4.1: Redacted Actuarial Memorandum**

This document is intended to serve as both the “CMS Version” and the “public version” of the Part III Actuarial Memorandum; no items are redacted.

**4.2: General Information**

**Company Identifying Information**

- Company Legal Name: Regence BlueCross BlueShield of Oregon
- State: Washington
- HIOS Issuer ID: 71281
- Market: Individual
- Effective Date: January 1, 2026

**Company Contact Information**

- Primary Contact Name: Daniel Boeder
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**Purpose**

This Actuarial Memorandum is prepared to provide transparency regarding the assumptions and methods used to calculate the rates proposed in the Regence BlueCross BlueShield of Oregon (hereafter referred to as RBCBSO) January 2026 Individual Filing. Information is also included, where applicable, to support the information shown in the Part I Unified Rate Review template (URRT). The intended purpose of this document is to demonstrate the proposed rates included in this filing and the template are reasonable in relationship to the benefits provided and meet all rating requirements in the applicable laws and regulations in the state of Washington. The intended audience for this document is the Washington State Office of the Insurance Commissioner (OIC).

Two Appendix exhibits show the key framework supporting the rate filing. The process to develop the rate change for this filing is shown in “Exhibit A1: Development of 2026 Rate Change.” Development of the URRT projection period index rate is shown in “Exhibit E1: Development of 2026 Index Rate.”

Please note in reviewing this memorandum and its accompanying exhibits that RBCBSO developed rates directly from incurred claims experience. The URRT requires issuers to include an index rate calculation based on allowed claims experience following a prescribed calculation methodology. Because RBCBSO does not develop rates on an allowed claims basis, the URRT was populated indirectly such that the resulting projected average premium was consistent with the underlying rate development. Explanations regarding how the URRT was populated, consistent with the URR instructions, are included throughout this memorandum and explained relative to the actual rate development.

Per the Unified Rate Review Instructions released March 2022, the actuary may state: *“The URRT does not demonstrate the process used by the issuer to develop the rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Exchanges, and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.”*



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**4.3: Proposed Rate Changes**

This filing proposes an average annual rate change of 24.93% on January 1, 2026, for the Individual line of business, as shown in “Exhibit A1: Development of 2026 Rate Change.” The 2026 projected average premium is \$877.14 per member per month (PMPM).

The average annual rate change is calculated based on Individual enrollment data as of March 2025, and includes the mapped rate impact for membership enrolled in plans terminating in 2026. A summary of the rate changes by plan is shown in “Exhibit D1: 2026 Average Change in Plan Base Rates.”

This filing assumes Cost Sharing Reduction (CSR) payments will not be paid in 2026. If changes are made to the premium subsidies, risk adjustment, or reinsurance, the proposed rates in this filing may need to change materially to ensure adequacy with expected market costs. This filing also assumes that enhanced Premium Tax Credits (ePTC) will no longer be available in 2026.

**Factor Changes**

This filing includes updates to the plan and area factors. Rating factor tables and changes since the last filing are shown in the “Rate Factors” document. The average annual rate change impact of 24.93% includes the impact of these factor changes and is on a member-weighted basis.

Plan pricing factors are updated using the most recent data and factors from the pricing relativity model, with benefit design changes incorporated. Rate differences between plans reflect objective plan design differences and not differences in population morbidity.

Based on OIC guidance, only on-exchange Silver plan premium should be increased to cover the additional costs associated with providing benefits to all Silver plan enrollees, in the event the CSR subsidies are not funded. See the “CSR Funding” section for more detail.

Area factors reflect relative cost differences between rating areas and, as required, do not include differences for population morbidity by geographic area. Area factors were updated to reflect relative cost differences between rating areas based on changes in unit cost and normalized PMPM claims cost.

Starting in 2026, RBCBSO will no longer use tobacco use as a rating factor for Individual products.

**Pool Base Rate**

The pool base rate is \$694.05 as of January 1, 2026. The pool base rate is the starting amount such that multiplying the base rate by the member’s rating factors (plan, age, and area) and adjusting for family composition results in the member’s premium.

**Reasons for Proposed Rate Change**

The following components are the most significant factors contributing to the proposed rate change: medical trend and utilization, financial experience, and network arrangements.

*Medical Trend and Utilization:* These adjustments refer to what is commonly known as healthcare trend. They reflect contractual changes in the payments to healthcare providers and expected changes in the volume and types of services utilized by a carrier’s members.

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*Financial Experience:* Each year, RBCBSO evaluates the most recent financial results in the Washington Individual market and incorporates that information into pricing.

*Changes in Network:* Each year, RBCBSO evaluates the impact of underlying provider network contracts and incorporates that information into pricing. Additionally, the impacts of discontinued and new networks are evaluated and incorporated.

*Changes in Benefits:* Each year, RBCBSO evaluates the cost sharing features and benefits of each plan offering to determine the expected cost of incurred claims by plan.

*Market Morbidity:* RBCBSO expects increased market morbidity due to the discontinuance of enhanced Premium Tax Credits.

The above descriptions are intended to provide an overall understanding of the significant factors contributing to the rate change, and each item is described in detail later in this memorandum.

The following table is a decomposition of the rate increase into the various underlying factors but is not intended to directly reflect or replace the rate calculation developed on Exhibit A1.

<b>Contributing Factor</b>	<b>Approximate Impact</b>
Changes due to Medical Trend and Utilization	10%
Changes due to Financial Experience <sup>1</sup>	1%
Changes due to Network Arrangements	4%
Changes due to Product Design <sup>2</sup>	9%
Changes Due to Market wide Average Morbidity	4%
Rx Rebates	-3%
<b>Total</b>	<b>25%</b>

<sup>1</sup>Includes the impact of overestimate or underestimate of medical trend

<sup>2</sup>Includes changes in CSR load, cost sharing, plan mappings, and benefit factors

#### **4.4: Market Experience**

This filing demonstrates that RBCBSO followed federal guidance and market reform rating requirements in establishing a single risk pool in the Washington Individual market. The experience data includes all of RBCBSO 's non-grandfathered covered lives in the Washington Individual market. Throughout this filing, "single risk pool" refers to the entire Washington Individual market.

##### **4.4.1: Experience Period Premium, Claims, and Enrollment**

The premium and claims used to develop this filing were incurred during calendar year 2024 and includes payments and adjustments paid through March 2025. They are shown in "Exhibit E1: Development of 2026 Index Rate." Current enrollment and premium are reported as of March 2025.

For rate development purposes, experience from RBCBSO Individual was used.

RBCBSO analyzes financial performances for each company and line of business regularly and over/under-predictions are corrected for in the rate development the following year. Overall, premium and claims is unfavorable compared to expectations in 2024.

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Medical allowed claims and incurred claims were extracted directly from company claim records. Pharmacy claims are administered by a Pharmacy Benefits Manager and those allowed and incurred claims were extracted from their records. Unpaid claims liability (UCL) for incurred claims was developed directly with experience data using the following methodology, which is consistent with the corporate reserve development methodology. Unpaid claims liability for allowed claims was estimated using the same factors that were developed for incurred claims. Allowed and incurred claims from the experience period are shown in “WA Exh 1 – Experience Data” within “RBCBSO IND OIC Health Exhibits.”

*Review and Analyze Data*

- Check data for inconsistencies and anomalies
- Reconcile paid claims data against the general ledger
- Monitor unpaid claims inventory
- Assess impact of large claims
- Review claims on a per exposure basis for reasonableness (PMPM)
- Compare past UCL estimates to actual claims run-out on an ongoing basis to assess the reasonability of past calculations

*Develop UCL Estimates Using Multiple Methods*

- Basic Claims Development Method
- Paid PMPM Method

*Determine UCL for Recent Incurred Months*

The UCL was selected using judgment and considered factors such as recent observed and expected claims trends, seasonality, product design, and changes in membership and claims inventory.

For rate development purposes, pharmaceutical manufacturer rebates were not subtracted from experience period claims because an overall adjustment occurs in a later step of the claims projection process. In contrast, in the URRT, Worksheet 1, pharmacy rebates are subtracted from experience period claims. The Pharmacy Rebates section of this memorandum contains additional information about the adjustments.

There are no capitation payment arrangements anticipated to be in place for the projection period.

**4.4.2: Benefit Categories**

Each allowed claim is assigned to one of the following benefit categories: Inpatient Hospital, Outpatient Hospital, Professional, Other Medical, and Prescription Drugs. Examples of claims in the Other Medical category are home health care, ambulance, durable medical equipment, and prosthetics. The categorization is derived from each claim’s type of service, provider type, and place of service and is an automated process within the data warehouse. This categorization is consistent with the definitions described in the URR Instructions, section 2.1.3.1 “Benefit Category and Manual Rate.”

**4.4.3: Projection Factors**

Following is a description of the projection factors used in the filing. As described in the Purpose section of this memorandum, rate development is performed on an incurred claims basis (Exhibit A1) while

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development of the URRT projection period index rate is performed on an allowed claims basis (Exhibit E1).

Each projection factor’s description addresses first how the adjustment is developed for rate development purposes (incurred claims basis). Then, any modifications needed to use the adjustment for developing the URRT projection period index rate (allowed claims basis) are described. Fixed dollar cost sharing measures such as deductibles and copays amplify the impact of cost changes on an incurred claims basis, so generally, a dampening adjustment is necessary to convert a factor on an incurred claims basis to an allowed claims basis.

#### **4.4.3.1: Trend Factors**

##### *Projected Rating Trend*

The trend factor used in rate development is shown on the “Trend Factor to Rating Period” line in “Exhibit A1: Development of 2026 Rate Change,” reflecting twenty-four months of trend at an annual rate of 10.2%. The table below shows the expected components of the annual trend used to project incurred claims costs to the rating period. Note that the leverage component does not impact allowed claims; this trend applies to incurred, paid claims.

**Components of Projected Trend**

Reimbursement	5.00%
Utilization	2.10%
Mix/Intensity	1.20%
Leverage	1.90%

For reporting purposes, trend and its respective components are reported throughout the filing on a medical and prescription drug combined basis. This combined trend is applied to all service categories including EHB and non-EHB claims.

To determine projected trend for the rating period, RBCBSO analyzed the individual components of trend, change in reimbursement, utilization, mix/intensity, and leverage, to determine the aggregate expected trend. Trend were developed separately for Medical and Rx, and then weighted together. Reimbursement trends were developed using internal contracted and anticipated contracting increases to providers. Currently, 36% of provider contracting is complete for plan year 2026. Utilization and mix trends were developed using actuarial judgment by examining specific company data in this market, as well as overall company and market trends. Development of projected utilization and mix/intensity trend considers trend across entire book of business rather than just Individual experience to neutralize population morbidity changes in a single line of business. Finally, major fixed plan design features were modeled to estimate the leverage impact to paid trend. Company data has a direct impact on the single risk pool, with specific data being directly applicable, while overall company data contributes to determining health trends that are relevant to the market.

The reimbursement component captures unit cost changes, including negotiated rate changes with providers. The utilization component measures the difference in number of services per 1,000 members. The mix/intensity component measures the shift within service categories (e.g., using more MRIs versus X-Rays or more specialty drug prescriptions as a percentage of total prescriptions) and between service categories (utilizing outpatient services instead of inpatient services). Fixed dollar cost sharing measures,

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such as deductibles and copays, serve to amplify trend since the member portion of total costs remains fixed while the insurer portion increases over time. This effect is captured in the leveraging component of trend.

RBCBSO considers historical experience, state and federal mandates, new technologies, cost shifting, drug patents, and anticipated economic conditions in determining the utilization and mix/intensity components of projected trend.

Additionally, RBCBSO actively reviews and implements opportunities to improve the quality of health care delivery and achieve sustainable costs. This filing reflects an explicit reduction to overall projected trend of 0.3% due to expected incremental impacts of program changes from the base period to projection period. These initiatives are focused on lowering the utilization, mix/intensity, and reimbursement components of trend.

A few examples of new or expanded initiatives include:

- Creating a billing interface that re-establishes reasonable reimbursement of provider-administered medications.
- Launching a new provider rating methodology to identify and surface for our members providers with proven track records of using evidence-based practices, adhering to best practices for patient care and delivering cost-efficiencies.
- Expanding inpatient short stay program to enable real-time admission reviews, optimizing care settings and maintaining quality of care.
- Expanding utilization management to ensure medical appropriateness and manage outcomes.
- Reducing overpayments through data mining as well as pre-pay and post-pay edits and audits.
- Ensuring emergency department visit level coding aligns with Centers for Medicare & Medicaid Services (CMS) Guidelines.
- Engaging with network providers to align financial incentives and support better outcomes for episodes of care.

The following trend variables are not considered when calculating trend: margin, fluctuation, anti-selection, or underwriting wear-off.

The selected projected rating trend assumption and the resulting rate change consider but do not rely on differences in projected and observed trend levels in prior periods.

In the URRT, Worksheet 1, Section II, the annualized “Cost” trend factor is populated with the Reimbursement component shown above. The “Util” trend factor is populated with a blend of the Utilization and Mix/Intensity components in the projected trend. Trend is developed for a 24 month projection, so Years 1 and 2 are populated with identical annualized values. Additionally, please note the URRT trend is on an allowed basis and thus excludes the leverage trend component while remaining an actuarially equivalent claims projection.

*Normalized Experience Trend*

RBCBSO reviews experience trend by calculating rolling twelve month historical paid claims trend on both an observed and underlying basis. In order to differentiate between the observed trend and the

underlying trend, claims are normalized for differences in benefits, demographics, health risk, and large claims. Demographic adjustments are developed using the current filed factors for age and area, benefit adjustments are developed using a benefit relativity model, and health risk adjustments are developed using risk score data.

A summary of the underlying allowed experience is included in “WA Exh 4 – Normalized Trend” within the “RBCBSO IND OIC Health Exhibits.” The analysis shows an underlying average allowed claim trend of -1.25% when comparing calendar year 2024 to calendar year 2023. This estimate of recent underlying trend experience is a single point of reference and is not the sole predictor of future trends.

#### **4.4.3.2: Adjustments to Trended EHB Allowed Claims PMPM**

##### **4.4.3.2(a): Morbidity Adjustment**

This assumption reflects the anticipated change in morbidity from calendar year 2024 (“base period”) to calendar year 2026 (“projection period”) for RBCBSO Individual ACA plans. The morbidity adjustment reflects a change in the expected health risk of the pool regardless of the underlying demographics.

The morbidity adjustment used for rate development is shown on the “Changes in Morbidity” line in “Exhibit A1: Development of 2026 Rate Change.” Development of the claims adjustment for morbidity is shown in “WA Exh 10 - Risk Adjustment” within “RBCBSO IND OIC Health Exhibits.” This exhibit also shows the projected risk adjustment transfer, which is closely related to the assumed projection period morbidity. An explanation of the risk adjustment transfer and its relation to company and market morbidity assumptions is provided in the “Risk Adjustment Payment/Charge” section of this memorandum.

The claims adjustment for morbidity was developed using the following process:

- Estimate morbidity level of base period company experience
- Estimate RBCBSO Individual morbidity change from base period to projection period
- Adjust base period experience to projection period RBCBSO Individual morbidity level

##### *Morbidity Level of Base Period Company Experience*

Morbidity for each base period experience pool was estimated using risk score data normalized for demographic and benefit differences. Because the risk scores were calculated on a consistent basis for each pool, the relativities between the risk scores represent the relative morbidities.

##### *RBCBSO Individual Morbidity Change from Base Period to Projection Period*

A wide range of outcomes is possible for the average morbidity change between the base period and projection period for the population insured on RBCBSO Individual plans. Population enrollment change is the biggest driver of morbidity change. Similar to claims variability, the average morbidity of an insured population will vary from one year to the next, even with no change in covered members.

Some drivers of insured population changes include macroeconomic conditions, market competitiveness, and consumer behavior changes; however, none of these factors or their resulting impacts can be forecasted with certainty.

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An estimate for the projected morbidity change between the base period and projection period is shown in “WA Exh 10 - Risk Adjustment” within “RBCBSO IND OIC Health Exhibits.” Changes to each of the risk adjustment transfer components between 2024 and 2026 are shown in the exhibit. The projection of 2026 risk adjustment transfers is developed using the risk adjustment parameters and coefficients in effect for the 2024 benefit year. This is done to provide transparency in the reconciliation of experience period risk adjustment transfers as well as the assumptions used to project into the rating period. This implicitly assumes that the impact from model recalibrations will not materially skew the results in a known manner at the issuer level. No explicit adjustments have been made to account for model recalibration impacts. The calculation of the 2026 transfer payments reflects the 14 percent administrative cost reduction to state average premium.

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

*Adjust Base Period Experience to Projection Period RBCBSO Individual Morbidity Level*

The final factor used to adjust company base period morbidity to the projection period RBCBSO Individual morbidity is derived by taking the ratio of the projection period RBCBSO Individual morbidity to the base period company morbidity.

For purposes of incorporating the morbidity adjustment into the “Morbidity Adjustment” projection factor in the URRT, Worksheet 1, Section II, a dampening adjustment was applied to convert the factor to an allowed claims basis. The projection factor for the URRT for each experience pool is shown in “Exhibit E1: Development of 2026 Index Rate.”

**4.4.3.2(b): Demographic Shift**

A demographic adjustment is reflected to account for population demographic differences between the experience period and the projection period. Adjustments are developed consistent with current filed factors for age and area.

The demographic adjustment used for rate development is shown on the “Changes in Demographics” line in “Exhibit A1: Development of 2026 Rate Change” and in “Exhibit C3: Demographic Factor Comparison.” The most significant contributor to this shift is the observed change in the population between 2024 and March 2025.

For purposes of incorporating this adjustment into the “Demographic Shift” projection factor in the URRT, Worksheet 1, Section II, a dampening adjustment was applied to convert the factor to an allowed claims basis. The projection factor used in the URRT for each experience pool can be found in “Exhibit E1: Development of 2026 Index Rate.”

**4.4.3.2(c): Plan Design Changes**

Company experience period claim costs are adjusted to reflect anticipated changes in covered benefits (Essential Health Benefits, Mandated Benefits, and Other Benefits) and changes in cost sharing.

The overall benefit design adjustment used for rate development is shown on the “Changes in Benefits” line in “Exhibit A1: Development of 2026 Rate Change.”

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*Essential Health Benefits*

Plans offered in 2026 must include covered benefits following Washington’s essential health benefits (EHB) benchmark package for Individual plans. Covered benefits included in the base period plans were reviewed against the 2026 EHB benchmark plan. 2026 premiums reflect the updates to the EHB Benchmark plan.

Experience period covered benefits for ACA plans satisfy Washington’s 2026 requirements. Therefore, no specific experience period adjustments are applied to ACA plan experience.

Pediatric dental benefits are included as an embedded set of benefits in all 2026 ACA products offered off-exchange. Products offered on-exchange do not include pediatric dental benefits.

*Mandated Benefits*

RBCBSO included an adjustment in the rate development to account for the impact of 2025 Washington legislative changes including expanded hormone therapy and removal of prior authorization on MHSUD.

*Other Benefits*

This adjustment reflects anticipated differences in non-EHB benefits between the experience period and projection period. There are no material differences that require an adjustment. The Individual Assistance Program non-EHB benefit is included in retention, and therefore does not require an adjustment to claims. For 2026, Gene Therapy is now considered an Essential Health Benefit.

*Changes in Cost Sharing*

This adjustment reflects anticipated changes in the average cost sharing requirements between the base period and projection period, which was derived by comparing the base period average benefit design to the projection period average benefit design, independent of changes in covered benefits and population health status. It includes anticipated changes in the average utilization and cost of services due to differences in average cost sharing requirements.

The “Plan Design Changes” projection factor in the URRT, Worksheet 1, Section II, includes corresponding adjustments to the changes in covered benefits and changes in cost sharing described above. The changes in cost sharing component only includes the portion of the adjustment attributable to anticipated changes in the average utilization of services due to differences in average cost sharing requirements. Anticipated changes in the average cost sharing requirements were excluded because they do not affect allowed claims.

**4.4.3.2(d): Other Adjustments**

This section describes cost adjustments other than changes in morbidity, demographic shift, and plan design changes.

*Changes in Network*

A network adjustment is reflected to account for expected network differences between the experience period and the projection period. The network adjustment used for rate development is shown on the “Changes in Network” line in “Exhibit A1: Development of 2026 Rate Change.”



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A proprietary network model is used to determine the projected cost relativities between different networks, based on historical experience projected to the rating period. The model allows the inclusion or exclusion of providers on a group-by-group basis. As a provider group is excluded from the network, the services that were delivered by that group are redistributed to other providers within the same specialty. As care is shifted among providers, adjustments are made to reflect utilization efficiency and unit cost differences between the providers. For plans paired with an accountable health network, the relativities also reflect expected savings due to managed care and provider incentive arrangements.

If the network also has a risk sharing arrangement with the provider with an incentive component, a second model is used to calculate the cost impact of this arrangement. An additional reduction in cost is assumed due to improvements in care management for these members and a simulation model is used to estimate the value of the shared savings and/or deficit repayment. The value of these arrangements is included in the network factors.

RBCBSO will offer plans on two networks in 2026. The Individual and Family network will be discontinued in 2026. In 2026, RBCBSO will offer plans on the new Individual Connect network. The Individual Connect network is a statewide network offered in Clark County. The Legacy network is an accountable health network offered in Clark County. For the purpose of claims projection, network premium factors are scaled such that the Individual Connect is a 1.0.

For purposes of incorporating this adjustment into the “Other” projection factor in the URRT, Worksheet 1, Section II, a dampening adjustment is applied to convert the factor to an allowed claims basis. The projection factor used in the URRT for each experience pool is shown in “Exhibit E1: Development of 2026 Index Rate.”

*Pharmacy Rebates*

Incurred claims in the experience period are not reduced by estimated pharmaceutical manufacturer rebates, so a pharmacy rebates adjustment is reflected to account for estimated rebates in the projection period. The pharmacy rebates adjustment for rate development is shown on the “Pharmacy Rebates” line in “Exhibit A1: Development of 2026 Rate Change.” Pharmacy rebates are estimated by projecting 2026 aggregate rebate-eligible script counts companywide from base period experience, adjusting for expected changes in average per script rebate guarantees, and then allocating the projected rebates to each line of business using base period pharmacy experience.

Because experience period allowed claims used in the URRT are net of pharmacy rebates, for purposes of incorporating this adjustment into the “Other” projection factor in the URRT, Worksheet 1, Section II, only the estimated difference in pharmacy rebates between the experience period and the projection period is reflected. The projection factor used in the URRT for each experience pool is shown in “Exhibit E1: Development of 2026 Index Rate.”

Overall, the “Other” projection factor in the URRT, Worksheet 1, Section II, includes adjustments for network and pharmacy rebates.

#### **4.4.3.3: Manual Rate Adjustments**

##### **Source and Appropriateness of Experience Data Used**

As described previously in the Experience and Current Period Premium, Claims and Enrollment section, 2024 calendar year data for RBCBSO Individual ACA plans are used to develop 2026 rates. This experience is deemed to be fully credible to develop the framework for a state-wide single risk pool.

For purposes of completing the URRT, Worksheet 1, all RBCBSO non-grandfathered Individual experience was included to develop the Adjusted Trended EHB Allowed Claims PMPM and no credibility manual data is used. A detailed summary is included in “Exhibit E1: Development of 2026 Index Rate.”

##### **Adjustments Made to the Data**

No credibility manual data is used.

##### **Inclusion of Capitation Payments**

No services are provided under a capitation arrangement.

#### **4.4.3.4: Credibility of Experience**

RBCBSO considered the characteristics of the claims experience as well as CMS Medicare guidelines and actuarial publications to make a judgment-based credibility determination. Based upon this review, RBCBSO assigns full credibility to its 2024 population.

#### **4.4.3.5: Establishing the Index Rate**

The experience period index rate is \$638.56 PMPM; the projected period index rate is \$769.16 PMPM. Non-EHB benefit categories are excluded from the calculation based upon the benefit category code assigned automatically within the data warehouse. Gene therapy and Individual Assistance Program (IAP) benefits are excluded from all plans, and adult vision benefits are excluded where they apply. In addition, voluntary termination of pregnancy is excluded for on-exchange plans. Please note the index rate does not demonstrate the process used to develop the rates; it was prepared for reporting purposes and is calculated consistently with the results of the underlying rate development process.

For purposes of determining non-EHB benefits, only material benefit categories not covered in the EHB benchmark plan are identified. In cases where the company provided offering is richer than the EHB benchmark plan, the benefits are not considered non-EHB. For instance, if 15 service visits are covered compared to 10 visits in the benchmark plan, then the additional 5 visits would not be considered non-EHB.

Development of the index rate is shown in “Exhibit E1: Development of 2026 Index Rate.”

#### **4.4.3.6: Development of the Market-wide Adjusted Index Rate**

The market-wide adjusted index rate is \$842.27 PMPM. It is calculated as the projection period index rate adjusted for the following allowable market-wide modifiers:

- Net impact of the risk adjustment program
- Exchange user fees

Development of the market adjusted index rate is shown in “Exhibit E1: Development of 2026 Index Rate.”

**4.4.3.6(a): Reinsurance**

There are no state or federal reinsurance programs in effect for the experience or projection periods. The reinsurance amount entered into the URRT, Worksheet 1 is \$0.00.

Cambia Health Solutions, the parent company to RBCBSO, was engaged in a private reinsurance arrangement for all its insured business during the experience period. This agreement reimbursed a portion of claims in excess of \$4.0M in the experience period, and a similar arrangement is expected for claims in excess of \$4.0M in the projection period in exchange for a small premium. The net impact of this arrangement is expected to be negligible, so the amounts are excluded from this filing.

**4.4.3.6(b): Risk Adjustment Payment/Charge**

2024 risk adjustment transfers are populated in the “Risk Adjustment Transfer Amount” line of the URRT, Worksheet 2, Section II. Amounts were allocated by plan in proportion to premium. The risk adjustment user fee for 2024 was \$0.21 PMPM. The experience period risk adjustment transfer PMPM, including net HCRP receipts and before reduction for the risk adjustment user fee, is \$-50.10 as shown in “WA Exh 10 - Risk Adjustment” within the “RBCBSO IND OIC Health Exhibits.”

The URRT, Worksheet 1 shows the experience period risk adjustment PMPM as \$-50.54 because it is calculated as the projected 2024 risk adjustment transfer divided by the 2024 experience period membership. The risk adjustment transfer PMPM shown in “WA Exh 10 - Risk Adjustment” within the “RBCBSO IND OIC Health Exhibits” is calculated as the projected 2024 risk adjustment transfer divided by the billable member months. Experience period member months differ from the billable member months due to differences in counting billable member months and total member months, and due to differences in the run out period.

The projected risk adjustment PMPM reflects the difference in projection period expected relative risk between the RBCBSO block of business and the overall market. The estimated risk adjustment transfer used for rate development is shown on the “Risk Adjustment Transfer” line in “Exhibit A1: Development of 2026 Rate Change.” The risk adjustment user fee for 2026 is \$0.20 PMPM and is shown in the “Retention Development” section of Exhibit A1. Information regarding the transfer estimate is shown in “WA Exh 10 - Risk Adjustment” within the “RBCBSO IND OIC Health Exhibits,” including the detailed internal data and projections by metal level used to develop the estimate. A positive amount represents an anticipated risk adjustment payment receipt, and a negative amount represents an anticipated risk adjustment charge.

The federal risk adjustment program transfers funds from carriers with relatively lower risk enrollees to carriers with relatively higher risk enrollees, which mitigates the potential concern of adverse selection in a guaranteed issue market. The transfer formula operates such that, in general, changes in a carrier’s enrolled risk profile results in corresponding changes to the transfer amount. That is, a carrier enrolling relatively higher risk members would expect to receive a higher transfer payment (or pay a lower transfer charge). Similarly, a carrier whose enrolled risk profile stayed the same while the market-wide average risk improved would also expect a higher transfer payment (or lower transfer charge).

A carrier’s risk transfer results from HHS’s risk transfer formula will inherently vary from year-to-year even with no significant carrier or market morbidity changes. For example, periodic updates to the transfer formula methodology and carrier differences in diagnosis coding practices and data submission

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capabilities will introduce additional variation. For carriers whose enrollees have a significantly different average risk profile than market average, the variability in risk adjustment results may be even higher.

The 2026 projected risk adjustment PMPM is developed considering expected changes in market-wide morbidity and company enrollment profile changes, combined with risk adjustment transfer formula relationships and reasonable judgment. Considerations included 2023 actual risk adjustment results, 2024 estimated risk adjustment results, projected changes in the market-wide morbidity level between 2024 and 2026, and projected changes in company morbidity of the population insured between 2024 and 2026.

The projection of 2026 risk adjustment transfers is developed using the risk adjustment parameters and coefficients in effect for the 2024 benefit year. This is done to provide transparency in the reconciliation of experience period risk adjustment transfers as well as the assumptions used to project into the rating period. This implicitly assumes that the impact from model recalibrations will not materially skew the results in a known manner at the issuer level. No explicit adjustments have been made to account for model recalibration impacts.

In projecting Risk Adjustment transfers, internally counted medical member months will differ from the CMS methodology for billable member months. The difference between the two is that CMS billable member month methodology excludes children who are not charged a premium and counts 30 days as a month. These two differences directionally offset and are generally of a similar magnitude, so this filing uses the simplifying assumption that projected member months are equal to projected billable member months.

Continuing in 2026, a federal high-cost risk pooling program (HCRP) is expected to partially reimburse carriers for claims over one million dollars, with a fee assessed to the pool to cover the cost of the claims. For rate development purposes, both claim and premium adjustments are made to account for the impact of this program. For claims projection, expected reimbursement amounts from HCRP are removed from the experience period before trending to the projection period. For the anticipated HCRP program assessment, an estimated value of 0.50% of premium is used in rate development. For the purposes of populating the URRT, the HCRP assessment is added to the risk adjustment transfer amount. The premium charge for the HCRP is not finalized; this amount is based on an estimate developed by an external consultant.

RBCBSO anticipates \$0K in HCRP recoveries for claims paid in 2024. RBCBSO received \$0K HCRP recoveries in each of 2023 and 2022 as well.

The risk adjustment data validation (RADV) program was established with the primary purpose of validating the accuracy of data submitted by issuers for the purposes of risk adjustment transfer calculations. Any RADV findings are used to adjust the risk scores used in risk adjustment transfers in the following year. Because the risk adjustment program is revenue-neutral within a state and market, an issuer's Individual risk adjustment results would be impacted by a RADV finding for any issuer in their state and market. In developing a projection for future years, risk adjustment transfers are projected without any assumed RADV impact in the experience period year. It is assumed that any impacts of RADV findings in the experience period year are a one-time item, and that continuous improvements by

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issuers in their data submissions and validations will eliminate systemic findings that could be predictive of adjustments in future years.

The “Risk Adjustment Transfer Amount” item in the URRT, Worksheet 2, Section IV is the plan allocation of the aggregate risk adjustment transfer amount on a paid basis. Note that this will differ from the URRT, Worksheet 1, Section III, which is on an allowed basis. Single risk pool pricing requirements require anticipated risk adjustment transfers to be allocated proportionally as a market level adjustment, so the risk adjustment transfer amounts were similarly allocated, by plan and in proportion to premium. Note that the HCRP premium charge is included in the aggregate transfer amount and spread uniformly across all plans.

**4.4.3.6(c): Exchange User Fees**

This filing reflects exchange user fees of \$4.26 PMPM because not all products will be offered on a marketplace in 2026. The 2026 marketplace user fee is \$5.11 PMPM, and projected marketplace enrollment is 83% of total projected enrollment.

**4.4.4: Plan Adjusted Index Rate**

The plan adjusted index rates are calculated as the market adjusted index rate adjusted for allowable plan-level modifiers. The following adjustments are made:

- AV and cost-sharing design, which considers the expected allowed claims by benefit category, adjustments for utilization and plan design features, claim probability distributions (CPDs) and healthcare cost trends. The AV and cost-sharing design does not account for differences in health status.
- Network, delivery system characteristics, and utilization management practices, discussed in the “Changes in Network” subsection of section 4.4.3.2(d): Other Adjustments.
- Non-EHB benefits, discussed in the “Other Benefits” subsection of section 4.4.3.2(c): Plan Design Changes. Benefits in addition to EHB were estimated using internal claims data to project the future costs of each benefit as a percent of total projected costs.
- Administrative costs, excluding exchange user fees and reinsurance fees, discussed in section 4.4.7: Non-Benefit Expenses.

Development of the plan adjusted index rates from the market adjusted index rate and allowable plan-level modifiers is shown in “Exhibit E2: Plan Adjusted Index Rate Development.” Included in the exhibit are explanations of how the modifiers are developed.

The components of the AV and cost-sharing design factors are Induced Demand Factors, EHB Paid to Allowed Factors, and Projected CSR Adjustment factors as shown in Exhibit E2. Induced Demand Factors for 2026 are prescribed by emergency rule CR-103E (R 2025-01) and included in “WA Exh 9 – AV and Cost-Share” within the “RBCBSO IND OIC Health Exhibits.” EHB Paid to Allowed Factors are derived values for the purpose of the URRT and are not used in rate development. See section 4.6.5 for detail on the Projected CSR Adjustment.

The base product factors were developed using a proprietary benefit relativity model that does not account for health status. The base product factor is used to normalize the projected average premium to get us to our pool base rate in Exhibit A1. These factors are based on paid claims. The base product

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factor is the pricing value based on benefit design only, before network adjustments and non-EHB benefits.

#### **4.4.5: Calibration**

The URRT and actuarial memorandum instructions require the plan adjusted index rates to be calibrated for age, area, and tobacco use factors. Calibration adjustments for these factors were applied uniformly to all plans.

The plan adjusted index rates calibrated for age, area, and tobacco factors are expected to approximate plan starting costs for premium determination, before applying the allowable consumer-specific rating factors for age, area, and tobacco, as well as family composition adjustments. Reconciliation of the plan adjusted index rates and the 2026 plan base rates is shown in “Exhibit E3: Plan Adjusted Index Rate to Base Rate Mapping.”

Exhibit E3 displays the actual 2026 Plan Base Rates which are analogous to, but may not exactly match the URRT, Worksheet 2, Section III Calibrated Plan Adjusted Index Rates. As noted in the URRT Instructions, section 2.2.3, “It is understood [the Calibrated Plan Adjusted Index Rate] may not match exactly to rates submitted in the Rates Table Template document due to rounding and truncation of variables in the URRT, however it is expected the rates will be reasonably close to each other.”

#### **Age Curve Calibration**

The age factor calibration adjustment was calculated by applying the age curve premium factors to the projection period population. An age factor of 0 was used for the projected population under age 21 subject to the three-child family rating limitation. Development of the calibration adjustment is shown in “Exhibit C1: Age Curve and Tobacco Calibration Factors.”

#### **Geographic Factor Calibration**

The geographic factor calibration adjustment is calculated by applying the 2026 area factors to the projection period population. This adjustment is shown in “Exhibit C2: Geographic Factors.”

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

In 2026 Tobacco use status is not used as a rating factor for RBCBSO Individual products.

#### **4.4.6: Consumer Adjusted Premium Rate Development**

The consumer adjusted premium rate is the final premium rate charged to an individual or family. Premiums are determined starting from each plan’s base rate. Premium rates may vary due to the following factors, as permitted by 45 CFR 147.102:

- Plan
- Age
- Area
- Family status

To distribute the projected average premium across the projected population, RBCBSO determined an overall pool base rate using a normalization calculation. The pool base rate represents the starting amount for premium determination purposes before applying consumer-specific premium factors.

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The 2026 pool base rate of \$694.05 and the average factors for normalization are shown in “Exhibit A1: Development of 2026 Rate Change.”

The pool base rate is determined by dividing the projected average premium by the projected population’s average factors. The average age factor is adjusted to reflect the three-child dependent premium limit. Area factors reflect geographical delivery cost differences with respect to unit cost and provider practice pattern differences; as required, they do not include differences for population morbidity.

A plan base rate is calculated for each plan by multiplying the pool base rate with the plan’s corresponding plan factor. Plan factors are developed as the product of the internally developed base product pricing factor, network discount factor, and CSR premium load (if applicable).

Each member’s premium is developed by multiplying the plan base rate for the member’s selected plan with the member’s applicable age, and area factors. The total premium for family coverage must be determined by summing the premiums for each individual family member. With respect to family members under the age of 21, the premiums for no more than the three oldest covered children must be taken into account in determining the total family premium.

**4.4.7: Non-Benefit Expenses**

The “Retention Development” section of “Exhibit A1: Development of 2026 Rate Change” shows non-benefit expenses included in the premium development.

**4.4.7(a): Administrative Expense Load**

The administrative expense load is comprised of expected plan operating expenses and commissions paid to agents and brokers, offset by investment earnings on claim reserves.

Operating expenses for 2026 are projected at \$48.47 PMPM or 5.53% of premium. Operating expenses are developed by the cost accounting department consistent with company policy and were reviewed for reasonability compared to prior results. When possible, operating expenses are assigned directly as a claim or non-claim related expense to the appropriate line of business. When costs cannot be assigned directly to a specific line of business, the expenses are allocated based upon appropriate objective statistical measures. As such, reliance is placed on the internal cost accounting department’s expertise in developing these estimates.

Commission expenses for 2026 are projected at \$9.91 PMPM or 1.13% of premium. Historical utilization of distribution channels was analyzed against the 2026 commission schedule. Commissions may apply to members purchasing both on and off exchange if a broker is utilized.

Investment earnings on claim reserves are projected to impact premiums by \$-1.70 PMPM or -0.19% of premium. This value reflects a projected T-bill rate of 2.38% applied to the claim reserves. Earnings are expressed as a percentage of premium at the pool level.

The following tables show the components of “Administrative Expense Load” in the URRT, Worksheet 2, Section III, from the 2026 rate filings.

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**2026 Administrative Expense Components**

<b>Component</b>	<b>Percent of Premium</b>	<b>PMPM</b>
Administrative Expenses	5.53%	\$48.47
Commissions	1.13%	\$9.91
Investment Earnings	-0.19%	-\$1.50
Total Administrative Expense Load	6.47%	\$56.88

2026 Projected Average Premium PMPM: \$877.14

PMPM values shown above match the rate development and may differ from the URRT due to rounding. Prior years projected and actuals are included in “WA Exh 11 - Retention” within “RBCBSO IND OIC Health Exhibits”

**4.4.7(b): Profit and Risk Load**

Rate setting for ACA plans includes many pricing risks. Claims experience continues to be more volatile and less predictable relative to recent years because the covered population may change materially from year-to-year. These changes increase uncertainty with how closely morbidity adjustments align to final risk adjustment transfer amounts. There is further underlying variability with risk adjustment transfers due to differences between carriers in diagnosis coding practices and data submission capabilities, which are factors that cannot be predicted. Also, while the risk adjustment program is intended to compensate for morbidity differences between carriers, it does not protect against the risk of market morbidity being less favorable than projected across all carriers.

As described in actuarial standards of practice and WAC 284-43-6040(c), a provision for the impact of adverse deviation sufficient to cover anticipated costs under moderately adverse experience has been included in this filing as a risk and contingency margin. The table below shows a variety of items considered as potential risks, with a range of impacts for each item under moderately adverse conditions estimated based on actuarial judgement and experience. The cumulative range is strictly less than the sum of the individual endpoints, as it is recognized that not all impacts would occur simultaneously under a moderately adverse scenario.

<b>Items considered as risks under moderately adverse conditions:</b>	<b>Estimated Range:</b>
Changes in unit cost, provider contracts, drug costs, and new technology	0.5% - 2.0%
Changes in utilization not otherwise compensated through risk adjustment	0.5% - 1.0%
Claims fluctuation from catastrophic claims or pool size	1.0% - 2.0%
Changes in market enrollment and/or morbidity	0.5% - 2.0%
Impact of unanticipated regulatory changes	0.5% - 2.0%
Unexpected issuer or market RADV findings	0.5% - 2.5%
Unanticipated variation in commissions, taxes, or administrative costs	0.5% - 1.0%
<b>Cumulative Range of Moderately Adverse Impacts:</b>	<b>2.0% – 6.0%</b>

The following table summarizes risk and contingency margin for this filing.

<b>Risk and Contingency Margin</b>	
Filing Year	2026
Percent of Premium	3.5%



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PMPM	\$30.70
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This information is included in “Profit & Risk Load” in the URRT, Worksheet 2, Section III. Prior years projected and actuals are included in “WA Exh 11 - Retention” within “RBCBSO IND OIC Health Exhibits”

**4.4.7(c): Taxes and Fees**

The taxes and fees for the Individual line of business are comprised of state premium taxes, Patient Centered Outcomes Research Institute (PCORI) fees, exchange user fees, HCRP fees, risk adjustment program fees, WSHIP assessments, regulatory surcharge, insurance fraud surcharge, and WPAL fee. Note that HCRP and exchange user fees are not included in URRT, Worksheet 2, Line 3.7.

- State premium tax is set at 2.0% by the state of Washington.
- RBCBSO is subject to federal income taxes. As this filing includes no explicit contribution to surplus, no adjustment is made for income taxes.
- The estimated PCORI fee for 2026 plans is \$0.32 PMPM. The PCORI fee is calculated as the \$3.00 annual fee for plan years ending October 1, 2024 through September 30, 2025, divided by 12, and trended for 2 years at an annual rate of 4.9% and 5.0%, the projected trend from the National Health Expenditures, and rounded to the nearest penny.
- This filing reflects exchange user fees of \$4.26 PMPM because not all products will be offered on the exchange in 2026. On the URRT, this amount is already included in the MAIR and is not included in the Taxes and Fees section.
- The risk adjustment program fee for 2026 is \$0.20 PMPM.
- This filing assumes an HCRP assessment of 0.50% of premium, as discussed in section 4.4.3.6(b). On the URRT, this amount is included in the risk transfer amounts and is not included in the Taxes and Fees section.
- An amount of \$0.32 PMPM is included in this filing for the WSHIP assessment. This is based on WSHIP’s preliminary financial projection anticipating total 2026 assessments of \$6 million. The following table shows the development of this amount starting from WSHIP’s anticipated total assessment.
- The regulatory surcharge from RCW 48.02.190 is calculated to be 0.08% of premium by using the 2025 fee as a proxy for 2026.
- The insurance fraud surcharge from RCW 48.02.190 is calculated to be 0.00% of premium by using the 2025 fee as a proxy for 2026.
- The WPAL fee, which is a new fee funding the WA Partnership Access Line, is calculated to be \$0.07 PMPM by using the projected annual program costs divided by WSHIP enrollment as a proxy.

**WSHIP Assessment Allocation**

Description	Amount	Calculation
(A) Total Estimated 2026 WSHIP Assessment	\$10,500,000	
(B) Cambia Portion of Total WSHIP Assessment (%)	8.0%	

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(C) Cambia Portion of Total WSHIP Assessment (\$)	\$839,177	A * B
(D) Projected Member Months for WSHIP Allocation	2,611,106	
(E) PMPM Average Estimate WSHIP Allocation	\$0.32	C / D

The following table summarizes the components of “Taxes & Fees” in the URRT, Worksheet 2, Section III from the 2026 rate filings.

<b>2026 Taxes &amp; Fees Components</b>		
<b>Component</b>	<b>Percent of Premium</b>	<b>PMPM</b>
Premium Tax	2.00%	\$17.54
PCORI Fee	0.04%	\$0.32
Risk Adjustment Program Fee	0.02%	\$0.20
WSHIP Assessment	0.04%	\$0.32
Regulatory Surcharge	0.08%	\$0.67
Insurance Fraud Surcharge	0.00%	\$0.04
WPAL Fee	0.01%	\$0.07
Total Taxes & Fees	2.19%	\$19.16

2026 Projected Average Premium PMPM: \$877.14

PMPM values shown above match the rate development and may differ from the URRT due to rounding.

The regulatory and insurance fraud surcharges from RCW 48.02.190 are built into the premium as described in subsection (7)(d). Prior years projected and actuals are included in “WA Exh 11 - Retention” within “RBCBSO IND OIC Health Exhibits”

#### **4.5: Projected Loss Ratio**

The projected federal loss ratio calculated using federally-prescribed methodology for medical loss ratio (MLR) rebates calculations is 89.7%, which is greater than the federally prescribed MLR requirement of 80.0%. Due to the complexity of the federal MLR rebate methodology, which is beyond the scope of this filing, the only adjustment reflected is subtracting projected taxes and fees from the premium denominator. This simplified MLR calculation is strictly less than or equal to the federal MLR methodology, so the federal MLR must also be greater than 80.0%. The numerator for this ratio is projected incurred claims net of projected risk adjustment transfers, \$761.95 PMPM. The denominator of this simplified calculation is equal to projected average premium, less the Total Taxes & Fees PMPM described in the preceding Taxes & Fees section: \$849.41.

RBCBSO considered potential impacts resulting from the 2026 MLR reporting regulation changes and deemed no changes in rating methodology to be required.

The URRT, Worksheet 2, Line 4.10 includes a different loss ratio calculation which adds transfer receipts to the denominator (Claims divided by Premium plus Transfer Receipts). Due to varying claims experience by plan and large projected risk transfers for some metal levels, the projected loss ratios shown for some plans may be significantly below 80%, which is not unreasonable.

The projected federal loss ratio is shown in “Exhibit A1: Development of 2026 Rate Change.”

#### **4.6: Plan Product Information**

##### **4.6.1: AV Metal Values**

RBCBSO followed applicable guidance in determining AV Metal Values using the prescribed AV Calculator methodology, including guidance issued by CMS on May 16, 2014, titled “Frequently Asked Questions on Health Insurance Market Reforms and Marketplace Standards.” This CMS guidance states, “A plan design is incompatible when the use of the AV Calculator yields a materially different AV result from using the other approved methodologies.” A materially different AV result is interpreted as one that changes a plan’s metal tier.

Some RBCBSO plans include an Optimum Value Medication (OVM) benefit that is not supported by the AV calculator. The OVM is a list of drugs considered important to longterm health for which the deductible is waived to encourage continued prescription adherence. RBCBSO estimated the impact of the OVM on the actuarial value and considers it to be immaterial.

The AV Calculator does not differentiate cost sharing for outpatient mental health office visits and other mental health services. Some RBCBSO plans include a copay for mental health office visits and coinsurance for other mental health services. The portion of services that are non-office visit was determined to be negligible and RBCBSO considers the impact to actuarial value to be immaterial. The mental health office visit copay was used in the AV Calculator for determining the actuarial value.

As required, RBCBSO used an actuarially justifiable process for inputting plan designs into the AV Calculator. For non-standard cost shares, AV Metal Values were tested using an alternate methodology under 45 CFR 156.135(b), and all plan designs were determined to be compatible with the AV Calculator, as the alternate methodologies did not produce materially different results. Therefore, AV Metal Values included in the URRT, Worksheet 2 for all non-standardized plans were determined entirely based on the AV Calculator. A separate certification is included in this filing, “RBCBSO IND CMS Unique Plan Design Documentation,” which contains further details on how the alternate methods were applied. The AV certification for standardized plans has been provided by Wakely Consulting Group. RBCBSO has included that certification as justification of the AV for the non-standard cost shares for those plans and is utilizing the AV provided as the minimum for all non-standard silver health plans as required under RCW 43.71.095(2)(b)(iii).

Please note that AV Metal Value determinations follow the AV Calculator methodology prescribed by HHS, and these actuarial values are only to be used to determine a plan’s metal tier. They do not reflect the best estimate of the portion of allowed costs covered by the health plan.

##### **4.6.2: Membership Projections**

Projected member months by plan for the URRT, Worksheet 2, are estimated based on data through March 2025, ensuring non-zero enrollment in each 2026 plan.

2026 product selections are assumed to be similar to 2025 product selections. RBCBSO implicitly assumes that there will be additional enrollment changes that are immaterial to rate development. Consistent with auto enrollment mapping rules from the Washington Health Benefit Exchange, Silver on-

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exchange enrollees with incomes above 200% of the federal poverty level are mapped to a Cascade Vital Gold Plan.

Projected enrollment by subsidy level for each Silver plan is included in “WA Exh 8 - CSR Experience” within the “RBCBSO IND OIC Health Exhibits.” The portion of the projected enrollment that will be eligible for cost-sharing reduction subsidies at each subsidy level is estimated assuming 2026 subsidy level distributions will be similar to Washington’s exchange market enrollment. As described in Section 4.3 of this memo, this filing assumes CSR payments will not be paid in 2026.

**4.6.3: Terminated Plans and Products**

RBCBSO will not be terminating plans in 2026.

**4.6.4: Plan Type**

RBCBSO does not offer any plans that do not meet the plan type definitions in the URRT, Worksheet 2.

**4.6.5: CSR Funding**

This filing assumes CSR payments will not be funded in 2026. The 2026 CSR load for RBCBSO is 43.5% as prescribed by emergency rule CR-103E (R 2025-01).

The following information is included at the request of CMS For plan year 2026:

- Estimated actual CSR payments for enrollees for plan year 2024 were \$1.5 million based on a re-adjudication of the claims for CSR eligible enrollees under the base plan and taking the difference between the actual and re-adjudicated plan paid amounts.
- The 2024 silver load for RBCBSO was 9.8% and was developed by replicating the process recommended by the Academy of Actuaries in their September 8, 2022 letter to the Center for Consumer Information & Insurance Oversight. First, experience year claims for silver on exchange plans are re-adjudicated as though all variants (Base, 73%, 87%, 94%) were all paid under the “Base” plan benefit structure. Next, the PMPM difference between the re-adjudicated and normally adjudicated claims is calculated for the base and variants; this represents the federal government’s unfunded CSR liability. Then projected distribution of enrollment among the Base and variants is estimated using experience enrollment and Washington Health Benefit Exchange (WAHBE) data. Finally the load was calculated by taking the sumproduct of the projected enrollment distribution and the unfunded claims PMPM divided by the sumproduct of the projected enrollment distribution and the normally adjudicated claims PMPM by variant.
- RBCBSO estimates the 2024 CSR subsidy revenue was \$3.4 million. Assuming a 43.5% CSR load applied to silver on-exchange premium implies a 2026 projected subsidy revenue of \$14.7 million.

#### **4.7 Miscellaneous Instructions**

##### **4.7.1: Effective Rate Review Information and Additional Requirements**

This rate filing includes information meeting Washington’s rate filing speed-to-market requirements:

- AV Screenshots
- Benefit Components
- CMS Unique Plan Documentation
- Commission Certification
- Filing Checklist
- Mental Health and Substance Use Disorder Financial Requirement Certification
- OIC Health Exhibits
- Part I Unified Rate Review Data Template
- Part II Written Description Justifying the Rate Increase
- Part III Rate Filing Documentation and Actuarial Memorandum
- Rate Factors
- Rate Review Detail in SERFF
- Rate Schedule
- Rating Example
- Supplemental Exhibits
- Uniform Product Modification Justification
- WAC 284-43-6660
- Certification for WAHBE 2024 Standard Plan Designs
- 1332 Waiver Checklist

Additional information satisfying the items requested by the Washington State Office of the Insurance Commissioner in the “2026 Plan Year Individual Nongrandfathered Health Plan (Pool) Rate Filing Checklist” is as follows:

A table summarizing the plan-level factors used to adjust the market adjusted index rate to the plan adjusted index rates can be found in “Exhibit E4: Plan Variation from Market Adjusted Index Rate for Renewal Plans.” The table includes each renewal plan in 2026 and the applicable factors from the 2025 and 2026 filings. Plan-level factors adjusting the market adjusted index rate to the plan adjusted index rate will always vary from year-to-year due to routine calculation updates following the URRT required calculation methodology. Factor changes are attributable to plan pricing updates, network relativity updates, differences in non-EHB estimates, and differences in administrative costs.

As well, the “Benefit Components” template has been completed to provide detailed information on benefits covered and cost-sharing structures by plan, including network information and whether out of network coverage is offered.

For changes to network factors, an explanation is provided in the “Projection Factors” section on how the previous factor was determined, whether the network factors incorporate efficiency, fee schedule, fee for service, or bundled payments, whether the factors are based on historical data or future anticipated experience, and whether the company’s provider compensation includes bonuses and/or other payments. Documentation as to how the adjustments were made to the URRT, Worksheet 1, Section II is also included.

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A summary of the factors included in the 2022 - 2026 URRTs, Worksheet 1, Section II, is included in “WA Exh 5 – w1 Pool Factors” within the “RBCBSO IND OIC Health Exhibits.”

In the URRT, Worksheet 2, Section I, the product and plan information is entered in accordance with the current Unified Rate Review Instructions. The instructions for Worksheet 2, Section I, specify how to determine which products and plans to enter, how to determine whether a plan is a new plan, renewing plan, or terminated plan, and how to enter product and plan information.

In the URRT, Worksheet 2, Section II, the experience period data is entered for the twelve month period corresponding to the base experience period. Experience for terminated plans is entered in accordance with the URRT instructions. A description of how the estimated risk adjustment transfers and reinsurance recoveries are calculated is described earlier in section 4.4.3.6 of the memorandum.

In the URRT, Worksheet 2, Section IV, the projected enrollment is generally set equal to the current enrollment with adjustments which assume that most membership will move onto the exchange, and to ensure new plans have nonzero projected enrollment.

A summary of the age, area, and tobacco factors used in the 2023 - 2026 filings is included in “Exhibit C3: Demographic Factor Comparison.”

Regarding checklist item 17(a), The Tobacco Use factor of is not applicable for 2026.

Regarding checklist items 11(a) and 20, parent company Cambia Health Solutions purchases reinsurance for all its fully insured business. This agreement reimbursed a portion of claims in excess of \$4.0M in the experience period, and a similar arrangement is expected for claims in excess of \$4.0M in the projection period. Due to the volatility in projecting such large claims, no explicit projection is made. Details for development of the Market-wide Adjusted Index Rate are included in section 4.4.3.6 of the memorandum. Details about pricing and parameters of the arrangement are proprietary and not included here.

Regarding checklist items 23(a)&(b), the experience rate change by plan in UPMJ Q5(g) is the remainder of the total change in 5(j), removing 5(h) and 5(i). This varies by plan due to many factors, including changes in network pricing, geographic area factors, the mapping of terminated plan members, changes in CSR load, and changes to the underlying proprietary benefit relativity model used in developing the pricing AVs by plan.

Regarding checklist items 23(c), 23(d), and 28(h), a summary of enrollment, premium, claims, and rates across various documents in the filing is included in “Exhibit F1: Checklist Value Comparison.”

Inconsistencies may be due to rounding and order of operations in the URRT Worksheet 2 and the Rate Review Detail, which are slightly different than the methodology in the rate development and rate template formulas. In addition, the Rate Review Detail values may correspond to initially filed rates, but not necessarily to subsequent rate updates.

Regarding checklist items 11 and 27, voluntary abortion services are priced at 0.2% of premium to reflect the minimum required amount under 45 CFR §156.280(e)(4). The actual estimated cost of these

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services is less than one dollar per enrollee, per month. The non-EHB percent listed in the binder filing is 0.2% for off exchange plans and the non-EHB percent for on exchange plans is 0.4%. Field 3.5 in the URRT Worksheet 2 includes the voluntary abortion services as indicated in the URR instructions. Abortion services for which public funding is prohibited are excluded from rate development for AV and Cost Share Design factors and are included as non-EHB items in row 3.5 of the worksheet 2 of the Unified Rate Review Template.

Regarding checklist items 28(e) and 30(c), the member-weighted rate change is demonstrated in “Exhibit D1: 2026 Average Change in Plan Base Rates” and UPMJ Question 5. The premium weighted rate change appears in item 1.12 and 1.13 in URRT Worksheet 2, Section I, at the product level and in total, respectively.

Regarding checklist item 6(a), the Proportion of Claim Dollars for trends in the WAC 284-43-6660 summary is calculated using the information in section II of “Wksh 1 – Market Experience” in the Unified Rate Review Template. The Experience Period Index Rates PMPM for each benefit category are compared to the total PMPM to derive the proportion of claim dollars.

The Mental Health Substance Use Disorder (MHSUD) financial requirement was tested for parity for all proposed plan designs. Only Outpatient In-Network benefits were tested; all other benefit categories have the same cost sharing for Mental Health and Medical/Surgical services. The allowed amounts (before enrollee cost sharing) for all Outpatient In-Network claims incurred in 2024 and paid through March, 31 2026 were summarized by benefit category for all of Cambia’s individual ACA plans in Washington. The allowed amounts were converted to PMPM values using the corresponding enrollment for the same time period. All mental health related claims were removed as required in the testing.

Plan-level testing used the trended PMPMs only for the benefits that are available on that plan and applied projected enrollment. The benefit structure and member cost sharing of the plan was used to test the plan design for parity under the financial requirement rules.

The testing and the certification can be found in the following files: “RBCBSO IND MHSUD Certification”, “RBCBSO IND MHSUD Exhibit”, “RBCBSO IND MHSUD Exhibit Duplicate”.

#### **4.7.2: Reliance**

Regence relied on The Wakely Group for the AV certification for 2026 standard plans. Regence relied on the Washington Office of the Commissioner for setting the 2026 silver load as prescribed by emergency rule CR-103E (R 2025-01). Other than as previously identified, I did not rely on any other information or underlying assumptions provided by another individual in preparing the Part I Unified Rate Review Template.

#### ***Caveats and Limitations***

The index rate and premium projections contained in this filing reflect best estimates of future costs that were developed based on available data, review of the literature, applicable rules and regulations, best thinking regarding the market population, and actuarial judgment. Actual experience and financial results will likely differ from these estimates for many reasons, including material differences in the population that enrolls, demographic mix, new treatments and technologies, economic conditions,

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catastrophic claims, and random claim fluctuations. Changes in rules and regulations may require revisions to the premium rates included in this filing.



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**4.7.3: Actuarial Certification**

I, Daniel Boeder, am an actuary employed by Cambia Health Solutions, the parent company of RBCBSO. I am a member of the American Academy of Actuaries (AAA), in good standing, and meet the education and experience standards necessary to complete this actuarial certification.

On behalf of RBCBSO, I have reviewed this rate filing for a January 1, 2026 effective date for the Individual block of business. I hereby certify that, in my opinion:

- The monthly premium rates are actuarially sound; aggregate expected premium is adequate to cover expected claims costs and the filed rates are reasonable in relation to the benefits offered
- The projected index rate is:
  - In compliance with all applicable State and Federal Statutes and Regulations
  - Developed in compliance with applicable Actuarial Standards of Practice (ASOPs) and professional standards
  - Reasonable in relation to the benefits provided and the population anticipated to be covered
  - Neither excessive nor deficient
- 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
- The factor representing benefits in addition to EHB (essential health benefits) included in the Part I URRT, Worksheet 2, Section III, was calculated in accordance with actuarial standards of practice
- Geographic rating factors reflect only differences in the costs of delivery (which can include unit cost and provider practice pattern differences) and do not include differences for population morbidity by geographic area
- The AV Calculator was used to determine the AV Metal Values shown in the Part I URRT, Worksheet 2. Unique plan designs were fit appropriately in accordance with generally accepted actuarial principles and methodologies, as detailed in a separate certification.
- This rate filing is consistent with internal business plans

Relevant AAA documents reviewed in preparation for this filing include:

- 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. 45, *The Use of Health Status Based Risk Adjustment Methodologies*
- ASOP No. 50, *Determining Minimum Value and Actuarial Value under the Affordable Care Act*
- Professional Code of Conduct

**Daniel Boeder** Digitally signed by Daniel Boeder  
Date: 2025.05.14 12:55:31 -07'00'

Daniel Boeder, FSA, MAAA  
Manager, Actuarial Pricing  
Cambia Health Solutions, on behalf of Regence BlueCross BlueShield of Oregon

**Regence BlueCross BlueShield of Oregon – Individual  
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Rates Effective January 1, 2026**

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**4.1: Redacted Actuarial Memorandum**

This document is intended to serve as both the “CMS Version” and the “public version” of the Part III Actuarial Memorandum; no items are redacted.

**4.2: General Information**

**Company Identifying Information**

- Company Legal Name: Regence BlueCross BlueShield of Oregon
- State: Washington
- HIOS Issuer ID: 71281
- Market: Individual
- Effective Date: January 1, 2026

**Company Contact Information**

- Primary Contact Name: Daniel Boeder
- Primary Contact Telephone Number: (206) 332-5619
- Primary Contact Email Address: [daniel.boeder@cambiahealth.com](mailto:daniel.boeder@cambiahealth.com)

**Purpose**

This Actuarial Memorandum is prepared to provide transparency regarding the assumptions and methods used to calculate the rates proposed in the Regence BlueCross BlueShield of Oregon (hereafter referred to as RBCBSO) January 2026 Individual Filing. Information is also included, where applicable, to support the information shown in the Part I Unified Rate Review template (URRT). The intended purpose of this document is to demonstrate the proposed rates included in this filing and the template are reasonable in relationship to the benefits provided and meet all rating requirements in the applicable laws and regulations in the state of Washington. The intended audience for this document is the Washington State Office of the Insurance Commissioner (OIC).

Two Appendix exhibits show the key framework supporting the rate filing. The process to develop the rate change for this filing is shown in “Exhibit A1: Development of 2026 Rate Change.” Development of the URRT projection period index rate is shown in “Exhibit E1: Development of 2026 Index Rate.”

Please note in reviewing this memorandum and its accompanying exhibits that RBCBSO developed rates directly from incurred claims experience. The URRT requires issuers to include an index rate calculation based on allowed claims experience following a prescribed calculation methodology. Because RBCBSO does not develop rates on an allowed claims basis, the URRT was populated indirectly such that the resulting projected average premium was consistent with the underlying rate development. Explanations regarding how the URRT was populated, consistent with the URR instructions, are included throughout this memorandum and explained relative to the actual rate development.

Per the Unified Rate Review Instructions released March 2022, the actuary may state: *“The URRT does not demonstrate the process used by the issuer to develop the rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Exchanges, and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.”*

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**4.3: Proposed Rate Changes**

This filing proposes an average annual rate change of 24.93% on January 1, 2026, for the Individual line of business, as shown in “Exhibit A1: Development of 2026 Rate Change.” The 2026 projected average premium is \$877.14 per member per month (PMPM).

The average annual rate change is calculated based on Individual enrollment data as of March 2025, and includes the mapped rate impact for membership enrolled in plans terminating in 2026. A summary of the rate changes by plan is shown in “Exhibit D1: 2026 Average Change in Plan Base Rates.”

This filing assumes Cost Sharing Reduction (CSR) payments will not be paid in 2026. If changes are made to the premium subsidies, risk adjustment, or reinsurance, the proposed rates in this filing may need to change materially to ensure adequacy with expected market costs. This filing also assumes that enhanced Premium Tax Credits (ePTC) will no longer be available in 2026.

**Factor Changes**

This filing includes updates to the plan and area factors. Rating factor tables and changes since the last filing are shown in the “Rate Factors” document. The average annual rate change impact of 24.93% includes the impact of these factor changes and is on a member-weighted basis.

Plan pricing factors are updated using the most recent data and factors from the pricing relativity model, with benefit design changes incorporated. Rate differences between plans reflect objective plan design differences and not differences in population morbidity.

Based on OIC guidance, only on-exchange Silver plan premium should be increased to cover the additional costs associated with providing benefits to all Silver plan enrollees, in the event the CSR subsidies are not funded. See the “CSR Funding” section for more detail.

Area factors reflect relative cost differences between rating areas and, as required, do not include differences for population morbidity by geographic area. Area factors were updated to reflect relative cost differences between rating areas based on changes in unit cost and normalized PMPM claims cost.

Starting in 2026, RBCBSO will no longer use tobacco use as a rating factor for Individual products.

**Pool Base Rate**

The pool base rate is \$694.05 as of January 1, 2026. The pool base rate is the starting amount such that multiplying the base rate by the member’s rating factors (plan, age, and area) and adjusting for family composition results in the member’s premium.

**Reasons for Proposed Rate Change**

The following components are the most significant factors contributing to the proposed rate change: medical trend and utilization, financial experience, and network arrangements.

*Medical Trend and Utilization:* These adjustments refer to what is commonly known as healthcare trend. They reflect contractual changes in the payments to healthcare providers and expected changes in the volume and types of services utilized by a carrier’s members.

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*Financial Experience:* Each year, RBCBSO evaluates the most recent financial results in the Washington Individual market and incorporates that information into pricing.

*Changes in Network:* Each year, RBCBSO evaluates the impact of underlying provider network contracts and incorporates that information into pricing. Additionally, the impacts of discontinued and new networks are evaluated and incorporated.

*Changes in Benefits:* Each year, RBCBSO evaluates the cost sharing features and benefits of each plan offering to determine the expected cost of incurred claims by plan.

*Market Morbidity:* RBCBSO expects increased market morbidity due to the discontinuance of enhanced Premium Tax Credits.

The above descriptions are intended to provide an overall understanding of the significant factors contributing to the rate change, and each item is described in detail later in this memorandum.

The following table is a decomposition of the rate increase into the various underlying factors but is not intended to directly reflect or replace the rate calculation developed on Exhibit A1.

<b>Contributing Factor</b>	<b>Approximate Impact</b>
Changes due to Medical Trend and Utilization	10%
Changes due to Financial Experience <sup>1</sup>	1%
Changes due to Network Arrangements	4%
Changes due to Product Design <sup>2</sup>	9%
Changes Due to Market wide Average Morbidity	4%
Rx Rebates	-3%
<b>Total</b>	<b>25%</b>

<sup>1</sup>Includes the impact of overestimate or underestimate of medical trend

<sup>2</sup>Includes changes in CSR load, cost sharing, plan mappings, and benefit factors

#### **4.4: Market Experience**

This filing demonstrates that RBCBSO followed federal guidance and market reform rating requirements in establishing a single risk pool in the Washington Individual market. The experience data includes all of RBCBSO 's non-grandfathered covered lives in the Washington Individual market. Throughout this filing, "single risk pool" refers to the entire Washington Individual market.

##### **4.4.1: Experience Period Premium, Claims, and Enrollment**

The premium and claims used to develop this filing were incurred during calendar year 2024 and includes payments and adjustments paid through March 2025. They are shown in "Exhibit E1: Development of 2026 Index Rate." Current enrollment and premium are reported as of March 2025.

For rate development purposes, experience from RBCBSO Individual was used.

RBCBSO analyzes financial performances for each company and line of business regularly and over/under-predictions are corrected for in the rate development the following year. Overall, premium and claims is unfavorable compared to expectations in 2024.

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Medical allowed claims and incurred claims were extracted directly from company claim records. Pharmacy claims are administered by a Pharmacy Benefits Manager and those allowed and incurred claims were extracted from their records. Unpaid claims liability (UCL) for incurred claims was developed directly with experience data using the following methodology, which is consistent with the corporate reserve development methodology. Unpaid claims liability for allowed claims was estimated using the same factors that were developed for incurred claims. Allowed and incurred claims from the experience period are shown in “WA Exh 1 – Experience Data” within “RBCBSO IND OIC Health Exhibits.”

*Review and Analyze Data*

- Check data for inconsistencies and anomalies
- Reconcile paid claims data against the general ledger
- Monitor unpaid claims inventory
- Assess impact of large claims
- Review claims on a per exposure basis for reasonableness (PMPM)
- Compare past UCL estimates to actual claims run-out on an ongoing basis to assess the reasonability of past calculations

*Develop UCL Estimates Using Multiple Methods*

- Basic Claims Development Method
- Paid PMPM Method

*Determine UCL for Recent Incurred Months*

The UCL was selected using judgment and considered factors such as recent observed and expected claims trends, seasonality, product design, and changes in membership and claims inventory.

For rate development purposes, pharmaceutical manufacturer rebates were not subtracted from experience period claims because an overall adjustment occurs in a later step of the claims projection process. In contrast, in the URRT, Worksheet 1, pharmacy rebates are subtracted from experience period claims. The Pharmacy Rebates section of this memorandum contains additional information about the adjustments.

There are no capitation payment arrangements anticipated to be in place for the projection period.

**4.4.2: Benefit Categories**

Each allowed claim is assigned to one of the following benefit categories: Inpatient Hospital, Outpatient Hospital, Professional, Other Medical, and Prescription Drugs. Examples of claims in the Other Medical category are home health care, ambulance, durable medical equipment, and prosthetics. The categorization is derived from each claim’s type of service, provider type, and place of service and is an automated process within the data warehouse. This categorization is consistent with the definitions described in the URR Instructions, section 2.1.3.1 “Benefit Category and Manual Rate.”

**4.4.3: Projection Factors**

Following is a description of the projection factors used in the filing. As described in the Purpose section of this memorandum, rate development is performed on an incurred claims basis (Exhibit A1) while

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development of the URRT projection period index rate is performed on an allowed claims basis (Exhibit E1).

Each projection factor’s description addresses first how the adjustment is developed for rate development purposes (incurred claims basis). Then, any modifications needed to use the adjustment for developing the URRT projection period index rate (allowed claims basis) are described. Fixed dollar cost sharing measures such as deductibles and copays amplify the impact of cost changes on an incurred claims basis, so generally, a dampening adjustment is necessary to convert a factor on an incurred claims basis to an allowed claims basis.

#### **4.4.3.1: Trend Factors**

##### *Projected Rating Trend*

The trend factor used in rate development is shown on the “Trend Factor to Rating Period” line in “Exhibit A1: Development of 2026 Rate Change,” reflecting twenty-four months of trend at an annual rate of 10.2%. The table below shows the expected components of the annual trend used to project incurred claims costs to the rating period. Note that the leverage component does not impact allowed claims; this trend applies to incurred, paid claims.

**Components of Projected Trend**

Reimbursement	5.00%
Utilization	2.10%
Mix/Intensity	1.20%
Leverage	1.90%

For reporting purposes, trend and its respective components are reported throughout the filing on a medical and prescription drug combined basis. This combined trend is applied to all service categories including EHB and non-EHB claims.

To determine projected trend for the rating period, RBCBSO analyzed the individual components of trend, change in reimbursement, utilization, mix/intensity, and leverage, to determine the aggregate expected trend. Trend were developed separately for Medical and Rx, and then weighted together. Reimbursement trends were developed using internal contracted and anticipated contracting increases to providers. Currently, 36% of provider contracting is complete for plan year 2026. Utilization and mix trends were developed using actuarial judgment by examining specific company data in this market, as well as overall company and market trends. Development of projected utilization and mix/intensity trend considers trend across entire book of business rather than just Individual experience to neutralize population morbidity changes in a single line of business. Finally, major fixed plan design features were modeled to estimate the leverage impact to paid trend. Company data has a direct impact on the single risk pool, with specific data being directly applicable, while overall company data contributes to determining health trends that are relevant to the market.

The reimbursement component captures unit cost changes, including negotiated rate changes with providers. The utilization component measures the difference in number of services per 1,000 members. The mix/intensity component measures the shift within service categories (e.g., using more MRIs versus X-Rays or more specialty drug prescriptions as a percentage of total prescriptions) and between service categories (utilizing outpatient services instead of inpatient services). Fixed dollar cost sharing measures,

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such as deductibles and copays, serve to amplify trend since the member portion of total costs remains fixed while the insurer portion increases over time. This effect is captured in the leveraging component of trend.

RBCBSO considers historical experience, state and federal mandates, new technologies, cost shifting, drug patents, and anticipated economic conditions in determining the utilization and mix/intensity components of projected trend.

Additionally, RBCBSO actively reviews and implements opportunities to improve the quality of health care delivery and achieve sustainable costs. This filing reflects an explicit reduction to overall projected trend of 0.3% due to expected incremental impacts of program changes from the base period to projection period. These initiatives are focused on lowering the utilization, mix/intensity, and reimbursement components of trend.

A few examples of new or expanded initiatives include:

- Creating a billing interface that re-establishes reasonable reimbursement of provider-administered medications.
- Launching a new provider rating methodology to identify and surface for our members providers with proven track records of using evidence-based practices, adhering to best practices for patient care and delivering cost-efficiencies.
- Expanding inpatient short stay program to enable real-time admission reviews, optimizing care settings and maintaining quality of care.
- Expanding utilization management to ensure medical appropriateness and manage outcomes.
- Reducing overpayments through data mining as well as pre-pay and post-pay edits and audits.
- Ensuring emergency department visit level coding aligns with Centers for Medicare & Medicaid Services (CMS) Guidelines.
- Engaging with network providers to align financial incentives and support better outcomes for episodes of care.

The following trend variables are not considered when calculating trend: margin, fluctuation, anti-selection, or underwriting wear-off.

The selected projected rating trend assumption and the resulting rate change consider but do not rely on differences in projected and observed trend levels in prior periods.

In the URRT, Worksheet 1, Section II, the annualized “Cost” trend factor is populated with the Reimbursement component shown above. The “Util” trend factor is populated with a blend of the Utilization and Mix/Intensity components in the projected trend. Trend is developed for a 24 month projection, so Years 1 and 2 are populated with identical annualized values. Additionally, please note the URRT trend is on an allowed basis and thus excludes the leverage trend component while remaining an actuarially equivalent claims projection.

*Normalized Experience Trend*

RBCBSO reviews experience trend by calculating rolling twelve month historical paid claims trend on both an observed and underlying basis. In order to differentiate between the observed trend and the



underlying trend, claims are normalized for differences in benefits, demographics, health risk, and large claims. Demographic adjustments are developed using the current filed factors for age and area, benefit adjustments are developed using a benefit relativity model, and health risk adjustments are developed using risk score data.

A summary of the underlying allowed experience is included in “WA Exh 4 – Normalized Trend” within the “RBCBSO IND OIC Health Exhibits.” The analysis shows an underlying average allowed claim trend of -1.25% when comparing calendar year 2024 to calendar year 2023. This estimate of recent underlying trend experience is a single point of reference and is not the sole predictor of future trends.

#### **4.4.3.2: Adjustments to Trended EHB Allowed Claims PMPM**

##### **4.4.3.2(a): Morbidity Adjustment**

This assumption reflects the anticipated change in morbidity from calendar year 2024 (“base period”) to calendar year 2026 (“projection period”) for RBCBSO Individual ACA plans. The morbidity adjustment reflects a change in the expected health risk of the pool regardless of the underlying demographics.

The morbidity adjustment used for rate development is shown on the “Changes in Morbidity” line in “Exhibit A1: Development of 2026 Rate Change.” Development of the claims adjustment for morbidity is shown in “WA Exh 10 - Risk Adjustment” within “RBCBSO IND OIC Health Exhibits.” This exhibit also shows the projected risk adjustment transfer, which is closely related to the assumed projection period morbidity. An explanation of the risk adjustment transfer and its relation to company and market morbidity assumptions is provided in the “Risk Adjustment Payment/Charge” section of this memorandum.

The claims adjustment for morbidity was developed using the following process:

- Estimate morbidity level of base period company experience
- Estimate RBCBSO Individual morbidity change from base period to projection period
- Adjust base period experience to projection period RBCBSO Individual morbidity level

##### *Morbidity Level of Base Period Company Experience*

Morbidity for each base period experience pool was estimated using risk score data normalized for demographic and benefit differences. Because the risk scores were calculated on a consistent basis for each pool, the relativities between the risk scores represent the relative morbidities.

##### *RBCBSO Individual Morbidity Change from Base Period to Projection Period*

A wide range of outcomes is possible for the average morbidity change between the base period and projection period for the population insured on RBCBSO Individual plans. Population enrollment change is the biggest driver of morbidity change. Similar to claims variability, the average morbidity of an insured population will vary from one year to the next, even with no change in covered members.

Some drivers of insured population changes include macroeconomic conditions, market competitiveness, and consumer behavior changes; however, none of these factors or their resulting impacts can be forecasted with certainty.

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An estimate for the projected morbidity change between the base period and projection period is shown in “WA Exh 10 - Risk Adjustment” within “RBCBSO IND OIC Health Exhibits.” Changes to each of the risk adjustment transfer components between 2024 and 2026 are shown in the exhibit. The projection of 2026 risk adjustment transfers is developed using the risk adjustment parameters and coefficients in effect for the 2024 benefit year. This is done to provide transparency in the reconciliation of experience period risk adjustment transfers as well as the assumptions used to project into the rating period. This implicitly assumes that the impact from model recalibrations will not materially skew the results in a known manner at the issuer level. No explicit adjustments have been made to account for model recalibration impacts. The calculation of the 2026 transfer payments reflects the 14 percent administrative cost reduction to state average premium.

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

*Adjust Base Period Experience to Projection Period RBCBSO Individual Morbidity Level*

The final factor used to adjust company base period morbidity to the projection period RBCBSO Individual morbidity is derived by taking the ratio of the projection period RBCBSO Individual morbidity to the base period company morbidity.

For purposes of incorporating the morbidity adjustment into the “Morbidity Adjustment” projection factor in the URRT, Worksheet 1, Section II, a dampening adjustment was applied to convert the factor to an allowed claims basis. The projection factor for the URRT for each experience pool is shown in “Exhibit E1: Development of 2026 Index Rate.”

**4.4.3.2(b): Demographic Shift**

A demographic adjustment is reflected to account for population demographic differences between the experience period and the projection period. Adjustments are developed consistent with current filed factors for age and area.

The demographic adjustment used for rate development is shown on the “Changes in Demographics” line in “Exhibit A1: Development of 2026 Rate Change” and in “Exhibit C3: Demographic Factor Comparison.” The most significant contributor to this shift is the observed change in the population between 2024 and March 2025.

For purposes of incorporating this adjustment into the “Demographic Shift” projection factor in the URRT, Worksheet 1, Section II, a dampening adjustment was applied to convert the factor to an allowed claims basis. The projection factor used in the URRT for each experience pool can be found in “Exhibit E1: Development of 2026 Index Rate.”

**4.4.3.2(c): Plan Design Changes**

Company experience period claim costs are adjusted to reflect anticipated changes in covered benefits (Essential Health Benefits, Mandated Benefits, and Other Benefits) and changes in cost sharing.

The overall benefit design adjustment used for rate development is shown on the “Changes in Benefits” line in “Exhibit A1: Development of 2026 Rate Change.”

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*Essential Health Benefits*

Plans offered in 2026 must include covered benefits following Washington’s essential health benefits (EHB) benchmark package for Individual plans. Covered benefits included in the base period plans were reviewed against the 2026 EHB benchmark plan. 2026 premiums reflect the updates to the EHB Benchmark plan.

Experience period covered benefits for ACA plans satisfy Washington’s 2026 requirements. Therefore, no specific experience period adjustments are applied to ACA plan experience.

Pediatric dental benefits are included as an embedded set of benefits in all 2026 ACA products offered off-exchange. Products offered on-exchange do not include pediatric dental benefits.

*Mandated Benefits*

RBCBSO included an adjustment in the rate development to account for the impact of 2025 Washington legislative changes including expanded hormone therapy and removal of prior authorization on MHSUD.

*Other Benefits*

This adjustment reflects anticipated differences in non-EHB benefits between the experience period and projection period. There are no material differences that require an adjustment. The Individual Assistance Program non-EHB benefit is included in retention, and therefore does not require an adjustment to claims. For 2026, Gene Therapy is now considered an Essential Health Benefit.

*Changes in Cost Sharing*

This adjustment reflects anticipated changes in the average cost sharing requirements between the base period and projection period, which was derived by comparing the base period average benefit design to the projection period average benefit design, independent of changes in covered benefits and population health status. It includes anticipated changes in the average utilization and cost of services due to differences in average cost sharing requirements.

The “Plan Design Changes” projection factor in the URRT, Worksheet 1, Section II, includes corresponding adjustments to the changes in covered benefits and changes in cost sharing described above. The changes in cost sharing component only includes the portion of the adjustment attributable to anticipated changes in the average utilization of services due to differences in average cost sharing requirements. Anticipated changes in the average cost sharing requirements were excluded because they do not affect allowed claims.

**4.4.3.2(d): Other Adjustments**

This section describes cost adjustments other than changes in morbidity, demographic shift, and plan design changes.

*Changes in Network*

A network adjustment is reflected to account for expected network differences between the experience period and the projection period. The network adjustment used for rate development is shown on the “Changes in Network” line in “Exhibit A1: Development of 2026 Rate Change.”

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A proprietary network model is used to determine the projected cost relativities between different networks, based on historical experience projected to the rating period. The model allows the inclusion or exclusion of providers on a group-by-group basis. As a provider group is excluded from the network, the services that were delivered by that group are redistributed to other providers within the same specialty. As care is shifted among providers, adjustments are made to reflect utilization efficiency and unit cost differences between the providers. For plans paired with an accountable health network, the relativities also reflect expected savings due to managed care and provider incentive arrangements.

If the network also has a risk sharing arrangement with the provider with an incentive component, a second model is used to calculate the cost impact of this arrangement. An additional reduction in cost is assumed due to improvements in care management for these members and a simulation model is used to estimate the value of the shared savings and/or deficit repayment. The value of these arrangements is included in the network factors.

RBCBSO will offer plans on two networks in 2026. The Individual and Family network will be discontinued in 2026. In 2026, RBCBSO will offer plans on the new Individual Connect network. The Individual Connect network is a statewide network offered in Clark County. The Legacy network is an accountable health network offered in Clark County. For the purpose of claims projection, network premium factors are scaled such that the Individual Connect is a 1.0.

For purposes of incorporating this adjustment into the “Other” projection factor in the URRT, Worksheet 1, Section II, a dampening adjustment is applied to convert the factor to an allowed claims basis. The projection factor used in the URRT for each experience pool is shown in “Exhibit E1: Development of 2026 Index Rate.”

*Pharmacy Rebates*

Incurred claims in the experience period are not reduced by estimated pharmaceutical manufacturer rebates, so a pharmacy rebates adjustment is reflected to account for estimated rebates in the projection period. The pharmacy rebates adjustment for rate development is shown on the “Pharmacy Rebates” line in “Exhibit A1: Development of 2026 Rate Change.” Pharmacy rebates are estimated by projecting 2026 aggregate rebate-eligible script counts companywide from base period experience, adjusting for expected changes in average per script rebate guarantees, and then allocating the projected rebates to each line of business using base period pharmacy experience.

Because experience period allowed claims used in the URRT are net of pharmacy rebates, for purposes of incorporating this adjustment into the “Other” projection factor in the URRT, Worksheet 1, Section II, only the estimated difference in pharmacy rebates between the experience period and the projection period is reflected. The projection factor used in the URRT for each experience pool is shown in “Exhibit E1: Development of 2026 Index Rate.”

Overall, the “Other” projection factor in the URRT, Worksheet 1, Section II, includes adjustments for network and pharmacy rebates.

#### **4.4.3.3: Manual Rate Adjustments**

##### **Source and Appropriateness of Experience Data Used**

As described previously in the Experience and Current Period Premium, Claims and Enrollment section, 2024 calendar year data for RBCBSO Individual ACA plans are used to develop 2026 rates. This experience is deemed to be fully credible to develop the framework for a state-wide single risk pool.

For purposes of completing the URRT, Worksheet 1, all RBCBSO non-grandfathered Individual experience was included to develop the Adjusted Trended EHB Allowed Claims PMPM and no credibility manual data is used. A detailed summary is included in “Exhibit E1: Development of 2026 Index Rate.”

##### **Adjustments Made to the Data**

No credibility manual data is used.

##### **Inclusion of Capitation Payments**

No services are provided under a capitation arrangement.

#### **4.4.3.4: Credibility of Experience**

RBCBSO considered the characteristics of the claims experience as well as CMS Medicare guidelines and actuarial publications to make a judgment-based credibility determination. Based upon this review, RBCBSO assigns full credibility to its 2024 population.

#### **4.4.3.5: Establishing the Index Rate**

The experience period index rate is \$638.56 PMPM; the projected period index rate is \$769.16 PMPM. Non-EHB benefit categories are excluded from the calculation based upon the benefit category code assigned automatically within the data warehouse. Gene therapy and Individual Assistance Program (IAP) benefits are excluded from all plans, and adult vision benefits are excluded where they apply. In addition, voluntary termination of pregnancy is excluded for on-exchange plans. Please note the index rate does not demonstrate the process used to develop the rates; it was prepared for reporting purposes and is calculated consistently with the results of the underlying rate development process.

For purposes of determining non-EHB benefits, only material benefit categories not covered in the EHB benchmark plan are identified. In cases where the company provided offering is richer than the EHB benchmark plan, the benefits are not considered non-EHB. For instance, if 15 service visits are covered compared to 10 visits in the benchmark plan, then the additional 5 visits would not be considered non-EHB.

Development of the index rate is shown in “Exhibit E1: Development of 2026 Index Rate.”

#### **4.4.3.6: Development of the Market-wide Adjusted Index Rate**

The market-wide adjusted index rate is \$842.27 PMPM. It is calculated as the projection period index rate adjusted for the following allowable market-wide modifiers:

- Net impact of the risk adjustment program
- Exchange user fees

Development of the market adjusted index rate is shown in “Exhibit E1: Development of 2026 Index Rate.”

**4.4.3.6(a): Reinsurance**

There are no state or federal reinsurance programs in effect for the experience or projection periods. The reinsurance amount entered into the URRT, Worksheet 1 is \$0.00.

Cambia Health Solutions, the parent company to RBCBSO, was engaged in a private reinsurance arrangement for all its insured business during the experience period. This agreement reimbursed a portion of claims in excess of \$4.0M in the experience period, and a similar arrangement is expected for claims in excess of \$4.0M in the projection period in exchange for a small premium. The net impact of this arrangement is expected to be negligible, so the amounts are excluded from this filing.

**4.4.3.6(b): Risk Adjustment Payment/Charge**

2024 risk adjustment transfers are populated in the “Risk Adjustment Transfer Amount” line of the URRT, Worksheet 2, Section II. Amounts were allocated by plan in proportion to premium. The risk adjustment user fee for 2024 was \$0.21 PMPM. The experience period risk adjustment transfer PMPM, including net HCRP receipts and before reduction for the risk adjustment user fee, is \$-50.10 as shown in “WA Exh 10 - Risk Adjustment” within the “RBCBSO IND OIC Health Exhibits.”

The URRT, Worksheet 1 shows the experience period risk adjustment PMPM as \$-50.54 because it is calculated as the projected 2024 risk adjustment transfer divided by the 2024 experience period membership. The risk adjustment transfer PMPM shown in “WA Exh 10 - Risk Adjustment” within the “RBCBSO IND OIC Health Exhibits” is calculated as the projected 2024 risk adjustment transfer divided by the billable member months. Experience period member months differ from the billable member months due to differences in counting billable member months and total member months, and due to differences in the run out period.

The projected risk adjustment PMPM reflects the difference in projection period expected relative risk between the RBCBSO block of business and the overall market. The estimated risk adjustment transfer used for rate development is shown on the “Risk Adjustment Transfer” line in “Exhibit A1: Development of 2026 Rate Change.” The risk adjustment user fee for 2026 is \$0.20 PMPM and is shown in the “Retention Development” section of Exhibit A1. Information regarding the transfer estimate is shown in “WA Exh 10 - Risk Adjustment” within the “RBCBSO IND OIC Health Exhibits,” including the detailed internal data and projections by metal level used to develop the estimate. A positive amount represents an anticipated risk adjustment payment receipt, and a negative amount represents an anticipated risk adjustment charge.

The federal risk adjustment program transfers funds from carriers with relatively lower risk enrollees to carriers with relatively higher risk enrollees, which mitigates the potential concern of adverse selection in a guaranteed issue market. The transfer formula operates such that, in general, changes in a carrier’s enrolled risk profile results in corresponding changes to the transfer amount. That is, a carrier enrolling relatively higher risk members would expect to receive a higher transfer payment (or pay a lower transfer charge). Similarly, a carrier whose enrolled risk profile stayed the same while the market-wide average risk improved would also expect a higher transfer payment (or lower transfer charge).

A carrier’s risk transfer results from HHS’s risk transfer formula will inherently vary from year-to-year even with no significant carrier or market morbidity changes. For example, periodic updates to the transfer formula methodology and carrier differences in diagnosis coding practices and data submission

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capabilities will introduce additional variation. For carriers whose enrollees have a significantly different average risk profile than market average, the variability in risk adjustment results may be even higher.

The 2026 projected risk adjustment PMPM is developed considering expected changes in market-wide morbidity and company enrollment profile changes, combined with risk adjustment transfer formula relationships and reasonable judgment. Considerations included 2023 actual risk adjustment results, 2024 estimated risk adjustment results, projected changes in the market-wide morbidity level between 2024 and 2026, and projected changes in company morbidity of the population insured between 2024 and 2026.

The projection of 2026 risk adjustment transfers is developed using the risk adjustment parameters and coefficients in effect for the 2024 benefit year. This is done to provide transparency in the reconciliation of experience period risk adjustment transfers as well as the assumptions used to project into the rating period. This implicitly assumes that the impact from model recalibrations will not materially skew the results in a known manner at the issuer level. No explicit adjustments have been made to account for model recalibration impacts.

In projecting Risk Adjustment transfers, internally counted medical member months will differ from the CMS methodology for billable member months. The difference between the two is that CMS billable member month methodology excludes children who are not charged a premium and counts 30 days as a month. These two differences directionally offset and are generally of a similar magnitude, so this filing uses the simplifying assumption that projected member months are equal to projected billable member months.

Continuing in 2026, a federal high-cost risk pooling program (HCRP) is expected to partially reimburse carriers for claims over one million dollars, with a fee assessed to the pool to cover the cost of the claims. For rate development purposes, both claim and premium adjustments are made to account for the impact of this program. For claims projection, expected reimbursement amounts from HCRP are removed from the experience period before trending to the projection period. For the anticipated HCRP program assessment, an estimated value of 0.50% of premium is used in rate development. For the purposes of populating the URRT, the HCRP assessment is added to the risk adjustment transfer amount. The premium charge for the HCRP is not finalized; this amount is based on an estimate developed by an external consultant.

RBCBSO anticipates \$0K in HCRP recoveries for claims paid in 2024. RBCBSO received \$0K HCRP recoveries in each of 2023 and 2022 as well.

The risk adjustment data validation (RADV) program was established with the primary purpose of validating the accuracy of data submitted by issuers for the purposes of risk adjustment transfer calculations. Any RADV findings are used to adjust the risk scores used in risk adjustment transfers in the following year. Because the risk adjustment program is revenue-neutral within a state and market, an issuer's Individual risk adjustment results would be impacted by a RADV finding for any issuer in their state and market. In developing a projection for future years, risk adjustment transfers are projected without any assumed RADV impact in the experience period year. It is assumed that any impacts of RADV findings in the experience period year are a one-time item, and that continuous improvements by

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issuers in their data submissions and validations will eliminate systemic findings that could be predictive of adjustments in future years.

The “Risk Adjustment Transfer Amount” item in the URRT, Worksheet 2, Section IV is the plan allocation of the aggregate risk adjustment transfer amount on a paid basis. Note that this will differ from the URRT, Worksheet 1, Section III, which is on an allowed basis. Single risk pool pricing requirements require anticipated risk adjustment transfers to be allocated proportionally as a market level adjustment, so the risk adjustment transfer amounts were similarly allocated, by plan and in proportion to premium. Note that the HCRP premium charge is included in the aggregate transfer amount and spread uniformly across all plans.

**4.4.3.6(c): Exchange User Fees**

This filing reflects exchange user fees of \$4.26 PMPM because not all products will be offered on a marketplace in 2026. The 2026 marketplace user fee is \$5.11 PMPM, and projected marketplace enrollment is 83% of total projected enrollment.

**4.4.4: Plan Adjusted Index Rate**

The plan adjusted index rates are calculated as the market adjusted index rate adjusted for allowable plan-level modifiers. The following adjustments are made:

- AV and cost-sharing design, which considers the expected allowed claims by benefit category, adjustments for utilization and plan design features, claim probability distributions (CPDs) and healthcare cost trends. The AV and cost-sharing design does not account for differences in health status.
- Network, delivery system characteristics, and utilization management practices, discussed in the “Changes in Network” subsection of section 4.4.3.2(d): Other Adjustments.
- Non-EHB benefits, discussed in the “Other Benefits” subsection of section 4.4.3.2(c): Plan Design Changes. Benefits in addition to EHB were estimated using internal claims data to project the future costs of each benefit as a percent of total projected costs.
- Administrative costs, excluding exchange user fees and reinsurance fees, discussed in section 4.4.7: Non-Benefit Expenses.

Development of the plan adjusted index rates from the market adjusted index rate and allowable plan-level modifiers is shown in “Exhibit E2: Plan Adjusted Index Rate Development.” Included in the exhibit are explanations of how the modifiers are developed.

The components of the AV and cost-sharing design factors are Induced Demand Factors, EHB Paid to Allowed Factors, and Projected CSR Adjustment factors as shown in Exhibit E2. Induced Demand Factors for 2026 are prescribed by emergency rule CR-103E (R 2025-01) and included in “WA Exh 9 – AV and Cost-Share” within the “RBCBSO IND OIC Health Exhibits.” EHB Paid to Allowed Factors are derived values for the purpose of the URRT and are not used in rate development. See section 4.6.5 for detail on the Projected CSR Adjustment.

The base product factors were developed using a proprietary benefit relativity model that does not account for health status. The base product factor is used to normalize the projected average premium to get us to our pool base rate in Exhibit A1. These factors are based on paid claims. The base product



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factor is the pricing value based on benefit design only, before network adjustments and non-EHB benefits.

#### **4.4.5: Calibration**

The URRT and actuarial memorandum instructions require the plan adjusted index rates to be calibrated for age, area, and tobacco use factors. Calibration adjustments for these factors were applied uniformly to all plans.

The plan adjusted index rates calibrated for age, area, and tobacco factors are expected to approximate plan starting costs for premium determination, before applying the allowable consumer-specific rating factors for age, area, and tobacco, as well as family composition adjustments. Reconciliation of the plan adjusted index rates and the 2026 plan base rates is shown in “Exhibit E3: Plan Adjusted Index Rate to Base Rate Mapping.”

Exhibit E3 displays the actual 2026 Plan Base Rates which are analogous to, but may not exactly match the URRT, Worksheet 2, Section III Calibrated Plan Adjusted Index Rates. As noted in the URRT Instructions, section 2.2.3, “It is understood [the Calibrated Plan Adjusted Index Rate] may not match exactly to rates submitted in the Rates Table Template document due to rounding and truncation of variables in the URRT, however it is expected the rates will be reasonably close to each other.”

#### **Age Curve Calibration**

The age factor calibration adjustment was calculated by applying the age curve premium factors to the projection period population. An age factor of 0 was used for the projected population under age 21 subject to the three-child family rating limitation. Development of the calibration adjustment is shown in “Exhibit C1: Age Curve and Tobacco Calibration Factors.”

#### **Geographic Factor Calibration**

The geographic factor calibration adjustment is calculated by applying the 2026 area factors to the projection period population. This adjustment is shown in “Exhibit C2: Geographic Factors.”

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

In 2026 Tobacco use status is not used as a rating factor for RBCBSO Individual products.

#### **4.4.6: Consumer Adjusted Premium Rate Development**

The consumer adjusted premium rate is the final premium rate charged to an individual or family. Premiums are determined starting from each plan’s base rate. Premium rates may vary due to the following factors, as permitted by 45 CFR 147.102:

- Plan
- Age
- Area
- Family status

To distribute the projected average premium across the projected population, RBCBSO determined an overall pool base rate using a normalization calculation. The pool base rate represents the starting amount for premium determination purposes before applying consumer-specific premium factors.

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The 2026 pool base rate of \$694.05 and the average factors for normalization are shown in “Exhibit A1: Development of 2026 Rate Change.”

The pool base rate is determined by dividing the projected average premium by the projected population’s average factors. The average age factor is adjusted to reflect the three-child dependent premium limit. Area factors reflect geographical delivery cost differences with respect to unit cost and provider practice pattern differences; as required, they do not include differences for population morbidity.

A plan base rate is calculated for each plan by multiplying the pool base rate with the plan’s corresponding plan factor. Plan factors are developed as the product of the internally developed base product pricing factor, network discount factor, and CSR premium load (if applicable).

Each member’s premium is developed by multiplying the plan base rate for the member’s selected plan with the member’s applicable age, and area factors. The total premium for family coverage must be determined by summing the premiums for each individual family member. With respect to family members under the age of 21, the premiums for no more than the three oldest covered children must be taken into account in determining the total family premium.

**4.4.7: Non-Benefit Expenses**

The “Retention Development” section of “Exhibit A1: Development of 2026 Rate Change” shows non-benefit expenses included in the premium development.

**4.4.7(a): Administrative Expense Load**

The administrative expense load is comprised of expected plan operating expenses and commissions paid to agents and brokers, offset by investment earnings on claim reserves.

Operating expenses for 2026 are projected at \$48.47 PMPM or 5.53% of premium. Operating expenses are developed by the cost accounting department consistent with company policy and were reviewed for reasonability compared to prior results. When possible, operating expenses are assigned directly as a claim or non-claim related expense to the appropriate line of business. When costs cannot be assigned directly to a specific line of business, the expenses are allocated based upon appropriate objective statistical measures. As such, reliance is placed on the internal cost accounting department’s expertise in developing these estimates.

Commission expenses for 2026 are projected at \$9.91 PMPM or 1.13% of premium. Historical utilization of distribution channels was analyzed against the 2026 commission schedule. Commissions may apply to members purchasing both on and off exchange if a broker is utilized.

Investment earnings on claim reserves are projected to impact premiums by \$-1.70 PMPM or -0.19% of premium. This value reflects a projected T-bill rate of 2.38% applied to the claim reserves. Earnings are expressed as a percentage of premium at the pool level.

The following tables show the components of “Administrative Expense Load” in the URRT, Worksheet 2, Section III, from the 2026 rate filings.

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**2026 Administrative Expense Components**

Component	Percent of Premium	PMPM
Administrative Expenses	5.53%	\$48.47
Commissions	1.13%	\$9.91
Investment Earnings	-0.19%	-\$1.50
Total Administrative Expense Load	6.47%	\$56.88

2026 Projected Average Premium PMPM: \$877.14

PMPM values shown above match the rate development and may differ from the URRT due to rounding. Prior years projected and actuals are included in “WA Exh 11 - Retention” within “RBCBSO IND OIC Health Exhibits”

**4.4.7(b): Profit and Risk Load**

Rate setting for ACA plans includes many pricing risks. Claims experience continues to be more volatile and less predictable relative to recent years because the covered population may change materially from year-to-year. These changes increase uncertainty with how closely morbidity adjustments align to final risk adjustment transfer amounts. There is further underlying variability with risk adjustment transfers due to differences between carriers in diagnosis coding practices and data submission capabilities, which are factors that cannot be predicted. Also, while the risk adjustment program is intended to compensate for morbidity differences between carriers, it does not protect against the risk of market morbidity being less favorable than projected across all carriers.

As described in actuarial standards of practice and WAC 284-43-6040(c), a provision for the impact of adverse deviation sufficient to cover anticipated costs under moderately adverse experience has been included in this filing as a risk and contingency margin. The table below shows a variety of items considered as potential risks, with a range of impacts for each item under moderately adverse conditions estimated based on actuarial judgement and experience. The cumulative range is strictly less than the sum of the individual endpoints, as it is recognized that not all impacts would occur simultaneously under a moderately adverse scenario.

Items considered as risks under moderately adverse conditions:	Estimated Range:
Changes in unit cost, provider contracts, drug costs, and new technology	0.5% - 2.0%
Changes in utilization not otherwise compensated through risk adjustment	0.5% - 1.0%
Claims fluctuation from catastrophic claims or pool size	1.0% - 2.0%
Changes in market enrollment and/or morbidity	0.5% - 2.0%
Impact of unanticipated regulatory changes	0.5% - 2.0%
Unexpected issuer or market RADV findings	0.5% - 2.5%
Unanticipated variation in commissions, taxes, or administrative costs	0.5% - 1.0%
<b>Cumulative Range of Moderately Adverse Impacts:</b>	<b>2.0% – 6.0%</b>

The following table summarizes risk and contingency margin for this filing.

Risk and Contingency Margin	
Filing Year	2026
Percent of Premium	3.5%

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PMPM	\$30.70
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This information is included in “Profit & Risk Load” in the URRT, Worksheet 2, Section III. Prior years projected and actuals are included in “WA Exh 11 - Retention” within “RBCBSO IND OIC Health Exhibits”

**4.4.7(c): Taxes and Fees**

The taxes and fees for the Individual line of business are comprised of state premium taxes, Patient Centered Outcomes Research Institute (PCORI) fees, exchange user fees, HCRP fees, risk adjustment program fees, WSHIP assessments, regulatory surcharge, insurance fraud surcharge, and WPAL fee. Note that HCRP and exchange user fees are not included in URRT, Worksheet 2, Line 3.7.

- State premium tax is set at 2.0% by the state of Washington.
- RBCBSO is subject to federal income taxes. As this filing includes no explicit contribution to surplus, no adjustment is made for income taxes.
- The estimated PCORI fee for 2026 plans is \$0.32 PMPM. The PCORI fee is calculated as the \$3.00 annual fee for plan years ending October 1, 2024 through September 30, 2025, divided by 12, and trended for 2 years at an annual rate of 4.9% and 5.0%, the projected trend from the National Health Expenditures, and rounded to the nearest penny.
- This filing reflects exchange user fees of \$4.26 PMPM because not all products will be offered on the exchange in 2026. On the URRT, this amount is already included in the MAIR and is not included in the Taxes and Fees section.
- The risk adjustment program fee for 2026 is \$0.20 PMPM.
- This filing assumes an HCRP assessment of 0.50% of premium, as discussed in section 4.4.3.6(b). On the URRT, this amount is included in the risk transfer amounts and is not included in the Taxes and Fees section.
- An amount of \$0.32 PMPM is included in this filing for the WSHIP assessment. This is based on WSHIP’s preliminary financial projection anticipating total 2026 assessments of \$6 million. The following table shows the development of this amount starting from WSHIP’s anticipated total assessment.
- The regulatory surcharge from RCW 48.02.190 is calculated to be 0.08% of premium by using the 2025 fee as a proxy for 2026.
- The insurance fraud surcharge from RCW 48.02.190 is calculated to be 0.00% of premium by using the 2025 fee as a proxy for 2026.
- The WPAL fee, which is a new fee funding the WA Partnership Access Line, is calculated to be \$0.07 PMPM by using the projected annual program costs divided by WSHIP enrollment as a proxy.

**WSHIP Assessment Allocation**

Description	Amount	Calculation
(A) Total Estimated 2026 WSHIP Assessment	\$10,500,000	
(B) Cambia Portion of Total WSHIP Assessment (%)	8.0%	

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(C) Cambia Portion of Total WSHIP Assessment (\$)	\$839,177	A * B
(D) Projected Member Months for WSHIP Allocation	2,611,106	
(E) PMPM Average Estimate WSHIP Allocation	\$0.32	C / D

The following table summarizes the components of “Taxes & Fees” in the URRT, Worksheet 2, Section III from the 2026 rate filings.

<b>2026 Taxes &amp; Fees Components</b>		
<b>Component</b>	<b>Percent of Premium</b>	<b>PMPM</b>
Premium Tax	2.00%	\$17.54
PCORI Fee	0.04%	\$0.32
Risk Adjustment Program Fee	0.02%	\$0.20
WSHIP Assessment	0.04%	\$0.32
Regulatory Surcharge	0.08%	\$0.67
Insurance Fraud Surcharge	0.00%	\$0.04
WPAL Fee	0.01%	\$0.07
Total Taxes & Fees	2.19%	\$19.16

2026 Projected Average Premium PMPM: \$877.14

PMPM values shown above match the rate development and may differ from the URRT due to rounding.

The regulatory and insurance fraud surcharges from RCW 48.02.190 are built into the premium as described in subsection (7)(d). Prior years projected and actuals are included in “WA Exh 11 - Retention” within “RBCBSO IND OIC Health Exhibits”

#### **4.5: Projected Loss Ratio**

The projected federal loss ratio calculated using federally-prescribed methodology for medical loss ratio (MLR) rebates calculations is 89.7%, which is greater than the federally prescribed MLR requirement of 80.0%. Due to the complexity of the federal MLR rebate methodology, which is beyond the scope of this filing, the only adjustment reflected is subtracting projected taxes and fees from the premium denominator. This simplified MLR calculation is strictly less than or equal to the federal MLR methodology, so the federal MLR must also be greater than 80.0%. The numerator for this ratio is projected incurred claims net of projected risk adjustment transfers, \$761.95 PMPM. The denominator of this simplified calculation is equal to projected average premium, less the Total Taxes & Fees PMPM described in the preceding Taxes & Fees section: \$849.41.

RBCBSO considered potential impacts resulting from the 2026 MLR reporting regulation changes and deemed no changes in rating methodology to be required.

The URRT, Worksheet 2, Line 4.10 includes a different loss ratio calculation which adds transfer receipts to the denominator (Claims divided by Premium plus Transfer Receipts). Due to varying claims experience by plan and large projected risk transfers for some metal levels, the projected loss ratios shown for some plans may be significantly below 80%, which is not unreasonable.

The projected federal loss ratio is shown in “Exhibit A1: Development of 2026 Rate Change.”

#### **4.6: Plan Product Information**

##### **4.6.1: AV Metal Values**

RBCBSO followed applicable guidance in determining AV Metal Values using the prescribed AV Calculator methodology, including guidance issued by CMS on May 16, 2014, titled “Frequently Asked Questions on Health Insurance Market Reforms and Marketplace Standards.” This CMS guidance states, “A plan design is incompatible when the use of the AV Calculator yields a materially different AV result from using the other approved methodologies.” A materially different AV result is interpreted as one that changes a plan’s metal tier.

Some RBCBSO plans include an Optimum Value Medication (OVM) benefit that is not supported by the AV calculator. The OVM is a list of drugs considered important to longterm health for which the deductible is waived to encourage continued prescription adherence. RBCBSO estimated the impact of the OVM on the actuarial value and considers it to be immaterial.

The AV Calculator does not differentiate cost sharing for outpatient mental health office visits and other mental health services. Some RBCBSO plans include a copay for mental health office visits and coinsurance for other mental health services. The portion of services that are non-office visit was determined to be negligible and RBCBSO considers the impact to actuarial value to be immaterial. The mental health office visit copay was used in the AV Calculator for determining the actuarial value.

As required, RBCBSO used an actuarially justifiable process for inputting plan designs into the AV Calculator. For non-standard cost shares, AV Metal Values were tested using an alternate methodology under 45 CFR 156.135(b), and all plan designs were determined to be compatible with the AV Calculator, as the alternate methodologies did not produce materially different results. Therefore, AV Metal Values included in the URRT, Worksheet 2 for all non-standardized plans were determined entirely based on the AV Calculator. A separate certification is included in this filing, “RBCBSO IND CMS Unique Plan Design Documentation,” which contains further details on how the alternate methods were applied. The AV certification for standardized plans has been provided by Wakely Consulting Group. RBCBSO has included that certification as justification of the AV for the non-standard cost shares for those plans and is utilizing the AV provided as the minimum for all non-standard silver health plans as required under RCW 43.71.095(2)(b)(iii).

Please note that AV Metal Value determinations follow the AV Calculator methodology prescribed by HHS, and these actuarial values are only to be used to determine a plan’s metal tier. They do not reflect the best estimate of the portion of allowed costs covered by the health plan.

##### **4.6.2: Membership Projections**

Projected member months by plan for the URRT, Worksheet 2, are estimated based on data through March 2025, ensuring non-zero enrollment in each 2026 plan.

2026 product selections are assumed to be similar to 2025 product selections. RBCBSO implicitly assumes that there will be additional enrollment changes that are immaterial to rate development. Consistent with auto enrollment mapping rules from the Washington Health Benefit Exchange, Silver on-

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exchange enrollees with incomes above 200% of the federal poverty level are mapped to a Cascade Vital Gold Plan.

Projected enrollment by subsidy level for each Silver plan is included in “WA Exh 8 - CSR Experience” within the “RBCBSO IND OIC Health Exhibits.” The portion of the projected enrollment that will be eligible for cost-sharing reduction subsidies at each subsidy level is estimated assuming 2026 subsidy level distributions will be similar to Washington’s exchange market enrollment. As described in Section 4.3 of this memo, this filing assumes CSR payments will not be paid in 2026.

**4.6.3: Terminated Plans and Products**

RBCBSO will not be terminating plans in 2026.

**4.6.4: Plan Type**

RBCBSO does not offer any plans that do not meet the plan type definitions in the URRT, Worksheet 2.

**4.6.5: CSR Funding**

This filing assumes CSR payments will not be funded in 2026. The 2026 CSR load for RBCBSO is 43.5% as prescribed by emergency rule CR-103E (R 2025-01).

The following information is included at the request of CMS For plan year 2026:

- Estimated actual CSR payments for enrollees for plan year 2024 were \$1.5 million based on a re-adjudication of the claims for CSR eligible enrollees under the base plan and taking the difference between the actual and re-adjudicated plan paid amounts.
- The 2024 silver load for RBCBSO was 9.8% and was developed by replicating the process recommended by the Academy of Actuaries in their September 8, 2022 letter to the Center for Consumer Information & Insurance Oversight. First, experience year claims for silver on exchange plans are re-adjudicated as though all variants (Base, 73%, 87%, 94%) were all paid under the “Base” plan benefit structure. Next, the PMPM difference between the re-adjudicated and normally adjudicated claims is calculated for the base and variants; this represents the federal government’s unfunded CSR liability. Then projected distribution of enrollment among the Base and variants is estimated using experience enrollment and Washington Health Benefit Exchange (WAHBE) data. Finally the load was calculated by taking the sumproduct of the projected enrollment distribution and the unfunded claims PMPM divided by the sumproduct of the projected enrollment distribution and the normally adjudicated claims PMPM by variant.
- RBCBSO estimates the 2024 CSR subsidy revenue was \$3.4 million. Assuming a 43.5% CSR load applied to silver on-exchange premium implies a 2026 projected subsidy revenue of \$14.7 million.

#### **4.7 Miscellaneous Instructions**

##### **4.7.1: Effective Rate Review Information and Additional Requirements**

This rate filing includes information meeting Washington’s rate filing speed-to-market requirements:

- AV Screenshots
- Benefit Components
- CMS Unique Plan Documentation
- Commission Certification
- Filing Checklist
- Mental Health and Substance Use Disorder Financial Requirement Certification
- OIC Health Exhibits
- Part I Unified Rate Review Data Template
- Part II Written Description Justifying the Rate Increase
- Part III Rate Filing Documentation and Actuarial Memorandum
- Rate Factors
- Rate Review Detail in SERFF
- Rate Schedule
- Rating Example
- Supplemental Exhibits
- Uniform Product Modification Justification
- WAC 284-43-6660
- Certification for WAHBE 2024 Standard Plan Designs
- 1332 Waiver Checklist

Additional information satisfying the items requested by the Washington State Office of the Insurance Commissioner in the “2026 Plan Year Individual Nongrandfathered Health Plan (Pool) Rate Filing Checklist” is as follows:

A table summarizing the plan-level factors used to adjust the market adjusted index rate to the plan adjusted index rates can be found in “Exhibit E4: Plan Variation from Market Adjusted Index Rate for Renewal Plans.” The table includes each renewal plan in 2026 and the applicable factors from the 2025 and 2026 filings. Plan-level factors adjusting the market adjusted index rate to the plan adjusted index rate will always vary from year-to-year due to routine calculation updates following the URRT required calculation methodology. Factor changes are attributable to plan pricing updates, network relativity updates, differences in non-EHB estimates, and differences in administrative costs.

As well, the “Benefit Components” template has been completed to provide detailed information on benefits covered and cost-sharing structures by plan, including network information and whether out of network coverage is offered.

For changes to network factors, an explanation is provided in the “Projection Factors” section on how the previous factor was determined, whether the network factors incorporate efficiency, fee schedule, fee for service, or bundled payments, whether the factors are based on historical data or future anticipated experience, and whether the company’s provider compensation includes bonuses and/or other payments. Documentation as to how the adjustments were made to the URRT, Worksheet 1, Section II is also included.



Regence BlueCross BlueShield of Oregon – Individual  
Actuarial Memorandum and Certification – Part III (continued)

A summary of the factors included in the 2022 - 2026 URRTs, Worksheet 1, Section II, is included in “WA Exh 5 – w1 Pool Factors” within the “RBCBSO IND OIC Health Exhibits.”

In the URRT, Worksheet 2, Section I, the product and plan information is entered in accordance with the current Unified Rate Review Instructions. The instructions for Worksheet 2, Section I, specify how to determine which products and plans to enter, how to determine whether a plan is a new plan, renewing plan, or terminated plan, and how to enter product and plan information.

In the URRT, Worksheet 2, Section II, the experience period data is entered for the twelve month period corresponding to the base experience period. Experience for terminated plans is entered in accordance with the URRT instructions. A description of how the estimated risk adjustment transfers and reinsurance recoveries are calculated is described earlier in section 4.4.3.6 of the memorandum.

In the URRT, Worksheet 2, Section IV, the projected enrollment is generally set equal to the current enrollment with adjustments which assume that most membership will move onto the exchange, and to ensure new plans have nonzero projected enrollment.

A summary of the age, area, and tobacco factors used in the 2023 - 2026 filings is included in “Exhibit C3: Demographic Factor Comparison.”

Regarding checklist item 17(a), The Tobacco Use factor of is not applicable for 2026.

Regarding checklist items 11(a) and 20, parent company Cambia Health Solutions purchases reinsurance for all its fully insured business. This agreement reimbursed a portion of claims in excess of \$4.0M in the experience period, and a similar arrangement is expected for claims in excess of \$4.0M in the projection period. Due to the volatility in projecting such large claims, no explicit projection is made. Details for development of the Market-wide Adjusted Index Rate are included in section 4.4.3.6 of the memorandum. Details about pricing and parameters of the arrangement are proprietary and not included here.

Regarding checklist items 23(a)&(b), the experience rate change by plan in UPMJ Q5(g) is the remainder of the total change in 5(j), removing 5(h) and 5(i). This varies by plan due to many factors, including changes in network pricing, geographic area factors, the mapping of terminated plan members, changes in CSR load, and changes to the underlying proprietary benefit relativity model used in developing the pricing AVs by plan.

Regarding checklist items 23(c), 23(d), and 28(h), a summary of enrollment, premium, claims, and rates across various documents in the filing is included in “Exhibit F1: Checklist Value Comparison.”

Inconsistencies may be due to rounding and order of operations in the URRT Worksheet 2 and the Rate Review Detail, which are slightly different than the methodology in the rate development and rate template formulas. In addition, the Rate Review Detail values may correspond to initially filed rates, but not necessarily to subsequent rate updates.

Regarding checklist items 11 and 27, voluntary abortion services are priced at 0.2% of premium to reflect the minimum required amount under 45 CFR §156.280(e)(4). The actual estimated cost of these

Regence BlueCross BlueShield of Oregon – Individual  
Actuarial Memorandum and Certification – Part III (continued)

services is less than one dollar per enrollee, per month. The non-EHB percent listed in the binder filing is 0.2% for off exchange plans and the non-EHB percent for on exchange plans is 0.4%. Field 3.5 in the URRT Worksheet 2 includes the voluntary abortion services as indicated in the URR instructions. Abortion services for which public funding is prohibited are excluded from rate development for AV and Cost Share Design factors and are included as non-EHB items in row 3.5 of the worksheet 2 of the Unified Rate Review Template.

Regarding checklist items 28(e) and 30(c), the member-weighted rate change is demonstrated in “Exhibit D1: 2026 Average Change in Plan Base Rates” and UPMJ Question 5. The premium weighted rate change appears in item 1.12 and 1.13 in URRT Worksheet 2, Section I, at the product level and in total, respectively.

Regarding checklist item 6(a), the Proportion of Claim Dollars for trends in the WAC 284-43-6660 summary is calculated using the information in section II of “Wksh 1 – Market Experience” in the Unified Rate Review Template. The Experience Period Index Rates PMPM for each benefit category are compared to the total PMPM to derive the proportion of claim dollars.

The Mental Health Substance Use Disorder (MHSUD) financial requirement was tested for parity for all proposed plan designs. Only Outpatient In-Network benefits were tested; all other benefit categories have the same cost sharing for Mental Health and Medical/Surgical services. The allowed amounts (before enrollee cost sharing) for all Outpatient In-Network claims incurred in 2024 and paid through March, 31 2026 were summarized by benefit category for all of Cambia’s individual ACA plans in Washington. The allowed amounts were converted to PMPM values using the corresponding enrollment for the same time period. All mental health related claims were removed as required in the testing.

Plan-level testing used the trended PMPMs only for the benefits that are available on that plan and applied projected enrollment. The benefit structure and member cost sharing of the plan was used to test the plan design for parity under the financial requirement rules.

The testing and the certification can be found in the following files: “RBCBSO IND MHSUD Certification”, “RBCBSO IND MHSUD Exhibit”, “RBCBSO IND MHSUD Exhibit Duplicate”.

#### **4.7.2: Reliance**

Regence relied on The Wakely Group for the AV certification for 2026 standard plans. Regence relied on the Washington Office of the Commissioner for setting the 2026 silver load as prescribed by emergency rule CR-103E (R 2025-01). Other than as previously identified, I did not rely on any other information or underlying assumptions provided by another individual in preparing the Part I Unified Rate Review Template.

#### ***Caveats and Limitations***

The index rate and premium projections contained in this filing reflect best estimates of future costs that were developed based on available data, review of the literature, applicable rules and regulations, best thinking regarding the market population, and actuarial judgment. Actual experience and financial results will likely differ from these estimates for many reasons, including material differences in the population that enrolls, demographic mix, new treatments and technologies, economic conditions,

Regence BlueCross BlueShield of Oregon – Individual  
Actuarial Memorandum and Certification – Part III (continued)

catastrophic claims, and random claim fluctuations. Changes in rules and regulations may require revisions to the premium rates included in this filing.

Regence BlueCross BlueShield of Oregon – Individual  
Actuarial Memorandum and Certification – Part III (continued)

**4.7.3: Actuarial Certification**

I, Daniel Boeder, am an actuary employed by Cambia Health Solutions, the parent company of RCBOSO. I am a member of the American Academy of Actuaries (AAA), in good standing, and meet the education and experience standards necessary to complete this actuarial certification.

On behalf of RCBOSO, I have reviewed this rate filing for a January 1, 2026 effective date for the Individual block of business. I hereby certify that, in my opinion:

- The monthly premium rates are actuarially sound; aggregate expected premium is adequate to cover expected claims costs and the filed rates are reasonable in relation to the benefits offered
- The projected index rate is:
  - In compliance with all applicable State and Federal Statutes and Regulations
  - Developed in compliance with applicable Actuarial Standards of Practice (ASOPs) and professional standards
  - Reasonable in relation to the benefits provided and the population anticipated to be covered
  - Neither excessive nor deficient
- 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
- The factor representing benefits in addition to EHB (essential health benefits) included in the Part I URRT, Worksheet 2, Section III, was calculated in accordance with actuarial standards of practice
- Geographic rating factors reflect only differences in the costs of delivery (which can include unit cost and provider practice pattern differences) and do not include differences for population morbidity by geographic area
- The AV Calculator was used to determine the AV Metal Values shown in the Part I URRT, Worksheet 2. Unique plan designs were fit appropriately in accordance with generally accepted actuarial principles and methodologies, as detailed in a separate certification.
- This rate filing is consistent with internal business plans

Relevant AAA documents reviewed in preparation for this filing include:

- 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. 45, *The Use of Health Status Based Risk Adjustment Methodologies*
- ASOP No. 50, *Determining Minimum Value and Actuarial Value under the Affordable Care Act*
- Professional Code of Conduct

**Daniel Boeder** Digitally signed by Daniel Boeder  
Date: 2025.05.14 12:55:31 -07'00'

Daniel Boeder, FSA, MAAA  
Manager, Actuarial Pricing  
Cambia Health Solutions, on behalf of Regence BlueCross BlueShield of Oregon

**Regence BlueCross BlueShield of Oregon**  
**Individual**  
**Rates Effective January 1, 2026**  
**Part II - Written Description Justifying the Rate Increase**

Regence BlueCross BlueShield of Oregon (Regence) is filing a rate change request for its Individual metallic products. These plans comply with federal Affordable Care Act (ACA) plan design and benefit requirements, and Regence has approximately 10,000 members enrolled in this line of business as of March 2025. Regence is projecting total enrollment for 2026 to be approximately 120,300 member months. This filing is based on claims experience from January 2024 through December 2024, with claims paid through March 2025.

**Rate Change**

The projected average rate change for plans effective in 2026 is 24.93%, which is an average rate change of about \$175 per member per month (pmpm). Because 24.93% (or about \$175) is an average, it is possible to have a different rate change. Rate changes vary from about 1.3% to 56.0% and this variability in rate changes is driven by plan design, network, and geographic factor changes. Factors affecting a member's premium are age, family composition, plan, and geographic area. Expected cost differences by product are updated every year to ensure premium differences are appropriate. The table below shows the breakout of the factors contributing to the increase.

Contributing Factor	Approximate Impact
Medical Trend	10%
Product Design, Mapping, Silver Load	9%
Network Arrangements	4%
Market-wide Average Morbidity	4%
Higher than Expected Claims	1%
Other <sup>1</sup>	-3%
<b>Total</b>	<b>25%</b>

<sup>1</sup>Includes changes to admin, rebates, and benefits

**Contributing Factors - Medical Trend**

The increasing cost of medical care is a significant driver of the rate change. This filing reflects projected claims expenses increasing approximately 10% annually. About 7% of this increase is due to cost and utilization changes.

**Contributing Factors - Higher than Expected Claims**

The 2026 premium increase reflects the 2026 claims expectations based on actual 2024 claims experience which was higher than expected.

**Contributing Factors - Other**

Regence is committed to using member premium dollars responsibly and consistently pays out a high percentage of premium dollars towards member claims. Regence expects this rate filing to exceed the ACA's minimum Medical Loss Ratio (MLR) requirement.

Administrative expenses are expected to be 6.5% of premium, compared to 7.9% in the 2025 rates. Regulatory payments including taxes and fees required by the ACA are expected to be 2.2%, compared to 2.2% in the 2025 rates. Provisions for adverse deviation estimates to account for inherent variability in predicting future claims and anticipated contribution to surplus are included as 3.5% of premium, compared to 3.5% in the 2025 rates.

**Changes in Benefits**

Regence's metallic products continue to meet the ACA's essential health benefit coverage standards. Renewing plans may have changes in member cost-sharing components (deductible, out-of-pocket maximum, coinsurance, etc.) to reflect anticipated changes in cost and utilization as well as changes required to maintain the plan metal level. Details of these changes are reflected in the Uniform Product Modification Justification.

**Financial Experience**

The 2024 estimated incurred claims net of pharmacy rebates and excluding non-claims expenses were \$526 pmpm, compared to unadjusted average premium revenue of \$589 pmpm. This resulted in 2024 claims being paid out as 89% of premium. Premium revenue will be adjusted by the 2024 Risk Adjustment transfer and net HCRP receipts, a payment of -\$50 pmpm. The 2024 Risk Adjustment transfer amount and net HCRP receipts are estimates.

Regence expects to pay out 80% of premium as claims in 2026, prior to any adjustments for the federal MLR methodology. When using Federally prescribed methodology, which excludes some taxes from the denominator, the loss ratio exceeds 80%. With the approval of the requested rate change we expect average premium revenue of \$877 pmpm. 2026 incurred claims net of pharmacy rebates and excluding non-claim expenses are projected to be \$704 pmpm. The expected 2026 risk adjustment and estimated HCRP assessment results in a payable amount of -\$62 pmpm. As a tax paying not-for-profit, Regence does not project any profit for 2026.

**Summary of Pooled Experience**

	Experience Period				First Prior Period			
	From	1/1/2024	To	12/31/2024	From	1/1/2023	To	12/31/2023
Member Months				105,260				65,783
Earned Premium				\$61,965,509.40				\$35,721,484.66
Paid Claims				\$53,015,201.78				\$29,229,700.04
Beginning Claim Reserve				\$4,087,787.37				\$2,090,647.14
Ending Claim Reserve				\$6,392,091.70				\$4,087,787.37
Incurred Claims				\$55,319,506.11				\$31,226,840.27
Expenses				\$7,991,086.09				\$5,109,302.26
Gain/Loss				-\$1,345,082.80				-\$614,657.87
Loss Ratio Percentage				89.27%				87.42%

Experience for the periods above do not include adjustments for Risk Adjustment.

Pharmacy Rebates and Non-Claim Expenses are removed from the Incurred Claims in this table.

**Summary of Pooled Experience with Adjustments**

	2024 Experience Period	2023 Experience Period	2022 Experience Period
Member Months	105,260	65,783	39,438
Earned Premium	\$61,965,509	\$35,721,485	\$20,596,101
Paid Claims	\$53,015,202	\$29,229,700	\$15,703,882
Beginning Claim Reserve	\$4,087,787	\$2,090,647	\$1,231,425
Ending Claim Reserve	\$6,392,092	\$4,087,787	\$2,090,647
Incurred Claims	\$55,319,506	\$31,226,840	\$16,563,104
Expenses	\$7,991,086	\$5,109,302	\$3,113,404
Ceded Claims	\$96,515	\$88,000	\$131,563
Gain/Loss	-\$1,248,568	-\$526,658	\$1,051,156
Loss Ratio Percentage	89.27%	87.42%	80.42%
Risk Adjustment	-\$5,100,000	-\$3,425,335	\$256,759
HCRP Assessment	-\$220,316	-\$129,676	-\$76,092
HCRP Transfer	\$0	\$0	\$0
RADV	\$0	\$0	\$0
Gain/Loss with Risk Adj	-\$6,568,884	-\$4,081,669	\$1,231,823

Risk Adjustment, HCRP Assessment, HCRP Transfer, and RADV are estimates for 2024.

**PART III APPENDIX****Table of Contents**

<b>Exhibit #</b>	<b>Description</b>
A1	Development of 2026 Rate Change
C1	Age Curve and Tobacco Calibration Factors
C2	Geographic Factors
C3	Demographic Factor Comparison
C4	Network Factor Change
D1	2026 Average Change in Plan Base Rates
D2	Terminated Plan Mapping
D4	CSR Subsidy Experience & Factor Development
E1	Development of 2026 Index Rate
E2	Plan Adjusted Index Rate Development
E3	Plan Adjusted Index Rate to Base Rate Mapping
E4	Plan Variation from Market Adjusted Index Rate for Renewal Plans
E7	Benefit Factor Change
F1	Checklist Value Comparison
F3	Medical and Drug Trend Assumptions

The Part III appendix exhibits include numerical support for the actuarial memorandum and the filing checklist.

The actuarial memorandum is the guide for understanding the rate development and the exhibits.

EXHIBIT A1: DEVELOPMENT OF 2026 RATE CHANGE  
Regence BlueCross BlueShield of Oregon - Individual

Experience Period: 1/1/2024 - 12/31/2024 Projection Period: 1/1/2026 - 12/31/2026	Regence BlueCross BlueShield of Oregon Individual 2026 Projection		Projected Claim Cost Development by Experience Pool Regence BlueCross BlueShield of Oregon Individual ACA Experience	
	Total	PMPM	Total	PMPM
Member Months			105,260	
Earned Premium			\$61,965,509	\$588.69
Estimated Incurred Claims			\$60,196,089	\$571.88
BlueCard Access Fees			\$0	\$0.00
HCRP Receipts			\$0	\$0.00
Adjusted Estimated Incurred Claims			\$60,196,089	\$571.88

Projected Claims Cost Development	Factors	PMPM	Factors	PMPM
Average Experience Morbidity Factor			0.989	
Average Projected Morbidity Factor			1.020	
Changes in Morbidity			1.032	
Average Experience Benefits Factor			0.762	
Average Projected Benefits Factor			0.832	
Changes in Benefits			1.091	
Average Experience Demographics Factor			1.631	
Average Projected Demographics Factor			1.663	
Changes in Demographics			1.020	
Average Experience Network Arrangements Factor			0.922	
Average Projected Network Arrangements Factor			0.896	
Changes in Network Arrangements			0.972	
Pharmacy Rebates			0.909	
Reinsurance Receipts			1.000	
Trend Factor to Rating Period			1.214	
Projected Claims Cost by Pool				\$704.25
Overall Projected Claims Cost		\$704.25	100%	
Risk Adjustment Transfer		-\$57.70		
Net Projected Claims Cost		\$761.95		

Retention Development	Percent	PMPM
Risk Adjustment Program Fee	0.02%	\$0.20
Operating Expenses	5.53%	\$48.47
Commission Expenses	1.13%	\$9.91
Federal HCRP Charge	0.50%	\$4.39
Investment Earnings	-0.19%	-\$1.70
Regulatory Surcharge	0.08%	\$0.67
Insurance Fraud Surcharge	0.00%	\$0.04
Risk and Profit	3.50%	\$30.70
Premium Tax	2.00%	\$17.54
Insurer Tax	0.00%	\$0.00
Patient-Centered Outcomes Research Fee	0.04%	\$0.32
Marketplace Fee	0.49%	\$4.26
WSHIP	0.04%	\$0.32
WPAL	0.01%	\$0.07
Vendor Fees	0.00%	\$0.00
Total Retention	13.14%	\$115.19

Base Rate Development and Rate Change	Total	PMPM
Projected Average Premium		\$877.14
Average Plan Factor	0.7623	
Average Area Factor	1.0000	
Average Tobacco Factor	1.0000	
Age Curve Factor	1.6579	
Composite Rating Factor	1.2638	
2026 Pool Base Rate		\$694.05
Average Annual Rate Change (from UPMJ #5)		24.93%
Projected Federal Loss Ratio	89.7%	

WSHIP Fee Development	
Line of Business	Projected Member Months
Small Group	1,249,849
Large Group	1,045,228
Individual	316,029
Total	2,611,106
2026 Assessment	\$839,177
2026 PMPM Assumption	\$0.32

Commission Expenses Development			
Broker Tier	Base	Credentialing	Performance
2026 PMPM Commission	\$20.00	\$21.00	\$28.00
% of Projected Brokers	31.0%	18.0%	51.0%
Average Broker Rate			\$24.26
Projected Broker Utilization Percentage			40.8%
2026 PMPM Assumption			\$9.91

Marketplace Fee Development	
2026 Fee	\$5.11
Projected 2026 On-Exchange Membership	8,366
Projected 2026 Total Membership	10,029
2026 Assumption	\$4.26

Pharmacy rebates are not removed from Experience Estimated Incurred Claims. Instead, the Pharmacy Rebates projection factor represents total projected rebates, rather than an incremental change.

Claims in the "Projected Claim Cost Development" are on an incurred basis.

Due to underlying calculations being performed with additional precision, there may be small rounding differences.

The "Base Rate" is the pool starting amount used to determine premiums. Plan premiums are equal to the "Base Rate" multiplied by applicable rating factors. See the "Rate Factors" document for details.

The Projected Federal Loss Ratio subtracts Taxes and Fees from the premium denominator. This simplified version of the ratio used for federal MLR rebate demonstrates compliance with the federal MLR threshold of 80%.

The Average Plan Factor represents plan design relativity and is used in Exhibit E3 to calculate the Calibrated Plan Adjusted Index Rates.



EXHIBIT C1: AGE CURVE AND TOBACCO CALIBRATION FACTORS  
Regence BlueCross BlueShield of Oregon - Individual

		Distribution			
Member Age	Age Factor	Non-Tobacco	Tobacco	Total	Total Prior Year
Capped 0-14	0.000	0.7%	0.0%	0.7%	0.5%
Capped 15	0.000	0.0%	0.0%	0.0%	0.0%
Capped 16	0.000	0.0%	0.0%	0.0%	0.0%
Capped 17	0.000	0.0%	0.0%	0.0%	0.0%
Capped 18	0.000	0.0%	0.0%	0.0%	0.0%
Capped 19	0.000	0.0%	0.0%	0.0%	0.0%
Capped 20	0.000	0.0%	0.0%	0.0%	0.0%
0-14	0.765	7.3%	0.0%	7.3%	7.0%
15	0.833	0.6%	0.0%	0.6%	0.9%
16	0.859	0.9%	0.0%	0.9%	0.6%
17	0.885	0.6%	0.0%	0.6%	0.7%
18	0.913	0.7%	0.0%	0.7%	0.7%
19	0.941	1.4%	0.0%	1.4%	1.7%
20	0.970	1.6%	0.0%	1.6%	1.4%
21	1.000	1.6%	0.0%	1.6%	1.4%
22	1.000	1.4%	0.0%	1.4%	1.6%
23	1.000	1.4%	0.0%	1.4%	1.5%
24	1.000	1.4%	0.0%	1.4%	1.4%
25	1.004	1.2%	0.0%	1.2%	1.4%
26	1.024	1.9%	0.0%	1.9%	2.2%
27	1.048	2.0%	0.0%	2.0%	2.1%
28	1.087	2.0%	0.0%	2.0%	2.1%
29	1.119	2.0%	0.0%	2.0%	2.0%
30	1.135	1.9%	0.0%	1.9%	1.9%
31	1.159	1.6%	0.0%	1.6%	1.9%
32	1.183	1.8%	0.0%	1.8%	2.3%
33	1.198	2.0%	0.0%	2.0%	1.9%
34	1.214	1.8%	0.0%	1.8%	1.7%
35	1.222	1.5%	0.0%	1.5%	2.0%
36	1.230	1.8%	0.0%	1.8%	1.8%
37	1.238	1.9%	0.0%	1.9%	1.9%
38	1.246	1.7%	0.0%	1.7%	1.9%
39	1.262	1.7%	0.0%	1.7%	1.7%
40	1.278	1.7%	0.0%	1.7%	1.4%
41	1.302	1.5%	0.0%	1.5%	1.8%
42	1.325	1.9%	0.0%	1.9%	2.0%
43	1.357	1.7%	0.0%	1.7%	1.8%
44	1.397	1.7%	0.0%	1.7%	1.8%
45	1.444	1.7%	0.0%	1.7%	1.6%
46	1.500	1.6%	0.0%	1.6%	1.6%
47	1.563	1.6%	0.0%	1.6%	1.7%
48	1.635	1.6%	0.0%	1.6%	1.5%
49	1.706	1.5%	0.0%	1.5%	1.6%
50	1.786	1.6%	0.0%	1.6%	1.7%
51	1.865	1.7%	0.0%	1.7%	1.5%
52	1.952	1.4%	0.0%	1.4%	2.0%
53	2.040	1.9%	0.0%	1.9%	2.2%
54	2.135	2.1%	0.0%	2.1%	2.0%
55	2.230	1.9%	0.0%	1.9%	1.9%
56	2.333	2.0%	0.0%	2.0%	2.0%
57	2.437	1.8%	0.0%	1.8%	2.0%
58	2.548	2.3%	0.0%	2.3%	1.8%
59	2.603	2.3%	0.0%	2.3%	2.3%
60	2.714	2.5%	0.0%	2.5%	2.4%
61	2.810	2.9%	0.0%	2.9%	2.8%
62	2.873	3.3%	0.0%	3.3%	2.8%
63	2.952	3.8%	0.0%	3.8%	3.2%
64+	3.000	5.3%	0.0%	5.3%	4.7%
Total Percent of Members		100.0%	0.0%	100.0%	100.0%
Age Curve Factor				1.6579	1.6265
Age Curve Factor, No Dependent Limit				1.6634	1.6305
3-Child Limit Factor				1.0033	1.0025
Tobacco Surcharge		1.0000	1.0000		

Nearest whole age corresponding to the calibration factor:48

Age Factor assuming all members are charged a premium:1.6634

Family Rating Adjustment for three child dependent limit:0.9967

Tobacco Factor1.0000

Overall Average Age40

Average Age of Individuals 0-147

Average Age of Individuals 65+70

Distribution of Individuals age 644.01%

Distribution of Individuals age 65+1.17%

EXHIBIT C2: GEOGRAPHIC FACTORS  
Regence BlueCross BlueShield of Oregon - Individual

Rating Area	Geographic Factor	March 2025 Membership	Distribution	Prior Year Distribution
3	1.000	10,029	100.0%	100.0%
Average Geographic Factor Projected	1.0000			
Average Geographic Factor Experience	1.0000			

Geographic Factor Analysis

Unit cost differences were analyzed using allowed claims experience data, including Washington experience from affiliated companies. The cost per relative value unit (RVU) was calculated for each rating area and normalized such that the factor for rating area 1 is 1.0. See table below for detailed calculation. Comparing costs per RVU allow a direct comparison of unit costs across services and procedures by normalizing to a standard unit of measure. The following health-status related factors were not used to establish a rating factor for a geographic rating area:

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

	A	B	C	D	E	F	G	H	I
	Current Allowed/RVU	Prior Year Final Area		Adjusted Prior Year Final		2026 Provider	Preliminary		Final
Area	Relativities	factors	March 2025 Membership	Area factors	% Change, capped	Contracting Impacts	Factor	Area Factor	Factor
Rate Area 1	0.965	0.965	64,074	0.965	0.0%	0.3%	0.967	0.968	
Rate Area 2	1.080	1.095	9,313	1.095	-1.4%	-0.1%	1.079	1.080	
Rate Area 3	1.048	1.042	15,988	1.042	0.6%	-0.9%	1.038	1.040	1.000
Rate Area 4	0.952	0.964	3,461	0.964	-1.2%	0.2%	0.954	0.956	
Rate Area 5	1.004	1.008	19,557	1.008	-0.4%	-0.1%	1.003	1.004	
Rate Area 6	1.009	1.009	3,521	1.009	0.0%	0.1%	1.011	1.012	
Rate Area 7	1.327	1.090	1,069	1.090	2.0%	0.2%	1.114	1.095	
Rate Area 8	1.019	1.022	23,270	1.022	-0.3%	0.1%	1.020	1.021	
Rate Area 9	1.038	1.094	620	1.094	-2.0%	0.2%	1.074	1.075	

A: Current Allowed/RVU Relativities - represent the ratio of 2024 Allowed Claims \$/Relative Value Unit (RVU) for each area compared to the entire state. The relativities include minor adjustments to account for estimated changes to unit cost from 2024 to 2025, by area. Both Individual and Small Group data is included in the relativity calculation.

B: 2025 final area factors.

C: March 2025 membership, includes all Cambia WA Individual and Small Group membership.

D: 2025 final area factors are scaled to March 2025 membership distribution.

E: % Change, capped - Cap the year over year relativity change at +/- 2% to minimize rate impacts.

F: 2026 Provider Contracting Impacts - reflects the estimated change in unit cost by area, from 2025 to 2026

G: Preliminary Factor - Applies the capped % change and 2026 provider contracting impacts to the prior relativities.

H: Area Factor - Rescales preliminary factor based on current enrollment such that composite is 1.0

I: Final Factor - Normalizes Area factor by setting the most populated rating area within the service area to a 1.0

Rating Area	2024 Geographic Factor	2025 Geographic Factor	2026 Geographic Factor	2024 to 2025 Change	2025 to 2026 Change
3	1.000	1.000	1.000	0.0%	0.0%

\*Adjusted preliminary factor to limit the difference in rating area factors to meet the 1.15 ratio specified in WAC 284-43-6681

EXHIBIT C3: DEMOGRAPHIC FACTOR COMPARISON  
Regence BlueCross BlueShield of Oregon - Individual

Description	2023	2024	2025	2026
Age Curve Factor	1.6298	1.6538	1.6265	1.6579
Geographic Factor	1.0000	1.0000	1.0000	1.0000
3-Child Limit Factor	1.0047	1.0033	1.0025	1.0033
Tobacco Factor	1.0042	1.0038	1.0039	1.0000

\*Calibration factors entered into the URRT are the inverse of those used for rate development

Description	Calibration Factors*
Age Curve Calibration Factor	0.6032
Geographic Calibration Factor	1.0000
3-Child Limit Calibration Factor	0.9967
Tobacco Calibration Factor	1.0000

EXHIBIT C4: NETWORK FACTOR CHANGE  
Regence BlueCross BlueShield of Oregon - Individual

Network	2024 Network Factor	2024 Enrollment Distribution	2026 Network Factor	2026 Enrollment Distribution
Individual and Family Network	0.984	33.7%		
Individual Connect			0.965	32.0%
Legacy	0.891	66.3%	0.863	68.0%
Average Network Factor		0.9222		0.8959

EXHIBIT D1: 2026 AVERAGE CHANGE IN PLAN BASE RATES  
Regence BlueCross BlueShield of Oregon - Individual

2025 Plan ID	2025 Plan Name	2026 Plan ID	March 2025 Membership	Renewal or Mapped Plan	2025 AV Pricing Value	2026 AV Pricing Value	2025 Plan Base Rate	2026 Plan Base Rate	Experience Impact (Other than Demographic Changes)	Benefit Rate Change	Cost Share Rate Change	Plan Base Rate Change	Average Change in Area Factor	Average Change in Age Factor	Average Rate Change to Renewal or Mapped Plan
71281WA1350020	Gold 2000 Individual and Family Network	71281WA1350020	377	Renewal	0.8851	0.8810	\$560.72	\$611.46	9.55%	0.00%	-0.46%	9.05%	0.00%	0.00%	9.05%
71281WA1350022	Silver 5000 Individual and Family Network	71281WA1350022	509	Renewal	0.7180	0.7120	\$450.68	\$494.16	10.57%	0.00%	-0.83%	9.65%	0.00%	0.00%	9.65%
71281WA1350023	Bronze HSA 7250 Individual and Family Network	71281WA1350023	288	Renewal	0.6368	0.6260	\$394.85	\$434.48	11.93%	0.00%	-1.69%	10.04%	0.00%	0.00%	10.04%
71281WA1350025	Bronze Essential 8700 Individual and Family Network	71281WA1350025	449	Renewal	0.6157	0.6000	\$382.71	\$416.43	11.66%	0.00%	-2.55%	8.81%	0.00%	0.00%	8.81%
71281WA1350027	Bronze 8000 Individual and Family Network	71281WA1350027	40	Renewal	0.6390	0.6270	\$397.28	\$435.17	11.64%	0.00%	-1.88%	9.54%	0.00%	0.00%	9.54%
71281WA1360013	Regence Cascade Gold Individuat and Family Network	71281WA1360013	330	Renewal	0.9429	0.9250	\$633.54	\$642.00	3.30%	0.00%	-1.90%	1.34%	0.00%	0.00%	1.34%
71281WA1360014	Regence Cascade Silver Individual and Family Network	71281WA1360014	381	Renewal	1.0621	1.0719	\$503.68	\$743.95	46.35%	0.00%	0.92%	47.70%	0.00%	0.00%	47.70%
71281WA1360015	Regence Cascade Bronze Individual and Family Network	71281WA1360015	334	Renewal	0.6408	0.6360	\$400.51	\$441.42	11.04%	0.00%	-0.75%	10.21%	0.00%	0.00%	10.21%
71281WA1360018	Bronze HSA 7000 Individual and Family Network	71281WA1360018	115	Renewal	0.6351	0.6310	\$398.90	\$437.95	10.51%	0.00%	-0.65%	9.79%	0.00%	0.00%	9.79%
71281WA1360003	Bronze Essential 8500 Legacy Network	71281WA1360003	988	Renewal	0.5762	0.5357	\$321.71	\$371.80	24.30%	0.00%	-7.02%	15.57%	0.00%	0.00%	15.57%
71281WA1360005	Regence Cascade Gold Legacy Network	71281WA1360005	443	Renewal	0.8803	0.8177	\$530.30	\$567.52	15.22%	0.00%	-7.12%	7.02%	0.00%	0.00%	7.02%
71281WA1360006	Regence Cascade Silver Legacy Network	71281WA1360006	2,157	Renewal	0.9917	0.9476	\$421.63	\$657.68	63.25%	0.00%	-4.45%	55.99%	0.00%	0.00%	55.99%
71281WA1360007	Regence Cascade Bronze Legacy Network	71281WA1360007	1,012	Renewal	0.5983	0.5622	\$335.22	\$390.19	-14.22%	0.00%	-6.03%	16.40%	0.00%	0.00%	16.40%
71281WA1360006	Regence Cascade Silver Legacy Network	71281WA1360020	2,215	Mapped	0.7661	0.7426	\$421.63	\$515.40	-14.22%	0.00%	-3.06%	22.24%	0.00%	0.00%	22.24%
71281WA1360014	Regence Cascade Silver Individual and Family Network	71281WA1360019	391	Mapped	0.8665	0.8400	\$503.68	\$583.00	-15.00%	0.00%	-3.05%	15.75%	0.00%	0.00%	15.75%

Total Enrollment10,029

24.93%

Due to underlying calculations being performed with additional precision, there may be small rounding differences.

EXHIBIT D2: TERMINATED PLAN MAPPING  
Regence BlueCross BlueShield of Oregon - Individual

		TERMINATED PLAN				MAPPED PLAN	
2024 Offered	2025 Offered	Plan ID	Plan Name	Year	2025 Plan ID	2026 Plan ID	2026 Plan Name

\*There were no mapped plans between 2024 and 2026

EXHIBIT E1: DEVELOPMENT OF 2026 INDEX RATE  
Regence BlueCross BlueShield of Oregon - Individual

Experience Period: 1/1/2024 - 12/31/2024 Projection Period: 1/1/2026 - 12/31/2026	Experience - Total	Experience
	Regence BlueCross BlueShield of Oregon	Regence BlueCross BlueShield of Oregon
	Individual	Individual
	Total	ACA Experience

URRT, Section I: Experience Period Data	Total	PMPM	Total	PMPM
Earned Premium	\$61,965,509	\$588.69	\$61,965,509.40	\$588.69
MLR Rebates	\$0	\$0.00	\$0	\$0.00
Risk Adjustment Transfers <sup>1</sup>	-\$5,100,000	-\$48.03	-\$5,100,000	-\$48.03
HCRP Receipts	\$0	\$0.00	\$0	\$0.00
Premiums (net of MLR Rebate) in Experience Period	\$56,865,509	\$540.66	\$56,865,509	\$540.66
Incurring Claims Paid through March 2025	\$58,700,344	\$557.67	\$58,700,344	\$557.67
Incurring Claims UCL	\$1,495,745	\$14.21	\$1,495,745	\$14.21
Estimated Incurring Claims	\$60,196,089	\$571.88	\$60,196,089	\$571.88
Pharmacy Rebates	\$4,876,583	\$46.33	\$4,876,583	\$46.33
BlueCard Access Fees	\$0	\$0.00	\$0	\$0.00
Reinsurance	\$0	\$0.00	\$0	\$0.00
Incurred Claims in Experience Period	\$55,319,506	\$525.55	\$55,319,506	\$525.55
Allowed Claims Paid through March 2025	\$70,555,778	\$670.30	\$70,555,778	\$670.30
Allowed Claims UCL	\$1,777,841	\$16.89	\$1,777,841	\$16.89
Estimated Allowed Claims	\$72,333,619	\$687.19	\$72,333,619	\$687.19
Pharmacy Rebates	\$4,876,583	\$46.33	\$4,876,583	\$46.33
BlueCard Access Fees	\$0	\$0.00	\$0	\$0.00
Allowed Claims	\$67,457,037	\$640.86	\$67,457,037	\$640.86
Experience EHB Percent <sup>4</sup>		99.6%		99.6%
Index Rate		\$638.56		\$638.56
Member Months	105,260		105,260	

URRT, Section II: Projections	Factor	PMPM	Factor	PMPM
Experience Period Allowed Claims		\$638.56		\$638.56
Medical / Rx Cost Trend	1.050	1.055	1.050	1.055
Medical / Rx Utilization Trend	1.027	1.038	1.027	1.038
Overall Cost Trend	1.050		1.050	
Overall Utilization Trend	1.031		1.031	
Trended Allowed Claims PMPM		\$748.64		\$748.64
Pop'l risk Morbidity	1.028		1.028	
Demographic Shift	1.017		1.017	
Plan Design Changes	1.045		1.045	
Other	0.941		0.941	
Network		0.976		0.976
Pharmacy Rebates		0.963		0.963
Projected EHB Change		1.001		1.001
Adjusted Trended EHB Allowed Claims PMPM		\$769.16		\$769.16
Weighting	100%		100%	

Factor to Translate Paid Claims Factor to Allowed Claims Factor<sup>2</sup>: 1.15000

Development of Market Adjusted Index Rate	
Index Rate for Projection Period	\$769.16
Reinsurance Program Adjustment <sup>3</sup>	\$0.00
Risk Adjustment <sup>3</sup>	-\$68.00
Marketplace User Fee Adjustment <sup>3</sup>	0.61%
Market Adjusted Index Rate	\$842.27

Due to underlying calculations being performed with additional precision, there may be small rounding differences.

This exhibit (Exhibit E1) demonstrates the development of results appearing in the URRT. Certain development items are prescribed by the URRT instructions.

Exhibits A1 and E1 have similarly labeled items but their values may differ due to methodology differences. Please see the actuarial memorandum for additional details.

<sup>1</sup>Risk adjustment transfer amounts in this exhibit do not reflect net HCRP receipts.

<sup>2</sup>This factor is used to translate claims projection factors from a paid basis (Exhibit A1) to an allowed basis (Exhibit E1). This factor was developed from a historical study using actuarial judgment.

<sup>3</sup>These adjustments have been converted from paid amounts to allowed amounts.

<sup>4</sup>The experience period EHB adjustment is based on the expected proportion of Estimated Incurred Claims without EHB to Estimated Incurred Claims with EHB.

EXHIBIT E2: PLAN ADJUSTED INDEX RATE DEVELOPMENT  
Regence BlueCross BlueShield of Oregon - Individual

					AV PRICING VALUE COMPONENTS				PLAN ADJUSTMENTS TO MARKET ADJUSTED INDEX RATE							
		Projected Member Months	AV Pricing Value <sup>1</sup>	Projected Benefit Factor	Base Product <sup>2</sup>	CSR Load	Network	Benefits in Addition to EHB	Market Adjusted Index Rate	AV and Cost-Sharing Design <sup>3</sup>	Projected CSR Adjustment	EHB Paid To Allowed Factor	Network (Normalized) <sup>4</sup>	Benefits in Addition to EHB <sup>5</sup>	Administrative Costs <sup>6</sup>	Plan Adjusted Index Rate
2026 Plan ID	2026 Plan Name															
71281WA1360013	Regence Cascade Complete Gold Individual Connect Network	3,960	0.9250	0.9250	0.9222	1.0000	1.0000	1.0030	\$842.27	1.0194	1.0000	0.9472	1.0857	1.0030	1.1384	\$1,064.37
71281WA1360005	Regence Cascade Complete Gold Legacy Network	5,316	0.8177	0.9250	0.9222	1.0000	0.8840	1.0030	\$842.27	1.0194	1.0000	0.9472	0.9597	1.0030	1.1384	\$940.89
71281WA1350020	Gold 2000 Individual Connect Network	4,488	0.8810	0.8810	0.8801	1.0000	1.0000	1.0010	\$842.27	0.9729	1.0000	0.9315	1.0857	1.0010	1.1384	\$1,013.74
71281WA1360019	Regence Cascade Vital Gold Individual Connect Network	4,692	0.8400	0.8400	0.8375	1.0000	1.0000	1.0030	\$842.27	0.9258	1.0000	0.9169	1.0857	1.0030	1.1384	\$966.56
71281WA1360020	Regence Cascade Vital Gold Legacy Network	26,580	0.7426	0.8400	0.8375	1.0000	0.8840	1.0030	\$842.27	0.9258	1.0000	0.9169	0.9597	1.0030	1.1384	\$854.48
71281WA1360014	Regence Cascade Silver Individual Connect Network	4,572	1.0719	0.7470	0.7448	1.4350	1.0000	1.0030	\$842.27	1.1813	1.4350	0.9996	1.0857	1.0030	1.1384	\$1,233.39
71281WA1360006	Regence Cascade Silver Legacy Network	25,884	0.9476	0.7470	0.7448	1.4350	0.8840	1.0030	\$842.27	1.1814	1.4350	0.9996	0.9597	1.0030	1.1384	\$1,090.37
71281WA1350022	Silver 5000 Individual Connect Network	6,108	0.7120	0.7120	0.7113	1.0000	1.0000	1.0010	\$842.27	0.7863	1.0000	0.8712	1.0857	1.0010	1.1384	\$819.27
71281WA1350028	Silver 5000 Legacy Network	12	0.6294	0.7120	0.7113	1.0000	0.8840	1.0010	\$842.27	0.7863	1.0000	0.8712	0.9597	1.0010	1.1384	\$724.24
71281WA1360015	Regence Cascade Bronze Individual Connect Network	4,008	0.6360	0.6360	0.6341	1.0000	1.0000	1.0030	\$842.27	0.7009	1.0000	0.8441	1.0857	1.0030	1.1384	\$731.83
71281WA1360007	Regence Cascade Bronze Legacy Network	12,144	0.5622	0.6360	0.6341	1.0000	0.8840	1.0030	\$842.27	0.7009	1.0000	0.8441	0.9597	1.0030	1.1384	\$646.90
71281WA1350027	Bronze 8000 Individual Connect Network	480	0.6270	0.6270	0.6264	1.0000	1.0000	1.0010	\$842.27	0.6924	1.0000	0.8409	1.0857	1.0010	1.1384	\$721.47
71281WA1350029	Bronze 8000 Legacy Network	12	0.5543	0.6270	0.6264	1.0000	0.8840	1.0010	\$842.27	0.6924	1.0000	0.8409	0.9597	1.0010	1.1384	\$637.81
71281WA1360018	Bronze HSA 7000 Individual Connect Network	1,380	0.6310	0.6310	0.6291	1.0000	1.0000	1.0030	\$842.27	0.6954	1.0000	0.8423	1.0857	1.0030	1.1384	\$726.08
71281WA1350023	Bronze HSA 7750 Individual Connect Network	3,456	0.6260	0.6260	0.6254	1.0000	1.0000	1.0010	\$842.27	0.6913	1.0000	0.8405	1.0857	1.0010	1.1384	\$720.32
71281WA1350025	Bronze Essential 9000 Individual Connect Network	5,388	0.6000	0.6000	0.5994	1.0000	1.0000	1.0010	\$842.27	0.6626	1.0000	0.8313	1.0857	1.0010	1.1384	\$690.40
71281WA1350030	Bronze Essential 9000 Legacy Network	12	0.5304	0.6000	0.5994	1.0000	0.8840	1.0010	\$842.27	0.6626	1.0000	0.8313	0.9597	1.0010	1.1384	\$610.31
71281WA1360003	Bronze Essential 8500 Legacy Network	11,856	0.5357	0.6060	0.6042	1.0000	0.8840	1.0030	\$842.27	0.6679	1.0000	0.8334	0.9597	1.0030	1.1384	\$616.41
Total / Average		120,348	0.7623	0.7474	0.7454	1.1101	0.9211	1.0027	\$842.27	0.9146	1.1101	0.9132	1.0000	1.0027	1.1384	\$877.11

Due to underlying calculations being performed with additional precision, there may be small rounding differences.

<sup>1</sup>The AV Pricing Value is the plan factor that is multiplied by the 2024 Base Rate, age factor and geographic factor to arrive at a member rate.

<sup>2</sup>The Base Product factor is the pricing value based on benefit design only, before CSR Load, Network adjustments and non-EHB benefits.

<sup>3</sup>AV and Cost-Sharing Design factors represent an adjustment from the Market Adjusted Index Rate to the expected incurred claims PMPM for each plan, are based on AV and Cost-Sharing Design, and exclude adjustment for Network and Benefits in Addition to EHB.

<sup>4</sup>Network factors represent the projected cost relativities between networks.

<sup>5</sup>Benefits in addition to EHB factors are applied to the Market Adjusted Index rate (which excludes non-EHBs).

<sup>6</sup>Administrative Costs calculated using percentages from Exhibit A1: 1/[1-(Total Retention % - Marketplace Fee % - Federal HCRP Charge %)].

Due to the expectation that CSR payments will not be made for 2024, the AV Pricing Value is adjusted for on-exchange silver plans



EXHIBIT E3: PLAN ADJUSTED INDEX RATE TO BASE RATE MAPPING

Regence BlueCross BlueShield of Oregon - Individual

		(A)	(B)	(C)	(D)	(A) / [ (B) * (C) * (D) ]									
2026 Plan ID	2026 Plan Name	Plan Adjusted Index Rate <sup>1</sup>	Age Curve Factor	Geographic Factor	Tobacco Factor	2026 Plan Base Rate	Calibrated Plan Adjusted Index Rate	Difference in Rate	Projected Member Months	Allowed Claims for URRT Section IV	Incurred Claims for URRT Section IV	Member Cost Sharing for URRT Section IV	Risk Adjustment Transfer Amount for URRT Section IV	Premium for URRT Section IV	Retention for URRT Section IV
71281WA1360013	Regence Cascade Complete Gold Individual Connect Network	\$1,064.37	1.6579	1.0000	1.0000	\$642.00	\$642.03	-\$0.03	3,960	\$3,175,404	\$2,892,670	\$282,734	\$290,655	\$4,214,905	\$529,188
71281WA1360005	Regence Cascade Complete Gold Legacy Network	\$940.89	1.6579	1.0000	1.0000	\$567.52	\$567.54	-\$0.02	5,316	\$4,262,739	\$3,883,190	\$379,549	\$390,183	\$5,001,771	\$630,607
71281WA1350020	Gold 2000 Individual Connect Network	\$1,013.74	1.6579	1.0000	1.0000	\$611.46	\$611.49	-\$0.03	4,488	\$3,591,615	\$3,224,049	\$367,566	\$329,409	\$4,549,665	\$572,127
71281WA1360019	Regence Cascade Vital Gold Individual Connect Network	\$966.56	1.6579	1.0000	1.0000	\$583.00	\$583.03	-\$0.03	4,692	\$3,762,372	\$3,317,689	\$444,683	\$344,383	\$4,535,100	\$571,225
71281WA1360020	Regence Cascade Vital Gold Legacy Network	\$854.48	1.6579	1.0000	1.0000	\$515.40	\$515.42	-\$0.02	26,580	\$21,313,694	\$18,794,582	\$2,519,112	\$1,950,914	\$22,712,078	\$2,873,865
71281WA1360014	Regence Cascade Silver Individual Connect Network	\$1,233.39	1.6579	1.0000	1.0000	\$743.95	\$743.98	-\$0.03	4,572	\$3,496,419	\$3,524,490	-\$28,071	-\$552,840	\$5,639,059	\$704,900
71281WA1360006	Regence Cascade Silver Legacy Network	\$1,090.37	1.6579	1.0000	1.0000	\$657.68	\$657.71	-\$0.03	25,884	\$19,794,686	\$19,953,608	-\$158,922	-\$3,129,858	\$28,223,137	\$3,540,764
71281WA1350022	Silver 5000 Individual Connect Network	\$819.27	1.6579	1.0000	1.0000	\$494.16	\$494.18	-\$0.02	6,108	\$4,661,755	\$4,103,914	\$557,841	-\$738,571	\$5,004,101	\$634,264
71281WA1350028	Silver 5000 Legacy Network	\$724.24	1.6579	1.0000	1.0000	\$436.84	\$436.86	-\$0.02	12	\$9,159	\$8,063	\$1,096	-\$1,451	\$8,691	\$1,107
71281WA1360015	Regence Cascade Bronze Individual Connect Network	\$731.83	1.6579	1.0000	1.0000	\$441.42	\$441.44	-\$0.02	4,008	\$2,975,827	\$2,609,166	\$366,661	-\$657,514	\$2,933,175	\$373,599
71281WA1360007	Regence Cascade Bronze Legacy Network	\$646.90	1.6579	1.0000	1.0000	\$390.19	\$390.21	-\$0.02	12,144	\$9,016,578	\$7,905,617	\$1,110,961	-\$1,992,227	\$7,855,954	\$1,006,618
71281WA1350027	Bronze 8000 Individual Connect Network	\$721.47	1.6579	1.0000	1.0000	\$435.17	\$435.19	-\$0.02	480	\$355,676	\$311,287	\$44,389	-\$78,744	\$346,306	\$44,138
71281WA1350029	Bronze 8000 Legacy Network	\$637.81	1.6579	1.0000	1.0000	\$384.71	\$384.73	-\$0.02	12	\$8,892	\$7,782	\$1,110	-\$1,969	\$7,654	\$981
71281WA1360018	Bronze HSA 7000 Individual Connect Network	\$726.08	1.6579	1.0000	1.0000	\$437.95	\$437.97	-\$0.02	1,380	\$1,024,611	\$896,468	\$128,143	-\$226,389	\$1,001,990	\$127,670
71281WA1350023	Bronze HSA 7750 Individual Connect Network	\$720.32	1.6579	1.0000	1.0000	\$434.48	\$434.50	-\$0.02	3,456	\$2,560,866	\$2,240,315	\$320,551	-\$566,958	\$2,489,426	\$317,310
71281WA1350025	Bronze Essential 9000 Individual Connect Network	\$690.40	1.6579	1.0000	1.0000	\$416.43	\$416.45	-\$0.02	5,388	\$3,992,461	\$3,454,186	\$538,275	-\$883,903	\$3,719,875	\$475,101
71281WA1350030	Bronze Essential 9000 Legacy Network	\$610.31	1.6579	1.0000	1.0000	\$368.12	\$368.14	-\$0.02	12	\$8,892	\$7,693	\$1,199	-\$1,969	\$7,324	\$941
71281WA1360003	Bronze Essential 8500 Legacy Network	\$616.41	1.6579	1.0000	1.0000	\$371.80	\$371.82	-\$0.02	11,856	\$8,802,746	\$7,620,311	\$1,182,435	-\$1,944,980	\$7,308,157	\$938,807
Total										\$92,814,393	\$84,756,330	\$8,058,062	-\$7,471,828	\$105,558,187	\$11,482,402
Total (PMPM)										\$771.22	\$704.26	\$66.96	-\$62.09	\$877.11	\$95.41

Index Rate for Projection Period: \$ 769.16

Metal	Induced Demand Factor <sup>2</sup>
Bronze	0.96
Silver	0.99
Gold	1.04
Platinum	0.00

Due to underlying calculations being performed with additional precision, there may be small rounding differences.

<sup>1</sup>The Plan Adjusted Index Rate is equivalent to the Projected Premium PMPM the URRT Section IV

<sup>2</sup>The Induced Demand Factors are the prescribed metal-based factors utilized in the Risk Adjustment modeling process, normalized to an average of 1.0 using the average induced demand factor for projected membership

**EXHIBIT E4: PLAN VARIATION FROM MARKET ADJUSTED INDEX RATE FOR RENEWAL PLANS**

**APPENDIX**

**Regence BlueCross BlueShield of Oregon - Individual**

2026 Plan ID	2026 Plan Name	ADJUSTMENTS FROM 2025 MARKET ADJUSTED INDEX RATE				ADJUSTMENTS FROM 2026 MARKET ADJUSTED INDEX RATE			
		AV and Cost-Sharing Design	Network (Normalized)	Benefits in Addition to EHB	Administrative Costs	AV and Cost-Sharing Design	Network (Normalized)	Benefits in Addition to EHB	Administrative Costs
71281WA1350020	Gold 2000 Individual Connect Network	0.9621	1.1244	1.0020	1.1532	0.9729	1.0857	1.0010	1.1384
71281WA1350022	Silver 5000 Individual Connect Network	0.7733	1.1244	1.0020	1.1532	0.7863	1.0857	1.0010	1.1384
71281WA1350023	Bronze HSA 7750 Individual Connect Network	0.6775	1.1244	1.0020	1.1532	0.6913	1.0857	1.0010	1.1384
71281WA1350025	Bronze Essential 9000 Individual Connect Network	0.6566	1.1244	1.0020	1.1532	0.6626	1.0857	1.0010	1.1384
71281WA1350027	Bronze 8000 Individual Connect Network	0.6816	1.1244	1.0020	1.1532	0.6924	1.0857	1.0010	1.1384
71281WA1360013	Regence Cascade Complete Gold Individual Connect	1.0848	1.1244	1.0040	1.1532	1.0194	1.0857	1.0030	1.1384
71281WA1360014	Regence Cascade Silver Individual Connect Network	0.8625	1.1244	1.0040	1.1532	1.1813	1.0857	1.0030	1.1384
71281WA1360015	Regence Cascade Bronze Individual Connect Network	0.6858	1.1244	1.0040	1.1532	0.7009	1.0857	1.0030	1.1384
71281WA1360018	Bronze HSA 7000 Individual Connect Network	0.6830	1.1244	1.0040	1.1532	0.6954	1.0857	1.0030	1.1384
71281WA1360003	Bronze Essential 8500 Legacy Network	0.6582	0.9411	1.0040	1.1532	0.6679	0.9597	1.0030	1.1384
71281WA1360005	Regence Cascade Complete Gold Legacy Network	1.0849	0.9411	1.0040	1.1532	1.0194	0.9597	1.0030	1.1384
71281WA1360006	Regence Cascade Silver Legacy Network	0.8626	0.9411	1.0040	1.1532	1.1814	0.9597	1.0030	1.1384
71281WA1360007	Regence Cascade Bronze Legacy Network	0.6858	0.9411	1.0040	1.1532	0.7009	0.9597	1.0030	1.1384

**EXHIBIT E7: BENEFIT FACTOR EXPERIENCE****Regence BlueCross BlueShield of Oregon - Individual**

<b>2024 Product</b>	<b>2024 Membership</b>	<b>2024 Experience Benefit Factor</b>
Bronze Essential 8500	6,258	0.604
Bronze Essential 8500 Exchange	9,563	0.602
Bronze HSA 7000	3,365	0.636
Cascade Bronze	11,708	0.639
Cascade Gold	6,155	1.020
Cascade Silver	57,264	0.805
Gold 2500	5,503	0.875
Silver 4500	5,444	0.716
<b>Average Benefit Factor</b>		0.762

EXHIBIT F1: CHECKLIST VALUE COMPARISON

Regence BlueCross BlueShield of Oregon - Individual

	URRT Wksh 2	View Rate Review Detail <sup>5</sup>	Part II	UPMJ	WAC 284-43-6660	Part III Appendix: Exhibit A1	2026 Average Change in Plan Base Rates: Exhibit D1	Plan Adjusted Index Rate Development: Exhibit E2
Renewing Plan Rate Change <sup>1</sup>	24.78%	24.93%	24.93%	24.93%	24.93%	24.93%		
Number of Members Affected for this Program:	10,029	10,029	10,000	10,029			10,029	
Current Policyholder Count		6,863						
Projected Enrollment	120,348	120,348						120,348

Financial Data Summary as of March 2025

	URRT Wksh 1	WAC 284-43-6660
2024 Member Months	105,260	105,260
2024 Earned Premium	\$61,965,509.40	\$61,965,509.40
2022 Incurred Claims <sup>2</sup>	\$55,319,506.11	\$55,319,506.11

	View Rate Review Detail <sup>5</sup>	URRT Wksh 2	WAC 284-43-6660	URRT Worksheet 2 3.10 Weighted Average
2025 Average PMPM <sup>3</sup>	\$665.64		\$702.08	
Proposed Community Rate <sup>4</sup>	\$877.20	\$877.11	\$877.11	\$877.11

	View Rate Review Detail <sup>5</sup>	UPMJ Q5	URRT Wksh 2
Minimum Rate Change <sup>6</sup>	1.34%	1.34%	1.34%
Maximum Rate Change <sup>6</sup>	55.99%	55.99%	55.99%

	View Rate Review Detail <sup>5</sup>	2025 Rate Schedule
Minimum Rate PMPM Prior	\$246.11	\$246.11
Maximum Rate PMPM Prior	\$2,185.72	\$2,185.71

Product Name	Product ID	Continuing Membership	New Membership
Regence Direct EPO	71281WA135	1,663	0
Regence Exchange EPO	71281WA136	8,366	0

<sup>1</sup>Note that the submission level increase in the URRT, Worksheet 2 is premium-weighted and differs slightly from the member-weighted average increase in the UPMJ and Part II.

<sup>2</sup>Note that the 2024 incurred claims amount as displayed in URRT, Worksheet 1 deducts HCRP receivable amounts from claims experience, while the amount displayed in the WAC 284-43-6660 summary does not. Thus, some discrepancy between the two values is expected.

<sup>3</sup>Requested rate less requested rate change

<sup>4</sup>Rates may not match exactly due to rounding and truncation of variables in the URRT

<sup>5</sup>Rate Review Detail values may correspond to initially filed rates, and therefore may not match other exhibits due to rate updates

<sup>6</sup>Note that Average Rate Changes in the Rate Review Detail and UPMJ are calculated on a plan-level by considering average changes to plan factors between the experience period and the filing period for each 2026 plan. The URRT, Worksheet 2 values calculate the average rate change for each 2026 plan including all membership mapped to that plan. Thus, there may be instances in which minimum and maximum rate changes vary considerably between URRT, Worksheet 2 and other exhibits.

**EXHIBIT F3: Medical and Drug Trend Assumptions**  
**Regence BlueCross BlueShield of Oregon - Individual**

Trend Component	Trend Assumptions by Major Type of Service		Total <sup>1</sup>
	Medical	Prescription Drugs	
Unit Cost	5.0%	5.5%	5.0%
Utilization	1.8%	2.8%	2.1%
Mix/Intensity	0.9%	1.9%	1.2%
Leverage	2.0%	1.4%	1.9%
Total	9.7%	11.6%	10.2%

<sup>1</sup>Total trends calculated by taking the average of medical and prescription drug trends, weighted by their claims distribution.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	Unified Rate Review v6.1																			
2																				
3	Company Legal Name:		Regence BlueCross BlueShield of Oregon																	
4	HIOS Issuer ID:		71281	State:		WA														
5	Effective Date of Rate Change(s):		1/1/2026		Market:		Individual													
6																				
7																				
8	Market Level Calculations (Same for all Plans)																			
9																				
10																				
11	Section I: Experience Period Data																			
12	Experience Period:		1/1/2024		to		12/31/2024													
13					Total		PMPM													
14	Allowed Claims			\$67,457,036.71			\$640.86													
15	Reinsurance			\$0.00			\$0.00													
16	Incurred Claims in Experience Period			\$55,319,506.11			\$525.55													
17	Risk Adjustment			-\$5,320,315.83			-\$50.54													
18	Experience Period Premium			\$61,965,509.40			\$588.69													
19	Experience Period Member Months			105,260																
20																				
21	Section II: Projections																			
22	Benefit Category		Experience Period Index Rate PMPM		Year 1 Trend				Year 2 Trend				Trended EHB Allowed Claims PMPM							
Cost					Utilization		Cost		Utilization											
23																				
24	Inpatient Hospital		\$77.13		1.050		1.027		1.050		1.027		\$89.76							
25	Outpatient Hospital		\$156.47		1.050		1.027		1.050		1.027		\$182.10							
26	Professional		\$231.46		1.050		1.027		1.050		1.027		\$269.37							
27	Other Medical		\$20.95		1.050		1.027		1.050		1.027		\$24.38							
28	Capitation		\$0.00		1.050		1.027		1.050		1.027		\$0.00							
29	Prescription Drug		\$152.55		1.055		1.038		1.055		1.038		\$183.03							
30	Total		\$638.56										\$748.64							
31																				
32	Morbidity Adjustment								1.028											
33	Demographic Shift								1.017											
34	Plan Design Changes								1.045											
35	Other								0.941											
36	Adjusted Trended EHB Allowed Claims PMPM for				1/1/2026				\$769.16											
37																				
38	Manual EHB Allowed Claims PMPM								\$0.00											
39	Applied Credibility %								100.00%											
40																				
41	Projected Period Totals																			
42	Projected Index Rate for				1/1/2026				\$769.16				\$92,566,867.68							
43	Reinsurance								\$0.00				\$0.00							
44	Risk Adjustment Payment/Charge								-\$68.00				-\$8,183,888.09							
45	Exchange User Fees								0.61%				\$614,910.92							
46	Market Adjusted Index Rate								\$842.27				\$101,365,666.69							
47																				
48	Projected Member Months								120,348											
49																				
50	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																			
51	prosecution to the full extent of the law.																			

## Product-Plan Data Collection

Company Legal Name:	Regence BlueCross BlueShield of Oregon		
HIOS Issuer ID:	71281	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
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1.1 Product Name	Regence Direct EPO									Regence Exchange EPO								
1.2 Product ID	71281WA135									71281WA136								
1.3 Plan Name	Gold 2000	Silver 5000	Bronze HSA 7750	Bronze Essential	Bronze 8000	Silver 5000 Legacy	Bronze 8000	Bronze Essential	Bronze Essential	Regence Cascade	Regence Cascade	Regence Cascade	Regence Cascade	Regence Cascade	Regence Cascade	Bronze HSA 7000	Regence Cascade	Regence Cascade
1.4 Plan ID (Standard Component ID)	71281WA1350020	71281WA1350022	71281WA1350023	71281WA1350025	71281WA1350027	71281WA1350028	71281WA1350029	71281WA1350030	71281WA1360003	71281WA1360005	71281WA1360006	71281WA1360007	71281WA1360013	71281WA1360014	71281WA1360015	71281WA1360018	71281WA1360019	71281WA1360020
1.5 Metal	Gold	Silver	Bronze	Bronze	Bronze	Silver	Bronze	Bronze	Bronze	Gold	Silver	Bronze	Gold	Silver	Bronze	Bronze	Gold	Gold
1.6 AV Metal Value	0.786	0.700	0.626	0.626	0.644	0.700	0.644	0.626	0.622	0.818	0.718	0.650	0.818	0.718	0.650	0.628	0.781	0.781
1.7 Plan Category	Renewing	Renewing	Renewing	Renewing	Renewing	New	New	New	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	New	New
1.8 Plan Type	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
1.9 Exchange Plan?	No	No	No	No	No	No	No	No	Yes	Yes	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	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026
1.11 Cumulative Rate Change % (over 12 mos prior)	9.05%	9.65%	10.04%	8.81%	9.54%	0.00%	0.00%	0.00%	15.57%	7.02%	38.89%	16.40%	1.34%	31.52%	10.21%	9.79%	0.00%	0.00%
1.12 Product Rate Increase %	9.34%									27.92%								
1.13 Submission Level Rate Increase %										24.79%								

Worksheet 1 Totals		Section II: Experience Period and Current Plan Level Information																			
2.1 Plan ID (Standard Component ID)		Total	71281WA1350020	71281WA1350022	71281WA1350023	71281WA1350025	71281WA1350027	71281WA1350028	71281WA1350029	71281WA1350030	71281WA1360003	71281WA1360005	71281WA1360006	71281WA1360007	71281WA1360013	71281WA1360014	71281WA1360015	71281WA1360018	71281WA1360019	71281WA1360020	
\$67,457,037	2.2 Allowed Claims	\$67,457,037	\$7,331,819	\$7,346,852	\$2,116,479	\$4,071,968	\$0	\$0	\$0	\$0	\$4,383,775	\$2,964,237	\$22,077,998	\$3,137,472	\$6,594,275	\$8,624,559	\$2,407,602	\$0	\$0	\$0	
\$0	2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
\$55,319,506	2.4 Member Cost Sharing	\$12,137,531	\$1,360,723	\$1,023,505	\$602,213	\$1,041,183	\$0	\$0	\$0	\$1,061,327	\$385,576	\$3,355,532	\$980,253	\$620,799	\$1,269,796	\$436,625	\$0	\$0	\$0	\$0	
	2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	2.6 Incurred Claims	\$55,319,506	\$5,971,096	\$2,723,347	\$1,514,266	\$3,300,786	\$0	\$0	\$0	\$3,322,448	\$2,578,661	\$18,722,466	\$2,157,220	\$5,973,476	\$7,354,763	\$1,970,977	\$0	\$0	\$0	\$0	
-\$5,320,316	2.7 Risk Adjustment Transfer Amount	-\$5,320,316	\$2,777,695	-\$641,354	-\$415,775	-\$773,231	\$0	\$0	\$0	\$0	-\$1,181,593	\$1,687,918	-\$5,707,859	-\$1,045,307	\$1,418,881	-\$1,038,371	-\$401,319	\$0	\$0	\$0	
\$61,965,509	2.8 Premium	\$61,965,509	\$3,824,021	\$3,150,606	\$1,830,195	\$3,096,049	\$0	\$0	\$0	\$4,551,270	\$2,302,207	\$28,403,032	\$4,068,341	\$2,331,516	\$6,489,235	\$1,919,037	\$0	\$0	\$0	\$0	
105,260	2.9 Experience Period Member Months	105,260	5,503	5,444	3,365	6,258	0	0	0	9,563	3,344	48,450	8,460	2,811	8,814	3,248	0	0	0	0	
	2.10 Current Enrollment	10,029	377	509	288	449	40	0	0	988	443	4,372	1,012	230	772	334	0	0	0	0	
	2.11 Current Premium PMPM	\$701.81	\$890.638	\$693.560	\$664.47	\$627.30	\$613.71	\$0.00	\$0.00	\$0.00	\$583.66	\$783.35	\$683.60	\$595.61	\$968.60	\$912.87	\$696.51	\$683.43	\$0.00	\$0.00	
	2.12 Loss Ratio	97.66%	90.45%	108.53%	107.06%	130.48%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	98.60%	64.63%	82.50%	71.36%	159.28%	134.93%	129.86%	#DIV/0!	#DIV/0!	#DIV/0!	
Per Member Per Month																					
	2.13 Allowed Claims	\$640.86	\$1,332.33	\$688.25	\$628.97	\$650.68	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$458.41	\$886.43	\$455.69	\$370.86	\$2,345.88	\$978.51	\$741.26	#DIV/0!	#DIV/0!	#DIV/0!	
	2.14 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	
	2.15 Member Cost Sharing	\$115.31	\$247.27	\$188.01	\$178.96	\$166.38	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$110.98	\$115.30	\$69.26	\$115.87	\$220.85	\$144.07	\$134.43	#DIV/0!	#DIV/0!	#DIV/0!	
	2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	
	2.17 Incurred Claims	\$525.55	\$1,085.06	\$500.25	\$450.00	\$484.31	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$347.43	\$771.13	\$386.43	\$254.99	\$2,125.04	\$834.44	\$606.83	#DIV/0!	#DIV/0!	#DIV/0!	
	2.18 Risk Adjustment Transfer Amount	-\$50.54	\$504.76	-\$117.81	-\$123.56	-\$123.56	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	-\$123.56	\$504.76	-\$117.81	-\$123.56	\$504.76	-\$117.81	-\$123.56	#DIV/0!	#DIV/0!	#DIV/0!	
	2.19 Premium	\$588.69	\$694.90	\$578.73	\$543.89	\$494.73	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$475.92	\$688.46	\$586.23	\$480.89	\$829.43	\$736.24	\$590.84	#DIV/0!	#DIV/0!	#DIV/0!	

### Section III: Plan Adjustment Factors

3.1 Plan ID (Standard Component ID)	71281WA1350020	71281WA1350022	71281WA1350023	71281WA1350025	71281WA1350027	71281WA1350028	71281WA1350029	71281WA1350030	71281WA1360005	71281WA1360006	71281WA1360007	71281WA1360013	71281WA1360014	71281WA1360015	71281WA1360018	71281WA1360019	71281WA1360020
3.2 Market Adjusted Index Rate									\$842.27								
3.3 AV and Cost Sharing Design of Plan	0.9729	0.7863	0.6913	0.6626	0.6924	0.7863	0.6924	0.6626	0.6679	1.0194	1.1814	0.7009	1.0194	1.1813	0.7009	0.6954	0.9258
3.4 Provider Network Adjustment	1.0857	1.0857	1.0857	1.0857	0.9597	0.9597	0.9597	0.9597	0.9597	0.9597	0.9597	0.9597	1.0857	1.0857	1.0857	1.0857	0.9597
3.5 Benefits in Addition to EHB	1.0010	1.0010	1.0010	1.0010	1.0010	1.0010	1.0010	1.0010	1.0030	1.0030	1.0030	1.0030	1.0030	1.0030	1.0030	1.0030	1.0030
Administrative Costs																	
3.6 Administrative Expense	6.47%	6.47%	6.47%	6.47%	6.47%	6.47%	6.47%	6.47%	6.47%	6.47%	6.47%	6.47%	6.47%	6.47%	6.47%	6.47%	6.47%
3.7 Taxes and Fees	2.18%	2.18%	2.18%	2.18%	2.18%	2.18%	2.18%	2.18%	2.18%	2.18%	2.18%	2.18%	2.18%	2.18%	2.18%	2.18%	2.18%
3.8 Profit & Risk Load	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%
3.9 Catastrophic Adjustment	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate	\$1,013.74	\$819.27	\$720.32	\$690.40	\$721.47	\$724.24	\$637.81	\$610.31	\$616.41	\$940.89	\$1,090.37	\$646.90	\$1,064.37	\$1,233.39	\$731.83	\$726.08	\$854.48

[illegible]

## Section IV: Projected Plan Level Information

4.1 Plan ID (Standard Component ID)	Total	71281WA1350020	71281WA1350022	71281WA1350023	71281WA1350025	71281WA1350027	71281WA1350028	71281WA1350029	71281WA1350030	71281WA1350033	71281WA1350035	71281WA1350037	71281WA1350039	71281WA1350041	71281WA1350043	71281WA1350045	71281WA1350047	71281WA1350049	71281WA1350051	71281WA1350053	71281WA1350055	71281WA1350057	71281WA1350059	71281WA1350061	71281WA1350063	71281WA1350065	71281WA1350067	71281WA1350069	71281WA1350071	71281WA1350073	71281WA1350075	71281WA1350077	71281WA1350079	71281WA1350081	71281WA1350083	71281WA1350085	71281WA1350087	71281WA1350089	71281WA1350091	71281WA1350093	71281WA1350095	71281WA1350097	71281WA1350099	71281WA1350101	71281WA1350103	71281WA1350105	71281WA1350107	71281WA1350109	71281WA1350111	71281WA1350113	71281WA1350115	71281WA1350117	71281WA1350119	71281WA1350121	71281WA1350123	71281WA1350125	71281WA1350127	71281WA1350129	71281WA1350131	71281WA1350133	71281WA1350135	71281WA1350137	71281WA1350139	71281WA1350141	71281WA1350143	71281WA1350145	71281WA1350147	71281WA1350149	71281WA1350151	71281WA1350153	71281WA1350155	71281WA1350157	71281WA1350159	71281WA1350161	71281WA1350163	71281WA1350165	71281WA1350167	71281WA1350169	71281WA1350171	71281WA1350173	71281WA1350175	71281WA1350177	71281WA1350179	71281WA1350181	71281WA1350183	71281WA1350185	71281WA1350187	71281WA1350189	71281WA1350191	71281WA1350193	71281WA1350195	71281WA1350197	71281WA1350199	71281WA1350201	71281WA1350203	71281WA1350205	71281WA1350207	71281WA1350209	71281WA1350211	71281WA1350213	71281WA1350215	71281WA1350217	71281WA1350219	71281WA1350221	71281WA1350223	71281WA1350225	71281WA1350227	71281WA1350229	71281WA1350231	71281WA1350233	71281WA1350235	71281WA1350237	71281WA1350239	71281WA1350241	71281WA1350243	71281WA1350245	71281WA1350247	71281WA1350249	71281WA1350251	71281WA1350253	71281WA1350255	71281WA1350257	71281WA1350259	71281WA1350261	71281WA1350263	71281WA1350265	71281WA1350267	71281WA1350269	71281WA1350271	71281WA1350273	71281WA1350275	71281WA1350277	71281WA1350279	71281WA1350281	71281WA1350283	71281WA1350285	71281WA1350287	71281WA1350289	71281WA1350291	71281WA1350293	71281WA1350295	71281WA1350297	71281WA1350299	71281WA1350301	71281WA1350303	71281WA1350305	71281WA1350307	71281WA1350309	71281WA1350311	71281WA1350313	71281WA1350315	71281WA1350317	71281WA1350319	71281WA1350321	71281WA1350323	71281WA1350325	71281WA1350327	71281WA1350329	71281WA1350331	71281WA1350333	71281WA1350335	71281WA1350337	71281WA1350339	71281WA1350341	71281WA1350343	71281WA1350345	71281WA1350347	71281WA1350349	71281WA1350351	71281WA1350353	71281WA1350355	71281WA1350357	71281WA1350359	71281WA1350361	71281WA1350363	71281WA1350365	71281WA1350367	71281WA1350369	71281WA1350371	71281WA1350373	71281WA1350375	71281WA1350377	71281WA1350379	71281WA1350381	71281WA1350383	71281WA1350385	71281WA1350387	71281WA1350389	71281WA1350391	71281WA1350393	71281WA1350395	71281WA1350397	71281WA1350399	71281WA1350401	71281WA1350403	71281WA1350405	71281WA1350407	71281WA1350409	71281WA1350411	71281WA1350413	71281WA1350415	71281WA1350417	71281WA1350419	71281WA1350421	71281WA1350423	71281WA1350425	71281WA1350427	71281WA1350429	71281WA1350431	71281WA1350433	71281WA1350435	71281WA1350437	71281WA1350439	71281WA1350441	71281WA1350443	71281WA1350445	71281WA1350447	71281WA1350449	71281WA1350451	71281WA1350453	71281WA1350455	71281WA1350457	71281WA1350459	71281WA1350461	71281WA1350463	71281WA1350465	71281WA1350467
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## Rating Area Data Collection

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

Rating Area	Rating Factor
Rating Area 3	1.0000



<b>State:</b>	Washington	<b>Filing Company:</b>	Regence BlueCross BlueShield of Oregon
<b>TOI/Sub-TOI:</b>	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
<b>Product Name:</b>	2026 Nongrandfathered Individual Rate Filing RBCBSO Clark County		
<b>Project Name/Number:</b>	/		

## Supporting Document Schedules

<b>Bypassed - Item:</b>	Written Description Justifying the Rate Increase
<b>Bypass Reason:</b>	Uploaded only to URRT tab per OIC guidance.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Filing Checklist
<b>Comments:</b>	
<b>Attachment(s):</b>	RBCBSO IND Filing Checklist.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Supporting Documentation
<b>Comments:</b>	
<b>Attachment(s):</b>	Benefit Components Duplicate.xlsm RBCBSO IND 1332 Checklist.pdf RBCBSO IND Additional Data Reconciliation.pdf RBCBSO IND AV Screenshots.pdf RBCBSO IND CMS Unique Plan Design Appendix Duplicate.xlsx RBCBSO IND CMS Unique Plan Design Appendix.pdf RBCBSO IND CMS Unique Plan Design Documentation.pdf RBCBSO IND Commission Information and Officer Certification.pdf RBCBSO IND Rate Factors.pdf RBCBSO IND Supp Exhibits Duplicate.xlsx RBCBSO IND Supp Exhibits.pdf RBCBSO IND Uniform Product Modification Justification Duplicate.xlsx RBCBSO IND Uniform Product Modification Justification.pdf RBCBSO IND Part III Appendix Duplicate.xlsx RBCBSO IND MHSUD Certification.pdf RBCBSO IND MHSUD Exhibit Duplicate.xlsm RBCBSO IND MHSUD Exhibit.pdf RBCBSO IND OIC Health Exhibits Duplicate.xlsx RBCBSO IND OIC Health Exhibits.pdf Standard Plan Unique Design and AV Screenshots.pdf WAC 284-43-6660 Duplicate.xlsx WAC 284-43-6660.pdf Benefit Components.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

State:Washington

Filing Company:Regence BlueCross BlueShield of Oregon

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

Product Name:2026 Nongrandfathered Individual Rate Filing RBCBSO Clark County

Project Name/Number:/

Satisfied - Item:	Rating Documents for Extended ARPA Subsidies
Comments:	
Attachment(s):	PartIUnifiedRateReviewTemplateWithARPAExtension.pdf PartIUnifiedRateReviewTemplateWithARPAExtensionDuplicate.xlsm Rate Schedule With ARPA Extension Duplicate.xlsx Rate Schedule With ARPA Extension.pdf SupplementalMemoandCertificationWithARPAExtension.pdf
Item Status:	
Status Date:	

# 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:

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**Carrier:** **Regence BlueCross BlueShield of Oregon**

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>
71281WA1360013	Regence Cascade Complete Gold Individual Connect Network	No	Gold	81.81%
71281WA1360014	Regence Cascade Silver Individual Connect Network	No	Silver	71.84%
71281WA1360015	Regence Cascade Bronze Individual Connect Network	No	Bronze	64.97%
71281WA1360019	Regence Cascade Vital Gold Individual Connect Network	No	Gold	78.06%
71281WA1360005	Regence Cascade Complete Gold Legacy Network	No	Gold	81.81%
71281WA1360006	Regence Cascade Silver Legacy Network	No	Silver	71.84%
71281WA1360007	Regence Cascade Bronze Legacy Network	No	Bronze	64.97%
71281WA1360020	Regence Cascade Vital Gold Legacy Network	No	Gold	78.06%

**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>		
71281WA1350020	Gold 2000 Individual Connect Network	Yes	See Footnote	Yes	IAP: 4 Behavioral Health Sessions
71281WA1350022	Silver 5000 Individual Connect Network	Yes	See Footnote	Yes	IAP: 4 Behavioral Health Sessions
71281WA1350023	Bronze HSA 7750 Individual Connect Network	No	See Footnote	Yes	IAP: 4 Behavioral Health Sessions
71281WA1350025	Bronze Essential 9000 Individual Connect Network	Yes	See Footnote	Yes	IAP: 4 Behavioral Health Sessions
71281WA1350027	Bronze 8000 Individual Connect Network	Yes	See Footnote	Yes	IAP: 4 Behavioral Health Sessions
71281WA1350028	Silver 5000 Legacy Network	Yes	See Footnote	Yes	IAP: 4 Behavioral Health Sessions
71281WA1350029	Bronze 8000 Legacy Network	Yes	See Footnote	Yes	IAP: 4 Behavioral Health Sessions

Washington State OIC 2026 Individual Medical Rate Filing Checklist

HIOS Plan ID	Plan Name	Unique Benefit Design (UBD)		Pediatric Dental Embedded (Yes/No)	Description of Non-Essential Health Benefits (Non-EHBs)
		(Yes/No)	If yes, briefly explain why. If no, "N/A."		
71281WA1350030	Bronze Essential 9000 Legacy Network	Yes	See Footnote	Yes	IAP: 4 Behavioral Health Sessions
71281WA1360013	Regence Cascade Complete Gold Individual Connect Network	No	See Footnote	No	IAP: 4 Behavioral Health Sessions
71281WA1360014	Regence Cascade Silver Individual Connect Network	Yes	See Footnote	No	IAP: 4 Behavioral Health Sessions
71281WA1360015	Regence Cascade Bronze Individual Connect Network	Yes	See Footnote	No	IAP: 4 Behavioral Health Sessions
71281WA1360018	Bronze HSA 7000 Individual Connect Network	No	See Footnote	No	IAP: 4 Behavioral Health Sessions
71281WA1360019	Regence Cascade Vital Gold Individual Connect Network	No	See Footnote	No	IAP: 4 Behavioral Health Sessions
71281WA1360003	Bronze Essential 8500 Legacy Network	Yes	See Footnote	No	IAP: 4 Behavioral Health Sessions
71281WA1360005	Regence Cascade Complete Gold Legacy Network	No	See Footnote	No	IAP: 4 Behavioral Health Sessions
71281WA1360006	Regence Cascade Silver Legacy Network	Yes	See Footnote	No	IAP: 4 Behavioral Health Sessions
71281WA1360007	Regence Cascade Bronze Legacy Network	Yes	See Footnote	No	IAP: 4 Behavioral Health Sessions
71281WA1360020	Regence Cascade Vital Gold Legacy Network	No	See Footnote	No	IAP: 4 Behavioral Health Sessions

***For Cascade plans, please see the "Standard Plan Unique Design and AV Screenshots" document for descriptions of unique benefit designs. For all other plans, see the "RBCBSO IND CMS Unique Plan Design Documentation" document.***

**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

Washington State OIC 2026 Individual Medical Rate Filing Checklist

☒ Yes, and they are listed in the table below. We confirm each of the following:

(a) That the plans' member cost-shares are equivalent to less than 50% coinsurance and

(b) That each plan is either

(1) A High Deductible Health Plan <sup>1</sup> or

(2) Has at least one major service <sup>2</sup>, other than preventive services, covered prior to the deductible.

Note: Only one major service needs to be listed in the table even if multiple major services are covered prior to the deductible.

HIOS Plan ID	Plan Name	High Deductible Health Plan (Yes/No) <sup>1</sup>	Major Service covered prior to the deductible <sup>2</sup>	
			Yes/No	Service
71281WA1350023	Bronze HSA 7750 Individual Connect Network	Yes	No	N/A
71281WA1350025	Bronze Essential 9000 Individual Connect Network	No	Yes	Generic Drugs
71281WA1350027	Bronze 8000 Individual Connect Network	No	Yes	Generic Drugs, Primary Care
71281WA1350029	Bronze 8000 Legacy Network	No	Yes	Generic Drugs, Primary Care
71281WA1350030	Bronze Essential 9000 Legacy Network	No	Yes	Generic Drugs
71281WA1360015	Regence Cascade Bronze Individual Connect Network	No	Yes	Generic Drugs, Primary Care
71281WA1360018	Bronze HSA 7000 Individual Connect Network	Yes	No	N/A
71281WA1360003	Bronze Essential 8500 Legacy Network	No	Yes	Generic Drugs
71281WA1360007	Regence Cascade Bronze Legacy Network	No	Yes	Generic Drugs, Primary Care

<sup>1</sup> The plan meets the requirements to be a high deductible health plan within the meaning of 26 U.S.C.233(c)(2) as established at 45 CFR §156.140(c).

<sup>2</sup> The following are considered major services. The major service covered before the deductible must apply a reasonable cost-sharing rate to the service to ensure that the service is affordably covered (HHS Notice of Benefit and Payment Parameters (NBPP) for 2018).

(i) At least three primary care visits.

(ii) Specialist office visits.

(iii) Inpatient hospital services.

(iv) Emergency room services.

(v) Generic drugs.

(vi) Preferred brand drugs.

(vii) Specialty drugs.

**E. Is your service area changing from Plan Year 2025?**☒ No☐ Yes. We are making the following changes:

<b>Geographic Rating Area</b>	<b>Additional Counties Covered</b>	<b>Terminated Counties</b> (a.k.a. Exited or No Longer Covered)
1		
2		
3		
4		
5		
6		
7		
8		
9		

**F. Network Information:**

<b>Network Name</b>	<b>Type</b> (EPO, HMO, POS, or PPO)	<b>Tiered or Single</b>	<b>Date Filed</b>
Individual Connect	EPO	Single	5/14/2025
Legacy	EPO	Single	5/14/2025

**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>		
a	<p>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>	Part I Unified Rate Review Template, WAC 284-43-6660	Confirmed that the financial data is consistent.

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
b	Support for URRT Worksheet 1, Section I experience period data for 2024: Provide separately for medical and prescription drugs (Rx), as appropriate:	RBCBSO IND Supp Exhibits,	Supp Exhibits: "Medical and Rx Paid Claims Triangle", "Medical and Rx Allowed Claims Triangle"; "Data Summary"
	<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>	RBCBSO IND Part III Appendix  Part III Rate Filing Documentation and Actuarial Memorandum  RBCBSO IND OIC Health Exhibits	Part III Appendix: "Exhibit E1: Development of 2026 Index Rate"  "Risk Adjustment Payment / Charge" / Section 4.4.3.6(b)  WA Exh 1 – Experience Data
c	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: (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): <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> (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.	RBCBSO IND OIC Health Exhibits  WAC 284-43-6660  Part II Written Description Justifying the Rate Increase	WA Exh 1 – Experience Data  Entire Document  Page 2

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<p>(iii) Demonstrate how URRT Worksheet 1, Section II, categories map to WAC 284-43-6660 summary categories. Reconcile data between the two summaries.</p> <p>(iv) Additionally, provide related monthly information in WA Exhibit 1.</p>		
	<p><b>d</b> 2024 actual and projected: Provide analysis of actual experience versus amounts projected in the plan year 2024 rate filing [45 CFR §154.301(a)(3)(ii)] in WA Exhibit 2.</p> <p>Identify material differences in actual and expected experience, the primary source(s) of deviations, and any action taken in your 2026 projections to address deviations. Additionally, address how the business is or is not impacted by federal income tax.</p>	<p>RBCBSO IND OIC Health Exhibits</p> <p>Part III Rate Filing Documentation and Actuarial Memorandum</p>	<p>WA Exh 2 - Actual vs. Expected</p> <p>WA Exh 11 – Retention</p> <p>“Non-Benefit Expenses / Taxes and Fees” / Section 4.4.7(c)</p>
	<p><b>e</b> Split up experience if you are terminating any counties in 2025 and/or 2026: If you are terminating any counties for plan year 2025 and/or 2026, include a table splitting URRT Worksheet 1, Section I experience between continuing and terminated counties.</p> <p>If you are not terminating any counties, respond “N/A.”</p>	N/A – we are not terminating any counties	
<b>2</b>	<p><b>Manual EHB Allowed Claims:</b> If credibility is 100%, respond “N/A” for each item.</p> <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>		
	<p><b>a</b> Manual data relevance: Explain the relevance of the data used to determine the Manual EHB Allowed Claims PMPM.</p>	N/A	

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
b	<b>Manual EHB allowed claims PMPM:</b> <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 the cost and utilization characteristics of your individual health plan market service area in the State of Washington.</li> <li>Note: the manual rate must be developed in a manner consistent with 100% credibility. See #2.c below.</li> </ul>	N/A	
	<b>c</b> <b>Credibility of experience data:</b> Describe the credibility methodology and assumptions used, per Actuarial Standard of Practice (ASOP) No. 25. <ul style="list-style-type: none"> <li>Identify the actuarially sound and appropriate credibility procedure used to develop your credibility estimate.</li> <li>At what level is experience determined to be more than 0% credible?</li> <li>How is partial credibility determined?</li> <li>At what level is experience determined to be 100% credible?</li> </ul>	Part III Rate Filing Documentation and Actuarial Memorandum	"Credibility of Experience" / Section 4.4.3.4
	<b>d</b> Show how you estimated credibility of the 2024 allowed claims and member months used in rate development. Use your credibility procedure.	Part III Rate Filing Documentation and Actuarial Memorandum	"Credibility of Experience" / Section 4.4.3.4
3	<b>Experience in WAC 284-43-6660 Summary, and Summary of Pooled Experience with Adjustments:</b>		

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
a	<p>WAC 284-43-6660 summary, experience:</p> <p>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>	WAC 284-43-6660	Entire Document
	<p>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> <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> <li>Add a copy of this table to the Part II Written Description.</li> </ul>	Part II Written Description Justifying the Rate Increase	Page 2

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> <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>		
c	<p>Changes to prior period experience:</p> <p>If applicable, justify and show line-item differences in 2023 and 2022 experience in this rate filing's summary versus the final version of the "Summary of Pooled Experience with Adjustments" in last year's filing. Also, describe any such changes in the WAC 284-43-6660 summary under General Information #5.</p>	N/A	
4	<p><b>Plan Level Experience and Current Data:</b></p> <p>Document and justify URRT Worksheet 2, Section II Experience Period and Current Plan Level Information.</p> <ul style="list-style-type: none"> <li>Explain whether amounts are based on each plan's experience or allocated to plans. If amounts are allocated, demonstrate and justify the allocation method.</li> <li>Explain any differences between totals in URRT Worksheet 2, Section II and URRT Worksheet 1, Section I.</li> </ul>	Part III Rate Filing Documentation and Actuarial Memorandum	"Effective Rate Review Information and Additional Requirements" / Section 4.7.1 "Risk Adjustment Payment/Charge" Section 4.4.3.6(b)
<b>TREND FACTORS</b>			
5	<p><b>Allowed Claims Trends:</b></p> <p>Trend assumptions should reflect your best estimates by URRT Worksheet 1 benefit category and one or more categories of non-EHBs, as applicable.</p> <p>Rely on market-specific information for Washington State to the extent possible. Justify use of any alternative data.</p> <p>As indicated in URR Instructions, describe the trend development in the Part III actuarial memorandum.</p>		
a	Allowed claims EHB trend analysis:	RBCBSO IND OIC Health Exhibits	<p>WA Exh 3 - Trend Analysis</p> <p>WA Exh 4 - Normalized Trend</p>

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> <li>In WA Exhibit 3, provide annual EHB trends by benefit category. See instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.</li> <li>In WA Exhibit 4, provide your retrospective analysis of normalized EHB allowed claim trends. See instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.</li> <li>In WA Exhibit 5, provide aggregate actual experience (A) EHB trends, projected (i.e., expected; E) EHB trends, and actual-to-expected (a.k.a. A:E) EHB trend analysis. See instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.</li> </ul>	Part I Unified Rate Review Template	WA Exh 5 - w1 Pool Factors  Worksheet 1 & 2
<b>b</b>	<p>Allowed claims non-EHB trend analysis:</p> <p>If applicable, include an exhibit that develops the non-EHB allowed claims trend.</p>	RBCBSO IND OIC Health Exhibits	WA Exh 1 - Experience Data
<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:</li> </ul>	Part III Rate Filing Documentation and Actuarial Memorandum	"Trend Factors" / Section 4.4.3.1

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<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> <li>• Address how your estimates reflect trends specific to the State of Washington. Note that nationwide trend analysis is not sufficient support for Washington State unit cost trend projections. <ul style="list-style-type: none"> <li>○ Address whether and how unit cost projections reflect projected network and provider contract changes for the projection period. Comment about how much of the provider contracting is already complete for plan year 2026 and how much of the projected reimbursement trend is already locked in for plan year 2026.</li> </ul> </li> </ul>		
	<b>d</b> Independence of various utilization changes: <ul style="list-style-type: none"> <li>• Explain how you separated expected utilization changes due to (i) changes in average health status of the population (a.k.a. morbidity) versus (ii) other projected utilization changes (e.g., change in mix of services).</li> <li>• Clarify how the various utilization and morbidity adjustments in the rate filing are independent (i.e., do not overlap nor depend on one another).</li> </ul>	Part III Rate Filing Documentation and Actuarial Memorandum	"Trend Factors" / Section 4.4.3.1
<b>6</b>	<b>Incurred Claims Trends:</b> <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>		



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Line	Task	Issuer Response:	
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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 Worksheet 2, Section IV Projected Plan Level Information, Field 4.15 as well as (2) the incurred claims trend listed in Rate Review Details (see also #23.b of this checklist).</li> </ul>	<p>RBCBSO IND OIC Health Exhibits</p> <p>RBCBSO IND Part III Appendix</p> <p>Part III Rate Filing Documentation and Actuarial Memorandum</p>	<p>WA Exh 5 - w1 Pool Factors</p> <p>WA Exh 1 – Experience Data</p> <p>“Effective Rate Review Information and Additional Requirements / Section 4.7.1</p>
<b>URRT WORKSHEET 1, SECTION II EXPERIENCE PERIOD and CURRENT PLAN LEVEL INFORMATION, NON-TREND EHB ADJUSTMENT FACTORS</b>			
7	<p><b>URRT Worksheet 1, Section II Non-Trend EHB Factors:</b></p> <p>Explain and show the detailed calculations for actuarial assumptions underlying each non-trend EHB factor used in URRT Worksheet 1, Section II Experience Period and Current Plan Level Information. Provide actual experience, projections, and actual-to-expected information in WA Exhibit 5; see instructions in the exhibit template.</p> <ul style="list-style-type: none"> <li>Morbidity Adjustment</li> <li>Demographic Shift</li> <li>Plan Design Changes</li> <li>Other</li> </ul> <p>If applicable, provide a detailed breakdown of any adjustments made under the “Other” category such as significant provider network or pharmacy rebate changes from the experience period.</p>	<p>Part III Rate Filing Documentation and Actuarial Memorandum, RBCBSO IND Part III Appendix</p> <p>RBCBSO IND OIC Health Exhibits</p>	<p>Part III: “Morbidity Adjustment” / Section 4.4.3.2(a), “Demographic Shift” Section 4.4.3.2(b) “Plan Design Changes” / Section 4.4.3.2(c) “Other Adjustments” / Section 4.4.3.2(d) “Credibility of Experience” / Section 4.4.3.4, “Risk Adjustment Payment/Charge” Section 4.4.3.6(b) “Non-Benefit Expenses” / Section 4.4.7 Health Exhibits: WA Exh 10 - Risk Adjustment,</p>

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
			Health Exhibits: WA Exh 8 - CSR Experience
<b>URRT WORKSHEET 2, SECTION I GENERAL PRODUCT and PLAN INFORMATION, AV METAL VALUES</b>			
8	<p><b>AVC Screenshots:</b> (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> <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%</li> </ul>	RBCBSO IND AV Screenshots, Standard Plan Unique Design and AV Screenshots	Entire Documents

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	Catastrophic – The AV requirements are not specified by law		
9	<p><b>Unique Benefit Design for AVC (Actuarial Value Calculator):</b> 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> <li>You must provide justification for AVs when actual plan designs deviate from the AVC's functionality, even if your actuary assumes the impact is immaterial.</li> </ul> </li> <li><b>Notes About Plan Designs in the AVC:</b> <ul style="list-style-type: none"> <li>To be consistent with the requirements in the AVC User Guide (see FAQ Q2 &amp; Q3), all plans with a \$0 Rx or a \$0 medical deductible should indicate an integrated medical and drug deductible when possible. For illustrative purposes, consider a plan with a non-zero medical deductible and a \$0 drug deductible, which is equivalent to saying that none of the drug tiers (i.e., benefits) is subject to any kind of deductible: <ul style="list-style-type: none"> <li>Case 1: One or more of the drug tiers are subject to coinsurance (which, from our earlier assumption, apply before any deductible).</li> <li>Case 2: Each drug tier is either fully covered or subject to a copay.</li> <li>For Case 1, using a combined deductible would force the drug coinsurance(s) to apply after the medical deductible (given the limitations of the AVC with regards to entering coinsurance before the deductible). For Case 2, an integrated deductible should be used.</li> </ul> </li> </ul> </li> </ul>		

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	<ul style="list-style-type: none"> <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> <li>○ <i>Plans that include “Services not Subject to Deductible and with a copay”:</i> Copays paid during the deductible range do not accumulate toward the deductible, regardless of whether the benefit is subject to deductible.</li> <li>○ <i>Plans that partition benefit categories into subcategories with different cost-share designs:</i> If the plan has different cost-sharing for subcategories of benefits included in the AVC but the AVC only accepts one cost-sharing structure, you must (1) enter the cost-share variations in the Benefit Components document and (2) account for the differences between the plan design and the AVC functionality in your AV Metal Value calculations.  For example, the AVC only accepts one MHSUD (mental health/substance use disorder) outpatient cost-share structure, so if a plan design includes different cost-shares for MHSUD outpatient professional (office) visits versus MHSUD outpatient other-than-professional-visits, the plan design does not align with standard use of the AVC.</li> </ul>		

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
a	<p>If using the unique benefit design certification method in 45 CFR §156.135(b)(2):</p> <ul style="list-style-type: none"> <li>Provide the required actuarial certification language as well as justification and <u>detailed calculations</u> of how you estimated a fit of the plan design into the parameters of the AVC.</li> <li>Submit one AVC screenshot for each plan to show that the benefit design after the fit is a legal metal plan.</li> </ul>	RBCBSO IND CMS Unique Plan Design Documentation and Standard Plan Unique Design and AV Screenshots	Entire document
	<p>If using the unique benefit design certification method in 45 CFR §156.135(b)(3):</p> <ul style="list-style-type: none"> <li>Provide the required actuarial certification language as well as justification and <u>detailed calculations</u> of (i) how the AVC was used to determine the AV Metal Value for the plan provisions that fit within the calculator parameters while (ii) appropriate adjustments were made to the AVC output(s) for plan design features that deviate substantially from AVC parameters.</li> <li>Submit two or more AVC screenshots including at least one extreme high AV Metal Value and one extreme low AV Metal Value based on features like those of the plan.</li> <li>Using the filed AVC screenshot results, explain how adjustments are made to generate each plan's EXACT final AV Metal Value used in the URRT.</li> </ul>	RBCBSO IND CMS Unique Plan Design Documentation and Standard Plan Unique Design and AV Screenshots	Entire document
	<p><b>c</b> Unique Plan Design Supporting Documentation and Justification:</p> <p>Include a completed Unique Plan Design Supporting Documentation and Justification form (a blank form can be found on the CMS website). Note: You may submit your own version of the official form, to accommodate your complete responses and improve readability.</p>	RBCBSO IND CMS Unique Plan Design Documentation and Standard Plan Unique Design and AV Screenshots	Entire document
	<p><b>d</b> Pharmacy tiers:</p> <p>If your prescription drug tiers do not exactly match those in the AVC and you do not identify the plans as having unique benefits, please add a discussion to the Part III actuarial memorandum. Consider guidance in relevant documents such as the PY2025 QHP Issuer Application Instructions (e.g., 5.8 Suggested Coordination of Drug Data between Templates) and AVC supporting documentation.</p>	N/A	

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Line	Task	Issuer Response:	
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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.	RBCBSO IND OIC Health Exhibits	WA Exh 6 - Actuarial Values
		Part I Unified Rate Review Template	Worksheet 2 / Section I General Product and Plan Information / Field 1.6
URRT WORKSHEET 2, SECTION III PLAN ADJUSTMENT FACTORS			

11	<p><b>AV and Cost Sharing Design of Plan Factors:</b> (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.3) Document and justify the factors including #11.a through #11.d below.</p> <p>Then, address items #11.e through #11.h below. Include aggregate actual experience, projections, and actual-to-expected analysis in WA Exhibit 7; see the instructions in the exhibit template.</p> <p>URR Instructions Section 2.2.3 and URRT Worksheet 2, Section III include four adjustments directly related to plan-level incurred claims rate development.</p> <ul style="list-style-type: none"> <li>• These adjustments are the “AV and Cost Sharing Design of Plan”, “Provider Network Adjustment” (see checklist #12), “Benefits in Addition to EHB” (see checklist #13), and “Catastrophic Adjustment” (see checklist #14).</li> <li>• Do not include morbidity of the population expected to enroll in the plan (i.e., differences due to health status) per URR Instructions Section 4.4.4.</li> <li>• Each of these adjustments should be normalized to not double count the impact of the other factors.</li> </ul> <p><b>To derive the “AV and Cost Sharing Design of Plan”:</b></p> <ul style="list-style-type: none"> <li>• There are four subcomponents of the adjustment defined in WAC 284-43-6810(1); they are: <ul style="list-style-type: none"> <li>○ AV pricing value,</li> <li>○ Induced demand factor (IDF),</li> <li>○ Cost-sharing reduction (CSR) silver load (if applicable), and</li> <li>○ Exclusion of funds for abortion services per 45 CFR §156.280(e) (if applicable).</li> </ul> </li> <li>• Definitions of these terms and related terms can be found in WAC 284-43-6800.</li> <li>• Detailed guidance related to each subcomponent of the “AV and Cost Sharing Design of Plan” is provided in this checklist in sections 11 (a)-(h).</li> <li>• The formula combining the subcomponents of the “AV and Cost Sharing Design of Plan” is expected to be the following: (AV and Cost Sharing Design of Plan) = (AV Pricing Value) x (Induced Demand Factor, IDF) x (CSR Silver Load and/or AIAN adjustment, as applicable) x (Factor to exclude the cost of abortion services for which public funding is prohibited); where the AV Pricing Value and IDF are on an appropriate relativity basis.</li> </ul> <p>Note the following:</p> <ul style="list-style-type: none"> <li>• For benefit differences relate to EHB-only cost sharing. See #11.a below.</li> </ul>	
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		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> <li>For expected utilization adjustments due to differences in cost-sharing (i.e., induced demand). See #11.b below.</li> <li>For CSR silver load and exclusion of funds for abortion services per 45 CFR §156.280(e): <ul style="list-style-type: none"> <li>If CSR payments are not funded, a CSR silver load factor should be included for the on-Exchange silver plans; this is an additional step not covered in the URR Instructions. See #11.c below.</li> <li>For all plans offered on the Exchange, include an adjustment to remove the impact of coverage of abortion services for which public funding is prohibited. See #11.d below.</li> </ul> </li> <li>To determine aggregate weighted averages for items covered by this #11, unless otherwise specified, apply each plan's projected membership as weights.</li> </ul>		
a	<p><b>AV Pricing Value (a.k.a. EHB paid-to-allowed factors) by plan:</b></p> <ul style="list-style-type: none"> <li>Provide the factor for each plan that shows the impact of benefit differences for EHB-only cost sharing.</li> <li>See WAC 284-43-6800(3) for the definition of AV pricing value and WAC 284-43-6800(1) for the definition of AV metal value.</li> <li>Per WAC 284-43-6810(3): <ul style="list-style-type: none"> <li>Rate development exhibits should demonstrate compliance with the following: <ul style="list-style-type: none"> <li>"The AV pricing value must be within <math>\pm 2\%</math> of a plan's designated AV metal value."</li> <li>"The allowable range of AV pricing value may be increased or decreased by 1% and must not result in a total adjustment exceeding <math>\pm 3\%</math>, if the plan has significant features that are not considered in the AV metal value calculation. Applicable plan features may include, but are not limited to, an embedded pediatric dental benefit, aggregate family deductible, or significant out-of-network utilization."</li> <li>If you are requesting the expanded AV Pricing Value range of <math>\pm 3\%</math>, identify this in WA Exhibit 9 and provide supporting documentation for the request. Documentation for this request must show significant plan features impact EHBs, those plan features are excluded from consideration in the federal AV calculator and AV metal value, and those plan features have a material pricing impact supported by actuarial analysis.</li> </ul> </li> </ul> </li> </ul>	<p>RBCBSO IND OIC Health Exhibits</p> <p>Part III Rate Filing Documentation and Actuarial Memorandum</p>	<p>WA Exh 9 - AV and Cost-Share</p> <p>Part III Appendix: "Exhibit E2: Plan Adjusted Index Rate Development"</p>



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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>	<p>RBCBSO IND OIC Health Exhibits</p> <p>RBCBSO IND Part III Appendix</p>	<p>WA Exh 9 - AV and Cost-Share</p> <p>Part III Appendix: “Exhibit E2: Plan Adjusted Index Rate Development”</p>

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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>	RBCBSO IND OIC Health Exhibits	WA Exh 8 - CSR Experience
	<b>d Exchange plan adjustment for cost of covering certain abortion services:</b> (see also #13 & #27 of this checklist) For Exchange plans only, include an adjustment factor to remove the impact of coverage of abortion services for which public funding is prohibited. Per 45 CFR §156.280(e)(4)(iii), you may not estimate such a cost at less than one dollar per enrollee, per month (i.e., \$1.00 premium PMPM, see <a href="https://www.cms.gov/files/document/qhp-abortion-faq.pdf">https://www.cms.gov/files/document/qhp-abortion-faq.pdf</a> Q3). <ul style="list-style-type: none"> <li>Note that you must include abortion services in URRT Worksheet 1, Section II because Washington considers abortion services to be EHBs.</li> <li>The impact of coverage of abortion services for which public funding is prohibited should be addressed in URRT Worksheet 2, Section II Experience Period and Current Plan Level Information. In other words, related costs should flow through with other claim experience.</li> <li>For Exchange plans:               <ul style="list-style-type: none"> <li>Include the impact as part of URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.5 Benefits in Addition to EHB.</li> <li>Remove the impact from URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.3 AV and Cost Sharing Design of Plan. The abortion adjustment applied to Field 3.3 is the reciprocal of the abortion adjustment applied to Field 3.5. (URR Instructions Section 2.2.3). This load should be explicitly listed as a separate column in your development exhibit for the AV and Cost Sharing Design of Plan factors.</li> <li>Explain in the Part III actuarial memorandum that per URR instructions, coverage of abortion services for which public funding is prohibited are included in the URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.5 as a non-EHB.</li> </ul> </li> </ul>	Part I Unified Rate Review Template	Worksheet 2 - Plan Product Info / Row 3.5

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Line	Task	Issuer Response:	
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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).	Part III Rate Filing Documentation and Actuarial Memorandum, RBCBSO IND Part III Appendix	Part III: "Plan Adjusted Index Rate" / Section 4.4.4  Part III Appendix: "Exhibit E2: Plan Adjusted Index Rate Development"
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.	RBCBSO IND OIC Health Exhibits	WA Exh 6 - Actuarial Values  WA Exh 9 - AV and Cost-Share
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)	RBCBSO IND Part III Appendix	"Exhibit E3: Plan Adjusted Index Rate to Base Rate Mapping"
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.	RBCBSO IND OIC Health Exhibits	WA Exh 8 - CSR Experience
12	<b>Provider Network Adjustment Factors:</b> (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.4) Demonstrate the build-up of the provider network factors. If you only have one network, please respond "N/A," and use a factor of 1.0000.  The network factors should be normalized so that there is no change to the overall weighted average of the claim costs after the Provider Network Adjustment factors are applied. Include an exhibit demonstrating the normalization (i.e., normalize the network factors such that the following amounts match): <ul style="list-style-type: none"> <li>Average incurred claims with risk adjustment and Exchange user fee:</li> </ul>	Part III Rate Filing Documentation and Actuarial Memorandum, RBCBSO IND Part III Appendix	Part III: "Other Adjustments" / Section 4.4.3.2(d); Part III Appendix: "Exhibit E2: Plan Adjusted Index Rate Development"

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Line	Task	Issuer Response:	
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	<p>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.</p> <ul style="list-style-type: none"> <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>		
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</p> <p>RBCBSO IND OIC Health Exhibits</p>	<p>"Establishing the Index Rate" / Section 4.4.3.5</p> <p>WA Exh 7 - w2AggregateFactors</p>
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, no catastrophic plans offered	

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.	RBCBSO IND Part III Appendix	"Exhibit C1: Age Curve And Tobacco Calibration Factors"
<b>b</b>	Age calibration factors, projected versus prior: Compare the 2026 age calibration factor to the 2023, 2024, and 2025 factors.	RBCBSO IND Part III Appendix	"Exhibit C3: Demographic Factor Comparison"
<b>c</b>	Average age: Show the average age and provide actuarial justification for the methodology employed to calculate the average age.	Part III Rate Filing Documentation and Actuarial Memorandum, RBCBSO IND Part III Appendix	Part III: "Calibration" / Section 4.4.5 Part III Appendix: "Exhibit C1: Age Curve and Tobacco Calibration Factors"
<b>16</b>	<b>Area Factors and Geographic Calibration Factors:</b> See WAC 284-43-6701 for geographic rating areas effective on or after January 1, 2019.  Note, if Area 1 (King County) is in your service area, its factor must be set at 1.0000. If Area 1 (King County) is <b>not</b> in your service area, the geographic rating area of the county with the largest enrollment in your service area must be set at 1.0000. If you are an insurer new to the Washington state market, the geographic area with the greatest number of counties must be set at 1.0000.		
<b>a</b>	Area factor development: Note: if your service area is limited to a single area, please respond "N/A," since the area factor is 1.0000. Demonstrate the build-up of the geographic rating area factors. Document and justify the 2026 factors with details including, but not limited to, the following: <ul style="list-style-type: none"> <li>• Certify that the following items were not used to establish any geographic rating area factor: <ul style="list-style-type: none"> <li>○ Health status of enrollees or the population in an area.</li> </ul> </li> </ul>	Part III Rate Filing Documentation and Actuarial Memorandum, RBCBSO IND Rate Factors	Part III: "Factor Changes" / Section 4.3 Rate Factors: "Summary of Current and Prior Year Factors" / Page 2  "Exhibit C2: Geographic Factors"

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	<ul style="list-style-type: none"> <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>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>	RBCBSO IND Rate Factors	Rate Factors: "Summary of Current and Prior Year Factors" / Page 2
<b>c</b>	<p>Area factors, projected versus prior:</p> <p>Compare the 2026 area factors and calibration factor to the 2023, 2024, and 2025 factors. If the 2026 factors did not change from those in the prior filing, indicate why the factors did not change; indicate when the factors were last evaluated and what data was used in that evaluation.</p> <p>Note: Our opinion is that the geographic area factors should be regularly evaluated.</p>	RBCBSO IND Part III Appendix	"Exhibit C3: Demographic Factor Comparison"
<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>	RBCBSO IND Part III Appendix	"Exhibit C2: Geographic Factors"

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Line	Task	Issuer Response:	
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e	Load area factors into URRT: Provide the geographic rating areas and rating factors in URRT Worksheet 3.	RBCBSO IND Rate Factors	Rate Factors: "Summary of Current and Prior Year Factors" / Page 2
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>	Part III Rate Filing Documentation and Actuarial Memorandum	"Effective Rate Review Information and Additional Requirements" / Section 4.7.1 "Consumer Adjusted Premium Rate Development" / Section 4.4.6 Note: OIC and WAHBE requested that companies remove the tobacco rating factor. Regence removed the factor.
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.	RBCBSO IND Part III Appendix	"Exhibit C1: Age Curve and Tobacco Calibration Factors"
c	Tobacco factors, projected versus prior: Compare the 2026 tobacco use factor and calibration factor to amounts for 2023, 2024, and 2025.	RBCBSO IND Part III Appendix	"Exhibit C3: Demographic Factor Comparison"
<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: 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.	RBCBSO IND OIC Health Exhibits	WA Exh 10 - Risk Adjustment

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	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.		
<b>b</b>	Experience period risk adjustment & HCRP by plan: (URRT Worksheet 2, Section II Experience Period and Current Plan Level Information, Field 2.7) Using formulae, please address 2024 risk adjustment transfer amounts, HCRP assessments, and HCRP receipts.	Part I Unified Rate Review Template	Worksheet 2 / Section II Risk Adjustment Transfer Amount / Field 2.7
<b>19</b>	<b>Projection Period Risk Adjustment &amp; HCRP:</b>		
<b>a</b>	Projection period incurred risk adjustment & HCRP development: (URRT Worksheet 2, Section IV Projected Plan Level Information, Fields 4.7 and 4.16) Provide the projected plan year 2026 risk adjustment information in WA Exhibit 10; see the instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.	RBCBSO IND OIC Health Exhibits	WA Exh 10 - Risk Adjustment
<b>b</b>	Projection period risk adjustment & HCRP for URRT Worksheet 2 (on incurred claims basis), Development and justification: (URRT Worksheet 2, Section IV Projected Plan Level Information, Fields 4.7 and 4.16) <ul style="list-style-type: none"> <li>Explain in detail in the Part III actuarial memorandum how you estimated the 2026 risk adjustment factors (e.g., PLRS, IDF, GCF, AV, and ARF), including the four membership groupings in (a), as applicable. (See URR Instructions regarding the requirements to provide detailed information and justification for risk adjustment.)</li> <li>Provide detailed support and rationale for each assumption, including persisting membership, stating the most current data used, its "as of" date, and its source (e.g., internal, CMS, etc.).</li> <li>Describe how your projections considered the 2026 risk adjustment model changes.</li> <li>Explain 2026 HCRP estimated assessments and receipts.</li> </ul>	Part III Rate Filing Documentation and Actuarial Memorandum, RBCBSO IND Part III Appendix  RBCBSO IND OIC Health Exhibits	Part III: "Risk Adjustment Payment/Charge" / Section 4.4.3.6(b);  Health Exhibits: WA Exh 10 - Risk Adjustment



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	<ul style="list-style-type: none"> <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>	<p>RBCBSO IND OIC Health Exhibits</p> <p>RBCBSO IND Part III Appendix</p>	<p>Health Exhibits: WA Exh 10 - Risk Adjustment; WA Exh 8 - CSR Experience</p> <p>"Exhibit E1: Development of 2026 Index Rate"</p>
d	<p>Projected 2026 RADV impacts:</p> <p>Explain in the Part III actuarial memorandum any impacts due to Risk Adjustment Data Validation (RADV) audits. For example, explain any impact to the company or statewide 2026 PLRS projections due to the 2022 RADV audit report.</p>	<p>Part III Rate Filing Documentation and Actuarial Memorandum, RBCBSO IND Part III Appendix</p>	<p>Part III: "Risk Adjustment Payment/Charge" / Section 4.4.3.6(b);</p>
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, RBCBSO IND Part III Appendix</p> <p>RBCBSO IND OIC Health Exhibits</p>	<p>Part III: "Risk Adjustment Payment/Charge" / Section 4.4.3.6(b);</p> <p>Part III Appendix: "Exhibit A1: Development of 2026 Rate Change"</p> <p>Health Exhibits: WA Exh 10 - Risk Adjustment</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.	RBCBSO IND OIC Health Exhibits	Health Exhibits: WA Exh 10 - Risk Adjustment
		RBCBSO IND Part III Appendix	"Exhibit E1: Development of 2026 Index Rate" "Exhibit E3: Plan Adjusted Index Rate to Base Rate Mapping"

Line	Task	Issuer Response:		
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<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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Line	Task	Issuer Response:	
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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:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> <li>WSHIP assessment [RCW 48.41.090] Include a discussion of the current and projected assessment information in annual or other reports available at <a href="https://www.wship.org/">https://www.wship.org/</a> as well as the WSHIP information separately sent to you as a member plan. Note: WSHIP = Washington State Health Insurance Pool.</li> <li>Washington Partnership Access Line (WAPAL) assessment [WAC 182-110-0500] Include a discussion of the historical assessments paid and the current information available at <a href="https://wapalfund.org">https://wapalfund.org</a>.</li> </ul> <p>Combine these amounts with actual administrative expenses to reconcile to Expenses shown in the WAC 284-43-6660 summary. (see also #20 of this checklist)</p>		
22	<p><b>Profit &amp; Risk Load:</b> (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.8) Provide the information in WA Exhibit 11; see instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.</p> <ul style="list-style-type: none"> <li>Profit &amp; Risk load is the portion of the projected earned premium that is not directly associated with claims or expenses.</li> <li>The amount must be the same across all plans.</li> </ul> <p>Projection period profit &amp; risk load development: Justify that your Profit &amp; Risk load is reasonable [RCW 48.43.734] in relation to your company's surplus, capital, and profit levels.</p> <ul style="list-style-type: none"> <li>Discuss in detail how you established your 2026 plan year load.</li> <li>Clarify whether your experience unpaid claims liability estimate also includes any margin or if the estimate reflects your best estimate.</li> <li>Explain whether other plan year 2026 rating assumptions include their own margin provisions.</li> </ul>		
<b>DOCUMENTATION AND EXHIBITS</b>			

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
23	<b>Company Rate Information and Rate Review Detail:</b> For the “Company Rate Information” and “View Rate Review Detail” on the Rate/Rule Schedule tab of the SERFF rate filing, provide an exhibit with the following information. <ul style="list-style-type: none"> <li>The information should represent your <b>initial requested rate change</b>.</li> <li>Note: If post submission updates are necessary to correct any information, update the exhibit to indicate what was updated and the reason for the update(s).</li> <li>Issuers with renewal plans must address the items below. For more information related to “Company Rate Information” and “View Rate Review Detail,” see SERFF and Rate Filing Instructions.</li> </ul>		
a	<b>SERFF Company Rate Information:</b> 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>	RBCBSO IND Part III Appendix	“Checklist Value Comparison” / Exhibit F1
b	<b>SERFF Rate Review Detail (RRD):</b> Provide the calculation, explanation, and/or source of the information. <p>(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).</p> <p>(ii) Trend Factors: Annual incurred claims trend factor, including leveraging, which matches the weighted average of the trends by category in the initial 2026 WAC 284-43-6660 summary. (see also #6.b of this checklist)</p>	Part I Unified Rate Review Template, Part III Rate Filing Documentation and Actuarial Memorandum, RBCBSO IND Part III Appendix, Rate Schedule, RBCBSO IND Uniform Product	Rate Review Detail: <p>(i) Covered Lives as of March 2025: Part I, Worksheet 2, Section II, row 2.10; Projected Lives on New Products: Part I, Worksheet 2, Section IV, row 4.9. Note: please divide row 4.9 by 12 to convert from months to lives.</p>

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<p>(iii) Forms: List all forms for the rate filing in the applicable categories. If a category does not apply to any form in the filing, leave it blank. (see SERFF instructions)</p> <p>Note: since the ACA requires that all non-grandfathered individual and small group health plans be guaranteed issue, the "Affected Forms for Closed Blocks" in the Forms Section should be left blank.</p> <p>(iv) Requested Rate Change Information:</p> <ul style="list-style-type: none"> <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>	<p>Modification Justification</p> <p>RBCBSO IND OIC Health Exhibits</p>	<p>(ii) 2024 Member Months: Part III Appendix: "Development of 2026 Rate Change" / Exhibit A1 Rate Change Data: UPMJ Q5</p> <p>(iii) Prior Rate: Requested rate less requested rate change, and using current enrollment Min and Max: Rate Schedule</p> <p>(iv) Projected premium and claims: Part III Appendix: "Development of 2026 Rate Change" / Exhibit A1 Min and Max: Rate Schedule Average Rate: Part I, Worksheet 1</p> <p>(v) Trend: Part III: Trend Factors; Part III Appendix: "Part I URRT, Worksheet 1, Factor Comparison" / WA Exh 3 - Trend Analysis</p>

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
c	<p>Current enrollment:</p> <p>Compare current enrollment information across the various rate filing exhibits, including, but not limited to the following:</p> <ul style="list-style-type: none"> <li>• RRD Number of Covered Lives</li> <li>• 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>	RBCBSO IND Part III Appendix	"Checklist Value Comparison" / Exhibit F1
	<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>	RBCBSO IND Part III Appendix	"Checklist Value Comparison" / Exhibit F1
24	<p><b>Impacts of Changes 45 CFR §154.301(a)(4):</b></p> <ul style="list-style-type: none"> <li>• Document the methodology, justification, and calculations used to determine the impacts of the changes outlined in the Effective Rate Review Program under 45 CFR §154.301(a)(4) (i) through (xv).</li> <li>• Note that if you change the contribution to surplus from the prior submission, you must provide additional support for why the change is warranted.</li> <li>• <u>To add context to the factors listed below, please also summarize in the Part III actuarial memorandum the approximate percent impact of the most significant contributors to the proposed aggregate rate change (see URR Instructions section 4.3, for example).</u></li> </ul>		



Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	(i) The impact of medical cost trend <b><u>changes by major service category</u></b> . Include a discussion of the cost trend change for each specific benefit category listed in URRT Worksheet 1, Section II.	Part III Rate Filing Documentation and Actuarial Memorandum, RBCBSO IND Part III Appendix  RBCBSO IND OIC Health Exhibits	Part III: "Proposed Rate Changes" / Section 4.3, "Trend Factors" / Section 4.4.3.1;  WA Exh 3 - Trend Analysis
	(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, RBCBSO IND Part III Appendix  RBCBSO IND OIC Health Exhibits	Part III: "Proposed Rate Changes" / Section 4.3, "Trend Factors" / Section 4.4.3.1;  WA Exh 3 - Trend Analysis
	(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	"Proposed Rate Changes" / Section 4.3, "Plan Design Changes" / Section 4.4.3.2(c)
	(iv) The impact of benefit <b><u>changes</u></b> , including essential health benefits (EHBs) and non-essential health benefits (non-EHBs).  Address the new essential health benefits for non-grandfathered individual and small group health insurance coverage in the State of Washington for plan years beginning on or after January 1, 2026. For each new EHB, describe whether your plan designs already covered the benefit or describe what plan design changes were required. Clearly demonstrate and justify any rate changes due to these new EHBs.	Part III Rate Filing Documentation and Actuarial Memorandum	"Proposed Rate Changes" / Section 4.3, "Plan Design Changes" / Section 4.4.3.2(c)

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	(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	"Proposed Rate Changes" / Section 4.3, "Morbidity Adjustment" / Section 4.4.3.2(a)
	(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	"Proposed Rate Changes" / Section 4.3, "Trend Factors" / Section 4.4.3.1
	(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	"Proposed Rate Changes" / Section 4.3, "Experience Period Premium and Claims" / Section 4.4.1
	(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	"Proposed Rate Changes" / Section 4.3, "Trend Factors" / Section 4.4.3.1, "Non-Benefit Expenses" / Section 4.4.7
	(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	"Proposed Rate Changes" / Section 4.3, "Non-Benefit Expenses" / Section 4.4.7
	(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	"Proposed Rate Changes" / Section 4.3, "Non-Benefit Expenses" / Section 4.4.7

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<p>(xi) Medical loss ratio (MLR). Include a projected federal MLR calculation [45 CFR §158.221; see also CMS MLR Filing Instructions].</p> <p>Note: This is one of only two 45 CFR §154.301(a)(4) items not written in terms of the impact of changes; the other is (xii) for the issuer's capital and surplus.</p> <p>Note: As stated in the Final 2026 NBPP, determination of a "qualifying issuer" is "based on an issuer's 3-year aggregate ratio of net payments related to the risk adjustment program...to earned premiums." See 45 CFR §158.103 for full definition details.</p> <ul style="list-style-type: none"> <li>• <u>Issuers who (a) are NOT projected to be qualifying issuers or (b) are projected to be qualifying issuers but opt to follow the unadjusted MLR formula, as defined in the Final 2026 Notice of Benefit and Payment Parameters (NBPP):</u> <ul style="list-style-type: none"> <li>○ <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> </ul> </li> <li>• <u>Issuers who are projected to be qualifying issuers and opt to follow the adjusted MLR formula, as defined in the Final 2026 Notice of Benefit and Payment Parameters (NBPP):</u> (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)]</li> </ul> </li> </ul>	Part III Rate Filing Documentation and Actuarial Memorandum	"Proposed Rate Changes" / Section 4.3, "Projected Loss Ratio" / Section 4.5

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<p>+ Net Risk Adjustment, including HCRP amounts (receivables positive; payables negative, which means that payables add negative amounts)</p> <p>– Community Benefit Expenditures (CBE) [45 CFR §158.162(c) and 2023 MLR filing instructions]</p> <ul style="list-style-type: none"> <li>• If CBE are included, provide justification that includes the following details: <ul style="list-style-type: none"> <li>○ How total CBE are allocated to lines of business (e.g., individual, small group, and large group)</li> <li>○ For <u>federal tax-exempt issuers</u>: <ul style="list-style-type: none"> <li>▪ CBE are limited to the highest of either: <ul style="list-style-type: none"> <li>• Three percent of earned premium; or</li> <li>• The highest health insurance coverage premium tax rate in the State for which the report is being submitted, multiplied by the issuer's earned premium in the applicable State market.</li> </ul> </li> <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> </ul> </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</li> </ul> </li> </ul> </li> </ul>		

	<p>amount. If you are a non-federal tax-exempt issuer, please confirm this requirement has been met.</p> <ul style="list-style-type: none"> <li>• Credibility adjustment, if any [45 CFR §158.232]</li> <li>• Comment about how the following recent MLR reporting regulation changes were considered: [See, for example: 45 CFR §158 and related sections as well as various Final plan year NBPPs] <ul style="list-style-type: none"> <li>○ Adjustments to the numerator: <ul style="list-style-type: none"> <li>▪ Deduct from incurred claims not only prescription drug rebates received by the issuer, but also any price concessions received and retained by the issuer, and any prescription drug rebates, and other price concessions received and retained by an entity providing pharmacy benefit management services to the issuer. [45 CFR 158.140(b) and 2022 NBPP]</li> <li>▪ Beginning with the 2020 MLR reporting year, an issuer may include in the numerator of the MLR any shared savings payments the issuer has made to an enrollee as a result of the enrollee choosing to obtain health care from a lower-cost, higher-value provider. [45 CFR §158.221(b)(8)]</li> </ul> </li> <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)]:</li> </ul> </li> </ul>		
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Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<p>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).</p> <ul style="list-style-type: none"> <li>Replacement formula for qualifying issuers (e.g., see 45 CFR §158.103 for definition of qualifying issuer), written with variables: If <math>(ra / p) &gt; \text{or} = 50\%</math>, then: Adjusted MLR = <math>[(i + q - s + nc - rc) / \{(p + s - nc + rc) - t - f - (s - nc + rc) - na + ra\}] + c</math> where  <ul style="list-style-type: none"> <li>i = incurred claims</li> <li>q = expenditures on quality improving activities</li> <li>p = earned premiums</li> <li>t = Federal and State taxes</li> <li>f = licensing and regulatory fees including \$0 for transitional reinsurance contributions</li> <li>s = issuer's transitional reinsurance receipts (= \$0)</li> <li>na = issuer's risk adjustment related payments</li> <li>nc = issuer's risk corridors related payments (= \$0)</li> <li>ra = issuer's risk adjustment related receipts</li> <li>rc = issuer's risk corridors related receipts (= \$0)</li> <li>c = credibility adjustment, if any</li> </ul> </li> </ul>		
	<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>	RBCBSO IND Supp Exhibits Part III Rate Filing Documentation and Actuarial Memorandum	Supp Exhibits: "Months of Surplus"; Part III: "Proposed Rate Changes" / Section 4.3, "Contribution to Surplus & Risk Margin" / Section 4.4.7(b)

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	(xiii) The impacts of geographic factors and variations.	Part III Rate Filing Documentation and Actuarial Memorandum, RBCBSO IND Part III Appendix	Part III: "Proposed Rate Changes" / Section 4.3, "Calibration" / Section 4.4.5; Part III Appendix: "Exhibit C2: Geographic Factors"
	(xiv) The impact of <u>changes within</u> a single risk pool to all products or plans within the risk pool.	Part III Rate Filing Documentation and Actuarial Memorandum, RBCBSO IND Uniform Product Modification Justification	Part III: "Proposed Rate Changes" / Section 4.3, "Morbidity Adjustment" / Section 4.4.3.2(a); UPMJ Q5
	(xv) The impact of reinsurance (which is N/A for Washington) and risk adjustment payments and charges under sections 1341 and 1343 of the Affordable Care Act.	Part III Rate Filing Documentation and Actuarial Memorandum	"Proposed Rate Changes" / Section 4.3, "Development of the Market-wide Adjusted Index Rate" / Section 4.4.3.6 and all subsections
25	<p><b>Drug Manufacturer Support of Member Out-of-Pocket Costs:</b></p> <p>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.</p> <p>Indicate what you implemented related to these requirements and justify any impact to your rate development.</p>	Part III Rate Filing Documentation and Actuarial Memorandum	Part III: "Other Adjustments" / Section 4.4.3.2(d)

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
<b>26</b>	<b>Financial Statement Analysis:</b>		
<b>a</b>	<p>Reconcile to Additional Data Statement (ADS) for the year ending December 31, 2024:</p> <ul style="list-style-type: none"> <li>For carriers not required to file an ADS, please respond "N/A." For ease of review for carriers who file an ADS, please include with the rate filing a copy of the ADS pages.</li> <li>For HMOs and HCSCs, show ADS amounts total revenues (line 7), total hospital and medical claims (line 17), and administrative expenses (line 19 + line 20).</li> <li>Please include a detailed list of adjustments required to reconcile between ADS amounts and amounts in the Summary of Pooled Experience in the WAC 284-43-6660 summary and in URRT Worksheet 1, Section I. Calculate the amount and percentage unreconciled, and explain any significant unreconciled amounts.</li> <li>Explain any difference in the projected risk adjustment amount included in the ADS premium amount versus the experience period risk adjustment amount entered in URRT Worksheet 1, Section I.</li> <li>Also, compare the average monthly membership from the WAC 284-43-6660 summary's 2024 experience period with the average monthly membership calculated from the quarter ending enrollment listed in the ADS. Explain any significant differences.</li> </ul>	RBCBSO IND Additional Data Reconciliation	Entire Document
<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>	Part III Rate Filing Documentation and RBCBSO IND Supp Exhibits	Part III: "Contribution to Surplus & Risk Margin" / Section 4.4.7(b) "Reliance" / Section 4.7.2; Supp Exhibits: "Months of Surplus"
<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</p>	Part III Actuarial Memorandum	Part III Actuarial Memorandum



Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<p>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>SEPARATE DOCUMENTS</b> Address the following items together with other relevant items covered elsewhere in this checklist.			
28	<p><b>Part I Unified Rate Review Template (URRT):</b></p> <p>Note: The various index rates (Index Rate, MAIR, etc.) in the URRT are the official amounts. For calculations in your supporting exhibits requiring one of these amounts, such as the Exchange User Fee 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>URRT Exchange User Fees: (URRT Worksheet 1, Section II Projections)</p> <p>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> </ul>	Part III Rate Filing Documentation and Actuarial Memorandum, RBCBSO IND Part III Appendix	Part III: "Exchange User Fees" / Section 4.4.3.6(c); Part III Appendix: "Exhibit A1: Development of 2026 Rate Change"

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> <li>For 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>b</b>	<p>URRT factor to toggle between worksheet 1 and worksheet 2 amounts for risk adjustment transfers and Exchange user fees:</p> <p>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 apply the plan factors through multiplication; to neutralize the overall impact, URRT Worksheet 1 needs to divide by their aggregate impact.</p>	<p>RBCBSO IND OIC Health Exhibits</p> <p>RBCBSO IND Part III Appendix</p>	<p>WA Exh 8 - CSR Experience</p> <p>Exhibit E4: Plan Variation From Market Adjusted Index Rate For Renewal Plans</p>
<b>c</b>	<p>URRT Worksheet 1, Section II, 2026 versus 2025:</p> <p>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.</p>	RBCBSO IND OIC Health Exhibits	WA Exh 3 - Trend Analysis
<b>d</b>	<p>URRT Worksheet 2 terminated plan mapping:</p> <p>Document and justify URRT Worksheet 2 product and plan mapping for terminated plans, in accordance with the following:</p> <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>	RBCBSO IND Part III Appendix	"Exhibit D2: Terminated Plan Mapping"

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	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.		
e	URRT Worksheet 2, Section I, general product and plan information, Cumulative rate change % for composite plans: For any plan in URRT Worksheet 2 which is the composite of more than one plan in UPMJ Q5, include an exhibit detailing the calculation of the Cumulative Rate Change % (over 12 mos. prior) based on the overall average rate change by plan in UPMJ Q5. If there are no composite plan rate changes, respond as "N/A."	Part III Rate Filing Documentation and Actuarial Memorandum, RBCBSO IND Part III Appendix	Part III: "Effective Rate Review Information and Additional Requirements" / Section 4.7.1; Part III Appendix: "Exhibit D1: 2026 Average Change in Plan Base Rates"
f	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> <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>	RBCBSO IND Part III Appendix  RBCBSO IND OIC Health Exhibits	"Exhibit E3: Plan Adjusted Index Rate to Base Rate Mapping "  WA Exh 12 - w2 Proj Recon

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
<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 opening actuary relied on membership projections from another area of your company, please indicate as such in the reliance section of the actuarial certification.</li> </ul>	Part III Rate Filing Documentation and Actuarial Memorandum, RBCBSO IND Part III Appendix	Part III: "Membership Projections" / Section 4.6.2 Part III Appendix: "Exhibit E2: Plan Adjusted Index Rate Development "
<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>	RBCBSO IND Part III Appendix	"Checklist Value Comparison" / Exhibit F1
<b>i</b>	<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	

## Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
29	<b>Part II Written Description Justifying the Rate Increase:</b> (a) Follow content guidance outlined in URR Instructions. (b) Include key drivers of the risk pool's rate increase as well as relevant plan details such as those described below. <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	Page 1
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	Part III Rate Filing Documentation and Actuarial Memorandum	"Actuarial Certification" / Section 4.7.3

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	certification and update the date throughout the filing review season, as needed, if assumptions or rates change.		
<b>b</b>	<p>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).</p> <p>If not applicable, indicate "N/A."</p> <p>In both the current and new issuers' Part III actuarial memorandums, add a crosswalk detailing the current and renewing plan information. Include:</p> <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> <li>• Discuss the cost-share changes to the plan and confirm that the product network type and covered benefits remain the same.</li> </ul>	N/A	
<b>c</b>	<p>UPMJ versus URRT rate changes: Rate changes by plan in URRT Worksheet 2, Section I General Product and Plan Information, Field 1.11 should match rate changes by plan in UPMJ Q5. For clarity, discuss in the Part III actuarial memorandum the differences in the calculation of the official aggregate rate change in UPMJ Q5 and the rate change amounts in URRT Worksheet 2, Section I General Product and Plan Information, Fields 1.12 and 1.13.</p>	Part III Rate Filing Documentation and Actuarial Memorandum	Part III: "Effective Rate Review Information and Additional Requirements" / Section 4.7.1
<b>31</b>	<p><b>Uniform Product Modification Justification (UPMJ):</b> 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>		

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
a	<p>UPMJ Q4a &amp; 4b:</p> <ul style="list-style-type: none"> <li>For UPMJ Q4a, keep in mind that the content will ultimately be included in our decision memorandum that is posted for public consumption, so explain the cost-share changes as you would to an existing or prospective member.</li> <li>For each cost-share amount listed in UPMJ Q4a, include dollar, comma, and percent symbols as well as numeric amounts.</li> <li>Spell out the first occurrence of each acronym in Q4a and Q4b. For example, "Maximum Out-of-Pocket (MOOP)."</li> <li>Note: For plans that add or remove out-of-network (OON) coverage, the change should be listed as a member cost-share change rather than a benefit change.</li> </ul>	RBCBSO IND Uniform Product Modification Justification	UPMJ Q4a, UPMJ Q4b
	<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 terminating counties. Note that UPMJ Q1 should include all enrollment before reductions for terminating counties.</li> </ul> <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> </ul>	RBCBSO IND Uniform Product Modification Justification	UPMJ Q5

## Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> <li>Note that 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> <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>	N/A	
32	<p><b>WAC 284-43-6660 summary:</b></p> <p>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.</p>		
a	<p>Proposed rate summary:</p> <ul style="list-style-type: none"> <li>Proposed Community Rate must be consistent with the aggregate projected premium PMPM in URRT Worksheet 2, Section IV Projected Plan Level Information, Field 4.17.</li> <li>Percentage Change must be consistent with the overall average rate change in UPMJ Q5.</li> <li>Current Community Rate = (Proposed Community Rate) / (1 + Percentage Change).</li> </ul>	WAC 284-43-6660	Entire Document



Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
b	<p>Components of proposed community rate:</p> <ul style="list-style-type: none"> <li>Component (a) Claims should match (URRT Worksheet 2, Section IV Projected Plan Level Information, Field 4.15 Incurred Claims PMPM) minus (URRT Worksheet 2, Section IV Projected Plan Level Information, Field 4.16 Risk Adjustment Transfer Amount PMPM).</li> <li>Component (b) Expenses combined with component (d) Investment Earnings must be consistent with the combined values of (Exchange User Fees in URRT Worksheet 1, Section II) + (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.6 Administrative Expense) + (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.7 Taxes and Fees).</li> <li>Component (c) Contribution to Surplus Contingency Charges, or Risk Charges must be consistent with (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.8 Profit &amp; Risk Load).</li> <li>Total row (e) must match the Proposed Community Rate from #32.a above (i.e., Proposed rate summary) in the WAC 284-43-6660 summary.</li> </ul>	WAC 284-43-6660	Entire Document
	<p>c</p> <p>Trend factor summary: (see also #6.b of this checklist)</p> <ul style="list-style-type: none"> <li>If the WAC 284-43-6660 summary shows the same trend for each type of service, please explain whether you expect any variation by type of service. If variation is expected, please explain the choice of a single trend factor for this summary.</li> <li>For plans with embedded dental (pediatric or adult), ensure the embedded dental trend is included in the Other trend category, and then add a note to the General Information section #5 that the embedded dental trend is included in the Other trend category. This is to be consistent with the URR Instructions, section 2.1.3.1.</li> </ul>	WAC 284-43-6660	Entire Document
	<p>d</p> <p>General Information section #4: Respond with "See Rate Schedule."</p>	WAC 284-43-6660	General Information Section #4

## Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
33	<b>Benefit Components:</b> Provide a completed Benefit Components Speed-to-Market Tool. <ul style="list-style-type: none"> <li>The file "Format - Rates - 2026 Med Benefit Components" is provided on the <a href="#">Washington State OIC website</a>.</li> <li>The cost-shares for all embedded benefits, including pediatric dental, must have every different cost-share visible such as for different kinds of pediatric dental care (e.g., cleaning versus extensive surgeries, or as preventive, basic, major services), if applicable.</li> <li>Note: the information you provide in this file should be consistent with the other documents in your binder, rate, and form filings (e.g., PBT, AVC Screenshots, MH/SUD Certification).</li> <li>Include the benefit components for the Exchange silver plan CSR variations.</li> <li>The plans should indicate integrated or separate medical and drug deductibles consistent with the AVC screenshots (see also #9 of this checklist).</li> </ul>	Benefit Components	Entire Document
34	<b>Mental Health and Substance Use Disorder (MH/SUD) Financial Requirement Parity:</b>		
a	MH/SUD financial requirement parity certification: Complete the "Mental Health and Substance Use Disorder Financial Requirement Parity Certification" Speed-to-Market Tool.  See file "Certification – Rates – 2026 Mental Health and Substance Use Disorder Financial Req Parity" on the <a href="#">Washington State OIC website</a> .	RBCBSO IND MHSUD Certification	Entire Document
b	MH/SUD parity calculations: Complete an MH/SUD Parity Speed-to-Market Tool that documents MHSUD financial requirement parity testing calculations.  See file template "Certification - Rates - 2026 Mental Health and Substance Use Disorder Financial Req Parity Calculations" on the <a href="#">Washington State OIC website</a> . <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> </ul>	RBCBSO IND MHSUD Certification	Entire Document

## 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>Carriers must either test all outpatient services in one category or test both outpatient office visits and all other outpatient services separately.</li> <li>Categories can be split in some cases if, for example, you want to split services between office visits and all other outpatient services. If you combine categories, indicate in the notes which categories are included. For example, a therapies category in the testing can combine rehabilitative speech therapy and rehabilitative occupational and physical therapies from the Benefit Components.</li> <li>For easy comparison, enter the plans in the same order and use the same tab names in the MHSUD Parity and Benefit Components workbooks. It would also be helpful if the Service Descriptions in the worksheets are in the same order as the Benefit Components.</li> <li>Plan projected allowed amounts should be annual dollar amounts which reflect a reasonable projected dollar amount [WAC 284-43-7040(1)(c)(ii)] as attested to in the MH/SUD Financial Requirement Parity Certification (section II.B.2). The amounts should be consistent with the allowed claims projected in URRT Worksheet 2, Section IV Projected Plan Level Information.</li> <li>The cost-shares for all embedded benefits, including dental and vision, must have every different cost-share visible, such as for different kinds of pediatric dental care, in the list of medical/surgical benefits.</li> <li>Include the parity calculations for the Exchange silver plan CSR variations.</li> <li>As noted in WAC 284-43-7020(5)(a), a plan or issuer must treat the least restrictive level of the financial requirement limitation that applies to at least two-thirds of medical/surgical benefits across all provider tiers in a classification as the predominant level that it may apply to mental health or substance use disorder benefits in the same classification.</li> </ul> <p>In the case of multiple cost shares across provider tiers, we recommend demonstrating parity by comparing each tier's MH/SUD cost shares versus the least restrictive level of medical/surgical benefit cost shares across all provider tiers in the classification.</p>		
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</p>	Commission Information and Officer Certification	Entire Document

## Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<p>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>		
36	<p><b>Rate Schedule:</b></p> <p>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:</p> <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	Entire Document
37	<p><b>Rate Example:</b></p> <p>Submit a rate calculation example on the Rate/Rule Schedule tab in SERFF. Address the following:</p> <ul style="list-style-type: none"> <li>• Use the rates in the Rate Schedule.</li> <li>• Include a statement that rates are charged to no more than the three <b>oldest</b> covered children under 21 for family coverage [45 CFR §147.102(c)(1)].</li> <li>• If your premium rates adjust for tobacco use, please include in the example at least one family member who uses tobacco and would then be subject to the adjustment.</li> </ul>	RBCBSO IND Rating Example	Entire Document

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
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	
39	<b>Use of Artificial Intelligence, Machine Learning, and/or Predictive Modeling:</b> In preparing assumptions and premium rates for this rate filing, did your company rely on artificial intelligence techniques, machine learning techniques, and/or other predictive modeling methods? Please explain any such reliance including the models and where the results applied to the rate filing. Please explain how your actuary fulfilled professionalism requirements including those in the Code of Professional Conduct and Actuarial Standards of Practice (ASOPs), such as ASOP No. 56, <i>Modeling</i> . Include comments about how you evaluated results for reasonableness.  Consider, for example, the September 2024 professionalism discussion paper, "Actuarial Professionalism Considerations for Generative AI," published by the American Academy of Actuaries.	N/A	Regence did not rely on Artificial Intelligence, Machine Learning, and/or Predictive Modeling for this filing.
40	<b>1332 waiver checklist:</b> Complete and submit the file " <a href="#">Checklist – Rates – 2026 Individual Supplemental Checklist for 1332 Waiver Reporting.</a> "	RBCBSO IND 1332 Checklist	Entire Document

# 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:	Regence BlueCross BlueShield of Oregon
Applicable Market:	Individual Medical
Plan Year:	2026

## Section I – Please provide a response for each item.

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### General Assumptions

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

**Enrollment**

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

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

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

Rating Area	PY 2026 Enrollment
Area 3	10,029
<b>Whole State</b>	10,029

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

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

Rating Area	PY 2026 Enrollment
Area 3	10,029
<b>Whole State</b>	10,029

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.

**PY 2026 projected enrollment by plan does not differ between with-waiver and without-waiver assumptions.**

Plan ID	PY 2026 Projected Enrollment
71281WA1350020	374
71281WA1350022	509



71281WA1350023	288
71281WA1350025	449
71281WA1350027	40
71281WA1350028	1
71281WA1350029	1
71281WA1350030	1
71281WA1360003	988
71281WA1360005	443
71281WA1360006	2,157
71281WA1360007	1,012
71281WA1360013	330
71281WA1360014	381
71281WA1360015	334
71281WA1360018	115
71281WA1360019	391
71281WA1360020	2,215

### 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.

<b>Rating Area</b>	<b>PY 2026 Premium</b>
Area 3	\$105,558,187.04
<b>Whole State</b>	\$105,558,187.04

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.

<b>Rating Area</b>	<b>PY 2026 Premium</b>
Area 3	\$105,558,187.04
<b>Whole State</b>	\$105,558,187.04

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.

**None.**

### **Service Area**

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

☐ Yes   ☒ No

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

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

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

Provide the reporting issuer's projected medical allowed claims spending by rating area as well as summed across the issuer's rating areas. The total amount summed across the rating areas should reconcile to the value reported in the Unified Rate Review Template (URRT), Worksheet 2 – Product-Plan Data, Section IV: Projected Plan Level Information, field **4.2 Allowed Claims**. Round to the nearest cent.

Use enrollment reported above in #3.

Rating Area	PY 2026 Allowed Claims
Area 3	\$92,814,392.70
<b>Whole State</b>	\$92,814,392.70

12. What is the reporting issuer's PY 2026 without-waiver total projected medical allowed claims spending (i.e., the sum of incurred claims and member cost shares)?

Provide the reporting issuer's projected medical spending by rating area as well as summed across the issuer's rating areas. Round to the nearest cent.

Use enrollment reported above in #4.

Rating Area	PY 2026 Allowed Claims
Area 3	\$92,814,392.70
<b>Whole State</b>	\$92,814,392.70

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.

**Regence does not anticipate any substantive impact from the inclusion of the 1332 wavier and no adjustments were made in the development of medical spending to account for it.**

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.

**Regence does not anticipate any substantive impact from the inclusion of the 1332 wavier and no adjustments to risk adjustment projections were made to account for it.**

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.

**Regence does not anticipate any substantive impact from the inclusion of the 1332 wavier and no adjustments to administrative expenses were made to account for it.**

## 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.

**Regence BlueCross BlueShield of Oregon**  
**Business Issued in the State of Washington**  
**Individual (On- and Off-Exchange)**  
**Claims**

*Incurred 01/01/2024 - 12/31/2024*  
*Run-out through 03/31/2025*

<b>Additional Data Statement (ADS) Paid Claims</b>	<b>\$</b>	<b>55,948,830</b>
Change In UCL <sup>a</sup>	\$	(2,648,716)
Risk Sharing Expense <sup>b</sup>	\$	243,434
Miscellaneous Claims Exp. <sup>c</sup>	\$	(76,993)
Ceded Dental <sup>d</sup>	\$	287,509
Legal Settlements <sup>e</sup>	\$	23,826
Net Cost Containment Adjustment <sup>f</sup>	\$	(8,917)
<b>Total Claims Adjustments</b>	<b>\$</b>	<b>(2,179,857)</b>
Difference between Actuarial and ADS due to incurred dates <sup>1</sup>	\$	(3,973,851)
Difference between Actuarial and ADS due to pharmacy rebates	\$	(592,659)
Difference between Actuarial and ADS due to paid dates <sup>2</sup>	\$	4,654,313
Incurred Claims UCL <sup>3</sup>	\$	1,495,745
<b>Total Other Adjustments</b>	<b>\$</b>	<b>1,583,548</b>
Additional Data Statement Paid Claims	\$	55,948,830
Total Claims Adjustments	\$	(2,179,857)
Total Other Adjustments	\$	1,583,548
<b>Adjusted Additional Data Statement Incurred Claims</b>	<b>\$</b>	<b>55,352,521</b>
<b>Total Actuarial Incurred Claims in Experience Period</b>	<b>\$</b>	<b>55,319,506</b>
<b>Unexplained difference between ADS and Actuarial Incurred Claims</b>	<b>\$</b>	<b>33,015</b>
<b>% Unexplained difference between ADS and Actuarial Incurred Claims</b>		<b>0.06%</b>

(a) Year over year change from 12/31/2023 to 12/31/2024 in Unpaid Claims Liability estimate.

Actuarial claims are incurred date basis whereas the ADS claims are calculated on an accounting basis (claims + change in reserves)

(b) Adjustment for provider risk sharing agreements that are not reflected in actuarial claims

(c) Claim recoveries and removal of standalone dental/vision claims that is not ACA

(d) Pediatric Dental claims that are recognized as ceded in the ADS but are included in the actuarial claims

(e) Items related to legal matters recognized as claims in the ADS and are not included in actuarial claims

(f) Adjustments relating to cost containment initiatives, including care coordination fees

(1) Actuarial claims paid 01/01/2024 - 12/31/2024 and incurred 01/01/2021 - 12/31/2023

(2) Actuarial claims paid 01/01/2025 - 03/31/2025 and incurred 01/01/2024 - 12/31/2024

(3) Actuarial claims incurred 01/01/2024 - 12/31/2024 and paid after 03/31/2025

**Regence BlueCross BlueShield of Oregon**  
**Business Issued in the State of Washington**  
**Individual (On- and Off-Exchange)**  
**Premium**

*Incurred 01/01/2024 - 12/31/2024*  
*Run-out through 03/31/2025*

<b>Additional Data Statement (ADS) Premium</b>	<b>\$ 54,758,616</b>
ACA Risk Adjustment <sup>a</sup>	\$ 7,006,505
Premium Ceded/Assumed <sup>b</sup>	\$ 44,468
Ceded Dental <sup>c</sup>	\$ 765,339
Misc Premium <sup>e</sup>	\$ (448,079)
<b>Total Premium Adjustments</b>	<b>\$ 7,368,232</b>
Difference between Actuarial and ADS due to incurred dates <sup>1</sup>	\$ 42,220
Difference between Actuarial and ADS due to paid dates <sup>2</sup>	\$ (95,995)
<b>Total Other Adjustments</b>	<b>\$ (53,775)</b>
Additional Data Statement Premium	\$ 54,758,616
Total Premium Adjustments	\$ 7,368,232
Total Other Adjustments	\$ (53,775)
<b>Total Adjusted Additional Data Statement Premium</b>	<b>\$ 62,073,073</b>
<b>Total Actuarial Premium</b>	<b>\$ 61,965,509</b>
<b>Unexplained difference between ADS and Actuarial Premium<sup>3</sup></b>	<b>\$ 107,564</b>
<b>% Unexplained difference between ADS and Actuarial Premium<sup>3</sup></b>	<b>0.20%</b>

- (a) ACA risk adjustment, including HCRP, included in the ADS premium that is not included in actuarial premium  
(b) Excess Loss premium that is recognized as ceded in the ADS premium, but is included in actuarial premium  
(c) Pediatric Dental premiums that are recognized as ceded in the ADS but are included in the actuarial premiums  
(e) Retroactive premium and member write off adjustments  
(1) Actuarial premium earned 01/01/2024 - 12/31/2024 and incurred 01/01/2021 - 12/31/2023  
(2) Actuarial premium earned 01/01/2025 - 03/31/2025 and incurred 01/01/2024 - 12/31/2024  
(3) Actuarial premium is not used in rate development

**Regence BlueCross BlueShield of Oregon  
Business Issued in the State of Washington  
Individual (On- and Off-Exchange)  
Enrollment**

*Incurred 01/01/2024 - 12/31/2024  
Run-out through 03/31/2025*

**Additional Data Statement (ADS)**

First Quarter	8,462
Second Quarter	9,011
Third Quarter	9,388
Fourth Quarter	9,342
Average	9,051

**Actuarial Unadjusted Average Enrollment**

Average 2024 Enrollment	8,772
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<b>% Unexplained difference between ADS and Actuarial Enrollment<sup>1,2</sup></b>	<b>3.08%</b>
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(1) There is no difference due to incurred dates; ADS only uses lag 0 enrollment

(2) Actuarial enrollment is adjusted through 3/31/2025, creating small differences to the ADS



**Regence BlueCross BlueShield of Oregon**  
**Business Issued in the State of Washington**  
**Individual (On- and Off-Exchange)**  
**Expenses**

*Incurred 01/01/2024 - 12/31/2024*  
*Run-out through 03/31/2025*

**Additional Data Statement (ADS)**

Claims adjustment and general administrative expenses	\$	7,858,615
Ceded reinsurance premium adjustment	\$	158,154
<b>Adjusted Additional Data Statement Expenses</b>	<b>\$</b>	<b>8,016,769</b>

<b>Actuarial Expenses</b>	<b>\$</b>	<b>7,991,086</b>
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<b>% Unexplained difference between ADS and Actuarial Expenses</b>	<b>0.32%</b>
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User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?☒

Apply Inpatient Copay per Day?☐

Apply Skilled Nursing Facility Copay per Day?☐

Use Separate MOOP for Medical and Drug Spending?☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?☐

Desired Metal Tier

Gold

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$2,000.00
Coinsurance (% , Insurer's Cost Share)			90.00%
MOOP (\$)			\$10,150.00
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input 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"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<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?☐

Specialty Rx Coinsurance Maximum:

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

# Days (1-10):

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

# Visits (1-10):

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

# Copays (1-10):

Plan Description:

Name: Gold 2000  
Plan HIOS ID: 71281WA1350020  
Issuer HIOS ID: 71281  
AVC Version: 2026\_1b  
AV Iteration: G\_2000

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2026 AV Calculator

Calculation Successful.

78.63%

Gold

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

0.0234 seconds

# User Inputs for Plan Parameters

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

Desired Metal Tier Silver

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

Tier 1 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)			\$5,000.00
Coinsurance (% , Insurer's Cost Share)			90.00%
MOOP (\$)			\$10,150.00
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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<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"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

## Options for Additional Benefit Design Limits:

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

## Plan Description:

**Name:** Silver 5000  
**Plan HIOS ID:** 71281WA1350022, 71281WA1350028  
**Issuer HIOS ID:** 71281  
**AVC Version:** 2026\_1b  
**AV Iteration:** S\_5000

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2026 AV Calculator

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

69.99%

Silver Off-Exchange and Small Group Market

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

0.082 seconds

User Inputs for Plan Parameters

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

Desired Metal Tier

Bronze

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$7,000.00
Coinsurance (% , Insurer's Cost Share)		50.00%
MOOP (\$)		\$8,300.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<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?☐

Specialty Rx Coinsurance Maximum:

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

# Days (1-10):

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

# Visits (1-10):

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

# Copays (1-10):

Plan Description:

Name: Bronze HSA 7000  
Plan HIOS ID: 71281WA1360018  
Issuer HIOS ID: 71281  
AVC Version: 2026\_1b  
AV Iteration: BHSA\_7000

Output

Calculate

Status/Error Messages: Expanded Bronze Standard (58% to 65%), Calculation Successful.  
Actuarial Value: 62.81%  
Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.082 seconds

Final 2026 AV Calculator



User Inputs for Plan Parameters

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

Desired Metal Tier

Bronze

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$7,750.00
Coinsurance (% , Insurer's Cost Share)		50.00%
MOOP (\$)		\$8,300.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<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?☐

Specialty Rx Coinsurance Maximum:

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

# Days (1-10):

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

# Visits (1-10):

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

# Copays (1-10):

Plan Description:

Name: Bronze HSA 7750  
Plan HIOS ID: 71281WA1350023  
Issuer HIOS ID: 71281  
AVC Version: 2026\_1b  
AV Iteration: BHSA\_7750

Output

Calculate

Status/Error Messages: Expanded Bronze Standard (58% to 65%), Calculation Successful.  
Actuarial Value: 62.61%  
Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.0898 seconds

Final 2026 AV Calculator

# User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒

Apply Inpatient Copay per Day? ☐

Apply Skilled Nursing Facility Copay per Day? ☐

Use Separate MOOP for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒

Desired Metal Tier Bronze

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$8,000.00
Coinsurance (% , Insurer's Cost Share)			50.00%
MOOP (\$)			\$10,150.00
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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$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"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<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"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

## Options for Additional Benefit Design Limits:

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

## Plan Description:

**Name:** Bronze 8000  
**Plan HIOS ID:** 71281WA1350027, 71281WA1350029  
**Issuer HIOS ID:** 71281  
**AVC Version:** 2026\_1b  
**AV Iteration:** B\_8000

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

64.42%

Bronze

Additional Notes:

Calculation Time:

0.2852 seconds

Final 2026 AV Calculator

User Inputs for Plan Parameters

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

Bronze

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$8,500.00
Coinsurance (% , Insurer's Cost Share)			90.00%
MOOP (\$)			\$10,150.00
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input 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"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<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?☐

Specialty Rx Coinsurance Maximum:

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

# Days (1-10):

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

# Visits (1-10):

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

# Copays (1-10):

Plan Description:

Name: Bronze Essential 8500  
Plan HIOS ID: 71281WA1360003  
Issuer HIOS ID: 71281  
AVC Version: 2026\_1b  
AV Iteration: BE\_8500\_SP

Output

Calculate

Status/Error Messages:

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

Actuarial Value:

62.80%

Metal Tier:

Bronze

Additional Notes:

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

Calculation Time:

0.0195 seconds

Final 2026 AV Calculator



User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒

Apply Inpatient Copay per Day? ☐

Apply Skilled Nursing Facility Copay per Day? ☐

Use Separate MOOP for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒

Desired Metal Tier Bronze

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$8,500.00
Coinsurance (%; Insurer's Cost Share)		90.00%
MOOP (\$)		\$10,150.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input 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"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input checked="" type="checkbox"/>
# Copays (1-10):	4

Plan Description:

Name: Bronze Essential 8500  
Plan HIOS ID: 71281WA1360003  
Issuer HIOS ID: 71281  
AVC Version: 2026\_1b  
AV Iteration: BE\_8500\_PCP

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2026 AV Calculator

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

61.13%

Bronze

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

0.1055 seconds



User Inputs for Plan Parameters

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

Desired Metal Tier

Bronze

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$9,000.00
Coinsurance (% , Insurer's Cost Share)			90.00%
MOOP (\$)			\$10,150.00
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input 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"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<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?☐

Specialty Rx Coinsurance Maximum:

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

# Days (1-10):

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

# Visits (1-10):

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

# Copays (1-10):

Plan Description:

Name: Bronze Essential 9000  
Plan HIOS ID: 71281WA1350025, 71281WA1350030  
Issuer HIOS ID: 71281  
AVC Version: 2026\_1b  
AV Iteration: BE\_9000\_SP

Output

Calculate

Status/Error Messages:  
Actuarial Value:  
Metal Tier:  
  
Additional Notes:  
  
Calculation Time:

Expanded Bronze Standard (58% to 65%), Calculation Successful.  
63.20%  
Bronze  
NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.  
  
0.1562 seconds

User Inputs for Plan Parameters

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

Bronze

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$9,000.00
Coinsurance (% , Insurer's Cost Share)			90.00%
MOOP (\$)			\$10,150.00
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input 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"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<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?☐

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): 4

Plan Description:

Name: Bronze Essential 9000  
Plan HIOS ID: 71281WA1350025, 71281WA1350030  
Issuer HIOS ID: 71281  
AVC Version: 2026\_1b  
AV Iteration: BE\_9000\_PCP

Output

Calculate

Status/Error Messages:

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

Actuarial Value:

61.41%

Metal Tier:

Bronze

Additional Notes:

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

Calculation Time:

0.1523 seconds

**Exhibit A - Modeled Plan Design Differences**  
**Regence BlueCross BlueShield of Oregon - Individual**

**Appendix**

**Using Method 45 CFR 156.135(b)(3)**

<b>Plan Name</b>	<b>HHS Plan ID</b>	<b>Modeled Plan Design Differences</b>
Bronze Essential 8500 Legacy Network	71281WA1360003	Upfront Primary/Specialist/Urgent Care Office Visits
Bronze Essential 9000 Individual Connect Network	71281WA1350025	Upfront Primary/Specialist/Urgent Care Office Visits
Bronze Essential 9000 Legacy Network	71281WA1350030	Upfront Primary/Specialist/Urgent Care Office Visits

**Exhibit B - Description of AV Iterations for Plans using Method 45 CFR 156.135(b)(3)**  
**Regence BlueCross BlueShield of Oregon - Individual**

**Appendix**

Plan Name	HHS Plan ID	Unique Benefits Description	AV Iteration 1 Description	AV Iteration 2 Description
Bronze Essential 8500 Legacy Network	71281WA1360003	<b><u>Upfront Office Visits</u></b> \$60 w/deductible waived for 4 upfront visit limit then Deductible & Coinsurance (Upfront visit limit applies to combined Primary/Specialist/Urgent Care visits)	<b><u>Iteration Name:</u></b> BE_8500_SP <b><u>Unique Benefits Modeled:</u></b> \$60 Unlimited Upfront Specialist Office Visits <b><u>Iteration Description:</u></b> Reflects maximum member cost share scenario on unique benefits.	<b><u>Iteration Name:</u></b> BE_8500_PCP <b><u>Unique Benefits Modeled:</u></b> Four \$60 Upfront PCP Visits <b><u>Iteration Description:</u></b> Reflects minimum member cost share scenario on four upfront PCP visits.
Bronze Essential 9000 Individual Connect Network	71281WA1350025	<b><u>Upfront Office Visits</u></b> \$60 w/deductible waived for 4 upfront visit limit then Deductible & Coinsurance (Upfront visit limit applies to combined Primary/Specialist/Urgent Care visits)	<b><u>Iteration Name:</u></b> BE_9000_SP <b><u>Unique Benefits Modeled:</u></b> \$60 Unlimited Upfront Specialist Office Visits <b><u>Iteration Description:</u></b> Reflects maximum member cost share scenario on unique benefits.	<b><u>Iteration Name:</u></b> BE_9000_PCP <b><u>Unique Benefits Modeled:</u></b> Four \$60 Upfront PCP Visits <b><u>Iteration Description:</u></b> Reflects minimum member cost share scenario on four upfront PCP visits.
Bronze Essential 9000 Legacy Network	71281WA1350030	<b><u>Upfront Office Visits</u></b> \$60 w/deductible waived for 4 upfront visit limit then Deductible & Coinsurance (Upfront visit limit applies to combined Primary/Specialist/Urgent Care visits)	<b><u>Iteration Name:</u></b> BE_9000_SP <b><u>Unique Benefits Modeled:</u></b> \$60 Unlimited Upfront Specialist Office Visits <b><u>Iteration Description:</u></b> Reflects maximum member cost share scenario on unique benefits.	<b><u>Iteration Name:</u></b> BE_9000_PCP <b><u>Unique Benefits Modeled:</u></b> Four \$60 Upfront PCP Visits <b><u>Iteration Description:</u></b> Reflects minimum member cost share scenario on four upfront PCP visits.

**Exhibit C - Actuarial Values for Plans using Method 45 CFR 156.135(b)(3)**  
**Regence BlueCross BlueShield of Oregon - Individual**

**Appendix**

<b>Plan Name</b>	<b>HHS Plan ID</b>	<b>AV Iteration 1</b>	<b>AV Iteration 2</b>	<b>Weight Iteration 1</b>	<b>Weight Iteration 2</b>	<b>AV Screenshot Page(s)</b>	<b>Final AV</b>
Bronze Essential 8500 Legacy Network	71281WA1360003	62.80%	61.13%	63.97%	36.03%	6-7	62.20%
Bronze Essential 9000 Individual Connect Network	71281WA1350025	63.20%	61.41%	63.97%	36.03%	8-9	62.56%
Bronze Essential 9000 Legacy Network	71281WA1350030	63.20%	61.41%	63.97%	36.03%	8-9	62.56%

## Unique Plan Design—Supporting Documentation and Justification

Fill in the following information.

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

71281

**HIOS Product IDs:**

71281WA135, 71281WA136

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

71281WA1350020, 71281WA1350022, 71281WA1350025, 71281WA1350027, 71281WA1350028, 71281WA1350029, 71281WA1350030, 71281WA1360003

**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:**

For modeled plan design differences that were incompatible with the AVC, please see “Exhibit A- Modeled Plan Design Differences”, that is included in the Appendix.

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

Alternate method 45 CFR 156.135(b)(3) was used for AV determinations. Please see “Exhibit A- Modeled Plan Design Differences” for a list of plans and plan IDs modeled.

In addition, the deductible is waived for medications on the Optimum Value Medication List for plans 71281WA1350020, 71281WA1350022, 71281WA1350023, 71281WA1350025, 71281WA1350027, 71281WA1350028, 71281WA1350029, 71281WA1350030, 71281WA1360003 and 71281WA1360018. The impact is immaterial to the AVC.

Plan IDs 71281WA1350020, 71281WA1350022, 71281WA1350027, 71281WA1350028 and 71281WA1350029 have different cost shares for Mental Health & Substance Use Disorder (MHSUD) Office Visits and MHSUD All Other OP Services. They are subject to copays for MHSUD Office Visits and are subject to deductible and coinsurance for MHSUD All Other OP Services. MHSUD office visits represent majority of the outpatient MHSUD services. Cost share design entered in the AVC is the predominant cost share. Having different cost shares for MHSUD Office Visits and MHSUD All Other OP Services is immaterial to the AVC.

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

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

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

Population data contained within the AVC was used to the maximum extent possible to generate scenarios and adjusted input for unique plan design features. In situations where AVC data was not available or practical to use, adjustments were calculated using data from a proprietary benefit relativity model constructed from historical claims information from Regence and its affiliated companies.

**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:**

For the plans modeled under alternate method 45 CFR 156.135(b)(3), upfront PCP and Specialist office visits were considered both unique and material for AV determination purposes.

The AVC was used to estimate minimum and maximum member cost sharing iteration AVs for the unique benefits of each plan. Please see “Exhibit B - Description of AV Iterations for Plans using Method 45 CFR 156.135(b)(3)” for a description of each AV iteration modeled.

The iteration weights are calculated in the following table.

(A) Metal Tier	Bronze
<b>Primary vs Specialty Iteration Weights</b>	
(B) Avg. Primary Care Freq <sup>(1)</sup>	1.155
(C) Avg. Specialist Freq <sup>(2)</sup>	2.051
(D) % Primary Care ( (B) / ( (B) + (C) ) )	36.03%
(E) % Specialist ( (C) / ( (B) + (C) ) )	63.97%
<b>(J) Iteration 1 Weight</b>	63.97%
<b>(K) Iteration 2 Weight</b>	36.03%

**Notes:**

(1) AV calculator Cont. Table Combined cell J170

(2) AV calculator Cont. Table Combined cell L170

In addition, please see “Exhibit C - Actuarial Values for Plans using Method 45 CFR 156.135(b)(3)” for AVs for each iteration, iteration weights, AV screenshot page numbers and final AV determinations for each plan.

**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:**

**Daniel Boeder** Digitally signed by Daniel Boeder  
Date: 2025.05.13 21:21:42 -07'00'

**Actuary Printed Name:**

**Daniel Boeder, FSA, MAAA**

**Date: 5/14/2025**



**Regence Blue Cross Blue Shield of Oregon  
Individual Plans**

Commissions are paid to licensed producers supporting enrollment for eligible individual members. Standard commissions are paid as per member per month (PMPM) to provide transparency and better cost control.

The standard commissions schedule effective 1/1/2026 for the Individual block of business is as follows:

Regence Blue Cross Blue Shield (RBCBS) will employ a tiered commission structure, with per-member, per-month commissions increasing based on the producer's production and level of knowledge of RBCBS's offering.

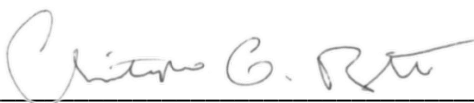
The tiers will be as follows

- Tier 0 Producer: Independent producers who are not appointed with RBCBS
- Tier 1 Producer: Producers who are appointed with RBCBS
- Tier 2 Producer: Producers who are appointed with RBCBS and have passed a test designed to demonstrate knowledge of RBCBS's individual product offerings
- Tier 3 Producer: Producers who are appointed, have passed the knowledge test, and have sold or renewed at least 75 enrollees.

The commission structure for each tier is provided in the chart below.

<b>Tier</b>	<b>Commission PMPM</b>
Tier 0	\$0
Tier 1	\$20
Tier 2	\$21
Tier 3	\$28

I, Christopher Blanton, am an officer of Regence Blue Cross Blue Shield and responsible for implementing the commissions schedule for the Individual line of business. I certify, that to the best of my knowledge, the provided schedule will be implemented effective 1/1/2026.



Christopher G. Blanton

Senior Vice-President, Regence Blue Cross Blue Shield Oregon

05/02/2025

Date

Factor Summary

Age Factor Summary			
Age Band	Factor	Age Band	Factor
0-14	0.765	40	1.278
15	0.833	41	1.302
16	0.859	42	1.325
17	0.885	43	1.357
18	0.913	44	1.397
19	0.941	45	1.444
20	0.970	46	1.500
21	1.000	47	1.563
22	1.000	48	1.635
23	1.000	49	1.706
24	1.000	50	1.786
25	1.004	51	1.865
26	1.024	52	1.952
27	1.048	53	2.040
28	1.087	54	2.135
29	1.119	55	2.230
30	1.135	56	2.333
31	1.159	57	2.437
32	1.183	58	2.548
33	1.198	59	2.603
34	1.214	60	2.714
35	1.222	61	2.810
36	1.230	62	2.873
37	1.238	63	2.952
38	1.246	64 and older	3.000
39	1.262		

Area Factor Summary		
Rating Area	Service Area	Factor
1	N/A	N/A
2	N/A	N/A
3	Clark	1.000
4	N/A	N/A
5	N/A	N/A
6	N/A	N/A
7	N/A	N/A
8	N/A	N/A
9	N/A	N/A
Only eligible portions of Rating Areas are listed under Service Area		

Tobacco Factor Summary		
Status	Description	Factor
Non-Tobacco	Does not use Tobacco	1.00
Tobacco	Uses Tobacco	1.00
Tobacco factors only apply to members aged 18 and over.		

<b>Summary of Current and Prior Year Factors</b>
--

Area Factor Changes				
Rating Area	Service Area	2025 Factor	2026 Factor	% Change
1	N/A	N/A	N/A	N/A
2	N/A	N/A	N/A	N/A
3	Clark	1.000	1.000	0.0%
4	N/A	N/A	N/A	N/A
5	N/A	N/A	N/A	N/A
6	N/A	N/A	N/A	N/A
7	N/A	N/A	N/A	N/A
8	N/A	N/A	N/A	N/A
9	N/A	N/A	N/A	N/A

Tobacco Factor Changes		
2025 Factor	2026 Factor	% Change
1.15	1.00	-13.0%

Plan Level Pricing AV and Base Rate Changes						
HHS Plan ID	2025 Pricing AV	2026 Pricing AV	% Change	2025 Base Rate	2026 Base Rate	% Change
71281WA1350023	0.4880	0.6260	28.3%	\$394.85	\$434.48	10.0%
71281WA1350025	0.4730	0.6000	26.8%	\$382.71	\$416.43	8.8%
71281WA1350027	0.4910	0.6270	27.7%	\$397.28	\$435.17	9.5%
71281WA1360015	0.4950	0.6360	28.5%	\$400.51	\$441.42	10.2%
71281WA1360018	0.4930	0.6310	28.0%	\$398.90	\$437.95	9.8%
71281WA1350020	0.6930	0.8810	27.1%	\$560.72	\$611.46	9.0%
71281WA1360013	0.7830	0.9250	18.1%	\$633.54	\$642.00	1.3%
71281WA1350022	0.5570	0.7120	27.8%	\$450.68	\$494.16	9.6%
71281WA1360014	0.6225	1.0719	72.2%	\$503.68	\$743.95	47.7%
71281WA1360003	0.3976	0.5357	34.7%	\$321.71	\$371.80	15.6%
71281WA1360007	0.4143	0.5622	35.7%	\$335.22	\$390.19	16.4%
71281WA1360005	0.6554	0.8177	24.8%	\$530.30	\$567.52	7.0%
71281WA1360006	0.5211	0.9476	81.8%	\$421.63	\$657.68	56.0%

Plan Summary

2026 Pool Base Rate

\$694.05

Network	Metal	Plan Name	HHS Plan ID	Benefits	Base Rates	Exchange Status	Available in Rating Areas
Individual Connect	Bronze	Bronze HSA 7750 Individual Connect Network	71281WA1350023	BASE	\$434.48	Outside the Exchange	3
Individual Connect	Bronze	Bronze Essential 9000 Individual Connect Network	71281WA1350025	BASE	\$416.43	Outside the Exchange	3
Individual Connect	Bronze	Bronze 8000 Individual Connect Network	71281WA1350027	BASE	\$435.17	Outside the Exchange	3
Individual Connect	Bronze	Regence Cascade Bronze Individual Connect Network	71281WA1360015	BASE no Ped Dental	\$441.42	Inside the Exchange	3
Individual Connect	Bronze	Bronze HSA 7000 Individual Connect Network	71281WA1360018	BASE no Ped Dental	\$437.95	Inside the Exchange	3
Individual Connect	Gold	Gold 2000 Individual Connect Network	71281WA1350020	BASE	\$611.46	Outside the Exchange	3
Individual Connect	Gold	Regence Cascade Complete Gold Individual Connect Network	71281WA1360013	BASE no Ped Dental	\$642.00	Inside the Exchange	3
Individual Connect	Gold	Regence Cascade Vital Gold Individual Connect Network	71281WA1360019	BASE no Ped Dental	\$583.00	Inside the Exchange	3
Individual Connect	Silver	Silver 5000 Individual Connect Network	71281WA1350022	BASE	\$494.16	Outside the Exchange	3
Individual Connect	Silver	Regence Cascade Silver Individual Connect Network	71281WA1360014	CSR Silver	\$743.95	Inside the Exchange	3
Legacy	Bronze	Bronze 8000 Legacy Network	71281WA1350029	BASE	\$384.71	Outside the Exchange	3
Legacy	Bronze	Bronze Essential 9000 Legacy Network	71281WA1350030	BASE	\$368.12	Outside the Exchange	3
Legacy	Bronze	Bronze Essential 8500 Legacy Network	71281WA1360003	BASE no Ped Dental	\$371.80	Inside the Exchange	3
Legacy	Bronze	Regence Cascade Bronze Legacy Network	71281WA1360007	BASE no Ped Dental	\$390.19	Inside the Exchange	3
Legacy	Gold	Regence Cascade Complete Gold Legacy Network	71281WA1360005	BASE no Ped Dental	\$567.52	Inside the Exchange	3
Legacy	Gold	Regence Cascade Vital Gold Legacy Network	71281WA1360020	BASE no Ped Dental	\$515.40	Inside the Exchange	3
Legacy	Silver	Silver 5000 Legacy Network	71281WA1350028	BASE	\$436.84	Outside the Exchange	3
Legacy	Silver	Regence Cascade Silver Legacy Network	71281WA1360006	CSR Silver	\$657.68	Inside the Exchange	3

<p><b>Regence BlueCross BlueShield of Oregon - Individual REGENBB173QM Supplementary Exhibits Table of Contents</b></p>
<p><b>Exhibit Description</b></p>
<p><b>RBCBSO Data Summary</b></p>
<p><b>Claims Triangle</b></p>
<p><b>Months of Surplus</b></p>
<p><b>Financial Statements</b></p>

**Regence BlueCross BlueShield of Oregon - Individual**

**REGENBB173QM**

**Rates Effective 1/1/2026**

**RBCBSO Data Summary**

<b>Month</b>	<b>CC Individual ACA</b>		
	<b>Membership</b>	<b>Earned Premium</b>	<b>Incurred Claims</b>
12/2024	9,231	\$5,402,552	\$5,473,871
11/2024	9,331	\$5,459,538	\$5,194,060
10/2024	9,310	\$5,443,861	\$5,979,284
9/2024	9,261	\$5,412,002	\$5,475,446
8/2024	9,164	\$5,374,381	\$5,573,598
7/2024	9,038	\$5,317,724	\$5,074,673
6/2024	8,907	\$5,244,031	\$4,421,600
5/2024	8,698	\$5,128,160	\$5,117,171
4/2024	8,526	\$5,039,455	\$5,949,688
3/2024	8,312	\$4,914,032	\$4,525,468
2/2024	8,122	\$4,816,827	\$3,934,328
1/2024	7,360	\$4,412,876	\$3,477,402
<b>Total</b>	<b>105,260</b>	<b>\$61,965,440</b>	<b>\$60,196,588</b>

- Incurred Claims reflect March 2025 UCL and do not reflect pharmacy rebates

**Regence BlueCross BlueShield of Oregon - Individual**  
**REGENBB173QM**  
**Rates Effective 1/1/2026**  
**Medical and Rx Paid Claims Triangle**

Medical												
Incurred Month												
Paid Month	202401	202402	202403	202404	202405	202406	202407	202408	202409	202410	202411	202412
202401	394,264	0	0	0	0	0	0	0	0	0	0	0
202402	1,451,872	411,313	0	0	0	0	0	0	0	0	0	0
202403	269,469	1,563,632	379,778	0	0	0	0	0	0	0	0	0
202404	260,808	747,115	2,431,184	518,738	0	0	0	0	0	0	0	0
202405	-24,766	92,147	240,594	1,533,921	478,741	0	0	0	0	0	0	0
202406	120,560	121,373	61,300	394,006	1,750,712	257,922	0	0	0	0	0	0
202407	26,324	25,744	118,051	953,007	1,355,407	2,320,980	617,959	0	0	0	0	0
202408	-4,910	5,905	22,421	79,207	119,085	233,744	2,605,154	480,489	0	0	0	0
202409	65,264	24,279	54,510	714,935	65,937	90,169	178,872	2,553,439	227,077	0	0	0
202410	39,916	57,169	28,704	86,876	21,367	32,268	100,745	525,508	3,119,833	734,053	0	0
202411	26,110	14,109	2,437	19,538	62,356	39,807	72,862	55,852	388,387	2,465,676	487,912	0
202412	17,627	23,611	44,172	25,194	4,141	86,616	25,977	40,648	185,499	740,352	2,579,762	924,008
202501	976	18,380	20,007	3,579	14,441	181,019	97,979	440,273	60,671	81,898	266,170	2,247,776
202502	1,181	12,831	28,769	256,561	14,980	40,048	3,972	50,731	10,244	61,833	30,060	454,997
202503	22,121	885	543	12,251	7,689	5,239	70,141	-9,637	4,653	60,668	47,743	80,390

Rx												
Incurred Month												
Paid Month	202401	202402	202403	202404	202405	202406	202407	202408	202409	202410	202411	202412
202401	797,986	0	0	0	0	0	0	0	0	0	0	0
202402	-5,277	798,260	0	0	0	0	0	0	0	0	0	0
202403	48	-16,682	1,138,397	0	0	0	0	0	0	0	0	0
202404	0	-8	-70,543	1,136,995	0	0	0	0	0	0	0	0
202405	1,718	3	3,767	5,712	1,171,829	0	0	0	0	0	0	0
202406	0	0	0	0	13,326	1,167,044	0	0	0	0	0	0
202407	2	29	0	-121	0	-76,055	1,235,190	0	0	0	0	0
202408	-6	-963	46	2	30	0	-2,984	1,420,381	0	0	0	0
202409	0	-6,888	0	0	0	-979	-28	-90,205	1,347,004	0	0	0
202410	0	-6,456	0	0	0	2	17	-1,237	-11,149	1,687,560	0	0
202411	4,026	0	0	0	0	0	1	0	0	-57,749	1,529,476	0
202412	0	0	0	0	0	43	0	0	-991	455	-57,096	1,529,562
202501	0	0	0	0	40	0	0	10	0	-2	0	-51,061
202502	0	0	0	0	0	0	17	0	0	-3	-1,532	19
202503	0	0	0	0	0	69	0	69	0	0	2	0

- Incurred Claims have not been adjusted for unpaid claims estimates or pharmacy rebates

**Regence BlueCross BlueShield of Oregon - Individual**  
**REGENBB173QM**  
**Rates Effective 1/1/2026**  
**Medical and Rx Allowed Claims Triangle**

Medical												
Incurred Month												
Paid Month	202401	202402	202403	202404	202405	202406	202407	202408	202409	202410	202411	202412
202401	582,219	0	0	0	0	0	0	0	0	0	0	0
202402	2,034,311	603,249	0	0	0	0	0	0	0	0	0	0
202403	343,283	2,132,767	567,432	0	0	0	0	0	0	0	0	0
202404	181,975	805,280	2,965,425	666,669	0	0	0	0	0	0	0	0
202405	15,913	101,605	316,530	1,966,435	680,050	0	0	0	0	0	0	0
202406	170,269	199,163	105,010	459,231	2,182,035	389,131	0	0	0	0	0	0
202407	28,495	29,789	125,750	1,047,956	1,542,033	2,880,122	804,202	0	0	0	0	0
202408	1,144	8,263	29,629	75,462	139,658	291,095	3,166,862	688,086	0	0	0	0
202409	69,150	27,444	58,984	727,510	73,723	107,262	215,543	3,049,799	347,764	0	0	0
202410	40,432	58,666	29,707	108,418	24,387	76,278	114,024	586,688	3,670,841	917,691	0	0
202411	26,297	17,361	3,911	21,495	63,609	42,787	79,285	61,449	463,582	2,985,862	606,894	0
202412	22,531	25,190	48,966	25,994	11,765	84,418	30,600	44,542	250,410	809,297	3,056,334	1,109,039
202501	1,894	15,803	17,685	2,715	11,146	184,671	97,411	439,803	63,250	102,749	295,505	2,680,050
202502	-35,099	9,082	21,396	249,866	8,097	30,519	-1,239	40,988	19,577	68,058	27,730	502,974
202503	10,624	-11,063	1,843	17,181	-4,186	6,246	81,579	238	2,338	50,112	69,970	97,053

Rx												
Incurred Month												
Paid Month	202401	202402	202403	202404	202405	202406	202407	202408	202409	202410	202411	202412
202401	1,226,448	0	0	0	0	0	0	0	0	0	0	0
202402	-21,928	1,084,351	0	0	0	0	0	0	0	0	0	0
202403	79	-33,904	1,389,894	0	0	0	0	0	0	0	0	0
202404	0	-1	-90,627	1,330,369	0	0	0	0	0	0	0	0
202405	4,645	8	4,720	608	1,345,134	0	0	0	0	0	0	0
202406	0	0	0	45	12,987	1,331,197	0	0	0	0	0	0
202407	4	36	5	-131	-61	-85,331	1,411,888	0	0	0	0	0
202408	-8	-1,068	48	2	56	28	-2,065	1,580,890	0	0	0	0
202409	6	-7,832	2	6	3	-1,002	-11	-96,435	1,498,670	0	0	0
202410	-113	-6,613	-56	0	0	2	31	-1,380	-9,080	1,845,437	0	0
202411	4,026	0	0	0	0	0	11	3	0	-68,954	1,671,669	0
202412	0	0	0	0	0	53	0	-16	-1,081	511	-64,573	1,659,845
202501	0	0	0	0	100	0	0	20	0	-22	0	-53,911
202502	0	0	0	0	0	10	27	0	0	-28	-1,503	24
202503	0	0	0	0	0	79	0	79	0	0	13	19

- Incurred Claims have not been adjusted for unpaid claims estimates or pharmacy rebates



**Regence BlueCross BlueShield of Oregon - Individual**  
**REGENBB173QM**  
**Rates Effective 1/1/2026**  
**Months of Surplus**

Regence BlueCross BlueShield of Oregon	1/1/2026
Statutory Surplus*	\$1,246,176,001
Statutory Claims Exp**	\$2,803,010,588
Monthly Claims Exp	\$233,584,216
Months of Surplus	5.34

Note: A contribution to surplus of 0.0% is proposed in this filing.

\*Source: Annual Statement, Page 3, Column 3, Line 33

\*\*Source: Annual Statement, Page 4, Column 2, Line 18

**Checklist Item 25 b: Prescribed projection for 2026 Months of Surplus**

Trend	10.20%
Risk and Contingency	3.50%
Loss Ratio	86.87%
Projected 2025 Claims	\$3,088,917,668
Projected 2026 Claims	\$3,403,987,270
Projected 2026 Monthly Claims	\$283,665,606
Projected Change to Surplus	\$261,605,738
Projected 2026 Surplus	\$1,507,781,739
Projected 2026 Months of Surplus	5.32

- Projected Claims is the Statutory Claims Exp trended using the rate filing assumption of 10.2% annual trend.

- Projected Change to Surplus assumes 3.5% will be retained in 2024 and 2025 after applying the 86.9% loss ratio from the rate filing.

**Regence BlueCross BlueShield of Oregon - Individual  
REGENBB173QM  
Rates Effective 1/1/2026  
Financial Statements**

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**Balance Sheet from Annual Statement on next four pages.**

**Additional Data Statement Information on the following four pages.**

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D) .....	1,245,187,948		1,245,187,948	1,249,897,960
2. Stocks (Schedule D):				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....	447,266,655		447,266,655	432,421,777
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....			0	0
3.2 Other than first liens.....			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ .....0 encumbrances) .....	6,773,854		6,773,854	6,970,791
4.2 Properties held for the production of income (less \$ .....0 encumbrances) .....			0	0
4.3 Properties held for sale (less \$ .....0 encumbrances) .....			0	0
5. Cash (\$ .....6,430,902 , Schedule E - Part 1), cash equivalents (\$ ..... 17,217,677 , Schedule E - Part 2) and short-term investments (\$ ..... , Schedule DA) .....	23,648,579		23,648,579	(25,106,642)
6. Contract loans, (including \$ ..... premium notes) .....			0	0
7. Derivatives (Schedule DB) .....			0	0
8. Other invested assets (Schedule BA) .....	21,372,652	5,179,753	16,192,899	16,353,076
9. Receivables for securities .....	696,476		696,476	282,755
10. Securities lending reinvested collateral assets (Schedule DL) .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	1,744,946,164	5,179,753	1,739,766,411	1,680,819,717
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	11,789,457		11,789,457	9,307,419
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	109,358,781	1,729,554	107,629,227	99,420,267
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums (\$ .....13,370,334 ) and contracts subject to redetermination (\$ ..... 14,902,534 ) .....	28,272,868		28,272,868	24,296,032
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	20,065,391		20,065,391	17,119,124
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....	77,343,845	6,285,281	71,058,564	60,098,491
18.1 Current federal and foreign income tax recoverable and interest thereon ....	1,569,196		1,569,196	5,970,857
18.2 Net deferred tax asset .....			0	0
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....	22,224,632	22,224,632	0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....	6,864,729	6,864,729	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....	38,789,586		38,789,586	17,267,873
24. Health care (\$ ..... 42,771,342 ) and other amounts receivable .....	56,284,065	13,512,723	42,771,342	42,313,722
25. Aggregate write-ins for other-than-invested assets .....	9,504,975	7,238,270	2,266,705	4,620,250
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	2,127,013,689	63,034,942	2,063,978,747	1,961,233,752
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27)	2,127,013,689	63,034,942	2,063,978,747	1,961,233,752
DETAILS OF WRITE-INS				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Executives and Directors Deferred Compensation .....	1,443,739		1,443,739	1,963,749
2502. Physician Deferred Compensation .....	822,966		822,966	990,371
2503. Prepaid Assets .....	4,977,823	4,977,823	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	2,260,447	2,260,447	0	1,666,130
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	9,504,975	7,238,270	2,266,705	4,620,250

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1	2	3	4
	Covered	Uncovered	Total	Total
1. Claims unpaid (less \$ .....6,980,151 reinsurance ceded) .....	431,110,736	5,912,012	437,022,748	354,995,672
2. Accrued medical incentive pool and bonus amounts .....	15,340,801		15,340,801	17,414,683
3. Unpaid claims adjustment expenses.....	10,736,880		10,736,880	10,318,433
4. Aggregate health policy reserves, including the liability of \$ .....0 for medical loss ratio rebate per the Public Health Service Act .....	84,818,310		84,818,310	96,723,029
5. Aggregate life policy reserves.....			0	0
6. Property/casualty unearned premium reserves.....			0	0
7. Aggregate health claim reserves.....	1,887,714		1,887,714	1,828,584
8. Premiums received in advance.....	23,429,013		23,429,013	21,248,264
9. General expenses due or accrued.....	18,457,110		18,457,110	38,366,696
10.1 Current federal and foreign income tax payable and interest thereon (including \$ .....0 on realized capital gains (losses)) .....			0	0
10.2 Net deferred tax liability.....	12,614,260		12,614,260	10,612,731
11. Ceded reinsurance premiums payable.....	4,185,909		4,185,909	3,911,266
12. Amounts withheld or retained for the account of others.....	5,338,305		5,338,305	8,312,418
13. Remittances and items not allocated.....	5,703,257		5,703,257	5,844,416
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current).....			0	0
15. Amounts due to parent, subsidiaries and affiliates.....	70,945,709		70,945,709	30,233,978
16. Derivatives.....			0	0
17. Payable for securities.....	3,016,113		3,016,113	4,772,790
18. Payable for securities lending .....			0	0
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ .....0 unauthorized reinsurers and \$ .....0 certified reinsurers).....			0	0
20. Reinsurance in unauthorized and certified (\$ ..... ) companies .....			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....			0	0
22. Liability for amounts held under uninsured plans.....	123,997,453		123,997,453	94,128,766
23. Aggregate write-ins for other liabilities (including \$ .....309,164 current).....	309,164	0	309,164	302,966
24. Total liabilities (Lines 1 to 23).....	811,890,734	5,912,012	817,802,746	699,014,692
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	0	0
26. Common capital stock.....	XXX	XXX		
27. Preferred capital stock.....	XXX	XXX		
28. Gross paid in and contributed surplus.....	XXX	XXX		
29. Surplus notes.....	XXX	XXX	0	
30. Aggregate write-ins for other-than-special surplus funds.....	XXX	XXX	0	0
31. Unassigned funds (surplus).....	XXX	XXX	1,246,176,001	1,262,219,060
32. Less treasury stock, at cost: 32.1 ..... shares common (value included in Line 26 \$ ..... ).....	XXX	XXX		
32.2 ..... shares preferred (value included in Line 27 \$ ..... ).....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	1,246,176,001	1,262,219,060
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	2,063,978,747	1,961,233,752
DETAILS OF WRITE-INS				
2301. Unclaimed Property .....	304,799		304,799	302,966
2302. Tenant Liability .....	4,365		4,365	
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	309,164	0	309,164	302,966
2501. ....	XXX	XXX		
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	5,843,130	5,820,425
2. Net premium income ( including \$ ..... non-health premium income) .....	XXX	3,089,020,785	2,822,971,514
3. Change in unearned premium reserves and reserve for rate credits .....	XXX	25,678,552	7,108,835
4. Fee-for-service (net of \$ ..... medical expenses) .....	XXX	0	0
5. Risk revenue .....	XXX	0	0
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	3,114,699,337	2,830,080,349
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....	21,231,151	1,620,392,628	1,541,134,257
10. Other professional services .....	3,546,398	270,666,276	257,882,912
11. Outside referrals .....	489,051	37,325,118	33,567,674
12. Emergency room and out-of-area .....	5,242,820	400,139,749	372,937,987
13. Prescription drugs .....	5,149,541	393,020,525	335,844,825
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....		14,644,816	15,581,011
16. Subtotal (Lines 9 to 15) .....	35,658,961	2,736,189,112	2,556,948,666
<b>Less:</b>			
17. Net reinsurance recoveries .....		(66,821,476)	53,090,772
18. Total hospital and medical (Lines 16 minus 17) .....	35,658,961	2,803,010,588	2,503,857,894
19. Non-health claims (net) .....			
20. Claims adjustment expenses, including \$ ..... 69,722,351 cost containment expenses ....		148,716,631	140,034,649
21. General administrative expenses .....		196,128,389	177,899,049
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only) .....		5,642,175	(456,226)
23. Total underwriting deductions (Lines 18 through 22).....	35,658,961	3,153,497,783	2,821,335,366
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	(38,798,446)	8,744,983
25. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....		58,258,842	48,700,800
26. Net realized capital gains (losses) less capital gains tax of \$ ..... 2,799,056 .....		10,529,782	18,047,555
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	68,788,624	66,748,355
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ .....0 ) (amount charged off \$ ..... 426,472 )] .....		(426,472)	(359,236)
29. Aggregate write-ins for other income or expenses .....	0	(2,336,898)	(3,950,435)
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX	27,226,808	71,183,667
31. Federal and foreign income taxes incurred .....	XXX	2,396,930	(66,028,678)
32. Net income (loss) (Lines 30 minus 31)	XXX	24,829,878	137,212,345
<b>DETAILS OF WRITE-INS</b>			
0601. ....	XXX		
0602. ....	XXX		
0603. ....	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0
0701. ....	XXX		
0702. ....	XXX		
0703. ....	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0
1401. ....			
1402. ....			
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0
2901. Other Income .....		1,073,697	2,152,493
2902. Other Expense .....		(3,410,595)	(6,102,928)
2903. ....			
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	(2,336,898)	(3,950,435)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	1,262,219,060	1,148,930,801
34. Net income or (loss) from Line 32 .....	24,829,878	137,212,345
35. Change in valuation basis of aggregate policy and claim reserves .....		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ ..... 3,232,507 .....	14,606,791	30,651,047
37. Change in net unrealized foreign exchange capital gain or (loss) .....		
38. Change in net deferred income tax .....	1,230,978	(350,775)
39. Change in nonadmitted assets .....	(6,710,706)	(4,224,357)
40. Change in unauthorized and certified reinsurance .....	0	0
41. Change in treasury stock .....	0	0
42. Change in surplus notes .....	0	0
43. Cumulative effect of changes in accounting principles.....		
44. Capital Changes:		
44.1 Paid in .....	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....		
45. Surplus adjustments:		
45.1 Paid in .....	0	0
45.2 Transferred to capital (Stock Dividend) .....		
45.3 Transferred from capital .....		
46. Dividends to stockholders .....		
47. Aggregate write-ins for gains or (losses) in surplus .....	(50,000,000)	(50,000,000)
48. Net change in capital and surplus (Lines 34 to 47) .....	(16,043,059)	113,288,259
49. Capital and surplus end of reporting period (Line 33 plus 48)	1,246,176,001	1,262,219,060
DETAILS OF WRITE-INS		
4701. Ordinary Distribution .....	(50,000,000)	(50,000,000)
4702. ....		
4703. ....		
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	(50,000,000)	(50,000,000)

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

Company: Regence BlueCross BlueShield of Oregon

NAIC Company Code: 54993

## I. Analysis of Washington Operations by Lines of Business

	1	3 Comprehensive (Medical & Hospital)		4	5	6	7	8	9	10	11	12	13	14
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-term Care	Other Health	Other Non-Health
See annual statement														
1. Net Premium Income	331,335,890	54,758,616	127,684,497	3,852,280	273,543	1,126,000		143,640,953						
7. Total Revenues (Lines 1 to 6)	331,353,567	54,758,616	127,684,497	3,852,280	273,543	1,126,000		143,658,630						
15. Subtotal (Lines 8 to 14)	303,461,492	56,114,067	107,879,788	2,900,370	218,833	3,965,541		132,382,892						XXX
16. Net Reinsurance Recoveries	5,947,402	165,238	184,973	51,572		2,726,771		2,818,721					126	XXX
17. Total hospital and medical (Lines 15 minus 16)	297,514,090	55,948,830	107,694,814	2,848,798	218,833	1,238,769	0	129,564,171	0	0	0	0	(126)	XXX
19. Claims adjustment expenses	18,204,745	1,907,575	4,382,848	153,749	11,704	94,165		9,526,431					2,128,272	
20. General administrative expenses	23,982,761	5,951,040	10,356,622	484,823	15,435	(25,541)		9,455,189					(2,254,808)	0
21. Increase in reserves for accident and health contracts	849,630							849,630						XXX
23. Total underwriting deductions (Lines 17 to 22)	340,551,225	63,807,445	122,434,285	3,487,370	245,972	1,307,394	0	149,395,421	0	0	0	0	(126,661)	
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(9,197,658)	(9,048,829)	5,250,212	364,911	27,571	(181,394)	0	(5,736,791)	0	0	0	0	126,661	0

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

Company: **Regence BlueCross BlueShield of Oregon**

NAIC Company Code: 54993

## 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	182,443,113	54,758,616		40,322,939				87,361,558		1
7. Total Revenues (Lines 1 to 6)	182,443,113	54,758,616		40,322,939				87,361,558		2
15. Subtotal (Lines 8 to 14)	163,993,855	56,114,067		36,325,818				71,553,969		3
16. Net Reinsurance Recoveries	350,211	165,238		183,533				1,440		4
17. Total hospital and medical (Lines 15 minus 16)	163,643,644	55,948,830	0	36,142,285	0	0	0	71,552,529	0	5
19. Claims adjustment expenses	6,290,423	1,907,575		1,517,961				2,864,887		6
20. General administrative expenses	16,307,662	5,951,040		3,913,438				6,443,184		7
21. Increase in reserves for accident and health contracts	0									8
23. Total underwriting deductions (Lines 17 to 22)	186,241,729	63,807,445	0	41,573,685	0	0	0	80,860,600	0	9
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(3,798,616)	(9,048,829)	0	(1,250,746)	0	0	0	6,500,958	0	10
										11
										12
										13
										14
										15
										16
										17
										18
										19
										20
										21
										22
										23
										24
										25



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

Company: Regence BlueCross BlueShield of Oregon

NAIC Company Code: 54993

## 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	24,991	6,107		6,695				12,189		27
										28
2. First Quarter	26,789	8,462		6,227				12,100		29
										30
3. Second Quarter	26,527	9,011		6,170				11,346		31
										32
4. Third Quarter	26,917	9,388		6,288				11,241		33
										34
5. Current Year	26,920	9,342		6,346				11,232		35
										36
										37
										38
										39
										40
										41
										42
										43
										44
										45
										46
										47
										48
										49
										50

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

Company: **Regence BlueCross BlueShield of Oregon** NAIC Company Code: 54993

**IV. Deposit or Funded Reserve or Underwriting of Indemnity Calculation**

Mark the type of certificate the company holds and then fill in the data.

☐ **Multiple Employer Welfare Organization (MEWA)**

☐ Maintain a \$200,000 restricted deposit held under a Depositary Agreement with the Commissioner.

☐ **Health Maintenance Organization (HMO)**

\$150,000 Funded Reserve is maintained by:

☐ Cash or securities deposit  
☐ Surety Bond  
☐ Combination of the two

☒ **Health Care Service Contractor (HCSC)**

**Complete both calculations**

Calculation of Deposit Requirements (WAC 284-44-320 and 284-44-330)

\$342,021,993 A1. Premiums Collected  
 8.3% A2. One-twelfth  
 \$28,387,825 A3. Calculated Requirement (line A1 x line A2)  
 \$150,000 A4. Minimum Indemnity  
 \$28,387,825 A5. Indemnity Required (greater of line A3 or line A4)

Calculation of Indemnity Required (WAC 284-44-340)

	1	2	3
	Incurred but Unpaid	Service Benefits	Non-Service (Indemnity)
B1. Line of Business Subtotal	\$52,065,350	\$51,361,014	\$704,336
B2. Percentage of Claim Reserve and Claim Liability	100%	99%	1%
B3. Estimated Increase (Decrease) During Ensuing Year			\$7,872
B4. Adjusted Claim Reserve and Claim Liability (line B1 + line B3)			\$712,208
B5. Policy Reserves	\$14,525,529		\$196,500
B6. Premiums Received in Advance	\$3,767,610		\$50,968
B7. Total Unearned Prepayments (line B5 + line B6)			\$247,468
B8. Calculated Alternate Indemnity Requirement (line B4 + line B7)			\$959,677
B9. Minimum Indemnity			\$150,000
B10. Indemnity Required (greater of line B8 or line B9)			\$959,677
B11. Total of Deposit Market Value, Surety Bond and Insurance Policy at December 31.			\$709,936
B12. (Negative) means an Increase is Required; Positive means an Excess			(\$249,741)

Indemnity is maintained by:

☒ Cash or securities deposit  
☐ Surety Bond  
☐ Insurance policy

☐ **Limited Health Care Service Contractor (LHCSC)**

☐ **LHCSC certificate held three or MORE years**

C1. Uncovered Expenditures  
 C2. Anticipated increase or (decrease) in the line above  
 \$0 C3. Total (line C1 + line C2)  
 25% C4. Twenty-five percent  
 \$0 C5. Line C3 x line C4  
 C6. Policy Reserves  
 C7. Premiums Received in Advance  
 \$0 C8. Indemnity Required (line C5 + line C6 + line C7)  
 C9. Total of Deposit Market Value, Surety Bond and Insurance Policy at December 31  
 \$0 C10. (Negative) means an Increase is Required; Positive means an Excess

Indemnity is maintained by:

☐ Cash or securities deposit  
☐ Surety Bond  
☐ Insurance policy

☐ **LHCSC certificate held for LESS than three years**

D1. Projected net premiums earned for the next year  
 0.5% D2. One-half of one percent  
 \$0 D3. Indemnity Required (line D1 x D2)

D4. \_\_\_\_\_ insures or guarantees the LHCSC's Uncovered Expenditures and that insurer/guarantor's NAIC company code is \_\_\_\_\_

Question 1:

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

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

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

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

Response:

Part 1

Issuer Name:	Regence Blue Cross Blue Shield of Oregon
HIOS Issuer ID:	71281
Market:	Individual
Plan Year:	2026

Part 2

2025 HIOS Plan ID and 2026 HIOS Plan ID	2025 Plan Name	2026 Plan Name	New, Renewal, or Terminated in 2026?	Enrollment as of 3/31/2025
71281WA1350020	Gold 2000 Individual and Family Network	Gold 2000 Individual Connect Network	Renewal	377
71281WA1350022	Silver 5000 Individual and Family Network	Silver 5000 Individual Connect Network	Renewal	509
71281WA1350023	Bronze HSA 7250 Individual and Family Network	Bronze HSA 7750 Individual Connect Network	Renewal	288
71281WA1350025	Bronze Essential 8700 Individual and Family Network	Bronze Essential 9000 Individual Connect Network	Renewal	449
71281WA1350027	Bronze 8000 Individual and Family Network	Bronze 8000 Individual Connect Network	Renewal	40
71281WA1350028	N/A	Silver 5000 Legacy Network	New	0
71281WA1350029	N/A	Bronze 8000 Legacy Network	New	0
71281WA1350030	N/A	Bronze Essential 9000 Legacy Network	New	0
71281WA1360003	Bronze Essential 8500 Legacy Network	Bronze Essential 8500 Legacy Network	Renewal	988
71281WA1360005	Regence Cascade Gold Legacy Network	Regence Cascade Complete Gold Legacy Network	Renewal	443
71281WA1360006	Regence Cascade Silver Legacy Network	Regence Cascade Silver Legacy Network	Renewal	4372
71281WA1360007	Regence Cascade Bronze Legacy Network	Regence Cascade Bronze Legacy Network	Renewal	1012
71281WA1360013	Regence Cascade Gold Individual and Family Network	Regence Cascade Complete Gold Individual Connect Network	Renewal	330
71281WA1360014	Regence Cascade Silver Individual and Family Network	Regence Cascade Silver Individual Connect Network	Renewal	772
71281WA1360015	Regence Cascade Bronze Individual and Family Network	Regence Cascade Bronze Individual Connect Network	Renewal	334
71281WA1360018	Bronze HSA 7000 Individual and Family Network	Bronze HSA 7000 Individual Connect Network	Renewal	115
71281WA1360019	N/A	Regence Cascade Vital Gold Individual Connect Network	New	0
71281WA1360020	N/A	Regence Cascade Vital Gold Legacy Network	New	0
Total				10029

## 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:

All plans with a 2025 Plan ID included in the 2026 rate filing are considered renewal plans because:

- i. They are offered by the same health insurance issuer.
- ii. They are offered as the same product network type.
- iii. Each product continues to cover at least a majority of the same service area.
- iv. Each product has the same cost-sharing structure as before, except for changes related to cost and utilization of medical care or to maintain the same metal tier level. See Question 4a for detailed changes.
- v. Each product covers essentially the same covered benefits, with cumulative benefit changes not exceeding +/- 2 percentage points.

2025 HIOS Plan ID	2026 Plan Name
71281WA1350020	Gold 2000 Individual Connect Network
71281WA1350022	Silver 5000 Individual Connect Network
71281WA1350023	Bronze HSA 7750 Individual Connect Network
71281WA1350025	Bronze Essential 9000 Individual Connect Network
71281WA1350027	Bronze 8000 Individual Connect Network
71281WA1360003	Bronze Essential 8500 Legacy Network
71281WA1360005	Regence Cascade Complete Gold Legacy Network
71281WA1360006	Regence Cascade Silver Legacy Network
71281WA1360007	Regence Cascade Bronze Legacy Network
71281WA1360013	Regence Cascade Complete Gold Individual Connect Network
71281WA1360014	Regence Cascade Silver Individual Connect Network
71281WA1360015	Regence Cascade Bronze Individual Connect Network
71281WA1360018	Bronze HSA 7000 Individual Connect Network

### 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?
71281WA1350028	Silver 5000 Legacy Network	This plan is in a new product offering a new network type.
71281WA1350029	Bronze 8000 Legacy Network	This plan is in a new product offering a new network type.
71281WA1350030	Bronze Essential 9000 Legacy Network	This plan is in a new product offering a new network type.
71281WA1360019	Regence Cascade Vital Gold Individual Connect Network	This is a new standard plan design offered on exchange.
71281WA1360020	Regence Cascade Vital Gold Legacy Network	This is a new standard plan design offered on exchange.



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)
71281WA1350020	Gold 2000 Individual and Family Network	Gold 2000 Individual Connect Network	RGOR-134491359	None	In-Network Out-of-Pocket Maximum	\$9,200	\$10,150
71281WA1350020					Hearing Instruments	Not Covered	Deductible Waived, Coinsurance Applies
71281WA1350020					Artificial Insemination	Not Covered	Coinsurance and Deductible
71281WA1350022	Silver 5000 Individual and Family Network	Silver 5000 Individual Connect Network	RGOR-134491359	None	In-Network Out-of-Pocket Maximum	\$9,200	\$10,150
71281WA1350022					Hearing Instruments	Not Covered	Deductible Waived, Coinsurance Applies
71281WA1350022					Artificial Insemination	Not Covered	Coinsurance and Deductible
71281WA1350022					Specialist Office Visit	\$60	\$70
71281WA1350022					Urgent Care Facility Office Visit	\$60	\$70
71281WA1350022					Rx Tier 1 Retail	\$12	\$15
71281WA1350022					Rx Tier 1 Home Delivery	\$36	\$45
71281WA1350023	Bronze HSA 7250 Individual and Family Network	Bronze HSA 7750 Individual Connect Network	RGOR-134491359	None	In-Network Deductible	\$7,250	\$7,750
71281WA1350023					In-Network Out-of-Pocket Maximum	\$8,050	\$8,300
71281WA1350023					Hearing Instruments	Not Covered	Coinsurance Applies after the defined IRS Minimum Required Deductible amount is met
71281WA1350023					Artificial Insemination	Not Covered	Coinsurance and Deductible
71281WA1350025	Bronze Essential 8700 Individual and Family Network	Bronze Essential 9000 Individual Connect Network	RGOR-134491359	None	In-Network Deductible	\$8,700	\$9,000
71281WA1350025					In-Network Out-of-Pocket Maximum	\$9,200	\$10,150
71281WA1350025					Hearing Instruments	Not Covered	Deductible Waived, Coinsurance Applies
71281WA1350025					Artificial Insemination	Not Covered	Coinsurance and Deductible
71281WA1350025					Rx Tier 1 Retail	\$20	\$15
71281WA1350025					Rx Tier 1 Home Delivery	\$60	\$45
71281WA1350027	Bronze 8000 Individual and Family Network	Bronze 8000 Individual Connect Network	RGOR-134491359	None	In-Network Out-of-Pocket Maximum	\$9,200	\$10,150
71281WA1350027					Hearing Instruments	Not Covered	Deductible Waived, Coinsurance Applies
71281WA1350027					Artificial Insemination	Not Covered	Coinsurance and Deductible
71281WA1350027					Specialist Office Visit	\$100	\$120
71281WA1350027					Urgent Care Facility Office Visit	\$100	\$120
71281WA1360003	Bronze Essential 8500 Legacy Network	N/A - Same as 2025	RGOR-134492127	None	In-Network Out-of-Pocket Maximum	\$9,200	\$10,150

					Cost-Share Changes		
HIOS Plan ID	2025 Plan Name	2026 Plan Name (if different)	2026 Form Filing SERFF Tracking Number	Benefit Changes (2025 to 2026)	Cost-Share Description	From (2025)	To (2026)
71281WA1360003					Hearing Instruments	Not Covered	Deductible Waived, Coinsurance Applies
71281WA1360003					Artificial Insemination	Not Covered	Coinsurance and Deductible
71281WA1360005	Regence Cascade Gold Legacy Network	Regence Cascade Complete Gold Legacy Network	RGOR-134492127	None	In-Network Deductible	\$600	\$1,000
71281WA1360005					Hearing Instruments	Not Covered	Deductible Waived, Coinsurance Applies
71281WA1360005					Artificial Insemination	Not Covered	Coinsurance and Deductible
71281WA1360006	Regence Cascade Silver Legacy Network	N/A - Same as 2025	RGOR-134492127	None	In-Network Out-of-Pocket Maximum	\$9,200	\$9,750
71281WA1360006					Acupuncture / Spinal Manipulations	\$30	\$20
71281WA1360006					Mental Health / Substance Use Disorder Office Visit and Psychotherapy	\$30 \$1 copay for first 2-visits, then regular copay applies (combined with Virtual Care for MHSUD)	\$20 \$1 copay for first 2-visits, then regular copay applies (combined with Virtual Care for MHSUD)
71281WA1360006					Primary Care Office Visit	\$30 \$1 copay for first 2-visits, then regular copay applies (combined with Virtual Care for PCP)	\$20 \$1 copay for first 2-visits, then regular copay applies (combined with Virtual Care for PCP)
71281WA1360006					Hearing Instruments	Not Covered	Deductible Waived, Coinsurance Applies
71281WA1360006					Artificial Insemination	Not Covered	Coinsurance and Deductible
71281WA1360006					Virtual Care (Store & Forward)	\$30 \$1 copay for first 2-visits PCP and first 2-visits MHSUD, then regular copay applies  (Combined with PCP / MHSUD)	\$20 \$1 copay for first 2-visits PCP and first 2-visits MHSUD, then regular copay applies  (Combined with PCP / MHSUD)
71281WA1360006					Virtual Care (Telehealth)	\$30 \$1 copay for first 2-visits PCP and first 2-visits MHSUD, then regular copay applies  (Combined with PCP / MHSUD)	\$20 \$1 copay for first 2-visits PCP and first 2-visits MHSUD, then regular copay applies  (Combined with PCP / MHSUD)
71281WA1360007	Regence Cascade Bronze Legacy Network	N/A - Same as 2025	RGOR-134492127	None	In-Network Out-of-Pocket Maximum	\$9,200	\$10,150
71281WA1360007					Acupuncture / Spinal Manipulations	\$50	\$40
71281WA1360007					Mental Health / Substance Use Disorder Office Visit and Psychotherapy	\$50 \$1 copay for first 2-visits, then regular copay applies (combined with Virtual Care for MHSUD)	\$40 \$1 copay for first 2-visits, then regular copay applies (combined with Virtual Care for MHSUD)

					Cost-Share Changes		
HIOS Plan ID	2025 Plan Name	2026 Plan Name (if different)	2026 Form Filing SERFF Tracking Number	Benefit Changes (2025 to 2026)	Cost-Share Description	From (2025)	To (2026)
71281WA1360007					Primary Care Office Visit	\$50 \$1 copay for first 2-visits, then regular copay applies (combined with Virtual Care for PCP)	\$40 \$1 copay for first 2-visits, then regular copay applies (combined with Virtual Care for PCP)
71281WA1360007					Hearing Instruments	Not Covered	Deductible Waived, Coinsurance Applies
71281WA1360007					Artificial Insemination	Not Covered	Coinsurance and Deductible
71281WA1360007					Virtual Care (Store & Forward)	\$50 \$1 copay for first 2-visits PCP and first 2-visits MHSUD, then regular copay applies  (Combined with PCP / MHSUD)	\$40 \$1 copay for first 2-visits PCP and first 2-visits MHSUD, then regular copay applies  (Combined with PCP / MHSUD)
71281WA1360007					Virtual Care (Telehealth)	\$50 \$1 copay for first 2-visits PCP and first 2-visits MHSUD, then regular copay applies  (Combined with PCP / MHSUD)	\$40 \$1 copay for first 2-visits PCP and first 2-visits MHSUD, then regular copay applies  (Combined with PCP / MHSUD)
71281WA1360013	Regence Cascade Gold Individual and Family Network	Regence Cascade Complete Gold Individual Connect Network	RGOR-134492127	None	In-Network Deductible	\$600	\$1,000
71281WA1360013					Hearing Instruments	Not Covered	Deductible Waived, Coinsurance Applies
71281WA1360013					Artificial Insemination	Not Covered	Coinsurance and Deductible
71281WA1360014	Regence Cascade Silver Individual and Family Network	Regence Cascade Silver Individual Connect Network	RGOR-134492127	None	In-Network Out-of-Pocket Maximum	\$9,200	\$9,750
71281WA1360014					Acupuncture / Spinal Manipulations	\$30	\$20
71281WA1360014					Mental Health / Substance Use Disorder Office Visit and Psychotherapy	\$30 \$1 copay for first 2-visits, then regular copay applies (combined with Virtual Care for MHSUD)	\$20 \$1 copay for first 2-visits, then regular copay applies (combined with Virtual Care for MHSUD)
71281WA1360014					Primary Care Office Visit	\$30 \$1 copay for first 2-visits, then regular copay applies (combined with Virtual Care for PCP)	\$20 \$1 copay for first 2-visits, then regular copay applies (combined with Virtual Care for PCP)
71281WA1360014					Hearing Instruments	Not Covered	Deductible Waived, Coinsurance Applies
71281WA1360014					Artificial Insemination	Not Covered	Coinsurance and Deductible
71281WA1360014					Virtual Care (Store & Forward)	\$30 \$1 copay for first 2-visits PCP and first 2-visits MHSUD, then regular copay applies  (Combined with PCP / MHSUD)	\$20 \$1 copay for first 2-visits PCP and first 2-visits MHSUD, then regular copay applies  (Combined with PCP / MHSUD)



					Cost-Share Changes		
HIOS Plan ID	2025 Plan Name	2026 Plan Name (if different)	2026 Form Filing SERFF Tracking Number	Benefit Changes (2025 to 2026)	Cost-Share Description	From (2025)	To (2026)
71281WA1360014					Virtual Care (Telehealth)	\$30 \$1 copay for first 2-visits PCP and first 2-visits MHSUD, then regular copay applies  (Combined with PCP / MHSUD)	\$20 \$1 copay for first 2-visits PCP and first 2-visits MHSUD, then regular copay applies  (Combined with PCP / MHSUD)
71281WA1360015	Regence Cascade Bronze Individual and Family Network	Regence Cascade Bronze Individual Connect Network	RGOR-134492127	None	In-Network Out-of-Pocket Maximum	\$9,200	\$10,150
71281WA1360015					Acupuncture / Spinal Manipulations	\$50	\$40
71281WA1360015					Mental Health / Substance Use Disorder Office Visit and Psychotherapy	\$50 \$1 copay for first 2-visits, then regular copay applies (combined with Virtual Care for MHSUD)	\$40 \$1 copay for first 2-visits, then regular copay applies (combined with Virtual Care for MHSUD)
71281WA1360015					Primary Care Office Visit	\$50 \$1 copay for first 2-visits, then regular copay applies (combined with Virtual Care for PCP)	\$40 \$1 copay for first 2-visits, then regular copay applies (combined with Virtual Care for PCP)
71281WA1360015					Hearing Instruments	Not Covered	Deductible Waived, Coinsurance Applies
71281WA1360015					Artificial Insemination	Not Covered	Coinsurance and Deductible
71281WA1360015					Virtual Care (Store & Forward)	\$50 \$1 copay for first 2-visits PCP and first 2-visits MHSUD, then regular copay applies  (Combined with PCP / MHSUD)	\$40 \$1 copay for first 2-visits PCP and first 2-visits MHSUD, then regular copay applies  (Combined with PCP / MHSUD)
71281WA1360015					Virtual Care (Telehealth)	\$50 \$1 copay for first 2-visits PCP and first 2-visits MHSUD, then regular copay applies  (Combined with PCP / MHSUD)	\$40 \$1 copay for first 2-visits PCP and first 2-visits MHSUD, then regular copay applies  (Combined with PCP / MHSUD)
71281WA1360018	Bronze HSA 7000 Individual and Family Network	Bronze HSA 7000 Individual Connect Network	RGOR-134492127	None	In-Network Out-of-Pocket Maximum	\$8,050	\$8,300
71281WA1360018					Hearing Instruments	Not Covered	Coinsurance Applies after the defined IRS Minimum Required Deductible amount is met
71281WA1360018					Artificial Insemination	Not Covered	Coinsurance and Deductible

Question 4b:

- For each terminated plan (i.e., a plan offered in 2025 but not in 2026), please provide the following:
- 1. State the HIOS Plan ID of the terminated plan in 2025. State the applicable HIOS Plan ID on every row in the table as illustrated below.
  - 2. State the 2025 Plan Name of the terminated plan. State the plan name only once per plan as shown below.
  - 3. State the 2026 HIOS Plan ID of the plan that the terminated plan is mapped to in 2026. State the applicable HIOS Plan ID on every row in the table as illustrated below.
  - 4. State the 2026 Plan Name of the plan that the terminated plan is mapped to in 2026. State the plan name only once per plan as shown below.
  - 5. State the SERFF Tracking Number of the corresponding 2026 form filing (state only once per plan as illustrated below).
  - 6. Provide a detailed description of each benefit change from the terminated plan to the mapped 2026 plan, including changes required by Federal and State law (while the cursor is active in a cell in Excel, press [Alt+Enter] to start a new line of text). If no benefit changes, enter "None."
  - 7. Cost-Share Changes: Provide a detailed description of each cost-share change from terminated plan to the mapped 2026 plan.
    - 7.1 For each cost-share change, enter one description of the change per row in the Cost-Share Description column as illustrated below. If no cost-share changes, enter "None" and go to your next plan.
    - 7.2 Enter the corresponding design for the 2025 plan year. Please include all applicable dollar signs (\$), commas (,) and percent signs (%) for each value.
    - 7.3 Enter the corresponding design for the 2026 plan year. Please include all applicable dollar signs (\$), commas (,) and percent signs (%) for each value.

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

Response:

						Cost-Share Changes		
2025 Terminated HIOS Plan ID	2025 Terminated Plan Plan Name	2026 Mapped Plan HIOS Plan ID	2026 Mapped Plan Plan Name	2026 Mapped Plan Form Filing SERFF Tracking Number	Benefit Changes (2025 Terminated to 2026 Mapped Plan)	Cost-Share Description	From (2025)	To (2026)

Question 5:

Using the following table, provide the calculations of the proposed average rate change for this line of business and break out the average rate change by benefit, cost-share, and experience. For the 2025 plans that will discontinue in 2026, please apply appropriate mapping of membership for purposes of calculating the average rate increase.

1. In column 5(a), list all 2025 Plan IDs (one 2025 Plan ID per row; insert rows in the table as needed).
2. In column 5(b), list the corresponding 2025 Plan Names.
3. In column 5(c), state whether the 2025 plan is a "Renewal" plan (a plan offered in 2025 and 2026) or "Terminated" plan (a plan offered in 2025 but not 2026).
4. In column 5(d), provide the enrollment by plan as of March 31, 2025 in all renewing counties. Note: the total enrollment should match the enrollment provided in Question #1, unless the carrier is exiting counties in 2026 which are currently being covered.
5. In column 5(e), if the plan is a "Terminated" plan, provide the corresponding 2026 Plan ID that the 2025 Plan is mapped to. If the plan is a "Renewal" plan, state "N/A."
6. In column 5(f), if the plan is a "Terminated" plan, provide the corresponding 2026 Plan Name that the 2025 Plan is mapped to. If the plan is a "Renewal" plan, state "N/A."
7. In column 5(g), state the experience rate change for the plan. For "Terminated" plans, state the experience rate change by plan mapped from the 2025 Plan to the 2026 Plan.
8. In column 5(h), state the benefit rate change for the plan. For "Terminated" plans, base the rate change on mapping from the 2025 plan to the 2026 plan.
9. In column 5(i), state the cost-share rate change for the plan. For "Terminated" plans, base the rate change on mapping from the 2025 plan to the 2026 plan.
10. In column 5(j), the Overall Average Rate Change by plan is calculated automatically [calculated as (1+Experience Rate Change)\*(1+Benefit Rate Change)\*(1+Cost-Share Rate Change)-1]. Note that the percentage of overall average rate change by plan for renewal plans should be the same as the rate change indicated in the URRT.
11. In cell 5(k), the total enrollment as of March 31, 2025 is calculated automatically [calculated as the sum of column 5(d)].
12. In cell 5(l), the overall average rate change (weighted by March 2025 enrollment) for this line of business is calculated automatically [calculated as the sum-product of columns 5(d) and 5(j), divided by 5(k)].

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

**Note:** Cascade Silver enrollment in the > 200% FPL income category is mapped below to the Cascade Vital Gold plan.

Response:

Total Enrollment 5(k):	10,029
Overall Average Rate Change (weighted by 03/31/2025 enrollment) 5(l):	24.93%

COLUMN: 5(a)	5(b)	5(c)	5(d)	5(e)	5(f)	5(g)	5(h)	5(i)	5(j)
2025 HIOS Plan ID	2025 Plan Name	Renewal or Terminated in 2026?	Enrollment as of 03/31/2025	Terminated Plans: HIOS Plan ID of plan mapped to in 2026	Terminated Plans: Plan Name corresponding to HIOS Plan ID in column 5(e)	Experience Rate Change for Plan	Benefit Rate Change for Plan	Cost-Share Rate Change for Plan	Overall Average Rate Change for Plan
71281WA1350020	Gold 2000 Individual and Family Network	Renewal	377	N/A	N/A	9.55%	0.00%	-0.46%	9.05%
71281WA1350022	Silver 5000 Individual and Family Network	Renewal	509	N/A	N/A	10.57%	0.00%	-0.83%	9.65%
71281WA1350023	Bronze HSA 7250 Individual and Family Network	Renewal	288	N/A	N/A	11.93%	0.00%	-1.69%	10.04%
71281WA1350025	Bronze Essential 8700 Individual and Family Network	Renewal	449	N/A	N/A	11.66%	0.00%	-2.55%	8.81%
71281WA1350027	Bronze 8000 Individual and Family Network	Renewal	40	N/A	N/A	11.64%	0.00%	-1.88%	9.54%
71281WA1360003	Bronze Essential 8500 Legacy Network	Renewal	988	N/A	N/A	24.30%	0.00%	-7.02%	15.57%
71281WA1360005	Regence Cascade Gold Legacy Network	Renewal	443	N/A	N/A	15.22%	0.00%	-7.12%	7.02%
71281WA1360006	Regence Cascade Silver Legacy Network	Renewal	2,157	N/A	N/A	63.25%	0.00%	-4.45%	55.99%
71281WA1360007	Regence Cascade Bronze Legacy Network	Renewal	1,012	N/A	N/A	23.87%	0.00%	-6.03%	16.40%
71281WA1360013	Regence Cascade Gold Individual and Family Network	Renewal	330	N/A	N/A	3.30%	0.00%	-1.90%	1.34%
71281WA1360014	Regence Cascade Silver Individual and Family Network	Renewal	381	N/A	N/A	46.35%	0.00%	0.92%	47.70%
71281WA1360015	Regence Cascade Bronze Individual and Family Network	Renewal	334	N/A	N/A	11.04%	0.00%	-0.75%	10.21%
71281WA1360018	Bronze HSA 7000 Individual and Family Network	Renewal	115	N/A	N/A	10.51%	0.00%	-0.65%	9.79%

COLUMN: 5(a)	5(b)	5(c)	5(d)	5(e)	5(f)	5(g)	5(h)	5(i)	5(j)
2025 HIOS Plan ID	2025 Plan Name	Renewal or Terminated in 2026?	Enrollment as of 03/31/2025	Terminated Plans: HIOS Plan ID of plan mapped to in 2026	Terminated Plans: Plan Name corresponding to HIOS Plan ID in column 5(e)	Experience Rate Change for Plan	Benefit Rate Change for Plan	Cost-Share Rate Change for Plan	Overall Average Rate Change for Plan
71281WA1360006	Regence Cascade Silver Legacy Network	Mapped	2,215	71281WA1360020	Regence Cascade Vital Gold Legacy Network	26.10%	0.00%	-3.06%	22.24%
71281WA1360014	Regence Cascade Silver Individual and Family Network	Mapped	391	71281WA1360019	Regence Cascade Vital Gold Individual Connect Network	19.40%	0.00%	-3.05%	15.75%

# 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:	Regence BlueCross BlueShield of Oregon
Applicable Market:	Individual
Plan Year:	2026

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



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

[RBCBSO IND MHSUD Exhibit Duplicate.xlsx](#)

[RBCBSO IND MHSUD Exhibit.pdf](#)

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

I, [Janessa Sanchez, FSA, MAAA](#), certify the following:

- ☒ I am an employee of [Regence BlueCross BlueShield of Oregon](#) or  
☐ I am a consultant associated with the firm of [N/A](#);
- ☒ 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.

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

☒ 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 ([RBCBSO IND MHSUD Exhibit Duplicate.xlsx](#)) 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: Janessa Sanchez, FSA, MAAA

Signature:

**Janessa  
Sanchez**

Digitally signed by Janessa  
Sanchez  
Date: 2025.05.13 13:28:57  
-07'00'

Title: Manager, Actuarial Pricing

Contact Information: [Janessa.sanchez@cambiahealth.com](mailto:Janessa.sanchez@cambiahealth.com), (206) 332-5272

Date of Attestation: 5/13/2025

# MHSUD Financial Requirement Parity Testing -- Summary

## Issuer and Filing Information

Issuer Name:	Regence BlueCross BlueShield of Oregon
HIOS Issuer ID:	71281
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
71281WA1350020	Gold 2000 Individual Connect	Pass	Off Exchange; includes pediatric dental.
71281WA1350022	Silver 5000 Individual Connect	Pass	Off Exchange; includes pediatric dental.
71281WA1350023	Bronze HSA 7750 Individual Connect	Pass	Off Exchange; includes pediatric dental. Assuming IRS minimum deductible for 2026 is 1650
71281WA1350025	Bronze Essential 9000 Individual Connect	Pass	Off Exchange; includes pediatric dental. This plan has 4 upfront office visits. Mental health is subject to deductible and coinsurance. For purposes of mental health parity testing we are assuming that all office visits are only subject to copays. This results in a conservatism in both the substantially all and predominant tests.
71281WA1350027	Bronze 8000 Individual Connect	Pass	Off Exchange; includes pediatric dental.
71281WA1360003	Bronze Essential 8500 Legacy Network	Pass	On Exchange. This plan has 4 upfront office visits. Mental health is subject to deductible and coinsurance. For purposes of mental health parity testing we are assuming that all office visits are only subject to copays. This results in a conservatism in both the substantially all and predominant tests.
71281WA1360005	Regence Cascade Complete Gold Legacy Network	Pass	On Exchange.
71281WA1360020	Regence Cascade Vital Gold Legacy Network	Pass	On Exchange.
71281WA1360006	Regence Cascade Silver Legacy Network	Pass	On Exchange. This plan has \$1 copays for the first 2 PCP visits and \$30 copay for subsequent visits. PCP visits (both in person and virtual) have been projected separately for the first 2 and subsequent visits for MHP Testing.
71281WA1360006_73	Regence Cascade Silver Legacy Network (73)	Pass	On Exchange. This plan has \$1 copays for the first 2 PCP visits and \$30 copay for subsequent visits. PCP visits (both in person and virtual) have been projected separately for the first 2 and subsequent visits for MHP Testing.
71281WA1360006_87	Regence Cascade Silver Legacy Network (87)	Pass	On Exchange. This plan has \$1 copays for the first 2 PCP visits and \$10 copay for subsequent visits. PCP visits (both in person and virtual) have been projected separately for the first 2 and subsequent visits for MHP Testing.
71281WA1360006_94	Regence Cascade Silver Legacy Network (94)	Pass	On Exchange. This plan has \$1 copays for the first 2 PCP visits and \$5 copay for subsequent visits. PCP visits (both in person and virtual) have been projected separately for the first 2 and subsequent visits for MHP Testing.
71281WA1360007	Regence Cascade Bronze Legacy Network	Pass	On Exchange. This plan has \$1 copays for the first 2 PCP visits and \$50 copay for subsequent visits. PCP visits (both in person and virtual) have been projected separately for the first 2 and subsequent visits for MHP Testing.
71281WA1360019	Regence Cascade Vital Gold Individual Connect	Pass	On Exchange.
71281WA1360013	Regence Cascade Complete Gold Individual Connect	Pass	On Exchange.
71281WA1360014	Regence Cascade Silver Individual Connect	Pass	On Exchange. This plan has \$1 copays for the first 2 PCP visits and \$30 copay for subsequent visits. PCP visits (both in person and virtual) have been projected separately for the first 2 and subsequent visits for MHP Testing.
71281WA1360014_73	Regence Cascade Silver Individual Connect (73)	Pass	On Exchange. This plan has \$1 copays for the first 2 PCP visits and \$30 copay for subsequent visits. PCP visits (both in person and virtual) have been projected separately for the first 2 and subsequent visits for MHP Testing.
71281WA1360014_87	Regence Cascade Silver Individual Connect (87)	Pass	On Exchange. This plan has \$1 copays for the first 2 PCP visits and \$10 copay for subsequent visits. PCP visits (both in person and virtual) have been projected separately for the first 2 and subsequent visits for MHP Testing.
71281WA1360014_94	Regence Cascade Silver Individual Connect (94)	Pass	On Exchange. This plan has \$1 copays for the first 2 PCP visits and \$5 copay for subsequent visits. PCP visits (both in person and virtual) have been projected separately for the first 2 and subsequent visits for MHP Testing.
71281WA1360015	Regence Cascade Bronze Individual Connect	Pass	On Exchange. This plan has \$1 copays for the first 2 PCP visits and \$50 copay for subsequent visits. PCP visits (both in person and virtual) have been projected separately for the first 2 and subsequent visits for MHP Testing.
71281WA1360018	Bronze HSA 7000 Individual Connect	Pass	On Exchange.
71281WA1350028	Silver 5000 Legacy Network	Pass	Off Exchange; includes pediatric dental.
71281WA1350030	Bronze Essential 9000 Legacy Network	Pass	Off Exchange; includes pediatric dental. This plan has 4 upfront office visits. Mental health is subject to deductible and coinsurance. For purposes of mental health parity testing we are assuming that all office visits are only subject to copays. This results in a conservatism in both the substantially all and predominant tests.
71281WA1350029	Bronze 8000 Legacy Network	Pass	Off Exchange; includes pediatric dental.

# 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>Cambia Washington individual market claims data.</u>
2	Identify the period (i.e., date range) represented in the data.  <u>Incurred from 1/1/2024 to 12/31/2024, paid through 3/31/2025</u>
3	Address the credibility of the data used in your MHSUD financial requirement parity testing.  <u>Cambia Washington individual market claims data are considered fully credible for MHSUD parity testing.</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>The data is consistent with the data used in the rate development and URRT.</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 Washington 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 to Treat an Injury or Illness	Outpatient - Office Visits	Primary Care Visit to Treat an Injury or Illness	Some plans do not use the outpatient office visit subclassification.
Specialist Visit	Outpatient - Office Visits	Specialist Visit	Some plans do not use the outpatient office visit subclassification.
Urgent Care	Outpatient - Office Visits	Urgent Care	Some plans do not use the outpatient office visit subclassification.
Preventive Care/Screening/Immunization (OV)	Outpatient - Office Visits	Preventive Care/Screening/Immunization	Some plans do not use the outpatient office visit subclassification.
Virtual Visits	Outpatient - Office Visits	Virtual Care - Telehealth	Some plans do not use the outpatient office visit subclassification.
Hospital / Surgery OP	Outpatient - All Other	Outpatient Surgery Physician/Surgical Services	
Imaging (CT/PET Scans, MRIs)	Outpatient - All Other	Imaging (CT/PET Scans, MRIs)	
X-rays and Diagnostic Imaging	Outpatient - All Other	X-rays and Diagnostic Imaging	
	Outpatient - All Other	Laboratory Outpatient and Professional Services	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Outpatient - All Other	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	
Acupuncture/Spinal Manipulations	Outpatient - All Other	Acupuncture	
	Outpatient - All Other	Chiropractic Care	
Emergency Transportation	Outpatient - All Other	Emergency Transportation	
Rehabilitative Occupational and Rehabilitative Physical Therapy	Outpatient - All Other	Rehabilitative Occupational and Rehabilitative Physical Therapy	
	Outpatient - All Other	Rehabilitative Speech Therapy	
Reproductive Healthcare	Outpatient - All Other	Reproductive Health Care	Includes Diagnostic and Supplemental Breast Examinations
Virtual Care (Store and Forward)	Outpatient - All Other	Virtual Care - Store & Forward	
Hearing Aids	Outpatient - All Other	Hearing Aids	
Preventive Care for Specified Chronic Conditions	Outpatient - All Other	Preventive Care for Specified Chronic Conditions	Not applicable for Cascade Plans
Pediatric Dental - Class 1 Preventive	Outpatient - All Other	Dental Check-Up for Children	Broken out for plans that include Pediatric Dental
Pediatric Dental - Class 2 Basic	Outpatient - All Other	Basic Dental Care – Child	Broken out for plans that include Pediatric Dental
Pediatric Dental - Class 3 Major	Outpatient - All Other	Major Dental Care – Child	Broken out for plans that include Pediatric Dental
	Outpatient - All Other	Orthodontia – Child	
Preventive Care/Screening/Immunization (Other)	Outpatient - All Other	Routine Eye Exam for Children	
	Outpatient - All Other	Eye Glasses for Children	
	Outpatient - All Other	Well Baby Visits and Care	
	Outpatient - All Other	Diabetes Education	
	Outpatient - All Other	Embedded IAP	
	Outpatient - All Other	Abortion for Which Public Funding is Prohibited	
Other	Outpatient - All Other	Skilled Nursing Facility	
	Outpatient - All Other	Infertility Treatment	
	Outpatient - All Other	Cosmetic Surgery	
	Outpatient - All Other	Routine Foot Care	
	Outpatient - All Other	Diabetes Care Management	
	Outpatient - All Other	Inherited Metabolic Disorder - PKU	
	Outpatient - All Other	Gender Affirming Care	
	Outpatient - All Other	Travel Immunizations	
	Outpatient - All Other	Orthognathic Surgery	
	Outpatient - All Other	Palliative Care (Home Health Aide Care)	
	Outpatient - All Other	Repair of Teeth Due to Injury	









Issuer / Market: Regence BlueCross BlueShield of Oregon  
Market: Individual

**Worksheet Info**

[Link back to Summary Sheet](#)

**User Inputs Cell Format**

*See the Example worksheet for additional details.*

Plan Name: Bronze Essential 9000 Individual Connect  
Plan ID: 7128TWA12G0025

Plan Name:	Bronze Essential 9000 Individual Connect	«««This will auto populate from summary sheet macro
Plan ID:	7128FWA1260005	«««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

[illegible][illegible]

Click the links in the cells below to scroll directly to the stated section:

<a href="#">Move to IP SW</a>	<a href="#">Move to IP O/N</a>	<a href="#">Move to IP SW</a>	<a href="#">Move to IP O/N SW</a>	<a href="#">Move to IP</a>	<a href="#">Move to IP</a>
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[illegible]

## Financial Parity for (3) Outpatient, In-Network (OP INN)

Financial Profile for US Outsource - In-Network (TOP 100)					Financial Profile for US Outsource - In-Network (TOP 100)				
Category	2019	2020	2021	2022	Category	2019	2020	2021	2022
Revenue	1,000,000	1,000,000	1,000,000	1,000,000	Revenue	1,000,000	1,000,000	1,000,000	1,000,000
Operating Profit	100,000	100,000	100,000	100,000	Operating Profit	100,000	100,000	100,000	100,000
Operating Loss	0	0	0	0	Operating Loss	0	0	0	0
Net Income	100,000	100,000	100,000	100,000	Net Income	100,000	100,000	100,000	100,000
*If not applicable, enter "N/A"									
Note: A Subcontractor will be a % of total contract revenue									
Category	2019	2020	2021	2022	Category	2019	2020	2021	2022
Revenue	1,000,000	1,000,000	1,000,000	1,000,000	Revenue	1,000,000	1,000,000	1,000,000	1,000,000
Operating Profit	100,000	100,000	100,000	100,000	Operating Profit	100,000	100,000	100,000	100,000
Operating Loss	0	0	0	0	Operating Loss	0	0	0	0
Net Income	100,000	100,000	100,000	100,000	Net Income	100,000	100,000	100,000	100,000
Note: A Subcontractor will be a % of total contract revenue									
Note: A Subcontractor will be a % of total contract revenue					Note: A Subcontractor will be a % of total contract revenue				
Category	2019	2020	2021	2022	Category	2019	2020	2021	2022
Revenue	1,000,000	1,000,000	1,000,000	1,000,000	Revenue	1,000,000	1,000,000	1,000,000	1,000,000
Operating Profit	100,000	100,000	100,000	100,000	Operating Profit	100,000	100,000	100,000	100,000
Operating Loss	0	0	0	0	Operating Loss	0	0	0	0
Net Income	100,000	100,000	100,000	100,000	Net Income	100,000	100,000	100,000	100,000
Note: A Subcontractor will be a % of total contract revenue									
Note: A Subcontractor will be a % of total contract revenue					Note: A Subcontractor will be a % of total contract revenue				
Category	2019	2020	2021	2022	Category	2019	2020	2021	2022
Revenue	1,000,000	1,000,000	1,000,000	1,000,000	Revenue	1,000,000	1,000,000	1,000,000	1,000,000
Operating Profit	100,000	100,000	100,000	100,000	Operating Profit	100,000	100,000	100,000	100,000
Operating Loss	0	0	0	0	Operating Loss	0	0	0	0
Net Income	100,000	100,000	100,000	100,000	Net Income	100,000	100,000	100,000	100,000
Note: A Subcontractor will be a % of total contract revenue									
Note: A Subcontractor will be a % of total contract revenue					Note: A Subcontractor will be a % of total contract revenue				
Category	2019	2020	2021	2022	Category	2019	2020	2021	2022
Revenue	1,000,000	1,000,000	1,000,000	1,000,000	Revenue	1,000,000	1,000,000	1,000,000	1,000,000
Operating Profit	100,000	100,000	100,000	100,000	Operating Profit	100,000	100,000	100,000	100,000
Operating Loss	0	0	0	0	Operating Loss	0	0	0	0
Net Income	100,000	100,000	100,000	100,000	Net Income	100,000	100,000	100,000	100,000
Note: A Subcontractor will be a % of total contract revenue									
Note: A Subcontractor will be a % of total contract revenue					Note: A Subcontractor will be a % of total contract revenue				
Category	2019	2020	2021	2022	Category	2019	2020	2021	2022
Revenue	1,000,000	1,000,000	1,000,000	1,000,000	Revenue	1,000,000	1,		

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

Issue / Market: Regional BlueCross BlueShield of Oregon  
Market: Individual

Workbook Info
<a href="#">Click here to download</a>
Enter values and format
See the example worksheet for additional details.

## PLAN INFORMATION

Plan Name: Bronze 8000 Individual Contract  
Plan ID: 71280041200007  
CSR Variant Description:  
cost/Phs will auto populate from summary sheet source  
cost/Phs will auto populate from summary sheet source  
cost/Phs will auto populate from summary sheet source  
cost/Phs will auto populate from summary sheet source

## PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result:

Pass

cost/Phs will auto populate from summary sheet source  
cost/Phs will auto populate from summary sheet source  
cost/Phs will auto populate from summary sheet source  
cost/Phs will auto populate from summary sheet source

Testing Options

Option	Selection
Out of Network Test	Yes
Outpatient Benefit Testing	Yes

Column Options
Yes
Yes
Yes

No Errors Found?

Yes

A. Benefit Classification	B. Is the MHSUD cost share match of Medical/Surgical cost share in the Benefit Classification? (In Network)	C. Test Required? (In Network)	D. Is the MHSUD cost share match of Medical/Surgical cost share in the Benefit Classification? (Out of Network)	E. Test Required? (Out of Network)	F. Test Results
Outpatient	Yes	No		Yes	Pass
Outpatient - All In-Network	Yes				
Outpatient - Out of Network	Yes	Yes		Yes	Pass
Emergency Care	Yes	No		Yes	Pass
Prescription Drugs	Yes	No		Yes	Pass

Benefit Classification (24) Outpatient - Office Visits, in-Network (2P-DV-WN)

Click on:

Download

cost/Phs will auto populate from summary sheet source  
cost/Phs will auto populate from summary sheet source  
cost/Phs will auto populate from summary sheet source  
cost/Phs will auto populate from summary sheet source

Benefit Classification (24) Outpatient - All Other, in-Network (2P-AD-WN)

Click on:

Download

cost/Phs will auto populate from summary sheet source  
cost/Phs will auto populate from summary sheet source  
cost/Phs will auto populate from summary sheet source  
cost/Phs will auto populate from summary sheet source

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

Benefit Classification Name: (24) Outpatient - Office Visits, in-Network (2P-DV-WN)  
Notes: See this table if you are separately testing individual office visits and/or other outpatient services.

Classification	Classification Code	Table Name	Number of Rows
Outpatient - Office Visits	2P-DV-WN	2P-DV-WN	1
Outpatient - All Other	2P-AD-WN	2P-AD-WN	1

Benefit Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Coinsurance	Out-of-Pocket Maximum	No Cost Share (If Yes)
Outpatient - Office Visits	Office Visits	\$10,000.00	\$0.00	100%	\$0.00	Yes
Outpatient - All Other	All Other	\$10,000.00	\$0.00	100%	\$0.00	Yes

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

Benefit Classification Name: (24) Outpatient - All Other, in-Network (2P-AD-WN)  
Notes: See this table if you are separately testing individual office visits and/or other outpatient services.

Classification	Classification Code	Table Name	Number of Rows
Outpatient - All Other	2P-AD-WN	2P-AD-WN	1
Outpatient - Office Visits	2P-DV-WN	2P-DV-WN	1

Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Coinsurance	Out-of-Pocket Maximum	No Cost Share (If Yes)
Outpatient - All Other	All Other	\$10,000.00	\$0.00	100%	\$0.00	Yes
Outpatient - Office Visits	Office Visits	\$10,000.00	\$0.00	100%	\$0.00	Yes

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

Financial Parity for (24) Outpatient - Office Visits, in-Network (2P-DV-WN)

Benefit Type	Cost Share Type	Plan Projected Allowed Amount	Deductible	Coinsurance	Out-of-Pocket Maximum	No Cost Share (If Yes)
Outpatient - Office Visits	Office Visits	\$10,000.00	\$0.00	100%	\$0.00	Yes
Outpatient - All Other	All Other	\$10,000.00	\$0.00	100%	\$0.00	Yes

Enter formulas to verify that the MHSUD financial requirement is met.

If not applicable, enter "N/A"

Step 1: Substantially All (i.e., 80% of medical/surgical benefits)					
Deductible	\$0.00	0.00%		Sell	
Copayment	\$58,091.23	92.32%		OP-Orphan	
Coinurance	\$0.00	0.00%		Sell	
OPRM	\$63,053.71	100.00%		OP-Orphan OPRM	
Total Projected	\$63,053.71				

Step 2: Predominant Level

Deductible - (24) Outpatient - Office Visits, in-Network (2P-DV-WN)  
Does not apply to substantially all medical/surgical benefits in this classification.  
ENTER different deductible amounts from smallest to largest.

Deductible	Allowed Claims	Position	Predominant & Smaller	Error Checking
\$0.00	\$10,000.00	100%	100%	Yes

Coinsurance - (24) Outpatient - Office Visits, in-Network (2P-DV-WN)  
Applies to substantially all medical/surgical benefits in this classification.  
ENTER different coinsurance amounts from smallest to largest.

Coinsurance	Allowed Claims	Position	Predominant & Smaller	Error Checking
100%	\$10,000.00	100%	100%	Yes

Out-of-Pocket Maximum - (24) Outpatient - Office Visits, in-Network (2P-DV-WN)  
Does not apply to substantially all medical/surgical benefits in this classification.  
ENTER different out-of-pocket maximum amounts from smallest to largest.

Out-of-Pocket Maximum	Allowed Claims	Position	Predominant & Smaller	Error Checking
\$0.00	\$10,000.00	100%	100%	Yes

Cost Share - (24) Outpatient - Office Visits, in-Network (2P-DV-WN)  
Does not apply to substantially all medical/surgical benefits in this classification.  
ENTER different cost share amounts from smallest to largest.

Cost Share	Allowed Claims	Position	Predominant & Smaller	Error Checking
100%	\$10,000.00	100%	100%	Yes

Overall - (24) Outpatient - Office Visits, in-Network (2P-DV-WN)  
Applies to substantially all medical/surgical benefits in this classification.  
ENTER different overall amounts from smallest to largest.

Overall	Allowed Claims	Position	Predominant & Smaller	Error Checking
\$10,000.00	\$10,000.00	100%	100%	Yes

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

Financial Parity for (24) Outpatient - All Other, in-Network (2P-AD-WN)

Benefit Type	Cost Share Type	Plan Projected Allowed Amount	Deductible	Coinsurance	Out-of-Pocket Maximum	No Cost Share (If Yes)
Outpatient - All Other	All Other	\$10,000.00	\$0.00	100%	\$0.00	Yes
Outpatient - Office Visits	Office Visits	\$10,000.00	\$0.00	100%	\$0.00	Yes

Enter formulas to verify that the MHSUD financial requirement is met.

If not applicable, enter "N/A"

Step 2: Substantially All (i.e., 80% of medical/surgical benefits)				
Deductible	\$267,921.97	86.92%		
Copayment	\$21,346.58	7.41%		
Coinsurance	\$268,894.43	87.52%		
OOPM	\$285,541.58	100.00%		
Total Projected	\$285,541.58			

Step 2: Predominant Level

Deductible - (24) Outpatient - All Other, in-Network (2P-AD-WN)  
Does not apply to substantially all medical/surgical benefits in this classification.  
ENTER different deductible amounts from smallest to largest.

Deductible	Allowed Claims	Position	Predominant & Smaller	Error Checking
\$0.00	\$10,000.00	100%	100%	Yes

Coinsurance - (24) Outpatient - All Other, in-Network (2P-AD-WN)  
Applies to substantially all medical/surgical benefits in this classification.  
ENTER different coinsurance amounts from smallest to largest.

Coinsurance	Allowed Claims	Position	Predominant & Smaller	Error Checking
100%	\$10,000.00	100%	100%	Yes

Out-of-Pocket Maximum - (24) Outpatient - All Other, in-Network (2P-AD-WN)  
Does not apply to substantially all medical/surgical benefits in this classification.  
ENTER different out-of-pocket maximum amounts from smallest to largest.

Out-of-Pocket Maximum	Allowed Claims	Position	Predominant & Smaller	Error Checking
\$0.00	\$10,000.00	100%	100%	Yes

Cost Share - (24) Outpatient - All Other, in-Network (2P-AD-WN)  
Does not apply to substantially all medical/surgical benefits in this classification.  
ENTER different cost share amounts from smallest to largest.

Cost Share	Allowed Claims	Position	Predominant & Smaller	Error Checking
100%	\$10,000.00	100%	100%	Yes

Overall - (24) Outpatient - All Other, in-Network (2P-AD-WN)  
Applies to substantially all medical/surgical benefits in this classification.  
ENTER different overall amounts from smallest to largest.

Overall	Allowed Claims	Position	Predominant & Smaller	Error Checking
\$10,000.00	\$10,000.00	100%	100%	Yes

**Worksheet Info**

[Link back to Summary Sheet](#)  
User Inputs, Cell Format

*See the Example worksheet for additional details.*

[Click back to Summary Sheet](#)

Sheet Name: <b>Genome Essential EGs   Locus Network</b> Plan ID: <b>71281WJ260003</b> CGB Variant Description:	<pre> cccThis will auto-populate from summary sheet macro cccThis will auto-populate from summary sheet macro ccccIf the size is a CGB variant, identify it here. Otherwise, leave the field blank </pre>
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#### PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: **Pass**

Links only work for sections that are not already hidden

Click the links in the cells below to scroll directly to the stated section

Menu to IP IN	Menu to IP OUT	Menu to IP IN	Menu to IP OUT	Menu to IP IN	Menu to IP OUT
Menu to IP IN	Menu to IP OUT	Menu to IP IN	Menu to IP OUT	Menu to IP IN	Menu to IP OUT
Menu to IP IN	Menu to IP OUT	Menu to IP IN	Menu to IP OUT	Menu to IP IN	Menu to IP OUT

Testing Outcomes		Column Options	No Errors Found?
Option	Selection		
Out of Network Test?	Yes	<a href="#">Available Columns</a>	<a href="#">Yes</a>
Outpatient Benefit Testing	Go Forward	<a href="#">Add/Modify All Columns</a>	

[illegible]

00000000	Home	Brain Death	
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<a href="#">Click the links in the cells below to scroll directly to the stated section&gt;&gt;&gt;&gt;</a>				
<a href="#">Go to OP INN</a>	<a href="#">Move to IP OON</a>	<a href="#">Move to OP INN</a>	<a href="#">Move to OP-OP INN</a>	<a href="#">Move to OP-AD INN</a>
<a href="#">Go to OP OON</a>	<a href="#">Move to OP-OP OON</a>	<a href="#">Move to OP-AD OON</a>	<a href="#">Move to GR</a>	<a href="#">Move to RX</a>

Network Classification		(2) Outpatient, In-Network (OP-INN)	
<b>Notes:</b> Use this table if you are treating all outpatient services combined.			
Classification	Outpatient	OP	
Network (In/Out)	In-Network	INN	
Classification Code	Z	1000000	
Table Name		OP-OUTPATN-PR	
			Number of Rows: 18

[illegible]

Financial Policy for (3) Outpatient, In-Network (OP INN)				Financial Policy for (2) Outpatient, Out-Network (OP ONN)	
Code	Code Name Type	M0002 Code Dates in Policy Dates	Precedence Level for Medical Review	M0002 Financial Policy Result	Enter Indicators for medical review (see code 0000)
00000000	Indemnity	01/01/2016	00	0000	
00000000	Capitated	01/01/2016	00	0000	
00000000	Concurrent	01/01/2016	00	0000	
00000000	OPINN	01/01/2016	00	0000	

Deductible	\$4,646,008.86	77.23%	OP 99% Deductible
Co-payment	\$1,273,205.17	56.79%	Full
Co-insurance	\$4,632,853.78	77.27%	OP 95% Co-insurance
COBRA	\$4,606,102.41	930.00%	OP 95% COBRA
Total Projected	\$4,606,102.41		

Applies to substantially all medical/surgical benefits in this classification.  
ENTER different deductible amounts from smallest to largest.

Deductible	Allowed Gains	Portion	Productant & Smaller	Error Checking
55,484,008.04	77.27%	58,930.04		
51,950,293.52	30.78%			
<b>Total</b>	<b>58,606,302.61</b>	<b>100.00%</b>		

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

Component	Allowed Claims	Portion	Predominant & Smaller	Error Checking
-----------	----------------	---------	-----------------------	----------------

	\$1,273,326.17	100.00%	\$40.00	
	\$0.00			
	\$0.00			
	\$0.00			
<b>Total</b>	<b>\$1,273,326.17</b>	<b>100.00%</b>		

Applies to substantially all medical/surgical events in this classification.  
ENTER different concurrence amounts from smallest to largest.

Colours	Allowed Gains	Portion	Predecessor & Smaller	Error Checking
Yellow	50,000,000,000	100,000,000,000	100,000,000,000	

	2016	\$5,657,863.74	2015-2016	2016
		\$3,000		
		\$3,000		
		\$3,000		
		\$3,000		
	Total	\$5,657,863.74	2015-2016	

ENTER different claim amounts from smallest to largest.				
CCPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking

(\$1,150.00)	\$8,606,302.41	200.00%	\$10,150.00	
--------------	----------------	---------	-------------	--

	\$0.00			
	\$0.00			
	\$0.00			
<b>Total</b>	<b>\$3,625,832.44</b>	<b>336.20%</b>		

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

Issuer / Market: Regence BlueCross BlueShield of Oregon  
Market: Individual

Plan Name:	Regence Cascade Complete Gold Legacy Netw	cccThis will auto populate from summary sheet macro
Plan ID:	71282WA1360005	cccThis will auto populate from summary sheet macro
Description:		cccIf the plan is a CSR variant, identify it here. Otherwise, leave the field blank

Overall Result: **Pass**

Test/Exam Options	
Option	Selection
Out-of-Network Test	No
Outpatient Benefit Testing	All Combined

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

No Errors Found?
True

100	100	100
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A. Benefit Classification		B. Is the MHAU cost share made at Month/Target cost share in the Benefit Classification?	C. Test Result Classification? (of Network)	D. Is the MHAU cost share made at Month/Target cost share in the Benefit Classification? (of Network)	E. Test Requested? (Date of Release)	F. Is Requested? Yes No NA (Date of Release)	G. Test Results
A. Benefit Classification							
Hospital		No	Yes		Yes		
Outpatient		No	Yes		Yes		
Skilled nursing facility		No	Yes		Yes		
Home health care		No	Yes		Yes		
Other		No	Yes		Yes		
A. Benefit Classification	B. Is the MHAU cost share made at Month/Target cost share in the Benefit Classification?	C. Test Requested?	D. Test Results				
<b>Exclusion Date:</b>		Yes	Yes				
<b>Exclusion Code:</b>		Yes	Yes				

Click on the **Home** button in the top left corner of the page. **Share** button is on the top right corner of the page.

<a href="#">Click the links in the cells below to scroll directly to the stated section</a>				
<a href="#">Move to IF INI</a>	<a href="#">Move to IF OON</a>	<a href="#">Move to OF INI</a>	<a href="#">Move to OF-OV INI</a>	<a href="#">Move to OF-AG INI</a>
<a href="#">Move to OF OON</a>	<a href="#">Move to OF-OV OON</a>	<a href="#">Move to OF-AG OON</a>	<a href="#">Move to GR</a>	<a href="#">Move to RX</a>

Benefit Classification (3) Outpatient, In-Network (OP IN)

Use this table if you are testing all outpatient services combined

Classification	Outgoing	IP
Network (in/out)	in-network	IP
Classification Code	3	IP IN
Table Name		in-table 3

Number of Rows 21

[illegible]

## Financial Parity for (3) Outpatient, In-Network (OP INN)

Good-Member Type	MMQD Cost Share	Per-member cost for	MMQD Financial Party Result
Deductible	N/A	\$1,000.00	Pass
Copayment	\$15.00	\$75.00	Pass
Coinurance	N/A	\$0.00	Pass
GP/PM	\$7,000.00	\$7,000.00	Pass
Overall			Pass

### Index

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

Step 1: Substantially All (i.e., > 5% of medical/journal home/etc)			
Deductible	\$2,644,145.97	67.28%	OP INN Deductible
Co-payment	\$2,840,132.54	72.38%	OP INN Co-payment
Coinsurance	\$849,453.40	22.14%	Full
OCPIA	\$3,924,044.21	100.00%	OP INN OCPIA
Total Projected	\$3,924,044.21		

### Step 2 Predominant Level

Deductible		Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00	\$1,279,898.23	73.62%	\$0.00	
	\$1,000.00	\$2,666,145.97	67.38%	\$1,000.00	
	<b>Total</b>	<b>\$3,924,044.21</b>	<b>100.00%</b>		

**Copayment — (2) Outpatient, In-Network (OP INN)**

*Applies to substantially all medical/surgical benefits in this classification.*

Component	Allowed Claims	Portion	Productive & Smaller	Error Checking
\$10.00	\$686,476.00	15.75%	\$10.00	\$10.00
\$20.00	\$30,322.32	3.88%	\$20.00	\$20.00
\$50.00	\$96,772.77	12.35%	\$50.00	\$50.00
\$80.00	\$214,455.76	27.57%	\$80.00	\$80.00
\$10.00	\$16,789.52	0.50%	\$10.00	\$10.00
\$20.00	\$214,455.76	4.94%	\$20.00	\$20.00
\$75.00	\$11,350,506.76	40.16%	\$75.00	\$75.00
\$300.00	\$78,580.64	9.77%		
\$500.00	\$556,141.31	18.05%		
\$125.00	\$66,776.80	0.52%		
	\$7,840,119.24	100.00%		

*Estuaries* — 23:2 (1999) — 333

Does not apply to substantially all medical/surgical benefits in this classification.

Colour/Source	Mixed Claims	Portion	Prejudgment & Settler	Error Charge
	\$849,413.40	100.00%	20%	
	\$0.00			
	\$0.00			
	\$0.00			
<b>Total</b>	<b>\$849,413.40</b>	<b>100.00%</b>		

**Notes:** — All Outcomes in Network RCT With Applies to substantially all medical/surgical benefits.

QOPM	Allowed Claims	Portion	Predominant & Senior	Error Checking
\$7,000.00	\$1,924,046.21	100.00%	\$7,000.00	
	\$0.00			
	\$0.00			
	\$0.00			
<b>Total</b>	<b>\$1,924,046.21</b>	<b>100.00%</b>		



**Worksheet Info**

---

[Click Here to Download Worksheet](#)

[View Input/Cell Format](#)

*See the Example worksheet for additional details.*

Issues / Market: Regence BlueCross BlueShield of Oregon  
Market: Individual

## Plan Name: Redwood Cascade Silver Legacy Network

<<=The will auto calculate from summary sheet macro  
 <<=The will auto populate from summary sheet macro  
 <<=If the plan is a CDF variant, identify it here. Otherwise, leave the field blank

## Pass

Links only work for sections that are not already killed. [View](#)

Options	Selection
Out of Network & Self	Yes
Outpatient Network Finding	Not Combined

Column Options	No Errors Found?
<a href="#">Add New Column</a>	True

[illegible]

CRS000000  Errors Found:

Click the links in the cells below to scroll directly to the stated endscreen				
Move to IF INR	Move to IF ODN	Move to CP INR	Move to CP-ON INR	Move to CP-AC INR
Move to IF PPR	Move to IF PPR PPR	Move to IF-ON PPR	Move to IF	Move to IF

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

<b>Result Classification</b>	<b>(X) Outpatient, to Network (CP 100)</b>
<b>Notes:</b>	Use this code if you are submitting a subsequent service encounter.

[illegible]

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

Order Facilitator
-------------------

Debt/Share Type	MWSE Cost Shares	Predominant Level for	MWSE Financial Priority Result
Convertible	\$0.00	\$0.00M-200	Low
Cash Payment	\$0.00	\$0.00M-200	Low
Contingent	\$0.00	\$0.00M-200	Low
Common Stock	\$0.00	\$0.00M-200	Low
Preferred	\$0.00	\$0.00M-200	Low
Subordinated	\$0.00	\$0.00M-200	Low
Total	\$0.00	\$0.00M-200	Low

1988	1989
1990	1991

[illegible]

Excess Stock	0
--------------	---

Applies to substantially all medical/surgical benefits in this classification.  
 EXTER: different deductible amounts from small to large.

Debitable	Advanced China	Payroll	Productivity & Inflation	Over Checking
501,000	501,000	501,000	501,000	
501,000	501,000	501,000	501,000	
501,000	501,000	501,000	501,000	
501,000	501,000	501,000	501,000	

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

ENTEN different equipment amounts from small to large.

Expenditure	Approved Claims	Paid	Production/Losses	Error Checking
12-01	12,105,761.80	4,000	12,105	
12-02	12,105,761.80	5,000	12,105	
12-03	12,105,761.80	5,000	12,105	
12-04	12,105,761.80	5,000	12,105	
12-05	12,105,761.80	5,000	12,105	
12-06	12,105,761.80	5,000	12,105	
12-07	12,105,761.80	5,000	12,105	
12-08	12,105,761.80	5,000	12,105	
12-09	12,105,761.80	5,000	12,105	
12-10	12,105,761.80	5,000	12,105	
12-11	12,105,761.80	5,000	12,105	
12-12	12,105,761.80	5,000	12,105	
12-13	12,105,761.80	5,000	12,105	
12-14	12,105,761.80	5,000	12,105	
12-15	12,105,761.80	5,000	12,105	
12-16	12,105,761.80	5,000	12,105	
12-17	12,105,761.80	5,000	12,105	
12-18	12,105,761.80	5,000	12,105	
12-19	12,105,761.80	5,000	12,105	
12-20	12,105,761.80	5,000	12,105	
12-21	12,105,761.80	5,000	12,105	
12-22	12,105,761.80	5,000	12,105	
12-23	12,105,761.80	5,000	12,105	
12-24	12,105,761.80	5,000	12,105	
12-25	12,105,761.80	5,000	12,105	
12-26	12,105,761.80	5,000	12,105	
12-27	12,105,761.80	5,000	12,105	
12-28	12,105,761.80	5,000	12,105	
12-29	12,105,761.80	5,000	12,105	
12-30	12,105,761.80	5,000	12,105	
12-31	12,105,761.80	5,000	12,105	
12-32	12,105,761.80	5,000	12,105	
12-33	12,105,761.80	5,000	12,105	
12-34	12,105,761.80	5,000	12,105	
12-35	12,105,761.80	5,000	12,105	
12-36	12,105,761.80	5,000	12,105	
12-37	12,105,761.80	5,000	12,105	
12-38	12,105,761.80	5,000	12,105	
12-39	12,105,761.80	5,000	12,105	
12-40	12,105,761.80	5,000	12,105	
12-41	12,105,761.80	5,000	12,105	
12-42	12,105,761.80	5,000	12,105	
12-43	12,105,761.80	5,000	12,105	
12-44	12,105,761.80	5,000	12,105	
12-45	12,105,761.80	5,000	12,105	
12-46	12,105,761.80	5,000	12,105	
12-47	12,105,761.80	5,000	12,105	
12-48	12,105,761.80	5,000	12,105	
12-49	12,105,761.80	5,000	12,105	
12-50	12,105,761.80	5,000	12,105	
12-51	12,105,761.80	5,000	12,105	
12-52	12,105,761.80	5,000	12,105	
12-53	12,105,761.80	5,000	12,105	
12-54	12,105,761.80	5,000	12,105	
12-55	12,105,761.80	5,000	12,105	
12-56	12,105,761.80	5,000	12,105	
12-57	12,105,761.80	5,000	12,105	
12-58	12,105,761.80	5,000	12,105	
12-59	12,105,761.80	5,000	12,105	
12-60	12,105,761.80	5,000	12,105	
12-61	12,105,761.80	5,000	12,105	
12-62	12,105,761.80	5,000	12,105	
12-63	12,105,761.80	5,000	12,105	
12-64	12,105,761.80	5,000	12,105	
12-65	12,105,761.80	5,000	12,105	
12-66	12,105,761.80	5,000	12,105	
12-67	12,105,761.80	5,000	12,105	
12-68	12,105,761.80	5,000	12,105	
12-69	12,105,761.80	5,000	12,105	
12-70	12,105,761.80	5,000	12,105	
12-71	12,105,761.80	5,000	12,105	
12-72	12,105,761.80	5,000	12,105	
12-73	12,105,761.80	5,000	12,105	
12-74	12,105,761.80	5,000	12,105	
12-75	12,105,761.80	5,000	12,105	
12-76	12,105,761.80	5,000	12,105	
12-77	12,105,761.80	5,000	12,105	
12-78	12,105,761.80	5,000	12,105	
12-79	12,105,761.80	5,000	12,105	
12-80	12,105,761.80	5,000	12,105	
12-81	12,105,761.80	5,000	12,105	
12-82	12,105,761.80	5,000	12,105	
12-83	12,105,761.80	5,000	12,105	
12-84	12,105,761.80	5,000	12,105	
12-85	12,105,761.80	5,000	12,105	
12-86	12,105,761.80	5,000	12,105	
12-87	12,105,761.80	5,000	12,105	
12-88	12,105,761.80	5,000	12,105	
12-89	12,105,761.80	5,000	12,105	
12-90	12,105,761.80	5,000	12,105	
12-91	12,105,761.80	5,000	12,105	
12-92	12,105,761.80	5,000	12,105	
12-93	12,105,761.80	5,000	12,105	
12-94	12,105,761.80	5,000	12,105	
12-95	12,105,761.80	5,000	12,105	
12-96	12,105,761.80	5,000	12,105	
12-97	12,105,761.80	5,000	12,105	
12-98	12,105,761.80	5,000	12,105	
12-99	12,105,761.80	5,000	12,105	
12-100	12,105,761.80	5,000	12,105	
12-101	12,105,761.80	5,000	12,105	
12-102	12,105,761.80	5,000	12,105	
12-103	12,105,761.80	5,000	12,105	
12-104	12,105,761.80	5,000	12,105	
12-105	12,105,761.80	5,000	12,105	
12-106	12,105,761.80	5,000	12,105	
12-107	12,105,761.80	5,000	12,105	
12-108	12,105,761.80	5,000	12,105	
12-109	12,105,761.80	5,000	12,105	
12-110	12,105,761.80	5,000	12,105	
12-111	12,105,761.80	5,000	12,105	
12-112	12,105,761.80	5,000	12,105	
12-113	12,105,761.80	5,000	12,105	
12-114	12,105,761.80	5,000	12,105	
12-115	12,105,761.80	5,000	12,105	
12-116	12,105,761.80	5,000	12,105	
12-117	12,105,761.80	5,000	12,105	
12-118	12,105,761.80	5,000	12,105	
12-119	12,105,761.80	5,000	12,105	
12-120	12,105,761.80	5,000	12,105	
12-121	12,105,761.80	5,000	12,105	
12-122	12,105,761.80	5,000	12,105	
12-123	12,105,761.80	5,000	12,105	
12-124	12,105,761.80	5,000	12,105	
12-125	12,105,761.80	5,000	12,105	
12-126	12,105,761.80	5,000	12,105	
12-127	12,105,761.80	5,000	12,105	
12-128	12,105,761.80	5,000	12,105	
12-129	12,105,761.80	5,000	12,105	
12-130	12,105,761.80	5,000	12,105	
12-131	12,105,761.80	5,000	12,105	
12-132	12,105,761.80	5,000	12,105	
12-133	12,105,761.80	5,000	12,105	
12-134	12,105,761.80	5,000	12,105	
12-135	12,105,761.80	5,000	12,105	
12-136	12,105,761.80	5,000	12,105	
12-137	12,105,761.80	5,000	12,105	
12-138	12,105,761.80	5,000	12,105	
12-139	12,105,761.80	5,000	12,105	
12-140	12,105,761.80	5,000	12,105	
12-141	12,105,761.80	5,000	12,105	
12-142	12,105,761.80	5,000	12,105	
12-143	12,105,761.80	5,000	12,105	
12-144	12,105,761.80	5,000	12,105	
12-145	12,105,761.80	5,000	12,105	
12-146	12,105,761.80	5,000	12,105	
12-147	12,105,761.80	5,000	12,105	
12-148	12,105,761.80	5,000	12,105	
12-149	12,105,761.80	5,000	12,105	
12-150	12,105,761.80	5,000	12,105	
12-151	12,105,761.80	5,000	12,105	
12-152	12,105,761.80	5,000	12,105	
12-153	12,105,761.80	5,000	12,105	
12-154	12,105,761.80	5,000	12,105	
12-155	12,105,761.80	5,000	12,105	
12-156	12,105,761.80	5,000	12,105	
12-157	12,105,761.80	5,000	12,105	
12-158	12,105,761.80	5,000	12,105	
12-159	12,105,761.80	5,000	12,105	
12-160	12,105,761.80	5,000	12,105	
12-161	12,105,761.80	5,000	12,105	
12-162	12,105,761.80	5,000	12,105	
12-163	12,105,761.80	5,000	12,105	
12-164	12,105,761.80	5,000	12,105	
12-165	12,105,761.80	5,000	12,105	
12-166	12,105,761.80	5,000	12,105	
12-167	12,105,761.80	5,000	12,105	
12-168	12,105,761.80	5,000	12,105	
12-169	12,105,761.80	5,000	12,105	
12-170	12,105,761.80	5,000	12,105	
12-171	12,105,761.80	5,000	12,105	
12-172	12,105,761.80	5,000	12,105	
12-173	12,105,761.80	5,000	12,105	
12-174	12,105,761.80	5,000	12,105	
12-175	12,105,761.80	5,000	12,105	
12-176	12,105,761.80	5,000	12,105	
12-177	12,105,761.80	5,000	12,105	
12-178	12,105,761.80	5,000	12,105	
12-179	12,105,761.80	5,000	12,105	
12-180	12,105,761.80	5,000	12,105	
12-181	12,105,761.80	5,000	12,105	
12-182	12,105,761.80	5,000	12,105	
12-183	12,105,761.80	5,000	12,105	
12-184	12,105,761.80	5,000	12,105	
12-185	12,105,761.80	5,000	12,105	
12-186	12,105,761.80	5,000	12,105	
12-187	12,105,761.80	5,000	12,105	
12-188	12,105,761.80	5,000	12,105	
12-189	12,105,761.80	5,000	12,105	
12-190	12,105,761.80	5,000	12,105	
12-191	12,105,761.80	5,000	12,105	
12-192	12,105,761.80	5,000	12,105	
12-193	12,105,761.80	5,000	12,105	
12-194	12,105,761.80	5,000	12,105	
12-195	12,105,761.80	5,000	12,105	
12-196	12,105,761.80	5,000	12,105	
12-197	12,105,761.80	5,000	12,105	
12-198	12,105,761.80	5,000	12,105	
12-199	12,105,761.80	5,000	12,105	
12-200	12,105,761.80	5,000	12,105	
12-201	12,105,761.80	5,000	12,105	
12-202	12,105,761.80	5,000	12,105	
12-203	12,105,761.80	5,000	12,105	
12-204	12,105,761.80	5,000	12,105	
12-205	12,105,761.80	5,000	12,105	
12-206	12,105,761.80	5,000	12,105	
12-207	12,105,761.80	5,000	12,105	
12-208	12,105,761.80	5,000	12,105	
12-209	12,105,761.80	5,000	12,105	
12-210	12,105,761.80	5,000	12,105	
12-211	12,105,761.80	5,000	12,105	
12-212	12,105,761.80	5,000	12,105	
12-213	12,105,761.80	5,000	12,105	
12-214	12,105,761.80	5,000	12,105	
12-215	12,105,761.80</			

Ergebnis: 8

Does not apply to substantially all medical/surgical benefits in this classification  
 (MUT) are shown in the left hand column below.

Continuance	Award Dates	Revised	Production & Smaller	Error Checking
	\$2,000,000.00	\$20,000.00	\$20,000.00	
	\$20,000.00			
	\$20,000.00			
	\$20,000.00			
	\$20,000.00			
Total	\$2,000,000.00	\$20,000.00		

Errors Found:	0
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ENTER different sizes: smallest to largest.

GDPR	Allowed Dates	Period	Predecessor & Succeed	Error Checks
10-10-20	10-10-20	10-10-20	10-10-20	
	10-10-20			
	10-10-20			
	10-10-20			
	10-10-20			



Issue / Market: Regence BlueCross BlueShield of Oregon  
Market: Individual

**Worksheet Info**

Visit [Exceljet's Resource Library](#)

Use [Exceljet's Cell Formulas](#)

See the [Example worksheet](#) for additional details.

Source: Classification (E) Output: (E) In-Network (OP 25)

### PLAN INFORMATION

Plan Name:	Brainiac Cascade Silver/Leaders Network/178	****This will auto assemble from summary sheet master
Plan ID:	712850A1180000_78	****This will auto populate from summary sheet master
Start Description:		****If the plan is a CIP contract, identify it here. Otherwise, leave the first blank

TYPE OR BENEFIT CLASSIFICATION

**PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION**

Overall Result: **Pass**

Links only work for sections that are not already hidden.

****Click the links in the cells below to scroll directly to the stated section****				
Click to IP 100%	Click to IP 70%	Click to IP 50%	Click to IP 30-70/100%	Click to IP 30-70/100%

Options	Selection
Out-of-Network Test?	No
Outpatient Surgical Testing	Not Combined

Column Options
<a href="#">Variable Columns</a>
<a href="#">Index/Exclude All Columns</a>

No Errors Found?

A. Branch/Classification		B. For the MHSOJ state shows results of National Impact Study on the Branch/Classification? (Yes/No)		C. Test Request? (Date of Request)		D. Test Results	
1. Branch/Classification		2. Yes/No	3. Test Request? (Date of Request)	4. Test Request? (Date of Request)	5. Yes/No	6. Test Results	
2. Branch/Classification		Yes			Yes	Yes	
3. Branch/Classification		Yes			Yes	Yes	
4. Branch/Classification		Yes			Yes	Yes	
5. Branch/Classification		Yes			Yes	Yes	
6. Branch/Classification		Yes			Yes	Yes	
7. Branch/Classification		Yes			Yes	Yes	
8. Branch/Classification		Yes			Yes	Yes	
9. Branch/Classification		Yes			Yes	Yes	
10. Branch/Classification		Yes			Yes	Yes	
11. Branch/Classification		Yes			Yes	Yes	
12. Branch/Classification		Yes			Yes	Yes	
13. Branch/Classification		Yes			Yes	Yes	
14. Branch/Classification		Yes			Yes	Yes	
15. Branch/Classification		Yes			Yes	Yes	
16. Branch/Classification		Yes			Yes	Yes	
17. Branch/Classification		Yes			Yes	Yes	
18. Branch/Classification		Yes			Yes	Yes	
19. Branch/Classification		Yes			Yes	Yes	
20. Branch/Classification		Yes			Yes	Yes	
21. Branch/Classification		Yes			Yes	Yes	
22. Branch/Classification		Yes			Yes	Yes	
23. Branch/Classification		Yes			Yes	Yes	
24. Branch/Classification		Yes			Yes	Yes	
25. Branch/Classification		Yes			Yes	Yes	
26. Branch/Classification		Yes			Yes	Yes	
27. Branch/Classification		Yes			Yes	Yes	
28. Branch/Classification		Yes			Yes	Yes	
29. Branch/Classification		Yes			Yes	Yes	
30. Branch/Classification		Yes			Yes	Yes	
31. Branch/Classification		Yes			Yes	Yes	
32. Branch/Classification		Yes			Yes	Yes	
33. Branch/Classification		Yes			Yes	Yes	
34. Branch/Classification		Yes			Yes	Yes	
35. Branch/Classification		Yes			Yes	Yes	
36. Branch/Classification		Yes			Yes	Yes	
37. Branch/Classification		Yes			Yes	Yes	
38. Branch/Classification		Yes			Yes	Yes	
39. Branch/Classification		Yes			Yes	Yes	
40. Branch/Classification		Yes			Yes	Yes	
41. Branch/Classification		Yes			Yes	Yes	
42. Branch/Classification		Yes			Yes	Yes	
43. Branch/Classification		Yes			Yes	Yes	
44. Branch/Classification		Yes			Yes	Yes	
45. Branch/Classification		Yes			Yes	Yes	
46. Branch/Classification		Yes			Yes	Yes	
47. Branch/Classification		Yes			Yes	Yes	
48. Branch/Classification		Yes			Yes	Yes	
49. Branch/Classification		Yes			Yes	Yes	
50. Branch/Classification		Yes			Yes	Yes	
51. Branch/Classification		Yes			Yes	Yes	
52. Branch/Classification		Yes			Yes	Yes	
53. Branch/Classification		Yes			Yes	Yes	
54. Branch/Classification		Yes			Yes	Yes	
55. Branch/Classification		Yes			Yes	Yes	
56. Branch/Classification		Yes			Yes	Yes	
57. Branch/Classification		Yes			Yes	Yes	
58. Branch/Classification		Yes			Yes	Yes	
59. Branch/Classification		Yes			Yes	Yes	
60. Branch/Classification		Yes			Yes	Yes	
61. Branch/Classification		Yes			Yes	Yes	
62. Branch/Classification		Yes			Yes	Yes	
63. Branch/Classification		Yes			Yes	Yes	
64. Branch/Classification		Yes			Yes	Yes	
65. Branch/Classification		Yes			Yes	Yes	
66. Branch/Classification		Yes			Yes	Yes	
67. Branch/Classification		Yes			Yes	Yes	
68. Branch/Classification		Yes			Yes	Yes	
69. Branch/Classification		Yes			Yes	Yes	
70. Branch/Classification		Yes			Yes	Yes	
71. Branch/Classification		Yes			Yes	Yes	
72. Branch/Classification		Yes			Yes	Yes	
73. Branch/Classification		Yes			Yes	Yes	
74. Branch/Classification		Yes			Yes	Yes	
75. Branch/Classification		Yes			Yes	Yes	
76. Branch/Classification		Yes			Yes	Yes	
77. Branch/Classification		Yes			Yes	Yes	
78. Branch/Classification		Yes			Yes	Yes	
79. Branch/Classification		Yes			Yes	Yes	
80. Branch/Classification		Yes			Yes	Yes	
81. Branch/Classification		Yes			Yes	Yes	
82. Branch/Classification		Yes			Yes	Yes	
83. Branch/Classification		Yes			Yes	Yes	
84. Branch/Classification		Yes			Yes	Yes	
85. Branch/Classification		Yes			Yes	Yes	
86. Branch/Classification		Yes			Yes	Yes	
87. Branch/Classification		Yes			Yes	Yes	
88. Branch/Classification		Yes			Yes	Yes	
89. Branch/Classification		Yes			Yes	Yes	
90. Branch/Classification		Yes			Yes	Yes	
91. Branch/Classification		Yes			Yes	Yes	
92. Branch/Classification		Yes			Yes	Yes	
93. Branch/Classification		Yes			Yes	Yes	
94. Branch/Classification		Yes			Yes	Yes	
95. Branch/Classification		Yes			Yes	Yes	
96. Branch/Classification		Yes			Yes	Yes	
97. Branch/Classification		Yes			Yes	Yes	
98. Branch/Classification		Yes			Yes	Yes	
99. Branch/Classification		Yes			Yes	Yes	
100. Branch/Classification		Yes			Yes	Yes	

## PART 1

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

<b>Service Classification</b>	(E) Outpatient, In-Network (OP IN)
<b>Notes:</b>	Use this table if you are billing all outpatient services combined.

Classification	Observed	IP
Network & (in/Out)	In Network	Out

Number of Rows 

Activity	Year of Development	Year Reported	Amount	Donations	Equipment	Expenditure	Donor contribution	Net (USD)
1. Construction of the first phase of the project (1000 sqm)	2010	2010	1000000	0	0	1000000	0	0
2. Construction of the second phase of the project (1000 sqm)	2011	2011	1000000	0	0	1000000	0	0
3. Construction of the third phase of the project (1000 sqm)	2012	2012	1000000	0	0	1000000	0	0
4. Construction of the fourth phase of the project (1000 sqm)	2013	2013	1000000	0	0	1000000	0	0
5. Construction of the fifth phase of the project (1000 sqm)	2014	2014	1000000	0	0	1000000	0	0
6. Construction of the sixth phase of the project (1000 sqm)	2015	2015	1000000	0	0	1000000	0	0
7. Construction of the seventh phase of the project (1000 sqm)	2016	2016	1000000	0	0	1000000	0	0
8. Construction of the eighth phase of the project (1000 sqm)	2017	2017	1000000	0	0	1000000	0	0
9. Construction of the ninth phase of the project (1000 sqm)	2018	2018	1000000	0	0	1000000	0	0
10. Construction of the tenth phase of the project (1000 sqm)	2019	2019	1000000	0	0	1000000	0	0
11. Construction of the eleventh phase of the project (1000 sqm)	2020	2020	1000000	0	0	1000000	0	0
12. Construction of the twelfth phase of the project (1000 sqm)	2021	2021	1000000	0	0	1000000	0	0
13. Construction of the thirteenth phase of the project (1000 sqm)	2022	2022	1000000	0	0	1000000	0	0
14. Construction of the fourteenth phase of the project (1000 sqm)	2023	2023	1000000	0	0	1000000	0	0
15. Construction of the fifteenth phase of the project (1000 sqm)	2024	2024	1000000	0	0	1000000	0	0
16. Construction of the sixteenth phase of the project (1000 sqm)	2025	2025	1000000	0	0	1000000	0	0
17. Construction of the seventeenth phase of the project (1000 sqm)	2026	2026	1000000	0	0	1000000	0	0
18. Construction of the eighteenth phase of the project (1000 sqm)	2027	2027	1000000	0	0	1000000	0	0
19. Construction of the nineteenth phase of the project (1000 sqm)	2028	2028	1000000	0	0	1000000	0	0
20. Construction of the twentieth phase of the project (1000 sqm)	2029	2029	1000000	0	0	1000000	0	0
21. Construction of the twenty-first phase of the project (1000 sqm)	2030	2030	1000000	0	0	1000000	0	0
22. Construction of the twenty-second phase of the project (1000 sqm)	2031	2031	1000000	0	0	1000000	0	0
23. Construction of the twenty-third phase of the project (1000 sqm)	2032	2032	1000000	0	0	1000000	0	0
24. Construction of the twenty-fourth phase of the project (1000 sqm)	2033	2033	1000000	0	0	1000000	0	0
25. Construction of the twenty-fifth phase of the project (1000 sqm)	2034	2034	1000000	0	0	1000000	0	0
26. Construction of the twenty-sixth phase of the project (1000 sqm)	2035	2035	1000000	0	0	1000000	0	0
27. Construction of the twenty-seventh phase of the project (1000 sqm)	2036	2036	1000000	0	0	1000000	0	0
28. Construction of the twenty-eighth phase of the project (1000 sqm)	2037	2037	1000000	0	0	1000000	0	0
29. Construction of the twenty-ninth phase of the project (1000 sqm)	2038	2038	1000000	0	0	1000000	0	0
30. Construction of the thirtieth phase of the project (1000 sqm)	2039	2039	1000000	0	0	1000000	0	0
31. Construction of the thirty-first phase of the project (1000 sqm)	2040	2040	1000000	0	0	1000000	0	0
32. Construction of the thirty-second phase of the project (1000 sqm)	2041	2041	1000000	0	0	1000000	0	0
33. Construction of the thirty-third phase of the project (1000 sqm)	2042	2042	1000000	0	0	1000000	0	0
34. Construction of the thirty-fourth phase of the project (1000 sqm)	2043	2043	1000000	0	0	1000000	0	0
35. Construction of the thirty-fifth phase of the project (1000 sqm)	2044	2044	1000000	0	0	1000000	0	0
36. Construction of the thirty-sixth phase of the project (1000 sqm)	2045	2045	1000000	0	0	1000000	0	0
37. Construction of the thirty-seventh phase of the project (1000 sqm)	2046	2046	1000000	0	0	1000000	0	0
38. Construction of the thirty-eighth phase of the project (1000 sqm)	2047	2047	1000000	0	0	1000000	0	0
39. Construction of the thirty-ninth phase of the project (1000 sqm)	2048	2048	1000000	0	0	1000000	0	0
40. Construction of the fortieth phase of the project (1000 sqm)	2049	2049	1000000	0	0	1000000	0	0
41. Construction of the forty-first phase of the project (1000 sqm)	2050	2050	1000000	0	0	1000000	0	0
42. Construction of the forty-second phase of the project (1000 sqm)	2051	2051	1000000	0	0	1000000		

## PART 2

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

Contract Type	MSD Cash Share	Predefined Limit For	MSD Financial Paying Ratio
Individual	5/15	\$1,000.00	Pass
Employment	5/15	\$1,000.00	Pass
Concurrent	5/15	N/A	Pass
Overall	5/15	\$1,000.00	Pass
Overall			Pass

Enter Fractions
<div> <div></div> <div></div> </div>

Step 1 Substantially All (i.e., ≥ % of medical/surgical benefits)	
Health Plan	2014-2015 2016-2017

	Construction	\$20,000,000.00	\$20,000,000.00	100%	Construction
	Equipment	\$10,000,000.00	\$10,000,000.00	100%	Equipment
	Other	\$5,000,000.00	\$5,000,000.00	100%	Other
	Total Projected	\$35,000,000.00	\$35,000,000.00	100%	Total Projected

### Step 2 Predominant Level

Applies to substantially all medical/surgical benefits in this classification.

ENTER different deductible amounts have resulted in larger.

Subsidiary	Account Name	Particulars	Debitment & Number	Page Number
	517.611, 611.02	51.630	52.00	
	52.000.00	52.000.37.57	57.000	52.000.00
	Total	528.736.882.38	500.000	

## Department -- [X] Engineering, In-Network (CP INN)

Applies to substantially all medical/surgical benefits in this classification.  
 (NOTE: different dependent amounts from grandfathered plan).

[illegible]

Subsource: [Wikipedia:List of Network IP](#)

Does not apply to substantially all medical/surgical alternatives in this classification (W/OT) any values in the left hand column below.

Continuance	Allowed Dates	Period	Predecessor & Successor	Error Checks
	03/01/2018 - 03/31/2018	100-100%		00%
	04/01/2018 - 04/30/2018			
	05/01/2018 - 05/31/2018			
	06/01/2018 - 06/30/2018			
	07/01/2018 - 07/31/2018			

00932 — 2004-04-01 — In Review — OIP 2004

Applies to substantially all medical/surgical benefits in this classification.  
 18718 different rates currently have resulted in 16 used.

COPE	Allowed Costs	Portion	Proportional & Smaller	Enter Check
17,850.00	\$38,734,884.38	100.00%	17,850.00	
	\$0.00			
	\$0.00			
	\$0.00			



Issuer / Market: Regence BlueCross BlueShield of Oregon  
Market: Individual







**Workbook info**

Book Name: New Testament - Revised

Open: Regular God's Promise

*See the Example worksheet for additional details.*

Source Classification: (U) Outpatient, In Network (OP/IN)

Plan Name: **Everest Cascade Silver Individual Comm**  
Plan ID: **71287AA1800LE**

- if the will suit is outside from summary chest mark
- if the will suit is popular from summary chest mark
- if the plan is a CSR variant, identify it here. Otherwise, leave the field blank

4 Description:

<p>*****Click the links in the cells below to scroll directly to the stated section*****</p>			
<a href="#">Move to IF INH</a>	<a href="#">Move to IF OCN</a>	<a href="#">Move to IF RIN</a>	<a href="#">Move to IF CVI</a>

*links only work for sections that are not already bolded*

Column Epsilon
<a href="#">Activate Columns</a>
<a href="#">Hide/Unhide All Columns</a>

Has Error Occurred?  
YES

[illegible]

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

<b>Search Classification</b>	(X) Outpatient, In-Network (DP/INN)
<b>Notes:</b>	Use this table if you are testing off-network

[illegible]

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

Cash/Share Type	WMSJ Cash Shares	Predecessor Leaf for	WMSJ Financial Party Result
Endowment	9.5	\$2,500,000	Pass
Compensation	\$ 80,000	\$100,000	Pass
Collaboration	9.5	Nil	Pass
Other	\$2,750,000	\$2,750,000	Pass
<b>Total</b>			<b>Pass</b>

Order Passivation
100

Construction	\$4,057,853.05	47.58%	GP-2015 Construction
Construction	\$4,057,853.05	47.58%	GP-2015 Construction
Construction	\$1,453,120.45	16.94%	GP-2015 Construction
GP-2015	\$6,508,265.23	74.52%	GP-2015 Construction
Total Projected	\$6,508,265.23		

Applies substantially all medical/surgical benefits in this classification.

NOTE: different deductible amounts from smallest to largest.

Subsidiary	Allocated Dates	Period	Predecessor & Successor	From Checklist
100-00	6.2.2002-6.2.14	62.62%	100-00	
62.1000-00	6.6.2002-6.7.28	67.58%	62.1000-00	
Total	16.808.265.25	100.00%		

NOTES: different equipment amounts than needed to target.

2000-01	5712 265.00	9.00%	514.00
2001-02	5712 265.00	9.00%	514.00
2002-03	5712 265.00	9.00%	514.00
2003-04	5712 265.00	9.00%	514.00
2004-05	5712 265.00	9.00%	514.00
2005-06	5712 265.00	9.00%	514.00
2006-07	5712 265.00	9.00%	514.00
2007-08	5712 265.00	9.00%	514.00
2008-09	5712 265.00	9.00%	514.00
2009-10	5712 265.00	9.00%	514.00
2010-11	5712 265.00	9.00%	514.00
2011-12	5712 265.00	9.00%	514.00
2012-13	5712 265.00	9.00%	514.00
2013-14	5712 265.00	9.00%	514.00
2014-15	5712 265.00	9.00%	514.00
2015-16	5712 265.00	9.00%	514.00
2016-17	5712 265.00	9.00%	514.00
2017-18	5712 265.00	9.00%	514.00
2018-19	5712 265.00	9.00%	514.00
2019-20	5712 265.00	9.00%	514.00
2020-21	5712 265.00	9.00%	514.00
2021-22	5712 265.00	9.00%	514.00
2022-23	5712 265.00	9.00%	514.00
2023-24	5712 265.00	9.00%	514.00
2024-25	5712 265.00	9.00%	514.00
2025-26	5712 265.00	9.00%	514.00
2026-27	5712 265.00	9.00%	514.00
2027-28	5712 265.00	9.00%	514.00
2028-29	5712 265.00	9.00%	514.00
2029-30	5712 265.00	9.00%	514.00
2030-31	5712 265.00	9.00%	514.00
2031-32	5712 265.00	9.00%	514.00
2032-33	5712 265.00	9.00%	514.00
2033-34	5712 265.00	9.00%	514.00
2034-35	5712 265.00	9.00%	514.00
2035-36	5712 265.00	9.00%	514.00
2036-37	5712 265.00	9.00%	514.00
2037-38	5712 265.00	9.00%	514.00
2038-39	5712 265.00	9.00%	514.00
2039-40	5712 265.00	9.00%	514.00
2040-41	5712 265.00	9.00%	514.00
2041-42	5712 265.00	9.00%	514.00
2042-43	5712 265.00	9.00%	514.00
2043-44	5712 265.00	9.00%	514.00
2044-45	5712 265.00	9.00%	514.00
2045-46	5712 265.00	9.00%	514.00
2046-47	5712 265.00	9.00%	514.00
2047-48	5712 265.00	9.00%	514.00
2048-49	5712 265.00	9.00%	514.00
2049-50	5712 265.00	9.00%	514.00
2050-51	5712 265.00	9.00%	514.00
2051-52	5712 265.00	9.00%	514.00
2052-53	5712 265.00	9.00%	514.00
2053-54	5712 265.00	9.00%	514.00
2054-55	5712 265.00	9.00%	514.00
2055-56	5712 265.00	9.00%	514.00
2056-57	5712 265.00	9.00%	514.00
2057-58	5712 265.00	9.00%	514.00
2058-59	5712 265.00	9.00%	514.00
2059-60	5712 265.00	9.00%	514.00
2060-61	5712 265.00	9.00%	514.00
2061-62	5712 265.00	9.00%	514.00
2062-63	5712 265.00	9.00%	514.00
2063-64	5712 265.00	9.00%	514.00
2064-65	5712 265.00	9.00%	514.00
2065-66	5712 265.00	9.00%	514.00
2066-67	5712 265.00	9.00%	514.00
2067-68	5712 265.00	9.00%	514.00
2068-69	5712 265.00	9.00%	514.00
2069-70	5712 265.00	9.00%	514.00
2070-71	5712 265.00	9.00%	514.00
2071-72	5712 265.00	9.00%	514.00
2072-73	5712 265.00	9.00%	514.00
2073-74	5712 265.00	9.00%	514.00
2074-75	5712 265.00	9.00%	514.00
2075-76	5712 265.00	9.00%	514.00
2076-77	5712 265.00	9.00%	514.00
2077-78	5712 265.00	9.00%	514.00
2078-79	5712 265.00	9.00%	514.00
2079-80	5712 265.00	9.00%	514.00
2080-81	5712 265.00	9.00%	514.00
2081-82	5712 265.00	9.00%	514.00
2082-83	5712 265.00	9.00%	514.00
2083-84	5712 265.00	9.00%	514.00
2084-85	5712 265.00	9.00%	514.00
2085-86	5712 265.00	9.00%	514.00
2086-87	5712 265.00	9.00%	514.00
2087-88	5712 265.00	9.00%	514.00
2088-89	5712 265.00	9.00%	514.00
2089-90	5712 265.00	9.00%	514.00
2090-91	5712 265.00	9.00%	514.00
2091-92	5712 265.00	9.00%	514.00
2092-93	5712 265.00	9.00%	514.00
2093-94	5712 265.00	9.00%	514.00
2094-95	5712 265.00	9.00%	514.00
2095-96	5712 265.00	9.00%	514.00
2096-97	5712 265.00	9.00%	514.00
2097-98	5712 265.00	9.00%	514.00
2098-99	5712 265.00	9.00%	514.00
2099-00	5712 265.00	9.00%	514.00
2100-01	5712 265.00	9.00%	514.00
2101-02	5712 265.00	9.00%	514.00
2102-03	5712 265.00	9.00%	514.00
2103-04	5712 265.00	9.00%	514.00
2104-05	5712 265.00	9.00%	514.00
2105-06	5712 265.00	9.00%	514.00
2106-07	5712 265.00	9.00%	514.00
2107-08	5712 265.00	9.00%	514.00
2108-09	5712 265.00	9.00%	514.00
2109-10	5712 265.00	9.00%	514.00
2110-11	5712 265.00	9.00%	514.00
2111-12	5712 265.00	9.00%	514.00
2112-13	5712 265.00	9.00%	514.00
2113-14	5712 265.00	9.00%	514.00
2114-15	5712 265.00	9.00%	514.00
2115-16	5712 265.00	9.00%	514.00
2116-17	5712 265.00	9.00%	514.00
2117-18	5712 265.00	9.00%	514.00
2118-19	5712 265.00	9.00%	514.00
2119-20	5712 265.00	9.00%	514.00
2120-21	5712 265.00	9.00%	514.00
2121-22	5712 265.00	9.00%	514.00
2122-23	5712 265.00	9.00%	514.00
2123-24	5712 265.00	9.00%	514.00
2124-25	5712 265.00	9.00%	514.00
2125-26	5712 265.00	9.00%	514.00
2126-27	5712 265.00	9.00%	514.00
2127-28	5712 265.00	9.00%	514.00
2128-29	5712 265.00	9.00%	514.00
2129-30	5712 265.00	9.00%	514.00
2130-31	5712 265.00	9.00%	514.00
2131-32	5712 265.00	9.00%	514.00
2132-33	5712 265.00	9.00%	514.00
2133-34	5712 265.00	9.00%	514.00
2134-35	5712 265.00	9.00%	514.00
2135-36	5712 265.00	9.00%	514.00
2136-37	5712 265.00	9.00%	514.00
2137-38	5712 265.00	9.00%	514.00
2138-39	5712 265.00	9.00%	514.00
2139-40	5712 265.00	9.00%	514.00
2140-41	5712 265.00	9.00%	514.00
2141-42	5712 265.00	9.00%	514.00
2142-43	5712 265.00	9.00%	514.00
2143-44	5712 265.00	9.00%	514.00
2144-45	5712 265.00	9.00%	514.00
2145-46	5712 265.00	9.00%	514.00
2146-47	5712 265.00	9.00%	514.00
2147-48	5712 265.00	9.00%	514.00
2148-49	5712 265.00	9.00%	514.00
2149-50	5712 265.00	9.00%	514.00
2150-51	5712 265.00	9.00%	514.00
2151-52	5712 265.00	9.00%	514.00
2152-53	5712 265.00	9.00%	514.00
2153-54	5712 265.00	9.00%	514.00
2154-55	5712 265.00	9.00%	514.00
2155-56	5712 265.00	9.00%	514.00
2156-57	5712 265.00	9.00%	514.00
2157-58	5712 265.00	9.00%	514.00
2158-59	5712 265.00	9.00%	514.00
2159-60	5712 265.00	9.00%	514.00
2160-61	5712 265.00	9.00%	514.00
2161-62	5712 265.00	9.00%	514.00
2162-63	5712 265.00	9.00%	514.00
2163-64	5712 265.00	9.00%	514.00
2164-65	5712 265.00	9.00%	514.00
2165-66	5712 265.00	9.00%	514.00
2166-67	5712 265.00	9.00%	514.00
2167-68	5712 265.00	9.00%	514.00
2168-69	5712 265.00	9.00%	514.00
2169-70	5712 265.00	9.00%	514.00
2170-71	5712 265.00	9.00%	514.00
2171-72	5712 265.00	9.00%	514.00
2172-73	5712 265.00	9.00%	514.00
2173-74	5712 265.00	9.00%	514.00
2174-75	5712 265.00	9.00%	514.00
2175-76	5712 265.00	9.00%	514.00
2176-77	5712 265.00	9.00%	514.00
2177-78	5712 265.00	9.00%	514.00
2178-79	5712 265.00	9.00%	514.00
2179-80	5712 265.00	9.00%	514.00
2180-81	5712 265.00	9.00%	514.00
2181-82	5712 265.00	9.00%	514.00
2182-83	5712 265.00	9.00%	514.00
2183-84	5712 265.00	9.00%	514.00
2184-85	5712 265.00	9.00%	514.00
2185-86	5712 265.00	9.00%	514.00
2186-87	5712 265.00	9.00%	514.00
2187-88	5712 265.00	9.00%	514.00
2188-89	5712 265.00	9.00%	514.00
2189-90	5712 265.00	9.00%	514.00
2190-91	5712 265.00	9.00%	514.00
2191-92	5712 265.00	9.00%	514.00
2192-93	5712 265.00	9.00%	514.00
2193-94	5712 265.00	9.00%	514.00
2194-95	5712 265.00	9.00%	514.00
2195-96	5712 265.00	9.00%	514.00
2196-97	5712 265.00	9.00%	514.00
2197-98	5712 265.00	9.00%	514.00
2198-99	5712 265.00	9.00%	514.00
2199-00	5712 265.00	9.00%	514.00
2200-01	5712 265.00	9.00%	514.00
2201-02	5712 265.00	9.00%	514.00
2202-03	5712 265.00	9.00%	514.00
2203-04	5712 265.00	9.00%	514.00
2204-05	5712 265.00	9.00%	514.00
2205-06	5712 265.00	9.00%	514.00
2206-07	5712 265.00	9.00%	514.00
2207-08	5712 265.00	9.00%	514.00
2208-09	5712 265.00	9.00%	514.00
2209-10	5712 265.00	9.00%	514.00
2210-11	5712 265.00	9.00%	514.00
2211-12	5712 265.00	9.00%	514.00
2212-13	5712 265.00	9.00%	514.00
2213-14	5712 265.00	9.00%	514.00
2214-15	5712 265.00	9.00%	514.00
2215-16	5712 265.00	9.00%	514.00
2216-17	5712 265.00	9.00%	514.00
2217-18	5712 265.00	9.00%	514.00
2218-19	5712 265.00	9.00%	514.00
2219-20	5712 265.00	9.00%	514.00
2220-21	5712 265.00	9.00%	514.00
2221-22	5712 265.00	9.00%	514.00
2222-23	5712 265.00	9.00%	514.00
2223-24	5712 265.00	9.00%	514.00
2224-25	5712 265.00	9.00%	514.00
2225-26	5712 265.00	9.00%	514.00
2226-27	5712 265.00	9.00%	514.00
2227-28	5712 265.00	9.00%	514.00
2228-29	5712 265.00	9.00%	514.00
2229-30	5712 265.00	9.00%	514.00
2230-31	5712 265.00	9.00%	514.00
2231-32	5712 265.00	9.00%	514.00
2232-33	5712 265.00	9.00%	514.00
2233-34	5712 265.00	9.00%	514.00
2234-35	5712 265.00	9.00%	514.00
2235-36	5712 265.00	9.00%	514.00
2236-37	5712 265.00	9.00%	514.00
2237-38	5712 265.00	9.00%	514.00
22			

Does not apply to substantially all medical/surgical benefits in this classification.  
 (H) If any values in the left-hand column below:

	\$1,403,320.00	2.98-30%	20%
	\$1,403,320.00		
	\$1,403,320.00		
	\$1,403,320.00		
	\$1,403,320.00		
Total	\$1,403,320.00	2.98-30%	

NOTES: Different sizes amount to from smallest to largest.

	0.0-99			
	0.0-99			
	0.0-99			
Total	0.0-99	0.0-99		

**Worksheet Info**

Worksheet Name: Worksheet1

Worksheet Range: Cell Formulas

See the Example worksheet for additional details.

Issuer / Market I: Regence BlueCross BlueShield of Oregon  
Market I: Individual

Plan Name: **Reverie Cascade Silver Individual Connect CTR** ©2012 without papalite from Canyon Blvd. 10/10/12

PARITY DATE (EAR) OCCURRENCE BY BENEFIT / ACCIDENTATION

Result: **Pass**

Link only work for sections that are not already built: -----

The diagram illustrates the data flow between three tables:

- Testbed Options** (Table 1): Contains columns 'Options' and 'Selection'. It has three rows: 'Out of Network Test?' (No), 'Outbound Reverse Testing' (No/conditional), and an empty row.
- Columns Options** (Table 2): Contains a single column 'Columns Options'. It has two rows: 'Available Columns' and 'No/NoReady AD-Evaluation'.
- No Screen/Screen?** (Table 3): Contains a single column 'No Screen/Screen?'. It has one row: 'True'.

Arrows indicate the following relationships:

- An arrow points from the 'Options' column of 'Testbed Options' to the 'Columns Options' column of 'Columns Options'.
- An arrow points from the 'Columns Options' column of 'Columns Options' to the 'No Screen/Screen?' column of 'No Screen/Screen?'.

[illegible]

Click on	Home	Search Results	
<p>or Click the links in the cells below to scroll directly to the stated endospore</p>			
<a href="#">Move to 3F 70%</a>	<a href="#">Move to 3F CCN</a>	<a href="#">Move to 3F 80%</a>	<a href="#">Move to 3F-D1 70%</a>
<a href="#">Move to 3F-D1 70%</a>	<a href="#">Move to 3F-D1 70%</a>	<a href="#">Move to 3F-D1 70%</a>	<a href="#">Move to 3F-D1 70%</a>
<a href="#">Move to 3F 80%</a>	<a href="#">Move to 3F 80%</a>	<a href="#">Move to 3F 80%</a>	<a href="#">Move to 3F 80%</a>

Classification	Output
Network (in/out)	in/out
Classification Code	0 (IP In), 1 (IP Out)

[illegible]

Contract Type	MMQCD Cash Share	Proportionate cost for	MMQCD Financial Party Result
Outpatient	50%	\$2,500.00	Gain
Compassion	50%	\$2,500.00	Gain
Outpatient	50%	\$2,500.00	Gain
Compassion	50%	\$2,500.00	Gain

[illegible]

Product/Service: <u>OTC Medication for Headache Pain</u>	Company Name:	
Applies to substantially all medical/surgical specialties in this classification.		

<b>Schedule</b>	<b>Mileage Rates</b>	<b>Packages</b>	<b>Prepaid Fare &amp; Sundry</b>	<b>Fares Checked</b>
See Note	\$2,380,452.34	\$2,409,671.00	See Note	
See Note	\$4,602,857.00	\$47,389,611.00	\$2,568,561.00	
Total	\$6,983,309.34	\$50,000,000.00		

\*Applies to substantially all medical surgical benefits in this classification.  
†ENTER different equipment amounts than enabled to legend.

Component	Allowed Costs	Portion	Rebate/Grant & Taxable	After Rebate/Grant
2010-2011	\$200,233.64	0.20%	70.00	
2011-2012	\$474,555.48	0.80%	1,000.00	
2012-2013	\$74,000.00	0.32%		
2013-2014	\$128,775.72	0.76%	1,000.00	
2014-2015	\$63,648.00	0.76%	1,000.00	
2015-2016	\$1,066,581.41	0.10%	1,000.00	
2016-2017	\$1,066,581.41	0.10%		
2017-2018	\$100,111.64	0.10%		
2018-2019	\$8,619.31	0.10%		

Does not apply to substantially all months/quarters of the entity in the classification.

Customer	Allowance Dates	Period	Production & Transfer	Error Checking
	12.01.2024-12.31.2024	2024-2024	2024	
	01.01			
	01.01			
	01.01			
	01.01			

Agrees to substantially all medical/surgical benefits in this classification.

ODPG	Shaved Cakes	Panini	Pretzels & Snacks	Enter Combo
\$1,000.00	\$1,000.00	100.00%	\$1,000.00	
	\$1.00			
	\$1.00			
	\$1.00			



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

Worksheet Title  
Name / Worksheet: Regional Medical Center Board of Directors  
Worksheet: Worksheet

Worksheet Description  
This worksheet is used to calculate the financial requirement for medical/surgical benefits for each employee.

PLAN INFORMATION

Plan Name: Regional Medical Center Board of Directors  
Plan ID: 00000000000000000000  
Plan Description: This plan is used to calculate the financial requirement for medical/surgical benefits for each employee.

Plan Type: Self-Insured  
Plan Sponsor: Regional Medical Center Board of Directors  
Plan Administrator: Regional Medical Center Board of Directors

PARITY FINANCIAL RESULTS, BY BENEFIT CLASSIFICATION

Overall Results		Cost Share Results by Benefit Classification	
Benefit Classification	Cost Share Results	Benefit Classification	Cost Share Results
Medical	100.00%	Medical	100.00%
Prescription	100.00%	Prescription	100.00%
Dental	100.00%	Dental	100.00%
vision	100.00%	vision	100.00%
Disability	100.00%	Disability	100.00%
Life/AD&D	100.00%	Life/AD&D	100.00%
Other	100.00%	Other	100.00%

Worksheet Title  
Name / Worksheet: Regional Medical Center Board of Directors  
Worksheet: Worksheet

Worksheet Description  
This worksheet is used to calculate the financial requirement for medical/surgical benefits for each employee.

PARITY FINANCIAL RESULTS, BY BENEFIT CLASSIFICATION

Plan Name: Regional Medical Center Board of Directors  
Plan ID: 00000000000000000000  
Plan Description: This plan is used to calculate the financial requirement for medical/surgical benefits for each employee.

Plan Type: Self-Insured  
Plan Sponsor: Regional Medical Center Board of Directors  
Plan Administrator: Regional Medical Center Board of Directors

Overall Results		Cost Share Results by Benefit Classification	
Benefit Classification	Cost Share Results	Benefit Classification	Cost Share Results
Medical	100.00%	Medical	100.00%
Prescription	100.00%	Prescription	100.00%
Dental	100.00%	Dental	100.00%
vision	100.00%	vision	100.00%
Disability	100.00%	Disability	100.00%
Life/AD&D	100.00%	Life/AD&D	100.00%
Other	100.00%	Other	100.00%

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

Overall Results		Cost Share Results by Benefit Classification	
Benefit Classification	Cost Share Results	Benefit Classification	Cost Share Results
Medical	100.00%	Medical	100.00%
Prescription	100.00%	Prescription	100.00%
Dental	100.00%	Dental	100.00%
vision	100.00%	vision	100.00%
Disability	100.00%	Disability	100.00%
Life/AD&D	100.00%	Life/AD&D	100.00%
Other	100.00%	Other	100.00%

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

Overall Results		Cost Share Results by Benefit Classification	
Benefit Classification	Cost Share Results	Benefit Classification	Cost Share Results
Medical	100.00%	Medical	100.00%
Prescription	100.00%	Prescription	100.00%
Dental	100.00%	Dental	100.00%
vision	100.00%	vision	100.00%
Disability	100.00%	Disability	100.00%
Life/AD&D	100.00%	Life/AD&D	100.00%
Other	100.00%	Other	100.00%



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

Issue: (Optional - Required Must-Cost Burden of Origin  
Benefit - Individual)

Worksheet(s)
Test Request (Optional -)
See the Sample Worksheet for additional details

PLAN INFORMATION

Plan Name: (Optional - Required) Consider Individual Contract  
Plan ID: (Optional - Required)  
Contract/Policy/Group Name: (Optional - Required)  
Contract/Policy/Group ID: (Optional - Required)  
Contract/Policy/Group Description: (Optional - Required)

PARITY TEST/RESULTS, BY BENEFIT CLASSIFICATION

Benefit Classification: (Optional - Required)  
Benefit Description: (Optional - Required)  
Benefit ID: (Optional - Required)  
Benefit Description: (Optional - Required)

Benefit Classification	Benefit Description	Benefit ID	Benefit Description
(Optional - Required)	(Optional - Required)	(Optional - Required)	(Optional - Required)

Benefit Classification	Benefit Description	Benefit ID	Benefit Description	Benefit ID	Benefit Description	Benefit ID	Benefit Description
(Optional - Required)	(Optional - Required)	(Optional - Required)	(Optional - Required)	(Optional - Required)	(Optional - Required)	(Optional - Required)	(Optional - Required)

Benefit Classification: (Optional - Required) Office Visit, In-Network (OP-01-000)

Benefit Classification	Benefit Description	Benefit ID	Benefit Description
(Optional - Required)	(Optional - Required)	(Optional - Required)	(Optional - Required)

Benefit Classification: (Optional - Required) All Other, In-Network (OP-02-000)

Benefit Classification	Benefit Description	Benefit ID	Benefit Description
(Optional - Required)	(Optional - Required)	(Optional - Required)	(Optional - Required)

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

Benefit Classification	Benefit Description	Benefit ID	Benefit Description	Benefit ID	Benefit Description	Benefit ID	Benefit Description
(Optional - Required)	(Optional - Required)	(Optional - Required)	(Optional - Required)	(Optional - Required)	(Optional - Required)	(Optional - Required)	(Optional - Required)

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

Benefit Classification	Benefit Description	Benefit ID	Benefit Description	Benefit ID	Benefit Description	Benefit ID	Benefit Description
(Optional - Required)	(Optional - Required)	(Optional - Required)	(Optional - Required)	(Optional - Required)	(Optional - Required)	(Optional - Required)	(Optional - Required)

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

Benefit Classification	Benefit Description	Benefit ID	Benefit Description	Benefit ID	Benefit Description	Benefit ID	Benefit Description
(Optional - Required)	(Optional - Required)	(Optional - Required)	(Optional - Required)	(Optional - Required)	(Optional - Required)	(Optional - Required)	(Optional - Required)

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

Benefit Classification	Benefit Description	Benefit ID	Benefit Description	Benefit ID	Benefit Description	Benefit ID	Benefit Description
(Optional - Required)	(Optional - Required)	(Optional - Required)	(Optional - Required)	(Optional - Required)	(Optional - Required)	(Optional - Required)	(Optional - Required)

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

Issuer / Market: Regence BlueCross BlueShield of Oregon  
Market: Individual

Plan Name:	Bronze HSA 7000 Individual Connect	ccc<This will auto populate from summary sheet macro
Plan ID:	712829WA1360118	ccc<This will auto populate from summary sheet macro
Plan Description:		ccc<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!!!!

Testline Options	
Option	Selection
Out of Network Tier?	No
Outpatient Benefits Testing	All Combined

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

No Errors Found?
True

[illegible]

Benefit Classification	(3) Outpatient, In-Network (OP INN)
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[Error found:](#)

====Click the links in the cells below to scroll directly to the stated section====				
<a href="#">Move to IF IN</a>	<a href="#">Move to IF ON</a>	<a href="#">Move to OF IN</a>	<a href="#">Move to OF-ON IN</a>	<a href="#">Move to OF-IO IN</a>
<a href="#">Move to OF ON</a>	<a href="#">Move to OF-ON ON</a>	<a href="#">Move to OF-IO ON</a>	<a href="#">Move to IO</a>	<a href="#">Move to EX</a>

**Benefit Classification** (3) Outpatient, In-Network (OP-INN)  
**Notes:** Use this table if you are testing all outpatient services combined.

Classification	Questions	Ans.
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Classification	Network (In/Out)	Classification Code	Table Name
In Network	In	1	CD (In)
Out Network	Out	2	CD (Out)
			CD (Strategy 1)

Number of Rows: 18

Detailed Financial Statement - Q3 2023						
Category	Item Description	Planned Amount (\$)	Actual (\$)	Variance (\$)	Comments	Net Effect (\$)
Department A: Core Operations	Salaries - Dept A Staff (10 FTEs)	150,000	148,500	1,500	Under Budget	15,000
	Materials & Supplies	20,000	20,200	200	Over Budget	2,000
	Utilities - Dept A	10,000	9,800	200	Under Budget	1,000
	Travel Expenses	5,000	4,800	200	Under Budget	500
	Equipment Maintenance	15,000	14,500	500	Under Budget	1,500
	Software Licenses (Dept A)	8,000	8,100	100	Over Budget	800
	Professional Services (Dept A)	12,000	11,800	200	Under Budget	1,200
	Depreciation (Dept A Assets)	3,000	3,000	0	On Track	0
	Insurance (Dept A)	7,000	6,900	100	Under Budget	700
	Contingency (Dept A)	2,000	2,000	0	On Track	0
Department B: Support Functions	Printing & Office Supplies	10,000	9,800	200	Under Budget	1,000
	Facilities Maintenance	25,000	24,500	500	Under Budget	2,500
	Information Technology Support	18,000	17,800	200	Under Budget	1,800
	Legal Services	30,000	29,500	500	Under Budget	3,000
	Accounting & Finance	22,000	21,800	200	Under Budget	2,200
	Human Resources	15,000	14,800	200	Under Budget	1,500
	Security Services	12,000	11,900	100	Under Budget	1,200
	IT Helpdesk	8,000	7,900	100	Under Budget	800
	Facilities Cleaning	6,000	5,900	100	Under Budget	600
	Department C: Special Projects	Specialized Equipment	50,000	50,000	0	On Track
Total Departmental	Salaries	150,000	148,500	1,500	Under Budget	15,000
	Materials & Supplies	20,000	20,200	200	Over Budget	2,000
	Utilities	10,000	9,800	200	Under Budget	1,000
Grand Total	Salaries	150,000	148,500	1,500	Under Budget	15,000
	Materials & Supplies	20,000	20,200	200	Over Budget	2,000

Financial Profile for (3) Outpatient, In-Network IOP (INN)			
Health Plan Name	Member Count (INN)	Revenue (INN)	Net Profit (INN)
Blue Cross of Michigan	1,234	\$1,234,567	\$123,456
Blue Cross of Michigan	1,234	\$1,234,567	\$123,456
Blue Cross of Michigan	1,234	\$1,234,567	\$123,456

Financial Policy for (3) Outpatient, in-Network (OP INN)			
Cost-Share Type	MMHC Cost-Shares in Plan Design*	Pre-negotiated contract for MMHC/Surgical	MMHC Financial Policy Network
deductible	\$7,000.00	\$7,000.00	Pass
coinsurance	75%	50%	Pass
coinsurance	50%	50%	Pass
OOPMA	\$8,350.00	\$8,350.00	Pass
Overall			Pass

Enter Parameters (All needed) above TABLE CONTINUES
30

Step 1 Substantially All (i.e., ≥ % of medical/surgical benefits)			
Deductible	\$942,856.80	94.22%	OP INN Deductible
Copayment	\$0.00	0.00%	Fail
Coinurance	\$646,039.96	94.64%	OP INN Coinurance
OCOPM	\$1,001,745.73	300.00%	OP INN OCOPM
Total Projected	\$1,001,745.73		

**Step 2 Predominant Level**

Deductible		Portion		Production & Smaller		Error Checking	
\$1,650.00	\$8,242.46	0.87%	\$1,650.00				
\$7,000.00	\$935,614.33	99.13%	\$7,000.00				
<b>Total</b>	<b>\$943,856.80</b>	<b>100.00%</b>					

Copyright — (S) Outputless, In-Network (OP INN)	Errors found:	0
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Compartment	Allowed Claims	Parties	Predecessor & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
<b>Total</b>	\$0.00	\$0.00		

Calculations: (1) 0.00 (2) 0.00 (3) 0.00 (4) 0.00 (5) 0.00 (6) 0.00 (7) 0.00 (8) 0.00 (9) 0.00 (10) 0.00 (11) 0.00 (12) 0.00 (13) 0.00 (14) 0.00 (15) 0.00 (16) 0.00 (17) 0.00 (18) 0.00 (19) 0.00 (20) 0.00 (21) 0.00 (22) 0.00 (23) 0.00 (24) 0.00 (25) 0.00 (26) 0.00 (27) 0.00 (28) 0.00 (29) 0.00 (30) 0.00 (31) 0.00 (32) 0.00 (33) 0.00 (34) 0.00 (35) 0.00 (36) 0.00 (37) 0.00 (38) 0.00 (39) 0.00 (40) 0.00 (41) 0.00 (42) 0.00 (43) 0.00 (44) 0.00 (45) 0.00 (46) 0.00 (47) 0.00 (48) 0.00 (49) 0.00 (50) 0.00 (51) 0.00 (52) 0.00 (53) 0.00 (54) 0.00 (55) 0.00 (56) 0.00 (57) 0.00 (58) 0.00 (59) 0.00 (60) 0.00 (61) 0.00 (62) 0.00 (63) 0.00 (64) 0.00 (65) 0.00 (66) 0.00 (67) 0.00 (68) 0.00 (69) 0.00 (70) 0.00 (71) 0.00 (72) 0.00 (73) 0.00 (74) 0.00 (75) 0.00 (76) 0.00 (77) 0.00 (78) 0.00 (79) 0.00 (80) 0.00 (81) 0.00 (82) 0.00 (83) 0.00 (84) 0.00 (85) 0.00 (86) 0.00 (87) 0.00 (88) 0.00 (89) 0.00 (90) 0.00 (91) 0.00 (92) 0.00 (93) 0.00 (94) 0.00 (95) 0.00 (96) 0.00 (97) 0.00 (98) 0.00 (99) 0.00 (100) 0.00 (101) 0.00 (102) 0.00 (103) 0.00 (104) 0.00 (105) 0.00 (106) 0.00 (107) 0.00 (108) 0.00 (109) 0.00 (110) 0.00 (111) 0.00 (112) 0.00 (113) 0.00 (114) 0.00 (115) 0.00 (116) 0.00 (117) 0.00 (118) 0.00 (119) 0.00 (120) 0.00 (121) 0.00 (122) 0.00 (123) 0.00 (124) 0.00 (125) 0.00 (126) 0.00 (127) 0.00 (128) 0.00 (129) 0.00 (130) 0.00 (131) 0.00 (132) 0.00 (133) 0.00 (134) 0.00 (135) 0.00 (136) 0.00 (137) 0.00 (138) 0.00 (139) 0.00 (140) 0.00 (141) 0.00 (142) 0.00 (143) 0.00 (144) 0.00 (145) 0.00 (146) 0.00 (147) 0.00 (148) 0.00 (149) 0.00 (150) 0.00 (151) 0.00 (152) 0.00 (153) 0.00 (154) 0.00 (155) 0.00 (156) 0.00 (157) 0.00 (158) 0.00 (159) 0.00 (160) 0.00 (161) 0.00 (162) 0.00 (163) 0.00 (164) 0.00 (165) 0.00 (166) 0.00 (167) 0.00 (168) 0.00 (169) 0.00 (170) 0.00 (171) 0.00 (172) 0.00 (173) 0.00 (174) 0.00 (175) 0.00 (176) 0.00 (177) 0.00 (178) 0.00 (179) 0.00 (180) 0.00 (181) 0.00 (182) 0.00 (183) 0.00 (184) 0.00 (185) 0.00 (186) 0.00 (187) 0.00 (188) 0.00 (189) 0.00 (190) 0.00 (191) 0.00 (192) 0.00 (193) 0.00 (194) 0.00 (195) 0.00 (196) 0.00 (197) 0.00 (198) 0.00 (199) 0.00 (200) 0.00 (201) 0.00 (202) 0.00 (203) 0.00 (204) 0.00 (205) 0.00 (206) 0.00 (207) 0.00 (208) 0.00 (209) 0.00 (210) 0.00 (211) 0.00 (212) 0.00 (213) 0.00 (214) 0.00 (215) 0.00 (216) 0.00 (217) 0.00 (218) 0.00 (219) 0.00 (220) 0.00 (221) 0.00 (222) 0.00 (223) 0.00 (224) 0.00 (225) 0.00 (226) 0.00 (227) 0.00 (228) 0.00 (229) 0.00 (230) 0.00 (231) 0.00 (232) 0.00 (233) 0.00 (234) 0.00 (235) 0.00 (236) 0.00 (237) 0.00 (238) 0.00 (239) 0.00 (240) 0.00 (241) 0.00 (242) 0.00 (243) 0.00 (244) 0.00 (245) 0.00 (246) 0.00 (247) 0.00 (248) 0.00 (249) 0.00 (250) 0.00 (251) 0.00 (252) 0.00 (253) 0.00 (254) 0.00 (255) 0.00 (256) 0.00 (257) 0.00 (258) 0.00 (259) 0.00 (260) 0.00 (261) 0.00 (262) 0.00 (263) 0.00 (264) 0.00 (265) 0.00 (266) 0.00 (267) 0.00 (268) 0.00 (269) 0.00 (270) 0.00 (271) 0.00 (272) 0.00 (273) 0.00 (274) 0.00 (275) 0.00 (276) 0.00 (277) 0.00 (278) 0.00 (279) 0.00 (280) 0.00 (281) 0.00 (282) 0.00 (283) 0.00 (284) 0.00 (285) 0.00 (286) 0.00 (287) 0.00 (288) 0.00 (289) 0.00 (290) 0.00 (291) 0.00 (292) 0.00 (293) 0.00 (294) 0.00 (295) 0.00 (296) 0.00 (297) 0.00 (298) 0.00 (299) 0.00 (300) 0.00 (301) 0.00 (302) 0.00 (303) 0.00 (304) 0.00 (305) 0.00 (306) 0.00 (307) 0.00 (308) 0.00 (309) 0.00 (310) 0.00 (311) 0.00 (312) 0.00 (313) 0.00 (314) 0.00 (315) 0.00 (316) 0.00 (317) 0.00 (318) 0.00 (319) 0.00 (320) 0.00 (321) 0.00 (322) 0.00 (323) 0.00 (324) 0.00 (325) 0.00 (326) 0.00 (327) 0.00 (328) 0.00 (329) 0.00 (330) 0.00 (331) 0.00 (332) 0.00 (333) 0.00 (334) 0.00 (335) 0.00 (336) 0.00 (337) 0.00 (338) 0.00 (339) 0.00 (340) 0.00 (341) 0.00 (342) 0.00 (343) 0.00 (344) 0.00 (345) 0.00 (346) 0.00 (347) 0.00 (348) 0.00 (349) 0.00 (350) 0.00 (351) 0.00 (352) 0.00 (353) 0.00 (354) 0.00 (355) 0.00 (356) 0.00 (357) 0.00 (358) 0.00 (359) 0.00 (360) 0.00 (361) 0.00 (362) 0.00 (363) 0.00 (364) 0.00 (365) 0.00 (366) 0.00 (367) 0.00 (368) 0.00 (369) 0.00 (370) 0.00 (371) 0.00 (372) 0.00 (373) 0.00 (374) 0.00 (375) 0.00 (376) 0.00 (377) 0.00 (378) 0.00 (379) 0.00 (380) 0.00 (381) 0.00 (382) 0.00 (383) 0.00 (384) 0.00 (385) 0.00 (386) 0.00 (387) 0.00 (388) 0.00 (389) 0.00 (390) 0.00 (391) 0.00 (392) 0.00 (393)

Applies to substantially all medical/surgical benefits in this classification.  
 CNTR different coinsurance amounts from smallest to largest.

Coloursense	Allyard Dates	Portion	Produce/ant & Smaller	Error Checking
50%	\$046,039.94	100.00%		50%
	\$0.00			
	\$0.00			
	\$0.00			
<b>Total</b>	<b>\$046,039.94</b>	<b>100.00%</b>		

Applies to substantially all medical/surgical benefits in this classification.  
 Differ different amount amounts from smallest to largest

CDIME	Allowed Claims	Patient	Proportionate & Smaller	Error Checking
GA 300.00	\$1,001,745.73	100.00%	\$8,300.00	
	\$0.00			
	\$0.00			
	\$0.00			
<b>Total</b>	<b>\$1,001,745.73</b>	<b>100.00%</b>		



Issuer / Market: Regence BlueCross BlueShield of Oregon  
Market: Individual

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

Ellen Warner: *Business Essentials Q&A* | Lauren Mahoney

Plan ID:	71282WA1150030
CSR Variant Description:	

#### PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Links only work for sections that are not a

Testing Options	
Option	Selection
Out-of-Network Test?	No
Outpatient Recall Testing	All Combined

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Click >>>> Home Error found:

====Click the links in the cells below to scroll directly to the stated section=====

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

Qualification	Ordinary	or	
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Network (In/Out)	In: 10.10.10.1	Out: 10.10.10.2
Classification Code	1	10.10.10.1

Table Name	tbl_credit_pi
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Service Description	Cost Share Description	Plan Projected
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Number of Rows 21

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

Call Status Type	MAIAC Call Status	Preincident Level/Tr	MAIAC Status of Party Result
Indefinite	99,999,999	99,999,999	Pass
Copayment	N/A	Pass	Pass
Colloquial	999	999	Pass
Other	999,999,999	999,999,999	Pass
<b>Overall</b>			<b>Pass</b>

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

DEBT		EQUITY		TOTAL	
Indebtedness	\$6,726.75	77.28%	GP 80% Indebtedness		
Capitalized	\$1,288.87	14.76%	FBI		
Collateralized	\$6,776.03	77.26%	GP 80% Collateralized		
GP 80%	\$8,714.85	100.00%	GP 80% GP 80%		
Total Projected	\$8,714.85				

Applies to substantially all medical/surgical benefits in this classification.  
ENTER different deductible amounts from smallest to largest.

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$5,000.00	\$6,726.71	37.38%	\$9,000.00	
	\$1,988.17	37.86%		
<b>Total</b>	<b>\$8,714.88</b>	<b>38.62%</b>		

DELETE any values in the left-hand column below.

Component	Advanced Column	Section	Predecessor & Smaller	Error Checkline
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
<b>Total</b>	\$0.00	0.00%		

DIFFER different circumstance amounts from smallest to largest.

Disbursement	Advanced Claims	Paid/Claim	Prejudgment & Smaller	Error Checking
2014	56,776.51	98.87%	92%	
2015	51,648	0.00%		
2016	50,109	0.00%		
	50,000			
Total	56,776.51	98.87%		

ENTER different copier amounts from smallest to largest.

QCPM	Approved Change	Revised	Revised & Approved	Error Checking
200-2004	58,714.88	200-2004	58,714.88	
	50.00			
	50.00			
	50.00			
Total	58,714.88	200-2004	58,714.88	



WA Exhibit 1: Experience Data

Carrier Name:	Regence BlueCross BlueShield of Oregon
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

2024 CLAIMS BUILD-UP, TOTAL							
Incurring Month yyyymm	Member Months	Incurred & Paid Claims	IBNP for Incurred Claims	Ultimate Incurred Claims	Allowed Claims (without IBNP)	IBNP for Allowed Claims	Ultimate Allowed Claims
202401	7,360	\$3,465,312	\$124,645	\$3,589,957	\$3,877,324	\$148,153	\$4,025,477
202402	8,122	\$3,885,784	\$124,645	\$4,010,430	\$4,347,788	\$148,153	\$4,495,942
202403	8,312	\$4,504,138	\$124,645	\$4,628,783	\$5,039,661	\$148,153	\$5,187,815
202404	8,526	\$5,740,399	\$124,645	\$5,865,044	\$6,422,909	\$148,153	\$6,571,063
202405	8,698	\$5,080,083	\$124,645	\$5,204,728	\$5,684,084	\$148,153	\$5,832,238
202406	8,907	\$4,377,936	\$124,645	\$4,502,581	\$4,898,455	\$148,153	\$5,046,608
202407	9,038	\$5,005,873	\$124,645	\$5,130,518	\$5,601,051	\$148,153	\$5,749,204
202408	9,164	\$5,466,322	\$124,645	\$5,590,967	\$6,116,245	\$148,153	\$6,264,399
202409	9,261	\$5,331,229	\$124,645	\$5,455,874	\$5,965,090	\$148,153	\$6,113,244
202410	9,310	\$5,774,741	\$124,645	\$5,899,386	\$6,461,334	\$148,153	\$6,609,488
202411	9,331	\$4,882,497	\$124,645	\$5,007,142	\$5,463,006	\$148,153	\$5,611,159
202412	9,231	\$5,185,690	\$124,645	\$5,310,335	\$5,802,247	\$148,153	\$5,950,401
CY2024	105,260	\$58,700,003	\$1,495,745	\$60,195,748	\$65,679,195	\$1,777,841	\$67,457,037

2024 ULTIMATE ALLOWED CLAIMS, TOTAL											
Inpatient Hospital	Outpatient Hospital	Professional	Other Medical	Capitation	Prescription Drug before Drug Rebates	Prescription Drug Rebates (Negative \$)	Non-EHBs	Total EHB Allowed	Total Allowed (EHB + non-EHB)	Check Total Allowed (should be \$0)	
\$484,478	\$982,838	\$1,453,875	\$131,594	\$0	\$958,216	(\$406,382)	\$14,476	\$3,604,619	\$3,619,095	\$406,382	\$406,382
\$541,100	\$1,097,704	\$1,623,792	\$146,973	\$0	\$1,070,204	(\$406,382)	\$16,168	\$4,073,392	\$4,089,560	\$406,382	\$406,382
\$624,369	\$1,266,628	\$1,873,674	\$169,591	\$0	\$1,234,896	(\$406,382)	\$18,656	\$4,762,777	\$4,781,433	\$406,382	\$406,382
\$790,847	\$1,604,355	\$2,373,260	\$214,809	\$0	\$1,564,161	(\$406,382)	\$23,631	\$6,141,050	\$6,164,681	\$406,382	\$406,382
\$701,927	\$1,423,967	\$2,106,419	\$190,657	\$0	\$1,388,293	(\$406,382)	\$20,974	\$5,404,882	\$5,425,856	\$406,382	\$406,382
\$607,375	\$1,232,152	\$1,822,675	\$164,975	\$0	\$1,201,283	(\$406,382)	\$18,149	\$4,622,078	\$4,640,226	\$406,382	\$406,382
\$691,934	\$1,403,694	\$2,076,430	\$187,943	\$0	\$1,368,528	(\$406,382)	\$20,675	\$5,322,147	\$5,342,822	\$406,382	\$406,382
\$753,939	\$1,529,481	\$2,262,502	\$204,785	\$0	\$1,491,164	(\$406,382)	\$22,528	\$5,835,489	\$5,858,017	\$406,382	\$406,382
\$735,747	\$1,492,576	\$2,207,910	\$199,843	\$0	\$1,455,183	(\$406,382)	\$21,984	\$5,684,878	\$5,706,862	\$406,382	\$406,382
\$795,472	\$1,613,736	\$2,387,137	\$216,066	\$0	\$1,573,308	(\$406,382)	\$23,769	\$6,179,337	\$6,203,106	\$406,382	\$406,382
\$675,320	\$1,369,990	\$2,026,573	\$183,430	\$0	\$1,335,668	(\$406,382)	\$20,179	\$5,184,599	\$5,204,778	\$406,382	\$406,382
\$716,149	\$1,452,817	\$2,149,096	\$194,520	\$0	\$1,416,420	(\$406,382)	\$21,399	\$5,522,620	\$5,544,019	\$406,382	\$406,382
\$8,118,658	\$16,469,940	\$24,363,343	\$2,205,185	\$0	\$16,057,323	(\$4,876,583)	\$242,588	\$62,337,866	\$62,580,454	\$4,876,583	\$4,876,583

2024 CLAIMS BUILD-UP, PMPM							
Incurring Month yyyymm	Member Months	Incurred & Paid Claims	IBNP for Incurred Claims	Ultimate Incurred Claims	Allowed Claims (without IBNP)	IBNP for Allowed Claims	Ultimate Allowed Claims
202401		\$470.83	\$16.94	\$487.77	\$526.81	\$20.13	\$546.94
202402		\$478.43	\$15.35	\$493.77	\$535.31	\$18.24	\$553.55
202403		\$541.88	\$15.00	\$556.88	\$606.31	\$17.82	\$624.14
202404		\$673.28	\$14.62	\$687.90	\$753.33	\$17.38	\$770.71
202405		\$584.05	\$14.33	\$598.38	\$653.49	\$17.03	\$670.53
202406		\$491.52	\$13.99	\$505.51	\$549.96	\$16.63	\$566.59
202407		\$553.87	\$13.79	\$567.66	\$619.72	\$16.39	\$636.11
202408		\$596.50	\$13.60	\$610.10	\$667.42	\$16.17	\$683.59
202409		\$575.66	\$13.46	\$589.12	\$644.11	\$16.00	\$660.11
202410		\$620.27	\$13.39	\$633.66	\$694.02	\$15.91	\$709.93
202411		\$523.26	\$13.36	\$536.61	\$585.47	\$15.88	\$601.35
202412		\$561.77	\$13.50	\$575.27	\$628.56	\$16.05	\$644.61
CY2024		\$557.67	\$14.21	\$571.88	\$623.97	\$16.89	\$640.86

2024 ULTIMATE ALLOWED CLAIMS, PMPM											
Inpatient Hospital	Outpatient Hospital	Professional	Other Medical	Capitation	Prescription Drug before Drug Rebates	Prescription Drug Rebates (Negative \$)	Non-EHBs	Total EHB Allowed	Total Allowed (EHB + non-EHB)	Check Total Allowed (should be \$0)	
\$65.83	\$133.54	\$197.54	\$17.88	\$0.00	\$130.19	(\$55.21)	\$1.97	\$489.76	\$491.72	\$55.21	\$55.21
\$66.62	\$135.15	\$199.93	\$18.10	\$0.00	\$131.77	(\$50.03)	\$1.99	\$501.53	\$503.52	\$50.03	\$50.03
\$75.12	\$152.39	\$225.42	\$20.40	\$0.00	\$148.57	(\$48.89)	\$2.24	\$573.00	\$575.24	\$48.89	\$48.89
\$92.76	\$188.17	\$278.36	\$25.19	\$0.00	\$183.46	(\$47.66)	\$2.77	\$720.27	\$723.04	\$47.66	\$47.66
\$80.70	\$163.71	\$242.17	\$21.92	\$0.00	\$159.61	(\$46.72)	\$2.41	\$621.39	\$623.81	\$46.72	\$46.72
\$68.19	\$138.34	\$204.63	\$18.52	\$0.00	\$134.87	(\$45.63)	\$2.04	\$518.93	\$520.96	\$45.63	\$45.63
\$76.56	\$155.31	\$229.74	\$20.79	\$0.00	\$151.42	(\$44.96)	\$2.29	\$588.86	\$591.15	\$44.96	\$44.96
\$82.27	\$166.90	\$246.89	\$22.35	\$0.00	\$162.72	(\$44.35)	\$2.46	\$636.78	\$639.24	\$44.35	\$44.35
\$79.45	\$161.17	\$238.41	\$21.58	\$0.00	\$157.13	(\$43.88)	\$2.37	\$613.85	\$616.23	\$43.88	\$43.88
\$85.44	\$173.33	\$256.41	\$23.21	\$0.00	\$168.99	(\$43.65)	\$2.55	\$663.73	\$666.28	\$43.65	\$43.65
\$72.37	\$146.82	\$217.19	\$19.66	\$0.00	\$143.14	(\$43.55)	\$2.16	\$555.63	\$557.79	\$43.55	\$43.55
\$77.58	\$157.38	\$232.81	\$21.07	\$0.00	\$153.44	(\$44.02)	\$2.32	\$598.27	\$600.59	\$44.02	\$44.02
\$77.13	\$156.47	\$231.46	\$20.95	\$0.00	\$152.55	(\$46.33)	\$2.30	\$592.23	\$594.53	\$46.33	\$46.33

Comments

The formulas above do not allow for the proper treatment of rebates. In order for column T to be 0, column S would have to exclude rebates. We have left the original formulas in tact.



Carrier Name:	Regence BlueCross BlueShield of Oregon
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

		2024, TOTAL				2024, PMPM			2024, % of PREMIUM		
Line Item	Description	ACTUAL EXPERIENCE (A)	PROJECTED (i.e., Expected; E)	A:E - 1	A - E	ACTUAL EXPERIENCE (A)	PROJECTED (i.e., Expected; E)	A:E - 1	ACTUAL EXPERIENCE (A)	PROJECTED (i.e., Expected; E)	A - E
a	Member Months (MM)	105,260	61,752	70.5%							
b	Premium	\$61,965,509	\$36,772,684	68.5%		\$588.69	\$595.49	-1.1%			
c	Allowed Claims	\$67,457,037	\$42,042,509	60.4%		\$640.86	\$680.83	-5.9%	108.9%	114.3%	-5.5%
d	Incurred Claims	\$55,319,506	\$32,242,514	71.6%		\$525.55	\$522.13	0.7%	89.3%	87.7%	1.6%
e	Cost Sharing Reduction (CSR) Amounts	\$1,544,425	\$928,221	66.4%		\$14.67	\$15.03	-2.4%	2.5%	2.5%	0.0%
f	Risk Adjustment Transfer Amounts	(\$5,320,316)	\$653,886	-913.6%		(\$50.54)	\$10.59	-577.3%	-8.6%	1.8%	-10.4%
g	Administrative Expense	\$5,504,140	\$2,952,847	86.4%		\$52.29	\$47.82	9.4%	8.9%	8.0%	0.9%
h	Taxes and Fees	\$2,555,923	\$823,708	210.3%		\$24.28	\$13.34	82.0%	4.1%	2.2%	1.9%
i	Profit Margin (a.k.a. Profit & Risk Load)	(\$6,734,375)	\$1,287,044	-623.2%		(\$63.98)	\$20.84	-407.0%	-10.9%	3.5%	-14.4%
j	Paid-to-Allowed Ratios	82.0%	76.7%	6.9%	5.3%						

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

(\$63.98)	\$22.79
\$0.00	\$1.95

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

89.3%	87.7%	1.6
1.8%		

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

97.7%	86.1%	11.5%
13.4%		

[illegible]

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

Carrier Name:	Regence BlueCross BlueShield of Oregon
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	144.40	\$4,751.07	\$57.17
Outpatient Hospital	Services	2,848.73	\$568.80	\$135.03
Professional	Services	17,424.29	\$147.61	\$214.34
Prescription Drug	Days Filled	386,100.01	\$4.47	\$143.96
Total				\$550.50

##### EXPERIENCE -- 2023

URRT w1 Benefit Category	Frequency Units	Units per 1,000	Unit Cost	EHB Cost PMPM
Inpatient Hospital	Days	163.26	\$5,714.97	\$77.75
Outpatient Hospital	Services	2,780.57	\$551.87	\$127.88
Professional	Services	17,984.85	\$149.97	\$224.77
Prescription Drug	Days Filled	360,247.04	\$5.37	\$161.12
Total				\$591.51

##### EXPERIENCE -- 2024

URRT w1 Benefit Category	Frequency Units	Units per 1,000	Unit Cost	EHB Cost PMPM
Inpatient Hospital	Days	162.69	\$5,689.22	\$77.13
Outpatient Hospital	Services	3,203.40	\$586.14	\$156.47
Professional	Services	18,085.88	\$153.57	\$231.46
Prescription Drug	Days Filled	362,781.51	\$5.05	\$152.55
Total				\$617.61

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

URRT w1 Benefit Category	Frequency Units	Units per 1,000	Unit Cost	EHB Cost PMPM
Inpatient Hospital	Days	173.00	\$6,272.37	\$90.43
Outpatient Hospital	Services	3,406.47	\$646.22	\$183.44
Professional	Services	19,232.42	\$169.32	\$271.36
Prescription Drug	Days Filled	385,779.70	\$5.56	\$178.85
Total				\$724.08

#### 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	36.00%	13.06%	20.29%	16.03%	3.67%	20.29%	TRUE
Outpatient Hospital	-5.30%	-2.39%	-2.98%	-6.17%	3.40%	-2.98%	TRUE
Professional	4.87%	3.22%	1.60%	-0.23%	1.83%	1.60%	TRUE
Prescription Drug	11.91%	-6.70%	19.95%	-3.04%	23.71%	19.95%	TRUE
Total	7.449%						

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

Service	Total EHB Cost	Utilization	Unit Cost	Unit Cost Components			
				Service Mix / Intensity	Reimbursement	Unit Cost	Check
Inpatient Hospital	-0.80%	-0.35%	-0.45%	-8.16%	8.39%	-0.45%	TRUE
Outpatient Hospital	22.36%	15.21%	6.21%	-1.14%	7.44%	6.21%	TRUE
Professional	2.98%	0.56%	2.40%	-0.92%	3.35%	2.40%	TRUE
Prescription Drug	-5.32%	0.70%	-5.98%	-11.60%	6.36%	-5.98%	TRUE
Total	4.412%						

##### 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	8.28%	3.12%	5.00%	-0.40%	5.42%	5.00%	TRUE
Outpatient Hospital	8.28%	3.12%	5.00%	-0.40%	5.43%	5.00%	TRUE
Professional	8.28%	3.12%	5.00%	1.72%	3.23%	5.00%	TRUE
Prescription Drug	8.28%	3.12%	5.00%	-0.47%	5.50%	5.00%	TRUE
Total	8.277%						

#### Comments

There is no "Other" category, so this won't match up to the URRT PMPMs. For our development of the URRT, we have historically used different frequency units.

WA Exhibit 4: Normalized Allowed Claims Analysis

Carrier Name:	Regence BlueCross BlueShield of Oregon
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	3,229	\$2,071,663	1.0000	\$2,071,663	-		\$7,450	\$2,064,213	\$639.27	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0109	\$646.26		
202202	3,391	\$1,766,697	1.0000	\$1,766,697	-		\$6,353	\$1,760,344	\$519.12	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0109	\$524.80		
202203	3,350	\$2,316,052	1.0000	\$2,316,052	-		\$8,329	\$2,307,723	\$688.87	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0109	\$696.40		
202204	3,342	\$2,235,349	1.0000	\$2,235,349	\$11,496		\$8,039	\$2,215,815	\$663.02	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0109	\$670.27		
202205	3,318	\$1,768,078	1.0000	\$1,768,078	-		\$6,358	\$1,761,720	\$530.96	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0109	\$536.76		
202206	3,299	\$2,039,154	1.0000	\$2,039,154	-		\$7,333	\$2,031,821	\$615.89	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0109	\$622.62		
202207	3,303	\$1,864,756	1.0000	\$1,864,756	-		\$6,706	\$1,858,050	\$562.53	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0109	\$568.68		
202208	3,270	\$1,983,478	1.0000	\$1,983,478	-		\$7,133	\$1,976,345	\$604.39	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0109	\$610.99		
202209	3,266	\$1,894,513	1.0000	\$1,894,513	-		\$6,813	\$1,887,700	\$577.99	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0109	\$584.30		
202210	3,231	\$1,996,718	1.0000	\$1,996,718	-		\$7,181	\$1,989,538	\$615.77	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0109	\$622.50		
202211	3,223	\$2,060,022	1.0000	\$2,060,022	-		\$7,408	\$2,052,613	\$636.86	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0109	\$643.83		
202212	3,196	\$2,038,465	1.0000	\$2,038,465	-		\$7,331	\$2,031,134	\$635.52	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0109	\$642.47		
202301	4,507	\$2,605,586	1.0000	\$2,605,586	-		\$9,370	\$2,596,216	\$576.04	0.9376	0.9901	1.0000	1.0228	0.9495	0.9495	1.0647	\$613.33		
202302	5,012	\$2,838,082	1.0000	\$2,838,082	-		\$10,206	\$2,827,875	\$564.22	0.9376	0.9901	1.0000	1.0228	0.9495	0.9495	1.0647	\$600.74		
202303	5,101	\$4,085,839	1.0000	\$4,085,839	\$498,479		\$14,693	\$3,572,666	\$700.39	0.9376	0.9901	1.0000	1.0228	0.9495	0.9495	1.0647	\$745.72		
202304	5,197	\$2,861,542	0.9995	\$2,862,942	-		\$10,296	\$2,852,646	\$548.90	0.9376	0.9901	1.0000	1.0228	0.9495	0.9495	1.0647	\$584.43		
202305	5,307	\$3,749,995	0.9995	\$3,751,843	-		\$13,492	\$3,738,351	\$704.42	0.9376	0.9901	1.0000	1.0228	0.9495	0.9495	1.0647	\$750.02		
202306	5,426	\$3,871,874	0.9989	\$3,876,154	-		\$13,939	\$3,862,215	\$711.80	0.9376	0.9901	1.0000	1.0228	0.9495	0.9495	1.0647	\$757.87		
202307	5,596	\$3,726,382	0.9989	\$3,730,420	-		\$13,415	\$3,717,004	\$664.23	0.9376	0.9901	1.0000	1.0228	0.9495	0.9495	1.0647	\$707.22		
202308	5,737	\$3,843,395	0.9990	\$3,847,391	-		\$13,836	\$3,833,555	\$668.22	0.9376	0.9901	1.0000	1.0228	0.9495	0.9495	1.0647	\$711.47		
202309	5,863	\$4,373,225	0.9988	\$4,378,666	\$142,760		\$15,746	\$4,200,160	\$719.80	0.9376	0.9901	1.0000	1.0228	0.9495	0.9495	1.0647	\$786.39		
202310	5,985	\$3,828,533	0.9987	\$3,833,478	-		\$13,786	\$3,819,692	\$638.21	0.9376	0.9901	1.0000	1.0228	0.9495	0.9495	1.0647	\$679.52		
202311	6,047	\$3,927,164	0.9984	\$3,933,524	\$17,915		\$14,146	\$3,901,463	\$645.19	0.9376	0.9901	1.0000	1.0228	0.9495	0.9495	1.0647	\$686.96		
202312	5,992	\$3,515,158	0.9979	\$3,522,623	-		\$12,668	\$3,509,955	\$585.77	0.9376	0.9901	1.0000	1.0228	0.9495	0.9495	1.0647	\$623.69	6.29%	11.95%
202401	7,360	\$4,706,883	0.9969	\$4,721,591	-		\$16,980	\$4,704,612	\$639.21	1.0969	0.9856	1.0000	0.9849	1.0647	1.0109	1.0000	\$639.21	8.00%	12.38%
202402	8,122	\$5,059,475	0.9871	\$5,125,784	-		\$18,433	\$5,107,351	\$628.83	1.0969	0.9856	1.0000	0.9849	1.0647	1.0109	1.0000	\$628.83	8.21%	11.25%
202403	8,312	\$5,598,708	0.9959	\$5,621,698	-		\$20,217	\$5,601,481	\$673.90	1.0969	0.9856	1.0000	0.9849	1.0647	1.0109	1.0000	\$673.90	7.22%	8.81%
202404	8,526	\$6,699,544	0.9658	\$6,936,536	\$415,989		\$24,945	\$6,495,602	\$761.86	1.0969	0.9856	1.0000	0.9849	1.0647	1.0109	1.0000	\$761.86	12.28%	12.67%
202405	8,698	\$6,091,605	0.9930	\$6,134,514	-		\$22,061	\$6,112,453	\$702.74	1.0969	0.9856	1.0000	0.9849	1.0647	1.0109	1.0000	\$702.74	9.47%	8.65%
202406	8,907	\$5,339,887	0.9902	\$5,392,687	-		\$19,393	\$5,373,294	\$603.27	1.0969	0.9856	1.0000	0.9849	1.0647	1.0109	1.0000	\$603.27	6.08%	4.25%
202407	9,038	\$6,000,198	0.9865	\$6,080,214	-		\$21,873	\$6,060,342	\$670.54	1.0969	0.9856	1.0000	0.9849	1.0647	1.0109	1.0000	\$670.54	4.82%	2.09%
202408	9,164	\$6,392,738	0.9805	\$6,519,843	\$225,862		\$23,447	\$6,270,534	\$684.26	1.0969	0.9856	1.0000	0.9849	1.0647	1.0109	1.0000	\$684.26	4.21%	0.63%
202409	9,261	\$6,404,286	0.9731	\$6,478,264	-		\$23,297	\$6,454,967	\$697.01	1.0969	0.9856	1.0000	0.9849	1.0647	1.0109	1.0000	\$697.01	2.28%	-2.03%
202410	9,310	\$6,708,598	0.9649	\$6,952,576	-		\$25,003	\$6,927,574	\$744.10	1.0969	0.9856	1.0000	0.9849	1.0647	1.0109	1.0000	\$744.10	3.58%	-1.50%
202411	9,331	\$5,660,255	0.9381	\$6,033,427	-		\$21,697	\$6,011,729	\$644.27	1.0969	0.9856	1.0000	0.9849	1.0647	1.0109	1.0000	\$644.27	3.39%	-2.33%
202412	9,231	\$5,993,205	0.9461	\$6,334,588	-		\$22,780	\$6,311,808	\$683.76	1.0969	0.9856	1.0000	0.9849	1.0647	1.0109	1.0000	\$683.76	5.14%	-1.25%

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	39,418	\$24,034,946	\$24,034,946	\$11,496	-	\$86,434	\$23,937,017	\$607.26
2023	65,770	\$43,226,775	\$43,226,547	\$659,154	-	\$155,594	\$42,451,799	\$645.46
2024	105,260	\$70,555,380	\$72,333,723	\$641,851	-	\$260,125	\$71,431,747	\$678.62

Comments

Allowed claims in this exhibit are before adjustments for rx rebates. This will not match Exhibit 1 or the URRT as a result.  
Large Claims adjusts for individuals with more than 200k in claims within a single month. Allowed claims are before cost sharing is applied, so no plan design adjustments are applied.  
Other adjustment consists of Network normalizations.

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

Carrier Name:	Regence BlueCross BlueShield of Oregon
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	1.080	1.088	1.036	1.040	1.059	1.050	1.042	1.046
Annualized Utilization Trend Factor	0.942	0.969	1.019	1.023	1.029	1.031	0.925	0.947
Morbidity Adjustment	0.804	0.883	1.040	1.022	0.979	1.028	0.773	0.864
Demographic Shift	1.004	0.976	0.991	1.003	0.988	1.017	1.013	0.973
Plan Design Changes	0.997	1.013	0.996	1.009	1.011	1.045	1.001	1.004
Other	0.956	1.000	1.031	1.009	0.948	0.941	0.927	0.991

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

## Comments

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

Carrier Name:	Regence BlueCross BlueShield of Oregon
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

Table 8.1

HIOS Plan ID	Metal Level	AV Metal Value 2024	AV Metal Value 2025	AV Metal Value 2026	Projections			Difference of Pricing Value and Metal Value		
					AV Pricing Value 2024	AV Pricing Value 2025	AV Pricing Value 2026	2024	2025	2026
71281WA1360013	Gold	0.8189	0.8139	0.8181	0.8897	0.8837	0.8358	0.0708	0.0698	0.0177
71281WA1360005	Gold	0.8189	0.8139	0.8181	0.8897	0.8837	0.8358	0.0708	0.0698	0.0177
71281WA1350020	Gold	0.7807	0.7803	0.7863	0.8057	0.8170	0.8102	0.0250	0.0367	0.0239
71281WA1360019	Gold			0.7806			0.7828	#VALUE!	#VALUE!	0.0022
71281WA1360020	Gold			0.7806			0.7828	#VALUE!	#VALUE!	0.0022
71281WA1360014	Silver	0.7179	0.7075	0.7184	0.7079	0.7059	0.7180	-0.0100	-0.0016	-0.0004
71281WA1360006	Silver	0.7179	0.7075	0.7184	0.7079	0.7059	0.7180	-0.0100	-0.0016	-0.0004
71281WA1350022	Silver	0.7014	0.7012	0.6999	0.6953	0.6963	0.6928	-0.0061	-0.0049	-0.0071
71281WA1350028	Silver			0.6999			0.6928	#VALUE!	#VALUE!	-0.0071
71281WA1360015	Bronze	0.6455	0.6364	0.6497	0.6317	0.6306	0.6301	-0.0138	-0.0058	-0.0196
71281WA1360007	Bronze	0.6455	0.6364	0.6497	0.6317	0.6306	0.6301	-0.0138	-0.0058	-0.0196
71281WA1350027	Bronze		0.6481	0.6442		0.6274	0.6235	#VALUE!	-0.0207	-0.0207
71281WA1350029	Bronze			0.6442			0.6235	#VALUE!	#VALUE!	-0.0207
71281WA1360018	Bronze		0.6209	0.6281		0.6285	0.6257	#VALUE!	0.0076	-0.0024
71281WA1350023	Bronze	0.6401	0.6201	0.6261	0.6306	0.6240	0.6224	-0.0095	0.0039	-0.0037
71281WA1350025	Bronze	0.6294	0.6230	0.6256	0.6027	0.6049	0.5986	-0.0268	-0.0181	-0.0270
71281WA1350030	Bronze			0.6256			0.5986	#VALUE!	#VALUE!	-0.0270
71281WA1360003	Bronze	0.6294	0.6230	0.6220	0.5993	0.6061	0.6032	-0.0302	-0.0169	-0.0188

Overall AV Metal Value			Overall AV Pricing Value			Difference of Pricing Value and Metal Value		
2024	2025	2026	2024	2025	2026	2024	2025	2026
0.7024	0.6927	0.7008	0.6959	0.6953	0.6966	-0.0065	0.0026	-0.0042

Comments

The AV Pricing Values shown in this exhibit are net of the Induced Demand Factor and Above EHB Factor and therefore will not match the AV Pricing Values shown in other exhibits such as Exhibit E2. AV Pricing Values for years 2024-2025 have been re-scaled to align with scale used for 2026 filing.

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

Carrier Name:	Regence BlueCross BlueShield of Oregon
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)	0.7290	0.7827	0.8201	0.7874	0.7606	0.7669	0.8183	0.9132	0.966	1.008	1.067	1.116	1.114	0.926	1.029	1.069
Paid-to-Allowed Ratio (Catastrophic, Unadjusted)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Paid-to-Allowed Ratio (Bronze, Unadjusted)	0.6610	0.6735	0.7443	0.7676	0.7591	0.7367	0.7948	0.8714	0.989	0.970	1.079	1.096	1.171	0.861	0.887	1.010
Paid-to-Allowed Ratio (Silver, Unadjusted)	0.7710	0.8091	0.8360	0.8003	0.7587	0.7820	0.8267	0.9867	0.948	1.031	1.057	1.194	1.180	0.963	1.067	1.069
Paid-to-Allowed Ratio (Gold, Unadjusted)	0.7648	0.8384	0.8599	0.8309	0.7682	0.8089	0.8376	0.8895	0.925	1.053	1.035	1.062	1.034	0.920	1.091	1.063
Paid-to-Allowed Ratio (Platinum, Unadjusted)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
AV and Cost Sharing Design of Plan Development Components																
AV Pricing Value	0.5552	0.5624	0.5619	0.5613	0.5480	0.5456	0.5263	0.7623	0.976	0.996	0.965	1.448	1.357	0.989	1.026	1.030
Induced Demand Factor (IDF)	1.3936	1.2897	1.2943	1.3669	1.3608	1.3631	1.4785	1.0790	0.996	1.002	1.085	0.730	0.834	1.020	0.948	0.949
CSR Silver Load	1.0156	1.0471	1.0533	1.0238	1.0188	1.0304	1.0494	1.1101	0.995	1.011	1.018	1.058	1.054	0.992	1.028	1.022
Factor for cost of abortion services for which public funding is prohibited	1.0008	1.0014	1.0016	1.0011	1.0010	1.0013	1.0016	1.0017	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
AV and Cost Sharing Design of Plan	0.7864	0.7605	0.7673	0.7864	0.7605	0.7673	0.8178	0.9146	0.967	1.009	1.066	1.118	1.192	1.000	1.000	1.000
Benefits in Addition to EHB	1.0028	1.0034	1.0036	1.0031	1.0030	1.0033	1.0036	1.0027	1.000	1.000	1.000	0.999	0.999	1.000	1.000	1.000
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

Pricing AVs were re-scaled for 2026 to accommodate the requirements of emergency rule CR-103E, hence the change in the AV Pricing Value and Induced Demand Factor from 2025 to 2026.

## WA Exhibit 8: CSR Related Experience

Carrier Name:

Regence BlueCross BlueShield of Oregon

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
71281WA1350020	Gold	NA	Rewewing	1.0000	5,503	\$7,331,819	\$5,971,096	0.814408574	\$0	0.814408574	\$0	
71281WA1350022	Silver	NA	Rewewing	1.0000	5,444	\$3,746,852	\$2,723,347	0.726835959	\$0	0.726835959	\$0	
71281WA1350023	Bronze	NA	Rewewing	1.0000	3,365	\$2,116,479	\$1,514,266	0.715464792	\$0	0.715464792	\$0	
71281WA1350025	Bronze	NA	Rewewing	1.0000	6,258	\$4,071,968	\$3,030,786	0.744304831	\$0	0.744304831	\$0	
71281WA1350027	Bronze	NA	Rewewing	1.0000	0	\$0	\$0	#DIV/0!	\$0	#DIV/0!	\$0	
71281WA1360003	Bronze	NA	Rewewing	1.0000	9,419	\$4,166,608	\$3,110,638	0.746563665	\$0	0.746563665	\$2,393,339	
71281WA1360003	Bronze	Zero Cost-Share	Rewewing	1.0000	136	\$214,949	\$211,797	0.985334771	\$59,014	0.710787768	\$55,365	-\$3,649
71281WA1360003	Bronze	Limited Cost-Share	Rewewing	1.0000	8	\$2,218	\$14	0.006135645	\$0	0.006135645	\$2,777	
71281WA1360005	Gold	NA	Rewewing	1.0000	3,319	\$2,925,120	\$2,554,391	0.873260375	\$0	0.873260375	\$892,139	
71281WA1360005	Gold	Zero Cost-Share	Rewewing	1.0000	12	\$5,282	\$5,205	0.985334771	\$620	0.867972585	\$9,095	\$8,475
71281WA1360005	Gold	Limited Cost-Share	Rewewing	1.0000	13	\$33,835	\$19,065	0.56346659	\$0	0.56346659	\$7,645	
71281WA1360006	Silver	NA	Rewewing	1.0980	9,889	\$5,448,038	\$4,261,641	0.78223403	\$0	0.78223403	\$3,200,906	
71281WA1360006	Silver	Zero Cost-Share	Rewewing	1.0980	12	\$19,887	\$19,596	0.985334771	\$4,367	0.76573758	\$12,584	\$8,216
71281WA1360006	Silver	Limited Cost-Share	Rewewing	1.0980	41	\$9,212	\$5,619	0.610020717	\$0	0.610020717	\$3,000	
71281WA1360006	Silver	CSR 73%	Rewewing	1.0980	11,935	\$4,381,731	\$3,482,721	0.794827599	\$0	0.794827599	\$6,746,778	
71281WA1360006	Silver	CSR 87%	Rewewing	1.0980	18,789	\$8,999,596	\$8,015,723	0.890675867	\$622,253	0.821533515	\$10,761,733	\$10,139,480
71281WA1360006	Silver	CSR 94%	Rewewing	1.0980	7,784	\$3,219,534	\$2,937,167	0.912295596	\$495,297	0.758454298	\$4,692,725	\$4,197,428
71281WA1360007	Bronze	NA	Rewewing	1.0000	8,402	\$3,127,561	\$2,151,642	0.687961631	\$0	0.687961631	\$2,223,535	
71281WA1360007	Bronze	Zero Cost-Share	Rewewing	1.0000	0	\$0	\$0	#DIV/0!	\$0	#DIV/0!	\$0	
71281WA1360007	Bronze	Limited Cost-Share	Rewewing	1.0000	58	\$9,911	\$5,578	0.562768174	\$0	0.562768174	\$16,779	
71281WA1360013	Gold	NA	Rewewing	1.0000	2,799	\$6,541,558	\$5,927,218	0.90608657	\$0	0.90608657	\$660,584	
71281WA1360013	Gold	Zero Cost-Share	Rewewing	1.0000	0	\$0	\$0	#DIV/0!	\$0	#DIV/0!	\$0	
71281WA1360013	Gold	Limited Cost-Share	Rewewing	1.0000	12	\$52,717	\$46,258	0.877474979	\$0	0.877474979	\$0	
71281WA1360014	Silver	NA	Rewewing	1.0980	4,268	\$4,201,273	\$3,442,078	0.819294128	\$0	0.819294128	\$1,422,420	
71281WA1360014	Silver	Zero Cost-Share	Rewewing	1.0980	0	\$0	\$0	#DIV/0!	\$0	#DIV/0!	\$0	
71281WA1360014	Silver	Limited Cost-Share	Rewewing	1.0980	33	\$20,392	\$15,403	0.75535296	\$0	0.75535296	\$9,629	
71281WA1360014	Silver	CSR 73%	Rewewing	1.0980	1,226	\$923,456	\$715,396	0.774693409	\$0	0.774693409	\$793,103	
71281WA1360014	Silver	CSR 87%	Rewewing	1.0980	2,235	\$2,499,675	\$2,248,209	0.899400789	\$180,162	0.827326556	\$1,557,997	\$1,377,835
71281WA1360014	Silver	CSR 94%	Rewewing	1.0980	1,052	\$979,763	\$933,676	0.952961744	\$140,607	0.809450139	\$706,227	\$565,620
71281WA1360015	Bronze	NA	Rewewing	1.0000	3,133	\$2,245,726	\$1,811,475	0.806632359	\$0	0.806632359	\$1,048,837	
71281WA1360015	Bronze	Zero Cost-Share	Rewewing	1.0000	115	\$161,876	\$159,502	0.985334771	\$52,141	0.663232185	\$58,909	\$6,768
71281WA1360015	Bronze	Limited Cost-Share	Rewewing	1.0000	0	\$0	\$0	#DIV/0!	\$0	#DIV/0!	\$0	
71281WA1360018	Bronze	NA	Rewewing	1.0000	0	\$0	\$0	#DIV/0!	\$0	#DIV/0!	\$0	
71281WA1360018	Bronze	Zero Cost-Share	Rewewing	1.0000	0	\$0	\$0	#DIV/0!	\$0	#DIV/0!	\$0	
71281WA1360018	Bronze	Limited Cost-Share	Rewewing	1.0000	0	\$0	\$0	#DIV/0!	\$0	#DIV/0!	\$0	
71281WA1360019	Gold	NA	New	1.0000	0	\$0	\$0	#DIV/0!	\$0	#DIV/0!	\$0	
71281WA1360019	Gold	Zero Cost-Share	New	1.0000	0	\$0	\$0	#DIV/0!	\$0	#DIV/0!	\$0	
71281WA1360019	Gold	Limited Cost-Share	New	1.0000	0	\$0	\$0	#DIV/0!	\$0	#DIV/0!	\$0	
71281WA1360020	Gold	NA	New	1.0000	0	\$0	\$0	#DIV/0!	\$0	#DIV/0!	\$0	
71281WA1360020	Gold	Zero Cost-Share	New	1.0000	0	\$0	\$0	#DIV/0!	\$0	#DIV/0!	\$0	
71281WA1360020	Gold	Limited Cost-Share	New	1.0000	0	\$0	\$0	#DIV/0!	\$0	#DIV/0!	\$0	
71281WA1350028	Silver	NA	New	1.0000	0	\$0	\$0	#DIV/0!	\$0	#DIV/0!	\$0	
71281WA1350029	Bronze	NA	New	1.0000	0	\$0	\$0	#DIV/0!	\$0	#DIV/0!	\$0	
71281WA1350030	Bronze	NA	New	1.0000	0	\$0	\$0	#DIV/0!	\$0	#DIV/0!	\$0	

### Comments

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

Carrier Name:	Regence BlueCross BlueShield of Oregon
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
71281WA1360013	Gold	Renewing	Yes	No	0.8181	0.8358	1.1030	1.0000	1.77%	1.1030	
71281WA1360005	Gold	Renewing	Yes	No	0.8181	0.8358	1.1030	1.0000	1.77%	1.1030	
71281WA1350020	Gold	Renewing	No	Yes	0.7863	0.8102	1.0860	1.0000	2.39%	1.0860	
71281WA1360019	Gold	New	Yes	No	0.7806	0.7828	1.0700	1.0000	0.22%	1.0700	
71281WA1360020	Gold	New	Yes	No	0.7806	0.7828	1.0700	1.0000	0.22%	1.0700	
71281WA1360014	Silver	Renewing	Yes	No	0.7184	0.7180	1.0380	1.4350	-0.04%	1.0380	1.435
71281WA1360006	Silver	Renewing	Yes	No	0.7184	0.7180	1.0380	1.4350	-0.04%	1.0380	1.435
71281WA1350022	Silver	Renewing	No	No	0.6999	0.6928	1.0270	1.0000	-0.71%	1.0270	
71281WA1350028	Silver	New	No	No	0.6999	0.6928	1.0270	1.0000	-0.71%	1.0270	
71281WA1360015	Bronze	Renewing	Yes	No	0.6497	0.6301	1.0070	1.0000	-1.96%	1.0070	
71281WA1360007	Bronze	Renewing	Yes	No	0.6497	0.6301	1.0070	1.0000	-1.96%	1.0070	
71281WA1350027	Bronze	Renewing	No	Yes	0.6442	0.6235	1.0050	1.0000	-2.07%	1.0050	
71281WA1350029	Bronze	New	No	Yes	0.6442	0.6235	1.0050	1.0000	-2.07%	1.0050	
71281WA1360018	Bronze	Renewing	Yes	No	0.6281	0.6257	1.0060	1.0000	-0.24%	1.0060	
71281WA1350023	Bronze	Renewing	No	No	0.6261	0.6224	1.0050	1.0000	-0.37%	1.0050	
71281WA1350025	Bronze	Renewing	No	Yes	0.6256	0.5986	1.0000	1.0000	-2.70%	1.0000	
71281WA1350030	Bronze	New	No	Yes	0.6256	0.5986	1.0000	1.0000	-2.70%	1.0000	
71281WA1360003	Bronze	Renewing	Yes	No	0.6220	0.6032	1.0010	1.0000	-1.88%	1.0010	

### Comments

1. Induced demand factors and expected induced demand factors have both been rounded to three decimal places.
2. Expanded AV Pricing Value range requested for certain plans which are HSAs or include embedded pediatric dental.



WA Exhibit 10: Summarized Risk Adjustment (RA)

Carrier Name:  
Market:  
Rate Filing Plan Year:  
Experience Period Year:

Regence BlueCross BlueShield of Oregon
Individual
2026
2024

Description	ACTUAL EXPERIENCE, 2024							Statewide Catastrophic Plans	Carrier Catastrophic
	Statewide Metal Plans	Total for Metal + Catastrophic	Carrier						
			Total for Metal Plans	Platinum	Gold	Silver	Bronze		
Billable Member Months (MM)		106,185	106,185		11,721	83,530	10,934		
Actual Value (AV)	0.686		0.681879169	0.900	0.800	0.700	0.600	0.570	0.570
Plan Liability Risk Score (PLRS)	1.292		1.089	0.000	2.471	0.965	0.820	0.000	0.000
Allowable Rating Factor (ARF)	1.711		1.615	0.000	1.545	1.596	1.680	0.000	0.000
Induced Demand Factor (IDF)	1.030		1.027	0.000	1.080	1.030	1.000	0.000	0.000
Geographic Cost Factor (GCF)	1.000		1.102	0.000	1.102	1.102	1.102	0.000	0.000
Statewide Average Premium (SWAP) PMPM									
Starting SWAP PMPM									
Trend from 2024 to 2025									
Trend from 2025 to 2026									
Final SWAP PMPM (surface 90% adjustment is applied)	\$590.07							\$0.00	
Plan Liability Component approximation = PLRS * IDF * GCF	1.331		1.232	0.000	2.940	1.094	0.904	0.000	0.000
Normalized PLRS * IDF * GCF (N1)			0.925	0.000	2.209	0.822	0.679		TBD
Allowable Rating Component approximation = AV * ARF * IDF * GCF	1.210		1.245	0.000	1.470	1.267	1.111	0.000	0.000
Normalized AV * PLRS * IDF * GCF (N2)			1.029	0.000	1.215	1.047	0.918		TBD
Approximate Transfer PMPM (P * (N1 - N2) * 0.86)			(\$52.78)	\$0.00	\$504.31	(\$114.25)	(\$121.23)		TBD
Approximate Aggregate Transfer (Transfer PMPM * MM)			(\$5,604.125)	\$0	\$5,908.803	(\$7,255.810)	(\$1,752.993)		TBD
Aggregate Experience RA Transfer PMPM		-48.0291105	-448.03	\$0.00	\$504.31	(\$114.25)	(\$121.23)		TBD
Transfer PMPM Difference			\$4.75	\$0.00	\$0.00	\$0.00	\$0.00		TBD
HCRP assessment PMPM (amounts should be negative)		-\$2.07	-\$2.07	\$0.00	-\$2.07	-\$2.07	-\$2.07	\$0.00	
HCRP receipts PMPM (amounts should be positive)		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
RADV adjustment PMPM, if applicable		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Final Risk Adjustment PMPM		-\$50.10	-\$50.10	\$0.00	\$502.24	-\$116.32	-\$123.30	\$0.00	

Description	PROJECTED (i.e., EXPECTED), 2026							Statewide Catastrophic Plans	Carrier Catastrophic
	Statewide Metal Plans	Total for Metal + Catastrophic	Carrier						
			Total for Metal Plans	Platinum	Gold	Silver	Bronze		
Billable Member Months (MM)		120,348	120,348		13,016	85,528	18,738		
Actual Value (AV)	0.686		0.705	0.900	0.800	0.700	0.600	0.000	0.000
Plan Liability Risk Score (PLRS)	1.344		1.221	0.000	1.645	1.056	0.885	0.000	0.000
Allowable Rating Factor (ARF)	1.711		1.641	0.000	1.600	1.752	1.752	0.000	0.000
Induced Demand Factor (IDF)	1.030		1.039	0.000	1.080	1.030	1.000	0.000	0.000
Geographic Cost Factor (GCF)	1.000		1.100	0.000	1.100	1.100	1.100	0.000	0.000
Statewide Average Premium (SWAP) PMPM									
Starting SWAP PMPM	\$590.07							\$0.00	
Trend from 2024 to 2025	6.63%							0.00%	
Trend from 2025 to 2026	17.06%							0.00%	
Final SWAP PMPM (surface 90% adjustment is applied)	\$736.41							\$0.00	
Plan Liability Component approximation = PLRS * IDF * GCF	1.384		1.396	0.000	1.955	1.197	0.974	0.000	0.000
Normalized PLRS * IDF * GCF (N1)			1.009	0.000	1.412	0.865	0.704		TBD
Allowable Rating Component approximation = AV * ARF * IDF * GCF	1.210		1.342	0.000	1.560	1.269	1.156	0.000	0.000
Normalized AV * PLRS * IDF * GCF (N2)			1.109	0.000	1.289	1.049	0.956		TBD
Approximate Transfer PMPM (P * (N1 - N2) * 0.86)			(\$63.32)	\$0.00	\$77.78	(\$116.53)	(\$159.66)		TBD
Approximate Aggregate Transfer (Transfer PMPM * MM)			(\$7,615.924)	\$0	\$3,503.058	(\$4,262.309)	(\$6,184.761)		TBD
Aggregate Projected (Rate Development) RA Transfer PMPM		-57.6994876	-557.70	\$0.00	\$77.78	(\$116.53)	(\$159.66)		TBD
Transfer PMPM Difference			\$5.62	\$0.00	\$0.00	\$0.00	\$0.00		TBD
HCRP assessment PMPM (amounts should be negative)		-\$4.39	-\$4.39	\$0.00	-\$4.39	-\$4.39	-\$4.39	\$0.00	
HCRP receipts PMPM (amounts should be positive)		\$4.39	\$4.39	\$0.00	\$4.39	\$4.39	\$4.39	\$0.00	
RADV adjustment PMPM, if applicable		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Final Risk Adjustment PMPM		-\$57.70	-\$57.70	\$0.00	\$77.78	-\$116.53	-\$159.66	\$0.00	

PROJECTED (i.e., EXPECTED), 2026 versus ACTUAL EXPERIENCE, 2024										
Statewide Metal Plans	Total for Metal + Catastrophic	Total for Metal Plans	Carrier				Statewide Catastrophic Plans	Carrier Catastrophic		
			Platinum	Gold	Silver	Bronze				
1,000	1,133	1,133	1,000	1,000	1,000	1,000			-	-
1,040	1,132	1,132	0.666	1.095	1.079					
1,000	1,080	1,080	1.062	1.002	1.042					
1,000	1,012	1,012	1.000	1.000	1.000					
1,000	0.999	0.999	0.999	0.999	0.999					
1,268										
1,040	1,134	1,134	0.665	1.094	1.078					
1,000	1,090	1,090	0.639	1.052	1.036					
	1,077	1,077	1.061	1.001	1.041					
	1,001	1,001	1.001	1.001	1.001					
	1,200	1,200	0.154	1.020	1.317					
	1,360	1,360	0.593	0.587	1.648					
	1,201	1,201	0.154	1.020	1.317					
	1,185	1,185	(0.110)	-	(0.101)					
2,114	2,114	2,114	2,114	2,114	2,114					
1,152	1,152	1,152	0.155	1.002	1.295					

Description	PROJECTED (i.e., EXPECTED), 2024							Statewide Catastrophic Plans	Carrier Catastrophic
	Statewide Metal Plans	Total for Metal + Catastrophic	Carrier						
			Total for Metal Plans	Platinum	Gold	Silver	Bronze		
Billable Member Months (MM)		61,752	61,752		6,324	45,368	27,060		
Actual Value (AV)	0.670		0.671	0.900	0.800	0.700	0.600	0.000	0.000
Plan Liability Risk Score (PLRS)	1.323		1.278	0.000	2.487	1.400	0.748	0.000	0.000
Allowable Rating Factor (ARF)	1.763		1.660	0.000	1.542	1.664	1.696	0.000	0.000
Induced Demand Factor (IDF)	1.024		1.024	0.000	1.080	1.030	1.000	0.000	0.000
Geographic Cost Factor (GCF)	1.000		1.082	0.000	1.082	1.082	1.082	0.000	0.000
Statewide Average Premium (SWAP) PMPM									
Starting SWAP PMPM	\$537.44							\$0.00	
Trend from 2022 to 2023	5.75%							0.00%	
Trend from 2023 to 2024	6.38%							0.00%	
Final SWAP PMPM (surface 90% adjustment is applied)	\$604.08							\$0.00	
Plan Liability Component approximation = PLRS * IDF * GCF	1.355		1.417	0.000	2.906	1.560	0.810	0.000	0.000
Normalized PLRS * IDF * GCF (N1)			1.046	0.000	2.345	1.152	0.598		TBD
Allowable Rating Component approximation = AV * ARF * IDF * GCF	1.209		1.235	0.000	1.442	1.298	1.101	0.000	0.000
Normalized AV * PLRS * IDF * GCF (N2)			1.022	0.000	1.192	1.074	0.911		TBD
Approximate Transfer PMPM (P * (N1 - N2) * 0.86)			(\$2.74)	\$0	\$495.12	\$40.39	(\$162.77)		TBD
Approximate Aggregate Transfer (Transfer PMPM * MM)			\$786.507	\$0	\$4,616.511	\$1,024.644	(\$4,404.492)		TBD
Aggregate Projected (Rate Development) RA Transfer PMPM		TBD	\$0.00	\$481.31	\$33.63	-\$165.74			TBD
Transfer PMPM Difference			TBD	\$0.00	-\$13.81	-\$6.76	-\$2.97		TBD
HCRP assessment PMPM (amounts should be negative)		TBD	\$0.00	-\$3.27	-\$3.27	-\$3.27		\$0.00	
HCRP receipts PMPM (amounts should be positive)		TBD	\$0.00	\$3.27	\$3.27	\$3.27		\$0.00	
RADV adjustment PMPM, if applicable		TBD	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
Final Risk Adjustment PMPM		TBD	\$0.00	\$481.31	\$33.63	-\$165.74		\$0.00	

ACTUAL EXPERIENCE, 2024 versus PROJECTED (i.e., EXPECTED), 2024										
Statewide Metal Plans	Total for Metal + Catastrophic	Total for Metal Plans	Carrier				Statewide Catastrophic Plans	Carrier Catastrophic		
			Platinum	Gold	Silver	Bronze				
1,025		1,016	1,000	1,000	1,000	1,000				
0.977		0.852	0.994	0.689	1.097					
0.971		0.973	1.002	0.959	0.991					
1,006		1,002	1,000	1,000	1,000					
1,000		1,018	1,018	1,018	1,018					
0.977										
0.982		0.869	1.012	0.702	1.116					
		0.885	1.020	0.724	1.136					
1,001		1,008	1,000	0.976	1,008					
		1,008	1,019	0.975	1,008					
		(4,444)	1,019	(2,826)	0.745					
		(7,125)	1,280	(7,081)	0.852					
			1,048	(3,397)	0.731					
			0.000	0.000	0.000					
			0.634	0.634	0.634					
			-	-	-					
			1,043	(3,458)	0.744					

Comments

WA Exhibit 11: Retention / Administrative Costs

Carrier Name:	Regence BlueCross BlueShield of Oregon
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		2024 EXPERIENCE to		2022		2023		2024			
	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM		
Administrative Expenses																																		
Commissions	1.19%	\$6.54	1.35%	\$7.23	1.19%	\$7.07	1.97%	\$10.78	1.79%	\$9.58	1.63%	\$9.70	1.33%	\$9.25	1.13%	\$9.91	-0.17%	-1.13%	-0.17%	1.25%	-0.30%	-4.64%	-0.20%	7.14%	-0.06%	40.19%	0.77%	64.74%	0.44%	32.49%	0.44%	37.22%		
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)	-0.01%	(\$0.03)	-0.14%	(\$0.75)	-0.35%	(\$0.92)	-0.01%	(\$0.03)	-0.14%	(\$0.75)	-0.15%	(\$0.92)	-0.22%	(\$1.50)	-0.19%	(\$1.70)	-0.14%	2400.00%	-0.01%	22.67%	-0.06%	63.04%	0.02%	13.33%	-0.04%	84.78%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		
Commercial reinsurance premium	0.35%	\$1.93	0.37%	\$1.97	0.36%	\$2.19	0.31%	\$1.70	0.41%	\$2.19	0.55%	\$3.27	0.41%	\$2.85	0.50%	\$4.39	0.10%	28.86%	0.14%	49.64%	-0.14%	-12.93%	0.09%	53.83%	0.14%	105.95%	-0.04%	-11.99%	0.04%	11.01%	0.19%	53.77%		
Other administrative expenses	8.19%	\$44.88	8.06%	\$43.01	7.22%	\$42.99	7.31%	\$40.04	6.96%	\$37.16	6.55%	\$39.02	6.78%	\$47.17	5.53%	\$48.47	-0.35%	-7.19%	-0.41%	5.01%	0.23%	20.89%	-1.26%	2.76%	-1.70%	12.74%	-0.88%	-10.78%	-1.10%	-13.60%	-0.67%	-9.24%		
Total administrative expenses	9.73%	\$53.32	9.64%	\$51.46	8.61%	\$51.27	9.58%	\$52.49	9.03%	\$48.18	8.58%	\$51.07	8.31%	\$57.77	6.96%	\$61.07	-0.56%	-8.21%	-0.45%	6.01%	-0.27%	13.11%	-1.35%	5.70%	-1.65%	19.11%	-0.15%	-1.56%	-0.62%	-6.38%	-0.03%	-0.38%		
Taxes and Fees																																		
Premium tax	2.00%	\$10.96	2.00%	\$10.67	2.00%	\$11.91	2.00%	\$10.96	2.00%	\$10.67	2.00%	\$11.91	2.00%	\$13.91	2.00%	\$17.54	0.00%	-2.57%	0.00%	11.55%	0.00%	16.79%	0.00%	26.14%	0.00%	47.33%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		
Federal income tax	1.43%	\$7.82	0.40%	\$2.13	-0.87%	(\$5.16)	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	0.87%	-100.00%	-1.43%	-100.00%	-0.40%	-100.00%	0.87%	-100.00%		
WA OIC regulatory surcharge	0.0723%	\$0.40	0.0784%	\$0.42	0.0778%	\$0.46	0.0815%	\$0.45	0.0759%	\$0.41	0.0712%	\$0.42	0.0766%	\$0.53	0.0763%	\$0.67	-0.01%	-9.26%	0.00%	4.66%	0.01%	25.62%	0.00%	25.71%	0.00%	44.61%	0.01%	12.78%	0.00%	-3.24%	-0.01%	-8.47%		
WA OIC fraud surcharge	0.0043%	\$0.02	0.0047%	\$0.03	0.0042%	\$0.03	0.0052%	\$0.03	0.0047%	\$0.03	0.0042%	\$0.03	0.0046%	\$0.03	0.0041%	\$0.04	0.00%	-11.94%	0.00%	-0.07%	0.00%	27.15%	0.00%	13.47%	0.00%	44.61%	0.00%	21.70%	0.00%	0.12%	0.00%	0.23%		
Risk adjustment user fee	0.04%	\$0.24	0.04%	\$0.21	0.03%	\$0.21	0.05%	\$0.25	0.04%	\$0.22	0.04%	\$0.21	0.03%	\$0.18	0.02%	\$0.20	0.00%	-12.00%	-0.01%	-4.55%	-0.01%	-14.29%	0.00%	11.11%	-0.01%	-3.22%	0.00%	3.95%	0.00%	5.81%	0.00%	1.62%		
PCORI fee	0.04%	\$0.24	0.05%	\$0.25	0.05%	\$0.28	0.05%	\$0.25	0.05%	\$0.26	0.05%	\$0.28	0.04%	\$0.30	0.04%	\$0.32	0.00%	4.00%	0.00%	7.69%	0.00%	7.14%	-0.01%	6.67%	-0.01%	12.57%	0.00%	3.95%	0.00%	2.48%	0.00%	-1.50%		
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	0.00%	\$0.01	0.00%	\$0.02	0.00%	\$0.01	0.12%	\$0.64	0.07%	\$0.40	0.06%	\$0.36	0.02%	\$0.17	0.04%	\$0.32	-0.04%	-37.50%	-0.01%	-10.00%	-0.04%	-52.78%	0.01%	88.24%	0.04%	4303.72%	0.11%	5258.14%	0.07%	2537.05%	0.06%	4854.19%		
WAPAL assessment	0.00%	\$0.01	0.00%	\$0.01	0.00%	\$0.01	0.01%	\$0.04	0.01%	\$0.07	0.01%	\$0.06	0.01%	\$0.07	0.01%	\$0.07	0.01%	75.00%	0.00%	-14.29%	0.00%	16.67%	0.00%	0.00%	0.01%	480.15%	0.01%	351.76%	0.01%	702.04%	0.01%	397.27%		
Total administrative expenses	3.60%	\$19.70	2.57%	\$13.73	1.30%	\$7.74	2.30%	\$12.61	2.26%	\$12.05	2.23%	\$13.27	2.18%	\$15.19	2.18%	\$19.16	-0.04%	-4.41%	-0.03%	10.05%	-0.04%	14.51%	0.00%	26.11%	0.88%	147.37%	-1.29%	-35.97%	-0.31%	-12.21%	0.93%	71.29%		
Profit & Risk Load	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	3.50%	\$19.17	3.50%	\$18.68	3.50%	\$20.84	3.50%	\$24.34	3.50%	\$30.30	0.00%	-2.57%	0.00%	11.55%	0.00%	16.79%	0.00%	26.14%	3.50%	TBD	3.50%	TBD	3.50%	TBD	3.50%	TBD		
Total Retention (excluding Exchange Fee)	13.33%	\$73.02	12.21%	\$65.19	9.91%	\$59.01	15.38%	\$84.27	14.79%	\$78.91	14.31%	\$85.18	13.99%	\$97.30	12.65%	\$110.92	-0.60%	-6.36%	-0.48%	7.94%	-0.31%	14.23%	-1.35%	14.00%	2.73%	87.96%	2.05%	15.41%	2.57%	21.05%	4.39%	44.33%		
Exchange User Fee *	0.23%	\$1.26	0.38%	\$2.03	0.41%	\$2.42	0.31%	\$1.69	0.32%	\$1.71	0.32%	\$1.92	0.58%	\$4.01	0.49%	\$4.26	0.01%	1.18%	0.00%	12.28%	0.25%	108.85%	-0.09%	6.23%	0.08%	76.14%	0.08%	33.72%	-0.06%	-15.71%	-0.08%	-20.61%		
Total Retention (including Exchange Fee)	13.56%	\$74.28	12.59%	\$67.22	10.32%	\$61.43	15.69%	\$85.96	15.11%	\$80.62	14.63%	\$87.10	14.57%	\$101.31	13.13%	\$115.18	-0.59%	-6.21%	-0.48%	8.03%	-0.06%	16.32%	-1.44%	13.69%	2.81%	87.49%	2.13%	15.72%	2.51%	19.94%	4.31%	41.78%		
Projected Required Premium PMPM		\$547.79		\$533.73		\$595.37		\$547.79		\$533.73		\$595.37		\$695.36		\$877.14		-2.57%		11.55%		16.79%		26.14%		47.33%		0.00%		0.00%		0.00%		

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

Comments

1. Actual investment income credit is assumed equal to projected investment income credit since actual investment income earned is not credited directly to a specific line of business.
2. Projected income tax is zero as this filing includes no explicit contribution to surplus, as indicated in Section 4.4.7(c) of the Actuarial Memorandum.
3. Quality Improvement expenses for the projected periods are embedded in Other Administrative Expenses

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

Carrier Name:	Regence BlueCross BlueShield of Oregon
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	6.96%	\$61.07
3.7 Taxes and Fees	2.18%	\$19.16
3.8 Profit & Risk Load	3.50%	\$30.70
Total Retention (excluding Exchange Fee)	12.65%	\$110.92
Aggregate Projected Amounts PMPM		
Exchange user fee		\$4.26
4.15 Incurred Claims		\$704.25
4.16 Risk Adjustment Transfer Amount		(\$57.70)
4.17 Premium		\$877.14
A. (Premium) + (Risk Adjustment Transfer Amount)		\$819.44
B. (Incurred Claims) + (Admin, Taxes & Fees) + (Profit & Risk Load) + (Exchange User Fee)		\$819.43
C. Difference = A - B (should be \$0)		\$0.01

Comments



April 15, 2025

Christine Gibert  
Policy Director  
Washington Health Benefit Exchange  
Via email: [Christine.gibert@wahbexchange.org](mailto:Christine.gibert@wahbexchange.org)

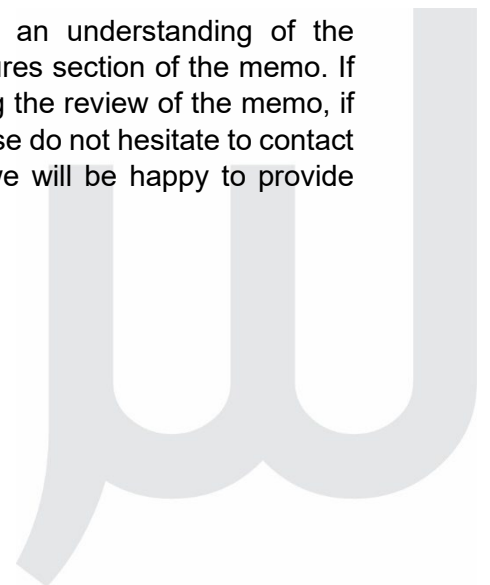
**RE: CERTIFICATION FOR WAHBE 2026 STANDARD PLAN DESIGNS**

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

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

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

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



# Washington Health Benefit Exchange

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

April 15, 2025

Prepared by:  
**Wakely Consulting Group, LLC**

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

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Appendix A – Actuarial Value Certification

Appendix B – Unique Plan Design Supporting Documentation and Justification

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

Appendix D – WAHBE 2026 Standard Plan Designs

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

## Background

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

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

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

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

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

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

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

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

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

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

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

## Methodology

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



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

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

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

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

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

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

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

**Table 1 – Summary of Original and Adjusted Federal AVs**

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

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

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

were considered.

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

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

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

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

**Table 2 – Summary of Original and Adjusted Federal AVs**

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

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

To test this conclusion, Wakely tested best estimate alternative designs by calculating blended best estimate PCP and MH/SUD copay. We used a percentage of utilization of PCP office visit utilization for the first two visits (56.0% based on silver combined claim probability distribution (CPD) for PCP utilization, 59.2% based on the bronze combined CPD for PCP utilization<sup>2</sup>) and the percentage of OP MH/SUD utilization that is office visits (89.0% based on Acumen estimates and the AV Calculator CPD)<sup>3</sup> as the starting point.

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

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

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

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

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

**Table 3 – Summary of Calculations for Blended Copay AVs**

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

## Disclosures and Limitations

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

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

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

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

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



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

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

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

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

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

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

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



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

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

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

Sincerely,



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



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

## **Appendix A - Actuarial Value Certification**

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

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

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

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

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

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

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



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

## **Appendix B - Unique Plan Design Supporting Documentation and Justification**

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

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

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

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

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

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

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

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

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

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

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

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

**Certification Language:**

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

The analysis was

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

**Actuary signature:** \_\_\_\_\_



**Actuary Printed Name:** Ksenia Whittal, FSA, MAAA

**Date:** April 15, 2025

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

**(Begins on next page)**

# MEMORANDUM



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

---

Acumen utilized a modified version of the Revised Final 2026 Actuarial Value Calculator (AVC) to estimate the actuarial value (AV) of proposed 2026 standard plan designs, some of which feature unique plan designs. The plan designs in question allow issuers to set different cost sharing for mental health/substance use disorder (MHSUD) office visits and MHSUD outpatient visits as well as allow enrollees to have up to two office visits of each type (primary care and MHSUD) with a \$1 copay before the enrollee is responsible for a higher copay. While the standard AVC supports plan designs with a specified number of upfront no-copay visits for primary care, it does not support this feature for MHSUD office visits and it does not support \$1 visits followed by a different copay. By utilizing the built-in upfront cost-sharing option for primary care as a starting point, Acumen modified the AVC to account for both types of office visits and for differential copays to calculate the AV of this plan design. In a separate workbook titled “2026Designs\_Screenshots\_Revised\_Final\_2026AVC.xlsx”, Acumen has included the screenshots of all standard plans for all metal levels to show how these plans are entered in the modified version of the Revised Final 2026 AVC and the original Revised Final 2026 AVC.

## Modifications for Office Visit Cost-Sharing

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

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

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

Using categorization logic similar to that used in the construction of the continuance tables underlying the AVC, Acumen first identified MHSUD-related claims in the EDGE LDS using a combination of revenue codes, place of service, HCPCs, and diagnoses appearing on the claim. Acumen then further identified the office visit claims among these by using both BETOS and Restructured BETOS Classification System (RBCS) codes. Finally, Acumen reweighted the data using the AVC standard population and calculated the proportion of MHSUD outpatient professional and facility claims that consisted of office visits. Proportions were calculated for utilization as well as costs and can be viewed in Table 1 below<sup>2</sup>. These derived proportions were then applied to the “Mental Health – OP Facility”, “Avg. Mental Health – OP Facility Freq.”, “Mental Health – OP Prof”, and “Avg. Mental Health – OP Prof Freq.” columns in the AVC medical and combined continuance tables to estimate MHSUD office visit cost and frequency. Once these values were calculated, they were subtracted from the existing MHSUD columns and added to the existing “Primary Care” and “Avg. Primary Care Freq” columns in the continuance table to create modified versions of these columns.

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

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

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

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

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



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

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

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

$\text{1-Visit Factor} = \text{Col (2)} / \text{Col (1)}$

1-Visit Factor:	59.0%
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Up To	Mental Health - OP Facility	Mental Health - OP Prof.
\$10,000	\$2.80	\$159.77

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

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

Total MHSUD Office Visit Cost: \$134.50

Final Calculations:

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

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



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

## **Appendix D - WAHBE 2026 Standard Plan Designs**

**(Begins on next page)**

## WAHBE Required 2026 Standard Plan Designs

### Individual Market Gold, Silver, and Bronze Plans

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

Shaded Items are not Subject to Deductible.

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

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

### Individual Market Silver Plan and CSR Variations

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

Shaded Items are not Subject to Deductible.

\* Per day copay, maximum of five copays per stay

\*\* Per day copay

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

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

## 2026 Standard Plans Designs Appendix A

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

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

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

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

## 2026 Standard Plans Designs Appendix B Plan and Benefit Template Standardization

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

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

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



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

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

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

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

**(Begins on next page)**

## Individual Market Standard Complete Gold Plan

### User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$1,000.00
Coinsurance (% Insurer's Cost Share)		80.00%
MOOP (\$)		\$7,000.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	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

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

71.33%

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:

0.1172 seconds

Revised Final 2026 AV Calculator

## Individual Market Standard Silver, CSR 73% Plan

### User Inputs for Plan Parameters

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

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

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



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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

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

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

94.76%

Platinum

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

0.1055 seconds



## Individual Market Standard Expanded Bronze Plan

### User Inputs for Plan Parameters

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

Desired Metal Tier: Bronze

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

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<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

[Calculate](#)

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

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

### INDIVIDUAL AND SMALL GROUP FILING SUMMARY

Carrier Name	Regence BlueCross BlueShield of Oregon
Address	200 SW Market St 11th Floor, M/S E10A Portland, OR 97201
Carrier Identification Number	REGENBB173QM

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

### Proposed Rate Summary

Current community rate:	\$702.08	per month
Proposed community rate:	\$877.11	per month
Percentage change:	24.93%	%
Portion of carrier's total enrollment affected:	1.40	%
Portion of carrier's total premium revenue affected:	1.30	%

### Components of Proposed Community Rate

	Dollars Per Month	% of Total
a) Claims	\$761.95	86.87%
b) Expenses	\$86.16	9.82%
c) Contribution to surplus contingency charges, or risk charges	\$30.70	3.50%
d) Investment earnings	\$1.70	0.19%
e) Total (a + b + c - d)	\$877.11	100.00%

### Summary of Pooled Experience

	Experience Period			First Prior Period			Second Prior Period		
	From	1/1/2024	To 12/31/2024	From	1/1/2023	To 12/31/2023	From	1/1/2022	To 12/31/2022
Member Months			105260			65783			39438
Earned Premium			\$61,965,509.40			\$35,721,484.66			\$20,596,101.12
Paid Claims			\$53,015,201.78			\$29,229,700.04			\$15,703,881.91
Beginning Claim Reserve			\$4,087,787.37			\$2,090,647.14			\$1,231,424.96
Ending Claim Reserve			\$6,392,091.70			\$4,087,787.37			\$2,090,647.14
Incurred Claims			\$55,319,506.11			\$31,226,840.27			\$16,563,104.09
Expenses			\$7,991,086.09			\$5,109,302.26			\$3,113,403.84
Gain/Loss			-\$1,345,082.80			-\$614,657.87			\$919,593.19
Loss Ratio Percentage			89.27%			87.42%			80.42%

### General Information

#### 1. Trend Factor Summary

Types of Service	Annual Trend Assumed	Portion of Claim Dollars
Hospital	10.20%	36.58%
Professional	10.20%	36.25%
Prescription Drugs	10.20%	23.89%
Dental	N/A	N/A
Other	10.20%	3.28%

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

1) 

1/1/2025	16.74%
Date	%

2) 

1/1/2024	8.40%
Date	%

3) 

1/1/2023	0.42%
Date	%

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

Geographic Area	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Family Size	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Age	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Wellness Activities	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Other (specify) <u>Remove tobacco rating factor</u>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

Please see Rate Factors exhibit for base rates by plan. Please see Rate Schedule exhibit for detailed rate information.

#### 5. Attach comments or additional Information

#### 6. Preparer's Information

Name:	Daniel Boeder
Title:	Manager, Actuarial Pricing
Telephone Number:	(206) 332-5619



Benefit Components

Company: Regence BlueCross BlueShield of Oreg Market: Individual Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	71281WA1350020	Line 1.3	Metal Level	Gold	Line 1.5	Exchange Status	Off Exchange
Line 1.2	Plan Name	Gold 2000 Individual Connect Network	Line 1.4	Cost-Share Reduction (CSR) Plan?		Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charging an IP Copay	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	Yes
Line 2.12	Pediatric Dental Embedded?	Yes
Line 2.13	Includes Non-EHBs?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	Individual Connect
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

< - Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Details

Line 4.1	In-Network Tier 1:	Individual Connect
----------	--------------------	--------------------

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$2,000	
Default Coinsurance			10%	
MOOP			\$10,150	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services		Yes				10%	After Deductible		Note 1	
Inpatient Hospital Services (e.g., Hospital Stay)		Yes				10%	After Deductible			
Primary Care Visit to Treat an Injury or Illness		No	\$ 20	Before and After Deductible	No					
Specialist Visit		No	\$ 50	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits		No	\$ 20	Before and After Deductible	No					
Mental Health & Substance Use Disorder All Other OP Services		Yes				10%	After Deductible			
Imaging (CT/PET Scans, MRIs)		Yes				10%	After Deductible			
Rehabilitative Speech Therapy		Yes				10%	After Deductible		Note 8	
Rehabilitative Occupational and Rehabilitative Physical Therapy		Yes				10%	After Deductible		Note 8	
Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services		Yes				10%	After Deductible			
X-rays and Diagnostic Imaging		Yes				10%	After Deductible			
Skilled Nursing Facility		Yes				10%	After Deductible			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Yes				10%	After Deductible			
Outpatient Surgery Physician/Surgical Services		Yes				10%	After Deductible			
Urgent Care		No	\$ 50	Before and After Deductible	No				Note 1	
Emergency Transportation		Yes				10%	After Deductible		Note 1	
Other EHB Categories										
Infertility Treatment		Yes				10%	After Deductible			
Cosmetic Surgery		Yes				10%	After Deductible		Note 2	
Acupuncture		No	\$ 20	Before and After Deductible	No					
Chiropractic Care		No	\$ 20	Before and After Deductible	No					
Hearing Aids		No				10%	Before and After Deductible	No		
Routine Foot Care		Yes				10%	After Deductible			
Routine Eye Exam for Children		No	\$ -	Before and After Deductible						
Eye Glasses for Children		No	\$ -	Before and After Deductible						
Dental Check-Up for Children		No	\$ -	Before and After Deductible						
Well Baby Visits and Care		No	\$ -	Before and After Deductible					Note 3	
Basic Dental Care – Child		No				20%	Before and After Deductible	No		
Orthodontia – Child		No				50%	Before and After Deductible	No		
Major Dental Care – Child		No				50%	Before and After Deductible	No		
Abortion for Which Public Funding is Prohibited		No	\$ -	Before and After Deductible						
Diabetes Education		No	\$ -	Before and After Deductible						
Diabetes Care Management		Yes				10%	After Deductible			
Inherited Metabolic Disorder - PKU		Yes				10%	After Deductible			
Virtual Care - Store & Forward		No	\$ -	Before and After Deductible					Note 4	
Virtual Care - Telehealth		No	\$ 10	Before and After Deductible	No					
Preventive Care for Specified Chronic Conditions		No				10%	Before and After Deductible	No		
Reproductive Health Care		No	\$ -	Before and After Deductible						
Non-EHB Benefits										
Gender Affirming Care		Yes				10%	After Deductible			
Embedded IAP		No	\$ -	Before and After Deductible					Note 5	
Travel Immunizations		Yes				10%	After Deductible			
Orthognathic Surgery		Yes				10%	After Deductible		Note 9	
Palliative Care (Home Health Aide Care)		Yes				10%	After Deductible		Note 6	
Repair of Teeth Due to Injury		Yes				10%	After Deductible			
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) (Retail)		No	\$ 10	Before and After Deductible	No					
Generic Drugs (Tier 1) (Mail Order)		No	\$ 30	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2) (Retail)		Yes				20%	After Deductible		Note 7	
Preferred Brand Drugs (Tier 2) (Mail Order)		Yes				20%	After Deductible		Note 7	
Non-Preferred Brand Drugs (Tier 3) (Retail)		Yes				40%	After Deductible			
Non-Preferred Brand Drugs (Tier 3) (Mail Order)		Yes				40%	After Deductible			
Specialty Drugs (Tier 4)		Yes				50%	After Deductible			
Opioid Rescue Medication Value List		No	\$ -	Before and After Deductible						
Rx Chemo		Yes				10%	After Deductible			

- Notes
- Note 1 Out of service area coverage is available
  - Note 2 Covers cosmetic surgery when medically necessary.
  - Note 3 Human donor milk must be covered as it is covered by the state base benchmark plan.
  - Note 4 Only Member to Provider (not Provider to Provider)
  - Note 5 Individual Assistance Program - 4 mental health counseling visits per issue
  - Note 6 30 visits per year
  - Note 7 Deductible waived for medications on the Optimum Value Medication List only
  - Note 8 25 visits per year
  - Note 9 Coverage due to temporomandibular joint disorder, injury, sleep apnea or congenital and developmental anomalies.

Benefit Components

Worksheet Controls

Company: Regence BlueCross BlueShield of Oreg Market: Individual Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	71281WA1350022	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	Off Exchange
Line 1.2	Plan Name	Silver 5000 Individual Connect Network	Line 1.4	Cost-Share Reduction (CSR) Plan?	No	Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charging an IP Copay	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	Yes
Line 2.12	Pediatric Dental Embedded?	Yes
Line 2.13	Includes Non-EHBs?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	Individual Connect
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

< - Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Details

Line 4.1	In-Network Tier 1:	Individual Connect
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$5,000	
Default Coinsurance			10%	
MOOP			\$10,150	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services		Yes				10%	After Deductible		Note 1	
Inpatient Hospital Services (e.g., Hospital Stay)		Yes				10%	After Deductible			
Primary Care Visit to Treat an Injury or Illness		No	\$ 20	Before and After Deductible	No					
Specialist Visit		No	\$ 70	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits		No	\$ 20	Before and After Deductible	No					
Mental Health & Substance Use Disorder All Other OP Services		Yes				10%	After Deductible			
Imaging (CT/PET Scans, MRIs)		Yes				10%	After Deductible			
Rehabilitative Speech Therapy		Yes				10%	After Deductible		Note 8	
Rehabilitative Occupational and Rehabilitative Physical Therapy		Yes				10%	After Deductible		Note 8	
Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services		Yes				10%	After Deductible			
X-rays and Diagnostic Imaging		Yes				10%	After Deductible			
Skilled Nursing Facility		Yes				10%	After Deductible			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Yes				10%	After Deductible			
Outpatient Surgery Physician/Surgical Services		Yes				10%	After Deductible			
Urgent Care		No	\$ 70	Before and After Deductible	No				Note 1	
Emergency Transportation		Yes				10%	After Deductible		Note 1	
Other EHB Categories										
Infertility Treatment		Yes				10%	After Deductible			
Cosmetic Surgery		Yes				10%	After Deductible		Note 2	
Acupuncture		No	\$ 20	Before and After Deductible	No					
Chiropractic Care		No	\$ 20	Before and After Deductible	No					
Hearing Aids		No				10%	Before and After Deductible	No		
Routine Foot Care		Yes				10%	After Deductible			
Routine Eye Exam for Children		No	\$ -	Before and After Deductible						
Eye Glasses for Children		No	\$ -	Before and After Deductible						
Dental Check-Up for Children		No	\$ -	Before and After Deductible						
Well Baby Visits and Care		No	\$ -	Before and After Deductible					Note 3	
Basic Dental Care – Child		No				20%	Before and After Deductible	No		
Orthodontia – Child		No				50%	Before and After Deductible	No		
Major Dental Care – Child		No				50%	Before and After Deductible	No		
Abortion for Which Public Funding is Prohibited		No	\$ -	Before and After Deductible						
Diabetes Education		No								
Diabetes Care Management		Yes				10%	After Deductible			
Inherited Metabolic Disorder - PKU		Yes				10%	After Deductible			
Virtual Care - Store & Forward		No	\$ -	Before and After Deductible					Note 4	
Virtual Care - Telehealth		No	\$ 10	Before and After Deductible	No					
Preventive Care for Specified Chronic Conditions		No				10%	Before and After Deductible	No		
Reproductive Health Care		No	\$ -	Before and After Deductible						
Non-EHB Benefits										
Gender Affirming Care		Yes				10%	After Deductible			
Embedded IAP		No	\$ -	Before and After Deductible					Note 5	
Travel Immunizations		Yes				10%	After Deductible			
Orthognathic Surgery		Yes				10%	After Deductible		Note 9	
Palliative Care (Home Health Aide Care)		Yes				10%	After Deductible		Note 6	
Repair of Teeth Due to Injury		Yes				10%	After Deductible			
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) (Retail)		No	\$ 15	Before and After Deductible	No					
Generic Drugs (Tier 1) (Mail Order)		No	\$ 45	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2) (Retail)		Yes				30%	After Deductible		Note 7	
Preferred Brand Drugs (Tier 2) (Mail Order)		Yes				30%	After Deductible		Note 7	
Non-Preferred Brand Drugs (Tier 3) (Retail)		Yes				40%	After Deductible			
Non-Preferred Brand Drugs (Tier 3) (Mail Order)		Yes				40%	After Deductible			
Specialty Drug (Tier 4)		Yes				50%	After Deductible			
Opioid Rescue Medication Value List		No	\$ -	Before and After Deductible						
Rx Chemo		Yes				10%	After Deductible			

Notes

- Note 1 Out of service area coverage is available
- Note 2 Covers cosmetic surgery when medically necessary.
- Note 3 Human donor milk must be covered as it is covered by the state base benchmark plan.
- Note 4 Only Member to Provider (not Provider to Provider)
- Note 5 Individual Assistance Program - 4 mental health counseling visits per issue
- Note 6 30 visits per year
- Note 7 Deductible waived for medications on the Optimum Value Medication List only
- Note 8 25 visits per year
- Note 9 Coverage due to temporomandibular joint disorder, injury, sleep apnea or congenital and developmental anomalies.



Benefit Components

Company: Regence BlueCross BlueShield of OregMarket: IndividualPlan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	71281WA1350023	Line 1.3	Metal Level	Expanded Bronze	Line 1.5	Exchange Status	Off Exchange
Line 1.2	Plan Name	Bronze HSA 7750 Individual Connect N	Line 1.4	Cost-Share Reduction (CSR) Plan?		Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charging an IP Copay	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	Yes
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	Yes
Line 2.12	Pediatric Dental Embedded?	Yes
Line 2.13	Includes Non-EHBs?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	Individual Connect
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

< - Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	Individual Connect
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$7,750	
Default Coinsurance			50%	
MOOP			\$8,300	

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				50%	After Deductible		Note 1	
Inpatient Hospital Services (e.g., Hospital Stay)		Yes				50%	After Deductible			
Primary Care Visit to Treat an Injury or Illness		Yes				50%	After Deductible			
Specialist Visit		Yes				50%	After Deductible			
Mental Health & Substance Use Disorder Office Visits		Yes				50%	After Deductible			
Mental Health & Substance Use Disorder All Other OP Services		Yes				50%	After Deductible			
Imaging (CT/PET Scans, MRIs)		Yes				50%	After Deductible			
Rehabilitative Speech Therapy		Yes				50%	After Deductible		Note 8	
Rehabilitative Occupational and Rehabilitative Physical Therapy		Yes				50%	After Deductible		Note 8	
Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services		Yes				50%	After Deductible			
X-rays and Diagnostic Imaging		Yes				50%	After Deductible			
Skilled Nursing Facility		Yes				50%	After Deductible			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Yes				50%	After Deductible			
Outpatient Surgery Physician/Surgical Services		Yes				50%	After Deductible			
Urgent Care		Yes				50%	After Deductible		Note 1	
Emergency Transportation		Yes				50%	After Deductible		Note 1	
Other EHB Categories										
Infertility Treatment		Yes				50%	After Deductible			
Cosmetic Surgery		Yes				50%	After Deductible		Note 2	
Acupuncture		Yes				50%	After Deductible			
Chiropractic Care		Yes				50%	After Deductible			
Hearing Aids		Yes				50%	After Deductible		Note 9	
Routine Foot Care		Yes				50%	After Deductible			
Routine Eye Exam for Children		No	\$ -	Before and After Deductible						
Eye Glasses for Children		No	\$ -	Before and After Deductible						
Dental Check-Up for Children		No	\$ -	Before and After Deductible						
Well Baby Visits and Care		No	\$ -	Before and After Deductible					Note 3	
Basic Dental Care – Child		No				20%	Before and After Deductible	No		
Orthodontia – Child		No				50%	Before and After Deductible	No		
Major Dental Care – Child		No				50%	Before and After Deductible	No		
Abortion for Which Public Funding is Prohibited		Yes				0%	After Deductible			
Diabetes Education		Yes	\$ -	Before and After Deductible						
Diabetes Care Management		Yes				50%	After Deductible			
Inherited Metabolic Disorder - PKU		Yes				50%	After Deductible			
Virtual Care - Store & Forward		Yes				0%	After Deductible		Note 4	
Virtual Care - Telehealth		Yes				50%	After Deductible			
Preventive Care for Specified Chronic Conditions		No				50%	Before and After Deductible	No		
Reproductive Health Care		Yes				0%	After Deductible		Note 9	
Non-EHB Benefits										
Gender Affirming Care		Yes				50%	After Deductible			
Embedded IAP		No	\$ -	Before and After Deductible					Note 5	
Travel Immunizations		Yes				50%	After Deductible			
Orthognathic Surgery		Yes				50%	After Deductible		Note 10	
Palliative Care (Home Health Aide Care)		Yes				50%	After Deductible		Note 6	
Repair of Teeth Due to Injury		Yes				50%	After Deductible			
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) (Retail)		Yes				20%	After Deductible		Note 7	
Generic Drugs (Tier 1) (Mail Order)		Yes				20%	After Deductible		Note 7	
Preferred Brand Drugs (Tier 2) (Retail)		Yes				30%	After Deductible		Note 7	
Preferred Brand Drugs (Tier 2) (Mail Order)		Yes				30%	After Deductible		Note 7	
Non-Preferred Brand Drugs (Tier 3) (Retail)		Yes				40%	After Deductible			
Non-Preferred Brand Drugs (Tier 3) (Mail Order)		Yes				40%	After Deductible			
Specialty Drugs (Tier 4)		Yes				50%	After Deductible			
Opioid Rescue Medication Value List		Yes				0%	After Deductible			
Rx Chemo		Yes				50%	After Deductible			

- Notes
- Note 1 Out of service area coverage is available
- Note 2 Covers cosmetic surgery when medically necessary.
- Note 3 Human donor milk must be covered as it is covered by the state base benchmark plan.
- Note 4 Only Member to Provider (not Provider to Provider)
- Note 5 Individual Assistance Program - 4 mental health counseling visits per issue
- Note 6 30 visits per year
- Note 7 Deductible waived for medications on the Optimum Value Medication List only
- Note 8 25 visits per year
- Note 9 Coinsurance Applies after the defined IRS Minimum Required Deductible amount is met
- Note 10 Coverage due to temporomandibular joint disorder, injury, sleep apnea or congenital and developmental anomalies.

Benefit Components

Company: Regence BlueCross BlueShield of Oreg Market: Individual Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	71281WA1350025	Line 1.3	Metal Level	Expanded Bronze	Line 1.5	Exchange Status	Off Exchange
Line 1.2	Plan Name	Bronze Essential 9000 Individual Connect	Line 1.4	Cost-Share Reduction (CSR) Plan?		Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charging an IP Copay	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	4
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	Yes
Line 2.12	Pediatric Dental Embedded?	Yes
Line 2.13	Includes Non-EHBs?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	Individual Connect
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

< - Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	Individual Connect
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$9,000	
Default Coinsurance			10%	
MOOP			\$10,150	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services	No	Yes				10%	After Deductible		Note 1	
Inpatient Hospital Services (e.g., Hospital Stay)	No	Yes				10%	After Deductible			
Primary Care Visit to Treat an Injury or Illness	Yes	Yes	\$ 60	Before Deductible		10%	After Deductible		Note 2	
Specialist Visit	Yes	Yes	\$ 60	Before Deductible		10%	After Deductible		Note 2	
Mental Health & Substance Use Disorder Office Visits	No	Yes				10%	After Deductible			
Mental Health & Substance Use Disorder All Other OP Services	No	Yes				10%	After Deductible			
Imaging (CT/PET Scans, MRIs)	No	Yes				10%	After Deductible			
Rehabilitative Speech Therapy	No	Yes				10%	After Deductible		Note 10	
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	Yes				10%	After Deductible		Note 10	
Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services	No	Yes				10%	After Deductible			
X-rays and Diagnostic Imaging	No	Yes				10%	After Deductible			
Skilled Nursing Facility	No	Yes				10%	After Deductible			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	No	Yes				10%	After Deductible			
Outpatient Surgery Physician/Surgical Services	No	Yes				10%	After Deductible			
Urgent Care	Yes	Yes	\$ 60	Before Deductible		10%	After Deductible		Note 3	
Emergency Transportation	No	Yes				10%	After Deductible		Note 1	
Other EHB Categories										
Infertility Treatment	No	Yes				10%	After Deductible			
Cosmetic Surgery	No	Yes				10%	After Deductible		Note 4	
Acupuncture	No	Yes				10%	After Deductible			
Chiropractic Care	No	Yes				10%	After Deductible			
Hearing Aids		No				10%	Before and After Deductible	No		
Routine Foot Care	No	Yes				10%	After Deductible			
Routine Eye Exam for Children		No	\$ -	Before and After Deductible						
Eye Glasses for Children		No	\$ -	Before and After Deductible						
Dental Check-Up for Children		No	\$ -	Before and After Deductible						
Well Baby Visits and Care		No	\$ -	Before and After Deductible					Note 5	
Basic Dental Care – Child	No	Yes				20%	Before and After Deductible			
Orthodontia – Child	No	Yes				50%	Before and After Deductible			
Major Dental Care – Child	No	Yes				50%	Before and After Deductible			
Abortion for Which Public Funding is Prohibited		No	\$ -	Before and After Deductible						
Diabetes Education		No	\$ -	Before and After Deductible						
Diabetes Care Management	No	Yes				10%	After Deductible			
Inherited Metabolic Disorder - PKU	No	Yes				10%	After Deductible			
Virtual Care - Store & Forward		No	\$ -	Before and After Deductible						
Virtual Care - Telehealth		No	\$ -	Before and After Deductible						
Preventive Care for Specified Chronic Conditions		No	\$ -	Before and After Deductible						
Reproductive Health Care		No	\$ -	Before and After Deductible						
Non-EHB Benefits										
Gender Affirming Care	No	Yes				10%	After Deductible			
Embedded IAP		No	\$ -	After Deductible					Note 7	
Travel Immunizations	No	Yes				10%	After Deductible			
Orthognathic Surgery	No	Yes				10%	After Deductible		Note 6	
Palliative Care (Home Health Aide Care)	No	Yes				10%	After Deductible		Note 8	
Repair of Teeth Due to Injury	No	Yes				10%	After Deductible			
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) (Retail)		No	\$ 15	Before and After Deductible	No					
Generic Drugs (Tier 1) (Mail Order)		No	\$ 45	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2) (Retail)		Yes				30%	After Deductible		Note 9	
Preferred Brand Drugs (Tier 2) (Mail Order)		Yes				30%	After Deductible		Note 9	
Non-Preferred Brand Drugs (Tier 3) (Retail)		Yes				40%	After Deductible			
Non-Preferred Brand Drugs (Tier 3) (Mail Order)		Yes				40%	After Deductible			
Specialty Drugs (Tier 4)		Yes				50%	After Deductible			
Opioid Rescue Medication Value List		No	\$ -	Before and After Deductible						
Rx Chemo		Yes				10%	After Deductible			

Notes

- Note 1 Out of service area coverage is available
- Note 2 The first 4 in-network Primary, in-network Specialist and Urgent Care office visits combined per calendar year are not subject to the deductible.
- Note 3 Out of service area coverage is available. The first 4 in-network Primary, in-network Specialist and Urgent Care office visits combined per calendar year are not subject to the deductible.
- Note 4 Covers cosmetic surgery when medically necessary.
- Note 5 Human donor milk must be covered as it is covered by the state base benchmark plan.
- Note 6 Coverage due to temporomandibular joint disorder, injury, sleep apnea or congenital and developmental anomalies.
- Note 7 Individual Assistance Program - 4 mental health counseling visits per issue
- Note 8 30 visits per year
- Note 9 Deductible waived for medications on the Optimum Value Medication List only
- Note 10 25 visits per year



Benefit Components

Worksheet Controls
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Company:	Regence BlueCross BlueShield of Oreg	Market:	Individual	Plan Year:	2026
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Section 1: Plan Information

Line 1.1	HIOS Plan ID	71281WA1350027	Line 1.3	Metal Level	Expanded Bronze	Line 1.5	Exchange Status	Off Exchange
Line 1.2	Plan Name	Bronze 8000 Individual Connect Network	Line 1.4	Cost-Share Reduction (CSR) Plan?		Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charging an IP Copay	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	Yes
Line 2.12	Pediatric Dental Embedded?	Yes
Line 2.13	Includes Non-EHBs?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	Individual Connect
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

< - Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Details

Line 4.1	In-Network Tier 1:	Individual Connect
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$8,000	
Default Coinsurance			50%	
MOOP			\$10,150	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services		Yes				50%	After Deductible		Note 1	
Inpatient Hospital Services (e.g., Hospital Stay)		Yes				50%	After Deductible			
Primary Care Visit to Treat an Injury or Illness		No	\$ 60	Before and After Deductible	No					
Specialist Visit		No	\$ 120	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				50%	After Deductible			
Imaging (CT/PET Scans, MRIs)		Yes				50%	After Deductible			
Rehabilitative Speech Therapy		Yes				50%	After Deductible		Note 3	
Rehabilitative Occupational and Rehabilitative Physical Therapy		Yes				50%	After Deductible		Note 3	
Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services		No	\$ 60	Before and After Deductible	No					
X-rays and Diagnostic Imaging		No	\$ 60	Before and After Deductible	No					
Skilled Nursing Facility		Yes				50%	After Deductible			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Yes				50%	After Deductible			
Outpatient Surgery Physician/Surgical Services		Yes				50%	After Deductible			
Urgent Care		No	\$ 120	Before and After Deductible	No				Note 1	
Emergency Transportation		Yes				50%	After Deductible		Note 1	
Other EHB Categories										
Infertility Treatment		Yes				50%	After Deductible			
Cosmetic Surgery		Yes				50%	After Deductible			
Acupuncture		No	\$ 60	Before and After Deductible	No					
Chiropractic Care		No	\$ 60	Before and After Deductible	No					
Hearing Aids		No				50%	Before and After Deductible	No		
Routine Foot Care		Yes				50%	After Deductible			
Routine Eye Exam for Children		No	\$ -	Before and After Deductible						
Eye Glasses for Children		No	\$ -	Before and After Deductible						
Dental Check-Up for Children		No	\$ -	Before and After Deductible						
Well Baby Visits and Care		No	\$ -	Before and After Deductible					Note 3	
Basic Dental Care – Child		No				20%	Before and After Deductible	No		
Orthodontia – Child		No				50%	Before and After Deductible	No		
Major Dental Care – Child		No				50%	Before and After Deductible	No		
Abortion for Which Public Funding is Prohibited		No	\$ -	Before and After Deductible						
Diabetes Education		No	\$ -	Before and After Deductible						
Diabetes Care Management		Yes				50%	After Deductible			
Inherited Metabolic Disorder - PKU		Yes				50%	After Deductible			
Virtual Care - Store & Forward		No	\$ -	Before and After Deductible					Note 4	
Virtual Care - Telehealth		No	\$ 10	Before and After Deductible	No					
Preventive Care for Specified Chronic Conditions		No				50%	Before and After Deductible	No		
Reproductive Health Care		No	\$ -	Before and After Deductible						
Non-EHB Benefits										
Gender Affirming Care		No				50%	After Deductible			
Embedded IAP		No	\$ -	Before and After Deductible					Note 5	
Travel Immunizations		Yes				50%	After Deductible			
Orthognathic Surgery		Yes				50%	After Deductible			
Palliative Care (Home Health Aide Care)		Yes				50%	After Deductible		Note 6	
Repair of Teeth Due to Injury		Yes				50%	After Deductible			
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) (Retail)		No	\$ 20	Before and After Deductible	No					
Generic Drugs (Tier 1) (Mail Order)		No	\$ 60	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2) (Retail)		Yes				30%	After Deductible		Note 7	
Preferred Brand Drugs (Tier 2) (Mail Order)		Yes				30%	After Deductible		Note 7	
Non-Preferred Brand Drugs (Tier 3) (Retail)		Yes				40%	After Deductible			
Non-Preferred Brand Drugs (Tier 3) (Mail Order)		Yes				40%	After Deductible			
Specialty Drugs (Tier 4)		Yes				50%	After Deductible			
Opioid Rescue Medication Value List		No	\$ -	Before and After Deductible						
Rx Chemo		Yes				50%	After Deductible			

Notes

- Note 1Virtual Visits copay is \$10, Virtual Care (Store and Forward) is covered in full, and PCP visits copay is \$60
- Note 2Out of network covered as in network
- Note 325 visits per year limit
- Note 4Individual Assistance Program - 4 mental health counseling visits per year, per member of household. All members of household are eligible for this benefit, including non-enrollees
- Note 5Coverage due to temporomandibular joint disorder, injury, sleep apnea or congenital and developmental anomalies.
- Note 630 visits per year
- Note 7Deductible waived for medications on the Optimum Value Medication List only

Benefit Components

Company: Regence BlueCross BlueShield of OregMarket: IndividualPlan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	71281WA1350028	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	Off Exchange
Line 1.2	Plan Name	Silver 5000 Legacy Network	Line 1.4	Cost-Share Reduction (CSR) Plan?	No	Line 1.6	New or Renewing	New

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charging an IP Copay	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	Yes
Line 2.12	Pediatric Dental Embedded?	Yes
Line 2.13	Includes Non-EHBs?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	Legacy
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

< - Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Details

Line 4.1	In-Network Tier 1:	Legacy
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$5,000	
Default Coinsurance			10%	
MOOP			\$10,150	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services		Yes				10%	After Deductible		Note 1	
Inpatient Hospital Services (e.g., Hospital Stay)		Yes				10%	After Deductible			
Primary Care Visit to Treat an Injury or Illness		No	\$ 20	Before and After Deductible	No					
Specialist Visit		No	\$ 70	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits		No	\$ 20	Before and After Deductible	No					
Mental Health & Substance Use Disorder All Other OP Services		Yes				10%	After Deductible			
Imaging (CT/PET Scans, MRIs)		Yes				10%	After Deductible			
Rehabilitative Speech Therapy		Yes				10%	After Deductible		Note 8	
Rehabilitative Occupational and Rehabilitative Physical Therapy		Yes				10%	After Deductible		Note 8	
Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services		Yes				10%	After Deductible			
X-rays and Diagnostic Imaging		Yes				10%	After Deductible			
Skilled Nursing Facility		Yes				10%	After Deductible			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Yes				10%	After Deductible			
Outpatient Surgery Physician/Surgical Services		Yes				10%	After Deductible			
Urgent Care		No	\$ 70	Before and After Deductible	No				Note 1	
Emergency Transportation		Yes				10%	After Deductible		Note 1	
Other EHB Categories										
Infertility Treatment		Yes				10%	After Deductible			
Cosmetic Surgery		Yes				10%	After Deductible		Note 2	
Acupuncture		No	\$ 20	Before and After Deductible	No					
Chiropractic Care		No	\$ 20	Before and After Deductible	No					
Hearing Aids		No				10%	Before and After Deductible	No		
Routine Foot Care		Yes				10%	After Deductible			
Routine Eye Exam for Children		No	\$ -	Before and After Deductible						
Eye Glasses for Children		No	\$ -	Before and After Deductible						
Dental Check-Up for Children		No	\$ -	Before and After Deductible						
Well Baby Visits and Care		No	\$ -	Before and After Deductible					Note 3	
Basic Dental Care – Child		No				20%	Before and After Deductible	No		
Orthodontia – Child		No				50%	Before and After Deductible	No		
Major Dental Care – Child		No				50%	Before and After Deductible	No		
Abortion for Which Public Funding is Prohibited		No	\$ -	Before and After Deductible						
Diabetes Education		No								
Diabetes Care Management		Yes				10%	After Deductible			
Inherited Metabolic Disorder - PKU		Yes				10%	After Deductible			
Virtual Care - Store & Forward		No	\$ -	Before and After Deductible					Note 4	
Virtual Care - Telehealth		No	\$ 10	Before and After Deductible	No					
Preventive Care for Specified Chronic Conditions		No				10%	Before and After Deductible	No		
Reproductive Health Care		No	\$ -	Before and After Deductible						
Non-EHB Benefits										
Gender Affirming Care		Yes				10%	After Deductible			
Embedded IAP		No	\$ -	Before and After Deductible					Note 5	
Travel Immunizations		Yes				10%	After Deductible			
Orthognathic Surgery		Yes				10%	After Deductible		Note 9	
Palliative Care (Home Health Aide Care)		Yes				10%	After Deductible		Note 6	
Repair of Teeth Due to Injury		Yes				10%	After Deductible			
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) (Retail)		No	\$ 15	Before and After Deductible	No					
Generic Drugs (Tier 1) (Mail Order)		No	\$ 45	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2) (Retail)		Yes				30%	After Deductible		Note 7	
Preferred Brand Drugs (Tier 2) (Mail Order)		Yes				30%	After Deductible		Note 7	
Non-Preferred Brand Drugs (Tier 3) (Retail)		Yes				40%	After Deductible			
Non-Preferred Brand Drugs (Tier 3) (Mail Order)		Yes				40%	After Deductible			
Specialty Drugs (Tier 4)		Yes				50%	After Deductible			
Opioid Rescure Medication Value List		No	\$ -	Before and After Deductible						
Rx Chemo		Yes				10%	After Deductible			

- Notes
- Note 1 Out of service area coverage is available
- Note 2 Covers cosmetic surgery when medically necessary.
- Note 3 Human donor milk must be covered as it is covered by the state base benchmark plan.
- Note 4 Only Member to Provider (not Provider to Provider)
- Note 5 Individual Assistance Program - 4 mental health counseling visits per issue
- Note 6 30 visits per year
- Note 7 Deductible waived for medications on the Optimum Value Medication List only
- Note 8 25 visits per year
- Note 9 Coverage due to temporomandibular joint disorder, injury, sleep apnea or congenital and developmental anomalies.



Benefit Components

Company: Regence BlueCross BlueShield of OregMarket: IndividualPlan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	71281WA1350029	Line 1.3	Metal Level	Expanded Bronze	Line 1.5	Exchange Status	Off Exchange
Line 1.2	Plan Name	Bronze 8000 Legacy Network	Line 1.4	Cost-Share Reduction (CSR) Plan?		Line 1.6	New or Renewing	New

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charging an IP Copay	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	Yes
Line 2.12	Pediatric Dental Embedded?	Yes
Line 2.13	Includes Non-EHBs?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	Legacy
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

< - Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Details

Line 4.1	In-Network Tier 1:	Legacy
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$8,000	
Default Coinsurance			50%	
MOOP			\$10,150	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services		Yes				50%	After Deductible		Note 1	
Inpatient Hospital Services (e.g., Hospital Stay)		Yes				50%	After Deductible			
Primary Care Visit to Treat an Injury or Illness		No	\$ 60	Before and After Deductible	No					
Specialist Visit		No	\$ 120	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				50%	After Deductible			
Imaging (CT/PET Scans, MRIs)		Yes				50%	After Deductible			
Rehabilitative Speech Therapy		Yes				50%	After Deductible		Note 8	
Rehabilitative Occupational and Rehabilitative Physical Therapy		Yes				50%	After Deductible		Note 8	
Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services		No	\$ 60	Before and After Deductible	No					
X-rays and Diagnostic Imaging		No	\$ 60	Before and After Deductible	No					
Skilled Nursing Facility		Yes				50%	After Deductible			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Yes				50%	After Deductible			
Outpatient Surgery Physician/Surgical Services		Yes				50%	After Deductible			
Urgent Care		No	\$ 120	Before and After Deductible	No				Note 1	
Emergency Transportation		Yes				50%	After Deductible		Note 1	
Other EHB Categories										
Infertility Treatment		Yes				50%	After Deductible			
Cosmetic Surgery		Yes				50%	After Deductible		Note 2	
Acupuncture		No	\$ 60	Before and After Deductible	No					
Chiropractic Care		No	\$ 60	Before and After Deductible	No					
Hearing Aids		No				50%	Before and After Deductible	No		
Routine Foot Care		Yes				50%	After Deductible			
Routine Eye Exam for Children		No	\$ -	Before and After Deductible						
Eye Glasses for Children		No	\$ -	Before and After Deductible						
Dental Check-Up for Children		No	\$ -	Before and After Deductible						
Well Baby Visits and Care		No	\$ -	Before and After Deductible					Note 3	
Basic Dental Care – Child		No				20%	Before and After Deductible	No		
Orthodontia – Child		No				50%	Before and After Deductible	No		
Major Dental Care – Child		No				50%	Before and After Deductible	No		
Abortion for Which Public Funding is Prohibited		No	\$ -	Before and After Deductible						
Diabetes Education		No	\$ -	Before and After Deductible						
Diabetes Care Management		Yes				50%	After Deductible			
Inherited Metabolic Disorder - PKU		Yes				50%	After Deductible			
Virtual Care - Store & Forward		No	\$ -	Before and After Deductible					Note 4	
Virtual Care - Telehealth		No	\$ 10	Before and After Deductible	No					
Preventive Care for Specified Chronic Conditions		No				50%	Before and After Deductible	No		
Reproductive Health Care		No	\$ -	Before and After Deductible						
Non-EHB Benefits										
Gender Affirming Care		No				50%	After Deductible			
Embedded IAP		No	\$ -	Before and After Deductible					Note 5	
Travel Immunizations		Yes				50%	After Deductible			
Orthognathic Surgery		Yes				50%	After Deductible		Note 9	
Palliative Care (Home Health Aide Care)		Yes				50%	After Deductible		Note 6	
Repair of Teeth Due to Injury		Yes				50%	After Deductible			
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) (Retail)		No	\$ 20	Before and After Deductible	No					
Generic Drugs (Tier 1) (Mail Order)		No	\$ 60	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2) (Retail)		Yes				30%	After Deductible		Note 7	
Preferred Brand Drugs (Tier 2) (Mail Order)		Yes				30%	After Deductible		Note 7	
Non-Preferred Brand Drugs (Tier 3) (Retail)		Yes				40%	After Deductible			
Non-Preferred Brand Drugs (Tier 3) (Mail Order)		Yes				40%	After Deductible			
Specialty Drugs (Tier 4)		Yes				50%	After Deductible			
Opioid Rescure Medication Value List		No	\$ -	Before and After Deductible						
Rx Chemo		Yes				50%	After Deductible			

- Notes
- Note 1 Out of service area coverage is available
  - Note 2 Covers cosmetic surgery when medically necessary.
  - Note 3 Human donor milk must be covered as it is covered by the state base benchmark plan.
  - Note 4 Only Member to Provider (not Provider to Provider)
  - Note 5 Individual Assistance Program - 4 mental health counseling visits per issue
  - Note 6 30 visits per year
  - Note 7 Deductible waived for medications on the Optimum Value Medication List only
  - Note 8 25 visits per year
  - Note 9 Coverage due to temporomandibular joint disorder, injury, sleep apnea or congenital and developmental anomalies.

Benefit Components

Company: Regence BlueCross BlueShield of Oreg Market: Individual Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	71281WA1350030	Line 1.3	Metal Level	Expanded Bronze	Line 1.5	Exchange Status	Off Exchange
Line 1.2	Plan Name	Bronze Essential 9000 Legacy Network	Line 1.4	Cost-Share Reduction (CSR) Plan?		Line 1.6	New or Renewing	New

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	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?	4
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	Yes
Line 2.12	Pediatric Dental Embedded?	Yes
Line 2.13	Includes Non-EHBs?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	Individual Connect
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

< - Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	Legacy
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$9,000	
Default Coinsurance			10%	
MOOP			\$10,150	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services	No	Yes				10%	After Deductible		Note 1	
Inpatient Hospital Services (e.g., Hospital Stay)	No	Yes				10%	After Deductible			
Primary Care Visit to Treat an Injury or Illness	Yes	Yes	\$ 60	Before Deductible		10%	After Deductible		Note 2	
Specialist Visit	Yes	Yes	\$ 60	Before Deductible		10%	After Deductible		Note 2	
Mental Health & Substance Use Disorder Office Visits	No	Yes				10%	After Deductible			
Mental Health & Substance Use Disorder All Other OP Services	No	Yes				10%	After Deductible			
Imaging (CT/PET Scans, MRIs)	No	Yes				10%	After Deductible			
Rehabilitative Speech Therapy	No	Yes				10%	After Deductible		Note 10	
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	Yes				10%	After Deductible		Note 10	
Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services	No	Yes				10%	After Deductible			
X-rays and Diagnostic Imaging	No	Yes				10%	After Deductible			
Skilled Nursing Facility	No	Yes				10%	After Deductible			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	No	Yes				10%	After Deductible			
Outpatient Surgery Physician/Surgical Services	No	Yes				10%	After Deductible			
Urgent Care	Yes	Yes	\$ 60	Before Deductible		10%	After Deductible		Note 3	
Emergency Transportation	No	Yes				10%	After Deductible		Note 1	
Other EHB Categories										
Infertility Treatment	No	Yes				10%	After Deductible			
Cosmetic Surgery	No	Yes				10%	After Deductible		Note 4	
Acupuncture	No	Yes				10%	After Deductible			
Chiropractic Care	No	Yes				10%	After Deductible			
Hearing Aids		No				10%	Before and After Deductible	No		
Routine Foot Care	No	Yes				10%	After Deductible			
Routine Eye Exam for Children		No	\$ -	Before and After Deductible						
Eye Glasses for Children		No	\$ -	Before and After Deductible						
Dental Check-Up for Children		No	\$ -	Before and After Deductible						
Well Baby Visits and Care		No	\$ -	Before and After Deductible					Note 5	
Basic Dental Care – Child	No	Yes				20%	Before and After Deductible			
Orthodontia – Child	No	Yes				50%	Before and After Deductible			
Major Dental Care – Child	No	Yes				50%	Before and After Deductible			
Abortion for Which Public Funding is Prohibited		No	\$ -	Before and After Deductible						
Diabetes Education		No	\$ -	Before and After Deductible						
Diabetes Care Management	No	Yes				10%	After Deductible			
Inherited Metabolic Disorder - PKU	No	Yes				10%	After Deductible			
Virtual Care - Store & Forward		No	\$ -	Before and After Deductible						
Virtual Care - Telehealth		No	\$ -	Before and After Deductible						
Preventive Care for Specified Chronic Conditions		No	\$ -	Before and After Deductible						
Reproductive Health Care		No	\$ -	Before and After Deductible						
Non-EHB Benefits										
Gender Affirming Care	No	Yes				10%	After Deductible			
Embedded IAP		No	\$ -	After Deductible					Note 7	
Travel Immunizations	No	Yes				10%	After Deductible			
Orthognathic Surgery	No	Yes				10%	After Deductible		Note 6	
Palliative Care (Home Health Aide Care)	No	Yes				10%	After Deductible		Note 8	
Repair of Teeth Due to Injury	No	Yes				10%	After Deductible			
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)		No	\$ 45	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3)		Yes				30%	After Deductible		Note 9	
Specialty Drugs (Tier 4)		Yes				30%	After Deductible		Note 9	
		Yes				40%	After Deductible			
		Yes				40%	After Deductible			
		Yes				50%	After Deductible			
		No	\$ -	Before and After Deductible						
		Yes				10%	After Deductible			

Notes

- Note 1 Out of service area coverage is available
- Note 2 The first 4 in-network Primary, in-network Specialist and Urgent Care office visits combined per calendar year are not subject to the deductible.
- Note 3 Out of service area coverage is available. The first 4 in-network Primary, in-network Specialist and Urgent Care office visits combined per calendar year are not subject to the deductible.
- Note 4 Covers cosmetic surgery when medically necessary.
- Note 5 Human donor milk must be covered as it is covered by the state base benchmark plan.
- Note 6 Coverage due to temporomandibular joint disorder, injury, sleep apnea or congenital and developmental anomalies.
- Note 7 Individual Assistance Program - 4 mental health counseling visits per issue
- Note 8 30 visits per year
- Note 9 Deductible waived for medications on the Optimum Value Medication List only
- Note 10 25 visits per year



Benefit Components

Company: Regence BlueCross BlueShield of OregMarket: IndividualPlan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	71281WA1360003	Line 1.3	Metal Level	Expanded Bronze	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	Bronze Essential 8500Legacy Network	Line 1.4	Cost-Share Reduction (CSR) Plan?		Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charging an IP Copay	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	4
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	Yes
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	Legacy
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

< - Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Details

Line 4.1	In-Network Tier 1:	Legacy
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$8,500	
Default Coinsurance			10%	
MOOP			\$10,150	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services	No	Yes				10%	After Deductible		Note 1	
Inpatient Hospital Services (e.g., Hospital Stay)	No	Yes				10%	After Deductible			
Primary Care Visit to Treat an Injury or Illness	Yes	Yes	\$ 60	Before Deductible		10%	After Deductible		Note 2	
Specialist Visit	Yes	Yes	\$ 60	Before Deductible		10%	After Deductible		Note 2	
Mental Health & Substance Use Disorder Office Visits	No	Yes				10%	After Deductible			
Mental Health & Substance Use Disorder All Other OP Services	No	Yes				10%	After Deductible			
Imaging (CT/PET Scans, MRIs)	No	Yes				10%	After Deductible			
Rehabilitative Speech Therapy	No	Yes				10%	After Deductible		Note 9	
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	Yes				10%	After Deductible		Note 9	
Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services	No	Yes				10%	After Deductible			
X-rays and Diagnostic Imaging	No	Yes				10%	After Deductible			
Skilled Nursing Facility	No	Yes				10%	After Deductible			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	No	Yes				10%	After Deductible			
Outpatient Surgery Physician/Surgical Services	No	Yes				10%	After Deductible			
Urgent Care	Yes	Yes	\$ 60	Before Deductible		10%	After Deductible		Note 2	
Emergency Transportation	No	Yes				10%	After Deductible		Note 1	
Other EHB Categories										
Infertility Treatment	No	Yes				10%	After Deductible			
Cosmetic Surgery	No	Yes				10%	After Deductible		Note 4	
Acupuncture	No	Yes				10%	After Deductible			
Chiropractic Care	No	Yes				10%	After Deductible			
Hearing Aids		No				10%	Before and After Deductible	No		
Routine Foot Care	No	Yes				10%	After Deductible			
Routine Eye Exam for Children		No	\$ -	Before and After Deductible						
Eye Glasses for Children		No	\$ -	Before and After Deductible						
Well Baby Visits and Care		No	\$ -	Before and After Deductible					Note 5	
Abortion for Which Public Funding is Prohibited		No	\$ -	Before and After Deductible						
Diabetes Education		No	\$ -	Before and After Deductible						
Diabetes Care Management	No	Yes				10%	After Deductible			
Inherited Metabolic Disorder - PKU	No	Yes				10%	After Deductible			
Virtual Care - Store & Forward		No	\$ -	Before and After Deductible						
Virtual Care - Telehealth		No	\$ -	Before and After Deductible						
Preventive Care for Specified Chronic Conditions		No				10%	Before and After Deductible	No		
Reproductive Health Care		No	\$ -	Before and After Deductible						
Non-EHB Benefits										
Gender Affirming Care	No	Yes				10%	After Deductible			
Travel Immunizations		No				10%	After Deductible			
Orthognathic Surgery	No	Yes				10%	After Deductible		Note 6	
Palliative Care (Home Health Aide Care)	No	Yes				10%	After Deductible		Note 7	
Repair of Teeth Due to Injury	No	Yes				10%	After Deductible			
Embedded IAP		No	\$ -	After Deductible					Note 10	
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) (Retail)		No	\$ 20	Before and After Deductible	No					
Generic Drugs (Tier 1) (Mail Order)		No	\$ 60	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2) (Retail)		Yes				30%	After Deductible		Note 8	
Preferred Brand Drugs (Tier 2) (Mail Order)		Yes				30%	After Deductible		Note 8	
Non-Preferred Brand Drugs (Tier 3) (Retail)		Yes				40%	After Deductible			
Non-Preferred Brand Drugs (Tier 3) (Mail Order)		Yes				40%	After Deductible			
Specialty Drugs (Tier 4)		Yes				50%	After Deductible			
Opioid Rescue Medication Value List		No	\$ -	Before and After Deductible						
Rx Chemo		Yes				10%	After Deductible			

Notes

- Note 1Out of service area coverage is available
- Note 2The first 4 in-network Primary, in-network Specialist and Urgent Care office visits combined per calendar year are not subject to the deductible.
- Note 3Out of service area coverage is available. The first 4 in-network Primary, in-network Specialist and Urgent Care office visits combined per calendar year are not subject to the deductible.
- Note 4Covers cosmetic surgery when medically necessary.
- Note 5Human donor milk must be covered as it is covered by the state base benchmark plan.
- Note 6Coverage due to temporomandibular joint disorder, injury, sleep apnea or congenital and developmental anomalies.
- Note 730 visits per year
- Note 8Deductible waived for medications on the Optimum Value Medication List only
- Note 925 visits per year
- Note 10Individual Assistance Program - 4 mental health counseling visits per issue

Benefit Components

Worksheet Controls

Company: Regence BlueCross BlueShield of Oreg Market: Individual Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	71281WA1360005	Line 1.3	Metal Level	Gold	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	Regence Cascade Complete Gold Lega	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?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	Legacy
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Details

Line 4.1	In-Network Tier 1:	Legacy
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$1,000	
Default Coinsurance			20%	
MOOP			\$7,000	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services		Yes	\$ 450	After Deductible					Note 1	
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				Note 2	
Rehabilitative Occupational and Rehabilitative Physical Therapy		No	\$ 25	Before and After Deductible	No				Note 2	
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				Note 1	
Emergency Transportation		No	\$ 375	Before and After Deductible	No				Note 1	
Other EHB Categories										
Infertility Treatment		Yes				20%	After Deductible			
Cosmetic Surgery		Yes				20%	After Deductible		Note 4	
Acupuncture		No	\$ 15	Before and After Deductible	No					
Chiropractic Care		No	\$ 15	Before and After Deductible	No					
Hearing Aids		No				20%	Before and After Deductible	No		
Routine Foot Care		Yes				20%	After Deductible			
Routine Eye Exam for Children		No	\$ -	Before and After Deductible						
Eye Glasses for Children		No	\$ -	Before and After Deductible						
Well Baby Visits and Care		No	\$ -	Before and After Deductible					Note 6	
Abortion for Which Public Funding is Prohibited		No	\$ -	Before and After Deductible						
Diabetes Education		No	\$ -	Before and After Deductible						
Diabetes Care Management		Yes				20%	After Deductible			
Inherited Metabolic Disorder - PKU		Yes				20%	After Deductible			
Virtual Care - Store & Forward		No	\$ 15	Before and After Deductible	No				Note 7	
Virtual Care - Telehealth		No	\$ 15	Before and After Deductible	No					
Non-EHB Benefits										
Gender Affirming Care		Yes				20%	After Deductible			
Orthognathic Surgery		Yes				20%	After Deductible		Note 5	
Embedded IAP		No	\$ -	After Deductible					Note 3	
Travel Immunizations		Yes				20%	After Deductible			
Palliative Care (Home Health Aide Care)		Yes				20%	After Deductible		Note 8	
Repair of Teeth Due to Injury		Yes				20%	After Deductible			
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) (Retail)		No	\$ 10	Before and After Deductible	No					
Generic Drugs (Tier 1) (Mail Order)		No	\$ 30	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2) (Retail)		No	\$ 60	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2) (Mail Order)		No	\$ 180	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3) (Retail)		No	\$ 100	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3) (Mail Order)		No	\$ 300	Before and After Deductible	No					
Specialty Drugs (Tier 4)		No	\$ 100	Before and After Deductible	No					
Opioid Rescue Medication Value List		No	\$ -	Before and After Deductible						
Rx Chemo		Yes				20%	After Deductible			

Notes

- Note 1 Out of network covered as in network
- Note 2 25 visits per year limit
- Note 3 Individual Assistance Program - 4 mental health counseling visits per year, per member of household. All members of household are eligible for this benefit, including non-enrollees
- Note 4 Covers cosmetic surgery when medically necessary.
- Note 5 Coverage due to temporomandibular joint disorder, injury, sleep apnea or congenital and developmental anomalies.
- Note 6 Human donor milk must be covered as it is covered by the state base benchmark plan.
- Note 7 Only Member to Provider (not Provider to Provider)
- Note 8 30 visits per year



Benefit Components

Worksheet Controls

Company: Regence BlueCross BlueShield of Oreg Market: Individual Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	71281WA1360006	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	Regence Cascade Silver Legacy Network	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?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	Legacy
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	Legacy
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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					Note 1	
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 6	
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 6	
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				Note 2	
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	No	\$ 40	Before and After Deductible	No				Note 2	
Preventive Care/Screening/Immunization	No	No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services	No	No	\$ 40	Before and After Deductible	No					
X-rays and Diagnostic Imaging	No	No	\$ 65	Before and After Deductible	No					
Skilled Nursing Facility	No	Yes	\$ 800	After Deductible						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	No	Yes	\$ 600	After Deductible						
Outpatient Surgery Physician/Surgical Services	No	Yes	\$ 200	After Deductible						
Urgent Care	No	No	\$ 65	Before and After Deductible	No				Note 1	
Emergency Transportation	No	No	\$ 375	Before and After Deductible	No				Note 1	
Other EHB Categories										
Infertility Treatment	No	Yes								
Cosmetic Surgery	No	Yes							Note 7	
Acupuncture	No	No	\$ 20	Before and After Deductible	No					
Chiropractic Care	No	No	\$ 20	Before and After Deductible	No					
Hearing Aids	No	No				30%	Before and After Deductible	No		
Routine Foot Care	No	Yes				30%	After Deductible			
Routine Eye Exam for Children	No	No	\$ -	Before and After Deductible						
Eye Glasses for Children	No	No	\$ -	Before and After Deductible						
Well Baby Visits and Care	No	No	\$ -	Before and After Deductible					Note 8	
Abortion for Which Public Funding is Prohibited	No	No	\$ -	Before and After Deductible						
Diabetes Education	No	No	\$ -	Before and After Deductible						
Diabetes Care Management	No	Yes				30%	After Deductible			
Inherited Metabolic Disorder - PKU	No	Yes				30%	After Deductible			
Virtual Care - Store & Forward	Yes	No	\$ 20	Before and After Deductible					Note 9	
Virtual Care - Telehealth	Yes	No	\$ 20	Before and After Deductible						
Non-EHB Benefits										
Gender Affirming Care	No	Yes				30%	After Deductible			
Orthognathic Surgery	No	Yes				30%	After Deductible		Note 4	
Embedded IAP	No	No	\$ -	After Deductible					Note 3	
Travel Immunizations	No	Yes				30%	After Deductible			
Palliative Care (Home Health Aide Care)	No	Yes				30%	After Deductible		Note 5	
Repair of Teeth Due to Injury	No	Yes				30%	After Deductible			
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) (Retail)		No	\$ 25	Before and After Deductible	No					
Generic Drugs (Tier 1) (Mail Order)		No	\$ 75	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2) (Retail)		No	\$ 75	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2) (Mail Order)		No	\$ 225	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3) (Retail)		Yes	\$ 250	After Deductible						
Non-Preferred Brand Drugs (Tier 3) (Mail Order)		Yes	\$ 750	After Deductible						
Specialty Drugs (Tier 4)		Yes	\$ 250	After Deductible						
Opioid Rescue Medication Value List		No	\$ -	Before and After Deductible						
Rx Chemo		Yes				30%	After Deductible			

Notes

- Note 1 Out of service area coverage is available
- Note 2 25 visits per year limit
- Note 3 Individual Assistance Program - 4 mental health counseling visits per year, per member of household. All members of household are eligible for this benefit, including non-enrollees
- Note 4 Coverage due to temporomandibular joint disorder, injury, sleep apnea or congenital and developmental anomalies.
- Note 5 30 visits per year
- Note 6 \$1 copay for first two visits (separate limit for PCP and Mental Health visits - including telehealth), then \$30 copay thereafter
- Note 7 Covers cosmetic surgery when medically necessary.
- Note 8 Human donor milk must be covered as it is covered by the state base benchmark plan.
- Note 9 Only Member to Provider (not Provider to Provider)

Benefit Components

Worksheet Controls

Company: Regence BlueCross BlueShield of Oreg		Market: Individual	Plan Year: 2026
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Section 1: Plan Information

Line 1.1	HIOS Plan ID	71281WA1360006	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	Regence Cascade Silver Legacy Network	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?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	Legacy
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	Legacy
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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					Note 1	
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 6	
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 6	
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				Note 2	
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	No	\$ 40	Before and After Deductible	No				Note 2	
Preventive Care/Screening/Immunization	No	No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services	No	No	\$ 40	Before and After Deductible	No					
X-rays and Diagnostic Imaging	No	No	\$ 65	Before and After Deductible	No					
Skilled Nursing Facility	No	Yes	\$ 800	After Deductible						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	No	Yes	\$ 600	After Deductible						
Outpatient Surgery Physician/Surgical Services	No	Yes	\$ 200	After Deductible						
Urgent Care	No	No	\$ 65	Before and After Deductible	No				Note 1	
Emergency Transportation	No	No	\$ 325	Before and After Deductible	No				Note 1	
Other EHB Categories										
Infertility Treatment	No	Yes				30%	After Deductible			
Cosmetic Surgery	No	Yes				30%	After Deductible		Note 7	
Acupuncture	No	No	\$ 20	Before and After Deductible	No					
Chiropractic Care	No	No	\$ 20	Before and After Deductible	No					
Hearing Aids	No	No				30%	Before and After Deductible	No		
Routine Foot Care	No	Yes				30%	After Deductible			
Routine Eye Exam for Children	No	No	\$ -	Before and After Deductible						
Eye Glasses for Children	No	No	\$ -	Before and After Deductible						
Well Baby Visits and Care	No	No	\$ -	Before and After Deductible					Note 8	
Abortion for Which Public Funding is Prohibited	No	No	\$ -	Before and After Deductible						
Diabetes Education	No	No	\$ -	Before and After Deductible						
Diabetes Care Management	No	Yes				30%	After Deductible			
Inherited Metabolic Disorder - PKU	No	Yes				30%	After Deductible			
Virtual Care - Store & Forward	Yes	No	\$ 20	Before and After Deductible	No				Note 9	
Virtual Care - Telehealth	Yes	No	\$ 20	Before and After Deductible	No					
Non-EHB Benefits										
Gender Affirming Care	No	No				30%	After Deductible			
Orthognathic Surgery	No	No				30%	After Deductible		Note 4	
Embedded IAP	No	No	\$ -	After Deductible					Note 3	
Travel Immunizations	No	Yes				30%	After Deductible			
Palliative Care (Home Health Aide Care)	No	Yes				30%	After Deductible		Note 5	
Repair of Teeth Due to Injury	No	Yes				30%	After Deductible			
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) (Retail)		No	\$ 24	Before and After Deductible	No					
Generic Drugs (Tier 1) (Mail Order)		No	\$ 72	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2) (Retail)		No	\$ 75	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2) (Mail Order)		No	\$ 225	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3) (Retail)		Yes	\$ 250	After Deductible						
Non-Preferred Brand Drugs (Tier 3) (Mail Order)		Yes	\$ 750	After Deductible						
Specialty Drugs (Tier 4)		Yes	\$ 250	After Deductible						
Opioid Rescue Medication Value List		No	\$ -	Before and After Deductible						
Rx Chemo		Yes				30%	After Deductible			

Notes

- Note 1
- Out of service area coverage is available
- Note 2
- 25 visits per year limit
- Note 3
- Individual Assistance Program - 4 mental health counseling visits per year, per member of household. All members of household are eligible for this benefit, including non-enrollees
- Note 4
- Coverage due to temporomandibular joint disorder, injury, sleep apnea or congenital and developmental anomalies.
- Note 5
- 30 visits per year
- Note 6
- \$1 copay for first two visits (separate limit for PCP and Mental Health visits - including telehealth), then \$30 copay thereafter
- Note 7
- Covers cosmetic surgery when medically necessary.
- Note 8
- Human donor milk must be covered as it is covered by the state base benchmark plan.
- Note 9
- Only Member to Provider (not Provider to Provider)



Benefit Components

Worksheet Controls

Company: Regence BlueCross BlueShield of Oreg Market: Individual Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	71281WA1360006	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	Regence Cascade Silver Legacy Network	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?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	Legacy
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Details

Line 4.1	In-Network Tier 1:	Legacy
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$750	
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					Note 1	
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 6	
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 6	
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				Note 2	
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	No	\$ 20	Before and After Deductible	No				Note 2	
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				Note 1	
Emergency Transportation	No	No	\$ 175	Before and After Deductible	No				Note 1	
Other EHB Categories										
Infertility Treatment	No	Yes				20%	After Deductible			
Cosmetic Surgery	No	Yes							Note 7	
Acupuncture	No	No	\$ 5	Before and After Deductible	No					
Chiropractic Care	No	No	\$ 5	Before and After Deductible	No					
Hearing Aids	No	No				20%	Before and After Deductible	No		
Routine Foot Care	No	Yes				20%	After Deductible			
Routine Eye Exam for Children	No	No	\$ -	Before and After Deductible						
Eye Glasses for Children	No	No	\$ -	Before and After Deductible						
Well Baby Visits and Care	No	No	\$ -	Before and After Deductible					Note 8	
Abortion for Which Public Funding is Prohibited	No	No	\$ -	Before and After Deductible						
Diabetes Education	No	No	\$ -	Before and After Deductible						
Diabetes Care Management	No	Yes				20%	After Deductible			
Inherited Metabolic Disorder - PKU	No	Yes				20%	After Deductible			
Virtual Care - Store & Forward	Yes	No	\$ 5	Before and After Deductible	No				Note 9	
Virtual Care - Telehealth	Yes	No	\$ 5	Before and After Deductible	No					
Non-EHB Benefits										
Gender Affirming Care	No	Yes				20%	After Deductible			
Orthognathic Surgery	No	Yes				20%	After Deductible		Note 4	
Embedded IAP	No	No	\$ -	Before and After Deductible					Note 3	
Travel Immunizations	No	Yes				20%	After Deductible			
Palliative Care (Home Health Aide Care)	No	Yes				20%	After Deductible		Note 5	
Repair of Teeth Due to Injury	No	Yes				20%	After Deductible			
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) (Retail)		No	\$ 12	Before and After Deductible	No					
Generic Drugs (Tier 1) (Mail Order)		No	\$ 36	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2) (Retail)		No	\$ 35	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2) (Mail Order)		No	\$ 105	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3) (Retail)		No	\$ 160	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3) (Mail Order)		No	\$ 480	Before and After Deductible	No					
Specialty Drugs (Tier 4)		No	\$ 160	Before and After Deductible	No					
Opioid Rescue Medication Value List		No	\$ -	Before and After Deductible						
Rx Chemo		Yes				20%	After Deductible			

Notes

- Note 1 Out of service area coverage is available
- Note 2 25 visits per year limit
- Note 3 Individual Assistance Program - 4 mental health counseling visits per year, per member of household. All members of household are eligible for this benefit, including non-enrollees
- Note 4 Coverage due to temporomandibular joint disorder, injury, sleep apnea or congenital and developmental anomalies.
- Note 5 30 visits per year
- Note 6 \$1 copay for first two visits (separate limit for PCP and Mental Health visits - including telehealth), then \$30 copay thereafter
- Note 7 Covers cosmetic surgery when medically necessary.
- Note 8 Human donor milk must be covered as it is covered by the state base benchmark plan.
- Note 9 Only Member to Provider (not Provider to Provider)

## Benefit Components

## Worksheet Controls

<b>Company:</b> Regence BlueCross BlueShield of Oregon	<b>Market:</b> Individual	<b>Plan Year:</b> 2026
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## Section 1: Plan Information

Line 1.1	<b>HIOS Plan ID</b>	71281WA1360006	Line 1.3	<b>Metal Level</b>	Silver	Line 1.5	<b>Exchange Status</b>	On Exchange
Line 1.2	<b>Plan Name</b>	Regence Cascade Silver Legacy Network	Line 1.4	<b>Cost-Share Reduction (CSR) Plan?</b>	94% AV Level Silver Plan	Line 1.6	<b>New or Renewing</b>	Renewing

## Section 2: Plan Design Information

Line 2.1	<b>Unique Plan Design</b>	Yes
Line 2.2	<b>Use Integrated Medical &amp; Drug Deductible?</b>	Yes
Line 2.3	<b>Apply Inpatient Copay per Day?</b>	Yes
Line 2.4	<b>Apply Skilled Nursing Facility Copay per Day?</b>	Yes
Line 2.5	<b>Separate MOOP for Medical &amp; Drug Spending?</b>	
Line 2.6	<b>Maximum Number of Days for Charging an IP Copay</b>	5
Line 2.7	<b>Begin Primary Care Cost-Sharing After a Set Number of Visits</b>	2
Line 2.8	<b>Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?</b>	N/A
Line 2.9	<b>HSA Plan?</b>	No
Line 2.10	<b>HSA Employer Contribution Amount</b>	
Line 2.11	<b>Different Cost-Sharing for Virtual vs Non-Virtual Care?</b>	No
Line 2.12	<b>Pediatric Dental Embedded?</b>	No
Line 2.13	<b>Includes Non-EHBs?</b>	Yes

### Section 3: Network and Tier Information

Line 3.1	<b>Network Type</b>	EPO
Line 3.2	<b>Network Name</b>	Legacy
Line 3.3	<b>In-Network Tiers (#)</b>	1
Line 3.4	<b>Tier 1 Utilization</b>	100.00%
Line 3.5	<b>Tier 2 Utilization</b>	
Line 3.6	<b>Tier 3 Utilization</b>	
Line 3.7	<b>Out-of-Network Benefits?</b>	No

## Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	Legacy
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$0	
Default Coinsurance			15%	
MOOP			\$2,400	

			Copays			Coinsurance				
Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Emergency Room Services	No	No	\$ 150	Before and After Deductible	No				Note 1	
Inpatient Hospital Services (e.g., Hospital Stay)	No	No	\$ 100	Before and After Deductible	No					
Primary Care Visit to Treat an Injury or Illness	Yes	No	\$ 1	Before and After Deductible	No				Note 6	
Specialist Visit	No	No	\$ 15	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits	Yes	No	\$ 1	Before and After Deductible	No				Note 6	
Mental Health & Substance Use Disorder All Other OP Services	No	No	\$ 5	Before and After Deductible	No					
Imaging (CT/PET Scans, MRIs)	No	No				15%	Before and After Deductible	Yes		
Rehabilitative Speech Therapy	No	No	\$ 5	Before and After Deductible	No				Note 2	
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	No	\$ 5	Before and After Deductible	No				Note 2	
Preventive Care/Screening/Immunization	No	No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services	No	No	\$ 5	Before and After Deductible	No					
X-rays and Diagnostic Imaging	No	No	\$ 15	Before and After Deductible	No					
Skilled Nursing Facility	No	No	\$ 100	Before and After Deductible	No					
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	No	No	\$ 100	Before and After Deductible	No					
Outpatient Surgery Physician/Surgical Services	No	No	\$ 25	Before and After Deductible	No					
Urgent Care	No	No	\$ 15	Before and After Deductible	No				Note 1	
Emergency Transportation	No	No	\$ 75	Before and After Deductible	No				Note 1	
Other EHB Categories										
Infertility Treatment	No	No				15%	Before and After Deductible	No		
Cosmetic Surgery	No	No							Note 7	
Acupuncture	No	No	\$ 1	Before and After Deductible	No					
Chiropractic Care	No	No	\$ 1	Before and After Deductible	No					
Hearing Aids	No	No				15%	Before and After Deductible	No		
Routine Foot Care	No	No				15%	Before and After Deductible	No		
Routine Eye Exam for Children	No	No	\$ -	Before and After Deductible						
Eye Glasses for Children	No	No	\$ -	Before and After Deductible						
Well Baby Visits and Care	No	No	\$ -	Before and After Deductible					Note 8	
Abortion for Which Public Funding is Prohibited	No	No	\$ -	Before and After Deductible						
Diabetes Education	No	No	\$ -	Before and After Deductible						
Diabetes Care Management	No	No				15%	Before and After Deductible	No		
Inherited Metabolic Disorder - PKU	No	No				15%	Before and After Deductible	No		
Virtual Care - Store & Forward	Yes	No	\$ 1	Before and After Deductible	No				Note 9	
Virtual Care - Telehealth	Yes	No	\$ 1	Before and After Deductible	No					
Non-EHB Benefits										
Gender Affirming Care	No	No				15%	Before and After Deductible	No		
Orthognathic Surgery	No	No				15%	Before and After Deductible	No	Note 4	
Embedded IAP	No	No	\$ -	Before and After Deductible					Note 3	
Travel Immunizations	No	No				15%	Before and After Deductible	No		
Palliative Care (Home Health Aide Care)	No	No				15%	Before and After Deductible	No	Note 5	
Repair of Teeth Due to Injury	No	No				15%	Before and After Deductible	No		
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) (Retail)		No	\$ 5	Before and After Deductible	No					
Generic Drugs (Tier 1) (Mail Order)		No	\$ 15	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2) (Retail)		No	\$ 12	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2) (Mail Order)		No	\$ 36	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3) (Retail)		No	\$ 35	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3) (Mail Order)		No	\$ 105	Before and After Deductible	No					
Specialty Drugs (Tier 4)		No	\$ 35	Before and After Deductible	No					
Opioid Rescue Medication Value List		No	\$ -	Before and After Deductible						
Rx Chemo		Yes				15%	After Deductible			

## Notes

- |        |  |
|--------|--|
| Note 1 | Out of service area coverage is available  |
| Note 2 | 25 visits per year limit   |
| Note 3 | Individual Assistance Program - 4 mental health counseling visits per year, per member of household. All members of household are eligible for this benefit, including non-enrollees |
| Note 4 | Coverage due to temporomandibular joint disorder, injury, sleep apnea or congenital and developmental anomalies.   |
| Note 5 | 30 visits per year   |
| Note 6 | \$1 copay for first two visits (separate limit for PCP and Mental Health visits - including telehealth), then \$30 copay thereafter  |
| Note 7 | Covers cosmetic surgery when medically necessary.  |
| Note 8 | Human donor milk must be covered as it is covered by the state base benchmark plan.  |
| Note 9 | Only Member to Provider (not Provider to Provider)   |



## Benefit Components

## Worksheet Controls

<b>Company:</b> Regence BlueCross BlueShield of Oreg	<b>Market:</b> Individual	<b>Plan Year:</b> 2026
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## Section 1: Plan Information

Line 1.1	<b>HIOS Plan ID</b>	71281WA1360007	Line 1.3	<b>Metal Level</b>	Expanded Bronze	Line 1.5	<b>Exchange Status</b>	On Exchange
Line 1.2	<b>Plan Name</b>	Regence Cascade Bronze Legacy Network	Line 1.4	<b>Cost-Share Reduction (CSR) Plan?</b>		Line 1.6	<b>New or Renewing</b>	Renewing

## Section 2: Plan Design Information

Line 2.1	<b>Unique Plan Design</b>	Yes
Line 2.2	<b>Use Integrated Medical &amp; Drug Deductible?</b>	Yes
Line 2.3	<b>Apply Inpatient Copay per Day?</b>	No
Line 2.4	<b>Apply Skilled Nursing Facility Copay per Day?</b>	No
Line 2.5	<b>Separate MOOP for Medical &amp; Drug Spending?</b>	No
Line 2.6	<b>Maximum Number of Days for Charging an IP Copay</b>	N/A
Line 2.7	<b>Begin Primary Care Cost-Sharing After a Set Number of Visits</b>	2
Line 2.8	<b>Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?</b>	N/A
Line 2.9	<b>HSA Plan?</b>	No
Line 2.10	<b>HSA Employer Contribution Amount</b>	No
Line 2.11	<b>Different Cost-Sharing for Virtual vs Non-Virtual Care?</b>	No
Line 2.12	<b>Pediatric Dental Embedded?</b>	No
Line 2.13	<b>Includes Non-EHBs?</b>	Yes

### Section 3: Network and Tier Information

Line 3.1	<b>Network Type</b>	EPO
Line 3.2	<b>Network Name</b>	Legacy
Line 3.3	<b>In-Network Tiers (#)</b>	1
Line 3.4	<b>Tier 1 Utilization</b>	100.00%
Line 3.5	<b>Tier 2 Utilization</b>	
Line 3.6	<b>Tier 3 Utilization</b>	
Line 3.7	<b>Out-of-Network Benefits?</b>	No

## Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	Legacy
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$6,000	
Default Coinsurance			40%	
MOOP			\$10,150	

Medical Benefits			Copays				Coinsurance			Comments	Errors/ Warnings
	Upfront Visits or Copays?	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?			
Emergency Room Services	No	Yes				40%	After Deductible		Note 1		
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 6		
Specialist Visit	No	Yes	\$ 100	After Deductible							
Mental Health & Substance Use Disorder Office Visits	Yes	No	\$ 40	Before and After Deductible	No				Note 6		
Mental Health & Substance Use Disorder All Other OP Services	No	Yes				40%	After Deductible				
Imaging (CT/PET Scans, MRIs)	No	Yes				40%	After Deductible				
Rehabilitative Speech Therapy	No	Yes				40%	After Deductible		Note 2		
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	Yes				40%	After Deductible		Note 2		
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				Note 1		
Emergency Transportation	No	Yes				40%	After Deductible		Note 1		
Other EHB Categories											
Infertility Treatment	No	Yes				40%	After Deductible				
Cosmetic Surgery	No	Yes				40%	After Deductible		Note 7		
Acupuncture	No	No	\$ 40	Before and After Deductible	No						
Chiropractic Care	No	No	\$ 40	Before and After Deductible	No						
Hearing Aids	No	No				40%	Before and After Deductible	No			
Routine Foot Care	No	No	\$ -	Before and After Deductible							
Routine Eye Exam for Children	No	No	\$ -	Before and After Deductible							
Eye Glasses for Children	No	No	\$ -	Before and After Deductible							
Well Baby Visits and Care	No	No	\$ -	Before and After Deductible					Note 8		
Abortion for Which Public Funding is Prohibited	No	No	\$ -	Before and After Deductible							
Diabetes Education	No	No	\$ -	Before and After Deductible							
Diabetes Care Management	No	Yes				40%	After Deductible				
Inherited Metabolic Disorder - PKU	No	Yes				40%	After Deductible				
Virtual Care - Store & Forward	Yes	No	\$ 40	Before and After Deductible	No				Note 9		
Virtual Care - Telehealth	Yes	No	\$ 40	Before and After Deductible	No						
Non-EHB Benefits											
Gender Affirming Care	No	Yes				40%	After Deductible				
Orthognathic Surgery	No	Yes				40%	After Deductible		Note 4		
Embedded IAP	No	No	\$ -	Before and After Deductible					Note 3		
Travel Immunizations	No	Yes				40%	After Deductible				
Palliative Care (Home Health Aide Care)	No	Yes				40%	After Deductible		Note 5		
Repair of Teeth Due to Injury	No	Yes				40%	After Deductible				
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) (Retail)		No	\$ 32	Before and After Deductible	No						
Generic Drugs (Tier 1) (Mail Order)		No	\$ 96	Before and After Deductible	No						
Preferred Brand Drugs (Tier 2) (Retail)		Yes				40%	After Deductible		Note 10		
Preferred Brand Drugs (Tier 2) (Mail Order)		Yes				40%	After Deductible		Note 10		
Non-Preferred Brand Drugs (Tier 3) (Retail)		Yes				40%	After Deductible				
Non-Preferred Brand Drugs (Tier 3) (Mail Order)		Yes				40%	After Deductible				
Specialty Drugs (Tier 4)		Yes				40%	After Deductible				
Opioid Rescue Medication Value List		No	\$ -	Before and After Deductible							
Rx Chemo		Yes				40%	After Deductible				

## Notes

- |         |  |
|---------|--|
| Note 1  | Out of service area coverage is available  |
| Note 2  | 25 visits per year limit   |
| Note 3  | Individual Assistance Program - 4 mental health counseling visits per year, per member of household. All members of household are eligible for this benefit, including non-enrollees |
| Note 4  | Coverage due to temporomandibular joint disorder, injury, sleep apnea or congenital and developmental anomalies.   |
| Note 5  | 30 visits per year   |
| Note 6  | \$1 copay for first two visits (separate limit for PCP and Mental Health visits - including telehealth), then \$30 copay thereafter  |
| Note 7  | Covers cosmetic surgery when medically necessary.  |
| Note 8  | Human donor milk must be covered as it is covered by the state base benchmark plan.  |
| Note 9  | Only Member to Provider (not Provider to Provider)   |
| Note 10 | Deductible waived for medications on the Optimum Value Medication List only  |

Benefit Components

Worksheet  
Controls

Company: Regence BlueCross BlueShield of Oreg Market: Individual Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	71281WA1360013	Line 1.3	Metal Level	Gold	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	Regence Cascade Complete Gold Indiv	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?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	Individual Connect
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Details

Line 4.1	In-Network Tier 1:	Individual Connect
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$1,000	
Default Coinsurance			20%	
MOOP			\$7,000	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services		Yes	\$ 450	After Deductible					Note 1	
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				Note 2	
Rehabilitative Occupational and Rehabilitative Physical Therapy		No	\$ 25	Before and After Deductible	No				Note 2	
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				Note 1	
Emergency Transportation		No	\$ 375	Before and After Deductible	No				Note 1	
Other EHB Categories										
Infertility Treatment		Yes				20%	After Deductible			
Cosmetic Surgery		Yes				20%	After Deductible		Note 4	
Acupuncture		No	\$ 15	Before and After Deductible	No					
Chiropractic Care		No	\$ 15	Before and After Deductible	No					
Hearing Aids		No				20%	Before and After Deductible	No		
Routine Foot Care		Yes				20%	After Deductible			
Routine Eye Exam for Children		No	\$ -	Before and After Deductible						
Eye Glasses for Children		No	\$ -	Before and After Deductible						
Well Baby Visits and Care		No	\$ -	Before and After Deductible					Note 6	
Abortion for Which Public Funding is Prohibited		No	\$ -	Before and After Deductible						
Diabetes Education		No	\$ -	Before and After Deductible						
Diabetes Care Management		Yes				20%	After Deductible			
Inherited Metabolic Disorder - PKU		Yes				20%	After Deductible			
Virtual Care - Store & Forward		No	\$ 15	Before and After Deductible	No				Note 7	
Virtual Care - Telehealth		No	\$ 15	Before and After Deductible	No					
Non-EHB Benefits										
Gender Affirming Care		Yes				20%	After Deductible			
Orthognathic Surgery		Yes				20%	After Deductible		Note 5	
Embedded IAP		No	\$ -	Before and After Deductible					Note 3	
Travel Immunizations		Yes				20%	After Deductible			
Palliative Care (Home Health Aide Care)		Yes				20%	After Deductible		Note 8	
Repair of Teeth Due to Injury		Yes				20%	After Deductible			
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) (Retail)		No	\$ 10	Before and After Deductible	No					
Generic Drugs (Tier 1) (Mail Order)		No	\$ 30	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2) (Retail)		No	\$ 60	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2) (Mail Order)		No	\$ 180	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3) (Retail)		No	\$ 100	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3) (Mail Order)		No	\$ 300	Before and After Deductible	No					
Specialty Drugs (Tier 4)		No	\$ 100	Before and After Deductible	No					
Opioid Rescue Medication Value List		No	\$ -	Before and After Deductible						
Rx Chemo		Yes				20%	After Deductible			

Notes

- Note 1 Out of network covered as in network
- Note 2 25 visits per year limit
- Note 3 Individual Assistance Program - 4 mental health counseling visits per year, per member of household. All members of household are eligible for this benefit, including non-enrollees
- Note 4 Covers cosmetic surgery when medically necessary.
- Note 5 Coverage due to temporomandibular joint disorder, injury, sleep apnea or congenital and developmental anomalies.
- Note 6 Human donor milk must be covered as it is covered by the state base benchmark plan.
- Note 7 Only Member to Provider (not Provider to Provider)
- Note 8 30 visits per year



Benefit Components

Company: Regence BlueCross BlueShield of Oreg Market: Individual Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	71281WA1360014	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	Regence Cascade Silver Individual Con	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?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	Individual Connect
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	Individual Connect
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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					Note 1	
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 6	
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 6	
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				Note 2	
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	No	\$ 40	Before and After Deductible	No				Note 2	
Preventive Care/Screening/Immunization	No	No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services	No	No	\$ 40	Before and After Deductible	No					
X-rays and Diagnostic Imaging	No	No	\$ 65	Before and After Deductible	No					
Skilled Nursing Facility	No	Yes	\$ 800	After Deductible						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	No	Yes	\$ 600	After Deductible						
Outpatient Surgery Physician/Surgical Services	No	Yes	\$ 200	After Deductible						
Urgent Care	No	No	\$ 65	Before and After Deductible	No				Note 1	
Emergency Transportation	No	No	\$ 375	Before and After Deductible	No				Note 1	
Other EHB Categories										
Infertility Treatment	No	Yes								
Cosmetic Surgery	No	Yes							Note 7	
Acupuncture	No	No	\$ 20	Before and After Deductible	No					
Chiropractic Care	No	No	\$ 20	Before and After Deductible	No					
Hearing Aids	No	No				30%	Before and After Deductible	No		
Routine Foot Care	No	No				30%	After Deductible			
Routine Eye Exam for Children	No	No	\$ -	Before and After Deductible						
Eye Glasses for Children	No	No	\$ -	Before and After Deductible						
Well Baby Visits and Care	No	No	\$ -	Before and After Deductible					Note 8	
Abortion for Which Public Funding is Prohibited	No	No	\$ -	Before and After Deductible						
Diabetes Education	No	No	\$ -	Before and After Deductible						
Diabetes Care Management	No	Yes				30%	After Deductible			
Inherited Metabolic Disorder - PKU	No	Yes				30%	After Deductible			
Virtual Care - Store & Forward	No	No	\$ 20	Before and After Deductible					Note 9	
Virtual Care - Telehealth	No	No	\$ 20	Before and After Deductible						
Non-EHB Benefits										
Gender Affirming Care	No	Yes				30%	After Deductible			
Orthognathic Surgery	No	Yes				30%	After Deductible		Note 4	
Embedded IAP	No	No	\$ -	Before and After Deductible					Note 3	
Travel Immunizations	No	Yes				30%	After Deductible			
Palliative Care (Home Health Aide Care)	No	Yes				30%	After Deductible		Note 5	
Repair of Teeth Due to Injury	No	Yes				30%	After Deductible			
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) (Retail)		No	\$ 25	Before and After Deductible	No					
Generic Drugs (Tier 1) (Mail Order)		No	\$ 75	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2) (Retail)		No	\$ 75	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2) (Mail Order)		No	\$ 225	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3) (Retail)		Yes	\$ 250	After Deductible						
Non-Preferred Brand Drugs (Tier 3) (Mail Order)		Yes	\$ 750	After Deductible						
Specialty Drugs (Tier 4)		Yes	\$ 250	After Deductible						
Opioid Rescue Medication Value List		No	\$ -	Before and After Deductible						
Rx Chemo		Yes				30%	After Deductible			

Notes

- Note 1 Out of service area coverage is available
- Note 2 25 visits per year limit
- Note 3 Individual Assistance Program - 4 mental health counseling visits per year, per member of household. All members of household are eligible for this benefit, including non-enrollees
- Note 4 Coverage due to temporomandibular joint disorder, injury, sleep apnea or congenital and developmental anomalies.
- Note 5 30 visits per year
- Note 6 \$1 copay for first two visits (separate limit for PCP and Mental Health visits - including telehealth), then \$30 copay thereafter
- Note 7 Covers cosmetic surgery when medically necessary.
- Note 8 Human donor milk must be covered as it is covered by the state base benchmark plan.
- Note 9 Only Member to Provider (not Provider to Provider)

Benefit Components

Worksheet Controls

Company: Regence BlueCross BlueShield of Oreg Market: Individual Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	71281WA1360014	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	Regence Cascade Silver Individual Contr	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?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	Individual Connect
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Details

Line 4.1	In-Network Tier 1:	Individual Connect
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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					Note 1	
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 6	
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 6	
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				Note 2	
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	No	\$ 40	Before and After Deductible	No				Note 2	
Preventive Care/Screening/Immunization	No	No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services	No	No	\$ 40	Before and After Deductible	No					
X-rays and Diagnostic Imaging	No	No	\$ 65	Before and After Deductible	No					
Skilled Nursing Facility	No	Yes	\$ 800	After Deductible						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	No	Yes	\$ 600	After Deductible						
Outpatient Surgery Physician/Surgical Services	No	Yes	\$ 200	After Deductible						
Urgent Care	No	No	\$ 65	Before and After Deductible	No					
Emergency Transportation	No	No	\$ 325	Before and After Deductible	No				Note 1	
Other EHB Categories										
Infertility Treatment	No	Yes				30%	After Deductible			
Cosmetic Surgery	No	Yes				30%	After Deductible		Note 7	
Acupuncture	No	No	\$ 30	Before and After Deductible	No					
Chiropractic Care	No	No	\$ 30	Before and After Deductible	No					
Hearing Aids	No	No				30%	Before and After Deductible	No		
Routine Foot Care	No	Yes				30%	After Deductible			
Routine Eye Exam for Children	No	No	\$ -	Before and After Deductible						
Eye Glasses for Children	No	No	\$ -	Before and After Deductible						
Well Baby Visits and Care	No	No	\$ -	Before and After Deductible					Note 8	
Abortion for Which Public Funding is Prohibited	No	No	\$ -	Before and After Deductible						
Diabetes Education	No	No	\$ -	Before and After Deductible						
Diabetes Care Management	No	Yes				30%	After Deductible			
Inherited Metabolic Disorder - PKU	No	Yes				30%	After Deductible			
Virtual Care - Store & Forward	No	No	\$ 20	Before and After Deductible	No				Note 9	
Virtual Care - Telehealth	No	No	\$ 20	Before and After Deductible	No					
Non-EHB Benefits										
Gender Affirming Care	No	Yes				30%	After Deductible			
Orthognathic Surgery	No	Yes				30%	After Deductible		Note 4	
Embedded IAP	No	No	\$ -	After Deductible					Note 3	
Travel Immunizations	No	Yes				30%	After Deductible			
Palliative Care (Home Health Aide Care)	No	Yes				30%	After Deductible		Note 5	
Repair of Teeth Due to Injury	No	Yes				30%	After Deductible			
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) (Retail)		No	\$ 24	Before and After Deductible	No					
Generic Drugs (Tier 1) (Mail Order)		No	\$ 72	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2) (Retail)		No	\$ 75	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2) (Mail Order)		No	\$ 225	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3) (Retail)		Yes	\$ 250	After Deductible						
Non-Preferred Brand Drugs (Tier 3) (Mail Order)		Yes	\$ 750	After Deductible						
Specialty Drugs (Tier 4)		Yes	\$ 250	After Deductible						
Opioid Rescue Medication Value List		No	\$ -	Before and After Deductible						
Rx Chemo		Yes				30%	After Deductible			

Notes

- Note 1
- Out of service area coverage is available
- Note 2
- 25 visits per year limit
- Note 3
- Individual Assistance Program - 4 mental health counseling visits per year, per member of household. All members of household are eligible for this benefit, including non-enrollees
- Note 4
- Coverage due to temporomandibular joint disorder, injury, sleep apnea or congenital and developmental anomalies.
- Note 5
- 30 visits per year
- Note 6
- \$1 copay for first two visits (separate limit for PCP and Mental Health visits - including telehealth), then \$30 copay thereafter
- Note 7
- Covers cosmetic surgery when medically necessary.
- Note 8
- Human donor milk must be covered as it is covered by the state base benchmark plan.
- Note 9
- Only Member to Provider (not Provider to Provider)



Benefit Components

Worksheet Controls

Company: Regence BlueCross BlueShield of Oreg Market: Individual Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	71281WA1360014	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	Regence Cascade Silver Individual Con	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?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	Individual Connect
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Details

Line 4.1	In-Network Tier 1:	Individual Connect
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$750	
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					Note 1	
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 6	
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 6	
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				Note 2	
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	No	\$ 20	Before and After Deductible	No				Note 2	
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				Note 1	
Emergency Transportation	No	No	\$ 175	Before and After Deductible	No				Note 1	
Other EHB Categories										
Infertility Treatment	No	Yes				20%	After Deductible			
Cosmetic Surgery	No	Yes							Note 7	
Acupuncture	No	No	\$ 5	Before and After Deductible	No					
Chiropractic Care	No	No	\$ 5	Before and After Deductible	No					
Hearing Aids	No	No				20%	Before and After Deductible	No		
Routine Foot Care	No	Yes				20%	After Deductible			
Routine Eye Exam for Children	No	No	\$ -	Before and After Deductible						
Eye Glasses for Children	No	No	\$ -	Before and After Deductible						
Well Baby Visits and Care	No	No	\$ -	Before and After Deductible					Note 8	
Abortion for Which Public Funding is Prohibited	No	No	\$ -	Before and After Deductible						
Diabetes Education	No	No	\$ -	Before and After Deductible						
Diabetes Care Management	No	Yes				20%	After Deductible			
Inherited Metabolic Disorder - PKU	No	Yes				20%	After Deductible			
Virtual Care - Store & Forward	No	No	\$ 5	Before and After Deductible	No				Note 9	
Virtual Care - Telehealth	No	No	\$ 5	Before and After Deductible	No					
Non-EHB Benefits										
Gender Affirming Care		Yes				20%	After Deductible			
Orthognathic Surgery		Yes				20%	After Deductible		Note 3	
Embedded IAP	No	No	\$ -	Before and After Deductible					Note 3	
Travel Immunizations	No	Yes				20%	After Deductible			
Palliative Care (Home Health Aide Care)	No	Yes				20%	After Deductible		Note 5	
Repair of Teeth Due to Injury	No	Yes				20%	After Deductible			
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) (Retail)		No	\$ 12	Before and After Deductible	No					
Generic Drugs (Tier 1) (Mail Order)		No	\$ 36	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2) (Retail)		No	\$ 35	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2) (Mail Order)		No	\$ 105	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3) (Retail)		No	\$ 160	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3) (Mail Order)		No	\$ 480	Before and After Deductible	No					
Specialty Drugs (Tier 4)		No	\$ 160	Before and After Deductible	No					
Opioid Rescue Medication Value List		No	\$ -	Before and After Deductible						
Rx Chemo		Yes				20%	After Deductible			

Notes

- Note 1 Out of service area coverage is available
- Note 2 25 visits per year limit
- Note 3 Individual Assistance Program - 4 mental health counseling visits per year, per member of household. All members of household are eligible for this benefit, including non-enrollees
- Note 4 Coverage due to temporomandibular joint disorder, injury, sleep apnea or congenital and developmental anomalies.
- Note 5 30 visits per year
- Note 6 \$1 copay for first two visits (separate limit for PCP and Mental Health visits - including telehealth), then \$30 copay thereafter
- Note 7 Covers cosmetic surgery when medically necessary.
- Note 8 Human donor milk must be covered as it is covered by the state base benchmark plan.
- Note 9 Only Member to Provider (not Provider to Provider)

Benefit Components

Company: Regence BlueCross BlueShield of Oreg Market: Individual Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	71281WA1360014	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	Regence Cascade Silver Individual Contr	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?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	Individual Connect
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	Legacy
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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				Note 1	
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				Note 6	
Specialist Visit		No	\$ 15	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits		No	\$ 1	Before and After Deductible	No				Note 6	
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	Yes		
Rehabilitative Speech Therapy		No	\$ 5	Before and After Deductible	No				Note 2	
Rehabilitative Occupational and Rehabilitative Physical Therapy		No	\$ 5	Before and After Deductible	No				Note 2	
Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services		No	\$ 5	Before and After Deductible	No					
X-rays and Diagnostic Imaging		No	\$ 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				Note 1	
Emergency Transportation		No	\$ 75	Before and After Deductible	No				Note 1	
Other EHB Categories										
Infertility Treatment		No								
Cosmetic Surgery		No							Note 7	
Acupuncture		No	\$ 1	Before and After Deductible	No					
Chiropractic Care		No	\$ 1	Before and After Deductible	No					
Hearing Aids		No				15%	Before and After Deductible	No		
Routine Foot Care		No								
Routine Eye Exam for Children		No	\$ -	Before and After Deductible						
Eye Glasses for Children		No	\$ -	Before and After Deductible						
Well Baby Visits and Care		No	\$ -	Before and After Deductible					Note 8	
Abortion for Which Public Funding is Prohibited		No	\$ -	Before and After Deductible						
Diabetes Education		No	\$ -	Before and After Deductible						
Diabetes Care Management		No				15%	Before and After Deductible	No		
Inherited Metabolic Disorder - PKU		No				15%	Before and After Deductible	No		
Virtual Care - Store & Forward		No	\$ 1	Before and After Deductible	No				Note 9	
Virtual Care - Telehealth		No	\$ 1	Before and After Deductible	No					
Non-EHB Benefits										
Gender Affirming Care		No				15%	Before and After Deductible	No		
Orthognathic Surgery		No				15%	Before and After Deductible	No	Note 4	
Embedded IAP		No	\$ -	Before and After Deductible					Note 3	
Travel Immunizations		No				15%	Before and After Deductible	No		
Palliative Care (Home Health Aide Care)		No				15%	Before and After Deductible	No	Note 5	
Repair of Teeth Due to Injury		No				15%	Before and After Deductible	No		
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) (Retail)		No	\$ 5	Before and After Deductible	No					
Generic Drugs (Tier 1) (Mail Order)		No	\$ 15	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2) (Retail)		No	\$ 12	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2) (Mail Order)		No	\$ 36	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3) (Retail)		No	\$ 35	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3) (Mail Order)		No	\$ 105	Before and After Deductible	No					
Specialty Drugs (Tier 4)		No	\$ 35	Before and After Deductible	No					
Opioid Rescue Medication Value List		No	\$ -	Before and After Deductible						
Rx Chemo		Yes				15%	After Deductible			

Notes

- Note 1 Out of service area coverage is available
- Note 2 25 visits per year limit
- Note 3 Individual Assistance Program - 4 mental health counseling visits per year, per member of household. All members of household are eligible for this benefit, including non-enrollees
- Note 4 Coverage due to temporomandibular joint disorder, injury, sleep apnea or congenital and developmental anomalies.
- Note 5 30 visits per year
- Note 6 \$1 copay for first two visits (separate limit for PCP and Mental Health visits - including telehealth), then \$30 copay thereafter
- Note 7 Covers cosmetic surgery when medically necessary.
- Note 8 Human donor milk must be covered as it is covered by the state base benchmark plan.
- Note 9 Only Member to Provider (not Provider to Provider)



Benefit Components

Company: Regence BlueCross BlueShield of OregonMarket: IndividualPlan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	71281WA1360015	Line 1.3	Metal Level	Expanded Bronze	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	Regence Cascade Bronze Individual Cor	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?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	Individual Connect
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	Individual Connect
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$6,000	
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		Note 1	
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 6	
Specialist Visit	No	Yes	\$ 100	After Deductible						
Mental Health & Substance Use Disorder Office Visits	Yes	No	\$ 40	Before and After Deductible	No				Note 6	
Mental Health & Substance Use Disorder All Other OP Services	No	Yes				40%	After Deductible			
Imaging (CT/PET Scans, MRIs)	No	Yes				40%	After Deductible			
Rehabilitative Speech Therapy	No	Yes				40%	After Deductible		Note 2	
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	Yes				40%	After Deductible		Note 2	
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				Note 1	
Emergency Transportation	No	Yes				40%	After Deductible		Note 1	
Other EHB Categories										
Infertility Treatment	No	Yes				40%	After Deductible			
Cosmetic Surgery	No	Yes				40%	After Deductible		Note 7	
Acupuncture	No	No	\$ 40	Before and After Deductible	No					
Chiropractic Care	No	No	\$ 40	Before and After Deductible	No					
Hearing Aids	No	No				40%	Before and After Deductible	No		
Routine Foot Care	No	No	\$ -	Before and After Deductible						
Routine Eye Exam for Children	No	No	\$ -	Before and After Deductible						
Eye Glasses for Children	No	No	\$ -	Before and After Deductible						
Well Baby Visits and Care	No	No	\$ -	Before and After Deductible					Note 8	
Abortion for Which Public Funding is Prohibited	No	No	\$ -	Before and After Deductible						
Diabetes Education	No	No	\$ -	Before and After Deductible						
Diabetes Care Management	No	Yes				40%	After Deductible			
Inherited Metabolic Disorder - PKU	No	Yes				40%	After Deductible			
Virtual Care - Store & Forward	No	No	\$ 40	Before and After Deductible	No				Note 9	
Virtual Care - Telehealth	No	No	\$ 40	Before and After Deductible	No					
Non-EHB Benefits										
Gender Affirming Care	No	Yes				40%	After Deductible			
Orthognathic Surgery	No	Yes				40%	After Deductible		Note 4	
Embedded IAP	No	No	\$ -	Before and After Deductible					Note 3	
Travel Immunizations	No	Yes				40%	After Deductible			
Palliative Care (Home Health Aide Care)	No	Yes				40%	After Deductible		Note 5	
Repair of Teeth Due to Injury	No	Yes				40%	After Deductible			
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) (Retail)		No	\$ 32	Before and After Deductible	No					
Generic Drugs (Tier 1) (Mail Order)		No	\$ 96	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2) (Retail)		Yes				40%	After Deductible		Note 10	
Preferred Brand Drugs (Tier 2) (Mail Order)		Yes				40%	After Deductible		Note 10	
Non-Preferred Brand Drugs (Tier 3) (Retail)		Yes				40%	After Deductible			
Non-Preferred Brand Drugs (Tier 3) (Mail Order)		Yes				40%	After Deductible			
Specialty Drugs (Tier 4)		Yes				40%	After Deductible			
Opioid Rescue Medication Value List		No	\$ -	Before and After Deductible						
Rx Chemo		Yes				40%	After Deductible			

Notes

- Note 1 Out of service area coverage is available
- Note 2 25 visits per year limit
- Note 3 Individual Assistance Program - 4 mental health counseling visits per year, per member of household. All members of household are eligible for this benefit, including non-enrollees
- Note 4 Coverage due to temporomandibular joint disorder, injury, sleep apnea or congenital and developmental anomalies.
- Note 5 30 visits per year
- Note 6 \$1 copay for first two visits (separate limit for PCP and Mental Health visits - including telehealth), then \$30 copay thereafter
- Note 7 Covers cosmetic surgery when medically necessary.
- Note 8 Human donor milk must be covered as it is covered by the state base benchmark plan.
- Note 9 Only Member to Provider (not Provider to Provider)
- Note 10 Deductible waived for medications on the Optimum Value Medication List only

Benefit Components

Company: Regence BlueCross BlueShield of OregMarket: IndividualPlan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	71281WA1360018	Line 1.3	Metal Level	Expanded Bronze	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	Bronze HSA 7000 Individual Connect N	Line 1.4	Cost-Share Reduction (CSR) Plan?		Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charging an IP Copay	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	Yes
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	Yes
Line 2.12	Pediatric Dental Embedded?	Yes
Line 2.13	Includes Non-EHBs?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	Individual Connect
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

< - Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Details

Line 4.1	In-Network Tier 1:	Individual Connect
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$7,000	
Default Coinsurance			50%	
MOOP			\$8,300	

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				50%	After Deductible		Note 1	
Inpatient Hospital Services (e.g., Hospital Stay)		Yes				50%	After Deductible			
Primary Care Visit to Treat an Injury or Illness		Yes				50%	After Deductible			
Specialist Visit		Yes				50%	After Deductible			
Mental Health & Substance Use Disorder Office Visits		Yes				50%	After Deductible			
Mental Health & Substance Use Disorder All Other OP Services		Yes				50%	After Deductible			
Imaging (CT/PET Scans, MRIs)		Yes				50%	After Deductible		Note 3	
Rehabilitative Speech Therapy		Yes				50%	After Deductible		Note 3	
Rehabilitative Occupational and Rehabilitative Physical Therapy		Yes				50%	After Deductible			
Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services		Yes				50%	After Deductible			
X-rays and Diagnostic Imaging		Yes				50%	After Deductible			
Skilled Nursing Facility		Yes				50%	After Deductible			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Yes				50%	After Deductible			
Outpatient Surgery Physician/Surgical Services		Yes				50%	After Deductible			
Urgent Care		Yes				50%	After Deductible		Note 1	
Emergency Transportation		Yes				50%	After Deductible		Note 1	
Other EHB Categories										
Infertility Treatment		Yes				50%	After Deductible			
Cosmetic Surgery		Yes				50%	After Deductible		Note 2	
Acupuncture		Yes				50%	After Deductible			
Chiropractic Care		Yes				50%	After Deductible			
Hearing Aids		Yes				50%	After Deductible		Note 4	
Routine Foot Care		Yes				50%	After Deductible			
Routine Eye Exam for Children		No				0%	Before and After Deductible			
Eye Glasses for Children		No				0%	Before and After Deductible			
Well Baby Visits and Care		Yes				0%	After Deductible		Note 6	
Abortion for Which Public Funding is Prohibited		Yes				0%	After Deductible			
Diabetes Education		Yes				0%	After Deductible			
Diabetes Care Management		Yes								
Inherited Metabolic Disorder - PKU		Yes								
Virtual Care - Store & Forward		Yes				0%	After Deductible			
Virtual Care - Telehealth		Yes				0%	After Deductible			
Preventive Care for Specified Chronic Conditions		No				50%	After Deductible			
Reproductive Health Care		Yes				0%	After Deductible		Note 4	
Non-EHB Benefits										
Gender Affirming Care		Yes				50%	After Deductible			
Embedded IAP		No				0%	Before and After Deductible		Note 5	
Travel Immunizations		Yes				50%	After Deductible			
Orthognathic Surgery		Yes				50%	After Deductible		Note 9	
Palliative Care (Home Health Aide Care)		Yes				50%	After Deductible		Note 7	
Repair of Teeth Due to Injury		Yes				50%	After Deductible			
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) (Retail)		Yes				20%	After Deductible			
Generic Drugs (Tier 1) (Mail Order)		Yes				20%	After Deductible			
Preferred Brand Drugs (Tier 2) (Retail)		Yes				30%	After Deductible		Note 8	
Preferred Brand Drugs (Tier 2) (Mail Order)		Yes				30%	After Deductible		Note 8	
Non-Preferred Brand Drugs (Tier 3) (Retail)		Yes				40%	After Deductible			
Non-Preferred Brand Drugs (Tier 3) (Mail Order)		Yes				40%	After Deductible			
Specialty Drugs (Tier 4)		Yes				50%	After Deductible			
Opioid Rescue Medication Value List		Yes	\$ -	After Deductible						
Rx Chemo		Yes				50%	After Deductible			

Notes

- Note 1Out of service area coverage is available
- Note 2Covers cosmetic surgery when medically necessary.
- Note 325 visits per year limit
- Note 4IRS Minimum Deductible applies
- Note 5Individual Assistance Program - 4 mental health counseling visits per year, per member of household. All members of household are eligible for this benefit, including non-enrollees
- Note 6Human donor milk must be covered as it is covered by the state base benchmark plan.
- Note 730 visits per year
- Note 8Deductible waived for medications on the Optimum Value Medication List only
- Note 9Coverage due to temporomandibular joint disorder, injury, sleep apnea or congenital and developmental anomalies.



Benefit Components

Worksheet Controls

Company: Regence BlueCross BlueShield of Oreg Market: Individual Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	71281WA1360019	Line 1.3	Metal Level	Gold	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	Regence Cascade Vital Gold Individual	Line 1.4	Cost-Share Reduction (CSR) Plan?		Line 1.6	New or Renewing	New

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	No
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for 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?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	Individual Value
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	Individual Connect
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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		Yes	\$ 800	After Deductible					Note 1	
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				Note 2	
Rehabilitative Occupational and Rehabilitative Physical Therapy		No	\$ 30	Before and After Deductible	No				Note 2	
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				Note 1	
Emergency Transportation		No	\$ 375	Before and After Deductible	No				Note 1	
Other EHB Categories										
Infertility Treatment		Yes				20%	After Deductible			
Cosmetic Surgery		Yes				20%	After Deductible		Note 3	
Acupuncture		No	\$ 15	Before and After Deductible	No					
Chiropractic Care		No	\$ 15	Before and After Deductible	No					
Hearing Aids		No				20%	Before and After Deductible	No		
Routine Foot Care		Yes				20%	After Deductible			
Routine Eye Exam for Children		No	\$ -	Before and After Deductible						
Eye Glasses for Children		No	\$ -	Before and After Deductible						
Well Baby Visits and Care		No	\$ -	Before and After Deductible					Note 4	
Abortion for Which Public Funding is Prohibited		No	\$ -	Before and After Deductible						
Diabetes Education		No	\$ -	Before and After Deductible						
Diabetes Care Management		Yes				20%	After Deductible			
Inherited Metabolic Disorder - PKU		Yes				20%	After Deductible			
Virtual Care - Store & Forward		No	\$ 15	Before and After Deductible					Note 5	
Virtual Care - Telehealth		No	\$ 15	Before and After Deductible						
Non-EHB Benefits										
Gender Affirming Care		Yes				20%	After Deductible			
Embedded IAP		No	\$ -	Before and After Deductible		20%	After Deductible		Note 8	
Travel Immunizations		Yes				20%	After Deductible			
Orthognathic Surgery		Yes				20%	After Deductible		Note 6	
Palliative Care (Home Health Aide Care)		Yes				20%	After Deductible		Note 7	
Repair of Teeth Due to Injury		Yes				20%	After Deductible			
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$ 10	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		No	\$ 75	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3)		Yes	\$ 200	After Deductible						
Specialty Drugs (Tier 4)		Yes	\$ 200	After Deductible						

Notes

- Note 1 Out of service area coverage is available
- Note 2 25 visits per year
- Note 3 Covers cosmetic surgery when medically necessary.
- Note 4 Human donor milk must be covered as it is covered by the state base benchmark plan.
- Note 5 Only Member to Provider (not Provider to Provider)
- Note 6 Coverage due to temporomandibular joint disorder, injury, sleep apnea or congenital and developmental anomalies.
- Note 7 30 visits per calendar year
- Note 8 Individual Assistance Program - 4 mental health counseling visits per issue

Benefit Components

Worksheet Controls
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Company:	Regence BlueCross BlueShield of Oreg	Market:	Individual	Plan Year:	2026
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Section 1: Plan Information

Line 1.1	HIOS Plan ID	71281WA1360020	Line 1.3	Metal Level	Gold	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	Regence Cascade Vital Gold Legacy Net	Line 1.4	Cost-Share Reduction (CSR) Plan?		Line 1.6	New or Renewing	New

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	No
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for 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?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	Individual Value
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	Legacy
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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		Yes	\$ 800	After Deductible					Note 1	
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				Note 2	
Rehabilitative Occupational and Rehabilitative Physical Therapy		No	\$ 30	Before and After Deductible	No				Note 2	
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				Note 1	
Emergency Transportation		No	\$ 375	Before and After Deductible	No				Note 1	
Other EHB Categories										
Infertility Treatment		Yes				20%	After Deductible			
Cosmetic Surgery		Yes				20%	After Deductible		Note 3	
Acupuncture		No	\$ 15	Before and After Deductible	No					
Chiropractic Care		No	\$ 15	Before and After Deductible	No					
Hearing Aids		No				20%	Before and After Deductible	No		
Routine Foot Care		Yes				20%	After Deductible			
Routine Eye Exam for Children		No	\$ -	Before and After Deductible						
Eye Glasses for Children		No	\$ -	Before and After Deductible						
Well Baby Visits and Care		No	\$ -	Before and After Deductible					Note 4	
Abortion for Which Public Funding is Prohibited		No	\$ -	Before and After Deductible						
Diabetes Education		No	\$ -	Before and After Deductible						
Diabetes Care Management		Yes				20%	After Deductible			
Inherited Metabolic Disorder - PKU		Yes				20%	After Deductible			
Virtual Care - Store & Forward		No	\$ 15	Before and After Deductible					Note 5	
Virtual Care - Telehealth		No	\$ 15	Before and After Deductible						
Non-EHB Benefits										
Gender Affirming Care		Yes				20%	After Deductible			
Embedded IAP		No	\$ -	Before and After Deductible		20%	After Deductible		Note 8	
Travel Immunizations		Yes				20%	After Deductible			
Orthognathic Surgery		Yes				20%	After Deductible		Note 6	
Palliative Care (Home Health Aide Care)		Yes				20%	After Deductible		Note 7	
Repair of Teeth Due to Injury		Yes				20%	After Deductible			
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$ 10	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		No	\$ 75	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3)		Yes	\$ 200	After Deductible						
Specialty Drugs (Tier 4)		Yes	\$ 200	After Deductible						

Notes

- Note 1 Out of service area coverage is available
- Note 2 25 visits per year
- Note 3 Covers cosmetic surgery when medically necessary.
- Note 4 Human donor milk must be covered as it is covered by the state base benchmark plan.
- Note 5 Only Member to Provider (not Provider to Provider)
- Note 6 Coverage due to temporomandibular joint disorder, injury, sleep apnea or congenital and developmental anomalies.
- Note 7 30 visits per calendar year
- Note 8 Individual Assistance Program - 4 mental health counseling visits per issue



1	Unified Rate Review v6.1																			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.
2																				
3	Company Legal Name:		Regence BlueCross BlueShield of Oregon																	
4	HIOS Issuer ID:		71281		State:		WA													
5	Effective Date of Rate Change(s):		1/1/2026		Market:		Individual													
6																				
7																				
8	Market Level Calculations (Same for all Plans)																			
9																				
10																				
11	Section I: Experience Period Data																			
12	Experience Period:		1/1/2024		to		12/31/2024													
13					Total		PMPM													
14	Allowed Claims				\$67,457,036.71				\$640.86											
15	Reinsurance				\$0.00				\$0.00											
16	Incurred Claims in Experience Period				\$55,319,506.11				\$525.55											
17	Risk Adjustment				-\$5,320,315.83				-\$50.54											
18	Experience Period Premium				\$61,965,509.40				\$588.69											
19	Experience Period Member Months				105,260															
20																				
21	Section II: Projections																			
22	Benefit Category		Experience Period Index Rate PMPM		Year 1 Trend		Year 2 Trend		Trended EHB Allowed Claims PMPM											
Cost					Utilization		Cost				Utilization									
23																				
24	Inpatient Hospital		\$77.13		1.050		1.027		1.050		1.027		\$89.76							
25	Outpatient Hospital		\$156.47		1.050		1.027		1.050		1.027		\$182.10							
26	Professional		\$231.46		1.050		1.027		1.050		1.027		\$269.37							
27	Other Medical		\$20.95		1.050		1.027		1.050		1.027		\$24.38							
28	Capitation		\$0.00		1.050		1.027		1.050		1.027		\$0.00							
29	Prescription Drug		\$152.55		1.055		1.038		1.055		1.038		\$183.03							
30	Total		\$638.56										\$748.64							
31																				
32	Morbidity Adjustment								0.997											
33	Demographic Shift								1.017											
34	Plan Design Changes								1.045											
35	Other								0.941											
36	Adjusted Trended EHB Allowed Claims PMPM for		1/1/2026						\$746.56											
37																				
38	Manual EHB Allowed Claims PMPM								\$0.00											
39	Applied Credibility %								100.00%											
40																				
41																				
42	Projected Index Rate for		1/1/2026						\$746.56		\$89,847,002.88									
43	Reinsurance								\$0.00		\$0.00									
44	Risk Adjustment Payment/Charge								-\$63.07		-\$7,590,358.99									
45	Exchange User Fees								0.63%		\$617,571.92									
46	Market Adjusted Index Rate								\$814.76		\$98,054,933.79									
47																				
48	Projected Member Months								120,348											
49																				
50	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																			
51	prosecution to the full extent of the law.																			

## Product-Plan Data Collection

Company Legal Name:

Regence BlueCross BlueShield of Oregon

HIOS Issuer ID:

71281

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
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1.1 Product Name		Regence Direct EPO									Regence Exchange EPO									
1.2 Product ID		71281WA135									71281WA136									
1.3 Plan Name		Gold 2000	Silver 5000	Bronze HSA 7750	Bronze Essential	Bronze 8000	Silver 5000 Legacy	Bronze 8000	Bronze Essential	Bronze Essential	Regence Cascade	Regence Cascade	Regence Cascade	Regence Cascade	Regence Cascade	Regence Cascade	Bronze HSA 7000	Regence Cascade	Regence Cascade	
1.4 Plan ID (Standard Component ID)		71281WA1350020	71281WA1350022	71281WA1350023	71281WA1350025	71281WA1350027	71281WA1350028	71281WA1350029	71281WA1350030	71281WA1360003	71281WA1360005	71281WA1360006	71281WA1360007	71281WA1360013	71281WA1360014	71281WA1360015	71281WA1360018	71281WA1360019	71281WA1360020	
1.5 Metal		Gold	Silver	Bronze	Bronze	Bronze	Silver	Bronze	Bronze	Bronze	Gold	Silver	Silver	Gold	Silver	Bronze	Bronze	Bronze	Gold	
1.6 AV Metal Value		0.786	0.700	0.626	0.626	0.644	0.700	0.644	0.626	0.622	0.818	0.718	0.650	0.818	0.718	0.650	0.628	0.781	0.781	
1.7 Plan Category		Renewing	Renewing	Renewing	Renewing	Renewing	New	New	New	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	New	New	
1.8 Plan Type		EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	
1.9 Exchange Plan?		No	No	No	No	No	No	No	No	Yes	Yes	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	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	
1.11 Cumulative Rate Change % (over 12 mos prior)		4.97%	5.54%	5.92%	4.74%	5.43%	0.00%	0.00%	0.00%	11.24%	3.01%	33.68%	12.04%	-2.46%	26.59%	6.09%	5.68%	0.00%	0.00%	
1.12 Product Rate Increase %		5.25%									23.12%									
1.13 Submission Level Rate Increase %											20.11%									

Worksheet 1 Totals	Section II: Experience Period and Current Plan Level Information																			
	2.1 Plan ID (Standard Component ID)	Total	71281WA1350020	71281WA1350022	71281WA1350023	71281WA1350025	71281WA1350027	71281WA1350028	71281WA1350029	71281WA1350030	71281WA1360003	71281WA1360005	71281WA1360006	71281WA1360007	71281WA1360013	71281WA1360014	71281WA1360015	71281WA1360018	71281WA1360019	71281WA1360020
\$67,457,037	2.2 Allowed Claims	\$67,457,037	\$7,331,819	\$3,746,852	\$2,116,479	\$4,071,968	\$0	\$0	\$0	\$0	\$4,383,775	\$2,964,237	\$22,077,998	\$3,137,472	\$6,594,275	\$8,624,559	\$2,407,602	\$0	\$0	\$0
\$0	2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$55,319,506	2.4 Member Cost Sharing	\$12,137,531	\$1,360,723	\$1,023,505	\$602,213	\$1,041,183	\$0	\$0	\$0	\$0	\$1,061,327	\$385,576	\$3,355,532	\$980,253	\$620,799	\$1,269,796	\$436,625	\$0	\$0	\$0
	2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	2.6 Incurred Claims	\$55,319,506	\$5,971,096	\$2,723,347	\$1,514,266	\$3,030,786	\$0	\$0	\$0	\$0	\$3,322,448	\$2,578,661	\$18,722,466	\$2,157,220	\$5,973,476	\$7,354,763	\$1,970,977	\$0	\$0	\$0
	2.7 Risk Adjustment Transfer Amount	-\$5,320,316	\$2,777,695	\$641,354	-\$415,775	-\$773,231	\$0	\$0	\$0	\$0	-\$1,181,593	\$1,687,918	-\$5,707,859	-\$1,045,307	\$1,418,881	-\$1,038,371	-\$401,139	\$0	\$0	\$0
	2.8 Premium	\$61,965,509	\$3,824,021	\$3,150,066	\$1,830,195	\$3,096,049	\$0	\$0	\$0	\$0	\$4,551,270	\$2,302,207	\$28,403,032	\$4,068,341	\$2,331,516	\$6,489,235	\$1,919,037	\$0	\$0	\$0
105,260	2.9 Experience Period Member Months	105,260	5,503	5,444	3,365	6,258	0	0	0	0	9,563	3,344	48,450	8,460	2,811	8,814	3,248	0	0	0
	2.10 Current Enrollment	10,029	377	509	288	449	40	0	0	0	988	443	4,372	1,012	330	772	334	115	0	0
	2.11 Current Premium PMPM	\$701.81	\$890.63	\$693.50	\$664.47	\$627.30	\$613.74	\$0.00	\$0.00	\$0.00	\$586.66	\$783.35	\$683.93	\$595.61	\$968.40	\$912.87	\$696.51	\$683.43	\$0.00	\$0.00
	2.12 Loss Ratio	97.66%	90.45%	108.53%	107.06%	130.48%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	98.60%	64.63%	82.50%	71.36%	159.28%	134.93%	129.86%	#DIV/0!	#DIV/0!	#DIV/0!
Per Member Per Month																				
	2.13 Allowed Claims	\$640.86	\$1,332.33	\$688.25	\$628.97	\$650.68	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$458.41	\$886.43	\$455.69	\$370.86	\$2,345.88	\$978.51	\$741.26	#DIV/0!	#DIV/0!	#DIV/0!
	2.14 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!
	2.15 Member Cost Sharing	\$115.31	\$247.27	\$188.01	\$178.96	\$116.98	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$110.98	\$115.30	\$69.26	\$115.87	\$220.85	\$144.07	\$134.43	#DIV/0!	#DIV/0!	#DIV/0!
	2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!
	2.17 Incurred Claims	\$525.55	\$1,085.06	\$500.25	\$450.00	\$484.31	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$347.43	\$771.13	\$386.43	\$254.99	\$2,125.04	\$834.44	\$606.83	#DIV/0!	#DIV/0!	#DIV/0!
	2.18 Risk Adjustment Transfer Amount	-\$50.54	\$504.76	-\$117.81	-\$123.56	-\$123.56	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	-\$123.56	\$504.76	-\$117.81	-\$123.56	\$504.76	-\$117.81	-\$123.56	#DIV/0!	#DIV/0!	#DIV/0!
	2.19 Premium	\$588.69	\$694.90	\$578.73	\$543.89	\$494.73	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$475.92	\$688.46	\$586.23	\$480.89	\$829.43	\$590.84	\$590.84	#DIV/0!	#DIV/0!	#DIV/0!

Section III: Plan Adjustment Factors																			
3.1 Plan ID (Standard Component ID)		71281WA1350020	71281WA1350022	71281WA1350023	71281WA1350025	71281WA1350027	71281WA1350028	71281WA1350029	71281WA1350030	71281WA1360003	71281WA1360005	71281WA1360006	71281WA1360007	71281WA1360013	71281WA1360014	71281WA1360015	71281WA1360018	71281WA1360019	71281WA1360020
3.2 Market Adjusted Index Rate		\$814.76																	
3.3 AV and Cost Sharing Design of Plan		0.9654	0.7802	0.6860	0.6575	0.6871	0.7802	0.6871	0.6575	0.6627	1.0116	1.1723	0.6955	1.0116	1.1723	0.6956	0.6901	0.9186	0.9187
3.4 Provider Network Adjustment		1.0857	1.0857	1.0857	1.0857	1.0857	0.9597	0.9597	0.9597	0.9597	0.9597	0.9597	0.9597	1.0857	1.0857	1.0857	1.0857	1.0857	0.9597
3.5 Benefits in Addition to EHB		1.0010	1.0010	1.0010	1.0010	1.0010	1.0010	1.0010	1.0010	1.0030	1.0030	1.0030	1.0030	1.0030	1.0030	1.0030	1.0030	1.0030	1.0030
Administrative Costs																			
3.6 Administrative Expense		6.71%	6.71%	6.71%	6.71%	6.71%	6.71%	6.71%	6.71%	6.71%	6.71%	6.71%	6.71%	6.71%	6.71%	6.71%	6.71%	6.71%	6.71%
3.7 Taxes and Fees		2.19%	2.19%	2.19%	2.19%	2.19%	2.19%	2.19%	2.19%	2.19%	2.19%	2.19%	2.19%	2.19%	2.19%	2.19%	2.19%	2.19%	2.19%
3.8 Profit & Risk Load		3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%
3.9 Catastrophic Adjustment		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate		\$975.77	\$788.60	\$693.35	\$664.55	\$694.44	\$697.11	\$613.94	\$587.46	\$593.33	\$905.66	\$1,049.53	\$622.67	\$1,024.52	\$1,187.21	\$704.43	\$698.89	\$930.36	\$822.48

[illegible]

Section IV: Projected Plan Level Information																			
4.1 Plan ID (Standard Component ID)	Total	71281WA1350020	71281WA1350022	71281WA1350023	71281WA1350025	71281WA1350027	71281WA1350028	71281WA1350029	71281WA1350030	71281WA1360003	71281WA1360005	71281WA1360006	71281WA1360007	71281WA1360013	71281WA1360014	71281WA1360015	71281WA1360018	71281WA1360019	71281WA1360020
4.2 Allowed Claims	\$90,086,795	\$3,486,066	\$4,524,756	\$2,485,608	\$3,875,132	\$345,223	\$8,890	\$8,631	\$8,631	\$8,544,054	\$4,137,467	\$19,212,967	\$8,751,602	\$3,082,086	\$3,393,667	\$2,888,375	\$994,500	\$3,651,805	\$2,687,335
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$8,466,780	\$386,490	\$579,286	\$331,787	\$554,305	\$45,955	\$1,138	\$1,149	\$1,235	\$1,203,309	\$396,740	-\$8,604	\$1,136,018	\$295,540	-\$1,520	\$374,931	\$130,921	\$455,832	\$2,582,269
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$81,620,015	\$3,099,575	\$3,945,470	\$2,153,821	\$3,320,827	\$299,269	\$7,751	\$7,482	\$7,396	\$7,340,745	\$3,740,727	\$19,221,571	\$7,615,584	\$2,786,546	\$3,395,187	\$2,513,444	\$863,579	\$3,195,973	\$18,105,066
4.7 Risk Adjustment Transfer Amount	-\$6,877,330	\$338,316	\$700,229	-\$542,376	-\$845,579	\$75,330	-\$1,376	-\$1,883	-\$1,883	-\$1,860,551	\$400,732	-\$2,967,373	-\$1,905,849	\$298,514	-\$524,140	-\$629,005	-\$28,574	\$353,694	\$2,003,662
4.8 Premium	\$101,605,617	\$4,379,269	\$4,816,783	\$2,396,225	\$3,580,606	\$333,332	\$8,365	\$7,367	\$7,050	\$7,034,542	\$4,814,503	\$27,166,116	\$7,561,727	\$4,057,111	\$5,427,940	\$2,823,364	\$964,471	\$4,365,262	\$21,861,584
4.9 Projected Member Months	120,348	4,488	6,108	3,456	5,388	480	12	12	12	11,856	5,316	25,884	12,144	3,960	4,572	4,008	1,380	4,692	26,580
4.10 Loss Ratio	86.16%	65.70%	95.84%	116.18%	121.42%	115.99%	110.90%	136.43%	143.16%	141.88%	71.73%	79.43%	134.65%	63.98%	69.24%	114.54%	115.47%	67.73%	75.86%
Per Member Per Month																			
4.11 Allowed Claims	\$748.55	\$776.75	\$740.79	\$719.22	\$719.22	\$719.22	\$740.79	\$719.22	\$719.22	\$720.65	\$778.30	\$742.27	\$720.65	\$778.30	\$742.27	\$720.65	\$720.65	\$778.30	\$778.30
4.12 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.13 Member Cost Sharing	\$70.35	\$86.12	\$94.84	\$96.00	\$102.88	\$95.74	\$94.84	\$95.74	\$102.88	\$101.49	\$74.63	-\$0.33	\$93.55	\$74.63	-\$0.33	\$93.55	\$94.87	\$97.15	\$97.15
4.14 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.15 Incurred Claims	\$678.20	\$690.64	\$645.95	\$623.21	\$616.34	\$623.48	\$645.95	\$623.48	\$616.34	\$619.16	\$703.67	\$742.60	\$627.11	\$703.67	\$742.60	\$627.11	\$625.78	\$681.15	\$681.15
4.16 Risk Adjustment Transfer Amount	-\$57.15	\$75.38	-\$114.64	-\$156.94	-\$156.94	-\$156.94	-\$114.64	-\$156.94	-\$156.94	-\$156.94	\$75.38	-\$114.64	-\$156.94	\$75.38	-\$114.64	-\$156.94	-\$156.94	\$75.38	\$75.38
4.17 Premium	\$844.27	\$975.77	\$788.60	\$693.35	\$664.55	\$694.44	\$697.11	\$613.94	\$587.46	\$593.33	\$905.66	\$1,049.53	\$622.67	\$1,024.52	\$1,187.21	\$704.43	\$698.89	\$930.36	\$822.48

Rating Area Data Collection

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

Rating Area	Rating Factor
Rating Area 3	1.0000



Regence BlueCross BlueShield of Oregon  
RATE SCHEDULE

Plan Information

Plan Name:	Bronze HSA 7750 Individual Connect Network
HIOS Plan ID:	71281WA1350023
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	Outside the Exchange
Metal Level:	Bronze
Plan Type:	Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	N/A	
2	N/A	
3	Yes	Clark
4	N/A	
5	N/A	
6	N/A	
7	N/A	
8	N/A	
9	N/A	

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			319.93									319.93						
15			348.37									348.37						
16			359.24									359.24						
17			370.12									370.12						
18			381.83									381.83						
19			393.54									393.54						
20			405.66									405.66						
21			418.21									418.21						
22			418.21									418.21						
23			418.21									418.21						
24			418.21									418.21						
25			419.88									419.88						
26			428.25									428.25						
27			438.28									438.28						
28			454.59									454.59						
29			467.98									467.98						
30			474.67									474.67						
31			484.71									484.71						
32			494.74									494.74						
33			501.02									501.02						
34			507.71									507.71						
35			511.05									511.05						
36			514.40									514.40						
37			517.74									517.74						
38			521.09									521.09						
39			527.78									527.78						
40			534.47									534.47						
41			544.51									544.51						
42			554.13									554.13						
43			567.51									567.51						
44			584.24									584.24						
45			603.90									603.90						
46			627.32									627.32						
47			653.66									653.66						
48			683.77									683.77						
49			713.47									713.47						
50			746.92									746.92						
51			779.96									779.96						
52			816.35									816.35						
53			853.15									853.15						
54			892.88									892.88						
55			932.61									932.61						
56			975.68									975.68						
57			1019.18									1019.18						
58			1065.60									1065.60						
59			1088.60									1088.60						
60			1135.02									1135.02						
61			1175.17									1175.17						
62			1201.52									1201.52						
63			1234.56									1234.56						
64 and over			1254.63									1254.63						

Regence BlueCross BlueShield of Oregon  
RATE SCHEDULE

Plan Information

Plan Name:	Bronze Essential 9000 Individual Connect Network
HIOS Plan ID:	71281WA1350025
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	Outside the Exchange
Metal Level:	Bronze
Plan Type:	Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	N/A	
2	N/A	
3	Yes	Clark
4	N/A	
5	N/A	
6	N/A	
7	N/A	
8	N/A	
9	N/A	

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			306.64									306.64						
15			333.90									333.90						
16			344.32									344.32						
17			354.74									354.74						
18			365.97									365.97						
19			377.19									377.19						
20			388.81									388.81						
21			400.84									400.84						
22			400.84									400.84						
23			400.84									400.84						
24			400.84									400.84						
25			402.44									402.44						
26			410.46									410.46						
27			420.08									420.08						
28			435.71									435.71						
29			448.54									448.54						
30			454.95									454.95						
31			464.57									464.57						
32			474.19									474.19						
33			480.21									480.21						
34			486.62									486.62						
35			489.83									489.83						
36			493.03									493.03						
37			496.24									496.24						
38			499.45									499.45						
39			505.86									505.86						
40			512.27									512.27						
41			521.89									521.89						
42			531.11									531.11						
43			543.94									543.94						
44			559.97									559.97						
45			578.81									578.81						
46			601.26									601.26						
47			626.51									626.51						
48			655.37									655.37						
49			683.83									683.83						
50			715.90									715.90						
51			747.57									747.57						
52			782.44									782.44						
53			817.71									817.71						
54			855.79									855.79						
55			893.87									893.87						
56			935.16									935.16						
57			976.85									976.85						
58			1021.34									1021.34						
59			1043.39									1043.39						
60			1087.88									1087.88						
61			1126.36									1126.36						
62			1151.61									1151.61						
63			1183.28									1183.28						
64 and over			1202.52									1202.52						



Regence BlueCross BlueShield of Oregon  
RATE SCHEDULE

Plan Information

Plan Name:	Bronze 8000 Individual Connect Network
HIOS Plan ID:	71281WA1350027
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	Outside the Exchange
Metal Level:	Bronze
Plan Type:	Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	N/A	
2	N/A	
3	Yes	Clark
4	N/A	
5	N/A	
6	N/A	
7	N/A	
8	N/A	
9	N/A	

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			320.44									320.44						
15			348.92									348.92						
16			359.81									359.81						
17			370.70									370.70						
18			382.43									382.43						
19			394.16									394.16						
20			406.30									406.30						
21			418.87									418.87						
22			418.87									418.87						
23			418.87									418.87						
24			418.87									418.87						
25			420.55									420.55						
26			428.92									428.92						
27			438.98									438.98						
28			455.31									455.31						
29			468.72									468.72						
30			475.42									475.42						
31			485.47									485.47						
32			495.52									495.52						
33			501.81									501.81						
34			508.51									508.51						
35			511.86									511.86						
36			515.21									515.21						
37			518.56									518.56						
38			521.91									521.91						
39			528.61									528.61						
40			535.32									535.32						
41			545.37									545.37						
42			555.00									555.00						
43			568.41									568.41						
44			585.16									585.16						
45			604.85									604.85						
46			628.31									628.31						
47			654.69									654.69						
48			684.85									684.85						
49			714.59									714.59						
50			748.10									748.10						
51			781.19									781.19						
52			817.63									817.63						
53			854.49									854.49						
54			894.29									894.29						
55			934.08									934.08						
56			977.22									977.22						
57			1020.79									1020.79						
58			1067.28									1067.28						
59			1090.32									1090.32						
60			1136.81									1136.81						
61			1177.02									1177.02						
62			1203.41									1203.41						
63			1236.50									1236.50						
64 and over			1256.61									1256.61						

Regence BlueCross BlueShield of Oregon  
RATE SCHEDULE

Plan Information

Plan Name:	Regence Cascade Bronze Individual Connect Network
HIOS Plan ID:	71281WA1360015
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	Inside 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	N/A	
2	N/A	
3	Yes	Clark
4	N/A	
5	N/A	
6	N/A	
7	N/A	
8	N/A	
9	N/A	

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			325.04									325.04						
15			353.93									353.93						
16			364.98									364.98						
17			376.03									376.03						
18			387.92									387.92						
19			399.82									399.82						
20			412.14									412.14						
21			424.89									424.89						
22			424.89									424.89						
23			424.89									424.89						
24			424.89									424.89						
25			426.59									426.59						
26			435.09									435.09						
27			445.28									445.28						
28			461.86									461.86						
29			475.45									475.45						
30			482.25									482.25						
31			492.45									492.45						
32			502.64									502.64						
33			509.02									509.02						
34			515.82									515.82						
35			519.22									519.22						
36			522.61									522.61						
37			526.01									526.01						
38			529.41									529.41						
39			536.21									536.21						
40			543.01									543.01						
41			553.21									553.21						
42			562.98									562.98						
43			576.58									576.58						
44			593.57									593.57						
45			613.54									613.54						
46			637.34									637.34						
47			664.10									664.10						
48			694.70									694.70						
49			724.86									724.86						
50			758.85									758.85						
51			792.42									792.42						
52			829.39									829.39						
53			866.78									866.78						
54			907.14									907.14						
55			947.50									947.50						
56			991.27									991.27						
57			1035.46									1035.46						
58			1082.62									1082.62						
59			1105.99									1105.99						
60			1153.15									1153.15						
61			1193.94									1193.94						
62			1220.71									1220.71						
63			1254.28									1254.28						
64 and over			1274.67									1274.67						



Regence BlueCross BlueShield of Oregon  
RATE SCHEDULE

Plan Information

Plan Name:	Bronze HSA 7000 Individual Connect Network
HIOS Plan ID:	71281WA1360018
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	Inside 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	N/A	
2	N/A	
3	Yes	Clark
4	N/A	
5	N/A	
6	N/A	
7	N/A	
8	N/A	
9	N/A	

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			322.49									322.49						
15			351.15									351.15						
16			362.11									362.11						
17			373.07									373.07						
18			384.88									384.88						
19			396.68									396.68						
20			408.90									408.90						
21			421.55									421.55						
22			421.55									421.55						
23			421.55									421.55						
24			421.55									421.55						
25			423.24									423.24						
26			431.67									431.67						
27			441.78									441.78						
28			458.22									458.22						
29			471.71									471.71						
30			478.46									478.46						
31			488.58									488.58						
32			498.69									498.69						
33			505.02									505.02						
34			511.76									511.76						
35			515.13									515.13						
36			518.51									518.51						
37			521.88									521.88						
38			525.25									525.25						
39			532.00									532.00						
40			538.74									538.74						
41			548.86									548.86						
42			558.55									558.55						
43			572.04									572.04						
44			588.91									588.91						
45			608.72									608.72						
46			632.33									632.33						
47			658.88									658.88						
48			689.23									689.23						
49			719.16									719.16						
50			752.89									752.89						
51			786.19									786.19						
52			822.87									822.87						
53			859.96									859.96						
54			900.01									900.01						
55			940.06									940.06						
56			983.48									983.48						
57			1027.32									1027.32						
58			1074.11									1074.11						
59			1097.29									1097.29						
60			1144.09									1144.09						
61			1184.56									1184.56						
62			1211.11									1211.11						
63			1244.42									1244.42						
64 and over			1264.65									1264.65						

Regence BlueCross BlueShield of Oregon  
RATE SCHEDULE

Plan Information

Plan Name:	Gold 2000 Individual Connect Network
HIOS Plan ID:	71281WA1350020
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	Outside 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	N/A	
2	N/A	
3	Yes	Clark
4	N/A	
5	N/A	
6	N/A	
7	N/A	
8	N/A	
9	N/A	

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			450.25									450.25						
15			490.27									490.27						
16			505.57									505.57						
17			520.88									520.88						
18			537.36									537.36						
19			553.83									553.83						
20			570.90									570.90						
21			588.56									588.56						
22			588.56									588.56						
23			588.56									588.56						
24			588.56									588.56						
25			590.91									590.91						
26			602.69									602.69						
27			616.81									616.81						
28			639.76									639.76						
29			658.60									658.60						
30			668.02									668.02						
31			682.14									682.14						
32			696.27									696.27						
33			705.09									705.09						
34			714.51									714.51						
35			719.22									719.22						
36			723.93									723.93						
37			728.64									728.64						
38			733.35									733.35						
39			742.76									742.76						
40			752.18									752.18						
41			766.31									766.31						
42			779.84									779.84						
43			798.68									798.68						
44			822.22									822.22						
45			849.88									849.88						
46			882.84									882.84						
47			919.92									919.92						
48			962.30									962.30						
49			1004.08									1004.08						
50			1051.17									1051.17						
51			1097.66									1097.66						
52			1148.87									1148.87						
53			1200.66									1200.66						
54			1256.58									1256.58						
55			1312.49									1312.49						
56			1373.11									1373.11						
57			1434.32									1434.32						
58			1499.65									1499.65						
59			1532.02									1532.02						
60			1597.35									1597.35						
61			1653.85									1653.85						
62			1690.93									1690.93						
63			1737.43									1737.43						
64 and over			1765.68									1765.68						

Regence BlueCross BlueShield of Oregon  
RATE SCHEDULE

Plan Information

Plan Name:	Regence Cascade Complete Gold Individual Connect Network
HIOS Plan ID:	71281WA1360013
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	Inside 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	N/A	
2	N/A	
3	Yes	Clark
4	N/A	
5	N/A	
6	N/A	
7	N/A	
8	N/A	
9	N/A	

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			472.74									472.74						
15			514.76									514.76						
16			530.83									530.83						
17			546.89									546.89						
18			564.20									564.20						
19			581.50									581.50						
20			599.42									599.42						
21			617.96									617.96						
22			617.96									617.96						
23			617.96									617.96						
24			617.96									617.96						
25			620.43									620.43						
26			632.79									632.79						
27			647.62									647.62						
28			671.72									671.72						
29			691.50									691.50						
30			701.38									701.38						
31			716.22									716.22						
32			731.05									731.05						
33			740.32									740.32						
34			750.20									750.20						
35			755.15									755.15						
36			760.09									760.09						
37			765.03									765.03						
38			769.98									769.98						
39			779.87									779.87						
40			789.75									789.75						
41			804.58									804.58						
42			818.80									818.80						
43			838.57									838.57						
44			863.29									863.29						
45			892.33									892.33						
46			926.94									926.94						
47			965.87									965.87						
48			1010.36									1010.36						
49			1054.24									1054.24						
50			1103.68									1103.68						
51			1152.50									1152.50						
52			1206.26									1206.26						
53			1260.64									1260.64						
54			1319.34									1319.34						
55			1378.05									1378.05						
56			1441.70									1441.70						
57			1505.97									1505.97						
58			1574.56									1574.56						
59			1608.55									1608.55						
60			1677.14									1677.14						
61			1736.47									1736.47						
62			1775.40									1775.40						
63			1824.22									1824.22						
64 and over			1853.88									1853.88						

Regence BlueCross BlueShield of Oregon  
RATE SCHEDULE

Plan Information

Plan Name:	Regence Cascade Vital Gold Individual Connect Network
HIOS Plan ID:	71281WA1360019
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	Inside 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	N/A	
2	N/A	
3	Yes	Clark
4	N/A	
5	N/A	
6	N/A	
7	N/A	
8	N/A	
9	N/A	

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			429.30									429.30						
15			467.45									467.45						
16			482.05									482.05						
17			496.64									496.64						
18			512.35									512.35						
19			528.06									528.06						
20			544.33									544.33						
21			561.17									561.17						
22			561.17									561.17						
23			561.17									561.17						
24			561.17									561.17						
25			563.41									563.41						
26			574.64									574.64						
27			588.11									588.11						
28			609.99									609.99						
29			627.95									627.95						
30			636.93									636.93						
31			650.40									650.40						
32			663.86									663.86						
33			672.28									672.28						
34			681.26									681.26						
35			685.75									685.75						
36			690.24									690.24						
37			694.73									694.73						
38			699.22									699.22						
39			708.20									708.20						
40			717.18									717.18						
41			730.64									730.64						
42			743.55									743.55						
43			761.51									761.51						
44			783.95									783.95						
45			810.33									810.33						
46			841.76									841.76						
47			877.11									877.11						
48			917.51									917.51						
49			957.36									957.36						
50			1002.25									1002.25						
51			1046.58									1046.58						
52			1095.40									1095.40						
53			1144.79									1144.79						
54			1198.10									1198.10						
55			1251.41									1251.41						
56			1309.21									1309.21						
57			1367.57									1367.57						
58			1429.86									1429.86						
59			1460.73									1460.73						
60			1523.02									1523.02						
61			1576.89									1576.89						
62			1612.24									1612.24						
63			1656.57									1656.57						
64 and over			1683.51									1683.51						

Regence BlueCross BlueShield of Oregon  
RATE SCHEDULE

Plan Information

Plan Name:	Silver 5000 Individual Connect Network
HIOS Plan ID:	71281WA1350022
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	Outside 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	N/A	
2	N/A	
3	Yes	Clark
4	N/A	
5	N/A	
6	N/A	
7	N/A	
8	N/A	
9	N/A	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14			363.88									363.88						
15			396.22									396.22						
16			408.59									408.59						
17			420.96									420.96						
18			434.28									434.28						
19			447.60									447.60						
20			461.39									461.39						
21			475.66									475.66						
22			475.66									475.66						
23			475.66									475.66						
24			475.66									475.66						
25			477.56									477.56						
26			487.08									487.08						
27			498.49									498.49						
28			517.04									517.04						
29			532.26									532.26						
30			539.87									539.87						
31			551.29									551.29						
32			562.71									562.71						
33			569.84									569.84						
34			577.45									577.45						
35			581.26									581.26						
36			585.06									585.06						
37			588.87									588.87						
38			592.67									592.67						
39			600.28									600.28						
40			607.89									607.89						
41			619.31									619.31						
42			630.25									630.25						
43			645.47									645.47						
44			664.50									664.50						
45			686.85									686.85						
46			713.49									713.49						
47			743.46									743.46						
48			777.70									777.70						
49			811.48									811.48						
50			849.53									849.53						
51			887.11									887.11						
52			928.49									928.49						
53			970.35									970.35						
54			1015.53									1015.53						
55			1060.72									1060.72						
56			1109.71									1109.71						
57			1159.18									1159.18						
58			1211.98									1211.98						
59			1238.14									1238.14						
60			1290.94									1290.94						
61			1336.60									1336.60						
62			1366.57									1366.57						
63			1404.15									1404.15						
64 and over			1426.98									1426.98						

Regence BlueCross BlueShield of Oregon  
RATE SCHEDULE

Plan Information

Plan Name:	Regence Cascade Silver Individual Connect Network
HIOS Plan ID:	71281WA1360014
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	Inside 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	N/A	
2	N/A	
3	Yes	Clark
4	N/A	
5	N/A	
6	N/A	
7	N/A	
8	N/A	
9	N/A	

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			547.81									547.81						
15			596.50									596.50						
16			615.12									615.12						
17			633.74									633.74						
18			653.79									653.79						
19			673.84									673.84						
20			694.61									694.61						
21			716.09									716.09						
22			716.09									716.09						
23			716.09									716.09						
24			716.09									716.09						
25			718.95									718.95						
26			733.28									733.28						
27			750.46									750.46						
28			778.39									778.39						
29			801.30									801.30						
30			812.76									812.76						
31			829.95									829.95						
32			847.13									847.13						
33			857.88									857.88						
34			869.33									869.33						
35			875.06									875.06						
36			880.79									880.79						
37			886.52									886.52						
38			892.25									892.25						
39			903.71									903.71						
40			915.16									915.16						
41			932.35									932.35						
42			948.82									948.82						
43			971.73									971.73						
44			1000.38									1000.38						
45			1034.03									1034.03						
46			1074.14									1074.14						
47			1119.25									1119.25						
48			1170.81									1170.81						
49			1221.65									1221.65						
50			1278.94									1278.94						
51			1335.51									1335.51						
52			1397.81									1397.81						
53			1460.82									1460.82						
54			1528.85									1528.85						
55			1596.88									1596.88						
56			1670.64									1670.64						
57			1745.11									1745.11						
58			1824.60									1824.60						
59			1863.98									1863.98						
60			1943.47									1943.47						
61			2012.21									2012.21						
62			2057.33									2057.33						
63			2113.90									2113.90						
64 and over			2148.27									2148.27						



Regence BlueCross BlueShield of Oregon  
RATE SCHEDULE

Plan Information

Plan Name:	Bronze 8000 Legacy Network
HIOS Plan ID:	71281WA1350029
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	Outside the Exchange
Metal Level:	Bronze
Plan Type:	Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	N/A	
2	N/A	
3	Yes	Clark
4	N/A	
5	N/A	
6	N/A	
7	N/A	
8	N/A	
9	N/A	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14			283.29									283.29						
15			308.47									308.47						
16			318.10									318.10						
17			327.72									327.72						
18			338.09									338.09						
19			348.46									348.46						
20			359.20									359.20						
21			370.31									370.31						
22			370.31									370.31						
23			370.31									370.31						
24			370.31									370.31						
25			371.79									371.79						
26			379.20									379.20						
27			388.08									388.08						
28			402.53									402.53						
29			414.38									414.38						
30			420.30									420.30						
31			429.19									429.19						
32			438.08									438.08						
33			443.63									443.63						
34			449.56									449.56						
35			452.52									452.52						
36			455.48									455.48						
37			458.44									458.44						
38			461.41									461.41						
39			467.33									467.33						
40			473.26									473.26						
41			482.14									482.14						
42			490.66									490.66						
43			502.51									502.51						
44			517.32									517.32						
45			534.73									534.73						
46			555.47									555.47						
47			578.79									578.79						
48			605.46									605.46						
49			631.75									631.75						
50			661.37									661.37						
51			690.63									690.63						
52			722.85									722.85						
53			755.43									755.43						
54			790.61									790.61						
55			825.79									825.79						
56			863.93									863.93						
57			902.45									902.45						
58			943.55									943.55						
59			963.92									963.92						
60			1005.02									1005.02						
61			1040.57									1040.57						
62			1063.90									1063.90						
63			1093.16									1093.16						
64 and over			1110.93									1110.93						

Regence BlueCross BlueShield of Oregon  
RATE SCHEDULE

Plan Information

Plan Name:	Bronze Essential 9000 Legacy Network
HIOS Plan ID:	71281WA1350030
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	Outside the Exchange
Metal Level:	Bronze
Plan Type:	Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	N/A	
2	N/A	
3	Yes	Clark
4	N/A	
5	N/A	
6	N/A	
7	N/A	
8	N/A	
9	N/A	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14			271.07									271.07						
15			295.17									295.17						
16			304.38									304.38						
17			313.59									313.59						
18			323.51									323.51						
19			333.43									333.43						
20			343.71									343.71						
21			354.34									354.34						
22			354.34									354.34						
23			354.34									354.34						
24			354.34									354.34						
25			355.76									355.76						
26			362.84									362.84						
27			371.35									371.35						
28			385.17									385.17						
29			396.51									396.51						
30			402.18									402.18						
31			410.68									410.68						
32			419.18									419.18						
33			424.50									424.50						
34			430.17									430.17						
35			433.00									433.00						
36			435.84									435.84						
37			438.67									438.67						
38			441.51									441.51						
39			447.18									447.18						
40			452.85									452.85						
41			461.35									461.35						
42			469.50									469.50						
43			480.84									480.84						
44			495.01									495.01						
45			511.67									511.67						
46			531.51									531.51						
47			553.83									553.83						
48			579.35									579.35						
49			604.50									604.50						
50			632.85									632.85						
51			660.84									660.84						
52			691.67									691.67						
53			722.85									722.85						
54			756.52									756.52						
55			790.18									790.18						
56			826.68									826.68						
57			863.53									863.53						
58			902.86									902.86						
59			922.35									922.35						
60			961.68									961.68						
61			995.70									995.70						
62			1018.02									1018.02						
63			1046.01									1046.01						
64 and over			1063.02									1063.02						



Regence BlueCross BlueShield of Oregon  
RATE SCHEDULE

Plan Information

Plan Name:	Bronze Essential 8500 Legacy Network
HIOS Plan ID:	71281WA1360003
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	Inside 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	N/A	
2	N/A	
3	Yes	Clark
4	N/A	
5	N/A	
6	N/A	
7	N/A	
8	N/A	
9	N/A	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14			273.78									273.78						
15			298.11									298.11						
16			307.42									307.42						
17			316.72									316.72						
18			326.74									326.74						
19			336.77									336.77						
20			347.14									347.14						
21			357.88									357.88						
22			357.88									357.88						
23			357.88									357.88						
24			357.88									357.88						
25			359.31									359.31						
26			366.47									366.47						
27			375.06									375.06						
28			389.02									389.02						
29			400.47									400.47						
30			406.19									406.19						
31			414.78									414.78						
32			423.37									423.37						
33			428.74									428.74						
34			434.47									434.47						
35			437.33									437.33						
36			440.19									440.19						
37			443.06									443.06						
38			445.92									445.92						
39			451.64									451.64						
40			457.37									457.37						
41			465.96									465.96						
42			474.19									474.19						
43			485.64									485.64						
44			499.96									499.96						
45			516.78									516.78						
46			536.82									536.82						
47			559.37									559.37						
48			585.13									585.13						
49			610.54									610.54						
50			639.17									639.17						
51			667.45									667.45						
52			698.58									698.58						
53			730.08									730.08						
54			764.07									764.07						
55			798.07									798.07						
56			834.93									834.93						
57			872.15									872.15						
58			911.88									911.88						
59			931.56									931.56						
60			971.29									971.29						
61			1005.64									1005.64						
62			1028.19									1028.19						
63			1056.46									1056.46						
64 and over			1073.64									1073.64						

Regence BlueCross BlueShield of Oregon  
RATE SCHEDULE

Plan Information

Plan Name:	Regence Cascade Bronze Legacy Network
HIOS Plan ID:	71281WA1360007
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	Inside 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	N/A	
2	N/A	
3	Yes	Clark
4	N/A	
5	N/A	
6	N/A	
7	N/A	
8	N/A	
9	N/A	

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			287.32									287.32						
15			312.86									312.86						
16			322.62									322.62						
17			332.39									332.39						
18			342.90									342.90						
19			353.42									353.42						
20			364.31									364.31						
21			375.58									375.58						
22			375.58									375.58						
23			375.58									375.58						
24			375.58									375.58						
25			377.08									377.08						
26			384.59									384.59						
27			393.61									393.61						
28			408.26									408.26						
29			420.27									420.27						
30			426.28									426.28						
31			435.30									435.30						
32			444.31									444.31						
33			449.94									449.94						
34			455.95									455.95						
35			458.96									458.96						
36			461.96									461.96						
37			464.97									464.97						
38			467.97									467.97						
39			473.98									473.98						
40			479.99									479.99						
41			489.01									489.01						
42			497.64									497.64						
43			509.66									509.66						
44			524.69									524.69						
45			542.34									542.34						
46			563.37									563.37						
47			587.03									587.03						
48			614.07									614.07						
49			640.74									640.74						
50			670.79									670.79						
51			700.46									700.46						
52			733.13									733.13						
53			766.18									766.18						
54			801.86									801.86						
55			837.54									837.54						
56			876.23									876.23						
57			915.29									915.29						
58			956.98									956.98						
59			977.63									977.63						
60			1019.32									1019.32						
61			1055.38									1055.38						
62			1079.04									1079.04						
63			1108.71									1108.71						
64 and over			1126.74									1126.74						

Regence BlueCross BlueShield of Oregon  
RATE SCHEDULE

Plan Information

Plan Name:	Regence Cascade Complete Gold Legacy Network
HIOS Plan ID:	71281WA1360005
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	Inside 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	N/A	
2	N/A	
3	Yes	Clark
4	N/A	
5	N/A	
6	N/A	
7	N/A	
8	N/A	
9	N/A	

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			417.90									417.90						
15			455.04									455.04						
16			469.25									469.25						
17			483.45									483.45						
18			498.74									498.74						
19			514.04									514.04						
20			529.88									529.88						
21			546.27									546.27						
22			546.27									546.27						
23			546.27									546.27						
24			546.27									546.27						
25			548.46									548.46						
26			559.38									559.38						
27			572.49									572.49						
28			593.80									593.80						
29			611.28									611.28						
30			620.02									620.02						
31			633.13									633.13						
32			646.24									646.24						
33			654.43									654.43						
34			663.17									663.17						
35			667.54									667.54						
36			671.91									671.91						
37			676.28									676.28						
38			680.65									680.65						
39			689.39									689.39						
40			698.13									698.13						
41			711.24									711.24						
42			723.81									723.81						
43			741.29									741.29						
44			763.14									763.14						
45			788.81									788.81						
46			819.41									819.41						
47			853.82									853.82						
48			893.15									893.15						
49			931.94									931.94						
50			975.64									975.64						
51			1018.79									1018.79						
52			1066.32									1066.32						
53			1114.39									1114.39						
54			1166.29									1166.29						
55			1218.18									1218.18						
56			1274.45									1274.45						
57			1331.26									1331.26						
58			1391.90									1391.90						
59			1421.94									1421.94						
60			1482.58									1482.58						
61			1535.02									1535.02						
62			1569.43									1569.43						
63			1612.59									1612.59						
64 and over			1638.81									1638.81						

Regence BlueCross BlueShield of Oregon  
RATE SCHEDULE

Plan Information

Plan Name:	Regence Cascade Vital Gold Legacy Network
HIOS Plan ID:	71281WA1360020
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	Inside 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	N/A	
2	N/A	
3	Yes	Clark
4	N/A	
5	N/A	
6	N/A	
7	N/A	
8	N/A	
9	N/A	

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			379.52									379.52						
15			413.25									413.25						
16			426.15									426.15						
17			439.05									439.05						
18			452.94									452.94						
19			466.83									466.83						
20			481.22									481.22						
21			496.10									496.10						
22			496.10									496.10						
23			496.10									496.10						
24			496.10									496.10						
25			498.08									498.08						
26			508.01									508.01						
27			519.91									519.91						
28			539.26									539.26						
29			555.14									555.14						
30			563.07									563.07						
31			574.98									574.98						
32			586.89									586.89						
33			594.33									594.33						
34			602.27									602.27						
35			606.23									606.23						
36			610.20									610.20						
37			614.17									614.17						
38			618.14									618.14						
39			626.08									626.08						
40			634.02									634.02						
41			645.92									645.92						
42			657.33									657.33						
43			673.21									673.21						
44			693.05									693.05						
45			716.37									716.37						
46			744.15									744.15						
47			775.40									775.40						
48			811.12									811.12						
49			846.35									846.35						
50			886.03									886.03						
51			925.23									925.23						
52			968.39									968.39						
53			1012.04									1012.04						
54			1059.17									1059.17						
55			1106.30									1106.30						
56			1157.40									1157.40						
57			1209.00									1209.00						
58			1264.06									1264.06						
59			1291.35									1291.35						
60			1346.42									1346.42						
61			1394.04									1394.04						
62			1425.30									1425.30						
63			1464.49									1464.49						
64 and over			1488.30									1488.30						

Regence BlueCross BlueShield of Oregon  
RATE SCHEDULE

Plan Information

Plan Name:	Silver 5000 Legacy Network
HIOS Plan ID:	71281WA1350028
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	Outside 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	N/A	
2	N/A	
3	Yes	Clark
4	N/A	
5	N/A	
6	N/A	
7	N/A	
8	N/A	
9	N/A	

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			321.67									321.67						
15			350.26									350.26						
16			361.19									361.19						
17			372.12									372.12						
18			383.90									383.90						
19			395.67									395.67						
20			407.87									407.87						
21			420.48									420.48						
22			420.48									420.48						
23			420.48									420.48						
24			420.48									420.48						
25			422.16									422.16						
26			430.57									430.57						
27			440.66									440.66						
28			457.06									457.06						
29			470.52									470.52						
30			477.24									477.24						
31			487.34									487.34						
32			497.43									497.43						
33			503.74									503.74						
34			510.46									510.46						
35			513.83									513.83						
36			517.19									517.19						
37			520.55									520.55						
38			523.92									523.92						
39			530.65									530.65						
40			537.37									537.37						
41			547.46									547.46						
42			557.14									557.14						
43			570.59									570.59						
44			587.41									587.41						
45			607.17									607.17						
46			630.72									630.72						
47			657.21									657.21						
48			687.48									687.48						
49			717.34									717.34						
50			750.98									750.98						
51			784.20									784.20						
52			820.78									820.78						
53			857.78									857.78						
54			897.72									897.72						
55			937.67									937.67						
56			980.98									980.98						
57			1024.71									1024.71						
58			1071.38									1071.38						
59			1094.51									1094.51						
60			1141.18									1141.18						
61			1181.55									1181.55						
62			1208.04									1208.04						
63			1241.26									1241.26						
64 and over			1261.44									1261.44						

Regence BlueCross BlueShield of Oregon  
RATE SCHEDULE

Plan Information

Plan Name:	Regence Cascade Silver Legacy Network
HIOS Plan ID:	71281WA1360006
Effective Date:	1/1/2026
Market Type:	Individual
Exchange Status:	Inside 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	N/A	
2	N/A	
3	Yes	Clark
4	N/A	
5	N/A	
6	N/A	
7	N/A	
8	N/A	
9	N/A	

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			484.28									484.28						
15			527.33									527.33						
16			543.79									543.79						
17			560.25									560.25						
18			577.97									577.97						
19			595.70									595.70						
20			614.06									614.06						
21			633.05									633.05						
22			633.05									633.05						
23			633.05									633.05						
24			633.05									633.05						
25			635.58									635.58						
26			648.24									648.24						
27			663.44									663.44						
28			688.13									688.13						
29			708.38									708.38						
30			718.51									718.51						
31			733.70									733.70						
32			748.90									748.90						
33			758.39									758.39						
34			768.52									768.52						
35			773.59									773.59						
36			778.65									778.65						
37			783.72									783.72						
38			788.78									788.78						
39			798.91									798.91						
40			809.04									809.04						
41			824.23									824.23						
42			838.79									838.79						
43			859.05									859.05						
44			884.37									884.37						
45			914.12									914.12						
46			949.58									949.58						
47			989.46									989.46						
48			1035.04									1035.04						
49			1079.98									1079.98						
50			1130.63									1130.63						
51			1180.64									1180.64						
52			1235.71									1235.71						
53			1291.42									1291.42						
54			1351.56									1351.56						
55			1411.70									1411.70						
56			1476.91									1476.91						
57			1542.74									1542.74						
58			1613.01									1613.01						
59			1647.83									1647.83						
60			1718.10									1718.10						
61			1778.87									1778.87						
62			1818.75									1818.75						
63			1868.76									1868.76						
64 and over			1899.15									1899.15						

Regence BlueCross BlueShield of Oregon – Individual  
Actuarial Memorandum and Certification  
ARPA Extended

The purpose of this memorandum is to identify the key assumptions and material factors that differ from the default set of rates should Congress extend the Expanded Premium Tax Credits guaranteed under the American Rescue Plan Act (ARPA) and the Inflation Reduction Act (IRA).

If Congress extends the EPTC as currently constituted through 2026, Regence BlueCross BlueShield of Oregon (RBCBSO) expects the following interrelated assumptions to be impacted:

- Increase to market and carrier projected enrollment
- Decrease to market and carrier projected morbidity
- Decrease to the statewide average premium
- Smaller absolute value of transfer payment (reflecting the reduction to statewide average premium)

RBCBSO's default rates assume that individuals no longer eligible for PTC, or who will receive less PTC, will drop out of Washington's individual market more readily than individuals with current or long-term health issues. The default rates assume a 4% increase to market morbidity. This increases the statewide average premium by a similar amount, which magnifies the anticipated transfer payment/receivable.

RBCBSO's morbidity model is not sensitive to the total projected market membership, nor to the mix of EPTC membership among metal levels. While these underlying assumptions may change as a result of EPTC extension, their impact is muted by offsetting effects.

If EPTC as currently constituted is extended through 2026, RBCBSO 2026 rates would decrease by 4.6%.

The following table compares the key assumption changes under the default rates and ARPA extension:

Assumption	Default Rates	ARPA Extension Rates
Market morbidity change	4.0%	0.0%
RBCBSO morbidity change	3.5%	0.0%
Projected statewide average premium	\$736.41	\$713.98
Transfer payment	-\$57.70	-\$52.92
Base rate	\$694.05	\$668.06
Consumer rate change	24.9%	20.3%

Please see the document, "Part III Rate Filing Documentation and Actuarial Memorandum" for all other actuarial assumptions related to the rates with ARPA extension.



Regence BlueCross BlueShield of Oregon – Individual  
Actuarial Memorandum and Certification  
ARPA Extended

Please see the following files for the resulting full rate schedule and Unified Rate Review Template:

- *Rate Schedule with ARPA extension duplicate.xlsx*
- *Rate Schedule with ARPA extension.pdf*
- *Part I Unified Rate Review Template with ARPA extension duplicate.xlsx*
- *Part I Unified Rate Review Template with ARPA extension.pdf*

The rates and assumptions above assume a specific scenario in which EPTCs are extended into 2026 with their current structure and subsidy levels remaining unchanged. It should be emphasized that this represents only one possible legislative outcome. The more probable scenario is that Congress will implement modifications to both the amounts and structure of future PTCs rather than a simple extension of the current framework. Should Congress enact any alterations to the PTC structure—including eligibility thresholds, subsidy amounts, or calculation methodologies—RBCBSO would need to comprehensively reevaluate our pricing assumptions and potentially recalculate rates to reflect the new market dynamics and consumer behavior patterns that would emerge under the revised subsidy environment. This current analysis should therefore be understood as conditional upon the specific extension scenario requested, rather than a prediction of the most likely outcome.

**Actuarial Certification**

I, Daniel Boeder, am an actuary employed by Cambia Health Solutions, the parent company of RBCBSO. I am a member of the American Academy of Actuaries (AAA), in good standing, and meet the education and experience standards necessary to complete this actuarial certification.

On behalf of RBCBSO, I have reviewed this rate filing for a January 1, 2026 effective date for the Individual block of business. I hereby certify that, in my opinion:

- The monthly premium rates are actuarially sound; aggregate expected premium is adequate to cover expected claims costs and the filed rates are reasonable in relation to the benefits offered
- The projected index rate is:
  - In compliance with all applicable State and Federal Statutes and Regulations
  - Developed in compliance with applicable Actuarial Standards of Practice (ASOPs) and professional standards
  - Reasonable in relation to the benefits provided and the population anticipated to be covered
  - Neither excessive nor deficient
- 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
- The factor representing benefits in addition to EHB (essential health benefits) included in the Part I URRT, Worksheet 2, Section III, was calculated in accordance with actuarial standards of practice
- Geographic rating factors reflect only differences in the costs of delivery (which can include unit cost and provider practice pattern differences) and do not include differences for population morbidity by geographic area
- The AV Calculator was used to determine the AV Metal Values shown in the Part I URRT, Worksheet 2. Unique plan designs were fit appropriately in accordance with generally accepted actuarial principles and methodologies, as detailed in a separate certification.



Regence BlueCross BlueShield of Oregon – Individual  
Actuarial Memorandum and Certification  
ARPA Extended

- This rate filing is consistent with internal business plans

Relevant AAA documents reviewed in preparation for this filing include:

- 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. 45, *The Use of Health Status Based Risk Adjustment Methodologies*
- ASOP No. 50, *Determining Minimum Value and Actuarial Value under the Affordable Care Act*
- Professional Code of Conduct

Daniel  
Boeder



Digitally signed by Daniel Boeder  
Date: 2025.05.14 13:46:50 -07'00'

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Daniel Boeder, FSA, MAAA  
Manager, Actuarial Pricing  
Cambia Health Solutions, on behalf of Regence BlueCross BlueShield of Oregon