

**State:** District of Columbia **Filing Company:** Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

**TOI/Sub-TOI:** HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

**Product Name:** 2026 DC Individual Rate Filing

**Project Name/Number:** /

## Filing at a Glance

Company: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

Product Name: 2026 DC Individual Rate Filing

State: District of Columbia

TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)

Sub-TOI: HOrg02I.005D Individual - HMO

Filing Type: Rate

Date Submitted: 05/01/2025

SERFF Tr Num: KPMA-134491399

SERFF Status: Assigned

State Tr Num:

State Status:

Co Tr Num:

Effective 01/01/2026

Date Requested:

Author(s): Lynn Robinson, Stephen Chuang, Indira Dyal, LaShan Brown, Treves Dennis, Samantha Saad, Angie Speaect

Reviewer(s): Dave Dillon (primary), Stephen Flick

Disposition Date:

Disposition Status:

Effective Date:

State Filing Description:

State:District of ColumbiaFiling Company:Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

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

Product Name:2026 DC Individual Rate Filing

Project Name/Number: /

General Information

Project Name:Status of Filing in Domicile:

Project Number:Date Approved in Domicile:

Requested Filing Mode: Review & ApprovalDomicile Status Comments:

Explanation for Combination/Other:Market Type: Individual

Submission Type: New SubmissionIndividual Market Type: Individual

Overall Rate Impact: 12.9%Filing Status Changed: 05/02/2025

State Status Changed:

Deemer Date:Created By: Stephen Chuang

Submitted By: Stephen ChuangCorresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Include Exchange Intentions:No

Filing Description:

This filing is for 2026 Individual plans for the Exchange.

Company and Contact

Filing Contact Information

Stephen Chuang, Actuairal Analyst IIstephen.chuang@kp.org

4000 Garden City Dr301-816-5854 [Phone]

Hyattsville, MD 20785

Filing Company Information

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

4000 Garden City Dr

Hyattsville, MD 20785

(301) 816-6867 ext. [Phone]

CoCode: 95639

Group Code:

Group Name:

FEIN Number: 52-0954463

State of Domicile: Maryland

Company Type: Health Maintenance Organization

State ID Number:

State:

District of Columbia

Filing Company:

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

TOI/Sub-TOI:

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

Product Name:

2026 DC Individual Rate Filing

Project Name/Number:

/

Filing Fees

State Fees

Fee Required?

No

Retaliatory?

No

Fee Explanation:

State: District of Columbia

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Product Name: 2026 DC Individual Rate Filing

Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method:

SERFF

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

9.000%

Effective Date of Last Rate Revision:

01/01/2025

Filing Method of Last Filing:

SERFF

SERFF Tracking Number of Last Filing:

KPMA-134068797

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.	Increase	12.900%	12.900%	\$2,400,290	2,031	\$18,611,084	16.100%	8.800%

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Product Name: 2026 DC Individual Rate Filing

Project Name/Number: /

## Rate Review Detail

### COMPANY:

Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

HHS Issuer Id: 94506

### PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
HMO On Exchange	94506	94506DC039	2537

Trend Factors:

### FORMS:

New Policy Forms:

DC-DP-GOLD-0-DED-100-RXDED-VISION-HMO(01-26)HIX, DC-DP-GOLD-0-DED-100-RXDED-VISION-HMO-RX(01-26)HIX, DC-DP-GOLD-PLUS-0-DED-100-RXDED-VISION-HMO(01-26)HIX, DC-DP-GOLD-PLUS-0-DED-100-RXDED-VISION-HMO-RX(01-26)HIX, DC-DP-GOLD-1000-DED-200-RXDED-VISION-DHMO(01-26)HIX, DC-DP-GOLD-1000-DED-200-RXDED-VISION-DHMO-RX(01-26)HIX, DC-DP-GOLD-VIRTUAL-FORWARD-2000-DED-DHMO(01-26)HIX, DC-DP-GOLD-VIRTUAL-FORWARD-2000-DED-DHMO-RX(01-26)HIX, DC-DP-GOLD-1800-DED-HSA-VISION-HDHP(01-26)HIX, DC-DP-GOLD-1800-DED-HSA-VISION-HDHP-RX(01-26)HIX, DC-DP-SILVER-3500-DED-1200-RXDED-VISION-DHMO(01-26)HIX, DC-DP-SILVER-3500-DED-1200-RXDED-VISION-DHMO-RX(01-26)HIX, DC-DP-SILVER-3100-DED-1100-RXDED-CSR-VISION-DHMO(01-26)HIX, DC-DP-SILVER-3100-DED-1100-RXDED-CSR-VISION-DHMO-RX(01-26)HIX, DC-DP-SILVER-0-DED-0-30-RXDED-CSR-VISION-HMO(01-26)HIX, DC-DP-SILVER-0-DED-0-30-RXDED-CSR-VISION-HMO-RX(01-26)HIX, DC-DP-SILVER-0-DED-CSR-VISION-HMO(01-26)HIX, DC-DP-SILVER-0-DED-CSR-VISION-HMO-RX(01-26)HIX, DC-DP-SILVER-VIRTUAL-FORWARD-4000-DED-DHMO(01-26)HIX, DC-DP-SILVER-VIRTUAL-FORWARD-4000-DED-DHMO-RX(01-26)HIX, DC-DP-SILVER-VIRTUAL-FORWARD-2500-DED-CSR-DHMO(01-26)HIX, DC-DP-SILVER-VIRTUAL-FORWARD-2500-DED-CSR-DHMO-RX(01-26)HIX., DC-DP-SILVER-VIRTUAL-FORWARD-750-DED-CSR-DHMO(01-26)HIX, DC-DP-SILVER-VIRTUAL-FORWARD-750-DED-CSR-DHMO-RX(01-26)HIX, DC-DP-SILVER-VIRTUAL-FORWARD-0-DED-CSR-HMO(01-26)HIX, DC-DP-SILVER-VIRTUAL-FORWARD-0-DED-CSR-HMO-RX(01-26)HIX, DC-DP-BRONZE-6500-DED-VISION-DHMO(01-26)HIX, DC-DP-BRONZE-6500-DED-VISION-DHMO-RX(01-26)HIX, DC-DP-CATASTROPHIC-10150-DED-VISION-DHMO(01-26)HIX, DC-DP-CATASTROPHIC-10150-DED-VISION-DHMO-RX(01-26)HIX, DC-DP-ESSENTIAL-PLATINUM-0-DED-VISION-HMO(01-26)HIX, DC-DP-ESSENTIAL-PLATINUM-0-DED-VISION-HMO-RX(01-26)HIX, DC-DP-ESSENTIAL-GOLD-500-DED-VISION-DHMO(01-26)HIX, DC-DP-ESSENTIAL-GOLD-500-DED-VISION-DHMO-RX(01-26)HIX, DC-DP-ESSENTIAL-SILVER-4850-DED-350-RXDED-DHMO(01-26)HIX, DC-DP-ESSENTIAL-SILVER-4850-DED-350-RXDED-DHMO-RX(01-26)HIX, DC-DP-ESSENTIAL-SILVER-4000-DED-350-RXDED-CSR-DHMO(01-26)HIX, DC-DP-ESSENTIAL-SILVER-4000-DED-350-RXDED-CSR-DHMO-RX(01-26)HIX, DC-DP-ESSENTIAL-SILVER-150-DED-CSR-DHMO(01-

**State:** District of Columbia **Filing Company:** Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

**TOI/Sub-TOI:** HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

**Product Name:** 2026 DC Individual Rate Filing

**Project Name/Number:** /

26)HIX, DC-DP-ESSENTIAL-SILVER-150-DED-CSR-DHMO-RX(01-26)HIX, DC-DP-ESSENTIAL-SILVER-0-DED-CSR-HMO(01-26)HIX, DC-DP-ESSENTIAL-SILVER-0-DED-CSR-HMO-RX(01-26)HIX, DC-DP-ESSENTIAL-BRONZE-7500-DED-1000-RXDED-DHMO(01-26)HIX, DC-DP-ESSENTIAL-BRONZE-7500-DED-1000-RXDED-DHMO-RX(01-26)HIX, DC-DP-BRONZE-6350-DED-HSA-VISION-HDHP(01-26)HIX, DC-DP-BRONZE-6350-DED-HSA-VISION-HDHP-RX(01-26)HIX, DC-DP-0-0-AI-VISION-HMO(01-26)HIX, DC-DP-AI-0-0-VISION-ALL-RX(01-26)HIX, DC-DP-0-0-AI-VISION(01-26)HIX,DC-DP-0-0-AI-VISION-HMO-PLUS(01-26)HIX, DC-DP-AI-0-0-VISION-HMO-PLUS-RX(01-26)HIX,

Affected Forms:

Other Affected Forms:

#### REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual  
Member Months: 28,799  
Benefit Change: Increase  
Percent Change Requested: Min: 8.8 Max: 16.1 Avg: 12.9

#### PRIOR RATE:

Total Earned Premium: 18,320,962.00  
Total Incurred Claims: 15,269,581.00  
Annual \$: Min: 235.96 Max: 1,726.65 Avg: 647.41

#### REQUESTED RATE:

Projected Earned Premium: 18,530,779.00  
Projected Incurred Claims: 15,459,572.00  
Annual \$: Min: 262.07 Max: 1,923.84 Avg: 729.59

<b>SERFF Tracking #:</b>	KPMA-134491399	<b>State Tracking #:</b>	<b>Company Tracking #:</b>
<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
<b>TOI/Sub-TOI:</b>	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
<b>Product Name:</b>	2026 DC Individual Rate Filing		
<b>Project Name/Number:</b>	/		

Rate/Rule Schedule

SERFF Tracking #:

KPMA-134491399

State Tracking #:

Company Tracking #:

**State:** District of Columbia  
**TOI/Sub-TOI:** HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO  
**Product Name:** 2026 DC Individual Rate Filing  
**Project Name/Number:** /

**Filing Company:** Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		2026 DC Individual Rate Table	DC-DP-GOLD-0-DED-100-RXDED-VISION-HMO(01-26)HIX, DC-DP-GOLD-0-DED-100-RXDED-VISION-HMO-RX(01-26)HIX, DC-DP-GOLD-PLUS-0-DED-100-RXDED-VISION-HMO(01-26)HIX, DC-DP-GOLD-PLUS-0-DED-100-RXDED-VISION-HMO-RX(01-26)HIX, DC-DP-GOLD-1000-DED-200-RXDED-VISION-DHMO(01-26)HIX, DC-DP-GOLD-1000-DED-200-RXDED-VISION-DHMO-RX(01-26)HIX, DC-DP-GOLD-VIRTUAL-FORWARD-2000-DED-DHMO(01-26)HIX, DC-DP-GOLD-VIRTUAL-FORWARD-2000-DED-DHMO-RX(01-26)HIX, DC-DP-GOLD-1800-DED-HSA-VISION-HDHP(01-26)HIX, DC-DP-GOLD-1800-DED-HSA-VISION-HDHP-RX(01-26)HIX, DC-DP-SILVER-3500-DED-1200-RXDED-VISION-DHMO(01-26)HIX, DC-DP-SILVER-3500-DED-1200-RXDED-VISION-DHMO-RX(01-26)HIX, DC-DP-SILVER-3100-DED-1100-RXDED-CSR-VISION-DHMO(01-26)HIX, DC-DP-SILVER-3100-DED-1100-RXDED-CSR-VISION-DHMO-RX(01-26)HIX, DC-DP-SILVER-0-DED-0-30-RXDED-CSR-VISION-HMO(01-26)HIX, DC-DP-SILVER-0-DED-0-30-RXDED-CSR-VISION-HMO-RX(01-26)HIX, DC-DP-SILVER-0-DED-CSR-VISION-	New		2026 DC Individual Rate Sheets 05.01.2025.pdf,



SERFF Tracking #:

KPMA-134491399

State Tracking #:

Company Tracking #:

**State:** District of Columbia  
**TOI/Sub-TOI:** HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO  
**Product Name:** 2026 DC Individual Rate Filing  
**Project Name/Number:** /

**Filing Company:** Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

			HMO(01-26)HIX, DC-DP-SILVER-0-DED-CSR-VISION-HMO-RX(01-26)HIX, DC-DP-SILVER-VIRTUAL-FORWARD-4000-DED-DHMO(01-26)HIX, DC-DP-SILVER-VIRTUAL-FORWARD-4000-DED-DHMO-RX(01-26)HIX, DC-DP-SILVER-VIRTUAL-FORWARD-2500-DED-CSR-DHMO(01-26)HIX, DC-DP-SILVER-VIRTUAL-FORWARD-2500-DED-CSR-DHMO-RX(01-26)HIX., DC-DP-SILVER-VIRTUAL-FORWARD-750-DED-CSR-DHMO(01-26)HIX, DC-DP-SILVER-VIRTUAL-FORWARD-750-DED-CSR-DHMO-RX(01-26)HIX, DC-DP-SILVER-VIRTUAL-FORWARD-0-DED-CSR-HMO(01-26)HIX, DC-DP-SILVER-VIRTUAL-FORWARD-0-DED-CSR-HMO-RX(01-26)HIX, DC-DP-BRONZE-6500-DED-VISION-DHMO(01-26)HIX, DC-DP-BRONZE-6500-DED-VISION-DHMO-RX(01-26)HIX, DC-DP-CATASTROPHIC-10150-DED-VISION-DHMO(01-26)HIX, DC-DP-CATASTROPHIC-10150-DED-VISION-DHMO-RX(01-26)HIX, DC-DP-ESSENTIAL-PLATINUM-0-DED-VISION-HMO(01-26)HIX, DC-DP-ESSENTIAL-PLATINUM-0-DED-VISION-HMO-RX(01-26)HIX, DC-DP-ESSENTIAL-GOLD-500-DED-VISION-DHMO(01-26)HIX, DC-DP-ESSENTIAL-GOLD-500-DED-VISION-DHMO-RX(01-26)HIX, DC-DP-ESSENTIAL-SILVER-4850-			
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SERFF Tracking #:

KPMA-134491399

State Tracking #:

Company Tracking #:

**State:** District of Columbia  
**TOI/Sub-TOI:** HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO  
**Product Name:** 2026 DC Individual Rate Filing  
**Project Name/Number:** /

**Filing Company:** Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

			DED-350-RXDED-DHMO(01-26)HIX, DC-DP-ESSENTIAL-SILVER-4850-DED-350-RXDED-DHMO-RX(01-26)HIX, DC-DP-ESSENTIAL-SILVER-4000-DED-350-RXDED-CSR-DHMO(01-26)HIX, DC-DP-ESSENTIAL-SILVER-4000-DED-350-RXDED-CSR-DHMO-RX(01-26)HIX, DC-DP-ESSENTIAL-SILVER-150-DED-CSR-DHMO(01-26)HIX, DC-DP-ESSENTIAL-SILVER-150-DED-CSR-DHMO-RX(01-26)HIX, DC-DP-ESSENTIAL-SILVER-0-DED-CSR-HMO(01-26)HIX, DC-DP-ESSENTIAL-SILVER-0-DED-CSR-HMO-RX(01-26)HIX, DC-DP-ESSENTIAL-BRONZE-7500-DED-1000-RXDED-DHMO(01-26)HIX, DC-DP-ESSENTIAL-BRONZE-7500-DED-1000-RXDED-DHMO-RX(01-26)HIX, DC-DP-BRONZE-6350-DED-HSA-VISION-HDHP(01-26)HIX, DC-DP-BRONZE-6350-DED-HSA-VISION-HDHP-RX(01-26)HIX, DC-DP-0-0-AI-VISION-HMO(01-26)HIX, DC-DP-AI-0-0-VISION-ALL-RX(01-26)HIX, DC-DP-0-0-AI-VISION(01-26)HIX, DC-DP-0-0-AI-VISION-HMO-PLUS(01-26)HIX, DC-DP-AI-0-0-VISION-HMO-PLUS-RX(01-26)HIX			
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**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Rates Effective January 1, 2026**

**Appendix I-A**

	1	2	3	4	5	6	7	8	9
	94506DC0390001	94506DC0390002	94506DC0390017	94506DC0390011	94506DC0390003	94506DC0390013	94506DC0390015	94506DC0390004	94506DC0390005
Age	KP DC Essential Platinum 0 Ded/Vision	KP DC Gold 0 Ded/100 Rx Ded/Vision	KP DC Gold Plus 0 Ded/100 Rx Ded/Vision	KP DC Essential Gold 500 Ded/Vision	KP DC Gold 1000 Ded/200 Rx Ded/Vision	KP DC Gold 1800 Ded/HSA/Vision	KP DC Gold Virtual Forward 2000 Ded	KP DC Silver 3500 Ded/1200 Rx Ded/Vision	KP DC Essential Silver 4850 Ded/350 Rx Ded
20 and under	576.89	521.42	563.13	542.84	484.36	450.78	462.24	436.40	435.49
21	641.28	579.62	625.99	603.43	538.43	501.10	513.84	485.11	484.10
22	641.28	579.62	625.99	603.43	538.43	501.10	513.84	485.11	484.10
23	641.28	579.62	625.99	603.43	538.43	501.10	513.84	485.11	484.10
24	641.28	579.62	625.99	603.43	538.43	501.10	513.84	485.11	484.10
25	641.28	579.62	625.99	603.43	538.43	501.10	513.84	485.11	484.10
26	641.28	579.62	625.99	603.43	538.43	501.10	513.84	485.11	484.10
27	641.28	579.62	625.99	603.43	538.43	501.10	513.84	485.11	484.10
28	656.28	593.17	640.63	617.54	551.02	512.82	525.86	496.45	495.42
29	670.39	605.93	654.40	630.82	562.87	523.85	537.16	507.13	506.07
30	687.15	621.08	670.77	646.59	576.94	536.94	550.59	519.81	518.73
31	704.79	637.02	687.99	663.19	591.75	550.73	564.73	533.15	532.04
32	720.67	651.37	703.49	678.13	605.09	563.13	577.45	545.16	544.03
33	737.43	666.52	719.85	693.90	619.16	576.23	590.88	557.84	556.68
34	755.07	682.47	737.07	710.50	633.97	590.02	605.02	571.19	570.00
35	772.71	698.41	754.29	727.10	648.78	603.80	619.15	584.53	583.32
36	790.35	714.36	771.51	743.70	663.59	617.59	633.29	597.88	596.63
37	808.00	730.31	788.73	760.31	678.41	631.37	647.42	611.23	609.95
38	817.70	739.08	798.20	769.44	686.55	638.95	655.20	618.57	617.28
39	827.40	747.85	807.67	778.57	694.70	646.54	662.97	625.91	624.60
40	860.04	777.34	839.53	809.28	722.10	672.04	689.13	650.59	649.24
41	893.56	807.64	872.25	840.82	750.25	698.23	715.98	675.95	674.54
42	928.84	839.53	906.70	874.02	779.87	725.80	744.26	702.64	701.18
43	965.01	872.22	942.00	908.05	810.24	754.06	773.23	730.00	728.48
44	1,002.94	906.50	979.02	943.74	842.08	783.70	803.63	758.69	757.11
45	1,041.75	941.58	1,016.91	980.26	874.67	814.03	834.72	788.05	786.41
46	1,082.33	978.26	1,056.52	1,018.44	908.74	845.74	867.24	818.75	817.04
47	1,124.67	1,016.53	1,097.85	1,058.29	944.29	878.82	901.16	850.78	849.01
48	1,168.77	1,056.39	1,140.90	1,099.79	981.32	913.28	936.50	884.14	882.30
49	1,214.64	1,097.85	1,185.68	1,142.95	1,019.83	949.13	973.26	918.84	916.93
50	1,262.27	1,140.90	1,232.18	1,187.77	1,059.83	986.35	1,011.42	954.87	952.88
51	1,311.67	1,185.55	1,280.39	1,234.25	1,101.30	1,024.95	1,051.00	992.24	990.17
52	1,362.83	1,231.79	1,330.34	1,282.39	1,144.26	1,064.92	1,092.00	1,030.94	1,028.80
53	1,415.76	1,279.63	1,382.00	1,332.19	1,188.69	1,106.28	1,134.41	1,070.98	1,068.75
54	1,471.33	1,329.86	1,436.25	1,384.49	1,235.35	1,149.70	1,178.93	1,113.02	1,110.70
55	1,528.66	1,381.68	1,492.22	1,438.44	1,283.49	1,194.51	1,224.88	1,156.39	1,153.98
56	1,588.65	1,435.89	1,550.77	1,494.88	1,333.85	1,241.38	1,272.94	1,201.76	1,199.26
57	1,650.39	1,491.70	1,611.04	1,552.98	1,385.70	1,289.63	1,322.41	1,248.47	1,245.87
58	1,714.78	1,549.91	1,673.90	1,613.57	1,439.76	1,339.94	1,374.01	1,297.19	1,294.48
59	1,781.82	1,610.50	1,739.34	1,676.66	1,496.05	1,392.33	1,427.73	1,347.90	1,345.09
60	1,851.51	1,673.48	1,807.36	1,742.23	1,554.56	1,446.78	1,483.56	1,400.61	1,397.70
61	1,923.84	1,738.86	1,877.97	1,810.29	1,615.29	1,503.30	1,541.52	1,455.33	1,452.30
62	1,923.84	1,738.86	1,877.97	1,810.29	1,615.29	1,503.30	1,541.52	1,455.33	1,452.30
63	1,923.84	1,738.86	1,877.97	1,810.29	1,615.29	1,503.30	1,541.52	1,455.33	1,452.30
64+	1,923.84	1,738.86	1,877.97	1,810.29	1,615.29	1,503.30	1,541.52	1,455.33	1,452.30

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

Market: District of Columbia Individual

Rates Effective January 1, 2026

Appendix I-B

	10	11	12	13	14
	94506DC0390016	94506DC0390007	94506DC0390012	94506DC0390010	94506DC0390008
Age	KP DC Silver Virtual Forward 4000 Ded	KP DC Essential Bronze 7500 Ded/1000 RxDed	KP DC Bronze 6500 Ded/Vision	KP DC Bronze 6350 Ded/HSA/Vision	KP DC Catastrophic 10150 Ded/Vision
20 and under	392.41	385.91	378.50	374.44	262.07
21	436.21	428.99	420.75	416.23	291.32
22	436.21	428.99	420.75	416.23	291.32
23	436.21	428.99	420.75	416.23	291.32
24	436.21	428.99	420.75	416.23	291.32
25	436.21	428.99	420.75	416.23	291.32
26	436.21	428.99	420.75	416.23	291.32
27	436.21	428.99	420.75	416.23	291.32
28	446.41	439.02	430.59	425.96	298.13
29	456.01	448.46	439.85	435.12	304.54
30	467.41	459.67	450.84	446.00	312.16
31	479.41	471.48	462.42	457.45	320.17
32	490.21	482.10	472.84	467.76	327.38
33	501.61	493.31	483.83	478.64	335.00
34	513.61	505.11	495.41	490.09	343.01
35	525.61	516.91	506.98	501.54	351.03
36	537.61	528.71	518.56	512.99	359.04
37	549.61	540.52	530.13	524.44	367.06
38	556.21	547.01	536.50	530.74	371.46
39	562.81	553.50	542.87	537.03	375.87
40	585.01	575.33	564.28	558.22	390.70
41	607.81	597.75	586.27	579.97	405.92
42	631.81	621.36	609.42	602.88	421.95
43	656.42	645.55	633.15	626.35	438.38
44	682.22	670.92	658.04	650.97	455.61
45	708.62	696.89	683.50	676.16	473.24
46	736.22	724.03	710.12	702.50	491.68
47	765.02	752.36	737.90	729.98	510.91
48	795.02	781.86	766.84	758.60	530.95
49	826.22	812.54	796.94	788.38	551.78
50	858.62	844.41	828.19	819.29	573.42
51	892.22	877.45	860.60	851.35	595.86
52	927.02	911.68	894.17	884.56	619.11
53	963.02	947.08	928.89	918.91	643.15
54	1,000.82	984.26	965.35	954.98	668.39
55	1,039.82	1,022.61	1,002.97	992.20	694.44
56	1,080.62	1,062.74	1,042.33	1,031.13	721.69
57	1,122.63	1,104.04	1,082.84	1,071.21	749.74
58	1,166.43	1,147.12	1,125.09	1,113.00	778.99
59	1,212.03	1,191.97	1,169.07	1,156.51	809.44
60	1,259.43	1,238.58	1,214.79	1,201.74	841.10
61	1,308.63	1,286.97	1,262.25	1,248.69	873.96
62	1,308.63	1,286.97	1,262.25	1,248.69	873.96
63	1,308.63	1,286.97	1,262.25	1,248.69	873.96
64+	1,308.63	1,286.97	1,262.25	1,248.69	873.96

<b>SERFF Tracking #:</b>	KPMA-134491399	<b>State Tracking #:</b>	<b>Company Tracking #:</b>
<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
<b>TOI/Sub-TOI:</b>	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
<b>Product Name:</b>	2026 DC Individual Rate Filing		
<b>Project Name/Number:</b>	/		

URRT

State Determination

<b>Review Status:</b>	Incomplete
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URRT Items

Item Name	Attachment(s)
Actuarial Memorandum	2026_DC_Individual_Actuarial_Memorandum_and_Exhibits_05.01.2025.pdf
Actuarial Memorandum - Redacted	2026_DC_Individual_Actuarial_Memorandum_05.01.2025.pdf
Consumer Justification Narrative	Part_II_Justification_DC_IVL_2026_5.01.2025.pdf

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**

**District of Columbia - 2026 Individual Rate Filing**

**Part III – Actuarial Memorandum and Certification**

**Form Numbers:**

DC-DP-GOLD-0-DED-100-RXDED-VISION-HMO(01-26)HIX, DC-DP-GOLD-0-DED-100-RXDED-VISION-HMO-RX(01-26)HIX, DC-DP-GOLD-PLUS-0-DED-100-RXDED-VISION-HMO(01-26)HIX, DC-DP-GOLD-PLUS-0-DED-100-RXDED-VISION-HMO-RX(01-26)HIX, DC-DP-GOLD-1000-DED-200-RXDED-VISION-DHMO(01-26)HIX, DC-DP-GOLD-1000-DED-200-RXDED-VISION-DHMO-RX(01-26)HIX, DC-DP-GOLD-VIRTUAL-FORWARD-2000-DED-DHMO(01-26)HIX, DC-DP-GOLD-VIRTUAL-FORWARD-2000-DED-DHMO-RX(01-26)HIX, DC-DP-GOLD-1800-DED-HSA-VISION-HDHP(01-26)HIX, DC-DP-GOLD-1800-DED-HSA-VISION-HDHP-RX(01-26)HIX, DC-DP-SILVER-3500-DED-1200-RXDED-VISION-DHMO(01-26)HIX, DC-DP-SILVER-3500-DED-1200-RXDED-VISION-DHMO-RX(01-26)HIX, DC-DP-SILVER-3100-DED-1100-RXDED-CSR-VISION-DHMO(01-26)HIX, DC-DP-SILVER-3100-DED-1100-RXDED-CSR-VISION-DHMO-RX(01-26)HIX, DC-DP-SILVER-0-DED-0-30-RXDED-CSR-VISION-HMO(01-26)HIX, DC-DP-SILVER-0-DED-0-30-RXDED-CSR-VISION-HMO-RX(01-26)HIX, DC-DP-SILVER-0-DED-CSR-VISION-HMO(01-26)HIX, DC-DP-SILVER-0-DED-CSR-VISION-HMO-RX(01-26)HIX, DC-DP-SILVER-VIRTUAL-FORWARD-4000-DED-DHMO(01-26)HIX, DC-DP-SILVER-VIRTUAL-FORWARD-4000-DED-DHMO-RX(01-26)HIX, DC-DP-SILVER-VIRTUAL-FORWARD-2500-DED-CSR-DHMO(01-26)HIX, DC-DP-SILVER-VIRTUAL-FORWARD-2500-DED-CSR-DHMO-RX(01-26)HIX., DC-DP-SILVER-VIRTUAL-FORWARD-750-DED-CSR-DHMO(01-26)HIX, DC-DP-SILVER-VIRTUAL-FORWARD-750-DED-CSR-DHMO-RX(01-26)HIX, DC-DP-SILVER-VIRTUAL-FORWARD-0-DED-CSR-HMO(01-26)HIX, DC-DP-SILVER-VIRTUAL-FORWARD-0-DED-CSR-HMO-RX(01-26)HIX, DC-DP-BRONZE-6500-DED-VISION-DHMO(01-26)HIX, DC-DP-BRONZE-6500-DED-VISION-DHMO-RX(01-26)HIX, DC-DP-CATASTROPHIC-10150-DED-VISION-DHMO(01-26)HIX, DC-DP-CATASTROPHIC-10150-DED-VISION-DHMO-RX(01-26)HIX, DC-DP-ESSENTIAL-PLATINUM-0-DED-VISION-HMO(01-26)HIX, DC-DP-ESSENTIAL-PLATINUM-0-DED-VISION-HMO-RX(01-26)HIX, DC-DP-ESSENTIAL-GOLD-500-DED-VISION-DHMO(01-26)HIX, DC-DP-ESSENTIAL-GOLD-500-DED-VISION-DHMO-RX(01-26)HIX, DC-DP-ESSENTIAL-SILVER-4850-DED-350-RXDED-DHMO(01-26)HIX, DC-DP-ESSENTIAL-SILVER-4850-DED-350-RXDED-DHMO-RX(01-26)HIX, DC-DP-ESSENTIAL-SILVER-4000-DED-350-RXDED-CSR-DHMO(01-26)HIX, DC-DP-ESSENTIAL-SILVER-4000-DED-350-RXDED-CSR-DHMO-RX(01-26)HIX, DC-DP-ESSENTIAL-SILVER-150-DED-CSR-DHMO(01-26)HIX, DC-DP-ESSENTIAL-SILVER-150-DED-CSR-DHMO-RX(01-26)HIX, DC-DP-ESSENTIAL-SILVER-0-DED-CSR-HMO(01-26)HIX, DC-DP-ESSENTIAL-SILVER-0-DED-CSR-HMO-RX(01-26)HIX, DC-DP-ESSENTIAL-BRONZE-7500-DED-1000-RXDED-DHMO(01-26)HIX, DC-DP-ESSENTIAL-BRONZE-7500-DED-1000-RXDED-DHMO-RX(01-26)HIX, DC-DP-BRONZE-6350-DED-HSA-VISION-HDHP(01-26)HIX, DC-DP-BRONZE-6350-DED-HSA-VISION-HDHP-RX(01-26)HIX, DC-DP-0-0-AI-VISION-HMO(01-26)HIX, DC-DP-AI-0-0-VISION-ALL-RX(01-26)HIX, DC-DP-0-0-AI-VISION(01-26)HIX, DC-DP-AI-0-0-VISION-ALL-RX(01-26)HIX, DC-DP-0-0-AI-VISION-HMO-PLUS(01-26)HIX, DC-DP-AI-0-0-VISION-HMO-PLUS-RX(01-26)HIX

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
District of Columbia - 2026 Individual Rate Filing  
Part III – Actuarial Memorandum and Certification**

**1. Purpose**

This document contains the Part III Actuarial Memorandum for Kaiser Foundation Health Plan (“KFHP”) of the Mid-Atlantic States’ Individual business segment rates in the District of Columbia, with an effective date on or after January 1, 2026. These Individual rates are guaranteed through December 31, 2026. These products are offered on the Insurance Exchange. This rate filing applies to new and renewal business on a guaranteed issue basis with no age limitations. This filing does not cover grandfathered products that existed prior to 2026. This actuarial memorandum is submitted in conjunction with the Part I Unified Rate Review Template (“URRT”) and is in compliance with 45 CFR § 156.215. The purpose of the actuarial memorandum is to provide certain information related to the submission of premium rate filings, including support for the values entered in the Part I URRT. This memorandum may not be appropriate for other purposes.

All products offered are comprehensive medical plans and range from no-deductible HMO style plans to high-deductible Health Savings Account (“HSA”) qualified plans. All products include pediatric dental benefits and cover all required Essential Health Benefits (“EHBs”).

**2. General Information Section**

**Company Identifying Information**

Company Legal Name:	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
State:	District of Columbia
HIOS Issuer ID:	94506
Market:	Individual Market On Exchange
Effective Date:	January 1, 2026

**Company Contact Information**

Primary Contact Name:	Stephen Chuang
Primary Contact Email Address:	Stephen.Chuang@kp.org
Secondary Contact Name:	Samantha Saad
Secondary Contact Email Address:	Samantha.G.Saad@kp.org

**3. Proposed Rate Changes**

Primary factors that affect the rate change for these plans are:

- Claims experience of the single risk pool different than projected in the previous year.
- Medical inflation.
- Changes in population morbidity and demographic make-up of the pool.
- Risk adjustment transfer payments into the district-wide risk adjustment pool.



**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
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- Benefit plan design adjustments, including those made to comply with Actuarial Value (“AV”) requirements which results in varying rate changes by plan.
- Federal and District taxes and fees.
- Enhanced subsidies from ARPA assumed to expire at the end of 2025.

The proposed average rate change is 12.9%. The average rate change does not indicate that every member’s rate will change by this amount as rates are affected by the ages of those covered and benefits chosen.

Proposed rates by plan can be found in the Appendix.

#### **4. Market Experience**

##### **4.1. Experience and Current Period Premium, Claims and Enrollment**

###### ***Premium***

Data for experience period and current period premiums through January 2025 is pulled from KFHP’s data base which reflects premiums paid by policy holders. No MLR rebates were required for the experience period.

###### ***Claims***

The experience period claims for the Individual and Small Group single risk pool are shown in Exhibit 2.

The claims data is for the incurred period January 2024 through December 2024 and paid through February 2025, including estimates for incurred but not reported claims. Net cost data from internal cost systems (i.e., the cost for medical services delivered within our integrated delivery system), fee for service claims, capitations and prescription drug claims net of drug rebates are aggregated to determine annual claims. Allowed claims are calculated based on system paid claims divided by the experience period paid benefit to allowed ratio expected for the plans offered in the experience period, plus dental capitations.

Incurred but not reported estimates for non-capitated services incurred outside of Kaiser are developed using the completion factor method consistent with KFHP’s monthly reserve estimate process. The completion factors are based on all commercial claims which includes Individual, Small Group and Large Group business segments. Non-capitated services incurred within Kaiser are based on allocated cost algorithms. Except for capitated expenses, all claims are processed by KFHP’s internal systems. Capitated expenses are based on a monthly contractual PMPM amount paid to the vendor. Capitated and non-capitated expenses are shown separately in Exhibit 2.

###### ***Enrollment***

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Experience period and current period enrollment evaluated as of February 2025 is pulled from KFHP's member data base.

**4.2. Benefit Categories**

Claims are assigned to one of the following benefit service categories: Inpatient Hospital, Outpatient Hospital, Professional, Other Medical, Capitation and Prescription Drugs. The categorization is derived from each claim's specific information on services rendered, the location of service, and the type of provider. The categorization is an automated process within KFHP's data warehouse. Examples of services by benefit category include:

<b>Benefit Category</b>	<b>Services</b>
Inpatient Hospital	Inpatient Facility, Inpatient Visits, Inpatient Surgery, Maternity
Outpatient Hospital	Outpatient Facility, Emergency/Urgent Care, Outpatient Surgery
Professional	Diagnostic Services, Office Visits, Cardiovascular, Dialysis, PT/OT/ST
Other Medical	Other Services
Capitation	Dental
Prescription Drug	Pharmacy

**4.3. Projection Factors**

**4.3.1 Trend Factors**

Projected trend factors are based on a mixture of expected industry trends, future fixed costs, and expected internalization of services, i.e., movement of medical care delivery between contracted external providers and our integrated delivery system. As an integrated health care provider, the majority of KFHP's expenses are the internal costs associated with providing medical care through Kaiser owned facilities. Therefore, the projected cost that is included in our total revenue requirement is primarily based on budgeting.

For traditional carriers, projected cost per service and utilization per member trends are developed to project expected future costs. However, given KFHP's fixed cost structure, KFHP's projected claims trends largely stem from the development of budgeted costs for the rating year. For the period from 2024 to 2026, our projected total annualized medical expense trend for the ACA pool is 5.1%.

Exhibit 4 includes an allocation of trend into cost and utilization service categories which is derived for use in the URRT.

**4.3.2 Adjustments to Trended EHB Allowed Claims PMPM**

**Morbidity Adjustment**

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For the rating period, morbidity for enrollees overall is expected to be similar to the morbidity of members in the experience period data. The expected relative cost of new members coming into the pool is expected to be lower than the cost of continuously enrolled members. A net morbidity factor reflecting the relative difference in cost is applied to projected claims weighted by the expected member months in each cohort. Development of this factor is shown in Exhibit 5.

**Demographic Shift**

Base period claims experience is adjusted for the average mix of population by age in the experience period membership. The average age factor is developed by applying the District of Columbia (“DC”) standard age curve to experience period member months. The same calculation is performed for projected rating period membership, which is based on actual KFHP enrolled members for the current period adjusted for expected distribution changes in the rating period. The projected age factor used is the closest rounded-age factor from the DC standard age curve. The projected allowed claims are then multiplied by the change in the average age factor from the experience to the rating period. The development of the average age factor is shown in Exhibit 6.

**Network**

There are no changes to network factors. The average network factor shown in Exhibit 7 is unchanged.

**Plan Design Changes**

All plans have cost sharing in the rating period that generates different levels of utilization when compared with utilization underlying the experience period plans. The net impact is reflected as the change in average utilization from the experience period to the rating period shown in Exhibit 8. This change is calculated by dividing the average utilization adjustment in the projection period by the base period average utilization. Changes from the experience period to the projection period may include, but is not limited to, updates to Kaiser’s benefit factor rating model and member mix changes across plans in the projection period compared to the experience period.

**Other Adjustments**

No adjustments or factors, other than those previously discussed in this section, have been used to project the experience period allowed claims to the projection period.

**4.3.3 Manual Rate Adjustments**

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KFHP considers the experience period data to be fully credible, and has not employed the use of additional, external claims data to develop a manual rate.

**4.3.4 Credibility of Experience**

KFHP had approximately 89,000 covered lives in the single risk pool for the experience period, which is considered fully credible. Actuarial Standard of Practice #25 was considered when making this determination.

**4.3.5 Establishing the Index Rate**

The experience period data includes claims for non-EHBs. Claims for non-EHBs were removed from the allowed amount by applying the experience period ratio of EHB claims to total claims to the experience period allowed amounts. The non-EHB removal factor is shown in Exhibit 9.

**4.3.6 Development of the Market-wide Adjusted Index Rate (“MAIR”)**

Calculation of the MAIR is shown on Exhibit 1. The factors used in the calculation, e.g. demographic adjustment, are described above and in the section immediately below.

**Paid to Allowed Ratio**

The projected 2026 paid to allowed ratio is calculated as the average effective plan design factor. The average plan design accounts for the projected member distribution across the available plans.

**Reinsurance**

Reinsurance is currently not applicable.

**Risk Adjustment**

KFHP’s experience period risk adjustment transfer for the Individual pool is estimated to be (\$117.10) PMPM. The projected risk adjustment transfer of (\$146.27) PMPM is based on expected experience period results by metal tier projected to the rating year.

Exhibit 10 shows KFHP’s experience period and projection of risk adjustment transfers which could include the impact of CMS changes to the risk adjustment transfer formula. The experience period transfer estimate is based on an ongoing study by a third-party consulting firm. The projected transfer PMPMs by metal level are adjusted for assumed risk scores for continuing and future new members entering the pool vs experience period risk scores. Anticipated market average premium increases and projected KFHP enrollment mix between metal levels also impacts the overall average transfer PMPM.

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**Exchange User Fees**

DC's Annual Assessment amount is the basis for the Exchange User Fee Factor used in Exhibit 1.

**4.4. Plan Adjusted Index Rate ("PAIR")**

Allowable plan level modifiers are applied to the MAIR to develop PAIRs which are shown on Exhibit 12. Allowable adjustments used in rate development include the following:

**Non-EHB Adjustment**

Rating period non-EHB covered benefits are added back to plan rates as a multiplier when calculating the Plan Adjusted Index Rate for each plan. Development of the non-EHB multiplier is shown in Exhibit 9.

**Plan Level Adjustments**

In 2017, the Federal Administration decided against funding the Cost Share Reduction ("CSR") provision of the ACA. The consequence of eliminating CSR subsidies would have had an impact to on-Exchange Silver plan rates but KFHP is not loading the impact into any rates as the amount is small. The impact is shown on Exhibit 15 for informational purposes only.

An adjustment accounting for differences in network, if applicable, is applied at the plan level. Network adjustments, shown on Exhibit 7, are unchanged from prior years.

Plan level benefit richness factors were developed using a consultant's Managed Care Rating Model calibrated with Kaiser-specific data. The factors are applied based on the expected utilization by plan normalized to the overall pool.

Additionally, plan design adjustments accounting for differences in cost sharing between plans have been developed using the same consultant's Managed Care Rating Model calibrated with Kaiser-specific data.

**Catastrophic Plan Adjustment**

A catastrophic specific plan adjustment, when applicable, accounts for the eligibility requirements for consumers eligible to purchase the catastrophic plan compared to the entire pool.

**Retention (Administrative Expense, Taxes & Fees, Profit & Risk Margin)**

Retention amounts for the experience period and rating period are shown on Exhibit 11. Projected retention is added uniformly across all plans.

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**4.5. Calibration**

Calibration of the Plan Adjusted Index Rates is necessary in order to calculate Consumer Adjusted Premium Rates. The Plan Adjusted Index Rates are developed for the average member within the Single Risk Pool. Based upon the allowable rating parameters, factors are developed to calibrate the Plan Adjusted Index Rates to generate Consumer Adjusted Premium Rates. The calibrated Plan Adjusted Index Rates have been defined as Base Rates, and the calibration factors are applied uniformly to all plans in the single risk pool.

**Age Curve Calibration**

The determination of the calibration factor is based upon the DC Standard Age Curve and KFHP internal current period enrollment data. A weighted average age factor is calculated as the product of the enrollment by age and the unadjusted DC age factors. The projected age factor used is the interpolated age factor from the DC standard age curve. The Plan Adjusted Index Rates are then multiplied by the ratio of the age 21 factor and the projected age factor to adjust to rates for an individual aged 21. This ratio, or calibration factor, is 0.673. The development of the average age and calibration factors is shown in Exhibit 6.

**Area Factor Calibration**

KFHP does not vary rates by rating area, therefore the area calibration factor is 1.00.

**4.6. Consumer Adjusted Premium Rate Development**

Age 21 Plan Adjusted Index Rates are shown on Exhibit 12. The base rates are adjusted using the DC age slope factors on Exhibit 6 to generate age specific rates. The age slope factor for a member is based on the member's age as of the effective date of coverage and remains unchanged for the remainder of the policy period. Where applicable, a quarterly rate adjustment is applied depending on the quarter of the policy's effective date. Quarterly rate factors are shown on Exhibit 13. Note that only the three oldest children under the age of 21 on a family policy are rated.

**5. Projected Loss Ratio**

Exhibit 14 provides an estimate of the Medical Loss Ratio (MLR) based upon assumptions in this rate filing for the projection year for the combined Small Group and Individual line of business pools. The combined traditional MLR is expected to be about 97%.

**Federal Medical Loss Ratio**

Using the federally prescribed methodology, we project the combined loss ratio to be about 99%.

**6. Plan Product Information**

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**6.1. Actuarial Value (“AV”) Metal Values**

The AV Metal Values were developed based on the CMS Actuarial Value calculator, as all plans’ designs were compatible with the calculator. The Federal AVs are shown on the AV screen shots submitted in the Supporting Documentation section in SERFF.

**AV Pricing Values/Allowable Plan Level Adjustments**

Per the URRT Instructions, the Allowable Plan Level Adjustments include plan specific adjustment factors for the Cost-Sharing Design of each plan in addition to the EHBs, and administrative costs. The effective plan design adjustment components of the plan level adjustments are calculated using a proprietary pricing model, which reflects a standard population and KFHP specific data. Induced demand adjustments are based on CMS determined factors. The pricing method is consistent among all plans and does not include any differences in utilization due to differing health status of members in different cost-sharing designs.

The AV pricing values, i.e., plan design factors for 2025 plans have changed due to routine updates to the pricing model and/or changes to cost sharing amounts. These changes can have different effects on each plan design, which can lead to non-uniform rate changes between the plans.

**6.2. Membership Projections**

Current year member projections are based on current year open enrollment results and expected additions and cancellations occurring throughout the remainder of the year. Rating year member projections are based on KFHP forecasts.

**6.3. Plan Type**

There are no plan types that are not listed in the Worksheet 2 drop-down box.

**7. Miscellaneous**

**7.1. Reliance**

All data and assumptions contained in this filing were prepared by a team of KFHP employees.

**7.2. Historical Rate Revisions Effective January 1**

<b>2020</b>	<b>5.0%</b>
<b>2021</b>	<b>-2.0%</b>
<b>2022</b>	<b>0.0%</b>
<b>2023</b>	<b>17.0%</b>

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<b>2024</b>	<b>12.0%</b>
<b>2025</b>	<b>8.0%</b>

**7.3. Estimated Average Premium**

Estimated average premiums per member and per policy for the current year and projection year are shown below. The projected premium includes the requested rate increase as well as the impact of expected membership changes between products.

	Per Member Per Year	Per Policy Per Year
Current Year	\$7,755	\$9,164
Projection Year	\$8,755	\$10,345

**7.4. Exhibit Table of Contents**

Exhibit 1	Market Index Rate
Exhibit 2	Allowed Claim PMPMs
Exhibit 3	Capitations
Exhibit 4	Trend Factors
Exhibit 5	Morbidity Factor
Exhibit 6	Demographics
Exhibit 7	Network Factor
Exhibit 8	Utilization Adjustment
Exhibit 9	Non-Essential Health Benefit Adjustments
Exhibit 10	Risk Adjustment Projection
Exhibit 11	Retention
Exhibit 12	Plan Adjusted Index Rate
Exhibit 13	Quarterly Renewal Factors
Exhibit 14	Projected Medical Loss Ratio
Exhibit 15	Cost Share Reduction Subsidy Non-Funding Impact
Appendix 1	Plan Rates by Age



**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
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**Actuarial Certification**

I, Stephen Chuang, Senior Actuarial Associate, Mid-Atlantic States, for Kaiser Foundation Health Plan (KFHP), am a member in good standing of the American Academy of Actuaries. I meet the qualification standards for certifying Regulatory Filings for Rates and Financial Projections for Health Plans.

This Actuarial Certification applies to the attached filing for an approval of premium rates for Individual plans sold on the Exchange. This actuarial memorandum documents the assumptions and sources of data pertaining to the development of KFHP premium rates effective January 2026.

- To the best of my knowledge and judgment, this rate filing is compliant with all applicable District of Columbia and Federal Statutes and Regulations, including 45 CFR §156.80 and §147.102, and the premiums are reasonable in relation to the benefits provided.
- Rates are developed in accordance with 45 CFR part 147.102 and only the allowable modifiers as described in 45 CFR §156.80(d)(1) and §156.80(d)(2) were used to generate plan level rates.
- The federal AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans.
- This filing is consistent with KFHP's internal business plans.
- The adjusted community rate charged can be reasonably expected to result in a medical loss ratio that, under ACA definitions, meets or exceeds the minimum requirement.

Rates, calculations, and values were developed accordance with generally accepted actuarial principles and methodologies for rating blocks of business and in accordance with the Code of Professional Conduct and the following Actuarial Standards of Practice:

- ASOP No. 5, Incurred Health and Disability Claims
- ASOP No. 8, Regulatory Filings for Health Plan Entities
- ASOP No. 12, Risk Classification
- ASOP No. 23, Data Quality
- ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
- ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans (Small Group Filings only)
- 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

**Qualifications:**

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

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**District of Columbia - 2026 Individual Rate Filing**  
**Part III – Actuarial Memorandum and Certification**

2. The information contained within this filing reflects the District of Columbia and Federal statutes, rules, regulations, and guidance as of May 1, 2025. Changes to the applicable regulations, including but not limited to Risk Stabilization programs could have a significant impact on rate development. Subsequent changes to these statutes, rules, and regulations may make these rates unacceptably deficient could necessitate revisions to this filing.
3. While the filed rates are neither excessive nor unfairly discriminatory, KFHP leadership has targeted increased affordability resulting in rates that have a negative expected margin. However, KFHP's business plan calls for positive overall margin which would support the expected results on this line of business and provide a buffer for adverse deviation.



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Stephen Chuang, ASA, MAAA  
Senior Actuarial Associate  
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
May 1, 2025

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 1**  
**Market Adjusted Index Rate**

Source/Formula	Component	Value
(1) Exhibit 2	Experience Period Allowed PMPM	\$500.18
(2) Exhibit 9	Remove Non-EHBs Adjustment Factor	0.990
(3) = (1) x (2)	Experience Period Index Rate PMPM	\$494.94
(4) Exhibit 4	Annualized Medical Trend	5.1%
(5)	Months of Trend	24
(6) = (1+ (4)) ^ (24/12)	Trend Factor	1.104
(7) = (3) x (6)	Unadjusted Projected Allowed EHB PMPM	\$546.63
<u>Single Risk Pool Adjustments</u>		
(8) Exhibit 5	Change in Morbidity	1.009
(9) Exhibit 6	Change in Demographics	1.016
(10) Exhibit 7	Change in Network	1.000
(11) Exhibit 8	Change in Utilization	1.000
(12)	Change in Other	1.000
<b>(13) = product (7) thru (12)</b>	<b>Projected Allowed EHBs PMPM</b>	<b>\$560.37</b>
(14) Exhibit 12	Projected Paid to Allowed Ratio	0.825
(15) = (13) x (14)	Projected Paid EHBs PMPM	\$462.24
<u>Marketwide Adjustments</u>		
(16) Exhibit 10	Projected Risk Adj Transfer PMPM	(\$146.27)
(17)	Projected Exchange User Fee Factor	1.008
(18) = [(15) - (16)] * (17)	Market Adjusted Projected Paid EHB PMPM	\$613.11
<b>(19) = (18) / (14)</b>	<b>Market Adjusted Projected Allowed EHB PMPM</b>	<b>\$743.27</b>
(20) Exhibit 9	Non-EHBs Loading Factor	1.008
(21) = (20) x (18)	Market Adjusted Projected Paid Total PMPM	\$618.00

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**

**Market: District of Columbia Individual**

**Exhibit 2**  
**Allowed Claim PMPMs**

<b>Pool</b>	<b>Member Months</b>	<b>Calculated Allowed</b>	<b>Capitation</b>	<b>Completion</b>	<b>Total</b>
Individual	30,950	\$610.31	\$0.80	\$6.00	\$617.11
Small Group	57,616	432.32	0.80	4.25	437.37
Overall	88,566	\$494.52	\$0.80	\$4.86	<b>\$500.18</b>

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**

**Market: District of Columbia Individual**

**Exhibit 3  
Capitations**

Source/Formula	Component	Combined
<i>Experience Period - Essential Health Benefits</i>		
(1) Input	Pediatric Dental PMPM	\$0.80
<i>Projection Period - Essential Health Benefits</i>		
(2) Expected Contract Rate	Pediatric Dental Cap	\$5.85
(3) Exhibit 6	Percentage of Children < 21	14.1%
(4) = (2) x (3)	Pediatric Dental PMPM	\$0.82
<b>(5) = (4)</b>	<b>Projection Period EHB - Total</b>	<b>\$0.82</b>
<i>Projection Period - Non Essential Health Benefits</i>		
(6) Input	Adult Dental PMPM	\$0.00
<b>(7) = (6)</b>	<b>Projection Period Non-EHB - Total</b>	<b>\$0.00</b>

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 4**  
**Trend Factors**

<b>Category</b>	<b>Cost</b>	<b>Utilization</b>	<b>Trend</b>
Inpatient	5.2%	1.5%	6.8%
Outpatient	4.2%	1.4%	5.7%
Professional	1.5%	1.5%	2.9%
Other	2.1%	3.6%	5.8%
Capitation	0.0%	0.0%	0.0%
Rx	5.7%	5.4%	11.4%
<b>Overall</b>	<b>5.1%</b>		

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 5**  
**Morbidity Factor**

	<b>Member Months</b>	<b>Relative Morbidity</b>
(1) Experience Period Single Risk Pool	88,566	1.000
(2) Continuing Experience Period Members	50,595	1.021
(3) Continuing Current Year New Members	15,829	1.008
(4) Projection Period New Members	18,055	0.978
(5) Projection Period Single Risk Pool	84,478	1.009
(6) Adjustment for Change in Risk = [ (5) / (1) ]		1.009

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 6**  
**Demographics**

Ages	DC Age Slope	Member Distribution	
		Experience Period	Current Period
0-14	0.654	10.3%	10.2%
15	0.654	0.6%	0.7%
16	0.654	0.8%	0.7%
17	0.654	0.5%	0.8%
18	0.654	0.5%	0.5%
19	0.654	0.6%	0.6%
20	0.654	0.7%	0.6%
21	0.727	0.8%	0.7%
22	0.727	1.4%	1.2%
23	0.727	1.9%	1.6%
24	0.727	2.0%	2.0%
25	0.727	2.9%	2.3%
26	0.727	3.5%	3.2%
27	0.727	3.6%	3.5%
28	0.744	3.3%	3.5%
29	0.760	3.1%	3.1%
30	0.779	3.0%	3.0%
31	0.799	3.0%	2.8%
32	0.817	2.7%	2.6%
33	0.836	2.8%	2.7%
34	0.856	2.7%	2.8%
35	0.876	2.8%	2.4%
36	0.896	2.0%	2.6%
37	0.916	2.2%	1.8%
38	0.927	1.9%	2.3%
39	0.938	2.1%	2.1%
40	0.975	2.1%	2.0%
41	1.013	2.0%	1.8%
42	1.053	2.0%	1.9%
43	1.094	1.8%	1.7%
44	1.137	1.8%	1.9%
45	1.181	1.8%	1.9%
46	1.227	1.5%	1.8%
47	1.275	1.6%	1.7%
48	1.325	1.3%	1.5%
49	1.377	1.3%	1.6%
50	1.431	1.4%	1.3%
51	1.487	1.6%	1.5%
52	1.545	1.2%	1.6%
53	1.605	1.3%	1.3%
54	1.668	1.4%	1.3%
55	1.733	1.2%	1.4%
56	1.801	1.2%	1.2%
57	1.871	1.3%	1.1%
58	1.944	1.1%	1.3%
59	2.020	1.4%	1.2%
60	2.099	1.1%	1.4%
61	2.181	1.3%	1.2%
62	2.181	1.1%	1.3%
63	2.181	1.3%	1.0%
64+	2.181	3.1%	3.8%

**Demographic & Calibration Adjustment:**

	Implied		
	Age	Factor	
Exp Period Avg Age Factor	42.3	1.064	(1)
Proj Period Avg Age Factor	42.7	1.081	(2)
<b>Change in Demographics</b>		<b>1.016</b>	<b>= (2) / (1)</b>
Age 21 Age Slope Factor		0.727	(3)
<b>Index Rate Age Factor Calibration</b>		<b>0.673</b>	<b>= 1 / (2) x (3)</b>



**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**

**Market: District of Columbia Individual**

**Exhibit 7  
Network Factor**

**Experience Period**

(1)	(2)	(3)
<b>Network</b>	<b>Individual Member Months</b>	<b>Network Adjustment Factor</b>
Signature	30,950	1.000
Signature 2TPOS	-	1.100
Select	-	1.050
Overall	30,950	1.000

**Projection Period**

(1)	(2)	(3)	(4)
<b>Network</b>	<b>Individual Member Months</b>	<b>Network Adjustment Factor</b>	<b>Normalizing Factor</b>
Signature	25,399	1.000	1.000
Signature 2TPOS	-	1.100	1.100
Select	-	1.050	1.050
Overall	25,399	1.000	1.000

<b>Change in Network Factor</b>	<b>1.0000</b>
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**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 8**  
**Utilization Adjustment**

Pool		Member Months	Utilization
<b><i>Experience Period</i></b>			
(1)	Individual	30,950	0.865
(2)	Small Group	57,616	0.937
(3)	Overall	88,566	0.912
<b><i>Projection Period</i></b>			
(4)	Individual	25,399	0.864
(5)	Small Group	59,079	0.931
(6)	Overall	84,478	0.911
<b><i>Change in Average Utilization</i></b>			
(7)	= (6) / (3)		1.000

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 9**  
**Non-Essential Health Benefits Adjustments**

<u>Source/Formula</u>	<u>Component</u>	<u>Value</u>
<b><u>Experience Period</u></b>		
(1) <u>Exhibit 2</u>	<u>Completed Allowed Claims</u>	<u>\$500.18</u>
(2) <u>Input</u>	<u>Non-EHB Non Capitation</u>	<u>\$5.24</u>
(3) <u>= (1) - (2)</u>	<u>EHB Completed Allowed Claims</u>	<u>\$494.94</u>
(4) <u>= (3) / (1)</u>	<u>Exp Period Non-EHB Removal Factor</u>	<u><b>0.990</b></u>
<b><u>Projection Period</u></b>		
(5) <u>Exhibit 1</u>	<u>Market Adjusted Index Rate</u>	<u>\$743.27</u>
(6) <u>Exhibit 10</u>	<u>Risk Adj Transfer Paid PMPM</u>	<u>-\$146.27</u>
(7) <u>Exhibit 12</u>	<u>Paid to Allowed Ratio</u>	<u>0.825</u>
(8) <u>= (6) / (7)</u>	<u>Risk Adj Transfer Allowed PMPM</u>	<u>-\$177.32</u>
(9) <u>= (5) + (8)</u>	<u>Market Adjusted Index Rate Prior to Risk Adj</u>	<u>\$565.95</u>
(10) <u>Input</u>	<u>Non-EHB Non Capitation</u>	<u>\$5.93</u>
(11) <u>= sum((9) thru (10)) - (8)</u>	<u>Projection Period Market Adjusted Allowed Total</u>	<u>\$749.20</u>
(12) <u>= (11) / (5)</u>	<u>Projection Period Non-EHB Load Factor</u>	<u><b>1.0080</b></u>

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**

**Market: District of Columbia Individual**

**Exhibit 10**

**Risk Adjustment Projection**

			<b>Estimated 2024</b>	<b>Projected 2026</b>
<b>Platinum</b>	(1)	Member Months	3,480	2,888
	(2)	HHS Transfer % of Premium	0.999	0.916
	(3)	Statewide Average Premium PMPM	\$622.19	\$710.06
	(4) = (2) x (3)	Transfer PMPM	\$621.59	\$650.08
	(5)	Federal High Cost Risk Pool PMPM	\$0.00	\$0.00
	(6)	2018 RADV PMPM	N/A	\$0.00
	(7) = (1) x [(4) + (6)]	Transfer \$	\$2,163,150	\$1,877,297
<b>Gold</b>	(8)	Member Months	7,695	6,496
	(9)	HHS Transfer % of Premium	(0.305)	(0.303)
	(10)	Statewide Average Premium PMPM	\$622.19	\$710.06
	(11) = (9) x (10)	Transfer PMPM	(\$189.93)	(\$215.50)
	(12)	Federal High Cost Risk Pool PMPM	\$0.00	\$0.00
	(13)	2018 RADV PMPM	N/A	\$0.00
	(14) = (8) x [(11) + (13)]	Transfer \$	(\$1,461,514)	(\$1,399,792)
<b>Silver</b>	(15)	Member Months	8,460	7,085
	(16)	HHS Transfer % of Premium	(0.305)	(0.324)
	(17)	Statewide Average Premium PMPM	\$622.19	\$710.06
	(18) = (16) x (17)	Transfer PMPM	(\$189.88)	(\$229.82)
	(19)	Federal High Cost Risk Pool PMPM	\$0.00	\$0.00
	(20)	2018 RADV PMPM	N/A	\$0.00
	(21) = (15) x [(18) + (20)]	Transfer \$	(\$1,606,357)	(\$1,628,263)
<b>Bronze</b>	(22)	Member Months	11,013	8,817
	(23)	HHS Transfer % of Premium	(0.395)	(0.409)
	(24)	Statewide Average Premium PMPM	\$622.19	\$710.06
	(25) = (23) x (24)	Transfer PMPM	(\$246.04)	(\$290.68)
	(26)	Federal High Cost Risk Pool PMPM	\$0.00	\$0.00
	(27)	2018 RADV PMPM	N/A	\$0.00
	(28) = (22) x [(25) + (27)]	Transfer \$	(\$2,709,598)	(\$2,562,849)
<b>Catastrophic</b>	(29)	Member Months	302	114
	(30)	HHS Transfer % of Premium	(0.192)	(0.069)
	(31)	Statewide Average Premium PMPM (Catastrophic	\$169.69	\$193.65
	(32) = (30) x (31)	Transfer PMPM	(\$32.61)	(\$13.35)
	(33)	Federal High Cost Risk Pool PMPM	\$0.00	\$0.00
	(34)	2018 RADV PMPM	N/A	\$0.00
	(33) = (29) x [(32) + (34)]	Transfer \$	(\$9,847)	(\$1,520)
<b>Combined</b>	(34) = (1)+(8)+(15)+(22)+(29)	Total Risk Adjustment Member Months	30,950	25,399
	(35)	RA Transfer PMPM	(\$117.10)	(\$146.27)
	(36)	Federal HCRP PMPM	\$0.00	\$0.00
	(37)	2018 RADV PMPM	N/A	\$0.00
	(38) = sum (35) thru (37)	Total RA, HCRP, RADV Transfer PMPM	(\$117.10)	(\$146.27)
	(39) = (34) x (38)	Total Transfer \$	(\$3,624,167)	(\$3,715,127)

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 11**  
**Retention**

		2024 Experience		2026 Projected	
Source/Formula	Retention Item	Net PMPM	% of Premium	Net PMPM	% of Premium
(1)	Operating Expense	\$36.72	6.3%	\$45.53	6.2%
(2)	Commissions	1.05	0.2%	1.12	0.2%
(3) = sum (1) thru (2)	Subtotal Admin Exp	\$37.77	6.4%	\$46.65	6.4%
(4)	Exchange Assessment*	\$4.69	0.8%	\$5.47	0.8%
(5)	PCORI	0.27	0.0%	0.31	0.0%
(6)	State Premium Tax	9.37	1.6%	11.68	1.6%
(7)	Federal Income Tax	0.00	0.0%	0.00	0.0%
(8)	Health Ins Provider Fee	0.00	0.0%	0.00	0.0%
(9)	Risk Adjustment Fee	0.20	0.0%	0.18	0.0%
(10) = sum (4) thru (9)	Subtotal Taxes & Fees	\$14.53	2.5%	\$17.64	2.4%
(11)	Contribution to Reserve	(\$32.13)	-5.5%	\$50.34	6.9%
(12) = (3)+(10)+(11)	Total Retention	\$20.17	3.4%	\$114.63	15.7%

\*Note: For rate build-up purposes, the Exchange Fee is included in the Market Adjusted Index Rate prior to plan level adjustments.

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 12**  
**Plan Adjustment Index Rate Development**

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)
<b>Name</b>	<b>Market Adjusted Index Rate</b>	<b>Impact of Non-EHB</b>	<b>Non-Funding of CSR Adjustment</b>	<b>Network Factor</b>	<b>Normalized Utilization</b>	<b>Plan Design</b>	<b>Catastrophic Plan Adjustment</b>	<b>Pure Premium</b>	<b>Retention</b>	<b>Plan Adjusted Index Rate</b>	<b>Age Curve Calibration*</b>	<b>Area Curve Calibration</b>	<b>Calibrated Plan Adj Index Rate (Age 21 Base Rate)</b>
KP DC Essential Platinum 0 Ded/Vision	\$743.27	1.008	1.000	1.000	1.112	0.973	1.000	\$810.67	1.176	\$953.30	0.673	1.000	\$641.28
KP DC Gold 0 Ded/100 RxDed/Vision	743.27	1.008	1.000	1.000	1.121	0.872	1.000	732.72	1.176	861.63	0.673	1.000	579.62
KP DC Gold Plus 0 Ded/100 RxDed/Vision	743.27	1.008	1.000	1.000	1.121	0.942	1.000	791.34	1.176	930.56	0.673	1.000	625.99
KP DC Essential Gold 500 Ded/Vision	743.27	1.008	1.000	1.000	1.082	0.941	1.000	762.83	1.176	897.03	0.673	1.000	603.43
KP DC Gold 1000 Ded/200 RxDed/Vision	743.27	1.008	1.000	1.000	1.033	0.879	1.000	680.66	1.176	800.41	0.673	1.000	538.43
KP DC Gold 1800 Ded/HSA/Vision	743.27	1.008	1.000	1.000	0.995	0.850	1.000	633.46	1.176	744.91	0.673	1.000	501.10
KP DC Gold Virtual Forward 2000 Ded	743.27	1.008	1.000	1.000	1.011	0.857	1.000	649.57	1.176	763.85	0.673	1.000	513.84
KP DC Silver 3500 Ded/1200 RxDed/Vision	743.27	1.008	1.000	1.000	0.993	0.824	1.000	613.25	1.176	721.15	0.673	1.000	485.11
KP DC Essential Silver 4850 Ded/350 RxDed	743.27	1.008	1.000	1.000	0.992	0.823	1.000	611.98	1.176	719.64	0.673	1.000	484.10
KP DC Silver Virtual Forward 4000 Ded	743.27	1.008	1.000	1.000	0.960	0.767	1.000	551.43	1.176	648.44	0.673	1.000	436.21
KP DC Essential Bronze 7500 Ded/1000 RxDed	743.27	1.008	1.000	1.000	0.943	0.768	1.000	542.31	1.176	637.72	0.673	1.000	428.99
KP DC Bronze 6500 Ded/Vision	743.27	1.008	1.000	1.000	0.956	0.743	1.000	531.89	1.176	625.47	0.673	1.000	420.75
KP DC Bronze 6350 Ded/HSA/Vision	743.27	1.008	1.000	1.000	0.944	0.744	1.000	526.18	1.176	618.75	0.673	1.000	416.23
KP DC Catastrophic 10150 Ded/Vision	743.27	1.008	1.000	1.000	0.897	0.702	0.780	368.27	1.176	433.06	0.673	1.000	291.32
	\$743.27	1.008	1.000	1.000	1.000	0.825	0.997	\$620.43	1.176	\$729.59	0.673	1.000	\$490.79

\* Age Curve Calibration from 42.7 to 21 years old

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 13**  
**Quarterly Renewal Factors**

			Renewal Quarter				Overall
Source/Formula	Component		Q1	Q2	Q3	Q4	
(1) Data	Member Distribution by Renewal Qtr		100%	n/a	n/a	n/a	100%
(2) Input	Months of Trend		24.0	n/a	n/a	n/a	
(3) Exhibit 4	Annual Trend		5.1%	n/a	n/a	n/a	
(4)	Trend		1.104	n/a	n/a	n/a	
(5)	<b>Quarterly Rate Trend Factor</b>		<b>1.000</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**

**Market: District of Columbia Individual**

**Exhibit 14**

**Projected Medical Loss Ratio**

			<b>Combined Market PMPM</b>
<b>Component</b>			
(1)	Input	Premium	\$658.78
(2)	Input	Net Claims	\$510.05
(3)	Exhibit 10	Risk Adjustment Transfer	(\$128.13)
(4)	= (2) - (3)	Total Medical Expense	\$638.19
(5)	Exhibit 11	Administrative Expenses	\$52.33
(6)	Exhibit 11	Deductible Fraud	\$0.16
(7)	= (5)	Total	\$52.33
(8)	Exhibit 11	Exchange Fee	\$4.94
(9)	Exhibit 11	PCORI	\$0.32
(10)	Exhibit 11	DC Premium Tax	\$10.34
(11)	Exhibit 11	Federal Income Tax	\$0.00
(12)	Exhibit 11	Health Ins Provider Fee	\$0.00
(13)	Exhibit 11	Risk Adj Fee	\$0.19
(14)	= sum (8) thru (13)	Total Taxes and Fees	\$15.79
(15)	= (1) - (4) - (7) - (14)	Contribution to Reserve	(\$47.54)
(16)	= [(4)] / (1)	Loss Ratio	96.9%
(17)	= [(4) + (5)] / [(1) - (15)]	ACA Medical Loss Ratio	99.3%



**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 15**  
**Cost Share Reduction Subsidy Non-Funding Impact**

Silver Exchange Base Plans and Variants		Plan Design	Member Distribution
(1)	Base Plan - KP DC Silver 3500 Ded/1200 RxDed/Vision	0.824	16.6%
(2)	73%	0.840	4.5%
(3)	87%	0.918	0.6%
(4)	94%	0.967	0.7%
(5)	100%	1.000	0.0%
(6)	Base Plan - KP DC Essential Silver 4850 Ded/350 RxDed	0.823	32.5%
(7)	73%	0.842	4.6%
(8)	87%	0.933	2.1%
(9)	94%	0.963	2.4%
(10)	100%	1.000	0.0%
(11)	Base Plan - KP DC Silver Virtual Forward 4000 Ded	0.767	23.8%
(12)	73%	0.811	8.2%
(13)	87%	0.919	0.7%
(14)	94%	0.976	3.3%
(15)	100%	1.000	0.0%
(1) Base Plan Average = Wtd Avg (1), (6), (11)		0.803	
(2) Overall Average = Wtd Avg (1) thru (15)		0.824	
(3) CSR Adjustment Factor for Silver Plans= (2) / (1)		1.025	100.0%

**Note:**

Rates do not include any adjustment for non-funding of Cost Share Reduction subsidies. The impact on this exhibit is shown for informational purposes only and represents an expected margin loss on Silver plans of 2.5%.

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Rates Effective January 1, 2026**

**Appendix I-A**

	1	2	3	4	5	6	7	8	9
	94506DC0390001	94506DC0390002	94506DC0390017	94506DC0390011	94506DC0390003	94506DC0390013	94506DC0390015	94506DC0390004	94506DC0390005
Age	KP DC Essential Platinum 0 Ded/Vision	KP DC Gold 0 Ded/100 Rx Ded/Vision	KP DC Gold Plus 0 Ded/100 Rx Ded/Vision	KP DC Essential Gold 500 Ded/Vision	KP DC Gold 1000 Ded/200 Rx Ded/Vision	KP DC Gold 1800 Ded/HSA/Vision	KP DC Gold Virtual Forward 2000 Ded	KP DC Silver 3500 Ded/1200 Rx Ded/Vision	KP DC Essential Silver 4850 Ded/350 Rx Ded
20 and under	576.89	521.42	563.13	542.84	484.36	450.78	462.24	436.40	435.49
21	641.28	579.62	625.99	603.43	538.43	501.10	513.84	485.11	484.10
22	641.28	579.62	625.99	603.43	538.43	501.10	513.84	485.11	484.10
23	641.28	579.62	625.99	603.43	538.43	501.10	513.84	485.11	484.10
24	641.28	579.62	625.99	603.43	538.43	501.10	513.84	485.11	484.10
25	641.28	579.62	625.99	603.43	538.43	501.10	513.84	485.11	484.10
26	641.28	579.62	625.99	603.43	538.43	501.10	513.84	485.11	484.10
27	641.28	579.62	625.99	603.43	538.43	501.10	513.84	485.11	484.10
28	656.28	593.17	640.63	617.54	551.02	512.82	525.86	496.45	495.42
29	670.39	605.93	654.40	630.82	562.87	523.85	537.16	507.13	506.07
30	687.15	621.08	670.77	646.59	576.94	536.94	550.59	519.81	518.73
31	704.79	637.02	687.99	663.19	591.75	550.73	564.73	533.15	532.04
32	720.67	651.37	703.49	678.13	605.09	563.13	577.45	545.16	544.03
33	737.43	666.52	719.85	693.90	619.16	576.23	590.88	557.84	556.68
34	755.07	682.47	737.07	710.50	633.97	590.02	605.02	571.19	570.00
35	772.71	698.41	754.29	727.10	648.78	603.80	619.15	584.53	583.32
36	790.35	714.36	771.51	743.70	663.59	617.59	633.29	597.88	596.63
37	808.00	730.31	788.73	760.31	678.41	631.37	647.42	611.23	609.95
38	817.70	739.08	798.20	769.44	686.55	638.95	655.20	618.57	617.28
39	827.40	747.85	807.67	778.57	694.70	646.54	662.97	625.91	624.60
40	860.04	777.34	839.53	809.28	722.10	672.04	689.13	650.59	649.24
41	893.56	807.64	872.25	840.82	750.25	698.23	715.98	675.95	674.54
42	928.84	839.53	906.70	874.02	779.87	725.80	744.26	702.64	701.18
43	965.01	872.22	942.00	908.05	810.24	754.06	773.23	730.00	728.48
44	1,002.94	906.50	979.02	943.74	842.08	783.70	803.63	758.69	757.11
45	1,041.75	941.58	1,016.91	980.26	874.67	814.03	834.72	788.05	786.41
46	1,082.33	978.26	1,056.52	1,018.44	908.74	845.74	867.24	818.75	817.04
47	1,124.67	1,016.53	1,097.85	1,058.29	944.29	878.82	901.16	850.78	849.01
48	1,168.77	1,056.39	1,140.90	1,099.79	981.32	913.28	936.50	884.14	882.30
49	1,214.64	1,097.85	1,185.68	1,142.95	1,019.83	949.13	973.26	918.84	916.93
50	1,262.27	1,140.90	1,232.18	1,187.77	1,059.83	986.35	1,011.42	954.87	952.88
51	1,311.67	1,185.55	1,280.39	1,234.25	1,101.30	1,024.95	1,051.00	992.24	990.17
52	1,362.83	1,231.79	1,330.34	1,282.39	1,144.26	1,064.92	1,092.00	1,030.94	1,028.80
53	1,415.76	1,279.63	1,382.00	1,332.19	1,188.69	1,106.28	1,134.41	1,070.98	1,068.75
54	1,471.33	1,329.86	1,436.25	1,384.49	1,235.35	1,149.70	1,178.93	1,113.02	1,110.70
55	1,528.66	1,381.68	1,492.22	1,438.44	1,283.49	1,194.51	1,224.88	1,156.39	1,153.98
56	1,588.65	1,435.89	1,550.77	1,494.88	1,333.85	1,241.38	1,272.94	1,201.76	1,199.26
57	1,650.39	1,491.70	1,611.04	1,552.98	1,385.70	1,289.63	1,322.41	1,248.47	1,245.87
58	1,714.78	1,549.91	1,673.90	1,613.57	1,439.76	1,339.94	1,374.01	1,297.19	1,294.48
59	1,781.82	1,610.50	1,739.34	1,676.66	1,496.05	1,392.33	1,427.73	1,347.90	1,345.09
60	1,851.51	1,673.48	1,807.36	1,742.23	1,554.56	1,446.78	1,483.56	1,400.61	1,397.70
61	1,923.84	1,738.86	1,877.97	1,810.29	1,615.29	1,503.30	1,541.52	1,455.33	1,452.30
62	1,923.84	1,738.86	1,877.97	1,810.29	1,615.29	1,503.30	1,541.52	1,455.33	1,452.30
63	1,923.84	1,738.86	1,877.97	1,810.29	1,615.29	1,503.30	1,541.52	1,455.33	1,452.30
64+	1,923.84	1,738.86	1,877.97	1,810.29	1,615.29	1,503.30	1,541.52	1,455.33	1,452.30

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

Market: District of Columbia Individual

Rates Effective January 1, 2026

Appendix I-B

	10	11	12	13	14
	94506DC0390016	94506DC0390007	94506DC0390012	94506DC0390010	94506DC0390008
Age	KP DC Silver Virtual Forward 4000 Ded	KP DC Essential Bronze 7500 Ded/1000 RxDed	KP DC Bronze 6500 Ded/Vision	KP DC Bronze 6350 Ded/HSA/Vision	KP DC Catastrophic 10150 Ded/Vision
20 and under	392.41	385.91	378.50	374.44	262.07
21	436.21	428.99	420.75	416.23	291.32
22	436.21	428.99	420.75	416.23	291.32
23	436.21	428.99	420.75	416.23	291.32
24	436.21	428.99	420.75	416.23	291.32
25	436.21	428.99	420.75	416.23	291.32
26	436.21	428.99	420.75	416.23	291.32
27	436.21	428.99	420.75	416.23	291.32
28	446.41	439.02	430.59	425.96	298.13
29	456.01	448.46	439.85	435.12	304.54
30	467.41	459.67	450.84	446.00	312.16
31	479.41	471.48	462.42	457.45	320.17
32	490.21	482.10	472.84	467.76	327.38
33	501.61	493.31	483.83	478.64	335.00
34	513.61	505.11	495.41	490.09	343.01
35	525.61	516.91	506.98	501.54	351.03
36	537.61	528.71	518.56	512.99	359.04
37	549.61	540.52	530.13	524.44	367.06
38	556.21	547.01	536.50	530.74	371.46
39	562.81	553.50	542.87	537.03	375.87
40	585.01	575.33	564.28	558.22	390.70
41	607.81	597.75	586.27	579.97	405.92
42	631.81	621.36	609.42	602.88	421.95
43	656.42	645.55	633.15	626.35	438.38
44	682.22	670.92	658.04	650.97	455.61
45	708.62	696.89	683.50	676.16	473.24
46	736.22	724.03	710.12	702.50	491.68
47	765.02	752.36	737.90	729.98	510.91
48	795.02	781.86	766.84	758.60	530.95
49	826.22	812.54	796.94	788.38	551.78
50	858.62	844.41	828.19	819.29	573.42
51	892.22	877.45	860.60	851.35	595.86
52	927.02	911.68	894.17	884.56	619.11
53	963.02	947.08	928.89	918.91	643.15
54	1,000.82	984.26	965.35	954.98	668.39
55	1,039.82	1,022.61	1,002.97	992.20	694.44
56	1,080.62	1,062.74	1,042.33	1,031.13	721.69
57	1,122.63	1,104.04	1,082.84	1,071.21	749.74
58	1,166.43	1,147.12	1,125.09	1,113.00	778.99
59	1,212.03	1,191.97	1,169.07	1,156.51	809.44
60	1,259.43	1,238.58	1,214.79	1,201.74	841.10
61	1,308.63	1,286.97	1,262.25	1,248.69	873.96
62	1,308.63	1,286.97	1,262.25	1,248.69	873.96
63	1,308.63	1,286.97	1,262.25	1,248.69	873.96
64+	1,308.63	1,286.97	1,262.25	1,248.69	873.96

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**District of Columbia - 2026 Individual Rate Filing**  
**Part III – Actuarial Memorandum and Certification**

**Form Numbers:**

DC-DP-GOLD-0-DED-100-RXDED-VISION-HMO(01-26)HIX, DC-DP-GOLD-0-DED-100-RXDED-VISION-HMO-RX(01-26)HIX, DC-DP-GOLD-PLUS-0-DED-100-RXDED-VISION-HMO(01-26)HIX, DC-DP-GOLD-PLUS-0-DED-100-RXDED-VISION-HMO-RX(01-26)HIX, DC-DP-GOLD-1000-DED-200-RXDED-VISION-DHMO(01-26)HIX, DC-DP-GOLD-1000-DED-200-RXDED-VISION-DHMO-RX(01-26)HIX, DC-DP-GOLD-VIRTUAL-FORWARD-2000-DED-DHMO(01-26)HIX, DC-DP-GOLD-VIRTUAL-FORWARD-2000-DED-DHMO-RX(01-26)HIX, DC-DP-GOLD-1800-DED-HSA-VISION-HDHP(01-26)HIX, DC-DP-GOLD-1800-DED-HSA-VISION-HDHP-RX(01-26)HIX, DC-DP-SILVER-3500-DED-1200-RXDED-VISION-DHMO(01-26)HIX, DC-DP-SILVER-3500-DED-1200-RXDED-VISION-DHMO-RX(01-26)HIX, DC-DP-SILVER-3100-DED-1100-RXDED-CSR-VISION-DHMO(01-26)HIX, DC-DP-SILVER-3100-DED-1100-RXDED-CSR-VISION-DHMO-RX(01-26)HIX, DC-DP-SILVER-0-DED-0-30-RXDED-CSR-VISION-HMO(01-26)HIX, DC-DP-SILVER-0-DED-0-30-RXDED-CSR-VISION-HMO-RX(01-26)HIX, DC-DP-SILVER-0-DED-CSR-VISION-HMO(01-26)HIX, DC-DP-SILVER-0-DED-CSR-VISION-HMO-RX(01-26)HIX, DC-DP-SILVER-VIRTUAL-FORWARD-4000-DED-DHMO(01-26)HIX, DC-DP-SILVER-VIRTUAL-FORWARD-4000-DED-DHMO-RX(01-26)HIX, DC-DP-SILVER-VIRTUAL-FORWARD-2500-DED-CSR-DHMO(01-26)HIX, DC-DP-SILVER-VIRTUAL-FORWARD-2500-DED-CSR-DHMO-RX(01-26)HIX., DC-DP-SILVER-VIRTUAL-FORWARD-750-DED-CSR-DHMO(01-26)HIX, DC-DP-SILVER-VIRTUAL-FORWARD-750-DED-CSR-DHMO-RX(01-26)HIX, DC-DP-SILVER-VIRTUAL-FORWARD-0-DED-CSR-HMO(01-26)HIX, DC-DP-SILVER-VIRTUAL-FORWARD-0-DED-CSR-HMO-RX(01-26)HIX, DC-DP-BRONZE-6500-DED-VISION-DHMO(01-26)HIX, DC-DP-BRONZE-6500-DED-VISION-DHMO-RX(01-26)HIX, DC-DP-CATASTROPHIC-10150-DED-VISION-DHMO(01-26)HIX, DC-DP-CATASTROPHIC-10150-DED-VISION-DHMO-RX(01-26)HIX, DC-DP-ESSENTIAL-PLATINUM-0-DED-VISION-HMO(01-26)HIX, DC-DP-ESSENTIAL-PLATINUM-0-DED-VISION-HMO-RX(01-26)HIX, DC-DP-ESSENTIAL-GOLD-500-DED-VISION-DHMO(01-26)HIX, DC-DP-ESSENTIAL-GOLD-500-DED-VISION-DHMO-RX(01-26)HIX, DC-DP-ESSENTIAL-SILVER-4850-DED-350-RXDED-DHMO(01-26)HIX, DC-DP-ESSENTIAL-SILVER-4850-DED-350-RXDED-DHMO-RX(01-26)HIX, DC-DP-ESSENTIAL-SILVER-4000-DED-350-RXDED-CSR-DHMO(01-26)HIX, DC-DP-ESSENTIAL-SILVER-4000-DED-350-RXDED-CSR-DHMO-RX(01-26)HIX, DC-DP-ESSENTIAL-SILVER-150-DED-CSR-DHMO(01-26)HIX, DC-DP-ESSENTIAL-SILVER-150-DED-CSR-DHMO-RX(01-26)HIX, DC-DP-ESSENTIAL-SILVER-0-DED-CSR-HMO(01-26)HIX, DC-DP-ESSENTIAL-SILVER-0-DED-CSR-HMO-RX(01-26)HIX, DC-DP-ESSENTIAL-BRONZE-7500-DED-1000-RXDED-DHMO(01-26)HIX, DC-DP-ESSENTIAL-BRONZE-7500-DED-1000-RXDED-DHMO-RX(01-26)HIX, DC-DP-BRONZE-6350-DED-HSA-VISION-HDHP(01-26)HIX, DC-DP-BRONZE-6350-DED-HSA-VISION-HDHP-RX(01-26)HIX, DC-DP-0-0-AI-VISION-HMO(01-26)HIX, DC-DP-AI-0-0-VISION-ALL-RX(01-26)HIX, DC-DP-0-0-AI-VISION(01-26)HIX, DC-DP-AI-0-0-VISION-ALL-RX(01-26)HIX, DC-DP-0-0-AI-VISION-HMO-PLUS(01-26)HIX, DC-DP-AI-0-0-VISION-HMO-PLUS-RX(01-26)HIX

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**District of Columbia - 2026 Individual Rate Filing**  
**Part III – Actuarial Memorandum and Certification**

**1. Purpose**

This document contains the Part III Actuarial Memorandum for Kaiser Foundation Health Plan (“KFHP”) of the Mid-Atlantic States’ Individual business segment rates in the District of Columbia, with an effective date on or after January 1, 2026. These Individual rates are guaranteed through December 31, 2026. These products are offered on the Insurance Exchange. This rate filing applies to new and renewal business on a guaranteed issue basis with no age limitations. This filing does not cover grandfathered products that existed prior to 2026. This actuarial memorandum is submitted in conjunction with the Part I Unified Rate Review Template (“URRT”) and is in compliance with 45 CFR § 156.215. The purpose of the actuarial memorandum is to provide certain information related to the submission of premium rate filings, including support for the values entered in the Part I URRT. This memorandum may not be appropriate for other purposes.

All products offered are comprehensive medical plans and range from no-deductible HMO style plans to high-deductible Health Savings Account (“HSA”) qualified plans. All products include pediatric dental benefits and cover all required Essential Health Benefits (“EHBs”).

**2. General Information Section**

**Company Identifying Information**

Company Legal Name:	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
State:	District of Columbia
HIOS Issuer ID:	94506
Market:	Individual Market On Exchange
Effective Date:	January 1, 2026

**Company Contact Information**

Primary Contact Name:	Stephen Chuang
Primary Contact Email Address:	Stephen.Chuang@kp.org
Secondary Contact Name:	Samantha Saad
Secondary Contact Email Address:	Samantha.G.Saad@kp.org

**3. Proposed Rate Changes**

Primary factors that affect the rate change for these plans are:

- Claims experience of the single risk pool different than projected in the previous year.
- Medical inflation.
- Changes in population morbidity and demographic make-up of the pool.
- Risk adjustment transfer payments into the district-wide risk adjustment pool.

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
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- Benefit plan design adjustments, including those made to comply with Actuarial Value (“AV”) requirements which results in varying rate changes by plan.
- Federal and District taxes and fees.
- Enhanced subsidies from ARPA assumed to expire at the end of 2025.

The proposed average rate change is 12.9%. The average rate change does not indicate that every member’s rate will change by this amount as rates are affected by the ages of those covered and benefits chosen.

Proposed rates by plan can be found in the Appendix.

#### **4. Market Experience**

##### **4.1. Experience and Current Period Premium, Claims and Enrollment**

###### ***Premium***

Data for experience period and current period premiums through January 2025 is pulled from KFHP’s data base which reflects premiums paid by policy holders. No MLR rebates were required for the experience period.

###### ***Claims***

The experience period claims for the Individual and Small Group single risk pool are shown in Exhibit 2.

The claims data is for the incurred period January 2024 through December 2024 and paid through February 2025, including estimates for incurred but not reported claims. Net cost data from internal cost systems (i.e., the cost for medical services delivered within our integrated delivery system), fee for service claims, capitations and prescription drug claims net of drug rebates are aggregated to determine annual claims. Allowed claims are calculated based on system paid claims divided by the experience period paid benefit to allowed ratio expected for the plans offered in the experience period, plus dental capitations.

Incurred but not reported estimates for non-capitated services incurred outside of Kaiser are developed using the completion factor method consistent with KFHP’s monthly reserve estimate process. The completion factors are based on all commercial claims which includes Individual, Small Group and Large Group business segments. Non-capitated services incurred within Kaiser are based on allocated cost algorithms. Except for capitated expenses, all claims are processed by KFHP’s internal systems. Capitated expenses are based on a monthly contractual PMPM amount paid to the vendor. Capitated and non-capitated expenses are shown separately in Exhibit 2.

###### ***Enrollment***

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Experience period and current period enrollment evaluated as of February 2025 is pulled from KFHP's member data base.

**4.2. Benefit Categories**

Claims are assigned to one of the following benefit service categories: Inpatient Hospital, Outpatient Hospital, Professional, Other Medical, Capitation and Prescription Drugs. The categorization is derived from each claim's specific information on services rendered, the location of service, and the type of provider. The categorization is an automated process within KFHP's data warehouse. Examples of services by benefit category include:

<b>Benefit Category</b>	<b>Services</b>
Inpatient Hospital	Inpatient Facility, Inpatient Visits, Inpatient Surgery, Maternity
Outpatient Hospital	Outpatient Facility, Emergency/Urgent Care, Outpatient Surgery
Professional	Diagnostic Services, Office Visits, Cardiovascular, Dialysis, PT/OT/ST
Other Medical	Other Services
Capitation	Dental
Prescription Drug	Pharmacy

**4.3. Projection Factors**

**4.3.1 Trend Factors**

Projected trend factors are based on a mixture of expected industry trends, future fixed costs, and expected internalization of services, i.e., movement of medical care delivery between contracted external providers and our integrated delivery system. As an integrated health care provider, the majority of KFHP's expenses are the internal costs associated with providing medical care through Kaiser owned facilities. Therefore, the projected cost that is included in our total revenue requirement is primarily based on budgeting.

For traditional carriers, projected cost per service and utilization per member trends are developed to project expected future costs. However, given KFHP's fixed cost structure, KFHP's projected claims trends largely stem from the development of budgeted costs for the rating year. For the period from 2024 to 2026, our projected total annualized medical expense trend for the ACA pool is 5.1%.

Exhibit 4 includes an allocation of trend into cost and utilization service categories which is derived for use in the URRT.

**4.3.2 Adjustments to Trended EHB Allowed Claims PMPM**

**Morbidity Adjustment**

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For the rating period, morbidity for enrollees overall is expected to be similar to the morbidity of members in the experience period data. The expected relative cost of new members coming into the pool is expected to be lower than the cost of continuously enrolled members. A net morbidity factor reflecting the relative difference in cost is applied to projected claims weighted by the expected member months in each cohort. Development of this factor is shown in Exhibit 5.

**Demographic Shift**

Base period claims experience is adjusted for the average mix of population by age in the experience period membership. The average age factor is developed by applying the District of Columbia (“DC”) standard age curve to experience period member months. The same calculation is performed for projected rating period membership, which is based on actual KFHP enrolled members for the current period adjusted for expected distribution changes in the rating period. The projected age factor used is the closest rounded-age factor from the DC standard age curve. The projected allowed claims are then multiplied by the change in the average age factor from the experience to the rating period. The development of the average age factor is shown in Exhibit 6.

**Network**

There are no changes to network factors. The average network factor shown in Exhibit 7 is unchanged.

**Plan Design Changes**

All plans have cost sharing in the rating period that generates different levels of utilization when compared with utilization underlying the experience period plans. The net impact is reflected as the change in average utilization from the experience period to the rating period shown in Exhibit 8. This change is calculated by dividing the average utilization adjustment in the projection period by the base period average utilization. Changes from the experience period to the projection period may include, but is not limited to, updates to Kaiser’s benefit factor rating model and member mix changes across plans in the projection period compared to the experience period.

**Other Adjustments**

No adjustments or factors, other than those previously discussed in this section, have been used to project the experience period allowed claims to the projection period.

**4.3.3 Manual Rate Adjustments**



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KFHP considers the experience period data to be fully credible, and has not employed the use of additional, external claims data to develop a manual rate.

**4.3.4 Credibility of Experience**

KFHP had approximately 89,000 covered lives in the single risk pool for the experience period, which is considered fully credible. Actuarial Standard of Practice #25 was considered when making this determination.

**4.3.5 Establishing the Index Rate**

The experience period data includes claims for non-EHBs. Claims for non-EHBs were removed from the allowed amount by applying the experience period ratio of EHB claims to total claims to the experience period allowed amounts. The non-EHB removal factor is shown in Exhibit 9.

**4.3.6 Development of the Market-wide Adjusted Index Rate (“MAIR”)**

Calculation of the MAIR is shown on Exhibit 1. The factors used in the calculation, e.g. demographic adjustment, are described above and in the section immediately below.

**Paid to Allowed Ratio**

The projected 2026 paid to allowed ratio is calculated as the average effective plan design factor. The average plan design accounts for the projected member distribution across the available plans.

**Reinsurance**

Reinsurance is currently not applicable.

**Risk Adjustment**

KFHP’s experience period risk adjustment transfer for the Individual pool is estimated to be (\$117.10) PMPM. The projected risk adjustment transfer of (\$146.27) PMPM is based on expected experience period results by metal tier projected to the rating year.

Exhibit 10 shows KFHP’s experience period and projection of risk adjustment transfers which could include the impact of CMS changes to the risk adjustment transfer formula. The experience period transfer estimate is based on an ongoing study by a third-party consulting firm. The projected transfer PMPMs by metal level are adjusted for assumed risk scores for continuing and future new members entering the pool vs experience period risk scores. Anticipated market average premium increases and projected KFHP enrollment mix between metal levels also impacts the overall average transfer PMPM.

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
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**Part III – Actuarial Memorandum and Certification**

**Exchange User Fees**

DC's Annual Assessment amount is the basis for the Exchange User Fee Factor used in Exhibit 1.

**4.4. Plan Adjusted Index Rate ("PAIR")**

Allowable plan level modifiers are applied to the MAIR to develop PAIRs which are shown on Exhibit 12. Allowable adjustments used in rate development include the following:

**Non-EHB Adjustment**

Rating period non-EHB covered benefits are added back to plan rates as a multiplier when calculating the Plan Adjusted Index Rate for each plan. Development of the non-EHB multiplier is shown in Exhibit 9.

**Plan Level Adjustments**

In 2017, the Federal Administration decided against funding the Cost Share Reduction ("CSR") provision of the ACA. The consequence of eliminating CSR subsidies would have had an impact to on-Exchange Silver plan rates but KFHP is not loading the impact into any rates as the amount is small. The impact is shown on Exhibit 15 for informational purposes only.

An adjustment accounting for differences in network, if applicable, is applied at the plan level. Network adjustments, shown on Exhibit 7, are unchanged from prior years.

Plan level benefit richness factors were developed using a consultant's Managed Care Rating Model calibrated with Kaiser-specific data. The factors are applied based on the expected utilization by plan normalized to the overall pool.

Additionally, plan design adjustments accounting for differences in cost sharing between plans have been developed using the same consultant's Managed Care Rating Model calibrated with Kaiser-specific data.

**Catastrophic Plan Adjustment**

A catastrophic specific plan adjustment, when applicable, accounts for the eligibility requirements for consumers eligible to purchase the catastrophic plan compared to the entire pool.

**Retention (Administrative Expense, Taxes & Fees, Profit & Risk Margin)**

Retention amounts for the experience period and rating period are shown on Exhibit 11. Projected retention is added uniformly across all plans.

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**4.5. Calibration**

Calibration of the Plan Adjusted Index Rates is necessary in order to calculate Consumer Adjusted Premium Rates. The Plan Adjusted Index Rates are developed for the average member within the Single Risk Pool. Based upon the allowable rating parameters, factors are developed to calibrate the Plan Adjusted Index Rates to generate Consumer Adjusted Premium Rates. The calibrated Plan Adjusted Index Rates have been defined as Base Rates, and the calibration factors are applied uniformly to all plans in the single risk pool.

**Age Curve Calibration**

The determination of the calibration factor is based upon the DC Standard Age Curve and KFHP internal current period enrollment data. A weighted average age factor is calculated as the product of the enrollment by age and the unadjusted DC age factors. The projected age factor used is the interpolated age factor from the DC standard age curve. The Plan Adjusted Index Rates are then multiplied by the ratio of the age 21 factor and the projected age factor to adjust to rates for an individual aged 21. This ratio, or calibration factor, is 0.673. The development of the average age and calibration factors is shown in Exhibit 6.

**Area Factor Calibration**

KFHP does not vary rates by rating area, therefore the area calibration factor is 1.00.

**4.6. Consumer Adjusted Premium Rate Development**

Age 21 Plan Adjusted Index Rates are shown on Exhibit 12. The base rates are adjusted using the DC age slope factors on Exhibit 6 to generate age specific rates. The age slope factor for a member is based on the member's age as of the effective date of coverage and remains unchanged for the remainder of the policy period. Where applicable, a quarterly rate adjustment is applied depending on the quarter of the policy's effective date. Quarterly rate factors are shown on Exhibit 13. Note that only the three oldest children under the age of 21 on a family policy are rated.

**5. Projected Loss Ratio**

Exhibit 14 provides an estimate of the Medical Loss Ratio (MLR) based upon assumptions in this rate filing for the projection year for the combined Small Group and Individual line of business pools. The combined traditional MLR is expected to be about 97%.

**Federal Medical Loss Ratio**

Using the federally prescribed methodology, we project the combined loss ratio to be about 99%.

**6. Plan Product Information**

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**6.1. Actuarial Value (“AV”) Metal Values**

The AV Metal Values were developed based on the CMS Actuarial Value calculator, as all plans’ designs were compatible with the calculator. The Federal AVs are shown on the AV screen shots submitted in the Supporting Documentation section in SERFF.

**AV Pricing Values/Allowable Plan Level Adjustments**

Per the URRT Instructions, the Allowable Plan Level Adjustments include plan specific adjustment factors for the Cost-Sharing Design of each plan in addition to the EHBs, and administrative costs. The effective plan design adjustment components of the plan level adjustments are calculated using a proprietary pricing model, which reflects a standard population and KFHP specific data. Induced demand adjustments are based on CMS determined factors. The pricing method is consistent among all plans and does not include any differences in utilization due to differing health status of members in different cost-sharing designs.

The AV pricing values, i.e., plan design factors for 2025 plans have changed due to routine updates to the pricing model and/or changes to cost sharing amounts. These changes can have different effects on each plan design, which can lead to non-uniform rate changes between the plans.

**6.2. Membership Projections**

Current year member projections are based on current year open enrollment results and expected additions and cancellations occurring throughout the remainder of the year. Rating year member projections are based on KFHP forecasts.

**6.3. Plan Type**

There are no plan types that are not listed in the Worksheet 2 drop-down box.

**7. Miscellaneous**

**7.1. Reliance**

All data and assumptions contained in this filing were prepared by a team of KFHP employees.

**7.2. Historical Rate Revisions Effective January 1**

<b>2020</b>	<b>5.0%</b>
<b>2021</b>	<b>-2.0%</b>
<b>2022</b>	<b>0.0%</b>
<b>2023</b>	<b>17.0%</b>

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<b>2024</b>	<b>12.0%</b>
<b>2025</b>	<b>8.0%</b>

**7.3. Estimated Average Premium**

Estimated average premiums per member and per policy for the current year and projection year are shown below. The projected premium includes the requested rate increase as well as the impact of expected membership changes between products.

	Per Member Per Year	Per Policy Per Year
Current Year	\$7,755	\$9,164
Projection Year	\$8,755	\$10,345

**7.4. Exhibit Table of Contents**

Exhibit 1	Market Index Rate
Exhibit 2	Allowed Claim PMPMs
Exhibit 3	Capitations
Exhibit 4	Trend Factors
Exhibit 5	Morbidity Factor
Exhibit 6	Demographics
Exhibit 7	Network Factor
Exhibit 8	Utilization Adjustment
Exhibit 9	Non-Essential Health Benefit Adjustments
Exhibit 10	Risk Adjustment Projection
Exhibit 11	Retention
Exhibit 12	Plan Adjusted Index Rate
Exhibit 13	Quarterly Renewal Factors
Exhibit 14	Projected Medical Loss Ratio
Exhibit 15	Cost Share Reduction Subsidy Non-Funding Impact
Appendix 1	Plan Rates by Age

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
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**Actuarial Certification**

I, Stephen Chuang, Senior Actuarial Associate, Mid-Atlantic States, for Kaiser Foundation Health Plan (KFHP), am a member in good standing of the American Academy of Actuaries. I meet the qualification standards for certifying Regulatory Filings for Rates and Financial Projections for Health Plans.

This Actuarial Certification applies to the attached filing for an approval of premium rates for Individual plans sold on the Exchange. This actuarial memorandum documents the assumptions and sources of data pertaining to the development of KFHP premium rates effective January 2026.

- To the best of my knowledge and judgment, this rate filing is compliant with all applicable District of Columbia and Federal Statutes and Regulations, including 45 CFR §156.80 and §147.102, and the premiums are reasonable in relation to the benefits provided.
- Rates are developed in accordance with 45 CFR part 147.102 and only the allowable modifiers as described in 45 CFR §156.80(d)(1) and §156.80(d)(2) were used to generate plan level rates.
- The federal AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans.
- This filing is consistent with KFHP's internal business plans.
- The adjusted community rate charged can be reasonably expected to result in a medical loss ratio that, under ACA definitions, meets or exceeds the minimum requirement.

Rates, calculations, and values were developed accordance with generally accepted actuarial principles and methodologies for rating blocks of business and in accordance with the Code of Professional Conduct and the following Actuarial Standards of Practice:

- ASOP No. 5, Incurred Health and Disability Claims
- ASOP No. 8, Regulatory Filings for Health Plan Entities
- ASOP No. 12, Risk Classification
- ASOP No. 23, Data Quality
- ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
- ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans (Small Group Filings only)
- 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

**Qualifications:**

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

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2. The information contained within this filing reflects the District of Columbia and Federal statutes, rules, regulations, and guidance as of May 1, 2025. Changes to the applicable regulations, including but not limited to Risk Stabilization programs could have a significant impact on rate development. Subsequent changes to these statutes, rules, and regulations may make these rates unacceptably deficient could necessitate revisions to this filing.
3. While the filed rates are neither excessive nor unfairly discriminatory, KFHP leadership has targeted increased affordability resulting in rates that have a negative expected margin. However, KFHP's business plan calls for positive overall margin which would support the expected results on this line of business and provide a buffer for adverse deviation.



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Stephen Chuang, ASA, MAAA  
Senior Actuarial Associate  
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
May 1, 2025

## Rate Filing Justification Part II (Plain Language Summary)

Pursuant to 45 CFR 154.215, health insurance issuers are required to file Rate Filing Justifications. Part II of the Rate Filing Justification for rate increases and new submissions must contain a written description that includes a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. The Part II template below must be filled out and uploaded as an Adobe PDF file under the Consumer Disclosure Form section of the Supporting Documentation tab.

---

Name of Company Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
 SERFF tracking number KPMA-134491399  
 Submission Date 5/1/2025  
 Product Name Individual HMO On Exchange  
 Market Type ☒ Individual ☐ Small Group  
 Rate Filing Type ☒ Rate Increase ☐ New Filing

### Scope and Range of the Increase:

The 12.9% increase is requested because:

Primary factors affecting the rate change are:

- Claims experience of the single risk pool different than projected in the previous year.
- Increases in medical inflation.
- Changes in population morbidity and demographic make-up of the pool.
- Risk adjustment transfer payments into the district-wide risk adjustment pool.
- Benefit plan design adjustments, including those made to comply with Actuarial Value ("AV") requirements which results in varying rate changes by plan.
- Federal and District taxes and fees

This filing will impact:

# of policyholder's 2031

# of covered lives 2400

The average, minimum and maximum rate changes increases are:

- Average Rate Change: The average premium change, by percentage, across all policy holders if the filing is approved 12.9 %
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved 8.8 %
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved 16.1 %

Individuals within the group may vary from the aggregate of the above increase components as a result of:

Individual increases vary from the average rate change primarily due to plan specific rate changes and recognition that a member is a year older.

### Financial Experience of Product

The overall financial experience of the product includes:

For the 2024 experience period, Kaiser lost \$3.6 million dollars on \$18.1 million dollars of premium on the Individual pool. This is equivalent to a margin of -19.7%. The estimated net medical expense and risk adjustment incurred is \$20.1 million dollars. Other estimated expenses for administration, taxes and fees are \$1.6 million.



The rate increase will affect the projected financial experience of the product by:

The proposed rate change combined with anticipated changes in medical expense, administration, taxes and fees is expected to result in a margin of -12.3% for the projection period.

### **Components of Increase**

The request is made up of the following components:

*Trend Increases* – 5.1 % of the 12.9 % total filed increase

1. Medical Utilization Changes – Defined as the increase in total plan claim costs not attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts. Examples include changes in the mix of services utilized, or an increase/decrease in the frequency of service utilization.

This component is 2.3 % of the 12.9 % total filed increase.

2. Medical Price Changes – Defined as the increase in total plan claim costs attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts.

This component is 2.8 % of the 12.9 % total filed increase.

*Other Increases* – 7.8 % of the 12.9 % total filed increase

1. Medical Benefit Changes Required by Law – Defined as any new mandated plan benefit changes, as mandated by either State or Federal Regulation.

This component is 0.0 % of the 12.9 % total filed increase.

2. Medical Benefit Changes Not Required by Law – Defined as changes in plan benefit design made by the company, which are not required by either State or Federal Regulation.

This component is 0.8 % of the 12.9 % total filed increase.

3. Changes to Administration Costs – Defined as increases in the costs of providing insurance coverage. Examples include claims payment expenses, distribution costs, taxes, and general business expenses such as rent, salaries, and overhead.

This component is -2.4 % of the 12.9 % total filed increase.

4. Changes to Profit Margin – Defined as increases to company surplus or changes as an additional margin to cover the risk of the company.

This component is 9.8 % of the 12.9 % total filed increase.

5. Other – Defined as:

This component is -0.4 % of the 12.9 % total filed increase.

State:	District of Columbia	Filing Company:	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	2026 DC Individual Rate Filing		
Project Name/Number:	/		

## Supporting Document Schedules

Satisfied - Item:	Actuarial Justification
Comments:	
Attachment(s):	2026 DC Individual Actuarial Memorandum and Exhibits 05.01.2025.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	n/a
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	2026 DC Individual Cover Letter 05.01.2025.pdf
Item Status:	
Status Date:	

Satisfied - Item:	District of Columbia Plain Language Summary
Comments:	
Attachment(s):	Part_II_Justification_DC_IVL_2026 5.01.2025.pdf
Item Status:	
Status Date:	

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**District of Columbia - 2026 Individual Rate Filing**  
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**Form Numbers:**

DC-DP-GOLD-0-DED-100-RXDED-VISION-HMO(01-26)HIX, DC-DP-GOLD-0-DED-100-RXDED-VISION-HMO-RX(01-26)HIX, DC-DP-GOLD-PLUS-0-DED-100-RXDED-VISION-HMO(01-26)HIX, DC-DP-GOLD-PLUS-0-DED-100-RXDED-VISION-HMO-RX(01-26)HIX, DC-DP-GOLD-1000-DED-200-RXDED-VISION-DHMO(01-26)HIX, DC-DP-GOLD-1000-DED-200-RXDED-VISION-DHMO-RX(01-26)HIX, DC-DP-GOLD-VIRTUAL-FORWARD-2000-DED-DHMO(01-26)HIX, DC-DP-GOLD-VIRTUAL-FORWARD-2000-DED-DHMO-RX(01-26)HIX, DC-DP-GOLD-1800-DED-HSA-VISION-HDHP(01-26)HIX, DC-DP-GOLD-1800-DED-HSA-VISION-HDHP-RX(01-26)HIX, DC-DP-SILVER-3500-DED-1200-RXDED-VISION-DHMO(01-26)HIX, DC-DP-SILVER-3500-DED-1200-RXDED-VISION-DHMO-RX(01-26)HIX, DC-DP-SILVER-3100-DED-1100-RXDED-CSR-VISION-DHMO(01-26)HIX, DC-DP-SILVER-3100-DED-1100-RXDED-CSR-VISION-DHMO-RX(01-26)HIX, DC-DP-SILVER-0-DED-0-30-RXDED-CSR-VISION-HMO(01-26)HIX, DC-DP-SILVER-0-DED-0-30-RXDED-CSR-VISION-HMO-RX(01-26)HIX, DC-DP-SILVER-0-DED-CSR-VISION-HMO(01-26)HIX, DC-DP-SILVER-0-DED-CSR-VISION-HMO-RX(01-26)HIX, DC-DP-SILVER-VIRTUAL-FORWARD-4000-DED-DHMO(01-26)HIX, DC-DP-SILVER-VIRTUAL-FORWARD-4000-DED-DHMO-RX(01-26)HIX, DC-DP-SILVER-VIRTUAL-FORWARD-2500-DED-CSR-DHMO(01-26)HIX, DC-DP-SILVER-VIRTUAL-FORWARD-2500-DED-CSR-DHMO-RX(01-26)HIX., DC-DP-SILVER-VIRTUAL-FORWARD-750-DED-CSR-DHMO(01-26)HIX, DC-DP-SILVER-VIRTUAL-FORWARD-750-DED-CSR-DHMO-RX(01-26)HIX, DC-DP-SILVER-VIRTUAL-FORWARD-0-DED-CSR-HMO(01-26)HIX, DC-DP-SILVER-VIRTUAL-FORWARD-0-DED-CSR-HMO-RX(01-26)HIX, DC-DP-BRONZE-6500-DED-VISION-DHMO(01-26)HIX, DC-DP-BRONZE-6500-DED-VISION-DHMO-RX(01-26)HIX, DC-DP-CATASTROPHIC-10150-DED-VISION-DHMO(01-26)HIX, DC-DP-CATASTROPHIC-10150-DED-VISION-DHMO-RX(01-26)HIX, DC-DP-ESSENTIAL-PLATINUM-0-DED-VISION-HMO(01-26)HIX, DC-DP-ESSENTIAL-PLATINUM-0-DED-VISION-HMO-RX(01-26)HIX, DC-DP-ESSENTIAL-GOLD-500-DED-VISION-DHMO(01-26)HIX, DC-DP-ESSENTIAL-GOLD-500-DED-VISION-DHMO-RX(01-26)HIX, DC-DP-ESSENTIAL-SILVER-4850-DED-350-RXDED-DHMO(01-26)HIX, DC-DP-ESSENTIAL-SILVER-4850-DED-350-RXDED-DHMO-RX(01-26)HIX, DC-DP-ESSENTIAL-SILVER-4000-DED-350-RXDED-CSR-DHMO(01-26)HIX, DC-DP-ESSENTIAL-SILVER-4000-DED-350-RXDED-CSR-DHMO-RX(01-26)HIX, DC-DP-ESSENTIAL-SILVER-150-DED-CSR-DHMO(01-26)HIX, DC-DP-ESSENTIAL-SILVER-150-DED-CSR-DHMO-RX(01-26)HIX, DC-DP-ESSENTIAL-SILVER-0-DED-CSR-HMO(01-26)HIX, DC-DP-ESSENTIAL-SILVER-0-DED-CSR-HMO-RX(01-26)HIX, DC-DP-ESSENTIAL-BRONZE-7500-DED-1000-RXDED-DHMO(01-26)HIX, DC-DP-ESSENTIAL-BRONZE-7500-DED-1000-RXDED-DHMO-RX(01-26)HIX, DC-DP-BRONZE-6350-DED-HSA-VISION-HDHP(01-26)HIX, DC-DP-BRONZE-6350-DED-HSA-VISION-HDHP-RX(01-26)HIX, DC-DP-0-0-AI-VISION-HMO(01-26)HIX, DC-DP-AI-0-0-VISION-ALL-RX(01-26)HIX, DC-DP-0-0-AI-VISION(01-26)HIX, DC-DP-AI-0-0-VISION-ALL-RX(01-26)HIX, DC-DP-0-0-AI-VISION-HMO-PLUS(01-26)HIX, DC-DP-AI-0-0-VISION-HMO-PLUS-RX(01-26)HIX

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
District of Columbia - 2026 Individual Rate Filing  
Part III – Actuarial Memorandum and Certification**

**1. Purpose**

This document contains the Part III Actuarial Memorandum for Kaiser Foundation Health Plan (“KFHP”) of the Mid-Atlantic States’ Individual business segment rates in the District of Columbia, with an effective date on or after January 1, 2026. These Individual rates are guaranteed through December 31, 2026. These products are offered on the Insurance Exchange. This rate filing applies to new and renewal business on a guaranteed issue basis with no age limitations. This filing does not cover grandfathered products that existed prior to 2026. This actuarial memorandum is submitted in conjunction with the Part I Unified Rate Review Template (“URRT”) and is in compliance with 45 CFR § 156.215. The purpose of the actuarial memorandum is to provide certain information related to the submission of premium rate filings, including support for the values entered in the Part I URRT. This memorandum may not be appropriate for other purposes.

All products offered are comprehensive medical plans and range from no-deductible HMO style plans to high-deductible Health Savings Account (“HSA”) qualified plans. All products include pediatric dental benefits and cover all required Essential Health Benefits (“EHBs”).

**2. General Information Section**

**Company Identifying Information**

Company Legal Name:	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
State:	District of Columbia
HIOS Issuer ID:	94506
Market:	Individual Market On Exchange
Effective Date:	January 1, 2026

**Company Contact Information**

Primary Contact Name:	Stephen Chuang
Primary Contact Email Address:	Stephen.Chuang@kp.org
Secondary Contact Name:	Samantha Saad
Secondary Contact Email Address:	Samantha.G.Saad@kp.org

**3. Proposed Rate Changes**

Primary factors that affect the rate change for these plans are:

- Claims experience of the single risk pool different than projected in the previous year.
- Medical inflation.
- Changes in population morbidity and demographic make-up of the pool.
- Risk adjustment transfer payments into the district-wide risk adjustment pool.

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- Benefit plan design adjustments, including those made to comply with Actuarial Value (“AV”) requirements which results in varying rate changes by plan.
- Federal and District taxes and fees.
- Enhanced subsidies from ARPA assumed to expire at the end of 2025.

The proposed average rate change is 12.9%. The average rate change does not indicate that every member’s rate will change by this amount as rates are affected by the ages of those covered and benefits chosen.

Proposed rates by plan can be found in the Appendix.

#### **4. Market Experience**

##### **4.1. Experience and Current Period Premium, Claims and Enrollment**

###### ***Premium***

Data for experience period and current period premiums through January 2025 is pulled from KFHP’s data base which reflects premiums paid by policy holders. No MLR rebates were required for the experience period.

###### ***Claims***

The experience period claims for the Individual and Small Group single risk pool are shown in Exhibit 2.

The claims data is for the incurred period January 2024 through December 2024 and paid through February 2025, including estimates for incurred but not reported claims. Net cost data from internal cost systems (i.e., the cost for medical services delivered within our integrated delivery system), fee for service claims, capitations and prescription drug claims net of drug rebates are aggregated to determine annual claims. Allowed claims are calculated based on system paid claims divided by the experience period paid benefit to allowed ratio expected for the plans offered in the experience period, plus dental capitations.

Incurred but not reported estimates for non-capitated services incurred outside of Kaiser are developed using the completion factor method consistent with KFHP’s monthly reserve estimate process. The completion factors are based on all commercial claims which includes Individual, Small Group and Large Group business segments. Non-capitated services incurred within Kaiser are based on allocated cost algorithms. Except for capitated expenses, all claims are processed by KFHP’s internal systems. Capitated expenses are based on a monthly contractual PMPM amount paid to the vendor. Capitated and non-capitated expenses are shown separately in Exhibit 2.

###### ***Enrollment***

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Experience period and current period enrollment evaluated as of February 2025 is pulled from KFHP's member data base.

**4.2. Benefit Categories**

Claims are assigned to one of the following benefit service categories: Inpatient Hospital, Outpatient Hospital, Professional, Other Medical, Capitation and Prescription Drugs. The categorization is derived from each claim's specific information on services rendered, the location of service, and the type of provider. The categorization is an automated process within KFHP's data warehouse. Examples of services by benefit category include:

<b>Benefit Category</b>	<b>Services</b>
Inpatient Hospital	Inpatient Facility, Inpatient Visits, Inpatient Surgery, Maternity
Outpatient Hospital	Outpatient Facility, Emergency/Urgent Care, Outpatient Surgery
Professional	Diagnostic Services, Office Visits, Cardiovascular, Dialysis, PT/OT/ST
Other Medical	Other Services
Capitation	Dental
Prescription Drug	Pharmacy

**4.3. Projection Factors**

**4.3.1 Trend Factors**

Projected trend factors are based on a mixture of expected industry trends, future fixed costs, and expected internalization of services, i.e., movement of medical care delivery between contracted external providers and our integrated delivery system. As an integrated health care provider, the majority of KFHP's expenses are the internal costs associated with providing medical care through Kaiser owned facilities. Therefore, the projected cost that is included in our total revenue requirement is primarily based on budgeting.

For traditional carriers, projected cost per service and utilization per member trends are developed to project expected future costs. However, given KFHP's fixed cost structure, KFHP's projected claims trends largely stem from the development of budgeted costs for the rating year. For the period from 2024 to 2026, our projected total annualized medical expense trend for the ACA pool is 5.1%.

Exhibit 4 includes an allocation of trend into cost and utilization service categories which is derived for use in the URRT.

**4.3.2 Adjustments to Trended EHB Allowed Claims PMPM**

**Morbidity Adjustment**

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For the rating period, morbidity for enrollees overall is expected to be similar to the morbidity of members in the experience period data. The expected relative cost of new members coming into the pool is expected to be lower than the cost of continuously enrolled members. A net morbidity factor reflecting the relative difference in cost is applied to projected claims weighted by the expected member months in each cohort. Development of this factor is shown in Exhibit 5.

**Demographic Shift**

Base period claims experience is adjusted for the average mix of population by age in the experience period membership. The average age factor is developed by applying the District of Columbia (“DC”) standard age curve to experience period member months. The same calculation is performed for projected rating period membership, which is based on actual KFHP enrolled members for the current period adjusted for expected distribution changes in the rating period. The projected age factor used is the closest rounded-age factor from the DC standard age curve. The projected allowed claims are then multiplied by the change in the average age factor from the experience to the rating period. The development of the average age factor is shown in Exhibit 6.

**Network**

There are no changes to network factors. The average network factor shown in Exhibit 7 is unchanged.

**Plan Design Changes**

All plans have cost sharing in the rating period that generates different levels of utilization when compared with utilization underlying the experience period plans. The net impact is reflected as the change in average utilization from the experience period to the rating period shown in Exhibit 8. This change is calculated by dividing the average utilization adjustment in the projection period by the base period average utilization. Changes from the experience period to the projection period may include, but is not limited to, updates to Kaiser’s benefit factor rating model and member mix changes across plans in the projection period compared to the experience period.

**Other Adjustments**

No adjustments or factors, other than those previously discussed in this section, have been used to project the experience period allowed claims to the projection period.

**4.3.3 Manual Rate Adjustments**

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KFHP considers the experience period data to be fully credible, and has not employed the use of additional, external claims data to develop a manual rate.

**4.3.4 Credibility of Experience**

KFHP had approximately 89,000 covered lives in the single risk pool for the experience period, which is considered fully credible. Actuarial Standard of Practice #25 was considered when making this determination.

**4.3.5 Establishing the Index Rate**

The experience period data includes claims for non-EHBs. Claims for non-EHBs were removed from the allowed amount by applying the experience period ratio of EHB claims to total claims to the experience period allowed amounts. The non-EHB removal factor is shown in Exhibit 9.

**4.3.6 Development of the Market-wide Adjusted Index Rate (“MAIR”)**

Calculation of the MAIR is shown on Exhibit 1. The factors used in the calculation, e.g. demographic adjustment, are described above and in the section immediately below.

**Paid to Allowed Ratio**

The projected 2026 paid to allowed ratio is calculated as the average effective plan design factor. The average plan design accounts for the projected member distribution across the available plans.

**Reinsurance**

Reinsurance is currently not applicable.

**Risk Adjustment**

KFHP’s experience period risk adjustment transfer for the Individual pool is estimated to be (\$117.10) PMPM. The projected risk adjustment transfer of (\$146.27) PMPM is based on expected experience period results by metal tier projected to the rating year.

Exhibit 10 shows KFHP’s experience period and projection of risk adjustment transfers which could include the impact of CMS changes to the risk adjustment transfer formula. The experience period transfer estimate is based on an ongoing study by a third-party consulting firm. The projected transfer PMPMs by metal level are adjusted for assumed risk scores for continuing and future new members entering the pool vs experience period risk scores. Anticipated market average premium increases and projected KFHP enrollment mix between metal levels also impacts the overall average transfer PMPM.



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**Exchange User Fees**

DC's Annual Assessment amount is the basis for the Exchange User Fee Factor used in Exhibit 1.

**4.4. Plan Adjusted Index Rate ("PAIR")**

Allowable plan level modifiers are applied to the MAIR to develop PAIRs which are shown on Exhibit 12. Allowable adjustments used in rate development include the following:

**Non-EHB Adjustment**

Rating period non-EHB covered benefits are added back to plan rates as a multiplier when calculating the Plan Adjusted Index Rate for each plan. Development of the non-EHB multiplier is shown in Exhibit 9.

**Plan Level Adjustments**

In 2017, the Federal Administration decided against funding the Cost Share Reduction ("CSR") provision of the ACA. The consequence of eliminating CSR subsidies would have had an impact to on-Exchange Silver plan rates but KFHP is not loading the impact into any rates as the amount is small. The impact is shown on Exhibit 15 for informational purposes only.

An adjustment accounting for differences in network, if applicable, is applied at the plan level. Network adjustments, shown on Exhibit 7, are unchanged from prior years.

Plan level benefit richness factors were developed using a consultant's Managed Care Rating Model calibrated with Kaiser-specific data. The factors are applied based on the expected utilization by plan normalized to the overall pool.

Additionally, plan design adjustments accounting for differences in cost sharing between plans have been developed using the same consultant's Managed Care Rating Model calibrated with Kaiser-specific data.

**Catastrophic Plan Adjustment**

A catastrophic specific plan adjustment, when applicable, accounts for the eligibility requirements for consumers eligible to purchase the catastrophic plan compared to the entire pool.

**Retention (Administrative Expense, Taxes & Fees, Profit & Risk Margin)**

Retention amounts for the experience period and rating period are shown on Exhibit 11. Projected retention is added uniformly across all plans.

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**4.5. Calibration**

Calibration of the Plan Adjusted Index Rates is necessary in order to calculate Consumer Adjusted Premium Rates. The Plan Adjusted Index Rates are developed for the average member within the Single Risk Pool. Based upon the allowable rating parameters, factors are developed to calibrate the Plan Adjusted Index Rates to generate Consumer Adjusted Premium Rates. The calibrated Plan Adjusted Index Rates have been defined as Base Rates, and the calibration factors are applied uniformly to all plans in the single risk pool.

**Age Curve Calibration**

The determination of the calibration factor is based upon the DC Standard Age Curve and KFHP internal current period enrollment data. A weighted average age factor is calculated as the product of the enrollment by age and the unadjusted DC age factors. The projected age factor used is the interpolated age factor from the DC standard age curve. The Plan Adjusted Index Rates are then multiplied by the ratio of the age 21 factor and the projected age factor to adjust to rates for an individual aged 21. This ratio, or calibration factor, is 0.673. The development of the average age and calibration factors is shown in Exhibit 6.

**Area Factor Calibration**

KFHP does not vary rates by rating area, therefore the area calibration factor is 1.00.

**4.6. Consumer Adjusted Premium Rate Development**

Age 21 Plan Adjusted Index Rates are shown on Exhibit 12. The base rates are adjusted using the DC age slope factors on Exhibit 6 to generate age specific rates. The age slope factor for a member is based on the member's age as of the effective date of coverage and remains unchanged for the remainder of the policy period. Where applicable, a quarterly rate adjustment is applied depending on the quarter of the policy's effective date. Quarterly rate factors are shown on Exhibit 13. Note that only the three oldest children under the age of 21 on a family policy are rated.

**5. Projected Loss Ratio**

Exhibit 14 provides an estimate of the Medical Loss Ratio (MLR) based upon assumptions in this rate filing for the projection year for the combined Small Group and Individual line of business pools. The combined traditional MLR is expected to be about 97%.

**Federal Medical Loss Ratio**

Using the federally prescribed methodology, we project the combined loss ratio to be about 99%.

**6. Plan Product Information**

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**6.1. Actuarial Value (“AV”) Metal Values**

The AV Metal Values were developed based on the CMS Actuarial Value calculator, as all plans’ designs were compatible with the calculator. The Federal AVs are shown on the AV screen shots submitted in the Supporting Documentation section in SERFF.

**AV Pricing Values/Allowable Plan Level Adjustments**

Per the URRT Instructions, the Allowable Plan Level Adjustments include plan specific adjustment factors for the Cost-Sharing Design of each plan in addition to the EHBs, and administrative costs. The effective plan design adjustment components of the plan level adjustments are calculated using a proprietary pricing model, which reflects a standard population and KFHP specific data. Induced demand adjustments are based on CMS determined factors. The pricing method is consistent among all plans and does not include any differences in utilization due to differing health status of members in different cost-sharing designs.

The AV pricing values, i.e., plan design factors for 2025 plans have changed due to routine updates to the pricing model and/or changes to cost sharing amounts. These changes can have different effects on each plan design, which can lead to non-uniform rate changes between the plans.

**6.2. Membership Projections**

Current year member projections are based on current year open enrollment results and expected additions and cancellations occurring throughout the remainder of the year. Rating year member projections are based on KFHP forecasts.

**6.3. Plan Type**

There are no plan types that are not listed in the Worksheet 2 drop-down box.

**7. Miscellaneous**

**7.1. Reliance**

All data and assumptions contained in this filing were prepared by a team of KFHP employees.

**7.2. Historical Rate Revisions Effective January 1**

<b>2020</b>	<b>5.0%</b>
<b>2021</b>	<b>-2.0%</b>
<b>2022</b>	<b>0.0%</b>
<b>2023</b>	<b>17.0%</b>

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<b>2024</b>	<b>12.0%</b>
<b>2025</b>	<b>8.0%</b>

**7.3. Estimated Average Premium**

Estimated average premiums per member and per policy for the current year and projection year are shown below. The projected premium includes the requested rate increase as well as the impact of expected membership changes between products.

	Per Member Per Year	Per Policy Per Year
Current Year	\$7,755	\$9,164
Projection Year	\$8,755	\$10,345

**7.4. Exhibit Table of Contents**

Exhibit 1	Market Index Rate
Exhibit 2	Allowed Claim PMPMs
Exhibit 3	Capitations
Exhibit 4	Trend Factors
Exhibit 5	Morbidity Factor
Exhibit 6	Demographics
Exhibit 7	Network Factor
Exhibit 8	Utilization Adjustment
Exhibit 9	Non-Essential Health Benefit Adjustments
Exhibit 10	Risk Adjustment Projection
Exhibit 11	Retention
Exhibit 12	Plan Adjusted Index Rate
Exhibit 13	Quarterly Renewal Factors
Exhibit 14	Projected Medical Loss Ratio
Exhibit 15	Cost Share Reduction Subsidy Non-Funding Impact
Appendix 1	Plan Rates by Age

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**Actuarial Certification**

I, Stephen Chuang, Senior Actuarial Associate, Mid-Atlantic States, for Kaiser Foundation Health Plan (KFHP), am a member in good standing of the American Academy of Actuaries. I meet the qualification standards for certifying Regulatory Filings for Rates and Financial Projections for Health Plans.

This Actuarial Certification applies to the attached filing for an approval of premium rates for Individual plans sold on the Exchange. This actuarial memorandum documents the assumptions and sources of data pertaining to the development of KFHP premium rates effective January 2026.

- To the best of my knowledge and judgment, this rate filing is compliant with all applicable District of Columbia and Federal Statutes and Regulations, including 45 CFR §156.80 and §147.102, and the premiums are reasonable in relation to the benefits provided.
- Rates are developed in accordance with 45 CFR part 147.102 and only the allowable modifiers as described in 45 CFR §156.80(d)(1) and §156.80(d)(2) were used to generate plan level rates.
- The federal AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans.
- This filing is consistent with KFHP's internal business plans.
- The adjusted community rate charged can be reasonably expected to result in a medical loss ratio that, under ACA definitions, meets or exceeds the minimum requirement.

Rates, calculations, and values were developed accordance with generally accepted actuarial principles and methodologies for rating blocks of business and in accordance with the Code of Professional Conduct and the following Actuarial Standards of Practice:

- ASOP No. 5, Incurred Health and Disability Claims
- ASOP No. 8, Regulatory Filings for Health Plan Entities
- ASOP No. 12, Risk Classification
- ASOP No. 23, Data Quality
- ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
- ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans (Small Group Filings only)
- 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

**Qualifications:**

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

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2. The information contained within this filing reflects the District of Columbia and Federal statutes, rules, regulations, and guidance as of May 1, 2025. Changes to the applicable regulations, including but not limited to Risk Stabilization programs could have a significant impact on rate development. Subsequent changes to these statutes, rules, and regulations may make these rates unacceptably deficient could necessitate revisions to this filing.
3. While the filed rates are neither excessive nor unfairly discriminatory, KFHP leadership has targeted increased affordability resulting in rates that have a negative expected margin. However, KFHP's business plan calls for positive overall margin which would support the expected results on this line of business and provide a buffer for adverse deviation.



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Stephen Chuang, ASA, MAAA  
Senior Actuarial Associate  
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
May 1, 2025

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 1**  
**Market Adjusted Index Rate**

Source/Formula	Component	Value
(1) Exhibit 2	Experience Period Allowed PMPM	\$500.18
(2) Exhibit 9	Remove Non-EHBs Adjustment Factor	0.990
(3) = (1) x (2)	Experience Period Index Rate PMPM	\$494.94
(4) Exhibit 4	Annualized Medical Trend	5.1%
(5)	Months of Trend	24
(6) = (1+ (4)) ^ (24/12)	Trend Factor	1.104
(7) = (3) x (6)	Unadjusted Projected Allowed EHB PMPM	\$546.63
<u>Single Risk Pool Adjustments</u>		
(8) Exhibit 5	Change in Morbidity	1.009
(9) Exhibit 6	Change in Demographics	1.016
(10) Exhibit 7	Change in Network	1.000
(11) Exhibit 8	Change in Utilization	1.000
(12)	Change in Other	1.000
<b>(13) = product (7) thru (12)</b>	<b>Projected Allowed EHBs PMPM</b>	<b>\$560.37</b>
(14) Exhibit 12	Projected Paid to Allowed Ratio	0.825
(15) = (13) x (14)	Projected Paid EHBs PMPM	\$462.24
<u>Marketwide Adjustments</u>		
(16) Exhibit 10	Projected Risk Adj Transfer PMPM	(\$146.27)
(17)	Projected Exchange User Fee Factor	1.008
(18) = [(15) - (16)] * (17)	Market Adjusted Projected Paid EHB PMPM	\$613.11
<b>(19) = (18) / (14)</b>	<b>Market Adjusted Projected Allowed EHB PMPM</b>	<b>\$743.27</b>
(20) Exhibit 9	Non-EHBs Loading Factor	1.008
(21) = (20) x (18)	Market Adjusted Projected Paid Total PMPM	\$618.00

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**

**Market: District of Columbia Individual**

**Exhibit 2**  
**Allowed Claim PMPMs**

<b>Pool</b>	<b>Member Months</b>	<b>Calculated Allowed</b>	<b>Capitation</b>	<b>Completion</b>	<b>Total</b>
Individual	30,950	\$610.31	\$0.80	\$6.00	\$617.11
Small Group	57,616	432.32	0.80	4.25	437.37
Overall	88,566	\$494.52	\$0.80	\$4.86	<b>\$500.18</b>



**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**

**Market: District of Columbia Individual**

**Exhibit 3  
Capitations**

Source/Formula	Component	Combined
<i>Experience Period - Essential Health Benefits</i>		
(1) Input	Pediatric Dental PMPM	\$0.80
<i>Projection Period - Essential Health Benefits</i>		
(2) Expected Contract Rate	Pediatric Dental Cap	\$5.85
(3) Exhibit 6	Percentage of Children < 21	14.1%
(4) = (2) x (3)	Pediatric Dental PMPM	\$0.82
(5) = (4)	<b>Projection Period EHB - Total</b>	<b>\$0.82</b>
<i>Projection Period - Non Essential Health Benefits</i>		
(6) Input	Adult Dental PMPM	\$0.00
(7) = (6)	<b>Projection Period Non-EHB - Total</b>	<b>\$0.00</b>

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 4**  
**Trend Factors**

<b>Category</b>	<b>Cost</b>	<b>Utilization</b>	<b>Trend</b>
Inpatient	5.2%	1.5%	6.8%
Outpatient	4.2%	1.4%	5.7%
Professional	1.5%	1.5%	2.9%
Other	2.1%	3.6%	5.8%
Capitation	0.0%	0.0%	0.0%
Rx	5.7%	5.4%	11.4%
<b>Overall</b>	<b>5.1%</b>		

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 5**  
**Morbidity Factor**

	<b>Member Months</b>	<b>Relative Morbidity</b>
(1) Experience Period Single Risk Pool	88,566	1.000
(2) Continuing Experience Period Members	50,595	1.021
(3) Continuing Current Year New Members	15,829	1.008
(4) Projection Period New Members	18,055	0.978
(5) Projection Period Single Risk Pool	84,478	1.009
(6) Adjustment for Change in Risk = [ (5) / (1) ]		1.009

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 6**  
**Demographics**

Ages	DC Age Slope	Member Distribution	
		Experience Period	Current Period
0-14	0.654	10.3%	10.2%
15	0.654	0.6%	0.7%
16	0.654	0.8%	0.7%
17	0.654	0.5%	0.8%
18	0.654	0.5%	0.5%
19	0.654	0.6%	0.6%
20	0.654	0.7%	0.6%
21	0.727	0.8%	0.7%
22	0.727	1.4%	1.2%
23	0.727	1.9%	1.6%
24	0.727	2.0%	2.0%
25	0.727	2.9%	2.3%
26	0.727	3.5%	3.2%
27	0.727	3.6%	3.5%
28	0.744	3.3%	3.5%
29	0.760	3.1%	3.1%
30	0.779	3.0%	3.0%
31	0.799	3.0%	2.8%
32	0.817	2.7%	2.6%
33	0.836	2.8%	2.7%
34	0.856	2.7%	2.8%
35	0.876	2.8%	2.4%
36	0.896	2.0%	2.6%
37	0.916	2.2%	1.8%
38	0.927	1.9%	2.3%
39	0.938	2.1%	2.1%
40	0.975	2.1%	2.0%
41	1.013	2.0%	1.8%
42	1.053	2.0%	1.9%
43	1.094	1.8%	1.7%
44	1.137	1.8%	1.9%
45	1.181	1.8%	1.9%
46	1.227	1.5%	1.8%
47	1.275	1.6%	1.7%
48	1.325	1.3%	1.5%
49	1.377	1.3%	1.6%
50	1.431	1.4%	1.3%
51	1.487	1.6%	1.5%
52	1.545	1.2%	1.6%
53	1.605	1.3%	1.3%
54	1.668	1.4%	1.3%
55	1.733	1.2%	1.4%
56	1.801	1.2%	1.2%
57	1.871	1.3%	1.1%
58	1.944	1.1%	1.3%
59	2.020	1.4%	1.2%
60	2.099	1.1%	1.4%
61	2.181	1.3%	1.2%
62	2.181	1.1%	1.3%
63	2.181	1.3%	1.0%
64+	2.181	3.1%	3.8%

**Demographic & Calibration Adjustment:**

	Implied		
	Age	Factor	
Exp Period Avg Age Factor	42.3	1.064	(1)
Proj Period Avg Age Factor	42.7	1.081	(2)
<b>Change in Demographics</b>		<b>1.016</b>	<b>= (2) / (1)</b>
Age 21 Age Slope Factor		0.727	(3)
<b>Index Rate Age Factor Calibration</b>		<b>0.673</b>	<b>= 1 / (2) x (3)</b>

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**

**Market: District of Columbia Individual**

**Exhibit 7  
Network Factor**

**Experience Period**

(1)	(2)	(3)
<b>Network</b>	<b>Individual Member Months</b>	<b>Network Adjustment Factor</b>
Signature	30,950	1.000
Signature 2TPOS	-	1.100
Select	-	1.050
Overall	30,950	1.000

**Projection Period**

(1)	(2)	(3)	(4)
<b>Network</b>	<b>Individual Member Months</b>	<b>Network Adjustment Factor</b>	<b>Normalizing Factor</b>
Signature	25,399	1.000	1.000
Signature 2TPOS	-	1.100	1.100
Select	-	1.050	1.050
Overall	25,399	1.000	1.000

<b>Change in Network Factor</b>	<b>1.0000</b>
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**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 8**  
**Utilization Adjustment**

Pool		Member Months	Utilization
<b><i>Experience Period</i></b>			
(1)	Individual	30,950	0.865
(2)	Small Group	57,616	0.937
(3)	Overall	88,566	0.912
<b><i>Projection Period</i></b>			
(4)	Individual	25,399	0.864
(5)	Small Group	59,079	0.931
(6)	Overall	84,478	0.911
<b><i>Change in Average Utilization</i></b>			
(7)	= (6) / (3)		1.000

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 9**  
**Non-Essential Health Benefits Adjustments**

<u>Source/Formula</u>	<u>Component</u>	<u>Value</u>
<b><u>Experience Period</u></b>		
(1) <u>Exhibit 2</u>	<u>Completed Allowed Claims</u>	<u>\$500.18</u>
(2) <u>Input</u>	<u>Non-EHB Non Capitation</u>	<u>\$5.24</u>
(3) <u>= (1) - (2)</u>	<u>EHB Completed Allowed Claims</u>	<u>\$494.94</u>
(4) <u>= (3) / (1)</u>	<u>Exp Period Non-EHB Removal Factor</u>	<u><b>0.990</b></u>
<b><u>Projection Period</u></b>		
(5) <u>Exhibit 1</u>	<u>Market Adjusted Index Rate</u>	<u>\$743.27</u>
(6) <u>Exhibit 10</u>	<u>Risk Adj Transfer Paid PMPM</u>	<u>-\$146.27</u>
(7) <u>Exhibit 12</u>	<u>Paid to Allowed Ratio</u>	<u>0.825</u>
(8) <u>= (6) / (7)</u>	<u>Risk Adj Transfer Allowed PMPM</u>	<u>-\$177.32</u>
(9) <u>= (5) + (8)</u>	<u>Market Adjusted Index Rate Prior to Risk Adj</u>	<u>\$565.95</u>
(10) <u>Input</u>	<u>Non-EHB Non Capitation</u>	<u>\$5.93</u>
(11) <u>= sum((9) thru (10)) - (8)</u>	<u>Projection Period Market Adjusted Allowed Total</u>	<u>\$749.20</u>
(12) <u>= (11) / (5)</u>	<u>Projection Period Non-EHB Load Factor</u>	<u><b>1.0080</b></u>

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**

**Market: District of Columbia Individual**

**Exhibit 10**

**Risk Adjustment Projection**

			<b>Estimated 2024</b>	<b>Projected 2026</b>
<b>Platinum</b>	(1)	Member Months	3,480	2,888
	(2)	HHS Transfer % of Premium	0.999	0.916
	(3)	Statewide Average Premium PMPM	\$622.19	\$710.06
	(4) = (2) x (3)	Transfer PMPM	\$621.59	\$650.08
	(5)	Federal High Cost Risk Pool PMPM	\$0.00	\$0.00
	(6)	2018 RADV PMPM	N/A	\$0.00
	(7) = (1) x [(4) + (6)]	Transfer \$	\$2,163,150	\$1,877,297
<b>Gold</b>	(8)	Member Months	7,695	6,496
	(9)	HHS Transfer % of Premium	(0.305)	(0.303)
	(10)	Statewide Average Premium PMPM	\$622.19	\$710.06
	(11) = (9) x (10)	Transfer PMPM	(\$189.93)	(\$215.50)
	(12)	Federal High Cost Risk Pool PMPM	\$0.00	\$0.00
	(13)	2018 RADV PMPM	N/A	\$0.00
	(14) = (8) x [(11) + (13)]	Transfer \$	(\$1,461,514)	(\$1,399,792)
<b>Silver</b>	(15)	Member Months	8,460	7,085
	(16)	HHS Transfer % of Premium	(0.305)	(0.324)
	(17)	Statewide Average Premium PMPM	\$622.19	\$710.06
	(18) = (16) x (17)	Transfer PMPM	(\$189.88)	(\$229.82)
	(19)	Federal High Cost Risk Pool PMPM	\$0.00	\$0.00
	(20)	2018 RADV PMPM	N/A	\$0.00
	(21) = (15) x [(18) + (20)]	Transfer \$	(\$1,606,357)	(\$1,628,263)
<b>Bronze</b>	(22)	Member Months	11,013	8,817
	(23)	HHS Transfer % of Premium	(0.395)	(0.409)
	(24)	Statewide Average Premium PMPM	\$622.19	\$710.06
	(25) = (23) x (24)	Transfer PMPM	(\$246.04)	(\$290.68)
	(26)	Federal High Cost Risk Pool PMPM	\$0.00	\$0.00
	(27)	2018 RADV PMPM	N/A	\$0.00
	(28) = (22) x [(25) + (27)]	Transfer \$	(\$2,709,598)	(\$2,562,849)
<b>Catastrophic</b>	(29)	Member Months	302	114
	(30)	HHS Transfer % of Premium	(0.192)	(0.069)
	(31)	Statewide Average Premium PMPM (Catastrophic	\$169.69	\$193.65
	(32) = (30) x (31)	Transfer PMPM	(\$32.61)	(\$13.35)
	(33)	Federal High Cost Risk Pool PMPM	\$0.00	\$0.00
	(34)	2018 RADV PMPM	N/A	\$0.00
	(33) = (29) x [(32) + (34)]	Transfer \$	(\$9,847)	(\$1,520)
<b>Combined</b>	(34) = (1)+(8)+(15)+(22)+(29)	Total Risk Adjustment Member Months	30,950	25,399
	(35)	RA Transfer PMPM	(\$117.10)	(\$146.27)
	(36)	Federal HCRP PMPM	\$0.00	\$0.00
	(37)	2018 RADV PMPM	N/A	\$0.00
	(38) = sum (35) thru (37)	Total RA, HCRP, RADV Transfer PMPM	(\$117.10)	(\$146.27)
	(39) = (34) x (38)	Total Transfer \$	(\$3,624,167)	(\$3,715,127)



**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 11**  
**Retention**

		2024 Experience		2026 Projected	
Source/Formula	Retention Item	Net PMPM	% of Premium	Net PMPM	% of Premium
(1)	Operating Expense	\$36.72	6.3%	\$45.53	6.2%
(2)	Commissions	1.05	0.2%	1.12	0.2%
(3) = sum (1) thru (2)	Subtotal Admin Exp	\$37.77	6.4%	\$46.65	6.4%
(4)	Exchange Assessment*	\$4.69	0.8%	\$5.47	0.8%
(5)	PCORI	0.27	0.0%	0.31	0.0%
(6)	State Premium Tax	9.37	1.6%	11.68	1.6%
(7)	Federal Income Tax	0.00	0.0%	0.00	0.0%
(8)	Health Ins Provider Fee	0.00	0.0%	0.00	0.0%
(9)	Risk Adjustment Fee	0.20	0.0%	0.18	0.0%
(10) = sum (4) thru (9)	Subtotal Taxes & Fees	\$14.53	2.5%	\$17.64	2.4%
(11)	Contribution to Reserve	(\$32.13)	-5.5%	\$50.34	6.9%
(12) = (3)+(10)+(11)	Total Retention	\$20.17	3.4%	\$114.63	15.7%

\*Note: For rate build-up purposes, the Exchange Fee is included in the Market Adjusted Index Rate prior to plan level adjustments.

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 12**  
**Plan Adjustment Index Rate Development**

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)
Name	Market Adjusted Index Rate	Impact of Non-EHB	Non-Funding of CSR Adjustment	Network Factor	Normalized Utilization	Plan Design	Catastrophic Plan Adjustment	Pure Premium	Retention	Plan Adjusted Index Rate	Age Curve Calibration*	Area Curve Calibration	Calibrated Plan Adj Index Rate (Age 21 Base Rate)
KP DC Essential Platinum 0 Ded/Vision	\$743.27	1.008	1.000	1.000	1.112	0.973	1.000	\$810.67	1.176	\$953.30	0.673	1.000	\$641.28
KP DC Gold 0 Ded/100 RxDed/Vision	743.27	1.008	1.000	1.000	1.121	0.872	1.000	732.72	1.176	861.63	0.673	1.000	579.62
KP DC Gold Plus 0 Ded/100 RxDed/Vision	743.27	1.008	1.000	1.000	1.121	0.942	1.000	791.34	1.176	930.56	0.673	1.000	625.99
KP DC Essential Gold 500 Ded/Vision	743.27	1.008	1.000	1.000	1.082	0.941	1.000	762.83	1.176	897.03	0.673	1.000	603.43
KP DC Gold 1000 Ded/200 RxDed/Vision	743.27	1.008	1.000	1.000	1.033	0.879	1.000	680.66	1.176	800.41	0.673	1.000	538.43
KP DC Gold 1800 Ded/HSA/Vision	743.27	1.008	1.000	1.000	0.995	0.850	1.000	633.46	1.176	744.91	0.673	1.000	501.10
KP DC Gold Virtual Forward 2000 Ded	743.27	1.008	1.000	1.000	1.011	0.857	1.000	649.57	1.176	763.85	0.673	1.000	513.84
KP DC Silver 3500 Ded/1200 RxDed/Vision	743.27	1.008	1.000	1.000	0.993	0.824	1.000	613.25	1.176	721.15	0.673	1.000	485.11
KP DC Essential Silver 4850 Ded/350 RxDed	743.27	1.008	1.000	1.000	0.992	0.823	1.000	611.98	1.176	719.64	0.673	1.000	484.10
KP DC Silver Virtual Forward 4000 Ded	743.27	1.008	1.000	1.000	0.960	0.767	1.000	551.43	1.176	648.44	0.673	1.000	436.21
KP DC Essential Bronze 7500 Ded/1000 RxDed	743.27	1.008	1.000	1.000	0.943	0.768	1.000	542.31	1.176	637.72	0.673	1.000	428.99
KP DC Bronze 6500 Ded/Vision	743.27	1.008	1.000	1.000	0.956	0.743	1.000	531.89	1.176	625.47	0.673	1.000	420.75
KP DC Bronze 6350 Ded/HSA/Vision	743.27	1.008	1.000	1.000	0.944	0.744	1.000	526.18	1.176	618.75	0.673	1.000	416.23
KP DC Catastrophic 10150 Ded/Vision	743.27	1.008	1.000	1.000	0.897	0.702	0.780	368.27	1.176	433.06	0.673	1.000	291.32
	\$743.27	1.008	1.000	1.000	1.000	0.825	0.997	\$620.43	1.176	\$729.59	0.673	1.000	\$490.79

\* Age Curve Calibration from 42.7 to 21 years old

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 13**  
**Quarterly Renewal Factors**

			Renewal Quarter				Overall
Source/Formula	Component		Q1	Q2	Q3	Q4	
(1) Data	Member Distribution by Renewal Qtr		100%	n/a	n/a	n/a	100%
(2) Input	Months of Trend		24.0	n/a	n/a	n/a	
(3) Exhibit 4	Annual Trend		5.1%	n/a	n/a	n/a	
(4)	Trend		1.104	n/a	n/a	n/a	
(5)	<b>Quarterly Rate Trend Factor</b>		<b>1.000</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**

**Market: District of Columbia Individual**

**Exhibit 14**

**Projected Medical Loss Ratio**

			<b>Combined Market PMPM</b>
<b>Component</b>			
(1)	Input	Premium	\$658.78
(2)	Input	Net Claims	\$510.05
(3)	Exhibit 10	Risk Adjustment Transfer	(\$128.13)
(4)	= (2) - (3)	Total Medical Expense	\$638.19
(5)	Exhibit 11	Administrative Expenses	\$52.33
(6)	Exhibit 11	Deductible Fraud	\$0.16
(7)	= (5)	Total	\$52.33
(8)	Exhibit 11	Exchange Fee	\$4.94
(9)	Exhibit 11	PCORI	\$0.32
(10)	Exhibit 11	DC Premium Tax	\$10.34
(11)	Exhibit 11	Federal Income Tax	\$0.00
(12)	Exhibit 11	Health Ins Provider Fee	\$0.00
(13)	Exhibit 11	Risk Adj Fee	\$0.19
(14)	= sum (8) thru (13)	Total Taxes and Fees	\$15.79
(15)	= (1) - (4) - (7) - (14)	Contribution to Reserve	(\$47.54)
(16)	= [(4)] / (1)	Loss Ratio	96.9%
(17)	= [(4) + (5)] / [(1) - (15)]	ACA Medical Loss Ratio	99.3%

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 15**  
**Cost Share Reduction Subsidy Non-Funding Impact**

Silver Exchange Base Plans and Variants		Plan Design	Member Distribution
(1)	Base Plan - KP DC Silver 3500 Ded/1200 RxDed/Vision	0.824	16.6%
(2)	73%	0.840	4.5%
(3)	87%	0.918	0.6%
(4)	94%	0.967	0.7%
(5)	100%	1.000	0.0%
(6)	Base Plan - KP DC Essential Silver 4850 Ded/350 RxDed	0.823	32.5%
(7)	73%	0.842	4.6%
(8)	87%	0.933	2.1%
(9)	94%	0.963	2.4%
(10)	100%	1.000	0.0%
(11)	Base Plan - KP DC Silver Virtual Forward 4000 Ded	0.767	23.8%
(12)	73%	0.811	8.2%
(13)	87%	0.919	0.7%
(14)	94%	0.976	3.3%
(15)	100%	1.000	0.0%
(1) Base Plan Average = Wtd Avg (1), (6), (11)		0.803	
(2) Overall Average = Wtd Avg (1) thru (15)		0.824	
(3) CSR Adjustment Factor for Silver Plans= (2) / (1)		1.025	100.0%

**Note:**

Rates do not include any adjustment for non-funding of Cost Share Reduction subsidies. The impact on this exhibit is shown for informational purposes only and represents an expected margin loss on Silver plans of 2.5%.

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Rates Effective January 1, 2026**

**Appendix I-A**

	1	2	3	4	5	6	7	8	9
	94506DC0390001	94506DC0390002	94506DC0390017	94506DC0390011	94506DC0390003	94506DC0390013	94506DC0390015	94506DC0390004	94506DC0390005
Age	KP DC Essential Platinum 0 Ded/Vision	KP DC Gold 0 Ded/100 Rx Ded/Vision	KP DC Gold Plus 0 Ded/100 Rx Ded/Vision	KP DC Essential Gold 500 Ded/Vision	KP DC Gold 1000 Ded/200 Rx Ded/Vision	KP DC Gold 1800 Ded/HSA/Vision	KP DC Gold Virtual Forward 2000 Ded	KP DC Silver 3500 Ded/1200 Rx Ded/Vision	KP DC Essential Silver 4850 Ded/350 Rx Ded
20 and under	576.89	521.42	563.13	542.84	484.36	450.78	462.24	436.40	435.49
21	641.28	579.62	625.99	603.43	538.43	501.10	513.84	485.11	484.10
22	641.28	579.62	625.99	603.43	538.43	501.10	513.84	485.11	484.10
23	641.28	579.62	625.99	603.43	538.43	501.10	513.84	485.11	484.10
24	641.28	579.62	625.99	603.43	538.43	501.10	513.84	485.11	484.10
25	641.28	579.62	625.99	603.43	538.43	501.10	513.84	485.11	484.10
26	641.28	579.62	625.99	603.43	538.43	501.10	513.84	485.11	484.10
27	641.28	579.62	625.99	603.43	538.43	501.10	513.84	485.11	484.10
28	656.28	593.17	640.63	617.54	551.02	512.82	525.86	496.45	495.42
29	670.39	605.93	654.40	630.82	562.87	523.85	537.16	507.13	506.07
30	687.15	621.08	670.77	646.59	576.94	536.94	550.59	519.81	518.73
31	704.79	637.02	687.99	663.19	591.75	550.73	564.73	533.15	532.04
32	720.67	651.37	703.49	678.13	605.09	563.13	577.45	545.16	544.03
33	737.43	666.52	719.85	693.90	619.16	576.23	590.88	557.84	556.68
34	755.07	682.47	737.07	710.50	633.97	590.02	605.02	571.19	570.00
35	772.71	698.41	754.29	727.10	648.78	603.80	619.15	584.53	583.32
36	790.35	714.36	771.51	743.70	663.59	617.59	633.29	597.88	596.63
37	808.00	730.31	788.73	760.31	678.41	631.37	647.42	611.23	609.95
38	817.70	739.08	798.20	769.44	686.55	638.95	655.20	618.57	617.28
39	827.40	747.85	807.67	778.57	694.70	646.54	662.97	625.91	624.60
40	860.04	777.34	839.53	809.28	722.10	672.04	689.13	650.59	649.24
41	893.56	807.64	872.25	840.82	750.25	698.23	715.98	675.95	674.54
42	928.84	839.53	906.70	874.02	779.87	725.80	744.26	702.64	701.18
43	965.01	872.22	942.00	908.05	810.24	754.06	773.23	730.00	728.48
44	1,002.94	906.50	979.02	943.74	842.08	783.70	803.63	758.69	757.11
45	1,041.75	941.58	1,016.91	980.26	874.67	814.03	834.72	788.05	786.41
46	1,082.33	978.26	1,056.52	1,018.44	908.74	845.74	867.24	818.75	817.04
47	1,124.67	1,016.53	1,097.85	1,058.29	944.29	878.82	901.16	850.78	849.01
48	1,168.77	1,056.39	1,140.90	1,099.79	981.32	913.28	936.50	884.14	882.30
49	1,214.64	1,097.85	1,185.68	1,142.95	1,019.83	949.13	973.26	918.84	916.93
50	1,262.27	1,140.90	1,232.18	1,187.77	1,059.83	986.35	1,011.42	954.87	952.88
51	1,311.67	1,185.55	1,280.39	1,234.25	1,101.30	1,024.95	1,051.00	992.24	990.17
52	1,362.83	1,231.79	1,330.34	1,282.39	1,144.26	1,064.92	1,092.00	1,030.94	1,028.80
53	1,415.76	1,279.63	1,382.00	1,332.19	1,188.69	1,106.28	1,134.41	1,070.98	1,068.75
54	1,471.33	1,329.86	1,436.25	1,384.49	1,235.35	1,149.70	1,178.93	1,113.02	1,110.70
55	1,528.66	1,381.68	1,492.22	1,438.44	1,283.49	1,194.51	1,224.88	1,156.39	1,153.98
56	1,588.65	1,435.89	1,550.77	1,494.88	1,333.85	1,241.38	1,272.94	1,201.76	1,199.26
57	1,650.39	1,491.70	1,611.04	1,552.98	1,385.70	1,289.63	1,322.41	1,248.47	1,245.87
58	1,714.78	1,549.91	1,673.90	1,613.57	1,439.76	1,339.94	1,374.01	1,297.19	1,294.48
59	1,781.82	1,610.50	1,739.34	1,676.66	1,496.05	1,392.33	1,427.73	1,347.90	1,345.09
60	1,851.51	1,673.48	1,807.36	1,742.23	1,554.56	1,446.78	1,483.56	1,400.61	1,397.70
61	1,923.84	1,738.86	1,877.97	1,810.29	1,615.29	1,503.30	1,541.52	1,455.33	1,452.30
62	1,923.84	1,738.86	1,877.97	1,810.29	1,615.29	1,503.30	1,541.52	1,455.33	1,452.30
63	1,923.84	1,738.86	1,877.97	1,810.29	1,615.29	1,503.30	1,541.52	1,455.33	1,452.30
64+	1,923.84	1,738.86	1,877.97	1,810.29	1,615.29	1,503.30	1,541.52	1,455.33	1,452.30

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

Market: District of Columbia Individual

Rates Effective January 1, 2026

Appendix I-B

	10	11	12	13	14
	94506DC0390016	94506DC0390007	94506DC0390012	94506DC0390010	94506DC0390008
Age	KP DC Silver Virtual Forward 4000 Ded	KP DC Essential Bronze 7500 Ded/1000 RxDed	KP DC Bronze 6500 Ded/Vision	KP DC Bronze 6350 Ded/HSA/Vision	KP DC Catastrophic 10150 Ded/Vision
20 and under	392.41	385.91	378.50	374.44	262.07
21	436.21	428.99	420.75	416.23	291.32
22	436.21	428.99	420.75	416.23	291.32
23	436.21	428.99	420.75	416.23	291.32
24	436.21	428.99	420.75	416.23	291.32
25	436.21	428.99	420.75	416.23	291.32
26	436.21	428.99	420.75	416.23	291.32
27	436.21	428.99	420.75	416.23	291.32
28	446.41	439.02	430.59	425.96	298.13
29	456.01	448.46	439.85	435.12	304.54
30	467.41	459.67	450.84	446.00	312.16
31	479.41	471.48	462.42	457.45	320.17
32	490.21	482.10	472.84	467.76	327.38
33	501.61	493.31	483.83	478.64	335.00
34	513.61	505.11	495.41	490.09	343.01
35	525.61	516.91	506.98	501.54	351.03
36	537.61	528.71	518.56	512.99	359.04
37	549.61	540.52	530.13	524.44	367.06
38	556.21	547.01	536.50	530.74	371.46
39	562.81	553.50	542.87	537.03	375.87
40	585.01	575.33	564.28	558.22	390.70
41	607.81	597.75	586.27	579.97	405.92
42	631.81	621.36	609.42	602.88	421.95
43	656.42	645.55	633.15	626.35	438.38
44	682.22	670.92	658.04	650.97	455.61
45	708.62	696.89	683.50	676.16	473.24
46	736.22	724.03	710.12	702.50	491.68
47	765.02	752.36	737.90	729.98	510.91
48	795.02	781.86	766.84	758.60	530.95
49	826.22	812.54	796.94	788.38	551.78
50	858.62	844.41	828.19	819.29	573.42
51	892.22	877.45	860.60	851.35	595.86
52	927.02	911.68	894.17	884.56	619.11
53	963.02	947.08	928.89	918.91	643.15
54	1,000.82	984.26	965.35	954.98	668.39
55	1,039.82	1,022.61	1,002.97	992.20	694.44
56	1,080.62	1,062.74	1,042.33	1,031.13	721.69
57	1,122.63	1,104.04	1,082.84	1,071.21	749.74
58	1,166.43	1,147.12	1,125.09	1,113.00	778.99
59	1,212.03	1,191.97	1,169.07	1,156.51	809.44
60	1,259.43	1,238.58	1,214.79	1,201.74	841.10
61	1,308.63	1,286.97	1,262.25	1,248.69	873.96
62	1,308.63	1,286.97	1,262.25	1,248.69	873.96
63	1,308.63	1,286.97	1,262.25	1,248.69	873.96
64+	1,308.63	1,286.97	1,262.25	1,248.69	873.96



**KAISER PERMANENTE®**

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
4000 Garden City Dr, Hyattsville, MD 20785

May 1, 2025

Department of Insurance and Securities  
Insurance Product Division  
810 First Street, N.E.  
Washington, DC 20002

Re: NAIC #: 95639  
HIOS Issuer ID 94506  
Individual On-Exchange Rate Filing  
Filing #1

Attached is the Individual on-exchange rate filing for Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (Kaiser) for a premium rate change effective January 1, 2026. Kaiser is an HMO company and offers traditional HMO copayment plans covering medical and pharmacy claims expenses. Kaiser also offers Deductible and High Deductible plans, some of which are HSA qualified.

The overall rate change is 12.9%.

Sincerely,

Stephen Chuang, ASA, MAAA  
Senior Actuarial Associate  
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.



## Rate Filing Justification Part II (Plain Language Summary)

Pursuant to 45 CFR 154.215, health insurance issuers are required to file Rate Filing Justifications. Part II of the Rate Filing Justification for rate increases and new submissions must contain a written description that includes a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. The Part II template below must be filled out and uploaded as an Adobe PDF file under the Consumer Disclosure Form section of the Supporting Documentation tab.

---

Name of Company      Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

SERFF tracking number      KPMA-134491399

Submission Date      5/1/2025

Product Name      Individual HMO On Exchange

Market Type      ☒ Individual      ☐ Small Group

Rate Filing Type      ☒ Rate Increase      ☐ New Filing

### Scope and Range of the Increase:

The 12.9% increase is requested because:

Primary factors affecting the rate change are:

- Claims experience of the single risk pool different than projected in the previous year.
- Increases in medical inflation.
- Changes in population morbidity and demographic make-up of the pool.
- Risk adjustment transfer payments into the district-wide risk adjustment pool.
- Benefit plan design adjustments, including those made to comply with Actuarial Value ("AV") requirements which results in varying rate changes by plan.
- Federal and District taxes and fees

This filing will impact:

# of policyholder's 2031

# of covered lives 2400

The average, minimum and maximum rate changes increases are:

- Average Rate Change: The average premium change, by percentage, across all policy holders if the filing is approved 12.9 %
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved 8.8 %
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved 16.1 %

Individuals within the group may vary from the aggregate of the above increase components as a result of:

Individual increases vary from the average rate change primarily due to plan specific rate changes and recognition that a member is a year older.

### Financial Experience of Product

The overall financial experience of the product includes:

For the 2024 experience period, Kaiser lost \$3.6 million dollars on \$18.1 million dollars of premium on the Individual pool. This is equivalent to a margin of -19.7%. The estimated net medical expense and risk adjustment incurred is \$20.1 million dollars. Other estimated expenses for administration, taxes and fees are \$1.6 million.

The rate increase will affect the projected financial experience of the product by:

The proposed rate change combined with anticipated changes in medical expense, administration, taxes and fees is expected to result in a margin of -12.3% for the projection period.

### **Components of Increase**

The request is made up of the following components:

*Trend Increases – 5.1 % of the 12.9 % total filed increase*

1. Medical Utilization Changes – Defined as the increase in total plan claim costs not attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts. Examples include changes in the mix of services utilized, or an increase/decrease in the frequency of service utilization.

This component is 2.3 % of the 12.9 % total filed increase.

2. Medical Price Changes – Defined as the increase in total plan claim costs attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts.

This component is 2.8 % of the 12.9 % total filed increase.

*Other Increases – 7.8 % of the 12.9 % total filed increase*

1. Medical Benefit Changes Required by Law – Defined as any new mandated plan benefit changes, as mandated by either State or Federal Regulation.

This component is 0.0 % of the 12.9 % total filed increase.

2. Medical Benefit Changes Not Required by Law – Defined as changes in plan benefit design made by the company, which are not required by either State or Federal Regulation.

This component is 0.8 % of the 12.9 % total filed increase.

3. Changes to Administration Costs – Defined as increases in the costs of providing insurance coverage. Examples include claims payment expenses, distribution costs, taxes, and general business expenses such as rent, salaries, and overhead.

This component is -2.4 % of the 12.9 % total filed increase.

4. Changes to Profit Margin – Defined as increases to company surplus or changes as an additional margin to cover the risk of the company.

This component is 9.8 % of the 12.9 % total filed increase.

5. Other – Defined as:

This component is -0.4 % of the 12.9 % total filed increase.