

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

Filing at a Glance

Company: LifeWise Health Plan of Washington
Product Name: 2026 Nongrandfathered Individual rate filing LWVA
State: Washington
TOI: H16I Individual Health - Major Medical
Sub-TOI: H16I.005C Individual - Other
Filing Type: Rate
Date Submitted: 05/15/2025
SERFF Tr Num: PBCC-134527981
SERFF Status: Assigned
State Tr Num: 484679
State Status: Review Pending
Co Tr Num: 2026 NONGRANDFATHERED INDIVIDUAL LWVA

Effective: 01/01/2026
Date Requested:
Author(s): Ryan Brown, Fiona Mao, Jacob Fuller, Amanda Johnson
Reviewer(s): Amy Peach (primary), Rocky Patterson II
Disposition Date:
Disposition Status:
Effective Date:
Destruction Date:

State Filing Description:

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

General Information

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

Filing Description:
This filing was prepared with the intention of following the Speed to Market Tool

Company and Contact

Filing Contact Information

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

Filing Company Information

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

State: Washington **Filing Company:** LifeWise Health Plan of Washington
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Filing Fees

State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State Specific

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

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

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

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Correspondence Summary

Filing Notes

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

State: Washington **Filing Company:** LifeWise Health Plan of Washington
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Note To Filer

Created By:

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

Last Edited By:

Gail Jones

Submitted On:

05/27/2025 10:54 AM

Subject:

Notice for Second Set of Rates Review Process

Comments:

We are sending this note to clarify when you should update the second set of rate documents included in your rate filing. Do NOT update the second set of rate documents submitted under the Supporting Documentation tab in SERFF during the normal objection-and-response process, unless an objection specifically instructs you to do so.

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

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

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

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Product Name: 2026 Nongrandfathered Individual rate filing LWVA
Project Name/Number: /

Reviewer Note

Created By:

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

Last Edited By:

Gail Jones

Submitted On:

05/27/2025 10:54 AM

Subject:

Rate Request Summary

Comments:

See attached

LifeWise Health Plan of Washington – Individual plans

This information is supplied by the company. It has not been verified by the Office of the Insurance Commissioner and may change.

Overview

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

Key information used to develop the rate request

(Jan. 2024 - Dec. 2024)

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

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

How it plans to spend your premium

If these rates are approved, here’s how your insurance company plans to spend your premium in 2026:

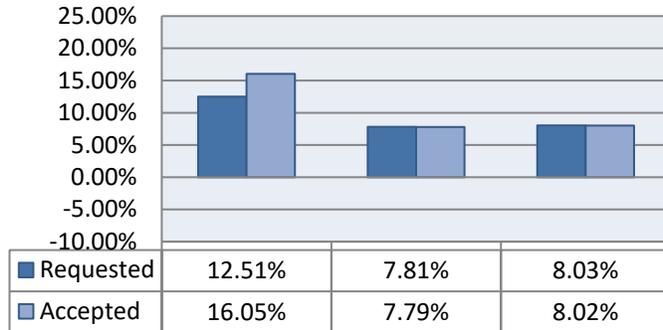
Claims: 89.39%
 Administration: 13.28%
 Profit: -2.67%

Are there any benefit changes?

Yes. To see a description of the changes, look for the attachment called “Uniform Product Modification Justification” in the ‘initial request’.

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

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



Need Help?

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

Glossary

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

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

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

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

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

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

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

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

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

Rate request summary #PBCC-134527981

Washington State Office of the Insurance Commissioner | www.insurance.wa.gov

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

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

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

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

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

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

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

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

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

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

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Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	8.020%
Effective Date of Last Rate Revision:	01/01/2025
Filing Method of Last Filing:	SERFF
SERFF Tracking Number of Last Filing:	PBCC-134041946

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
LifeWise Health Plan of Washington	Increase	14.430%	14.430%	\$26,249,228	17,596	\$181,907,333	32.900%	-12.380%

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

Rate Review Detail

COMPANY:

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

PRODUCTS:

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

Trend Factors: Medical/Rx annual trend 7.5%

FORMS:

New Policy Forms:
Affected Forms:
Other Affected Forms: 38498WA032 (01-2026)

REQUESTED RATE CHANGE INFORMATION:

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

PRIOR RATE:

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

REQUESTED RATE:

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

SERFF Tracking #:

PBCC-134527981

State Tracking #:

484679

Company Tracking #:

2026 NONGRANDFATHERED
INDIVIDUAL LWVA

State:

Washington

Filing Company:

LifeWise Health Plan of Washington

TOI/Sub-TOI:

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

Product Name:

2026 Nongrandfathered Individual rate filing LWVA

Project Name/Number:

/

Rate/Rule Schedule

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

LifeWise Health Plan of Washington
 Illustrative Example of Premium Rate Development

Individual Filing - Effective 1/1/2026

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

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

Notes:

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

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

**LifeWise Health Plan of Washington
RATE SCHEDULE**

Plan Information

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

Plan Geographic Availability

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

Plan Rates

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

**LifeWise Health Plan of Washington
RATE SCHEDULE**

Plan Information

Plan Name: LifeWise Essential Bronze
HIOS Plan ID: 38498WA0320003
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: In the exchange
Metal Level: Bronze
Plan Type: Non-Standardized Plan

Plan Geographic Availability

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

Plan Rates

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

**LifeWise Health Plan of Washington
RATE SCHEDULE**

Plan Information

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

Plan Geographic Availability

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

Plan Rates

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

**LifeWise Health Plan of Washington
RATE SCHEDULE**

Plan Information

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

Plan Geographic Availability

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

Plan Rates

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

**LifeWise Health Plan of Washington
RATE SCHEDULE**

Plan Information

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

Plan Geographic Availability

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

Plan Rates

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

**LifeWise Health Plan of Washington
RATE SCHEDULE**

Plan Information

Plan Name: LifeWise Cascade Bronze
HIOS Plan ID: 38498WA0320012
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: In the exchange
Metal Level: Bronze
Plan Type: Standardized Non-Public Option Plan

Plan Geographic Availability

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

Plan Rates

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

**LifeWise Health Plan of Washington
RATE SCHEDULE**

Plan Information

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

Plan Geographic Availability

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

Plan Rates

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

**LifeWise Health Plan of Washington
RATE SCHEDULE**

Plan Information

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

Plan Geographic Availability

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

Plan Rates

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

**LifeWise Health Plan of Washington
RATE SCHEDULE**

Plan Information

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

Plan Geographic Availability

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

Plan Rates

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

**LifeWise Health Plan of Washington
RATE SCHEDULE**

Plan Information

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

Plan Geographic Availability

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

Plan Rates

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

**LifeWise Health Plan of Washington
RATE SCHEDULE**

Plan Information

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

Plan Geographic Availability

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

Plan Rates

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

SERFF Tracking #: PBCC-134527981 **State Tracking #:** 484679 **Company Tracking #:** 2026 NONGRANDFATHERED
INDIVIDUAL LWWA

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

URRT

State Determination

Review Status:	Incomplete
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SERFF Tracking #:

PBCC-134527981

State Tracking #:

484679

Company Tracking #:

2026 NONGRANDFATHERED
INDIVIDUAL LWVA

State:

Washington

Filing Company:

LifeWise Health Plan of Washington

TOI/Sub-TOI:

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

Product Name:

2026 Nongrandfathered Individual rate filing LWVA

Project Name/Number:

/

URRT Items

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

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

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General Information

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

Plans Effective 1/1/2026 In the Exchange

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

Plans Effective 1/1/2026 In Public Option

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

Scope and Purpose

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

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

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Rate Increase Summary

Proposed Rate Increase

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

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

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

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

Reason for Rate Increase(s)

Below are the major factors for the rate increase:

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

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

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

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Experience Period Premium and Claims

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

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

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

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

Actual vs Projected Experience

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

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

Commercial Reinsurance

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

Benefit Categories

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

Market, Plan, and Calibrated Plan Adjusted Index Rate

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

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

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

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

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

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

Projection Factors

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

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

Trend Factors

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

- **Unit Cost** – The unit cost increase is expected to be 4.4% annually.
The Unit cost increase represents the average change in cost for each unit (procedure/drug) of healthcare.
 - Medical unit cost trend is expected to be 3.7% based on the changes in the negotiated healthcare provider reimbursement contracts.
 - Pharmacy unit cost trend is expected to be 7.6% based on our PBM’s projections.
 - Unit cost trend in the prior year filing was 5.4%.

- **Utilization** – The utilization increase is expected to be 2.7% annually.
The utilization increase represents the change in the number of medical services and prescriptions members seek.
 - Medical utilization trend is 2.9% based on the change in the number of medical services members per 1000 members per year.
 - Pharmacy utilization trend is 1.5% based on the change in the number of prescriptions per 1000 members per year.
 - Utilization trend in the prior year filing was 2.4%.

- **Leveraging** – Leveraging is expected to be 0.3% annually.
Leveraging represents the acceleration of trend due to fixed-dollar member cost shares (deductible, copays, and out-of-pocket maximums) not increasing at the same rate as claims, and therefore the insurer needs to cover a larger portion of the claims cost.
 - The leveraging trend in the prior year filing was 0.3%, as shown in Appendix 2.1.

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

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

Morbidity Adjustment

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

Demographic Shift

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

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

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

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

Plan Design Changes

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

Other Adjustments

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

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

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

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

Credibility Manual Rate Development

No manual rates were used.

Credibility of Experience

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

Risk Adjustment Transfer (Appendix 2.4)

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

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

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

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

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

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

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

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

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

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

Market to Plan Factors

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

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

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

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

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

Provider Network Adjustment (Appendix 2.3a, 2.5)

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

Calibration Factors

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

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

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

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

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

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

Non-Benefit Expenses

Administrative Expense Load (Appendix 2.5b)

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

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

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

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

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

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

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

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

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

Taxes and Fees (Appendix 2.5b)

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

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

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

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

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

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

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

Non-EHB Benefits

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

Exchange Fees (Appendix 2.5b)

The projected Exchange fee is \$5.11 PMPM.

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

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

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Projected Loss Ratio

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

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

AV Metal Values

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

Membership Projections (Appendix 2.5)

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

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

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

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

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

Terminated Products

No terminated plans for 2026.

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Plan Type

The plans included in this filing are EPO plans.

Washington State Required Appendixes

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

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Actuarial Certification

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

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

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

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

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

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

Limitations

I have relied on the analyses performed by:

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

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

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

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



05/14/2025

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

Date

**LifeWise Health Plan of Washington
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Actuarial Memorandum**

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General Information

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

Plans Effective 1/1/2026 In the Exchange

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

Plans Effective 1/1/2026 In Public Option

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

Scope and Purpose

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

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

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Rate Increase Summary

Proposed Rate Increase

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

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

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

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

Reason for Rate Increase(s)

Below are the major factors for the rate increase:

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

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

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

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Experience Period Premium and Claims

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

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

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

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

Actual vs Projected Experience

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

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

Commercial Reinsurance

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

Benefit Categories

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

Market, Plan, and Calibrated Plan Adjusted Index Rate

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

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

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

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

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

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

Projection Factors

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

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

Trend Factors

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

- **Unit Cost** – The unit cost increase is expected to be 4.4% annually.
The Unit cost increase represents the average change in cost for each unit (procedure/drug) of healthcare.
 - Medical unit cost trend is expected to be 3.7% based on the changes in the negotiated healthcare provider reimbursement contracts.
 - Pharmacy unit cost trend is expected to be 7.6% based on our PBM’s projections.
 - Unit cost trend in the prior year filing was 5.4%.

- **Utilization** – The utilization increase is expected to be 2.7% annually.
The utilization increase represents the change in the number of medical services and prescriptions members seek.
 - Medical utilization trend is 2.9% based on the change in the number of medical services members per 1000 members per year.
 - Pharmacy utilization trend is 1.5% based on the change in the number of prescriptions per 1000 members per year.
 - Utilization trend in the prior year filing was 2.4%.

- **Leveraging** – Leveraging is expected to be 0.3% annually.
Leveraging represents the acceleration of trend due to fixed-dollar member cost shares (deductible, copays, and out-of-pocket maximums) not increasing at the same rate as claims, and therefore the insurer needs to cover a larger portion of the claims cost.
 - The leveraging trend in the prior year filing was 0.3%, as shown in Appendix 2.1.

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

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

Morbidity Adjustment

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

Demographic Shift

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

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

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

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

Plan Design Changes

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

Other Adjustments

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

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

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

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

Credibility Manual Rate Development

No manual rates were used.

Credibility of Experience

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

Risk Adjustment Transfer (Appendix 2.4)

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

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

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

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

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

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

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

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

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

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

Market to Plan Factors

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

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

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

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

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

Provider Network Adjustment (Appendix 2.3a, 2.5)

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

Calibration Factors

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

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

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

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

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

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

Non-Benefit Expenses

Administrative Expense Load (Appendix 2.5b)

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

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

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

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

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

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

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

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

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

Taxes and Fees (Appendix 2.5b)

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

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

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

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

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

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

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

Non-EHB Benefits

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

Exchange Fees (Appendix 2.5b)

The projected Exchange fee is \$5.11 PMPM.

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

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

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Projected Loss Ratio

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

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

AV Metal Values

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

Membership Projections (Appendix 2.5)

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

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

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

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

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

Terminated Products

No terminated plans for 2026.

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Plan Type

The plans included in this filing are EPO plans.

Washington State Required Appendixes

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

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Actuarial Certification

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

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

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

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

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

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

Limitations

I have relied on the analyses performed by:

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

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

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

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

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



05/14/2025

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

Date

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

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

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

Scope and range of the rate increase:

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

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

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

Changes in benefits:

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

Changes in Medical Service Costs:

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

Administrative costs and anticipated profits:

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

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

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

Commercial reinsurance agreements:

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

Financial experience of the product:

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

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

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

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	Unified Rate Review v6.0																		
2																			
3	Company Legal Name:	LifeWise Health Plan of Washington																	
4	HIOS Issuer ID:	38498	State:	WA															
5	Effective Date of Rate Change(s):	1/1/2026	Market:	Individual															
6																			
7																			
8	Market Level Calculations (Same for all Plans)																		
9																			
10																			
11	Section I: Experience Period Data																		
12	Experience Period:	1/1/2024	to	12/31/2024															
13			Total	PMPM															
14	Allowed Claims		\$195,916,805.92		\$606.96														
15	Reinsurance		\$0.00		\$0.00														
16	Incurred Claims in Experience Period		\$155,778,647.79		\$482.61														
17	Risk Adjustment		-\$13,359,155.39		-\$41.39														
18	Experience Period Premium		\$200,263,449.72		\$620.42														
19	Experience Period Member Months		322,785																
20																			
21	Section II: Projections																		
22			Year 1 Trend		Year 2 Trend														
23	Benefit Category	Experience Period Index Rate PMPM	Cost	Utilization	Cost	Utilization	Trended EHB Allowed Claims PMPM												
24	Inpatient Hospital	\$99.50	1.037	1.029	1.037	1.029	\$113.32												
25	Outpatient Hospital	\$171.98	1.037	1.029	1.037	1.029	\$195.86												
26	Professional	\$207.59	1.037	1.029	1.037	1.029	\$236.42												
27	Other Medical	\$21.98	1.037	1.029	1.037	1.029	\$25.03												
28	Capitation	\$0.00	1.037	1.029	1.037	1.029	\$0.00												
29	Prescription Drug	\$105.91	1.076	1.015	1.076	1.015	\$126.33												
30	Total	\$606.96					\$696.95												
31																			
32	Morbidity Adjustment				1.000														
33	Demographic Shift				1.030														
34	Plan Design Changes				1.000														
35	Other				1.149														
36	Adjusted Trended EHB Allowed Claims PMPM for		1/1/2026		\$824.77														
37																			
38	Manual EHB Allowed Claims PMPM				\$0.00														
39	Applied Credibility %				100.00%														
40																			
41	Projected Period Totals																		
42	Projected Index Rate for	1/1/2026			\$824.77	\$238,830,298.44													
43	Reinsurance				\$0.00	\$0.00													
44	Risk Adjustment Payment/Charge				-\$34.63	-\$10,027,878.36													
45	Exchange User Fees				0.79%	\$1,981,634.51													
46	Market Adjusted Index Rate				\$866.24	\$250,839,811.31													
47																			
48	Projected Member Months				289,572														
49																			
50	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																		
51																			

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.
 To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.
 To validate, select the Validate button or Ctrl + Shift + I.
 To finalize, select the Finalize button or Ctrl + Shift + F.

Product-Plan Data Collection

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

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

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

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

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

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

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

Product/Plan Level Calculations

Field # Section I: General Product and Plan Information

Essential PCP EPD	
38498WA032001	
1.1 Product Name	
1.2 Product ID	38498WA032001
1.3 Plan Name	
1.4 Plan ID (Standard Component ID)	LifeWise LifeWise LifeWise LifeWise LifeWise Cascade LifeWise Cascade LifeWise Cascade LifeWise Cascade LifeWise Cascade LifeWise Cascade
1.5 Metal	Gold Bronze Silver Bronze Gold Silver Bronze Gold Silver Bronze Gold
1.6 AV Metal Value	0.794 0.630 0.719 0.644 0.818 0.718 0.650 0.818 0.718 0.650 0.781 0.781
1.7 Plan Category	Renewing Renewing Renewing Terminated Renewing Renewing Renewing Renewing Renewing Renewing Renewing
1.8 Plan Type	EPO
1.9 Exchange Plan?	Yes Yes Yes Yes No Yes Yes Yes Yes Yes Yes Yes
1.10 Effective Date of Proposed Rates	1/1/2026 1/1/2026 1/1/2026 1/1/2026 1/1/2026 1/1/2026 1/1/2026 1/1/2026 1/1/2026 1/1/2026 1/1/2026 1/1/2026
1.11 Cumulative Rate Change % (over 12 mos prior)	-6.86% 14.31% 17.32% 0.00% -7.32% 17.50% 13.25% -12.38% 24.67% 6.75% 0.00% 0.00%
1.12 Product Rate Increase %	14.74%
1.13 Submission Level Rate Increase %	14.74%

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

Total		38498WA032001	38498WA032002	38498WA032004	38498WA032005	38498WA0320010	38498WA0320011	38498WA0320012	38498WA0320013	38498WA0320014	38498WA0320015	38498WA0320016	38498WA0320017
2.1 Plan ID (Standard Component ID)													
2.2 Allowed Claims	\$195,916,806	\$16,587,556	\$27,339,873	\$18,496,242	\$17,588,611	\$18,200,014	\$21,697,368	\$17,715,581	\$10,699,706	\$34,410,835	\$13,181,020	\$0	\$0
2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.4 Member Cost Sharing	\$40,138,154	\$2,778,776	\$7,847,958	\$2,602,836	\$4,584,068	\$1,623,097	\$3,148,125	\$5,256,447	\$1,285,894	\$5,340,161	\$5,670,890	\$0	\$0
2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.6 Incurred Claims	\$155,778,648	\$13,808,780	\$19,491,914	\$15,893,407	\$13,004,563	\$16,576,917	\$18,549,243	\$12,499,134	\$9,413,812	\$29,070,674	\$7,510,214	\$0	\$0
2.7 Risk Adjustment Transfer Amount	-\$13,359,155	\$4,871,739	-\$5,587,950	\$2,941,852	-\$4,244,399	\$4,758,318	\$2,035,229	-\$3,381,668	\$2,799,115	-\$6,269,968	-\$11,231,423	\$0	\$0
2.8 Premium	\$200,263,450	\$10,963,957	\$31,617,239	\$14,792,874	\$18,026,178	\$9,737,989	\$18,500,765	\$18,743,420	\$7,423,483	\$46,138,724	\$24,335,540	\$0	\$0
2.9 Experience Period Member Months	322,785	12,804	52,758	17,423	30,126	10,674	24,631	34,389	10,531	75,282	53,167	0	0
2.10 Current Enrollment	24,913	840	4,078	934	0	823	2,164	3,738	878	5,452	6,006	0	0
2.11 Current Premium PMPM	\$658.17	\$910.39	\$637.75	\$919.91	\$0.00	\$884.22	\$822.15	\$629.16	\$793.31	\$653.55	\$514.35	\$0.00	\$0.00
2.12 Loss Ratio	83.35%	87.21%	74.88%	89.62%	84.36%	122.83%	90.83%	76.15%	92.63%	97.34%	NDIV/0	NDIV/0	NDIV/0
Per Member Per Month													
2.13 Allowed Claims	\$606.96	\$1,295.50	\$518.21	\$1,061.60	\$583.83	\$1,705.08	\$880.90	\$515.15	\$1,016.02	\$451.10	\$247.92	NDIV/0	NDIV/0
2.14 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	NDIV/0	NDIV/0
2.15 Member Cost Sharing	\$124.35	\$217.01	\$148.75	\$148.39	\$152.16	\$153.06	\$127.81	\$152.85	\$122.11	\$70.01	\$106.46	NDIV/0	NDIV/0
2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	NDIV/0	NDIV/0
2.17 Incurred Claims	\$482.61	\$1,078.47	\$369.46	\$912.21	\$431.67	\$1,553.02	\$753.09	\$362.30	\$89.91	\$381.09	\$141.26	NDIV/0	NDIV/0
2.18 Risk Adjustment Transfer Amount	-\$41.39	\$380.49	-\$105.92	\$168.85	-\$140.89	\$445.79	\$82.63	-\$98.34	\$260.10	-\$82.19	-\$211.06	NDIV/0	NDIV/0
2.19 Premium	\$620.42	\$856.22	\$599.29	\$849.04	\$598.37	\$818.62	\$751.12	\$574.12	\$704.92	\$604.84	\$457.42	NDIV/0	NDIV/0

Section III: Plan Adjustment Factors

38498WA032001		38498WA032002	38498WA032004	38498WA032005	38498WA0320010	38498WA0320011	38498WA0320012	38498WA0320013	38498WA0320014	38498WA0320015	38498WA0320016	38498WA0320017
3.1 Plan ID (Standard Component ID)												
3.2 Market Adjusted Index Rate						586.24						
3.3 AV and Cost Sharing Design of Plan	0.7929	0.5947	0.9946	0.0000	0.8775	1.0000	0.6119	0.8772	1.0003	0.6116	0.8321	0.8318
3.4 Provider Network Adjustment	1.1680	1.1680	1.1680	0.0000	1.1680	1.1680	0.8770	1.1680	0.8770	1.1680	1.1680	0.8770
3.5 Benefits in Addition to EHB	1.0011	1.0015	1.0009	0.0000	1.0010	1.0009	1.0014	1.0014	1.0011	1.0019	1.0011	1.0014
Administrative Costs												
3.6 Administrative Expense	8.55%	11.08%	6.94%	0.00%	7.79%	6.53%	10.80%	10.11%	8.52%	13.88%	8.18%	10.60%
3.7 Taxes and Fees	2.17%	2.20%	2.15%	0.00%	2.16%	2.15%	2.19%	2.19%	2.17%	2.23%	2.17%	2.19%
3.8 Profit & Risk Load	-2.67%	-2.67%	-2.67%	0.00%	-2.67%	-2.67%	-2.67%	-2.67%	-2.67%	-2.67%	-2.67%	-2.67%
3.9 Catastrophic Adjustment	1.0000	1.0000	1.0000	0.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate	\$874.43	\$674.13	\$1,076.31	\$0.00	\$958.50	\$1,142.62	\$691.31	\$738.45	\$676.70	\$537.79	\$912.94	\$704.05
3.11 Age Calibration Factor	0.5729					0.5729						
3.12 Geographic Calibration Factor	1.0098					1.0098						
3.13 Tobacco Calibration Factor	1.0000					1.0000						
3.14 Calibrated Plan Adjusted Index Rate	\$505.29	\$389.99	\$622.66	\$0.00	\$554.50	\$661.02	\$399.93	\$427.20	\$507.19	\$311.12	\$538.15	\$407.30

Section IV: Projected Plan Level Information

Total		38498WA032001	38498WA032002	38498WA032004	38498WA032005	38498WA0320010	38498WA0320011	38498WA0320012	38498WA0320013	38498WA0320014	38498WA0320015	38498WA0320016	38498WA0320017
4.1 Plan ID (Standard Component ID)													
4.2 Allowed Claims	\$217,412,272	\$6,534,785	\$24,896,124	\$3,082,520	\$0	\$9,187,952	\$10,963,068	\$34,702,144	\$7,030,700	\$32,037,504	\$48,478,575	\$18,946,917	\$21,561,603
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$38,853,866	\$758,345	\$6,298,369	\$535,571	\$0	\$746,169	\$1,586,282	\$8,231,948	\$570,975	\$4,634,163	\$11,500,051	\$1,867,161	\$2,124,831
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$178,558,406	\$5,776,420	\$18,597,755	\$2,546,949	\$0	\$8,441,783	\$9,376,785	\$26,470,186	\$6,459,725	\$27,393,340	\$36,978,934	\$17,079,756	\$19,436,772
4.7 Risk Adjustment Transfer Amount	-\$7,497,138	-\$242,146	-\$781,348	-\$106,623	\$0	-\$353,650	-\$392,413	-\$1,111,816	-\$271,158	-\$1,148,292	-\$1,527,685	-\$715,755	-\$836,251
4.8 Premium	\$208,156,561	\$6,587,391	\$21,864,684	\$2,850,079	\$0	\$9,540,874	\$10,443,562	\$31,011,643	\$7,505,611	\$31,228,148	\$45,014,241	\$19,393,481	\$22,716,847
4.9 Projected Member Months	289,572	7,944	32,434	2,648	0	9,994	9,140	44,859	10,184	35,620	80,702	21,243	34,268
4.10 Loss Ratio	88.98%	91.04%	89.21%	92.84%	NDIV/0	91.89%	93.29%	86.53%	89.29%	91.07%	85.09%	91.44%	88.75%
Per Member Per Month													
4.11 Allowed Claims	\$790.81	\$866.45	\$767.59	\$1,164.09	NDIV/0	\$923.04	\$1,199.46	\$773.58	\$691.73	\$899.14	\$575.19	\$891.91	\$668.25
4.12 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	NDIV/0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.13 Member Cost Sharing	\$134.18	\$100.55	\$104.19	\$202.26	NDIV/0	\$74.86	\$172.55	\$188.51	\$56.18	\$139.10	\$177.91	\$87.90	\$65.86
4.14 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	NDIV/0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.15 Incurred Claims	\$616.63	\$765.90	\$573.40	\$961.84	NDIV/0	\$848.08	\$1,025.91	\$990.08	\$635.55	\$769.04	\$441.79	\$804.02	\$602.39
4.16 Risk Adjustment Transfer Amount	-\$25.89	-\$32.11	-\$24.09	-\$40.27	NDIV/0	-\$35.53	-\$42.93	-\$24.78	-\$26.68	-\$12.24	-\$18.61	-\$33.69	-\$25.30
4.17 Premium	\$718.84	\$874.43	\$674.13	\$1,076.31	NDIV/0	\$958.50	\$1,142.62	\$691.31	\$738.45	\$676.70	\$537.79	\$912.94	\$704.05

Rating Area Data Collection

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

SERFF Tracking #:

PBCC-134527981

State Tracking #:

484679

Company Tracking #:

2026 NONGRANDFATHERED
INDIVIDUAL LWWA

State: Washington

Filing Company:

LifeWise Health Plan of Washington

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

Product Name: 2026 Nongrandfathered Individual rate filing LWWA

Project Name/Number: /

Supporting Document Schedules

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

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

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

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

Satisfied - Item:	Mental Health Parity
Comments:	

SERFF Tracking #:

PBCC-134527981

State Tracking #:

484679

Company Tracking #:

2026 NONGRANDFATHERED
INDIVIDUAL LWVA

State: Washington

Filing Company:

LifeWise Health Plan of Washington

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

Product Name: 2026 Nongrandfathered Individual rate filing LWVA

Project Name/Number: /

Attachment(s):	LWVA Ind 2026 MHSUD Parity Calculations DUPLICATE.xlsm LWVA Ind 2026 MHSUD Parity Calculations.pdf LWVA Ind 2026 Mental Health Parity Certification.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Checklists
Comments:	
Attachment(s):	LWVA Ind 2026 Checklist.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Benefit Components
Comments:	
Attachment(s):	LWVA Ind 2026 Benefit Components.pdf LWVA Ind 2026 Benefit Components DUPLICATE.xlsm
Item Status:	
Status Date:	

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

Satisfied - Item:	1332 waiver reporting
Comments:	
Attachment(s):	LWVA 2026 1332 Waiver Checklist.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Uniform Product Modification Justification
Comments:	
Attachment(s):	LWVA Ind 2026 Uniform Product Modification Justification.pdf LWVA Ind 2026 Uniform Product Modification Justification DUPLICATE.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Rating Documents for Extended ARPA Subsidies
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SERFF Tracking #:

PBCC-134527981

State Tracking #:

484679

Company Tracking #:

2026 NONGRANDFATHERED
INDIVIDUAL LWWA

State:

Washington

Filing Company:

LifeWise Health Plan of Washington

TOI/Sub-TOI:

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

Product Name:

2026 Nongrandfathered Individual rate filing LWWA

Project Name/Number:

/

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

WA Exhibit 1: Experience Data

Carrier Name:
Market:
Rate Filing Plan Year:
Experience Period Year:

LifeWise Health Plan of Washington
Individual
2026
2024

2024 CLAIMS BUILD-UP, TOTAL							
Incurring Month yyymm	Member Months	Incurring & Paid Claims	IBNP for Incurring Claims	Ultimate Incurring Claims	Allowed Claims (without IBNP)	IBNP for Allowed Claims	Ultimate Allowed Claims
202401	25,686	\$10,660,750	\$15,519	\$10,676,269	\$15,752,757	\$21,438	\$15,774,196
202402	26,920	\$12,092,306	\$16,931	\$12,109,237	\$16,149,586	\$21,956	\$16,171,542
202403	26,967	\$12,591,925	\$32,128	\$12,624,054	\$16,413,731	\$41,577	\$16,455,308
202404	27,049	\$12,352,224	\$51,189	\$12,403,412	\$15,952,840	\$66,399	\$16,019,240
202405	27,140	\$15,429,170	\$99,820	\$15,528,991	\$18,940,752	\$122,886	\$19,063,638
202406	27,137	\$12,000,705	\$88,058	\$12,088,763	\$14,849,931	\$109,091	\$14,959,023
202407	27,148	\$12,492,351	\$114,842	\$12,607,192	\$15,495,325	\$143,544	\$15,638,869
202408	27,132	\$12,610,849	\$186,335	\$12,797,183	\$15,524,818	\$231,132	\$15,755,950
202409	27,175	\$12,560,584	\$214,054	\$12,774,638	\$15,226,131	\$260,853	\$15,486,984
202410	27,090	\$14,821,937	\$420,594	\$15,242,532	\$17,937,943	\$512,995	\$18,450,938
202411	26,998	\$12,269,626	\$554,446	\$12,824,072	\$14,669,966	\$665,037	\$15,335,003
202412	26,343	\$13,249,006	\$853,298	\$14,102,304	\$15,782,283	\$1,023,832	\$16,806,115
CY2024	322,785	\$153,131,434	\$2,647,214	\$155,778,648	\$192,696,065	\$3,220,741	\$195,916,806

2024 ULTIMATE ALLOWED CLAIMS, TOTAL													Check Total Allowed (should be \$0)
Inpatient Hospital	Outpatient Hospital	Professional	Other Medical	Capitation	Prescription Drug before Drug Rebates	Prescription Drug Rebates (Negative \$)	Non- EHBs	Total EHB Allowed	Total Allowed (EHB + non-EHB)				
\$3,275,183	\$4,047,524	\$5,231,052	\$580,207	\$0	\$4,037,351	(\$1,397,122)	\$0	\$15,774,196	\$15,774,196	\$0			
\$2,994,016	\$4,655,016	\$5,412,954	\$362,435	\$0	\$4,210,204	(\$1,463,083)	\$0	\$16,171,542	\$16,171,542	\$0			
\$2,775,390	\$4,594,219	\$5,712,345	\$722,400	\$0	\$4,116,421	(\$1,465,467)	\$0	\$16,455,308	\$16,455,308	\$0			
\$2,428,107	\$4,536,834	\$5,617,952	\$679,104	\$0	\$4,226,906	(\$1,469,662)	\$0	\$16,019,240	\$16,019,240	\$0			
\$3,981,986	\$5,076,260	\$6,151,958	\$721,234	\$0	\$4,606,952	(\$1,474,752)	\$0	\$19,063,638	\$19,063,638	\$0			
\$2,452,978	\$4,165,750	\$5,383,470	\$586,512	\$0	\$3,844,632	(\$1,474,319)	\$0	\$14,959,023	\$14,959,023	\$0			
\$2,209,250	\$4,324,490	\$5,513,183	\$568,399	\$0	\$4,498,292	(\$1,474,745)	\$0	\$15,638,869	\$15,638,869	\$0			
\$2,446,737	\$4,320,922	\$5,482,610	\$517,045	\$0	\$4,462,422	(\$1,473,786)	\$0	\$15,755,950	\$15,755,950	\$0			
\$1,788,493	\$4,699,204	\$5,569,374	\$661,034	\$0	\$4,244,679	(\$1,475,800)	\$0	\$15,486,984	\$15,486,984	\$0			
\$2,765,350	\$5,167,848	\$6,428,709	\$698,253	\$0	\$4,861,843	(\$1,471,065)	\$0	\$18,450,938	\$18,450,938	\$0			
\$2,279,703	\$4,740,508	\$5,186,229	\$553,611	\$0	\$4,040,992	(\$1,466,039)	\$0	\$15,335,003	\$15,335,003	\$0			
\$2,720,273	\$5,183,147	\$5,317,604	\$443,053	\$0	\$4,572,690	(\$1,430,651)	\$0	\$16,806,115	\$16,806,115	\$0			
\$32,117,465	\$55,511,720	\$67,007,441	\$7,093,287	\$0	\$51,723,384	(\$17,536,492)	\$0	\$195,916,806	\$195,916,806	\$0			

2024 CLAIMS BUILD-UP, PMPM							
Incurring Month yyymm	Member Months	Incurring & Paid Claims	IBNP for Incurring Claims	Ultimate Incurring Claims	Allowed Claims (without IBNP)	IBNP for Allowed Claims	Ultimate Allowed Claims
202401		\$415.04	\$0.60	\$415.65	\$613.28	\$0.83	\$614.12
202402		\$449.19	\$0.63	\$449.82	\$599.91	\$0.82	\$600.73
202403		\$466.94	\$1.19	\$468.13	\$608.66	\$1.54	\$610.20
202404		\$456.66	\$1.89	\$458.55	\$589.78	\$2.45	\$592.23
202405		\$568.50	\$3.68	\$572.18	\$697.89	\$4.53	\$702.42
202406		\$442.23	\$3.24	\$445.47	\$547.22	\$4.02	\$551.24
202407		\$460.16	\$4.23	\$464.39	\$570.77	\$5.29	\$576.06
202408		\$464.80	\$6.87	\$471.66	\$572.20	\$8.52	\$580.71
202409		\$462.21	\$7.88	\$470.09	\$560.30	\$9.60	\$569.90
202410		\$547.14	\$15.53	\$562.66	\$662.16	\$18.94	\$681.10
202411		\$454.46	\$20.54	\$475.00	\$543.37	\$24.63	\$568.01
202412		\$502.94	\$32.39	\$535.33	\$599.11	\$38.87	\$637.97
CY2024		\$474.41	\$8.20	\$482.61	\$596.98	\$9.98	\$606.96

2024 ULTIMATE ALLOWED CLAIMS, PMPM													Check Total Allowed (should be \$0)
Inpatient Hospital	Outpatient Hospital	Professional	Other Medical	Capitation	Prescription Drug before Drug Rebates	Prescription Drug Rebates (Negative \$)	Non- EHBs	Total EHB Allowed	Total Allowed (EHB + non-EHB)				
\$127.51	\$157.58	\$203.65	\$22.59	\$0.00	\$157.18	(\$54.39)	\$0.00	\$614.12	\$614.12	\$0.00			
\$111.22	\$172.92	\$201.08	\$13.46	\$0.00	\$156.40	(\$54.35)	\$0.00	\$600.73	\$600.73	\$0.00			
\$102.92	\$170.36	\$211.83	\$26.79	\$0.00	\$152.65	(\$54.34)	\$0.00	\$610.20	\$610.20	\$0.00			
\$89.77	\$167.73	\$207.70	\$25.11	\$0.00	\$156.27	(\$54.33)	\$0.00	\$592.23	\$592.23	\$0.00			
\$146.72	\$187.04	\$226.67	\$26.57	\$0.00	\$169.75	(\$54.34)	\$0.00	\$702.42	\$702.42	\$0.00			
\$90.39	\$153.51	\$198.38	\$21.61	\$0.00	\$141.67	(\$54.33)	\$0.00	\$551.24	\$551.24	\$0.00			
\$81.38	\$159.29	\$203.08	\$20.94	\$0.00	\$165.70	(\$54.32)	\$0.00	\$576.06	\$576.06	\$0.00			
\$90.18	\$159.26	\$202.07	\$19.06	\$0.00	\$164.47	(\$54.32)	\$0.00	\$580.71	\$580.71	\$0.00			
\$65.81	\$172.92	\$204.94	\$24.33	\$0.00	\$156.20	(\$54.31)	\$0.00	\$569.90	\$569.90	\$0.00			
\$102.08	\$190.77	\$237.31	\$25.78	\$0.00	\$179.47	(\$54.30)	\$0.00	\$681.10	\$681.10	\$0.00			
\$84.44	\$175.59	\$192.10	\$20.51	\$0.00	\$149.68	(\$54.30)	\$0.00	\$568.01	\$568.01	\$0.00			
\$103.26	\$196.76	\$201.86	\$16.82	\$0.00	\$173.58	(\$54.31)	\$0.00	\$637.97	\$637.97	\$0.00			
\$99.50	\$171.98	\$207.59	\$21.98	\$0.00	\$160.24	(\$54.33)	\$0.00	\$606.96	\$606.96	\$0.00			

Comments

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

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

Actual-to-Expected Experience

Line Item	Description	2024, TOTAL				2024, PMPM			2024, % of PREMIUM		
		ACTUAL EXPERIENCE (A)	PROJECTED (i.e., Expected; E)	A:E - 1	A - E	ACTUAL EXPERIENCE (A)	PROJECTED (i.e., Expected; E)	A:E - 1	ACTUAL EXPERIENCE (A)	PROJECTED (i.e., Expected; E)	A - E
a	Member Months (MM)	322,785	325,962	-1.0%							
b	Premium	\$200,263,450	\$214,472,419	-6.6%		\$620.42	\$657.97	-5.7%			
c	Allowed Claims	\$195,916,806	\$212,481,589	-7.8%		\$606.96	\$651.86	-6.9%	97.8%	99.1%	-1.2%
d	Incurred Claims	\$155,778,648	\$164,788,237	-5.5%		\$482.61	\$505.54	-4.5%	77.8%	76.8%	1.0%
e	Cost Sharing Reduction (CSR) Amounts	\$4,480,517	\$3,297,589	35.9%		\$13.88	\$10.12	37.2%	2.2%	1.5%	0.7%
f	Risk Adjustment Transfer Amounts	(\$13,359,155)	(\$14,552,391)	-8.2%		(\$41.39)	(\$44.64)	-7.3%	-6.7%	-6.8%	0.1%
g	Administrative Expense	\$22,407,878	\$24,333,988	-7.9%		\$69.42	\$74.65	-7.0%	11.2%	11.3%	-0.2%
h	Taxes and Fees	\$5,137,273	\$5,743,775	-10.6%		\$15.92	\$17.62	-9.7%	2.6%	2.7%	-0.1%
i	Profit Margin (a.k.a. Profit & Risk Load)	\$3,580,495	\$5,054,028	-29.2%		\$11.09	\$15.50	-28.5%	1.8%	2.4%	-0.6%
j	Paid-to-Allowed Ratios	79.5%	77.6%	2.5%	2.0%						

Profit Reconciliation

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

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

Loss Ratios

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

77.8%	76.8%	1.0%
1.2%		

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

83.3%	82.4%	0.9%
1.1%		

Comments

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

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

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

DATA -- EHB Allowed Claims

EXPERIENCE -- 2022

URRT w1 Benefit Category	Frequency Units	Units per 1,000	Unit Cost	EHB Cost PMPM
Inpatient Hospital	Days	186.52	\$6,119.84	\$95.12
Outpatient Hospital	Services	942.69	\$2,199.64	\$172.80
Professional	Services	19,685.93	\$118.50	\$194.40
Prescription Drug	Days Filled	13,526.12	\$90.50	\$102.01
Total				\$564.33

EXPERIENCE -- 2023

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

EXPERIENCE -- 2024

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

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

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

TRENDS -- EHB Allowed Claims

EXPERIENCE TREND -- 2022 to 2023

Service	Total EHB Cost	Utilization	Unit Cost	Unit Cost Components			
				Service Mix / Intensity	Reimbursement	Unit Cost	Check
Inpatient Hospital	-18.08%	-19.74%	2.07%	-3.13%	5.37%	2.07%	TRUE
Outpatient Hospital	-0.39%	-8.77%	9.18%	4.39%	4.59%	9.18%	TRUE
Professional	0.08%	-5.61%	6.03%	3.66%	2.29%	6.03%	TRUE
Prescription Drug	2.71%	-7.62%	11.18%	-0.29%	11.50%	11.18%	TRUE
Total	-2.650%						

EXPERIENCE TREND -- 2023 to 2024

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

ANNUALIZED PROJECTED TREND -- 2024 to 2026

Service	Total EHB Cost	Utilization	Unit Cost	Unit Cost Components			
				Service Mix / Intensity	Reimbursement	Unit Cost	Check
Inpatient Hospital	6.72%	2.90%	3.71%	0.00%	3.71%	3.71%	TRUE
Outpatient Hospital	6.72%	2.90%	3.71%	0.00%	3.71%	3.71%	TRUE
Professional	6.72%	2.90%	3.71%	0.00%	3.71%	3.71%	TRUE
Prescription Drug	9.21%	1.50%	7.60%	0.00%	7.60%	7.60%	TRUE
Total	7.174%						

Comments

Experience utilization and trends are from our actual experience.
 The projected Utilization trends are based on expected differences in number of services per 1,000 members.
 The projected Unit Cost trends are based on provider contract changes estimated by Premera's Health Care Economics department.
 When determining the projected trend we did not break out Service Mix / Intensity from Reimbursement and assumed 100% of unit cost is from Reimbursement. We will revisit this assumption in future years.

WA Exhibit 4: Normalized Allowed Claims Analysis

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

Table 3.1

Incurred Date (YYYYMM)	Member Months	Allowed Claims (as of 3/31/2025)	Allowed Claims Completion factor (based on IBNP estimates)	Ultimate Allowed Claims	One-Time Adjustment for High Claims (Non-Predictive Claims)	One-Time Adjustment for HCRP Receipts	Non-EHB Allowed Claims	Predictive Ultimate Allowed EHB Claims	Predictive Ultimate Allowed EHB Claims PMPM	Allowable Rating Adjustments					Accumulated Adjustments	Allowable Rating Adjustment Normalization Factor	Normalized Allowed Claims PMPM (to Experience Period)	Unadjusted 12-Month Rolling Allowed Claims Trend	Normalized 12-Month Rolling Allowed Claims Trend
										Morbidity Adjustment	Demographic Shift	Plan Design Changes	Other Adjustments	Combined Adjustment					
202201	30,365	\$16,570,363	1.0000	\$16,570,363	-	\$15,300	-	\$16,555,063	\$545.20	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8948	\$487.82		
202202	30,713	\$15,771,088	1.0000	\$15,771,088	-	\$7,597	-	\$15,763,491	\$513.25	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8948	\$459.24		
202203	30,368	\$17,845,408	1.0000	\$17,845,408	-	\$8,572	-	\$17,836,836	\$587.36	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8948	\$525.54		
202204	30,008	\$16,809,442	1.0000	\$16,809,442	-	\$7,329	-	\$16,802,113	\$559.92	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8948	\$500.99		
202205	29,696	\$17,523,376	1.0000	\$17,523,376	-	\$7,958	-	\$17,515,418	\$589.82	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8948	\$527.75		
202206	29,417	\$16,589,239	1.0000	\$16,589,239	-	\$7,447	-	\$16,581,792	\$563.68	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8948	\$504.36		
202207	29,198	\$15,572,460	1.0000	\$15,572,460	-	\$7,389	-	\$15,565,071	\$533.09	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8948	\$476.98		
202208	28,883	\$17,283,482	1.0000	\$17,283,482	-	\$7,118	-	\$17,276,364	\$598.15	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8948	\$535.20		
202209	28,633	\$17,356,689	1.0000	\$17,356,689	-	\$9,457	-	\$17,347,232	\$605.85	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8948	\$542.09		
202210	28,294	\$16,982,390	1.0000	\$16,982,390	-	\$8,106	-	\$16,974,286	\$599.93	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8948	\$536.79		
202211	27,966	\$18,747,665	1.0000	\$18,747,665	-	\$8,129	-	\$18,739,538	\$670.08	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8948	\$599.56		
202212	27,285	\$16,527,828	1.0000	\$16,527,828	-	\$8,200	-	\$16,519,629	\$605.45	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8948	\$541.73		
202301	25,404	\$13,390,810	1.0000	\$13,390,811	-	\$12,073	-	\$13,378,738	\$526.64	1.0000	0.9560	1.0000	0.9760	0.9331	0.9331	0.9590	\$505.02		
202302	25,673	\$12,662,572	1.0000	\$12,662,572	-	\$10,641	-	\$12,651,961	\$492.81	1.0000	0.9560	1.0000	0.9760	0.9331	0.9331	0.9590	\$472.58		
202303	25,427	\$15,979,445	1.0000	\$15,979,476	-	\$9,732	-	\$15,969,744	\$628.06	1.0000	0.9560	1.0000	0.9760	0.9331	0.9331	0.9590	\$602.28		
202304	25,158	\$13,439,014	1.0000	\$13,439,040	-	\$12,187	-	\$13,426,854	\$533.70	1.0000	0.9560	1.0000	0.9760	0.9331	0.9331	0.9590	\$511.80		
202305	25,006	\$14,621,496	1.0000	\$14,621,525	-	\$10,111	-	\$14,611,414	\$584.32	1.0000	0.9560	1.0000	0.9760	0.9331	0.9331	0.9590	\$560.33		
202306	24,956	\$12,557,698	1.0000	\$12,558,245	-	\$11,381	-	\$12,546,864	\$502.76	1.0000	0.9560	1.0000	0.9760	0.9331	0.9331	0.9590	\$482.12		
202307	24,977	\$12,820,813	0.9997	\$12,824,965	-	\$9,734	-	\$12,815,231	\$513.08	1.0000	0.9560	1.0000	0.9760	0.9331	0.9331	0.9590	\$492.02		
202308	25,013	\$15,235,274	0.9996	\$15,241,244	-	\$25,324	-	\$15,215,920	\$608.32	1.0000	0.9560	1.0000	0.9760	0.9331	0.9331	0.9590	\$583.35		
202309	24,985	\$14,417,061	0.9996	\$14,422,899	-	\$27,615	-	\$14,395,283	\$576.16	1.0000	0.9560	1.0000	0.9760	0.9331	0.9331	0.9590	\$525.51		
202310	24,953	\$16,173,115	0.9988	\$16,192,022	-	\$27,638	-	\$16,164,383	\$647.79	1.0000	0.9560	1.0000	0.9760	0.9331	0.9331	0.9590	\$621.21		
202311	24,961	\$14,603,035	0.9987	\$14,621,841	-	\$27,035	-	\$14,594,806	\$584.70	1.0000	0.9560	1.0000	0.9760	0.9331	0.9331	0.9590	\$560.71		
202312	24,622	\$15,337,967	0.9987	\$15,358,011	-	\$25,475	-	\$15,332,536	\$622.72	1.0000	0.9560	1.0000	0.9760	0.9331	0.9331	0.9590	\$597.16	-2.03%	4.99%
202401	25,686	\$15,752,757	0.9986	\$15,774,196	-	-	-	\$15,774,196	\$614.12	1.0000	1.0180	1.0000	0.9420	0.9590	0.8948	1.0000	\$614.12	-0.61%	6.43%
202402	26,920	\$16,149,586	0.9986	\$16,171,542	-	\$44,919	-	\$16,126,623	\$599.06	1.0000	1.0180	1.0000	0.9420	0.9590	0.8948	1.0000	\$599.06	1.06%	8.13%
202403	26,967	\$16,413,731	0.9975	\$16,455,308	-	\$35,812	-	\$16,419,497	\$608.87	1.0000	1.0180	1.0000	0.9420	0.9590	0.8948	1.0000	\$608.87	0.30%	7.09%
202404	27,049	\$15,952,840	0.9959	\$16,019,240	-	\$36,737	-	\$15,982,503	\$590.87	1.0000	1.0180	1.0000	0.9420	0.9590	0.8948	1.0000	\$590.87	1.40%	8.10%
202405	27,140	\$18,940,752	0.9936	\$19,063,638	-	\$145,248	-	\$18,918,390	\$697.07	1.0000	1.0180	1.0000	0.9420	0.9590	0.8948	1.0000	\$697.07	3.21%	9.84%
202406	27,137	\$14,849,931	0.9927	\$14,959,023	-	\$46,234	-	\$14,912,788	\$549.54	1.0000	1.0180	1.0000	0.9420	0.9590	0.8948	1.0000	\$549.54	4.62%	11.09%
202407	27,148	\$15,495,325	0.9908	\$15,638,869	-	\$42,998	-	\$15,595,877	\$574.48	1.0000	1.0180	1.0000	0.9420	0.9590	0.8948	1.0000	\$574.48	5.63%	11.91%
202408	27,132	\$15,524,818	0.9853	\$15,755,950	-	\$52,382	-	\$15,703,568	\$578.78	1.0000	1.0180	1.0000	0.9420	0.9590	0.8948	1.0000	\$578.78	5.09%	11.03%
202409	27,175	\$15,276,131	0.9832	\$15,486,984	-	\$4,873	-	\$15,482,111	\$569.72	1.0000	1.0180	1.0000	0.9420	0.9590	0.8948	1.0000	\$569.72	5.47%	11.09%
202410	27,090	\$17,937,943	0.9722	\$18,450,938	-	\$77,474	-	\$18,373,464	\$678.24	1.0000	1.0180	1.0000	0.9420	0.9590	0.8948	1.0000	\$678.24	5.31%	10.60%
202411	26,998	\$14,669,966	0.9566	\$15,335,003	-	\$38,117	-	\$15,296,886	\$566.59	1.0000	1.0180	1.0000	0.9420	0.9590	0.8948	1.0000	\$566.59	6.50%	11.41%
202412	26,343	\$15,782,283	0.9391	\$16,862,115	-	\$23,951	-	\$16,782,165	\$637.06	1.0000	1.0180	1.0000	0.9420	0.9590	0.8948	1.0000	\$637.06	6.52%	11.08%

Table 3.2

Plan Year	Total Member Months	Total Allowed Claims (as of 3/31/2025)	Total Ultimate Allowed Claims	Total One-Time Adjustment for High Claims (Non-Predictive Claims)	Total One-Time Adjustment for HCRP Receipts	Total Non-EHB Allowed Claims	Total Predictive Ultimate Allowed EHB Claims	Total Predictive Ultimate Allowed EHB Claims PMPM
2022	350,826	\$203,579,430	\$203,579,435	-	\$102,603	-	\$203,476,832	\$579.99
2023	301,135	\$171,238,300	\$171,312,681	-	\$208,947	-	\$171,103,734	\$568.20
2024	322,785	\$192,696,065	\$195,916,806	-	\$548,739	-	\$195,368,067	\$605.26

Comments

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

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

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

Table 1

Component	ACTUAL EXPERIENCE (A)		PROJECTED (i.e., EXPECTED; E)				A:E	
	2021 to 2023	2022 to 2024	2021 to 2023	2022 to 2024	2023 to 2025	2024 to 2026	2021 to 2023	2022 to 2024
	(2)	(3)	(4)	(5)	(6)	(7)	(8) (2) vs. (4)	(9) (3) vs. (5)
URRT Worksheet 1								
Annualized Cost Trend Factor	(0.010)	0.066	0.037	0.051	0.054	0.044	(0.275)	1.299
Annualized Utilization Trend Factor	(0.037)	(0.041)	0.039	0.024	0.024	0.027	(0.953)	(1.701)
Morbidity Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Demographic Shift	0.987	0.952	0.956	1.018	1.013	1.030	1.033	0.935
Plan Design Changes	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Other	0.953	0.898	0.976	0.942	0.951	1.149	0.977	0.954

¹ Ratios for factors. Subtraction for percents.

Comments

The actual cost trends varied from projected. For 2021 to 2023, the actual trend was lower due to some projected provider increases not materializing yet. For 2022 to 2024, the actual trend was significantly higher than projected. Some providers that were on multi-year contracts before COVID-19, and when these contracts were renegotiated in 2022-2024 they asked for (and received) large double-digit increases. Utilization trends were lower than expected. We had projected larger increase in utilization trends due to pent up demand, but these did not materialize.

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

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

Table 8.1

HIOS Plan ID	Metal Level	AV Metal Value 2024	AV Metal Value 2025	AV Metal Value 2026	Projections			Difference of Pricing Value and Metal Value		
					AV Pricing Value 2024	AV Pricing Value 2025	AV Pricing Value 2026	2024	2025	2026
38498WA0320001	Gold	0.7898	0.7830	0.7937	0.8269	0.8408	0.7738	0.0371	0.0578	-0.0199
38498WA0320003	Bronze	0.6366	0.6172	0.6298	0.7217	0.7220	0.6162	0.0851	0.1048	-0.0136
38498WA0320004	Silver	0.7189	0.7095	0.7187	0.7762	0.7879	0.6994	0.0573	0.0784	-0.0193
38498WA0320010	Gold	0.8189	0.8139	0.8181	0.8898	0.8971	0.8298	0.0709	0.0832	0.0117
38498WA0320011	Silver	0.7179	0.7075	0.7184	0.7874	0.7959	0.7348	0.0695	0.0884	0.0164
38498WA0320012	Bronze	0.6455	0.6364	0.6497	0.7327	0.7377	0.6316	0.0872	0.1013	-0.0181
38498WA0320013	Gold	0.8189	0.8139	0.8181	0.8898	0.8971	0.8298	0.0709	0.0832	0.0117
38498WA0320014	Silver	0.7179	0.7075	0.7184	0.7874	0.7959	0.7348	0.0695	0.0884	0.0164
38498WA0320015	Bronze	0.6455	0.6364	0.6497	0.7327	0.7377	0.6316	0.0872	0.1013	-0.0181
38498WA0320016	Gold	n/a	n/a	0.7806	n/a	n/a	0.8005	#VALUE!	#VALUE!	0.0199
38498WA0320017	Gold	n/a	n/a	0.7806	n/a	n/a	0.8005	#VALUE!	#VALUE!	0.0199

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

Comments

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

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

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

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

Comments

IDF was set to 1.0 for Actual Experience due to the complex nature of determining this amount. We will revisit this in future years.
 The "Actual Experience CSR Silver Loading" is an estimation based on actual claims multiplied by the expected additional Paid to Allow ratio of the CSR variants versus the Base Silver Paid to Allow ratio.

WA Exhibit 8: CSR Related Experience

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

Table

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

Comments

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

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

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

HIOS Plan ID	Metal Level	2026 Plan Category (New, Renewing, Terminated)	Exchange Plan?	Requesting Expanded AV Pricing Value Range	AV Metal Value	AV Pricing Value	Induced Demand Factor (IDF)	CSR Silver Load	Check AV Pricing Value within 2% (or 3%) of AV Metal Value	Check Expected Risk Adjustment IDF	Check CSR Silver Load
38498WA0320001	Gold	Renewing	Yes	No	0.7937	0.7738	1.0650	1.0000	-1.99%	1.0650	
38498WA0320003	Bronze	Renewing	Yes	No	0.6298	0.6162	1.0035	1.0000	-1.36%	1.0035	
38498WA0320004	Silver	Renewing	Yes	No	0.7187	0.6994	1.0298	1.4350	-1.93%	1.0298	1.435
38498WA0320010	Gold	Renewing	Yes	No	0.8181	0.8298	1.0988	1.0000	1.17%	1.0988	
38498WA0320011	Silver	Renewing	Yes	No	0.7184	0.7348	1.0451	1.4350	1.64%	1.0451	1.435
38498WA0320012	Bronze	Renewing	Yes	No	0.6497	0.6316	1.0073	1.0000	-1.81%	1.0073	
38498WA0320013	Gold	Renewing	Yes	No	0.8181	0.8298	1.0988	1.0000	1.17%	1.0988	
38498WA0320014	Silver	Renewing	Yes	No	0.7184	0.7348	1.0451	1.4350	1.64%	1.0451	1.435
38498WA0320015	Bronze	Renewing	Yes	No	0.6497	0.6316	1.0073	1.0000	-1.81%	1.0073	
38498WA0320016	Gold	New	Yes	No	0.7806	0.8005	1.0803	1.0000	1.99%	1.0803	
38498WA0320017	Gold	New	Yes	No	0.7806	0.8005	1.0803	1.0000	1.99%	1.0803	

Comments

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

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

Description	PROJECTED (i.e., EXPECTED), 2026	
	% of Premium	PMPM
Aggregate Projected Administrative Costs		
3.6 Administrative Expense	10.39%	\$74.65
3.7 Taxes and Fees	2.19%	\$15.74
3.8 Profit & Risk Load	-2.67%	(\$19.22)
Total Retention (excluding Exchange Fee)	9.90%	\$71.17
Aggregate Projected Amounts PMPM		
Exchange user fee		\$5.11
4.15 Incurred Claims		\$616.63
4.16 Risk Adjustment Transfer Amount		(\$25.89)
4.17 Premium		\$718.84
A. (Premium) + (Risk Adjustment Transfer Amount)		\$692.95
B. (Incurred Claims) + (Admin, Taxes & Fees) + (Profit & Risk Load) + (Exchange User Fee)		\$692.91
C. Difference = A - B (should be \$0)		\$0.04

Comments

The difference is not \$0.00 due to rounding.

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

Individual Filing - Effective 1/1/2026

Section I: Experience period data

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

Section II: Allowed Claims, PMPM basis

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

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

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

Note:
(1) Projected Exchange user fee % = Exchange user fee on an allowed basis / Projected Market Adjusted Index Rate
Exchange user fee on an allowed basis = \$5.11 / 0.7476 = \$6.84
Projected Exchange user fee % = \$6.84/(\$824.77 - \$34.63 + \$6.84)
(2) Risk Adjustment projection is based on Wakely 2024 Dec end report

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

Individual Filing - Effective 1/1/2026

Section I: General Product and Plan Information

Product Name	Essential PCP EPO												
Product ID:	38498WA032												
Plan Name	LifeWise Essential Gold	LifeWise Essential Bronze	LifeWise Essential Silver	LifeWise Essential Bronze HSA	LifeWise Cascade Complete Gold	LifeWise Cascade Silver	LifeWise Cascade Bronze	LifeWise Cascade Gold	LifeWise Cascade Select Silver	LifeWise Cascade Select Bronze	LifeWise Cascade Select Gold	LifeWise Cascade Select Bronze	LifeWise Cascade Select Gold
Plan ID (Standard Component ID):	38498WA0320001	38498WA0320003	38498WA0320004	38498WA0320005	38498WA0320010	38498WA0320011	38498WA0320012	38498WA0320013	38498WA0320014	38498WA0320015	38498WA0320016	38498WA0320017	38498WA0320017
Metal:	Gold	Bronze	Silver	Bronze	Gold	Silver	Bronze	Gold	Silver	Bronze	Gold	Silver	Gold
AV Metal Value	79.37%	62.98%	71.87%	64.37%	81.81%	71.84%	64.97%	81.81%	71.84%	64.97%	81.81%	71.84%	78.06%
Plan Category	Renewing EPO	Renewing EPO	Renewing EPO	Terminated EPO	Renewing EPO	Renewing EPO	Renewing EPO	Renewing EPO	Renewing EPO	Renewing EPO	Renewing EPO	Renewing EPO	Renewing EPO
Plan Type:	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Exchange Plan?	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Effective Date of Proposed Rates	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026
Cumulative Rate Change % (over 12 mos prior)	-4.84%	14.31%	27.12%	0.00%	-7.32%	32.90%	13.25%	-12.38%	24.67%	6.75%	0.00%	0.00%	0.00%
Product Rate Increase %	14.74%												
Submission Level Rate Increase	14.74%												

Section II: Experience Period and Current Plan Level Information

Plan ID (Standard Component ID):	Total	38498WA0320001	38498WA0320003	38498WA0320004	38498WA0320005	38498WA0320010	38498WA0320011	38498WA0320012	38498WA0320013	38498WA0320014	38498WA0320015	38498WA0320016	38498WA0320017
Allowed Claims	\$195,916,806	\$16,587,556	\$27,339,873	\$18,496,242	\$17,588,611	\$18,200,014	\$21,697,368	\$17,715,581	\$10,699,706	\$34,410,835	\$13,181,020	\$0	\$0
Reinsurance	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Member Cost Sharing	\$40,138,158	\$2,778,776	\$7,847,958	\$2,602,836	\$4,584,058	\$1,623,097	\$3,148,125	\$5,256,447	\$1,285,894	\$5,340,161	\$5,670,806	\$0	\$0
Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Incurred Claims	\$155,778,648	\$13,808,780	\$19,491,914	\$15,893,407	\$13,004,553	\$16,576,917	\$18,549,243	\$12,459,134	\$9,413,812	\$29,070,674	\$7,510,214	\$0	\$0
Risk Adjustment Transfer Amount	-\$13,359,155	\$4,871,739	-\$5,587,950	\$2,941,852	-\$4,244,399	\$4,758,318	\$2,035,229	-\$3,381,668	\$2,739,115	-\$6,269,968	-\$11,221,423	\$0	\$0
Premium	\$200,263,450	\$10,963,057	\$31,617,239	\$14,792,874	\$18,026,378	\$8,737,989	\$18,500,745	\$19,743,420	\$7,423,483	\$46,138,724	\$24,319,540	\$0	\$0
Member Months	322,785	12,804	52,758	17,423	30,126	10,674	24,631	34,389	10,531	76,282	53,167	0	0
Current Enrollment	24,913	840	4,078	934	0	823	2,164	3,738	878	5,452	6,006	0	0
Current Premium PMPM	\$658.17	\$910.39	\$637.75	\$919.91	\$0.00	\$884.22	\$822.15	\$629.16	\$753.31	\$653.55	\$514.35	\$0.00	\$0.00
Loss Ratio	83.35%	87.21%	74.88%	89.62%	94.36%	90.33%	76.15%	92.63%	72.92%	57.34%	#DIV/0!	#DIV/0!	#DIV/0!
Per Member Per Month													
Allowed Claims	\$606.96	\$1,295.50	\$518.21	\$1,061.60	\$583.83	\$1,705.08	\$880.90	\$515.15	\$1,016.02	\$451.10	\$247.82	#DIV/0!	#DIV/0!
Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!
Member Cost Sharing	\$124.35	\$217.02	\$148.75	\$149.39	\$152.16	\$152.06	\$127.81	\$152.85	\$122.11	\$70.01	\$106.66	#DIV/0!	#DIV/0!
Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!
Incurred Claims	\$482.61	\$1,078.47	\$389.46	\$912.21	\$431.67	\$1,553.02	\$753.09	\$362.30	\$893.91	\$381.09	\$141.26	#DIV/0!	#DIV/0!
Risk Adjustment Transfer Amount	-\$41.39	\$380.49	-\$105.92	\$168.85	-\$140.89	\$445.79	\$82.63	-\$98.34	\$260.10	-\$82.19	-\$211.08	#DIV/0!	#DIV/0!
Premium	\$620.42	\$856.22	\$599.29	\$849.04	\$598.37	\$818.62	\$751.12	\$574.12	\$704.92	\$604.84	\$457.42	#DIV/0!	#DIV/0!

Section III: Plan Adjustment Factors

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

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

Section IV: Projected Plan Level Information

Plan ID (Standard Component ID):	Total	38498WA0320001	38498WA0320003	38498WA0320004	38498WA0320005	38498WA0320010	38498WA0320011	38498WA0320012	38498WA0320013	38498WA0320014	38498WA0320015	38498WA0320016	38498WA0320017
Allowed Claims	\$217,412,272	\$6,534,765	\$24,896,124	\$3,082,520	\$0	\$9,187,952	\$10,963,068	\$34,702,144	\$7,030,703	\$32,027,504	\$48,478,975	\$18,946,917	\$21,561,603
Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Member Cost Sharing	\$38,853,866	\$768,345	\$6,298,369	\$535,571	\$0	\$746,189	\$1,586,282	\$8,231,949	\$570,975	\$4,834,163	\$11,500,051	\$1,867,161	\$2,124,831
Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Incurred Claims	\$178,558,408	\$5,776,420	\$18,597,755	\$2,546,949	\$0	\$8,441,793	\$9,376,786	\$26,470,196	\$6,459,725	\$27,393,340	\$36,978,924	\$17,079,756	\$19,436,772
Risk Adjustment Transfer Amount	-\$7,497,138	-\$242,146	-\$781,348	-\$106,623	\$0	-\$353,650	-\$392,413	-\$1,111,816	-\$271,158	-\$1,148,292	-\$1,557,685	-\$715,755	-\$816,251
Premium	\$208,156,561	\$6,587,391	\$21,864,684	\$2,850,079	\$0	\$9,540,874	\$10,443,562	\$31,011,643	\$7,505,611	\$31,228,148	\$45,014,241	\$19,393,481	\$22,716,847
Projected Member Months	289,572	7,542	32,434	2,648	0	9,954	9,140	44,859	10,164	35,620	83,702	21,243	32,268
Loss Ratio	88.99%	91.04%	88.21%	92.84%	#DIV/0!	91.89%	93.29%	88.53%	89.29%	91.07%	85.09%	91.44%	88.75%
Per Member Per Month													
Allowed Claims	\$750.81	\$866.45	\$767.59	\$1,164.09	#DIV/0!	\$923.04	\$1,199.46	\$773.58	\$691.73	\$899.14	\$579.19	\$891.91	\$668.25
Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Cost Sharing	\$134.18	\$100.55	\$194.19	\$202.26	#DIV/0!	\$74.96	\$173.55	\$183.51	\$56.18	\$130.10	\$137.39	\$87.90	\$66.85
Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Incurred Claims	\$616.63	\$765.90	\$573.40	\$961.84	#DIV/0!	\$848.08	\$1,025.91	\$590.08	\$635.55	\$769.04	\$441.79	\$804.02	\$602.39
Risk Adjustment Transfer Amount	-\$25.89	-\$32.11	-\$24.09	-\$40.27	#DIV/0!	-\$35.53	-\$42.93	-\$24.78	-\$26.68	-\$32.24	-\$18.61	-\$33.69	-\$25.30
Premium	\$718.84	\$873.43	\$674.13	\$1,076.31	#DIV/0!	\$958.50	\$1,142.62	\$691.31	\$738.45	\$876.70	\$537.79	\$912.94	\$704.05

LifeWise Health Plan of Washington

Appendix 1.3

Average Rate Change by plan

Individual Filing - Effective 1/1/2026

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

Note

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

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

LifeWise Health Plan of Washington
Appendix 2.1
Trend Development

Individual Filing - Effective 1/1/2026

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

For the WAC 284-43-6660

Leveraging ⁽³⁾	0.30%	0.30%	0.40%	0.40%	0.40%
Total Trend with Leveraging	7.49%	8.21%	8.10%	8.20%	7.10%

Unit Cost and Utilization breakdown for 2026 Rate Filing

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

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

Notes:

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

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

(3) Based on fixed member cost shares

LifeWise Health Plan of Washington
Appendix 2.2
Demographic Shift Adjustment Development

Individual Filing - Effective 1/1/2026

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

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

Notes:

1 - Current LifeWise members with experience from an affiliated company

LifeWise Health Plan of Washington
Appendix 2.3a

Other Factor Development

Individual Filing - Effective 1/1/2026

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

Cascade Select Plan Network Impact 0.962

LifeWise Health Plan of Washington
Appendix 2.3b

Normalization of Network Factors

Individual Filing - Effective 1/1/2026

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

Note:

(1) = Incurred Claims & Risk Adjustment

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

Individual Filing - Effective 1/1/2026

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

LifeWise Health Plan of Washington

Appendix 2.3d

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

Individual Filing - Effective 1/1/2026

Projected Premium before ending of eAPTC and new Silver Loading

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

LifeWise Health Plan of Washington
Appendix 2.4

Risk Adjustment Development

Individual Filing - Effective 1/1/2026

Market Level Risk Adjustment Reduced by 14% Administrative costs

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

Experience Risk Adjustment

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

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

Projected Risk Adjustment

2024 members projected to persist into 2026

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

New 2025 members projected to persist into 2026

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

New members projected in 2026

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

Total 2026 Projected Risk Adjustment

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

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

Notes:

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

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

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

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

LifeWise Health Plan of Washington

Appendix 2.5

Plan Adjustment Factors Development

Individual Filing - Effective 1/1/2026

HICR	Plan	Projected Membership	Market Adj Index Rate	AV & Cost Sharing Dev			AV & Cost Sharing	Network Utilization ⁽¹⁾	Catastrophic Adjustment	Administrative Expense ⁽²⁾			Taxes and Fees ⁽³⁾			Profit & Risk Load ⁽⁴⁾			Plan Adj Index Rate ⁽⁵⁾	1,000 Premium ⁽⁶⁾	Calibrated Plan Adj Index Rate ⁽⁷⁾	(A) - (7)	Benefits in addition to EHB			URRT	EHB %	
				IRA	OP	SL				AE Fixed	AE % Plan	AE % Total	TF Fixed	TF % Plan	TF % Total	PR Fixed	PR % Plan	PR % Total					NB Fixed	NB % Plan	NB Factor			
3849W/AD32000	LifeWise Essential Gold	7,542	\$866.24	0.7738	1.0259	1.0000	0.7938	1.1690	1.0000	\$74.65	0.00%	8.65%	\$0.77	2.08%	2.17%	\$0.00	-2.67%	-2.67%	8873.43	\$505.29	\$505.29	\$0.00	\$1.00	0.00%	1.0011	0.7929	99.89%	
3849W/AD32000	LifeWise Essential Bronze	32,434	\$866.24	0.6162	0.9607	1.0000	0.9595	1.1690	1.0000	\$74.65	0.00%	11.08%	\$0.77	2.08%	2.20%	\$0.00	-2.67%	-2.67%	8674.13	\$389.99	\$389.99	\$0.00	\$1.00	0.00%	1.0015	0.5947	99.89%	
3849W/AD32000	LifeWise Essential Silver	2,646	\$866.24	0.6994	0.9500	1.4300	0.9505	1.1690	1.0000	\$74.65	0.00%	6.94%	\$0.77	2.08%	2.15%	\$0.00	-2.67%	-2.67%	\$1,076.31	\$622.66	\$622.66	\$0.00	\$1.00	0.00%	1.0009	0.9946	99.91%	
3849W/AD32000	LifeWise Cascade Complete Gold	9,954	\$866.24	0.8238	1.0085	1.0000	0.8784	1.1690	1.0000	\$74.65	0.00%	7.79%	\$0.77	2.08%	2.16%	\$0.00	-2.67%	-2.67%	\$958.50	\$554.50	\$554.50	\$0.00	\$1.00	0.00%	1.0010	0.8775	99.90%	
3849W/AD32001	LifeWise Cascade Silver	9,140	\$866.24	0.7348	1.0068	1.4300	1.0115	1.1690	1.0000	\$74.65	0.00%	6.53%	\$0.77	2.08%	2.15%	\$0.00	-2.67%	-2.67%	\$1,142.62	\$661.02	\$661.02	\$0.00	\$1.00	0.00%	1.0009	1.0655	99.93%	
3849W/AD32012	LifeWise Cascade Bronze	44,859	\$866.24	0.6316	0.9703	1.0000	0.6128	1.1690	1.0000	\$74.65	0.00%	10.80%	\$0.77	2.08%	2.19%	\$0.00	-2.67%	-2.67%	\$691.31	\$399.93	\$399.93	\$0.00	\$1.00	0.00%	1.0014	0.6119	99.86%	
3849W/AD32013	LifeWise Cascade Select Complete Gold	10,184	\$866.24	0.8298	1.0095	1.0000	0.8784	0.8770	1.0000	\$74.65	0.00%	10.11%	\$0.77	2.08%	2.19%	\$0.00	-2.67%	-2.67%	\$738.45	\$427.20	\$427.20	\$0.00	\$1.00	0.00%	1.0014	0.8772	99.86%	
3849W/AD32014	LifeWise Cascade Select Silver	35,020	\$866.24	0.7348	1.0068	1.4300	1.0615	0.8770	1.0000	\$74.65	0.00%	8.52%	\$0.77	2.08%	2.17%	\$0.00	-2.67%	-2.67%	\$876.70	\$507.19	\$507.19	\$0.00	\$1.00	0.00%	1.0011	1.0003	99.89%	
3849W/AD32015	LifeWise Cascade Select Bronze	83,702	\$866.24	0.6316	0.9703	1.0000	0.6128	0.8770	1.0000	\$74.65	0.00%	13.88%	\$0.77	2.08%	2.23%	\$0.00	-2.67%	-2.67%	\$537.79	\$311.12	\$311.12	\$0.00	\$1.00	0.00%	1.0019	0.6116	99.81%	
3849W/AD32016	LifeWise Cascade Select Gold	21,243	\$866.24	0.8005	1.0406	1.0000	0.8330	1.1690	1.0000	\$74.65	0.00%	8.18%	\$0.77	2.08%	2.17%	\$0.00	-2.67%	-2.67%	\$912.94	\$268.15	\$268.15	\$0.00	\$1.00	0.00%	1.0011	0.8321	99.89%	
3849W/AD32017	LifeWise Cascade Select Vital Gold	32,266	\$866.24	0.8005	1.0406	1.0000	0.8330	0.8770	1.0000	\$74.65	0.00%	10.60%	\$0.77	2.08%	2.19%	\$0.00	-2.67%	-2.67%	\$708.05	\$407.30	\$407.30	\$0.00	\$1.00	0.00%	1.0014	0.8318	99.86%	
Total		289,872	\$866.24	0.6991	1.0000	1.0712	0.7470	1.0955				10.39%																

2025 Vs 2026 Filing Factors vary by plans													
HICR	Plan	AV & Cost Sharing		Network Utilization		Benefits in addition to EHB Factor		Administrative Expense % of Total		Taxes & Fees % of Total			
		2024 Filing	2026 Filing	2024 Filing	2026 Filing	2024 Filing	2026 Filing	2024 Filing	2026 Filing	2024 Filing	2026 Filing	2024 Filing	2026 Filing
3849W/AD32000	LifeWise Essential Gold	1.0171	0.7938	1.1090	1.1690	1.0011	1.0011	7.89%	8.59%	2.89%	2.17%		
3849W/AD32000	LifeWise Essential Bronze	0.6168	0.9595	1.1090	1.1690	1.0017	1.0015	12.33%	11.08%	2.93%	2.20%		
3849W/AD32000	LifeWise Essential Silver Low Deductible	0.9308	0.9595	1.1090	1.1690	1.0012	1.0009	8.56%	6.94%	2.90%	2.15%		
3849W/AD32010	LifeWise Cascade Gold	1.1581	0.8784	1.1090	1.1690	1.0010	1.0010	7.03%	7.79%	2.88%	2.16%		
3849W/AD32011	LifeWise Cascade Silver	0.9467	1.0615	1.1090	1.1690	1.0012	1.0009	8.42%	6.53%	2.90%	2.15%		
3849W/AD32012	LifeWise Cascade Bronze	0.6447	0.6128	1.1090	1.1690	1.0016	1.0014	11.87%	10.80%	2.93%	2.19%		
3849W/AD32013	LifeWise Cascade Select Gold	1.1581	0.8784	0.8870	0.8770	1.0012	1.0014	8.59%	10.11%	2.90%	2.19%		
3849W/AD32014	LifeWise Cascade Select Silver	0.9467	1.0615	0.8870	0.8770	1.0014	1.0011	10.30%	8.52%	2.91%	2.17%		
3849W/AD32015	LifeWise Cascade Select Bronze	0.6447	0.6128	0.8870	0.8770	1.0020	1.0010	14.38%	13.88%	2.95%	2.23%		

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

Notes:
 (1) Plans vary by Network Utilization
 (2) Refer to the Administrative Expenses Load on Appendix 2.5d
 (3) Refer to the Taxes & Fees on Appendix 2.5c
 (4) Refer to the Profit & Risk Load on Appendix 2.5b
 (5) Market Adjusted Index Rate adjusted for applicable plan level defined in the market setting table 45 CFR 156.80(a)(2)

LifeWise Health Plan of Washington
Appendix 2.5a

Induced Demand Factor Adjustment

Individual Filing - Effective 1/1/2026

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

IDF Adjustment Factor

0.96329

LifeWise Health Plan of Washington

Appendix 2.5b

Administrative Cost Development

Individual Filing - Effective 1/1/2026

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

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

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

PMPM	% of Premium
	-6.17%

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

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

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

PMPM	% of Premium
\$0.04	

Notes:

- (1) Commercially purchased reinsurance coverage (not the Federal Reinsurance program)
- (2) Assumes 100% of members buy through the Exchange, which costs \$5.11 per month per Exchange member
- (3) Reliant on LifeWise Financial Department projection
- (4) LifeWise is subject to pay 21% federal income tax of profits.

LifeWise Health Plan of Washington
Appendix 2.5d
WSHIP Assessment

Individual Filing - Effective 1/1/2026

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

Note:

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

(2) Projection based on projected 2026 Assessment March 2025

LifeWise Health Plan of Washington

Appendix 2.6

Calibration Factor Development

Individual Filing - Effective 1/1/2026

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

Historical Tobacco Factors

	2026	2025	2024	2023		2026	2025	2024	2023
Inverse of Average Age Factor:	0.5729	0.5733	0.5497	0.5472	Non-smoker	1.0000	1.0000	1.0000	1.0000
Inverse of Average Geographic Factor:	1.0098	0.9505	0.9267	0.9206	Smoker	1.0000	1.0750	1.0750	1.0750
Inverse of Average Tobacco Factor:	1.0000	0.9958	0.9955	0.9952					
Average Age:	49	49	50	51					

Notes:

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

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

Counties in Service Area for Cascade plans by Region

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

Counties in Service Area for Cascade Select plans by Region

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

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

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

Individual Filing - Effective 1/1/2026

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

Notes:

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

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

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

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

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

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

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

LifeWise Health Plan of Washington

Appendix 3.1

Experience Claims by Incurred & Paid Date & EHB/Non EHB Category⁽¹⁾

Individual Filing - Effective 1/1/2026

By Incurred Date

Month	Allowed Claims		Incurred Claims		Premium	Paid to Allowed	
	Medical	Rx	Medical	Rx		Medical	Rx
202401	\$13,113,104	\$2,639,663	\$9,584,012	\$1,076,738	\$16,263,819	73.1%	40.8%
202402	\$13,402,983	\$2,746,603	\$10,372,237	\$1,720,069	\$16,857,877	77.4%	62.6%
202403	\$13,763,620	\$2,650,111	\$10,635,879	\$1,956,047	\$16,831,727	77.3%	73.8%
202404	\$13,198,842	\$2,753,998	\$10,170,640	\$2,181,584	\$16,871,679	77.1%	79.2%
202405	\$15,810,868	\$3,129,885	\$12,832,669	\$2,596,501	\$16,890,227	81.2%	83.0%
202406	\$12,483,848	\$2,386,083	\$10,058,129	\$1,942,575	\$16,845,593	80.6%	82.1%
202407	\$12,478,128	\$3,017,197	\$9,964,236	\$2,528,115	\$16,811,598	79.9%	83.8%
202408	\$12,542,985	\$2,981,833	\$10,086,245	\$2,524,604	\$16,748,005	80.4%	84.7%
202409	\$12,465,469	\$2,760,663	\$10,198,085	\$2,362,498	\$16,744,179	81.8%	85.6%
202410	\$14,561,911	\$3,376,032	\$11,899,529	\$2,922,408	\$16,648,181	81.7%	86.6%
202411	\$12,110,450	\$2,559,516	\$10,076,673	\$2,192,954	\$16,568,956	83.2%	85.7%
202412	\$12,664,392	\$3,117,822	\$10,227,111	\$2,721,795	\$16,181,610	83.1%	87.3%
IBNR	\$3,133,315	\$87,426	\$2,578,425	\$68,789	\$3,110,000	82.3%	78.7%
Total w/o Adjustment	\$161,729,914	\$34,186,892	\$128,983,971	\$26,794,676	\$200,263,450	79.8%	78.4%
Total	\$161,729,914	\$34,186,892	\$128,983,971	\$26,794,676	\$200,263,450	79.8%	78.4%

By Incurred Date Total

Month	Allowed & Paid Claims								Incurred & Paid Claims							
	IP	OP	PROF	OTHER	Capitation	Rx	Non EHB		IP	OP	PROF	OTHER	Capitation	Rx	Non EHB	
202401	\$3,270,086	\$4,041,220	\$5,222,893	\$578,906	\$0	\$2,639,663	\$0	\$3,125,430	\$2,711,278	\$3,272,834	\$474,470	\$0	\$0	\$1,076,738	\$0	
202402	\$2,989,227	\$4,647,587	\$5,404,372	\$361,797	\$0	\$2,746,603	\$0	\$2,835,587	\$3,562,202	\$3,693,487	\$280,961	\$0	\$0	\$1,720,069	\$0	
202403	\$2,767,206	\$4,580,693	\$5,695,583	\$720,138	\$0	\$2,650,111	\$0	\$2,608,103	\$3,388,697	\$3,989,245	\$649,834	\$0	\$0	\$1,956,047	\$0	
202404	\$2,400,863	\$4,514,383	\$5,005,833	\$677,753	\$0	\$2,753,998	\$0	\$2,186,117	\$3,377,890	\$4,017,008	\$589,625	\$0	\$0	\$2,181,584	\$0	
202405	\$3,926,868	\$5,039,495	\$6,127,076	\$717,429	\$0	\$3,129,885	\$0	\$3,734,956	\$3,942,493	\$4,515,036	\$640,183	\$0	\$0	\$2,596,501	\$0	
202406	\$2,414,816	\$4,127,500	\$5,357,270	\$584,173	\$0	\$2,386,083	\$0	\$2,275,902	\$3,235,357	\$4,022,089	\$524,691	\$0	\$0	\$1,942,575	\$0	
202407	\$2,168,269	\$4,273,683	\$5,471,515	\$564,661	\$0	\$3,017,197	\$0	\$2,004,018	\$3,355,502	\$4,125,486	\$479,230	\$0	\$0	\$2,528,115	\$0	
202408	\$2,385,935	\$4,241,465	\$5,405,158	\$510,427	\$0	\$2,981,833	\$0	\$2,231,644	\$3,307,137	\$4,093,880	\$453,584	\$0	\$0	\$2,524,604	\$0	
202409	\$1,740,101	\$4,598,432	\$5,476,190	\$650,746	\$0	\$2,760,663	\$0	\$1,640,711	\$3,699,263	\$4,276,869	\$581,242	\$0	\$0	\$2,362,498	\$0	
202410	\$2,651,594	\$4,985,006	\$5,246,751	\$676,560	\$0	\$3,376,032	\$0	\$2,453,868	\$4,014,480	\$4,809,809	\$621,372	\$0	\$0	\$2,922,408	\$0	
202411	\$2,136,959	\$4,485,278	\$4,957,831	\$530,852	\$0	\$2,559,516	\$0	\$1,990,668	\$3,774,359	\$3,833,351	\$478,305	\$0	\$0	\$2,192,954	\$0	
202412	\$2,477,217	\$4,779,330	\$4,990,918	\$416,926	\$0	\$3,117,822	\$0	\$2,325,464	\$3,976,368	\$3,873,428	\$351,952	\$0	\$0	\$2,721,795	\$0	
IBNR	\$788,325	\$1,197,549	\$1,046,250	\$101,190	\$0	\$87,426	\$0	\$731,060	\$967,235	\$92,550	\$87,580	\$0	\$0	\$68,789	\$0	
Total w/o Adjustment	\$32,117,465	\$55,511,720	\$67,007,441	\$7,093,287	\$0	\$34,186,892	\$0	\$30,143,606	\$43,312,261	\$49,315,074	\$6,213,030	\$0	\$0	\$26,794,676	\$0	
Paid to Allowed Factor								93.9%	78.0%	73.6%	87.6%			78.4%		
Total	\$32,117,465	\$55,511,720	\$67,007,441	\$7,093,287	\$0	\$34,186,892	\$0	\$30,143,606	\$43,312,261	\$49,315,074	\$6,213,030	\$0	\$0	\$26,794,676	\$0	

By Incurred Date PMPM

Month	Allowed & Paid Claims PMPM								Incurred & Paid Claims PMPM							
	IP	OP	PROF	OTHER	Capitation	Rx	Non EHB		IP	OP	PROF	OTHER	Capitation	Rx	Non EHB	
202401	\$127.31	\$157.33	\$203.34	\$22.54	\$0.00	\$102.77	\$0.00	\$121.68	\$105.55	\$127.42	\$18.47	\$0.00	\$0.00	\$41.92	\$0.00	
202402	\$111.04	\$172.64	\$200.76	\$13.44	\$0.00	\$102.03	\$0.00	\$105.33	\$132.33	\$137.20	\$10.44	\$0.00	\$0.00	\$63.90	\$0.00	
202403	\$102.61	\$169.86	\$211.21	\$26.70	\$0.00	\$98.27	\$0.00	\$96.71	\$125.66	\$147.83	\$24.10	\$0.00	\$0.00	\$72.53	\$0.00	
202404	\$98.76	\$166.90	\$207.25	\$25.06	\$0.00	\$101.82	\$0.00	\$80.82	\$124.88	\$148.51	\$21.80	\$0.00	\$0.00	\$66.65	\$0.00	
202405	\$144.69	\$185.69	\$225.76	\$26.43	\$0.00	\$115.32	\$0.00	\$137.62	\$145.27	\$166.36	\$23.59	\$0.00	\$0.00	\$85.67	\$0.00	
202406	\$88.99	\$152.10	\$197.42	\$21.53	\$0.00	\$88.19	\$0.00	\$83.87	\$119.22	\$148.21	\$19.33	\$0.00	\$0.00	\$71.58	\$0.00	
202407	\$79.87	\$157.42	\$201.54	\$20.80	\$0.00	\$111.14	\$0.00	\$73.25	\$123.60	\$151.96	\$17.65	\$0.00	\$0.00	\$93.12	\$0.00	
202408	\$87.94	\$156.33	\$199.22	\$18.81	\$0.00	\$109.90	\$0.00	\$82.82	\$121.89	\$160.89	\$16.72	\$0.00	\$0.00	\$95.05	\$0.00	
202409	\$169.64	\$201.22	\$201.50	\$0.00	\$0.00	\$101.59	\$0.00	\$60.38	\$136.13	\$157.38	\$21.39	\$0.00	\$0.00	\$86.94	\$0.00	
202410	\$97.88	\$184.02	\$230.59	\$25.05	\$0.00	\$124.62	\$0.00	\$90.58	\$148.19	\$177.55	\$22.94	\$0.00	\$0.00	\$107.88	\$0.00	
202411	\$79.15	\$166.13	\$183.63	\$19.65	\$0.00	\$94.80	\$0.00	\$73.73	\$139.80	\$141.99	\$17.72	\$0.00	\$0.00	\$81.23	\$0.00	
202412	\$94.04	\$181.43	\$189.46	\$15.83	\$0.00	\$118.36	\$0.00	\$88.28	\$150.95	\$147.04	\$13.36	\$0.00	\$0.00	\$103.32	\$0.00	
IBNR	\$2.44	\$3.71	\$3.24	\$0.31	\$0.00	\$0.27	\$0.00	\$2.26	\$3.00	\$2.46	\$0.27	\$0.00	\$0.00	\$0.21	\$0.00	
Total w/o Adjustment	\$99.50	\$171.98	\$207.59	\$21.98	\$0.00	\$105.91	\$0.00	\$93.39	\$134.18	\$152.78	\$19.25	\$0.00	\$0.00	\$83.01	\$0.00	
Total	\$99.50	\$171.98	\$207.59	\$21.98	\$0.00	\$105.91	\$0.00	\$93.39	\$134.18	\$152.78	\$19.25	\$0.00	\$0.00	\$83.01	\$0.00	

By Paid Date

Month	Allowed Claims		Incurred Claims		Paid to Allowed	
	Medical	Rx	Medical	Rx	Medical	Rx
Jan-24	\$1,993,817	\$1,199,970	\$1,148,028	\$1,285,122	57.6%	107.1%
Feb-24	\$1,198,225	\$4,145,613	\$8,077,900	\$2,155,365	69.2%	52.0%
Mar-24	\$1,143,111	\$2,665,333	\$5,688,960	\$1,776,830	76.0%	66.7%
Apr-24	\$1,823,002	\$2,223,500	\$1,366,519	\$1,672,143	76.7%	75.2%
May-24	\$1,399,772	\$4,567,241	\$11,211,612	\$3,835,832	77.9%	84.0%
Jun-24	\$12,878,220	\$2,294,411	\$10,417,625	\$1,851,232	80.9%	80.7%
Jul-24	\$11,687,132	\$2,693,606	\$9,281,554	\$2,259,488	79.4%	83.9%
Aug-24	\$13,969,241	\$2,340,027	\$10,263,255	\$1,936,173	78.2%	82.4%
Sep-24	\$12,736,127	\$2,774,513	\$10,507,264	\$2,370,255	82.5%	85.4%
Oct-24	\$13,728,148	\$4,540,655	\$11,007,462	\$3,968,961	80.2%	87.4%
Nov-24	\$13,509,471	\$2,628,901	\$11,349,486	\$2,244,670	84.0%	85.4%
Dec-24	\$14,357,306	\$2,805,646	\$11,889,632	\$2,448,568	82.8%	87.3%
Jan-25	\$9,091,576	\$1,598,317	\$8,186,882	\$1,479,782	90.0%	92.6%
Feb-25	\$1,773,756	\$12,479	\$1,011,015	\$12,159	95.9%	97.4%
Mar-25	\$844,913	\$103	\$813,580	\$448	96.3%	-232.5%
IBNR	\$3,133,315	\$87,426	\$2,578,425	\$68,789	82.9%	78.7%
Total w/o Adjustment	\$161,454,839	\$34,186,892	\$128,708,897	\$26,794,676	79.7%	78.4%
Total	\$161,454,839	\$34,186,892	\$128,708,897	\$26,794,676	79.7%	78.4%

By Paid Date Total

Month	Allowed & Paid Claims								Incurred & Paid Claims							
	IP	OP	PROF	OTHER	Capitation	Rx	Non EHB		IP	OP	PROF	OTHER	Capitation	Rx	Non EHB	
202401	\$0	\$211,540	\$1,702,683	\$79,594	\$0	\$1,199,970	\$0	\$0	\$102,424	\$1,007,153	\$38,451	\$0	\$0	\$-1,285,122	\$0	
202402	\$1,545,335	\$4,781,031	\$5,368,836	\$273,023	\$0	\$4,145,613	\$0	\$1,386,729	\$3,269,328	\$3,427,428	\$194,415	\$0	\$0	\$2,155,365	\$0	
202403	\$2,693,426	\$3,842,343	\$4,691,714	\$292,629	\$0	\$2,665,333	\$0	\$2,479,155	\$2,828,520	\$3,151,632	\$229,552	\$0	\$0	\$1,776,830	\$0	
202404	\$3,497,712	\$5,136,115	\$5,705,755	\$493,420	\$0	\$2,223,500	\$0	\$3,242,410	\$3,804,528	\$4,005,398	\$314,194	\$0	\$0	\$1,672,143	\$0	
202405	\$3,162,401	\$4,828,708	\$5,956,667	\$451,996	\$0	\$4,567,241	\$0	\$2,946,168	\$3,567,914	\$4,222,394	\$475,136	\$0	\$0	\$3,835,832	\$0	
202406	\$2,738,536	\$4,388,047	\$5,089,221	\$692,416	\$0	\$2,294,411	\$0	\$2,571,656	\$3,422,850	\$3,788,511	\$634,608	\$0	\$0	\$1,851,232	\$0	
202407	\$1,884,063	\$4,163,169	\$5,150,729	\$489,171	\$0	\$2,693,606	\$0	\$1,796,268	\$3,208,249	\$3,828,552	\$358,485	\$0	\$0	\$2,259,488	\$0	
202408	\$2,285,060	\$4,471,657	\$5,816,136	\$527,096	\$0	\$2,349,027	\$0	\$2,129,561	\$3,462,469	\$4,374,923	\$316,101	\$0	\$0	\$1,936,173	\$0	
202409	\$3,033,817	\$4,081,271	\$5,177,590	\$443,449	\$0											

LifeWise Health Plan of Washington

Appendix 3.2

Minimum Loss Ratio Calculation

Individual Filing - Effective 1/1/2026

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

Note:

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

LifeWise Health Plan of Washington

Appendix 3.3a

Experience Period: Risk Adjustment Experience by Plan

Individual Filing - Effective 1/1/2026

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

LifeWise Health Plan of Washington

Appendix 3.3b

HCRP Actual vs Projected

Individual Filing - Effective 1/1/2026

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

LifeWise Health Plan of Washington

Appendix 4.1

WAC 284-43-6660 vs Additional Data Statement Form

Individual Filing - Effective 1/1/2026

Total Revenues⁽¹⁾	Total	Grandfathered	Metallic
Total Revenues from Additional Data Statement	199,049,137		
Data Components used in Reporting Additional Data Statement			
Net Premium Income	\$216,243,336	\$15,496,380	\$200,746,957
Commercial Reinsurance Premium	-\$246,715	-\$18,357	-\$228,358
2024 MLR Rebates	\$0	\$0	\$0
2024 - High Cost Risk Pool	\$399,401	\$0	\$399,401
2024 - High Cost Risk Pool Assessment	-\$886,892	\$0	-\$886,892
2023 - High Cost Risk Pool	\$81,001	\$0	\$81,001
2023 - High Cost Risk Pool Assessment	\$92,158	\$0	\$92,158
2024 - Risk Adjustment	-\$13,744,112	\$0	-\$13,744,112
2023 - Risk Adjustment	-\$2,889,040	\$0	-\$2,889,040
Total	\$199,049,137		
	Individual Metallic Premium from Additional Data Statement		\$200,746,957
	Rate Filing Earned Premium ⁽³⁾		\$200,263,450
		Variance Amount ⁽²⁾	-\$483,507
		Variance %	-0.2%
 Total Hospital and Medical⁽¹⁾			
Total Claims from Additional Data Statement	\$167,141,572		
Data Components used in Reporting Additional Data Statement			
WSHIP Assessment	-\$9,114	-\$678	-\$8,436
IBNR Ceded	-\$30,000	-\$2,166	-\$27,834
PY Restated Claims	-\$69,543	-\$5,020	-\$64,523
Rx Rebate	-\$17,507,035	-\$1,263,832	-\$16,243,203
Incurred Claims	\$184,757,264	\$13,337,616	\$171,419,648
Total	\$167,141,572		
	Individual Metallic Rx Rebate+Md Incurred from Additional Data Statement		\$155,176,445
	Rate Filing Incurred Claims ⁽⁴⁾		\$155,778,648
		Variance Amount ⁽²⁾	\$602,203
		Variance %	0.4%
 General Administrative & Claims Adjustment Expenses⁽¹⁾			
Total Admin Expense from Additional Data Statement	\$29,426,307		
Data Components used in Reporting Additional Data Statement			
Net Operating Expense	\$20,767,366	\$1,545,227	\$19,222,139
Commissions	\$3,195,119	\$237,738	\$2,957,382
ACA Fees	\$111,703	\$8,311	\$103,392
Premium Tax	\$4,323,112	\$309,802	\$4,013,310
RA Fee	\$73,708	\$0	\$73,708
Exchange Fee	\$955,300	\$0	\$955,300
Total	\$29,426,307	\$2,101,078	\$27,325,229
	Expense from Additional Data Statement		\$27,545,151
	Rate Filing Expenses ⁽⁵⁾		\$27,545,151
		Variance Amount ⁽²⁾	\$0
		Variance %	0.0%
 Total Members at the end of⁽¹⁾			
Average Membership	29,335		
Data Components used in Reporting Additional Data Statement			
First Quarter	29,495	2,251	27,244
Second Quarter	29,539	2,190	27,349
Third Quarter	29,480	2,122	27,358
Fourth Quarter	28,825	2,071	26,754
Average	29,335	2,158	27,176
	Average Membership from Additional Data Statement		27,176
	Rate Filing Members ⁽⁶⁾		26,899
		Variance Amount ⁽²⁾	-278
		Variance %	-1.0%

Note:

- 1) From 2024 Additional Data Statement
- 2) The Additional Data Statement only shows the reported data while the rate filing applies the restated data
- 3) Premium in Appendix 1.1 does not include Risk Corridor, Risk Adjustment, Reinsurance, & Prior Year Premiums
- 4) Incurred Claims in Appendix 1.1 does not include WSHIP Assessment and prior year claims restatement
- 5) Expenses in Appendix 4.1 Old includes Additional Data Statement Expenses, WSHIP Assessment, & Commercial Reinsurance Premium
- 6) Financial Statement assumes a percentage of membership will terminate every month.

LifeWise Health Plan of Washington
Appendix 4.1a

Copy of Additional Data Statement pages

Individual Filing - Effective 1/1/2026

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

Company: LifeWise Health Plan of Washington NAIC Company Code: 52633

II. Analysis of the Washington Comprehensive Line

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

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

Page 2 of 4

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

Company: LifeWise Health Plan of Washington NAIC Company Code: 52633

III. Group Enrollment in Washington

	1 Total Comprehensive (Hospital & Medical)	2a Individual Contracts	2b Children's Health Insurance Program	3 Small Group Contracts	Large Group Contracts				5 Other	6 List the full legal name of each Pathway 1 Association Health Plan included in column 4c (continued)
					4a Public Employees Benefits Board	4b School Employees Benefits Board	4c Pathway 1 Association Health Plans	4d Large Group (what is not in columns 4a, 4b or 4c)		
Total Members at end of:										26 27 28 29
1. Prior Year	27,347	27,347								30 31 32
2. First Quarter	29,495	29,495								33 34 35
3. Second Quarter	29,627	29,539					88			36 37 38
4. Third Quarter	29,572	29,480					92			39 40 41 42 43 44 45 46 47 48 49 50
5. Current Year	28,933	28,825					108			

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

Page 3 of 4

LifeWise Health Plan of Washington
Appendix 4.3
Months of Surplus

Individual Filing - Effective 1/1/2026

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

Note:

- (1) 2024 Total capital and surplus is from 2024 LifeWise Health Plan of Washington
Annual Statement Liabilities, Capital and Surplus page 3, line 33
- (2) 2024 Subtotal of hospital and medical claims is from 2024 LifeWise Health Plan of Washington
Annual Statement of Revenue and Expense page 4, line 18
- (3) Issuer's capital and surplus is not used in the rate development

LifeWise Health Plan of Washington

Appendix 5

SERFF Rate/Rule Schedule Support

Individual Filing - Effective 1/1/2026

COMPANY RATE INFORMATION

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

RATE REVIEW DETAIL

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

Requested Rate Change Information

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

Percent Rate Change Requested

Min		-12.38%
Max		32.90%
Weighted Avg		14.43%

Prior Rate:

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

Annualized PMPM

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

Requested Rate:

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

Annualized PMPM

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

Notes:

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

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

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

**LifeWise Health Plan of Washington
Appendix 6**

Actuarial Values for Non-Cascade plans

Individual Filing - Effective 1/1/2026

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

Note:

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

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

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

INDIVIDUAL AND SMALL GROUP FILING SUMMARY

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

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

Proposed Rate Summary

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

Components of Proposed Community Rate

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

Summary of Pooled Experience

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

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

Individual Filing - Effective 1/1/2026

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

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

Individual Market Standard Complete Gold Plan

User Inputs for Plan Parameters

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

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



	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$1,000.00			
Coinsurance (% Insurer's Cost Share)			80.00%			
MOOP (\$)			\$7,000.00			
MOOP if Separate (\$)						

[Click Here for Important Instructions](#)

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

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Calculate

Status/Error Messages:

Actuarial Value:
 Metal Tier:

Calculation Successful.

81.81%
 Gold

Additional Notes:

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

Calculation Time:

0.1094 seconds

Revised Final 2026 AV Calculator

Individual Market Standard Vital Gold Plan



User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$1,900.00			
Coinsurance (% Insurer's Cost Share)			80.00%			
MOOP (\$)			\$8,800.00			
MOOP if Separate (\$)						

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

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Calculate

Status/Error Messages:
 Actuarial Value:
 Metal Tier:

Calculation Successful.
 78.06%
 Gold

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

Additional Notes:

Calculation Time:
 Revised Final 2026 AV Calculator

0.1523 seconds

Individual Market Standard Silver Plan

User Inputs for Plan Parameters

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

Desired Metal Tier: Silver

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

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



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

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 71.33%
 Metal Tier: Silver

Additional Notes:

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

Calculation Time: 0.1172 seconds

Revised Final 2026 AV Calculator

Individual Market Standard Silver, CSR 73% Plan

User Inputs for Plan Parameters

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

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



Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$2,500.00
Coinsurance (% Insurer's Cost Share)		70.00%
MOOP (\$)		\$7,950.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		
Coinsurance (% Insurer's Cost Share)		
MOOP (\$)		
MOOP if Separate (\$)		

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

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Calculate

Status/Error Messages:

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

Actuarial Value:

73.49%

Metal Tier:

Silver

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

Additional Notes:

Calculation Time:

0.1055 seconds

Revised Final 2026 AV Calculator

Individual Market Standard Silver, CSR 87% Plan

User Inputs for Plan Parameters

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

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

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



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

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Calculate

Status/Error Messages:
Actuarial Value:
Metal Tier:

CSR Level of 87% (150-200% FPL), Calculation Successful.
87.78%
Gold

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

Additional Notes:

Calculation Time: 0.1172 seconds

Revised Final 2026 AV Calculator

Individual Market Standard Silver, CSR 94% Plan

User Inputs for Plan Parameters

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

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

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



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

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Calculate

Status/Error Messages:
 Actuarial Value:
 Metal Tier:

CSR Level of 94% (100-150% FPL), Calculation Successful.
 94.76%
 Platinum

Additional Notes:

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

Calculation Time: 0.1055 seconds

Revised Final 2026 AV Calculator

Individual Market Standard Expanded Bronze Plan

User Inputs for Plan Parameters

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

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

Desired Metal Tier: Bronze

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$6,000.00
Coinsurance (% Insurer's Cost Share)		60.00%
MOOP (\$)		\$10,150.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		
Coinsurance (% Insurer's Cost Share)		
MOOP (\$)		
MOOP if Separate (\$)		



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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$32.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Calculate

Status/Error Messages:

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

Actuarial Value:

63.64%

Metal Tier:

Bronze

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

Additional Notes:

Calculation Time:

0.1055 seconds

Revised Final 2026 AV Calculator

Individual Market Standard Silver Plan (Adjusted)

User Inputs for Plan Parameters

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

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

Desired Metal Tier: Silver

Tier 1 Plan Benefit Design			
Medical	Drug	Combined	
Deductible (\$)		\$2,500.00	
Coinsurance (%; Insurer's Cost Share)		70.00%	
MOOP (\$)		\$9,750.00	
MOOP if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



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

Options for Additional Benefit Design Limits:

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

Plan Description:

Name:
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2026_1d_Coins_Cap

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 71.84%
 Metal Tier: Silver

Additional Notes:

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

Calculation Time: 0.1133 seconds
 WAHBE Revised Final 2026 AV Calculator

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

User Inputs for Plan Parameters

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

Desired Metal Tier: Silver

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

Tier 1 Plan Benefit Design			
Medical	Drug	Combined	
Deductible (\$)		\$2,500.00	
Coinsurance (%; Insurer's Cost Share)		70.00%	
MOOP (\$)		\$7,950.00	
MOOP if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



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

Options for Additional Benefit Design Limits:

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

Plan Description:

Name:
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2026_1d_Coins_Cap

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

WAHBE Revised Final 2026 AV Calculator

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

73.95%

Silver

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

0.1055 seconds

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



User Inputs for Plan Parameters

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

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

Desired Metal Tier: Gold

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$750.00			
Coinsurance (%; Insurer's Cost Share)			80.00%			
MOOP (\$)			\$2,850.00			
MOOP if Separate (\$)						

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

Options for Additional Benefit Design Limits:

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

Plan Description:

Name:
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2026_1d_Coins_Cap

Output

Calculate

Status/Error Messages:
 Actuarial Value:
 Metal Tier:

CSR Level of 87% (150-200% FPL), Calculation Successful.
 87.87%
 Gold

Additional Notes:

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

Calculation Time:
 WAHBE Revised Final 2026 AV Calculator

0.1016 seconds

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

User Inputs for Plan Parameters

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

Desired Metal Tier: Platinum

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$0.00			
Coinsurance (% Insurer's Cost Share)			85.00%			
MOOP (\$)			\$2,400.00			
MOOP if Separate (\$)						



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

Options for Additional Benefit Design Limits:

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

Plan Description:

Name:
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2026_1d_Coins_Cap

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

94.86%

Platinum

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

Additional Notes:

Calculation Time:

0.1016 seconds

WAHBE Revised Final 2026 AV Calculator

Individual Market Standard Expanded Bronze Plan (Adjusted)

User Inputs for Plan Parameters

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

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

Desired Metal Tier: Bronze

Tier 1 Plan Benefit Design	Tier 2 Plan Benefit Design				
Medical	Drug	Combined	Medical	Drug	Combined
		\$6,000.00			
		60.00%			
		\$10,150.00			



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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care & MHSUD Office Visits	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services other than Office Visits	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$32.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:
Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2026_1d_Coins_Cap

Output

Calculate

Status/Error Messages: Expanded Bronze Standard (56% to 65%), Calculation Successful.
 Actuarial Value: 64.97%
 Metal Tier: Bronze
 Additional Notes: NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
 Calculation Time: 0.1055 seconds
WAHBE Revised Final 2026 AV Calculator

User Inputs for Plan Parameters

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

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

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

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

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?		Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>		<input type="checkbox"/>	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>		<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>		<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All	
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>		<input type="checkbox"/>	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60.00%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60.00%		<input type="checkbox"/>		<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input type="checkbox"/>		<input type="checkbox"/>	

Options for Additional Benefit Design Limits:

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

Plan Description: LifeWise Health Plan of WA Scenario 1

Name: Essential Gold
Plan HIOS ID: 38498WA0320001
Issuer HIOS ID: 38498
AVC Version: 2026_1b

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

79.37%

Metal Tier:

Gold

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

Additional Notes:

Calculation Time:

0.5039 seconds

Final 2026 AV Calculator

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$3,000.00			\$3,000.00
Coinsurance (% Insurer's Cost Share)			70.00%			70.00%
MOOP (\$)			\$8,375.00			\$8,375.00
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60.00%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60.00%		<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description: LifeWise Health Plan of WA Scenario 1
Name: Essential Silver
Plan HIOS ID: 38498WA0320004
Issuer HIOS ID: 38498
AVC Version: 2026_1b

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 71.87%
 Metal Tier: Silver
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:
 Calculation Time: 0.4453 seconds
Final 2026 AV Calculator

User Inputs for Plan Parameters

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

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

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60.00%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60.00%		<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description: LifeWise Health Plan of WA Scenario 1
Name: Essential Silver CSR 73%
Plan HIOS ID: 38498WA032000404
Issuer HIOS ID: 38498
AVC Version: 2026_1b

Output

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

Additional Notes:

Calculation Time: 0.4688 seconds
Final 2026 AV Calculator

User Inputs for Plan Parameters

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

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

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60.00%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60.00%		<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description: LifeWise Health Plan of WA Scenario 1
Name: Essential Silver CSR 87%
Plan HIOS ID: 38498WA032000405
Issuer HIOS ID: 38498
AVC Version: 2026_1b

Output

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

Additional Notes:

Calculation Time: 0.6953 seconds
Final 2026 AV Calculator

User Inputs for Plan Parameters

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

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 99.37%
	2nd Tier Utilization: 0.63%

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60.00%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60.00%		<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description: LifeWise Health Plan of WA Scenario 1
Name: Essential Silver CSR 94%
Plan HIOS ID: 38498WA032000406
Issuer HIOS ID: 38498
AVC Version: 2026_1b

Output

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

Additional Notes:

Calculation Time: 0.6172 seconds
Final 2026 AV Calculator

User Inputs for Plan Parameters

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

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 98.22%
	2nd Tier Utilization: 1.78%

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

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$110.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$110.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60.00%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60.00%		<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description: LifeWise Health Plan of WA Scenario 1
Name: Essential Bronze
Plan HIOS ID: 38498WA0320003
Issuer HIOS ID: 38498
AVC Version: 2026_1b

Output

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

Additional Notes:

Calculation Time: 0.6484 seconds
Final 2026 AV Calculator

Appendix B - Unique Plan Design Supporting Documentation and Justification

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

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

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

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

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

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

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

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

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

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

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

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

Certification Language:

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

The analysis was

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

Actuary signature: 

Actuary Printed Name: Ksenia Whittal, FSA, MAAA

Date: April 15, 2025

Unique Plan Design—Supporting Documentation and Justification

Issuers must fill in the following information.

Health Insurance Oversight System (HIOS) Issuer ID:

38498

HIOS Product IDs:

38498WA032

Applicable HIOS Plan IDs (Standard Component):

38498WA0320001, 38498WA0320003, 38498WA0320004

Reasons the plan design is unique, that is, the reason benefits are incompatible with the parameters of the Actuarial Value Calculator (AVC) and their materiality:

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

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

Method 156.135(b)(3) was utilized in developing the actuarial values for the plans.

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

Yes, only in-network cost sharing was considered.

Description of the standardized plan population data used:

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

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

N/A

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

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

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

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

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

Certification Language:

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

The analysis was

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

Actuary Signature:



Actuary Printed Name: Hiu-Wan Ko

Date: 05/14/2026

Appendix A - Actuarial Value Certification

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

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

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

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

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

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

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



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

MHSUD Financial Requirement Parity Testing -- Summary

Issuer and Filing Information

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

Worksheet Instructions

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

Step 2) Enter Plans.

- List HIOS Plan IDs and Plan Names in the first two columns of the table below. Include silver base and CSR plan variants.
- When a plan has multiple in-network tiers, load information for each tier. Enter each in-network tier here in this file as a separate "plan" record with the plan ID formatted as "12345WA0010001_INN-T1." This will create a separate worksheet for each in-network tier and allows for parity to be analyzed for each tier.
- Confirm all HIOS Plan IDs are included in the table-object and then remove any extra rows in the table.
- For ease of review, we request that plans in this file be in the same order as they are in the Benefit Components' file.

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

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

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

This format is used for cells that need user input

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

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

Testing Summary

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

MHSUD Financial Requirement Parity Testing

Testing Data Information

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

Item #	Task
1	Identify the data source used to estimate allowed claims for the purpose of MHSUD financial requirement parity testing. This refers to the allowed amounts by service entered in Part 1 of each plan's testing worksheet.
	<u>We used LifeWise Washington Individual plan claims data, provided to us by our claims processing vendors.</u>
2	Identify the period (i.e., date range) represented in the data.
	<u>claims incurred between 2023 and 2024 trended by category to match the URRT.</u>
3	Address the credibility of the data used in your MHSUD financial requirement parity testing.
	<u>We assign full credibility to the data for proposes of determining mental health parity.</u>
4	Identify whether the data is consistent with the data in your URRT. If not, explain why the data is not consistent, why the data is appropriate, and summarize material adjustments made to the data.
	<u>Yes, the data is consistent with the information in the URRT; except in cases when projected membership is zero, in this case then overall plans projected data was used.</u>
5	If data other than State of Washington plan data was used, what is the source, and why is it appropriate for MHSUD financial requirement parity testing purposes?
	<u>Only WA plan data was used.</u>

MHSUD Financial Requirement Parity Testing

Mapping Medical/Surgical Services to Benefit Classifications

Instructions

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

A. Service Description column:

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

B. Mapped Benefit Classification for MHSUD Parity Testing column:

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

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

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

Notes column: Explain any differences by plan.

Mapping Table

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

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

Issuer / Market: LibertyHealth Plan of Washington
Market: Individual

Workbook Info

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

PLAN INFORMATION

Plan Name: LifeWise Essential Gold click this will auto assemble from summary sheet macro
Plan ID: 364936A0320001 click this will auto populate from summary sheet macro
CR Variant Description: click if the plan is a CR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: **Pass**

Links only work for sections that are not already hidden

Testing Options

Option	Selection
Out-of-Network Test?	Yes
Outpatient Benefit Testing	Office Visits Separate

Column Options

Hide All Columns
 Hide All but All Columns

No Errors Found?

True

Results by Benefit Classification

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

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

Click on a **Success**

Errors Found

click the links in the cells below to scroll directly to the stated section

Return to CR Detail					
Return to CR Detail					

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

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

Note: Use the table if you are separately testing outpatient office visits and all other outpatient services.

Classification: Outpatient - Office Visits (OP-OV)

Network (OP-Net): Outpatient (INN)

Classification Code: 3a (OP-OV INN)

Table Name: CR-COSTS_V01

Number of Rows: 1

Service Description	Cost Share Description	Plan Provided Allowed Amount	Deductible	Co-payment	Co-insurance	Out-of-Pocket Maximum	No Cost Share If True
Primary Care Visit	Primary	\$175,538.50	N/A	\$0.00	N/A	\$7,000.00	
Specialist Office Visit	Specialist	\$275,548.50	N/A	\$0.00	N/A	\$7,000.00	
Emergency/Office Visit	Emergency	\$0,700.00	N/A	\$0.00	N/A	\$7,000.00	
Urgent Care	Urgent	\$1,400.00	N/A	\$0.00	N/A	\$7,000.00	
Labs, Diagnostic, X-ray, etc.	Diagnostic, then	\$82,542.50	\$800.00	N/A	30%	\$7,000.00	
Immunizations	Immunization	\$10,000.00	N/A	\$0.00	N/A	\$7,000.00	
Total Row		\$561,834.50					

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

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

Cost Share Type	Amount Cost Share in Plan Design?	Measurement Level for Medical/Surgical Parity Result	Parity Result
Deductible	N/A	Equal	Pass
Co-payment	\$0.00	\$0.00	Pass
Co-insurance	N/A	Equal	Pass
OPDM	\$7,000.00	\$7,000.00	Pass
Overall			Pass

Enter Formulas (as needed) about MHSUD Cost Shares

Step 1 Substantially All (i.e., ≥ 2% of medical/surgical benefits)

Category	Amount	Percentage	Parity Result
Deductible	\$0.00	0.00%	Fail
Co-payment	\$420,545.50	74.85%	OP-OV INN
Co-insurance	\$82,542.50	14.69%	Co-payment
OPDM	\$58,746.50	10.46%	OP-OV Sub/OPDM
Total	\$561,834.50	100.00%	

Step 2 Predominant Level

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

Does not apply to substantially all medical/surgical benefits in this classification.

ENTER any values in the left-hand columns below.

Deductible	Allowed Claims	Portion	Predominant &	Error Checking
	\$0.00			
Total	\$0.00	0.00%		

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

Applies to substantially all medical/surgical benefits in this classification.

ENTER different co-payment amounts from smallest to largest.

Co-payment	Allowed Claims	Portion	Predominant &	Error Checking
\$0.00	\$420,545.50	74.85%		
\$0.00	\$82,542.50	14.69%		
Total	\$503,088.00	89.54%		

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

Does not apply to substantially all medical/surgical benefits in this classification.

ENTER any values in the left-hand columns below.

Co-insurance	Allowed Claims	Portion	Predominant &	Error Checking
	\$0.00			
Total	\$0.00	0.00%		

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

Applies to substantially all medical/surgical benefits in this classification.

ENTER different copay amounts from smallest to largest.

OPDM	Allowed Claims	Portion	Predominant &	Error Checking
\$7,000.00	\$58,746.50	10.46%		
Total	\$58,746.50	10.46%		

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

Users / Markets: LifeWise Health Plan of Washington
Market: Individual

Worksheet Info

[Go back to Summary Sheet](#)
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PLAN INFORMATION

Plan Name: LifeWise Essential Bronze
Plan ID: 36495WAZ320003
CSR Variant Description:
Parity Pass/Fail Results, by Benefit Classification

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: **Pass**

Testing Options

Option	Selection
Out-of-Network Test	Yes
Outpatient Benefit Testing	Offer Wide Services

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

Home to SP-000				
Home to OP-000				

Results by Benefit Classification

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

Benefit Classification: (3a) Outpatient - Office Visits, In-Network (OP-0V INN)

Click on a **Success** or **Errors found** cell

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

Home to SP-000				
Home to OP-000				

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

Benefit Classification: (3a) Outpatient - Office Visits, In-Network (OP-0V INN)
Note: Use the table if you are separately testing outpatient office visits and all other outpatient services.

Classification: Outpatient - Office Visits (OP-0V)
Network (OP-0V): Outpatient
Classification Code: 3a (OP-0V INN)
Table Name: (3a) OP-0V INN_01
Number of Rows: 1

Service Description	Cost Share Description	Plan Provided Allowed Amount	Deductible	Co-payment	Co-insurance	Out-of-Pocket Maximum	No Cash Share (If Yes, %)
Primary Care Visit	Copay	\$40,000.00	N/A	0%	N/A	\$0.00	
Specialty Office Visit	Copay	\$1,200.00	N/A	0%	N/A	\$0.00	
Prescription Drug (Retail)	Net Retail	\$100.00	N/A	0%	N/A	\$0.00	
Specialty Care	Copay/Coinsur	\$1,200.00	\$0.00	0%	N/A	\$0.00	
Specialty, Outpatient, Maternity and Physical Therapy	Deductible, Copay/Coinsur	\$100.00	0%	0%	0%	\$0.00	
Chiropractic Services	Deductible, Copay/Coinsur	\$100.00	0%	0%	0%	\$0.00	
Total Row		\$2,400,000.00					

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

Financial Parity for (3a) Outpatient - Office Visits, In-Network (OP-0V INN)

Cost Share Type	Medical Cost Share (in Plan Design?)	Financial Level (Medical/Surgical)	Financial Level (Medical/Therapy)	Parity Result
Deductible	N/A	0%	0%	Pass
Co-payment	0%	0%	0%	Pass
Co-insurance	N/A	0%	0%	Pass
OPDM	\$0.00	\$0.00	\$0.00	Pass
Overall				Pass

Enter Failures (in red) about MHSUD Cost Share

Step 1 Substantially All (i.e., ≥ 80% of medical/surgical benefits)

Category	Medical Cost Share	Financial Level	Parity Result
Deductible	\$0.00	0%	Fail
Co-payment	\$1,200.00	0%	OP-0V INN
Co-insurance	0%	0%	Fail
OPDM	\$0.00	0%	Fail
Total Proposed	\$2,400,000.00	0%	OP-0V INN/Other

Step 2 Predominant Level

Deductible --- (3a) Outpatient - Office Visits, In-Network (OP-0V INN) Errors found: 0

Does not apply to substantially all medical/surgical benefits in the classification.
ENTER any values in the table below to begin.

Deductible	Allowed Claims	Ratio	Predominant &	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

Co-payment --- (3a) Outpatient - Office Visits, In-Network (OP-0V INN) Errors found: 0

Applies to substantially all medical/surgical benefits in the classification.
ENTER different copayment amounts from smallest to largest.

Co-payment	Allowed Claims	Ratio	Predominant &	Error Checking
	\$0.00	0%	0%	
	\$1,200.00	0%	0%	
	\$0.00			
Total	\$1,200.00	100.00%		

Co-insurance --- (3a) Outpatient - Office Visits, In-Network (OP-0V INN) Errors found: 0

Does not apply to substantially all medical/surgical benefits in the classification.
ENTER any values in the table below to begin.

Co-insurance	Allowed Claims	Ratio	Predominant &	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

OPDM --- (3a) Outpatient - Office Visits, In-Network (OP-0V INN) Errors found: 0

Applies to substantially all medical/surgical benefits in the classification.
ENTER different copay amounts from smallest to largest.

OPDM	Allowed Claims	Ratio	Predominant &	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	100.00%		

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

Issuer / Market: LibertyHealth Plan of Washington
Market: Individual

Workbook Info

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PLAN INFORMATION

Plan Name: LifeWise Essential Silver CSR1
Plan ID: 3849364320004_FY19_CSR1
CSR Variant Description:
Overall Result: **Pass**

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: **Pass**

Links only work for sections that are not already hidden

Test Results Summary:

Out-of-Network Test?	Yes	Column Options	No Errors Found?	True
Outpatient Benefit Testing	Office Visits, Surgery	Hide/Unhide All Columns		

Results by Benefit Classification

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

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

Click on a **Success** or **Errors Found** cell

Click on the links in the cells below to scroll directly to the stated section

Move to D1 INN	Move to D2 INN	Move to D1 OON	Move to D2 OON	Move to E1	Move to E2
Move to D1 INN	Move to D2 INN	Move to D1 OON	Move to D2 OON	Move to E1	Move to E2

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

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

Note: Use the table if you are separately testing outpatient office visits and all other outpatient services.

Classification: Outpatient - Office Visits (OP-OV)

Network (OP-Net): Outpatient

Classification Code: 3a (OP-OV INN)

Table Name: 001_COST_SHARE_21

Number of Rows: 6

Service Description	Cost Share Description	Plan Provided Allowed Amount	Deductible	Co-payment	Co-insurance	Out-of-Pocket Maximum	No Cost Share (Y/N)
Primary Care Visit	Copay	\$44,827.32	N/A	\$15	N/A	\$7,100	
Specialty Office Visit	Copay	\$95,788.57	N/A	\$20	N/A	\$7,100	
Prescription Drug (Retail)	No Benefit	\$2,109.01	N/A	N/A	N/A	N/A	
Specialty Care	Copay	\$398.16	N/A	\$50	N/A	\$7,100	
Surgery, Outpatient, Managed and Physical Therapy	Deductible, then Copay	\$29,951.41	\$1,000	N/A	30%	\$7,100	
	Copay	\$7,405.16	N/A	\$10	N/A	\$7,100	
Total Row		\$291,880.29					

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

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

Cost Share Type	Amount Cost Share in Plan Design?	Measurement Level for Medical/Surgical	Financial Parity Result
Deductible	N/A	Equal	Pass
Co-payment	\$15.00	\$50.00	Pass
Co-insurance	N/A	Equal	Pass
OPDM	\$7,100.00	\$7,100.00	Pass
Overall			Pass

Enter Footnote (as needed) about MHSUD Cost Share:

Step 1 Substantially All (i.e., ≥ 2% of medical/surgical benefits)

Category	Amount	Percentage	Parity Result
Deductible	\$19,951.41	6.84%	Fail
Co-payment	\$132,598.21	45.78%	OP-OV INN
Co-insurance	\$29,951.41	10.26%	Co-payment
OPDM	\$29,480.84	10.10%	Fail
Total Reported	\$291,880.29	100.00%	OP-OV NonOPDM

Step 2 Predominant Level

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

Does not apply to substantially all medical/surgical benefits in this classification.

ENTER any values in the left-hand columns below.

Deductible	Allowed Claims	Portion	Predominant &	Error Checking
\$0.00	\$0.00			
\$0.00	\$0.00	0.00%		
Total	\$0.00			

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

Applies to substantially all medical/surgical benefits in this classification.

ENTER different co-payment amounts from smallest to largest.

Co-payment	Allowed Claims	Portion	Predominant &	Error Checking
\$10.00	\$164,827.32	56.51%		
\$20.00	\$29,951.41	10.26%		
\$50.00	\$29,951.41	10.26%		
\$0.00	\$29,480.84	10.10%		
Total	\$291,880.29	100.00%		

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

Does not apply to substantially all medical/surgical benefits in this classification.

ENTER any values in the left-hand columns below.

Co-insurance	Allowed Claims	Portion	Predominant &	Error Checking
\$0.00	\$0.00			
\$0.00	\$0.00			
\$0.00	\$0.00	0.00%		
Total	\$0.00			

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

Applies to substantially all medical/surgical benefits in this classification.

ENTER different copay amounts from smallest to largest.

OPDM	Allowed Claims	Portion	Predominant &	Error Checking
\$7,100.00	\$19,480.84	6.68%		
\$0.00	\$29,480.84	10.10%		
\$0.00	\$0.00			
Total	\$19,480.84	6.68%		

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

Issuer / Market: LibertyHealth Plan of Washington
Market: Individual

Workbook Info

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PLAN INFORMATION

Plan Name: LifeWise Essential Silver CRM2
Plan ID: 3849384320004_875_CRM2
CSR Variant Description:
Overall Result: **Pass**

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: **Pass**

Links only work for sections that are not already hidden

Test Results Summary:

Out-of-Network Test?	Yes
Outpatient Benefit Testing	Office Visits Separate

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

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

Click on a **Success** or **Error Found** cell

Click on the links in the cells below to scroll directly to the stated section

Move to D1 INN	Move to D1 OOV	Move to D2 INN	Move to D2 OOV	Move to E1 INN	Move to E1 OOV
Move to D1 INN	Move to D1 OOV	Move to D2 INN	Move to D2 OOV	Move to E1 INN	Move to E1 OOV

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

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

Note: Use the table if you are separately testing outpatient office visits and all other outpatient services.

Classification: Outpatient - Office Visits (OP-OV)

Network (OP-Net): Outpatient

Classification Code: 3a (OP-OV INN)

Table Name: 3a-COSTS_VIS_21

Number of Rows: 6

Service Description	Cost Share Description	Plan Provided Allowed Amount	Deductible	Co-payment	Co-insurance	Out-of-Pocket Maximum	No Cost Share (Y/N)
Primary Care Visit	Copay	\$12,970.84	N/A	\$15	N/A	\$2,500	Yes
Specialty Office Visit	Copay	\$77,480.59	N/A	\$25	N/A	\$2,500	Yes
Prescription Drug (Retail)	No Benefit	\$23,480.27	N/A	N/A	N/A	N/A	Yes
Specialty Care	Copay	\$482.14	N/A	\$85	N/A	\$2,500	Yes
Speech, Occupational, Massage, and Physical Therapy	Deductible, then Copay	\$21,762.38	\$700	N/A	80%	\$2,500	Yes
		\$1,987.18	N/A	\$15	N/A	\$2,500	Yes
Total Row		\$148,122.05					

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

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

Cost Share Type	Amount Cost Share in Plan Design*	Measurement Level for Medical/Surgical Parity Result	Parity Result
Deductible	N/A	Equal	Pass
Co-payment	\$15.00	\$65.00	Pass
Co-insurance	N/A	80%	Pass
OPDM	\$1,987.18	\$2,500.00	Pass
Overall			Pass

Error Feedback (as needed) about MHSUD Cost Shares

Step 1 Substantially All (i.e., ≥ 2% of medical/surgical benefits)

Category	Amount	Percentage	Parity Result
Deductible	\$12,970.84	8.75%	Fail
Co-payment	\$15,000.00	10.13%	OP-OV INN
Co-insurance	\$21,762.38	14.69%	Fail
OPDM	\$19,871.83	13.42%	OP-OV Subsequent
Total	\$139,827.05	93.41%	

Step 2 Predominant Level

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

Does not apply to substantially all medical/surgical benefits in this classification. (ENTER any values in the left-hand columns below)

Deductible	Allowed Claims	Portion	Predominant &	Error Checking
\$0.00	\$0.00			
\$0.00	\$0.00	0.00%		
Total	\$0.00			

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

Applies to substantially all medical/surgical benefits in this classification. (ENTER different copayment amounts from smallest to largest)

Co-payment	Allowed Claims	Amount	Percentage	Error Checking
\$0.00	\$15,000.00	10.73%	10.73%	
\$15.00	\$15,000.00	10.73%	10.73%	
\$0.00	\$0.00			
\$0.00	\$0.00			
Total	\$15,000.00	100.00%		

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

Does not apply to substantially all medical/surgical benefits in this classification. (ENTER any values in the left-hand columns below)

Co-insurance	Allowed Claims	Portion	Predominant &	Error Checking
\$0.00	\$0.00			
\$0.00	\$0.00			
\$0.00	\$0.00			
Total	\$0.00	0.00%		

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

Applies to substantially all medical/surgical benefits in this classification. (ENTER different copay amounts from smallest to largest)

OPDM	Allowed Claims	Portion	Predominant &	Error Checking
\$1,987.18	\$19,871.83	100.00%	100.00%	
\$0.00	\$0.00			
\$0.00	\$0.00			
Total	\$19,871.83	100.00%		

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

Issuer / Market: LibertyHealth Plan of Washington
Market: Individual

Workbook Info
Go back to Summary Sheet
View Input Cell Format
See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: LifeWise Essential Silver CR3
Plan ID: 3849384320004_Plan_CR3
CSR Variant Description:
Overall Result: **Pass**

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: Pass		Click the links in the cells below to scroll directly to the stated section(s) View to IP-IP View to IP-OP View to OP-IP View to OP-OP View to OP-IP/OP View to OP-OP/OP				
Links only work for sections that are not already hidden						
Testing Options		Column Options		No Errors Found?		
Option	Selection	Columns to Include		No Errors Found?		
Out-of-Network Test?	Yes	Include All Columns		No Errors Found?		
Outpatient Benefit Testing	Office Visits Separate	Only Include All Columns		No Errors Found?		

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

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

Click to view: Summary Errors Found	
Click the links in the cells below to scroll directly to the stated section(s) View to IP-IP View to IP-OP View to OP-IP View to OP-OP View to OP-IP/OP View to OP-OP/OP	
Links only work for sections that are not already hidden	

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

Benefit Classification: (3a) Outpatient - Office Visits, In-Network (OP-OV INN)
 Note: Use the table if you are separately testing outpatient office visits and all other outpatient services.

Classification	Outpatient - Office Visits (OP-OV)
Network (OP-Net)	In-Network
Classification Code	3a (OP-OV INN)
Table Name	tbl_COSTS_WS_21
Number of Rows	6

Service Description	Cost Share Description	Plan Provided Allowed Amount	Deductible	Co-payment	Co-insurance	Out-of-Pocket Maximum	No Cost Share (Y/N)
Primary Care Visit	Copay	\$12,296.98	N/A	\$10	N/A	\$1,000	
Specialty Office Visit	Copay	\$27,277.58	N/A	\$25	N/A	\$1,000	
Prescription Drug (Retail)	No Benefit	\$3,828.24	N/A	N/A	N/A	\$0.00	
Specialty Care	Copay	\$182.64	N/A	\$50	N/A	\$1,000	
Speech, Occupational, Massage, and Physical Therapy	Deductible, then Copay	\$8,189.13	\$100	N/A	80%	\$1,000	
Other	Copay	\$1,075.12	N/A	\$5	N/A	\$1,000	
Total Rows		\$55,788.22					

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

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

Cost Share Type	Amount Cost Share in Plan Design?	Amount of Medical/Surgical Parity Benefit	Parity Result
Deductible	N/A	\$0.00	Pass
Co-payment	\$10.00	\$25.00	Pass
Co-insurance	N/A	\$0.00	Pass
OPDM	\$1,000.00	\$1,000.00	Pass
Overall			Pass

Enter Formulae (as needed) about MHSUD Cost Shares

Step 1 Substantially All (i.e., ≥ 2% of medical/surgical benefits)

Category	% of All	% of Total	Parity Result
Deductible	0.00%	0.00%	Fail
Co-payment	34.12%	74.85%	OP-OV INN
Co-insurance	0.00%	0.00%	Fail
OPDM	65.88%	14.85%	Pass
Total	100.00%	89.85%	OP-OV Substantial

Step 2 Predominant Level

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

Deductible	Allowed Claims	Portion	Predominant &	Error Checking
\$0.00	\$0.00			
\$0.00	\$0.00	0.00%		
Total	\$0.00			

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

Co-payment	Allowed Claims	Portion	Predominant &	Error Checking
\$0.00	\$0.00			
\$10.00	\$25,000.00	74.85%		
\$25.00	\$0.00			
\$50.00	\$0.00			
\$100.00	\$0.00			
Total	\$25,000.00	74.85%		

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

Co-insurance	Allowed Claims	Portion	Predominant &	Error Checking
\$0.00	\$0.00			
\$0.00	\$0.00			
\$0.00	\$0.00			
\$0.00	\$0.00			
Total	\$0.00	0.00%		

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

OPDM	Allowed Claims	Portion	Predominant &	Error Checking
\$1,000.00	\$15,188.88	100.00%		
\$0.00	\$0.00			
\$0.00	\$0.00			
Total	\$15,188.88	100.00%		

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

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

Worksheet Info	
Link back to Summary Sheet	
Use groups Full Format	
See the Example worksheet for additional details	

PLAN INFORMATION

Plan Name: LifeWise Cascade Complete Gold
Plan ID: 38498WAD330010
CSR Form Description: *voidThis will auto populate from summary sheet macro*
PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION *voidThis will auto populate from summary sheet macro*
Overall Result: **Pass** *voidThis will auto populate from summary sheet macro*

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Links were used for sections that are not already hidden

Testing Options		Columns Options		No Errors Found?	
Option	Selection				
Out of Network Test?	Yes	Display Columns		TRUE	
Outpatient Benefits Testing	Yes	Hide/Unhide All Columns			

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

Benefit Classification: (B) Outpatient - Office Visits, In-Network (OP-OV (IN))

Click on Pass Error Found

voidClick the links in the cells below to scroll directly to the stated section					
View in OP-OV	View in OP-OV	View in OP-OV	View in OP-OV	View in OP-OV	View in OP-OV
View in OP-OV	View in OP-OV	View in OP-OV	View in OP-OV	View in OP-OV	View in OP-OV

Benefit Classification: (B) Outpatient - All Other, In-Network (OP-All Other (IN))

Click on Pass Error Found

voidClick the links in the cells below to scroll directly to the stated section					
View in OP-All Other	View in OP-All Other	View in OP-All Other	View in OP-All Other	View in OP-All Other	View in OP-All Other
View in OP-All Other	View in OP-All Other	View in OP-All Other	View in OP-All Other	View in OP-All Other	View in OP-All Other

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

Benefit Classification: (B) Outpatient - Office Visits, In-Network (OP-OV (IN))
Note: Use this table if you are separately testing outpatient office visits and all other outpatient services.

Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Co-payment	Coinsurance	Out-of-Pocket Maximum (OPM)	No Cash Share (If Yes, enter "N/A")
Primary Care Visit	Copay	\$168,308.00	N/A	\$10	N/A	\$7,000	
Specialist Office Visit	Copay	\$175,004.51	N/A	\$40	N/A	\$7,000	
Preventive Care Office Visit	No charge	\$80,004.13	N/A	N/A	N/A	N/A	
Urgent Care	Copay	\$2,205.81	N/A	\$50	N/A	\$7,000	
Specialty, Occupational, Massage and Physical Therapy	Copay	\$142,389.11	N/A	\$25	N/A	\$7,000	
Total Row		\$768,322.55					

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

Benefit Classification: (B) Outpatient - All Other, In-Network (OP-All Other (IN))
Note: Use this table if you are separately testing outpatient office visits and all other outpatient services.

Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Co-payment	Coinsurance	Out-of-Pocket Maximum (OPM)	No Cash Share (If Yes, enter "N/A")
Laboratory Outpatient and Ambulatory Services	Copay	\$241,988.00	N/A	\$20	N/A	\$7,000	
X-Rays and Diagnostic Imaging	Copay	\$273,136.92	N/A	\$50	N/A	\$7,000	
Advanced Imaging	Deductible, then copay	\$178,130.30	\$1,000	\$500	N/A	\$7,000	
Outpatient Facility	Deductible, then copay	\$1,824,155.20	\$1,000	\$500	N/A	\$7,000	
Outpatient Pharmacy	Deductible, then copay	\$878,037.00	\$1,000	\$70	N/A	\$7,000	
Prescription Drugs	No charge	\$43,654.30	N/A	N/A	N/A	N/A	
Total Row		\$5,208,832.70					

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

Financial Parity for (B) Outpatient - Office Visits, In-Network (OP-OV (IN))

Cost Share Type	Medical Cost Share in Plan Design?	Financial/Logical	Parity Result
Deductible	N/A	Pass	Pass
Co-payment	Yes	Pass	Pass
Coinsurance	N/A	Pass	Pass
OPM	Yes	Pass	Pass
Overall			Pass

Step 1 Substantially All (i.e., > 80% of medical/surgical benefits)

Deductible	Allowed Claims	Parity	Prepayment & Similar	Error Checking
\$0.00	\$0.00	0.00%	Fail	
Co-payment	\$688,219.38	89.72%	OP-OV (IN)	
Coinsurance	\$0.00	0.00%	Fail	
OPM	\$688,219.38	89.72%	OP-OV (IN) (OPM)	
Total Projected	\$768,322.55			

Step 2 Predominant Level

Deductible - (B) Outpatient - Office Visits, In-Network (OP-OV (IN))
Does not apply to substantially all medical/surgical benefits in this classification.
DELETE any values in the left-hand column below.

Deductible	Allowed Claims	Parity	Prepayment & Similar	Error Checking
\$0.00	\$0.00	0.00%		
Total	\$0.00	0.00%		

Co-payment - (B) Outpatient - Office Visits, In-Network (OP-OV (IN))

Applies to substantially all medical/surgical benefits in this classification.
ENTER different copay amounts from smallest to largest.

Copayment	Allowed Claims	Parity	Prepayment & Similar	Error Checking
\$10.00	\$168,308.00	21.91%		
\$40.00	\$112,368.25	14.63%	\$20.00	
\$50.00	\$2,205.81	0.29%	\$20.00	
\$25.00	\$175,004.51	22.77%	\$40.00	
Total	\$688,219.38	89.72%		

Coinsurance - (B) Outpatient - Office Visits, In-Network (OP-OV (IN))

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

Coinsurance	Allowed Claims	Parity	Prepayment & Similar	Error Checking
\$0.00	\$0.00	0.00%		
\$0.00	\$0.00	0.00%		
Total	\$0.00	0.00%		

OPM - (B) Outpatient - Office Visits, In-Network (OP-OV (IN))

Applies to substantially all medical/surgical benefits in this classification.
ENTER different copay amounts from smallest to largest.

OPM	Allowed Claims	Parity	Prepayment & Similar	Error Checking
\$7,000.00	\$688,219.38	100.00%	\$7,000.00	
\$0.00	\$0.00	0.00%		
Total	\$688,219.38	100.00%		

Financial Parity for (B) Outpatient - All Other, In-Network (OP-All Other (IN))

Cost Share Type	Medical Cost Share in Plan Design?	Financial/Logical	Parity Result
Deductible	N/A	Pass	Pass
Co-payment	Yes	Pass	Pass
Coinsurance	N/A	Pass	Pass
OPM	Yes	Pass	Pass
Overall			Pass

Step 1 Substantially All (i.e., > 80% of medical/surgical benefits)

Deductible	Allowed Claims	Parity	Prepayment & Similar	Error Checking
\$0.00	\$0.00	0.00%	Fail	
Co-payment	\$4,544,417.80	87.07%	OP-All Other (IN) (Co-payment)	
Coinsurance	\$0.00	0.00%	Fail	
OPM	\$4,544,417.80	87.07%	OP-All Other (IN) (OPM)	
Total Projected	\$5,208,832.70			

Step 2 Predominant Level

Deductible - (B) Outpatient - All Other, In-Network (OP-All Other (IN))
Does not apply to substantially all medical/surgical benefits in this classification.
ENTER different deductible amounts from smallest to largest.

Deductible	Allowed Claims	Parity	Prepayment & Similar	Error Checking
\$0.00	\$0.00	0.00%		
Total	\$0.00	0.00%		

Co-payment - (B) Outpatient - All Other, In-Network (OP-All Other (IN))

Applies to substantially all medical/surgical benefits in this classification.
ENTER different copay amounts from smallest to largest.

Copayment	Allowed Claims	Parity	Prepayment & Similar	Error Checking
\$20.00	\$241,988.00	4.65%		
\$50.00	\$273,136.92	5.25%	\$20.00	
\$1,000.00	\$178,130.30	3.43%	\$50.00	
\$500.00	\$1,824,155.20	35.00%	\$1,000.00	
\$70.00	\$878,037.00	16.74%	\$50.00	
Total	\$4,544,417.80	87.07%		

Coinsurance - (B) Outpatient - All Other, In-Network (OP-All Other (IN))

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

Coinsurance	Allowed Claims	Parity	Prepayment & Similar	Error Checking
\$0.00	\$0.00	0.00%		
\$0.00	\$0.00	0.00%		
Total	\$0.00	0.00%		

OPM - (B) Outpatient - All Other, In-Network (OP-All Other (IN))

Applies to substantially all medical/surgical benefits in this classification.
ENTER different copay amounts from smallest to largest.

OPM	Allowed Claims	Parity	Prepayment & Similar	Error Checking
\$7,000.00	\$4,544,417.80	100.00%	\$7,000.00	
\$0.00	\$0.00	0.00%		
Total	\$4,544,417.80	100.00%		

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

Plan Name: LifeWise Cascade Silver CS3
 Market: Individual

Worksheet Info

Click here to return to Summary Sheet
 Use this spreadsheet for full format
 See the example worksheet for additional details

PLAN INFORMATION

Plan Name: LifeWise Cascade Silver CS3
 Plan ID: 38498W0330011_3945_CS3
 CS3 Plan Description: *CS3 Plan Description*

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: **Pass**

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

Links are used for sections that are not already hidden(s)

Testing Options

Option	Selection	Column Options	No Errors Found?
Out of Network Test	Yes	Include Columns	TRUE
Outpatient Benefits Testing	Yes	Include/Exclude All Columns	

Results by Benefit Classification

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

Benefit Classification: (B2) Outpatient - Office Visits, In-Network (OP-OV INN)

Click here to return to Summary Sheet

Overall Result: **Pass**

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

Testing Options

Option	Selection	Column Options	No Errors Found?
Out of Network Test	Yes	Include Columns	TRUE
Outpatient Benefits Testing	Yes	Include/Exclude All Columns	

Results by Benefit Classification

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

Benefit Classification: (B2) Outpatient - All Other, In-Network (OP-AD INN)

Click here to return to Summary Sheet

Overall Result: **Pass**

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

Testing Options

Option	Selection	Column Options	No Errors Found?
Out of Network Test	Yes	Include Columns	TRUE
Outpatient Benefits Testing	Yes	Include/Exclude All Columns	

Results by Benefit Classification

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

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

Benefit Classification: (B2) Outpatient - Office Visits, In-Network (OP-OV INN)
 Note: Use this table if you are separately testing outpatient office visits and all other outpatient services.

Classification	Outpatient - Office Visits (OP-OV)						
Network (In/Out)	In-Network						
Classification Code	OP-OV INN						
Table Name	OP-OV INN_P1						
Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Co-payment	Coinsurance	Out-of-Pocket Maximum (OPM)	No Cash Share (If Yes, Enter %)
First Primary Care Visit	Office	\$27,498.21	N/A	\$0	N/A	\$2,400	
Primary Care 3+ Visits	Office	\$44,804.92	N/A	\$0	N/A	\$2,400	
Specialist Office Visit	Office	\$64,554.23	N/A	\$0	N/A	\$2,400	
Specialist Care Office Visit	No charges	\$22,122.54	N/A	N/A	N/A	N/A	N/A
Specialist Care	Office	\$28,151.11	N/A	\$0	N/A	\$2,400	
Specialist, Occupational, Behavioral, and Physical Therapy	Office	\$48,262.08	N/A	\$0	N/A	\$2,400	
Chiropractic	Office	\$18,189.29	N/A	\$0	N/A	\$2,400	
Total Row		\$252,389.29					

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

Benefit Classification: (B2) Outpatient - All Other, In-Network (OP-AD INN)
 Note: Use this table if you are separately testing outpatient office visits and all other outpatient services.

Classification	Outpatient - All Other (OP-AD)						
Network (In/Out)	In-Network						
Classification Code	OP-AD INN						
Table Name	OP-AD INN_P1						
Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Co-payment	Coinsurance	Out-of-Pocket Maximum (OPM)	No Cash Share (If Yes, Enter %)
Laboratory Diagnostic and Professional Services	Deductible, then copay	\$65,732.28	N/A	\$0	N/A	\$2,400	
X Rays and Diagnostic Imaging	Deductible, then copay	\$55,812.32	N/A	\$0	N/A	\$2,400	
Advanced Diagnostic Imaging	Deductible, then copay	\$44,838.27	N/A	\$0	N/A	\$2,400	
Immunization Services	Copay	\$607,681.45	N/A	\$0	\$0	\$0	\$2,400
Preventive Care	Preventive, then copay	\$15,158.25	N/A	\$0	N/A	\$2,400	
Total Row		\$895,046.77					

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

Financial Parity for (B2) Outpatient - Office Visits, In-Network (OP-OV INN)

Cost Share Type	MHSUD Cost Share or Plan Design	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	Full	Pass
Co-payment	\$0	\$0	Pass
Coinsurance	\$0	0.00%	Pass
OPM	\$2,400.00	\$2,400.00	Pass
Overall			Pass

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

Financial Parity for (B2) Outpatient - All Other, In-Network (OP-AD INN)

Cost Share Type	MHSUD Cost Share or Plan Design	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	Full	Pass
Co-payment	\$0	\$0	Pass
Coinsurance	\$0	0.00%	Pass
OPM	\$2,400.00	\$2,400.00	Pass
Overall			Pass

Step 1 Substantially All (i.e., ≥ 80% of medical/surgical benefits)

Category	Allowed Claims	Parition	Predominant & Smaller	Error Checking
Deductible	\$0.00	0.00%	Full	Pass
Co-payment	\$172,278.70	85.31%	OP-OV INN	Pass
Coinsurance	\$0.00	0.00%	Full	Pass
OPM	\$172,278.70	85.31%	OP-OV INN/OPM	Pass
Total	\$172,278.70	100.00%		

Step 1 Substantially All (i.e., ≥ 80% of medical/surgical benefits)

Category	Allowed Claims	Parition	Predominant & Smaller	Error Checking
Deductible	\$0.00	0.00%	Full	Pass
Co-payment	\$144,858.21	52.50%	OP-AD INN/OPM	Pass
Coinsurance	\$44,838.27	5.57%	Full	Pass
OPM	\$172,278.70	68.07%	OP-AD INN/OPM	Pass
Total	\$362,045.71	100.00%		

Step 2 Predominant Level

Definition - (B2) Outpatient - Office Visits, In-Network (OP-OV INN)
 Does not apply to substantially all medical/surgical benefits in this classification.
 DELETE any values in the left-hand column below.

Deductible	Allowed Claims	Parition	Predominant & Smaller	Error Checking
\$0.00	\$0.00	0.00%	Full	Pass
\$0.00	\$0.00	0.00%	Full	Pass
Total	\$0.00	0.00%		

Step 2 Predominant Level

Definition - (B2) Outpatient - All Other, In-Network (OP-AD INN)
 Does not apply to substantially all medical/surgical benefits in this classification.
 DELETE any values in the left-hand column below.

Deductible	Allowed Claims	Parition	Predominant & Smaller	Error Checking
\$0.00	\$0.00	0.00%	Full	Pass
\$0.00	\$0.00	0.00%	Full	Pass
Total	\$0.00	0.00%		

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

Applies to substantially all medical/surgical benefits in this classification.
 DELETE different payment amounts from column to target.

Co-payment	Allowed Claims	Parition	Predominant & Smaller	Error Checking
\$0.00	\$48,262.08	28.61%	\$0.00	Pass
\$0.00	\$28,151.11	16.41%	\$0.00	Pass
\$0.00	\$44,838.27	26.08%	\$0.00	Pass
Total	\$121,251.46	100.00%		

Step 3 Outpatient - All Other, In-Network (OP-AD INN)

Applies to substantially all medical/surgical benefits in this classification.
 DELETE different payment amounts from column to target.

Co-payment	Allowed Claims	Parition	Predominant & Smaller	Error Checking
\$0.00	\$65,732.28	6.10%	\$0.00	Pass
\$0.00	\$55,812.32	4.47%	\$0.00	Pass
\$0.00	\$22,088.20	2.04%	\$0.00	Pass
Total	\$143,632.80	100.00%		

Step 4 Outpatient - Office Visits, In-Network (OP-OV INN)

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

Co-payment	Allowed Claims	Parition	Predominant & Smaller	Error Checking
\$0.00	\$0.00	0.00%	Full	Pass
\$0.00	\$0.00	0.00%	Full	Pass
Total	\$0.00	0.00%		

Step 4 Outpatient - All Other, In-Network (OP-AD INN)

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

Co-payment	Allowed Claims	Parition	Predominant & Smaller	Error Checking
\$0.00	\$0.00	0.00%	Full	Pass
\$0.00	\$0.00	0.00%	Full	Pass
Total	\$0.00	0.00%		

Step 5 Outpatient - Office Visits, In-Network (OP-OV INN)

Applies to substantially all medical/surgical benefits in this classification.
 DELETE different payment amounts from column to target.

OPM	Allowed Claims	Parition	Predominant & Smaller	Error Checking
\$2,400.00	\$172,278.70	100.00%	\$2,400.00	Pass
\$0.00	\$0.00	0.00%	Full	Pass
Total	\$172,278.70	100.00%		

Step 5 Outpatient - All Other, In-Network (OP-AD INN)

Applies to substantially all medical/surgical benefits in this classification.
 DELETE different payment amounts from column to target.

OPM	Allowed Claims	Parition	Predominant & Smaller	Error Checking
\$2,400.00	\$362,045.71	100.00%	\$2,400.00	Pass
\$0.00	\$0.00	0.00%	Full	Pass
Total	\$362,045.71	100.00%		

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

Version / Market: Life/Well Health Plan of Washington
Market: Individual

Workbook Info

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

PLAN INFORMATION

Plan Name: Life/Well Cascade Bronze
Plan ID: 36493WAZ320012
CSR Variant Description: 0000if the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: **Pass**

Links only work for sections that are not already hidden

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

[Return to SP Menu](#) | [Return to SP-CPM](#) | [Return to SP-100](#) | [Return to CP-CP-100](#) | [Return to CP-CP-100-100](#) | [Return to CP-CP-100-100-100](#)
[Return to CP-CPM](#) | [Return to CP-CP-CPM](#) | [Return to CP-CP-CPM-100](#) | [Return to CP-CP-CPM-100-100](#) | [Return to CP-CP-CPM-100-100-100](#)

Testing Options

Option	Selection	Column Options	No Errors Found?
Out-of-Network Test?	Yes	Include Out-of-Network	<input type="checkbox"/>
Outpatient Benefit Testing	Office Visits Inpatient	Only Include All Columns	<input type="checkbox"/>

Results by Benefit Classification

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

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

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

[Return to SP Menu](#) | [Return to SP-CPM](#) | [Return to SP-100](#) | [Return to CP-CP-100](#) | [Return to CP-CP-100-100](#) | [Return to CP-CP-100-100-100](#)
[Return to CP-CPM](#) | [Return to CP-CP-CPM](#) | [Return to CP-CP-CPM-100](#) | [Return to CP-CP-CPM-100-100](#) | [Return to CP-CP-CPM-100-100-100](#)

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

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

Note: Use the table if you are separately testing outpatient office visits and all other outpatient services.

Classification: Outpatient - Office Visits (OP-IV)

Network (OP-IV): Outpatient

Classification Code: 3a (OP-IV INN)

Title Name: (OP-IV INN_2)

Number of Rows: 1

Service Description	Cost Share Description	Plan Provided Allowed Amount	Deductible	Co-payment	Co-insurance	Out-of-Pocket Maximum	No Cost Share (Y/N)
First Primary Care Visit	Co-pay	\$403,033.34	N/A	\$1	N/A	\$9,750	
Primary Care In Visit	Co-pay	\$262,793.74	N/A	\$40	N/A	\$9,750	
Specialty Office Visit	Co-pay	\$1,493,141.41	N/A	\$200	N/A	\$9,750	
Prevention Care Office Visit	No sharing	\$202,999.31	N/A	N/A	N/A	N/A	Y
Emergency Care	Co-pay	\$22,076.97	\$0	\$200	N/A	\$9,750	
Surgery, Hospitalization, Maternity and Physical Therapy	Deductible, then Co-insurance	\$527,308.12	\$5,000	N/A	40%	\$9,750	
Chiropractic Services	Co-pay	\$125,110.14	N/A	\$50	N/A	\$9,750	
Total Row		\$3,452,537.10					

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

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

Cost Share Type	Medical Cost Share in Plan Design*	Medical/Surgical Parity Result	Medical Treatment Parity Result
Deductible	N/A	Pass	Pass
Co-payment	\$1	Pass	Pass
Co-insurance	N/A	Pass	Pass
OPM	\$9,750.00	Pass	Pass
Overall		Pass	Pass

*Not applicable, enter "N/A"

Step 1 Substantially All (i.e., 2% of medical/surgical benefits)

Deductible	Allowed Claims	Portion	Predefined %	Error Checking
	\$202,999.31	5.88%	14.00%	Fail
Co-payment	\$2,385,139.03	69.10%	74.00%	OP-IV INN
Co-insurance	\$202,368.74	5.86%	14.00%	Fail
OPM	\$8,002,241.02	23.16%	24.00%	Fail
Total Proposed	\$3,452,537.10	100.00%		

Step 2 Predominant Level

Deductible --- (3a) Outpatient - Office Visits, In-Network (OP-IV INN) Errors Found: 0

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

Deductible	Allowed Claims	Portion	Predefined %	Error Checking
	\$0.00	0.00%		
	\$0.00	0.00%		
Total	\$0.00	0.00%		

Co-payment --- (3a) Outpatient - Office Visits, In-Network (OP-IV INN) Errors Found: 0

Applies to substantially all medical/surgical benefits in this classification. ENTER different co-payment amounts from smallest to largest.

Co-payment	Allowed Claims	Portion	Predefined %	Error Checking
\$1.00	\$403,033.34	11.82%	\$1.00	
\$40.00	\$262,793.74	7.61%	\$40.00	
\$200.00	\$1,493,141.41	43.52%	\$200.00	
Total	\$2,385,139.03	69.10%		

Co-insurance --- (3a) Outpatient - Office Visits, In-Network (OP-IV INN) Errors Found: 0

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

Co-insurance	Allowed Claims	Portion	Predefined %	Error Checking
	\$0.00	0.00%		
	\$0.00	0.00%		
	\$0.00	0.00%		
Total	\$0.00	0.00%		

OPM --- (3a) Outpatient - Office Visits, In-Network (OP-IV INN) Errors Found: 0

Applies to substantially all medical/surgical benefits in this classification. ENTER different copay amounts from smallest to largest.

OPM	Allowed Claims	Portion	Predefined %	Error Checking
\$9,750.00	\$3,452,537.10	100.00%	\$9,750.00	
	\$0.00	0.00%		
	\$0.00	0.00%		
Total	\$3,452,537.10	100.00%		

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

Workbook Info

[Click here to Summary Sheet](#)
[View Report PDF Format](#)
[See the Example worksheet for additional details](#)

PLAN INFORMATION

Plan Name: LifeWise Cascade Select Complete Gold
 Plan ID: S468RW320213
 Market: Individual
 Market: Individual

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: **Pass**

Links only work for sections that are not already highlighted

Click the links in the cells below to scroll directly to the stated section

[Move to DL IN-NET](#) [Move to DL OUT-NET](#) [Move to DL IN-NET](#) [Move to DL OUT-NET](#) [Move to DL IN-NET](#) [Move to DL OUT-NET](#)

Option	Selection
Out-of-Network Test?	No
Outpatient Benefits Testing	Other/None Selected

Column Option	No Errors Found?
Highlight Columns	FALSE
Highlight All Columns	FALSE

Results by Benefit Classification

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

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

Click here to Summary Sheet Errors Found: 0

Click the links in the cells below to scroll directly to the stated section

[Move to DL IN-NET](#) [Move to DL OUT-NET](#) [Move to DL IN-NET](#) [Move to DL OUT-NET](#) [Move to DL IN-NET](#) [Move to DL OUT-NET](#)

Benefit Classification: (3b) Outpatient - All Other, In-Network (OP-AD INN)

Click here to Summary Sheet Errors Found: 0

Click the links in the cells below to scroll directly to the stated section

[Move to DL IN-NET](#) [Move to DL OUT-NET](#) [Move to DL IN-NET](#) [Move to DL OUT-NET](#) [Move to DL IN-NET](#) [Move to DL OUT-NET](#)

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

Benefit Classification: (3a) Outpatient - Office Visits, In-Network (OP-OV INN)
 Note: Use this table if you are separately testing outpatient office visits and all other outpatient services.

Classification	Outpatient - Office Visits	OP-OV
Network (In/Out)	In-Network	INN
Classification Code	3a	OP-OV INN
Table Name	DL_OUTPAT_VIS	DL_OUTPAT_VIS

Number of Rows: 0

Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinurance	Out-of-Pocket Maximum	No Cost Share (If Yes)
Primary Care Visit	Copay	\$172,062.42	N/A	\$15	N/A	\$7,000	
Specialist Office Visit	Copay	\$362,296.82	N/A	\$40	N/A	\$7,000	
Emergency Care - Office Visit	No Charge	\$82,228.24	N/A	\$0	N/A	N/A	Y
Logopedic Care	Copay	\$2,202.00	N/A	\$0	N/A	\$7,000	
Speech, Occupational, Massage and Physical Therapy	Copay	\$224,864.72	N/A	\$30	N/A	\$7,000	
Psychological Services	Copay	\$28,432.02	N/A	\$30	N/A	\$7,000	
Total Rows	Copay	\$182,492.72					

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

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

Cost Share Type	MHSUD Cost Share (If Not Designated)	Preferential Limit for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	\$0	Pass
Copayment	\$15.00	\$40.00	Pass
Coinurance	N/A	0%	Pass
Out-of-Pocket	\$7,000.00	\$7,000.00	Pass
Overall			Pass

Error Footnote (as needed about MHSUD Cost Share)

Step 1 Substantially All (i.e., ≥ 5% of medical/surgical benefits)

Benefit Classification	Cost Share Type	Plan Projected Allowed Amount	Preferential Limit for Medical/Surgical	MHSUD Financial Parity Result
Outpatient - Office Visits, In-Network (OP-OV INN)	Deductible	\$0.00	\$0.00	Pass
	Copayment	\$182,492.72	\$40.00	Pass
	Coinurance	\$0.00	0.00%	Pass
	Out-of-Pocket	\$7,000.00	\$7,000.00	Pass
Total (Inpatient)		\$182,492.72		

Step 2 Predominant Level

Deductible - (3a) Outpatient - Office Visits, In-Network (OP-OV INN)
 Does not apply to substantially all medical/surgical benefits in this classification.
 DELETE any values in the left-hand column below.

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$0.00	\$0.00	0.00%		
\$0.00	\$0.00	0.00%		
Total	\$0.00	0.00%		

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

Applies to substantially all medical/surgical benefits in this classification.
 ENTER different copayment amounts from smallest to largest.

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$0.00	\$200,922.42	28.12%	\$75.00	
\$15.00	\$182,492.72	81.87%	\$25.00	
\$10.00	\$2,202.00	0.12%	\$30.00	
\$30.00	\$224,864.72	24.87%	\$40.00	
Total	\$182,492.72	100.00%		

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

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

Coinurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$0.00	\$0.00	0.00%		
\$0.00	\$0.00	0.00%		
Total	\$0.00	0.00%		

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

Applies to substantially all medical/surgical benefits in this classification.
 ENTER different copayment amounts from smallest to largest.

Out-of-Pocket	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$7,000.00	\$7,000.00	100.00%	\$7,000.00	
\$0.00	\$0.00	0.00%		
\$0.00	\$0.00	0.00%		
Total	\$7,000.00	100.00%		

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

Benefit Classification: (3b) Outpatient - All Other, In-Network (OP-AD INN)
 Note: Use this table if you are separately testing outpatient office visits and all other outpatient services.

Classification	Outpatient - All Other	OP-AD
Network (In/Out)	In-Network	INN
Classification Code	3b	OP-AD INN
Table Name	DL_OUTPAT_OTHER	DL_OUTPAT_OTHER

Number of Rows: 0

Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinurance	Out-of-Pocket Maximum	No Cost Share (If Yes)
Laboratory Outpatient and Professional Services	Copay	\$387,036.32	N/A	\$30	N/A	\$7,000	
X-Rays and Diagnostic	Copay	\$226,136.20	N/A	\$30	N/A	\$7,000	
Advanced Imaging	Deductible, Percentage	\$183,236.40	\$2,000	\$300	N/A	\$7,000	
Outpatient Pharmacy	Deductible, Percentage	\$1,043,807.52	\$2,000	\$300	N/A	\$7,000	
Outpatient Physical Therapy	Deductible, Percentage	\$887,548.40	\$2,000	\$75	N/A	\$7,000	
Prescription Costs	No Charge	\$63,323.28	N/A	\$0	N/A	N/A	Y
Total Rows	No Charge	\$1,274,288.28					

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

Financial Parity for (3b) Outpatient - All Other, In-Network (OP-AD INN)

Cost Share Type	MHSUD Cost Share (If Not Designated)	Preferential Limit for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	\$2,000.00	Pass
Copayment	\$15.00	\$75.00	Pass
Coinurance	N/A	0%	Pass
Out-of-Pocket	\$7,000.00	\$7,000.00	Pass
Overall			Pass

Error Footnote (as needed about MHSUD Cost Share)

Step 1 Substantially All (i.e., ≥ 5% of medical/surgical benefits)

Benefit Classification	Cost Share Type	Plan Projected Allowed Amount	Preferential Limit for Medical/Surgical	MHSUD Financial Parity Result
Outpatient - All Other, In-Network (OP-AD INN)	Deductible	\$0.00	\$0.00	Pass
	Copayment	\$1,274,288.28	\$75.00	Pass
	Coinurance	\$0.00	0.00%	Pass
	Out-of-Pocket	\$7,000.00	\$7,000.00	Pass
Total (Inpatient)		\$1,274,288.28		

Step 2 Predominant Level

Deductible - (3b) Outpatient - All Other, In-Network (OP-AD INN)
 Applies to substantially all medical/surgical benefits in this classification.
 ENTER different deductible amounts from smallest to largest.

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$0.00	\$1,274,288.28	100.00%	\$2,000.00	
\$0.00	\$0.00	0.00%		
Total	\$1,274,288.28	100.00%		

Copayment - (3b) Outpatient - All Other, In-Network (OP-AD INN)

Applies to substantially all medical/surgical benefits in this classification.
 ENTER different copayment amounts from smallest to largest.

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$0.00	\$247,036.32	19.37%	\$30.00	
\$15.00	\$226,136.20	17.73%	\$25.00	
\$10.00	\$887,548.40	69.74%	\$75.00	
\$75.00	\$224,864.72	17.74%	\$100.00	
Total	\$1,555,585.64	100.00%		

Coinurance - (3b) Outpatient - All Other, In-Network (OP-AD INN)

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

Coinurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$0.00	\$0.00	0.00%		
\$0.00	\$0.00	0.00%		
Total	\$0.00	0.00%		

Out-of-Pocket - (3b) Outpatient - All Other, In-Network (OP-AD INN)

Applies to substantially all medical/surgical benefits in this classification.
 ENTER different copayment amounts from smallest to largest.

Out-of-Pocket	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$7,000.00	\$7,000.00	100.00%	\$7,000.00	
\$0.00	\$0.00	0.00%		
\$0.00	\$0.00	0.00%		
Total	\$7,000.00	100.00%		

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

Plan Name: LifeWise Cascade Select Silver
 Market: Individual

Worksheet Info

Click here to return to Summary Sheet
 Use this spreadsheet to populate the summary sheet
 See the example worksheet for additional details

PLAN INFORMATION

Plan Name: LifeWise Cascade Select Silver
 Plan ID: 38498W0330014
 Overall Result: Pass

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Treatment Options

Option	Selection
Out of Network Tier	Yes
Outpatient Benefits Testing	Yes/Outpatient All Services/Outpatient - All Other

Column Options

DL In-Network	Yes
DL Out-of-Network	Yes

Not Reviewed?

Yes

Results by Benefit Classification

A. Benefit Classification	B1. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification? (In-Network)	C1. Test Required? (In-Network)	B2. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification? (Out-of-Network)	C2. Test Required? (Out-of-Network)	D. DL Network Tier	E. Test Results
					DL In-Network DL Out-of-Network	
Outpatient - All Services Combined	Yes	No	Yes	No	Yes	Pass
Outpatient - Other Visit Services	Yes	No	Yes	No	Yes	Pass
Outpatient - Office Visits	Yes	No	Yes	No	Yes	Pass
Outpatient - All Other	Yes	No	Yes	No	Yes	Pass
Emergency Care	Yes	No	Yes	No	Yes	Pass
Prescription Drugs	Yes	No	Yes	No	Yes	Pass

Benefit Classification: (B2) Outpatient - Office Visits, In-Network (OP-OV-IN)

Click on Pass Error found

Click the links in the cells below to scroll directly to the stated section

View in OP-IN	View in OP-CON	View in OP-OUT	View in OP-OV-IN	View in OP-OV-OUT
View in OP-CON	View in OP-OUT	View in OP-OV-IN	View in OP-OV-OUT	View in DL

Benefit Classification: (B2) Outpatient - All Other, In-Network (OP-AO-IN)

Click on Pass Error found

Click the links in the cells below to scroll directly to the stated section

View in OP-IN	View in OP-CON	View in OP-OUT	View in OP-OV-IN	View in OP-OV-OUT
View in OP-CON	View in OP-OUT	View in OP-OV-IN	View in OP-OV-OUT	View in DL

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

Benefit Classification: (B2) Outpatient - Office Visits, In-Network (OP-OV-IN)
 Note: Use this table if you are separately testing outpatient office visits and all other outpatient services.

Classification	Outpatient - Office Visit (OP-OV)						
Network (In/Out)	In-Network (IN)						
Classification Code	OP-OV-IN						
Table Name	OP-OV-IN						
Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Co-payment	Coinsurance	Out-of-Pocket Maximum (OPM)	Net Cost Share (If Inc. Above OPM)
First Primary Care Visit	Copay	\$200.00-0.00	N/A	\$0	N/A	\$0.750	
Primary Care 2nd Visit	Copay	\$111.00-0.00	N/A	\$20	N/A	\$0.750	
Specialist Office Visit	Copay	\$1,342.00-0.00	N/A	\$60	N/A	\$0.750	
Specialist Care Office Visit	No charge	\$200.00-0.00	N/A	N/A	N/A	N/A	
Specialist Care Office Visit	Copay	\$0.00-0.00	N/A	\$60	N/A	\$0.750	
Specialist, Occupational, Behavioral and Physical Therapy	Copay	\$400.00-0.00	N/A	\$40	N/A	\$0.750	
Chiropractic	Copay	\$0.00-0.00	N/A	\$20	N/A	\$0.750	
Total Row		\$2,742,258.89					

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

Financial Parity for (B2) Outpatient - Office Visits, In-Network (OP-OV-IN)

Cost Share Type	MHSUD Cost Share or Plan Design	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Co-payment	\$20.00	Pass	Pass
Coinsurance	N/A	Fail	Pass
OPM	\$0.750-0.00	Pass	Pass
Overall			Pass

Enter Footnotes for medical/surgical cost shares

Step 1 Substantially All (i.e., ≥ 80% of medical/surgical benefits)

Category	Allowed Claims	Parition	Predominant & Smaller	Error Checking
Deductible	\$2,455,000.00	0.00%	Fail	
Co-payment	\$2,455,000.00	85.31%	OP-OV-IN	
Coinsurance	\$0.00	0.00%	Fail	
OPM	\$2,455,000.00	85.31%	OP-OV-IN/OPM	
Total	\$2,455,000.00	100.00%		

Step 2 Predominant Level

Deductible - (B2) Outpatient - Office Visits, In-Network (OP-OV-IN)
 Does not apply to substantially all medical/surgical benefits in this classification.
 DELETE any values in the left-hand column below.

Deductible	Allowed Claims	Parition	Predominant & Smaller	Error Checking
\$0.00	\$0.00	0.00%	Fail	
Total	\$0.00	0.00%		

Co-payment - (B2) Outpatient - Office Visits, In-Network (OP-OV-IN)
 Applies to substantially all medical/surgical benefits in this classification.
 DELETE different payment amounts from smallest to largest.

Co-payment	Allowed Claims	Parition	Predominant & Smaller	Error Checking
\$0.00	\$2,455,000.00	100.00%	OP-OV-IN	
\$20.00	\$2,455,000.00	85.31%	OP-OV-IN	
\$60.00	\$2,455,000.00	14.69%	OP-OV-IN	
Total	\$2,455,000.00	100.00%		

Coinsurance - (B2) Outpatient - Office Visits, In-Network (OP-OV-IN)
 Does not apply to substantially all medical/surgical benefits in this classification.
 DELETE any values in the left-hand column below.

Coinsurance	Allowed Claims	Parition	Predominant & Smaller	Error Checking
\$0.00	\$0.00	0.00%	Fail	
Total	\$0.00	0.00%		

OPM - (B2) Outpatient - Office Visits, In-Network (OP-OV-IN)
 Applies to substantially all medical/surgical benefits in this classification.
 DELETE different payment amounts from smallest to largest.

OPM	Allowed Claims	Parition	Predominant & Smaller	Error Checking
\$0.750-0.00	\$2,455,000.00	100.00%	OP-OV-IN	
\$0.00	\$0.00	0.00%	Fail	
Total	\$2,455,000.00	100.00%		

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

Benefit Classification: (B2) Outpatient - All Other, In-Network (OP-AO-IN)
 Note: Use this table if you are separately testing outpatient office visits and all other outpatient services.

Classification	Outpatient - All Other (OP-AO)						
Network (In/Out)	In-Network (IN)						
Classification Code	OP-AO-IN						
Table Name	OP-AO-IN						
Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Co-payment	Coinsurance	Out-of-Pocket Maximum (OPM)	Net Cost Share (If Inc. Above OPM)
Laboratory Outpatient and Professional Services	Deductible, then copay	\$805,946.00	N/A	\$40	N/A	\$0.750	
X Rays and Diagnostic Imaging	Deductible, then copay	\$792,489.00	N/A	\$40	N/A	\$0.750	
Advanced Imaging	Deductible, then copay	\$838,827.00	\$2,500	N/A	N/A	\$0.750	
Outpatient Lab/Imaging	Copay	\$1,609,826.17	\$1,500	\$600	N/A	\$0.750	
Prescription Drugs	Copay/coinsurance	\$1,176,000.00	\$2,500	\$200	N/A	\$0.750	
Prescription Drugs	Copay	\$123,517.00	N/A	N/A	N/A	N/A	
Total Row		\$11,474,809.00					

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

Financial Parity for (B2) Outpatient - All Other, In-Network (OP-AO-IN)

Cost Share Type	MHSUD Cost Share or Plan Design	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Co-payment	\$40.00	Pass	Pass
Coinsurance	N/A	Fail	Pass
OPM	\$0.750-0.00	Pass	Pass
Overall			Pass

Enter Footnotes for medical/surgical cost shares

Step 1 Substantially All (i.e., ≥ 80% of medical/surgical benefits)

Category	Allowed Claims	Parition	Predominant & Smaller	Error Checking
Deductible	\$0.00	0.00%	OP-AO-IN/Deductible	
Co-payment	\$10,614,064.00	92.50%	OP-AO-IN/Co-payment	
Coinsurance	\$539,437.00	4.57%	Fail	
OPM	\$13,242,499.00	116.07%	OP-AO-IN/OPM	
Total	\$14,494,800.00	100.00%		

Step 2 Predominant Level

Deductible - (B2) Outpatient - All Other, In-Network (OP-AO-IN)
 Applies to substantially all medical/surgical benefits in this classification.
 DELETE different deductible amounts from smallest to largest.

Deductible	Allowed Claims	Parition	Predominant & Smaller	Error Checking
\$1,500.00	\$0,584,217.43	100.00%	\$2,500.00	
Total	\$0,584,217.43	100.00%		

Co-payment - (B2) Outpatient - All Other, In-Network (OP-AO-IN)
 Applies to substantially all medical/surgical benefits in this classification.
 DELETE different payment amounts from smallest to largest.

Co-payment	Allowed Claims	Parition	Predominant & Smaller	Error Checking
\$0.00	\$805,946.00	6.10%	\$40.00	
\$40.00	\$7,924,890.00	74.70%	\$40.00	
\$60.00	\$838,827.00	6.14%	\$600.00	
\$1,500.00	\$1,609,826.17	11.06%	\$1,500.00	
Total	\$10,614,064.00	100.00%		

Coinsurance - (B2) Outpatient - All Other, In-Network (OP-AO-IN)
 Does not apply to substantially all medical/surgical benefits in this classification.
 DELETE any values in the left-hand column below.

Coinsurance	Allowed Claims	Parition	Predominant & Smaller	Error Checking
\$0.00	\$0.00	0.00%	Fail	
Total	\$0.00	0.00%		

OPM - (B2) Outpatient - All Other, In-Network (OP-AO-IN)
 Applies to substantially all medical/surgical benefits in this classification.
 DELETE any values in the left-hand column below.

OPM	Allowed Claims	Parition	Predominant & Smaller	Error Checking
\$0.750-0.00	\$13,242,499.00	100.00%	OP-AO-IN	
\$0.00	\$0.00	0.00%	Fail	
Total	\$13,242,499.00	100.00%		

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

Plan Name: LifeWise Cascade Select Silver CSM1
 Market: Individual

Worksheet Info

- Click here to Summary Sheet
- Use groups Full Format
- See the Sample worksheet for additional details

PLAN INFORMATION

Plan Name: LifeWise Cascade Select Silver CSM1
 Plan ID: 3849WAD320014_173A_CSM1

Worksheet will auto calculate from summary sheet macro
 Worksheet will auto populate from summary sheet macro
 Worksheet will auto populate from summary sheet macro
 Worksheet will auto populate from summary sheet macro

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: **Pass**

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

Option	Selection	Column Options	No Errors Found?
Out of Network Test	Yes	Display Columns	TRUE
Outpatient Benefits Testing	Yes	Display/Update All Columns	

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

Benefit Classification: (B) Outpatient - Office Visits, In-Network (OP-OV-IN)

Click here to Summary Sheet | Errors found: 0

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

Click here to Summary Sheet | Errors found: 0

Benefit Classification: (B) Outpatient - All Other, In-Network (OP-AO-IN)

Click here to Summary Sheet | Errors found: 0

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

Click here to Summary Sheet | Errors found: 0

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

Benefit Classification: (B) Outpatient - Office Visits, In-Network (OP-OV-IN)
 Note: Use this table if you are separately testing outpatient office visits and all other outpatient services.

Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Co-payment	Coinsurance	Out-of-Pocket Maximum (OPM)	No Cash Share (Y/N)
First Primary Care Visit	Copay	\$200.00-0.00	N/A	\$0	N/A	\$7,500	
Primary Care In-Visit	Copay	\$210.00-0.00	N/A	\$20	N/A	\$7,500	
Specialist Office Visit	Copay	\$1,340.00-0.00	N/A	\$60	N/A	\$7,500	
Specialist Care Office Visit	No charge	\$200.00-0.00	N/A	\$0	N/A	N/A	
Specialist Care Office Visit	Copay	\$0.00-0.00	N/A	\$0	N/A	\$7,500	
Specialist, Occupational, Behavioral and Physical Therapy	Copay	\$400.00-0.00	N/A	\$40	N/A	\$7,500	
Chiropractic	Copay	\$0.00-0.00	N/A	\$0	N/A	\$7,500	
Total Row		\$2,740,200.00					

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

Financial Parity for (B) Outpatient - Office Visits, In-Network (OP-OV-IN)

Cost Share Type	MHSUD Cost Share or Plan Design	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Co-payment	\$200.00	Fail	Pass
Coinsurance	N/A	Fail	Pass
OPM	\$7,500.00	Fail	Pass
Overall			Pass

Step 1 Substantially All (i.e., ≥ 80% of medical/surgical benefits)

Category	Allowed Claims	Parison	Predominant & Smaller	Error Checking
Deductible	\$2,000.00	0.00%	Fail	
Co-payment	\$2,400.00-21	85.35%	OP-OV-IN	
Coinsurance	\$0.00	0.00%	Fail	
OPM	\$2,400.00-21	85.35%	OP-OV-IN/OSM	
Total	\$2,740,200.00	100.00%		

Step 2 Predominant Level

Deductible - (B) Outpatient - Office Visits, In-Network (OP-OV-IN)
 Does not apply to substantially all medical/surgical benefits in this classification.
 DELETE any values in the left-hand column below.

Deductible	Allowed Claims	Parison	Predominant & Smaller	Error Checking
\$0.00	\$0.00	0.00%	Fail	
Total	\$0.00	0.00%		

Co-payment - (B) Outpatient - Office Visits, In-Network (OP-OV-IN)
 Applies to substantially all medical/surgical benefits in this classification.
 DELETE different payment amounts from smallest to largest.

Co-payment	Allowed Claims	Parison	Predominant & Smaller	Error Checking
\$0.00	\$200.00-21	15.86%	Fail	
\$20.00	\$190.00-42	12.81%	\$100	
\$40.00	\$150.00-42	12.81%	\$200	
\$60.00	\$140.00-24	16.41%	\$400	
\$80.00	\$120.00-12	16.41%	\$500	
Total	\$2,400.00-21	100.00%		

Coinsurance - (B) Outpatient - Office Visits, In-Network (OP-OV-IN)
 Does not apply to substantially all medical/surgical benefits in this classification.
 DELETE any values in the left-hand column below.

Coinsurance	Allowed Claims	Parison	Predominant & Smaller	Error Checking
\$0.00	\$0.00	0.00%	Fail	
Total	\$0.00	0.00%		

OPM - (B) Outpatient - Office Visits, In-Network (OP-OV-IN)
 Applies to substantially all medical/surgical benefits in this classification.
 DELETE different payment amounts from smallest to largest.

OPM	Allowed Claims	Parison	Predominant & Smaller	Error Checking
\$7,500.00	\$2,400.00-21	100.00%	\$7,500.00	
\$0.00	\$0.00			
\$0.00	\$0.00			
Total	\$2,400.00-21	100.00%		

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

Benefit Classification: (B) Outpatient - All Other, In-Network (OP-AO-IN)
 Note: Use this table if you are separately testing outpatient office visits and all other outpatient services.

Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Co-payment	Coinsurance	Out-of-Pocket Maximum (OPM)	No Cash Share (Y/N)
Laboratory Diagnostic and Professional Services	Deductible, then copay	\$805,946.00	N/A	\$40	N/A	\$7,500	
X Rays and Diagnostic Imaging	Deductible, then copay	\$792,480.00	N/A	\$40	N/A	\$7,500	
Advanced Diagnostic Services	Deductible, then copay	\$638,827.00	N/A	\$40	N/A	\$7,500	
Chiropractic Services	Copay	\$1,600.00-0.00	\$1,000	\$600	N/A	\$7,500	
Prescription Drugs	Prescription	\$123,917.00	\$1,000	\$400	N/A	\$7,500	
Total Row		\$3,174,800.00					

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

Financial Parity for (B) Outpatient - All Other, In-Network (OP-AO-IN)

Cost Share Type	MHSUD Cost Share or Plan Design	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Co-payment	\$40.00	Fail	Pass
Coinsurance	N/A	Fail	Pass
OPM	\$7,500.00	Fail	Pass
Overall			Pass

Step 1 Substantially All (i.e., ≥ 80% of medical/surgical benefits)

Category	Allowed Claims	Parison	Predominant & Smaller	Error Checking
Deductible	\$0.00	0.00%	OP-AO-IN/Deductible	
Co-payment	\$32,614,064.00	82.50%	OP-AO-IN/Co-payment	
Coinsurance	\$539,437.00	1.57%	Fail	
OPM	\$13,292,400.00	48.07%	OP-AO-IN/OPM	
Total	\$46,446,000.00			

Step 2 Predominant Level

Deductible - (B) Outpatient - All Other, In-Network (OP-AO-IN)
 Applies to substantially all medical/surgical benefits in this classification.
 DELETE different deductible amounts from smallest to largest.

Deductible	Allowed Claims	Parison	Predominant & Smaller	Error Checking
\$1,000.00	\$5,104,215.43	100.00%	\$2,400.00	
Total	\$5,104,215.43	100.00%		

Co-payment - (B) Outpatient - All Other, In-Network (OP-AO-IN)
 Applies to substantially all medical/surgical benefits in this classification.
 DELETE different payment amounts from smallest to largest.

Co-payment	Allowed Claims	Parison	Predominant & Smaller	Error Checking
\$0.00	\$805,946.00	6.10%	\$40.00	
\$20.00	\$792,480.00	7.47%	\$50.00	
\$40.00	\$638,827.00	29.84%	\$200.00	
\$60.00	\$5,104,215.43	51.59%	\$500.00	
Total	\$6,841,468.43	100.00%		

Coinsurance - (B) Outpatient - All Other, In-Network (OP-AO-IN)
 Does not apply to substantially all medical/surgical benefits in this classification.
 DELETE any values in the left-hand column below.

Coinsurance	Allowed Claims	Parison	Predominant & Smaller	Error Checking
\$0.00	\$0.00	0.00%	Fail	
Total	\$0.00	0.00%		

OPM - (B) Outpatient - All Other, In-Network (OP-AO-IN)
 Applies to substantially all medical/surgical benefits in this classification.
 DELETE different payment amounts from smallest to largest.

OPM	Allowed Claims	Parison	Predominant & Smaller	Error Checking
\$7,500.00	\$13,292,400.00	100.00%	\$7,500.00	
\$0.00	\$0.00			
\$0.00	\$0.00			
Total	\$13,292,400.00	100.00%		

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

Plan Name: UW-Wisc Cascade Select Silver C83
 Market: Individual

Workbook Info

- Click here to Summary Sheet
- Use Input Full Form
- See the Sample worksheet for additional details

PLAN INFORMATION

Plan Name: UW-Wisc Cascade Select Silver C83
 Plan ID: 38498W0332014_3945_CS#

Use this cell to enter the summary sheet name
 Use this cell to enter the summary sheet name
 Use this cell to enter the summary sheet name

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: **Pass**

Click the links in the cells below to scroll directly to the stated section

Option	Selection	Column Options	No Errors Found?
Out of Network Test	Yes	Display Columns	TRUE
Outpatient Benefits Testing	Yes	Display/Hide All Columns	

A. Benefit Classification	B. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification? (In-Network)	C. Test Required? (In-Network)	D. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification? (Out-of-Network)	E. Test Required? (Out-of-Network)	F. In-Network	G. Out-of-Network	H. Test Results
Outpatient - All Services Combined	Yes	No	Yes	Yes	Pass	Pass	Pass
Outpatient - Office Visits Separate	No	Yes	Yes	Yes	Pass	Pass	Pass
Outpatient - All Other	No	Yes	Yes	Yes	Pass	Pass	Pass

Benefit Classification (B) Outpatient - Office Visits, In-Network (OP-OV INN)
 Errors found: 0

Click the links in the cells below to scroll directly to the stated section

View in OP INN	View in OP OCN	View in OP INN	View in OP OV INN	View in OP OV OCN
View in OP OCN	View in OP OCN			

Benefit Classification (B) Outpatient - All Other, In-Network (OP-AO INN)
 Errors found: 0

Click the links in the cells below to scroll directly to the stated section

View in OP INN	View in OP OCN	View in OP INN	View in OP AO INN	View in OP AO OCN
View in OP OCN	View in OP OCN			

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

Benefit Classification (B) Outpatient - Office Visits, In-Network (OP-OV INN)
 Note: Use this table if you are separately testing outpatient office visits and all other outpatient services.

Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Co-payment	Coinsurance	Out-of-Pocket Maximum (OPM)	No Cash Share (If Yes, Enter %)
First Primary Care Visit	Copay	\$107,364.63	N/A	\$1	N/A	\$2,400	
Primary Care 3+ Visit	Copay	\$51,764.63	N/A	\$1	N/A	\$2,400	
Specialist Office Visit	Copay	\$68,954.63	N/A	\$11	N/A	\$2,400	
Specialist Care Office Visit	No charge	\$78,373.98	N/A	N/A	N/A	N/A	
Specialist Care Office Visit	Copay	\$7,381.53	N/A	\$11	N/A	\$2,400	
Specialist, Occupational, Behavioral and Physical Therapy	Copay	\$1,512,575.68	N/A	\$11	N/A	\$2,400	
Chiropractic	Copay	\$276,772.48	N/A	\$1	N/A	\$2,400	
Total Row							

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

Benefit Classification (B) Outpatient - All Other, In-Network (OP-AO INN)
 Note: Use this table if you are separately testing outpatient office visits and all other outpatient services.

Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Co-payment	Coinsurance	Out-of-Pocket Maximum (OPM)	No Cash Share (If Yes, Enter %)
Laboratory Outpatient and Professional Services	Deductible, then copay	\$235,763.31	N/A	\$1	N/A	\$2,400	
PT, Ray and Diagnostic Imaging	Deductible, then copay	\$135,732.31	N/A	\$11	N/A	\$2,400	
Advanced Diagnostic Imaging	Deductible, then copay	\$174,654.27	N/A	N/A	N/A	\$2,400	
Outpatient Lab	Copay	\$1,188,487.51	N/A	\$100	N/A	\$2,400	
Outpatient Lab	Copay	\$68,954.63	N/A	\$11	N/A	\$2,400	
Prescription Drug	Reimburse	\$68,954.63	N/A	N/A	N/A	\$2,400	
Total Row		\$2,197,371.56					

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

Financial Parity for (B) Outpatient - Office Visits, In-Network (OP-OV INN)

Cost Share Type	MHSUD Cost Share or Plan Design	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	Full	Pass
Co-payment	\$1.00	\$100.00	Pass
Coinsurance	0%	0%	Pass
OPM	\$1,400.00	\$2,400.00	Pass
Overall			Pass

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

Financial Parity for (B) Outpatient - All Other, In-Network (OP-AO INN)

Cost Share Type	MHSUD Cost Share or Plan Design	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	Full	Pass
Co-payment	\$1.00	\$100.00	Pass
Coinsurance	0%	0%	Pass
OPM	\$1,400.00	\$2,400.00	Pass
Overall			Pass

Step 1 Substantially All (i.e., ≥ 2% of medical/surgical benefits)

Deductible	\$0.00	0.00%	Fail
Co-payment	\$671,387.48	85.31%	OP-OV INN
Coinsurance	\$0.00	0.00%	Fail
OPM	\$671,387.48	85.31%	OP-OV INN/OPM
Total Predominant	\$748,774.96		

Step 1 Substantially All (i.e., ≥ 2% of medical/surgical benefits)

Deductible	\$0.00	0.00%	Fail
Co-payment	\$2,382,253.87	52.50%	OP-AO INN/OPM
Coinsurance	\$174,654.24	3.75%	Fail
OPM	\$2,079,626.22	45.20%	OP-AO INN/OPM
Total Predominant	\$5,137,571.56		

Step 2 Predominant Level

Deductible - (B) Outpatient - Office Visits, In-Network (OP-OV INN)
 Does not apply to substantially all medical/surgical benefits in this classification.
 DELETE any values in the left-hand column below.

Deductible	Allowed Claims	Parity	Predominant & Smaller	Error Checking
\$0.00	\$0.00	N/A	\$0.00	
Total	\$0.00	0.00%	\$0.00	

Step 2 Predominant Level

Deductible - (B) Outpatient - All Other, In-Network (OP-AO INN)
 Does not apply to substantially all medical/surgical benefits in this classification.
 DELETE any values in the left-hand column below.

Deductible	Allowed Claims	Parity	Predominant & Smaller	Error Checking
\$5,137,571.54	100.00%	N/A	\$5,137,571.54	
Total	\$5,137,571.54	100.00%	\$5,137,571.54	

Co-payment - (B) Outpatient - Office Visits, In-Network (OP-OV INN)
 Applies to substantially all medical/surgical benefits in this classification.
 DELETE different payment amounts from column to target.

Co-payment	Allowed Claims	Parity	Predominant & Smaller	Error Checking
\$1.00	1,039,149.58	28.61%	\$1.00	
\$11.00	\$119,377.48	16.41%	\$11.00	
\$100.00	\$169,212.53	24.98%	\$100.00	
Total	\$671,387.48	100.00%	\$671,387.48	

Co-payment - (B) Outpatient - All Other, In-Network (OP-AO INN)
 Applies to substantially all medical/surgical benefits in this classification.
 DELETE different payment amounts from column to target.

Co-payment	Allowed Claims	Parity	Predominant & Smaller	Error Checking
\$1.00	2,376,763.30	6.10%	\$1.00	
\$11.00	\$174,654.24	7.47%	\$11.00	
\$100.00	\$180,209.27	23.64%	\$100.00	
Total	\$2,731,626.81	53.19%	\$2,731,626.81	

Coinsurance - (B) Outpatient - Office Visits, In-Network (OP-OV INN)
 Does not apply to substantially all medical/surgical benefits in this classification.
 DELETE any values in the left-hand column below.

Coinsurance	Allowed Claims	Parity	Predominant & Smaller	Error Checking
\$0.00	\$0.00	0.00%	\$0.00	
Total	\$0.00	0.00%	\$0.00	

Coinsurance - (B) Outpatient - All Other, In-Network (OP-AO INN)
 Does not apply to substantially all medical/surgical benefits in this classification.
 DELETE any values in the left-hand column below.

Coinsurance	Allowed Claims	Parity	Predominant & Smaller	Error Checking
\$0.00	\$0.00	0.00%	\$0.00	
Total	\$0.00	0.00%	\$0.00	

OPM - (B) Outpatient - Office Visits, In-Network (OP-OV INN)
 Applies to substantially all medical/surgical benefits in this classification.
 DELETE different OPM amounts from column to target.

OPM	Allowed Claims	Parity	Predominant & Smaller	Error Checking
\$1,400.00	\$671,387.48	100.00%	\$2,400.00	
\$0.00	\$0.00	0.00%	\$0.00	
Total	\$671,387.48	100.00%	\$671,387.48	

OPM - (B) Outpatient - All Other, In-Network (OP-AO INN)
 Applies to substantially all medical/surgical benefits in this classification.
 DELETE different OPM amounts from column to target.

OPM	Allowed Claims	Parity	Predominant & Smaller	Error Checking
\$2,400.00	\$5,137,571.56	100.00%	\$2,400.00	
\$0.00	\$0.00	0.00%	\$0.00	
Total	\$5,137,571.56	100.00%	\$5,137,571.56	

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

Workbook Info

[Click here to go to Summary Sheet](#)
[View Reports Q&A Forum](#)
[See the Example worksheet for additional details](#)

PLAN INFORMATION

Plan Name: LifeWise Cascade Vital Gold
 Plan ID: S468RW4320016
 Market: Individual
 CSR Variant Description: *****This will auto populate from summary sheet macro****
 ****This will auto populate from summary sheet macro****
 ****If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.*

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: **Pass**

Links only work for actions that are not already highlighted

Option	Selection
Out-of-Network Test?	No
Outpatient Benefits Testing	Other/Visit Separate

****Click the links in the cells below to scroll directly to the stated section****

Move to DL INNs					
Move to DL OON					

Column Options	No Errors Found?
Hide/Unhide All Columns	YES

Results by Benefit Classification

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

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

Click here to go to Summary Sheet | Errors Found: 0

****Click the links in the cells below to scroll directly to the stated section****

Move to DL INNs					
Move to DL OON					

Column Options	No Errors Found?
Hide/Unhide All Columns	YES

Benefit Classification: (3b) Outpatient - All Other, In-Network (OP-AD INN)

Click here to go to Summary Sheet | Errors Found: 0

****Click the links in the cells below to scroll directly to the stated section****

Move to DL INNs					
Move to DL OON					

Column Options	No Errors Found?
Hide/Unhide All Columns	YES

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

Benefit Classification: (3a) Outpatient - Office Visits, In-Network (OP-OV INN)
 Note: Use this table if you are separately testing outpatient office visits and all other outpatient services.

Classification	Outpatient - Office Visits	OP-OV
Network (In/Out)	In-Network	INN
Classification Code	3a	OP-OV INN
Table Name	OP-OV INN (3a)	

Number of Rows: 0

Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinurance	Out-of-Pocket Maximum	No Cost Share (If Yes)
Primary Care Visit	Copay	\$200.00-50.50	N/A	\$10	N/A	\$0.00	
Specialist Office Visit	Copay	\$300.00-107.50	N/A	\$40	N/A	\$0.00	
Telehealth Care (Office Visit)	No charge	\$100.00-0.00	N/A	\$0	N/A	N/A	Y
Logoped Care	Copay	\$475.00-0.00	N/A	\$0	N/A	\$0.00	
Speech, Occupational, Massage and Physical Therapy	Copay	\$200.00-0.00	N/A	\$0	N/A	\$0.00	
Chiropractic Services	Copay	\$200.00-0.00	N/A	\$0	N/A	\$0.00	
Total Rows		\$1,875,424.00					

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

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

Cost Share Type	MHSUD Cost Share (If Not Designated)	Preferential Limit for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	\$0	Pass
Copayment	\$10.00	\$40.00	Pass
Coinurance	N/A	\$0	Pass
Out-of-Pocket	\$0.00-0.00	\$0.00-0.00	Pass
Overall			Pass

Error Footnote:
 (a) not applicable, enter "N/A"
 (b) not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ 8% of medical/surgical benefits)

Category	Amount	Percentage	Pass/Fail
Deductible	\$0.00	0.00%	Pass
Copayment	\$1,464,472.00	89.15%	OP-OV INN Copayment
Coinurance	\$0.00	0.00%	Pass
Out-of-Pocket	\$1,464,472.00	89.15%	OP-OV INN Out-of-Pocket
Total	\$1,464,472.00		

Step 2 Predominant Level

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

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

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$0.00	\$0.00	0.00%		
\$0.00	\$0.00	0.00%		
Total	\$0.00	0.00%		

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

Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$10.00	\$100,000.00	28.15%	\$10.00	
\$10.00	\$1,464,472.00	89.15%	\$40.00	
\$10.00	\$4,774.00	0.33%	\$30.00	
\$10.00	\$200,000.00	21.00%	\$40.00	
Total	\$1,464,472.00	100.00%		

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

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

Coinurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$0.00	\$0.00	0.00%		
\$0.00	\$0.00	0.00%		
\$0.00	\$0.00	0.00%		
Total	\$0.00	0.00%		

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

Applies to substantially all medical/surgical benefits in this classification. ENTER different out-of-pocket amounts from smallest to largest.

Out-of-Pocket	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$0.00-0.00	\$1,464,472.00	100.00%	\$0.00-0.00	
\$0.00	\$0.00	0.00%		
\$0.00	\$0.00	0.00%		
Total	\$1,464,472.00	100.00%		

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

Benefit Classification: (3b) Outpatient - All Other, In-Network (OP-AD INN)
 Note: Use this table if you are separately testing outpatient office visits and all other outpatient services.

Classification	Outpatient - All Other	OP-AD
Network (In/Out)	In-Network	INN
Classification Code	3b	OP-AD INN
Table Name	OP-AD INN (3b)	

Number of Rows: 0

Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinurance	Out-of-Pocket Maximum	No Cost Share (If Yes)
Laboratory Diagnostic and Professional Services	Copay	\$10.00-0.00	N/A	\$0.00	N/A	N/A	\$0.00
X-Ray and Diagnostic Image	Copay	\$472.50-0.00	N/A	\$0.00	N/A	\$0.00	
Professional Imaging	Deductible, then copay	\$100.00-0.00	\$1,000.00	\$0.00	N/A	\$0.00	
Outpatient Pharmacy	Deductible, then copay	\$1,464,472.00-0.00	\$1,000.00	\$0.00	N/A	\$0.00	
Outpatient Physical Therapy	Deductible, then copay	\$1,075,000.00-0.00	\$1,000.00	\$0.00	N/A	\$0.00	
Chiropractic Care	No charge	\$100.00-0.00	N/A	\$0.00	N/A	N/A	Y
Total Rows		\$6,841,320.00					

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

Financial Parity for (3b) Outpatient - All Other, In-Network (OP-AD INN)

Cost Share Type	MHSUD Cost Share (If Not Designated)	Preferential Limit for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	\$1,000.00	Pass
Copayment	\$10.00	\$100.00	Pass
Coinurance	N/A	\$0	Pass
Out-of-Pocket	\$0.00-0.00	\$0.00-0.00	Pass
Overall			Pass

Error Footnote:
 (a) not applicable, enter "N/A"
 (b) not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ 8% of medical/surgical benefits)

Category	Amount	Percentage	Pass/Fail
Deductible	\$1,712,982.17	81.67%	OP-AD INN Deductible
Copayment	\$1,712,982.17	81.67%	OP-AD INN Copayment
Coinurance	\$0.00	0.00%	Fail
Out-of-Pocket	\$1,712,982.17	81.67%	OP-AD INN Out-of-Pocket
Total	\$6,841,320.00		

Step 2 Predominant Level

Deductible --- (3b) Outpatient - All Other, In-Network (OP-AD INN)

Applies to substantially all medical/surgical benefits in this classification. ENTER different deductible amounts from smallest to largest.

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$1,000.00	\$1,712,982.17	100.00%	\$1,000.00	
\$0.00	\$0.00	0.00%		
Total	\$1,712,982.17	100.00%		

Copayment --- (3b) Outpatient - All Other, In-Network (OP-AD INN)

Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$10.00	\$100,000.00	14.74%	\$10.00	
\$10.00	\$1,712,982.17	87.15%	\$100.00	
\$10.00	\$100,000.00	5.84%	\$100.00	
\$10.00	\$1,400,000.00	22.17%	\$100.00	
Total	\$1,712,982.17	100.00%		

Coinurance --- (3b) Outpatient - All Other, In-Network (OP-AD INN)

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

Coinurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$0.00	\$0.00	0.00%		
\$0.00	\$0.00	0.00%		
\$0.00	\$0.00	0.00%		
Total	\$0.00	0.00%		

Out-of-Pocket --- (3b) Outpatient - All Other, In-Network (OP-AD INN)

Applies to substantially all medical/surgical benefits in this classification. ENTER different out-of-pocket amounts from smallest to largest.

Out-of-Pocket	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$0.00-0.00	\$1,712,982.17	100.00%	\$0.00-0.00	
\$0.00	\$0.00	0.00%		
\$0.00	\$0.00	0.00%		
Total	\$1,712,982.17	100.00%		

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

Workbook Info

[Click here to go to the Summary Sheet](#)

[View Report PDF Format](#)

[See the Example worksheet for additional details](#)

PLAN INFORMATION

Plan Name: LifeWise Cascade Select Vital Gold
 Plan ID: S46RW4320217
 Market: Individual
 CSR Variant Description: ****This will auto populate from summary sheet macro***
 This will auto populate from summary sheet macro
 If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.*

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: **Pass**

Links only work for actions that are not already highlighted

Option	Selection
Out-of-Network Test?	No
Outpatient Benefits Testing	Other/Visit Separate

Column Options

Columns to Hide: All Columns

Columns to Show: All Columns

No Errors Found? **YES**

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

Click here to go to the Summary Sheet

View Report PDF Format

See the Example worksheet for additional details

Overall Result: **Pass**

Links only work for actions that are not already highlighted

Option	Selection
Out-of-Network Test?	No
Outpatient Benefits Testing	Other/Visit Separate

Column Options

Columns to Hide: All Columns

Columns to Show: All Columns

No Errors Found? **YES**

Benefit Classification: (3b) Outpatient - All Other, In-Network (OP-AO INN)

Click here to go to the Summary Sheet

View Report PDF Format

See the Example worksheet for additional details

Overall Result: **Pass**

Links only work for actions that are not already highlighted

Option	Selection
Out-of-Network Test?	No
Outpatient Benefits Testing	Other/Visit Separate

Column Options

Columns to Hide: All Columns

Columns to Show: All Columns

No Errors Found? **YES**

A. Benefit Classification	B.1. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification? (In-Network)	C.1. Test Required? (In-Network)	B.2. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification? (Out-of-Network)	C.2. Test Required? (Out-of-Network)	D. By Network Test		E. Test Results
					DL In-Network	DL Out-of-Network	
Inpatient							
Outpatient - All Common Combined	No	No			Pass		Pass
Outpatient - Office Visits Category	No	Yes			Pass		Pass
Outpatient - Office Visits	No	Yes			Pass		Pass
Outpatient - All Other	No	Yes			Pass		Pass
A. Benefit Classification	B. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification?	C. Test Required?	D. Test Results				
Emergency Care	No	Pass					
Prescription Drugs	No	Pass					

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

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

Note: Use this table if you are separately testing outpatient office visits and all other outpatient services.

Classification: Outpatient - Office Visits (OP-OV)

Network (In/Out): In-Network

Classification Code: In (OP-OV INN)

Table Name: OP-OV INN (3a)

Number of Rows: 1

Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinurance	Out-of-Pocket Maximum	No Cost Share (If Yes)
Primary Care Visit	Copay	\$36,225.75	N/A	\$15	N/A	\$8,800	
Specialist Office Visit	Copay	\$1,215,476.48	N/A	\$60	N/A	\$8,800	
Emergency Care (Office Visit)	No charge	\$250,000.00	N/A	N/A	N/A	N/A	Y
Logoped Care	Copay	\$7,297.00	N/A	\$15	N/A	\$8,800	
Speech, Occupational, Massage and Physical Therapy	Copay	\$26,693.75	N/A	\$15	N/A	\$8,800	
Other/Prescription	Copay	\$26,282.75	N/A	\$15	N/A	\$8,800	
Total Rows	Copay	\$2,484,046.33	N/A	\$15	N/A	\$8,800	

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

Benefit Classification: (3b) Outpatient - All Other, In-Network (OP-AO INN)

Note: Use this table if you are separately testing outpatient office visits and all other outpatient services.

Classification: Outpatient - All Other (OP-AO)

Network (In/Out): In-Network

Classification Code: In (OP-AO INN)

Table Name: OP-AO INN (3b)

Number of Rows: 1

Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinurance	Out-of-Pocket Maximum	No Cost Share (If Yes)
Laboratory Diagnostic and Referral Services	Copay	\$384,609.00	N/A	\$30.00	N/A	N/A	\$8,800
X-Ray and Diagnostic Image	Copay	\$719,049.37	N/A	\$30.00	N/A	N/A	\$8,800
Preventive Imaging	Deductible, then copay	\$575,675.00	\$1,000.00	\$300.00	N/A	N/A	\$8,800
Outpatient Pharmacy	Deductible, then copay	\$5,242,772.00	\$1,000.00	\$300.00	N/A	N/A	\$8,800
Outpatient Prescription	Deductible, then copay	\$1,041,608.33	\$1,000.00	\$375.00	N/A	N/A	\$8,800
Prescription Cost	No charge	\$261,203.00	N/A	N/A	N/A	N/A	Y
Total Rows	No charge	\$30,894,339.18	N/A	N/A	N/A	N/A	Y

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

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

Cost Share Type	MHSUD Cost Share (in Plan Design)	Preferential Limit for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	\$8,800.00	Pass
Copayment	\$15.00	\$40.00	Pass
Coinurance	N/A	N/A	Pass
Out-of-Pocket	\$8,800.00	\$8,800.00	Pass
Overall			Pass

Note: Error messages (see nested sheet MHSUD Cost Share)

Step 1 Substantially All (i.e., ≥ % of medical/surgical benefits)

Category	Amount	% of Total	Pass/Fail
Deductible	\$0.00	0.00%	Pass
Copayment	\$2,224,387.53	89.55%	OP-OV INN Copayment
Coinurance	\$0.00	0.00%	Fail
DOPM	\$2,224,387.53	89.55%	OP-OV INN DOPM
Total/Required	\$2,484,046.33		

Step 2 Predominant Level

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

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

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$0.00	\$0.00	0.00%		
\$0.00	\$0.00	0.00%		
Total	\$0.00	0.00%		

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

Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$15.00	\$2,224,387.53	89.55%	\$15.00	
\$30.00	\$2,224,387.53	89.55%	\$30.00	
\$40.00	\$7,297.00	0.29%	\$40.00	
\$100.00	\$2,224,387.53	89.55%	\$100.00	
Total	\$2,224,387.53	89.55%	\$8,800.00	

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

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

Coinurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$0.00	\$0.00	0.00%		
\$0.00	\$0.00	0.00%		
Total	\$0.00	0.00%		

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

Applies to substantially all medical/surgical benefits in this classification. ENTER different copay amounts from smallest to largest.

DOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$8,800.00	\$2,224,387.53	89.55%	\$8,800.00	
\$0.00	\$0.00	0.00%		
\$0.00	\$0.00	0.00%		
Total	\$2,224,387.53	89.55%	\$8,800.00	

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

Financial Parity for (3b) Outpatient - All Other, In-Network (OP-AO INN)

Cost Share Type	MHSUD Cost Share (in Plan Design)	Preferential Limit for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	\$1,000.00	Pass
Copayment	\$15.00	\$350.00	Pass
Coinurance	N/A	N/A	Pass
Out-of-Pocket	\$8,800.00	\$8,800.00	Pass
Overall			Pass

Note: Error messages (see nested sheet MHSUD Cost Share)

Step 1 Substantially All (i.e., ≥ % of medical/surgical benefits)

Category	Amount	% of Total	Pass/Fail
Deductible	\$0.00	0.00%	OP-AO INN Deductible
Copayment	\$261,203.00	98.67%	OP-AO INN Copayment
Coinurance	\$0.00	0.00%	Fail
DOPM	\$261,203.00	98.67%	OP-AO INN DOPM
Total/Required	\$261,203.00		

Step 2 Predominant Level

Deductible --- (3b) Outpatient - All Other, In-Network (OP-AO INN)

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

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$0.00	\$0.00	0.00%		
\$0.00	\$0.00	0.00%		
Total	\$0.00	0.00%		

Copayment --- (3b) Outpatient - All Other, In-Network (OP-AO INN)

Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$15.00	\$1,505,455.53	57.63%	\$15.00	
\$30.00	\$7,297.00	2.79%	\$30.00	
\$100.00	\$7,297.00	2.79%	\$100.00	
\$200.00	\$261,203.00	98.67%	\$200.00	
Total	\$261,203.00	98.67%	\$350.00	

Coinurance --- (3b) Outpatient - All Other, In-Network (OP-AO INN)

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

Coinurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$0.00	\$0.00	0.00%		
\$0.00	\$0.00	0.00%		
Total	\$0.00	0.00%		

DOPM --- (3b) Outpatient - All Other, In-Network (OP-AO INN)

Applies to substantially all medical/surgical benefits in this classification. ENTER different copay amounts from smallest to largest.

DOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$8,800.00	\$261,203.00	98.67%	\$8,800.00	
\$0.00	\$0.00	0.00%		
\$0.00	\$0.00	0.00%		
Total	\$261,203.00	98.67%	\$350.00	

Mental Health and Substance Use Disorder (MHSUD) Financial Requirement Parity Certification

*Required to be submitted with Plan Year (PY) 2026
ACA Individual and Small Group Market Rate Filings*

I. PURPOSE

Issuers are required to comply with the federal Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) and its implementing regulations and guidance, such as Chapter 284-43 WAC Subchapter K, Mental Health and Substance Use Disorder. Financial requirements and treatment limitations applicable to mental health/substance use disorder (MHSUD) benefits cannot be more restrictive than those applicable to medical/surgical benefits.

This document focuses on financial parity requirements [MHPAEA and WAC 284-43-7040]. For quantitative treatment limitations (QTL) and non-quantitative treatment limitations (NQTL), see the checklist under the form filing instructions; for QTL and NQTL definitions, see MHPAEA and WAC 284-43-7010.

Financial requirements are defined in MHPAEA and WAC 284-43-7010 as cost sharing measures, such as deductibles, copayments, coinsurance, and out-of-pocket maximums; note that the definition explicitly excludes aggregate lifetime and annual dollar limits.

See WAC 284-43-7010 for additional relevant definitions (e.g., classification of benefits, medical/surgical benefits, mental health benefits, predominant level, substance use disorder benefits, and substantially all).

II. KEY POINTS

A. Required level of review

Attest/certify in section III below.

1. Parity review must be done separately by plan, for each type of financial requirement and each benefit classification.
2. Parity review also must be done separately by coverage unit, if a plan or issuer applies different levels of financial requirement (i.e., different cost shares) to different coverage units. [WAC 284-43-7020(6)(e), WAC 284-43-7040(2) and WAC 284-43-7040(4)]

WAC 284-43-7010 defines a coverage unit as the way in which a plan or issuer groups individuals for purposes of determining benefits, premiums, or contributions. For example, different coverage units could be self-only, family, or employee-plus-spouse.

B. Classifying Benefits

[Note especially WAC 284-43-7020.]

Attest/certify in section III below.

1. All medical/surgical and MHSUD benefits are subject to parity review. Each medical/surgical and MHSUD benefit must be assigned to a benefit classification.
2. Permitted classifications of benefits:
 - (1) Inpatient, In-Network
 - (2) Inpatient, Out-of-Network
 - (3) Outpatient, In-Network
 - (3a) Outpatient, In-Network – Office Visits
 - (3b) Outpatient, In-Network – All Other Outpatient
 - (4) Outpatient, Out-of-Network
 - (4a) Outpatient, Out-of-Network – Office Visits
 - (4b) Outpatient, Out-of-Network – All Other Outpatient
 - (5) Emergency Care
 - (6) Prescription Drugs

Per WAC 284-43-7020(6)(a), plans and issuers may split outpatient into “office visits” and “all other outpatient items and services.” A particular plan should address (3) **or** both (3a)+(3b), not all three; similarly, a particular plan should address (4) **or** both (4a)+(4b), not all three.

3. When classifying benefits, the same standards must apply to both medical/surgical and MHSUD benefits.

For example, assign covered intermediate MHSUD benefits (e.g., residential treatment, partial hospitalization, and intensive outpatient treatment) in the same way comparable intermediate medical/surgical benefits are assigned. Additionally, if home health care is classified as outpatient, then any covered MHSUD intensive outpatient services and partial hospitalizations must also be classified as outpatient. [WAC 284-43-7020(3)]

C. Financial requirement parity details

[Note especially WAC 284-43-7020, WAC 284-43-7020(4), and WAC 284-43-7040.]

Attest/certify in section III below.

1. Financial requirement parity analysis considers both type and level.
 - a) Financial requirement cost share types include deductibles, copayments, coinsurance, and out-of-pocket maximums but not aggregate lifetime and annual dollar limits.
 - b) A financial requirement cost share level is the amount of the financial requirement type. For example, coinsurance levels might include 20% and 25%; copayment levels might include \$15 and \$20; and deductible levels might include \$250 and \$500.

2. Financial requirement parity methodology:

Within each benefit classification [WAC 284-43-7020], a plan or issuer may not apply any financial requirement to MHSUD benefits that is more restrictive than the corresponding predominant level applied to medical/surgical benefits.

- a) WAC 284-43-7010 indicates that a type of financial requirement is considered to apply to "substantially all" medical/surgical benefits in a classification if it applies to at least two-thirds of all medical/surgical benefits in that classification as determined by WAC 284-43-7040(2)(a).
- b) WAC 284-43-7010 indicates if a type of financial requirement applies to substantially all medical/surgical benefits in a classification, the "predominant level" is the level that applies to more than one-half of the medical/surgical benefits in that classification subject to the financial requirement.
- c) Review projected plan payments for medical/surgical benefits for the upcoming plan year.
Dollar amounts should be stated as allowed claim amounts (i.e., the amount the plan allows) before enrollee cost sharing because payments based on the allowed amounts cover the full scope of benefits being provided. A reasonable actuarial method must be used to project the dollar amounts. [WAC 284-43-7040(1)(c)]
- d) Note that WAC 284-43-7040(1)(d) clarifies how to handle certain plan dollar thresholds.

3. Rate filing documentation of financial requirement parity:

In the rate filing, address the following for each plan, classification, and coverage unit (if applicable).

- a) For medical/surgical benefits, show every different cost share type and level. Then, demonstrate what meets the "substantially all" requirements and what qualifies as the "predominant level."
- b) Compare MHSUD benefit cost shares to medical/surgical benefits' substantially all and predominant level cost shares.
- c) As noted under section B above, WAC 284-43-7020(6)(a) allows, but does not require, subclassifications within outpatient – (a) office visits versus (b) all other outpatient items and services.

For each plan, please indicate whether outpatient parity testing was conducted in aggregate (i.e., one outpatient benefit classification) or using the outpatient subclassifications. Provide information and results accordingly.

4. Actuarial memorandum discussion of projected plan dollar amounts:

In the Part III Actuarial Memorandum, please describe how the 2026 annual projected plan and benefit dollar amounts were determined.

Address the following:

- a) Describe the underlying claims data source and characteristics as well as any adjustments made. Explain any differences versus the data used to project PY2026 claims and premium rates.
- b) Ensure claim amounts reflect what the plan allows before reductions for enrollee cost sharing.

- c) How does plan-level data compare to data for the book of business?
 The underlying data set will *not* usually be your issuer’s entire projected book of business; additionally, the projections will reflect plan-level assumptions as opposed to product-level assumptions. For example, see the (*) CMS FAQs listed below.
- d) Certify that a reasonable actuarial method was used to project amounts for each plan in accordance with WAC 284-43-7040(1)(c)(ii) and applicable Actuarial Standards of Practice.
- e) Provide additional requested data details on the ‘Data Information’ tab in your complementary Excel workbook of MHSUD financial requirement parity calculations.

(*) CMS/CCIIO ACA FAQ 31; April 20, 2016; Q8. CMS/CCIIO ACA FAQ 34; October 27, 2016; Q3.

D. Cumulative financial requirements

[Note especially WAC 284-43-7040(3).]

Attest/certify in section III below.

A plan or issuer may not apply cumulative financial requirements (e.g., deductibles and out-of-pocket maximums) for MHSUD benefits in a classification that accumulate separately from any cumulative requirement established for medical/surgical benefits in the same classification. Note that cumulative requirements must also satisfy the quantitative parity analysis.

E. Prohibited exclusions

[Note especially WAC 284-43-7080.]

Attest/certify in section III below.

A plan may not exclude MHSUD treatments or services for any of the reasons documented in WAC 284-43-7080.

III. DOCUMENTATION & ATTESTATION

General Information	
Issuer Name:	LifeWise Health Plan of Washington
Applicable Market:	Individual
Plan Year:	2026

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

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

[LWWA Ind 2026 MHSUD Parity Calculations DUPLICATE.xlsx](#)

[LWWA Ind 2025 MHSUD Parity Calculations.pdf](#)

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

I, [Hiu-Wan Ko, FSA, MAAA](#), certify the following:

- I am an employee of [LifeWise Health Plan of Washington](#) or
 I am a consultant associated with the firm of <<[insert name of consulting firm](#)>>;
- I am a qualified actuary as outlined in Chapter 284-05 WAC. I am a member of the American Academy of Actuaries, and I am acting within the scope of my training, experience, and qualifications.
- Level of review:
I attest to conducting MHSUD financial requirement parity analysis at the appropriate level, as noted below:
- Parity review was done separately by plan, for each type of financial requirement and each benefit classification. Parity analysis does not vary by coverage unit because financial requirements do not vary by coverage unit.
- Parity review was done separately by plan and coverage unit, for each type of financial requirement and each benefit classification. Parity analysis varies by coverage unit because financial requirements vary by coverage unit.

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

Benefit classifications:

I attest that all medical/surgical and MHSUD benefits were assigned to benefit classifications.

I attest that the issuer (1) has criteria documented as to how medical/surgical benefits were assigned to each permitted classification and (2) the same standards apply for both medical/surgical and MHSUD benefits.

Upon request, the documentation can be made available to the Washington OIC within 10 business days.

Cost-share accuracy:

For the 2026 plan year, I certify the accuracy of the cost shares for both medical/surgical and MHSUD benefits that are used to evaluate parity of MHSUD financial requirements as loaded into the calculation workbook ([LWWA Ind 2025 MHSUD Parity Calculations.pdf](#)) and as otherwise discussed in this rate filing.

Projected plan dollar amounts:

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

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

Financial requirement parity:

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

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

Substantially all and predominance:

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

- Type: I attest that for each plan, the type of financial requirement imposed upon MHSUD benefits in each classification (or applicable subclassification) applies to at least two-thirds of projected allowed amounts for medical/surgical benefits within that classification (or applicable subclassification).
- Level: I attest that for each plan, the level of financial requirement imposed upon MHSUD benefits in each classification (or applicable subclassification) is no more restrictive than the level of financial

requirement imposed upon more than one-half of projected allowed amounts for medical/surgical benefits within that classification (or applicable subclassification).

- I attest that if a single financial requirement did not meet the one-half threshold for a particular plan and classification (or applicable subclassification), then the level of financial requirement imposed upon MHSUD benefits was determined after combining levels until the combination of levels covered more than one-half of projected allowed amounts for medical/surgical benefits within that classification (or applicable subclassification), as described in WAC 284-43-7040(2)(b)(ii) and (iii).
- I attest that the above statements are supported by details in the complementary MHSUD financial requirement calculation workbook (cited above) and submitted as part of this rate filing.

Parity across tiers:

- WAC 284-43-7020(5)(a): A plan or issuer must treat the least restrictive level of the financial requirement that applies to at least two-thirds of medical/surgical benefits across all provider tiers in a classification as the predominant level that it may apply to MHSUD benefits in the same classification.
 - I certify that this does not apply to any plans in this rate filing. The plans do not use provider tiers, or the financial requirements do not vary by provider tier.
 - This situation applies to at least one plan in this rate filing, and I certify that the requirements were met. See this related file for additional documentation and explanation: <<enter name of file(s)>>.
- WAC 284-43-7020(5)(b): If a plan or issuer classifies providers into tiers and varies cost-sharing by tier, the criteria for classification must be applied to generalists and specialists providing MHSUD services no more restrictively than such criteria are applied to medical/surgical benefit providers.
 - I certify that this does not apply to any plans in this rate filing. The plans do not use provider tiers, or the cost-sharing does not vary by provider tier.
 - This situation applies to at least one plan in this rate filing, and I certify that the requirements were met. See this related file for additional documentation and explanation: <<enter name of file(s)>>.
- WAC 284-43-7020(6)(b): A plan or issuer may divide its benefits furnished on an in-network basis into subclassifications that reflect network tiers if the tiering is based on reasonable factors and without regard to whether a provider is an MHSUD provider or a medical/surgical provider.
 - I certify that this does not apply to plans in this rate filing. The plans do not use network tiers.
 - This situation applies to at least one plan in this rate filing, and I certify that the requirements were met. See this related file for additional documentation and explanation: <<enter name of file(s)>>.
- WAC 284-43-7020(6)(c): After network tiers are established, the plan or issuer may not impose any financial requirement on MHSUD benefits in any tier that is more restrictive than the predominant financial requirement that applies to substantially all medical/surgical benefits in that tier.
 - I certify that this does not apply to any plans in this rate filing. The plans do not use network tiers.
 - This situation applies to at least one plan in this rate filing, and I certify that the requirements were addressed. See this related file for additional documentation and explanation: <<enter name of file(s)>>.

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

- WAC 284-43-7020(6)(d): If a plan applies different levels of financial requirements to different tiers of prescription drug benefits based on reasonable factors and without regard to whether a drug is generally prescribed with respect to medical/surgical benefits or with respect to MHSUD benefits, the plan satisfies the parity requirements with respect to prescription drug benefits. Reasonable factors include cost, efficacy, generic versus brand name, and mail order versus pharmacy pick-up.

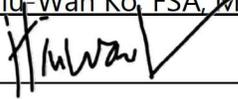
I certify that none of the plans in this rate filing use prohibited prescription drug tiers. Prescription drug tiers are based only on the reasonable factors listed above and without regard to whether a drug is prescribed for medical/surgical or MHSUD benefits.

No prohibited exclusions:

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

I certify that none of the plans in this rate filing apply exclusions prohibited by WAC 284-43-7080.

I attest that, to the best of my knowledge, each of the plans otherwise satisfy the requirements under MHPAEA and Chapter 284-43 WAC, Subchapter K.

Actuary's Name & Designations: Hiu-Wan Ko, FSA, MAAA
Signature: 
Title: VP of Actuarial Services
Contact Information: Hiu-Wan.Ko@Premera.com
Date of Attestation: 5/14/2025

2026 Plan Year (PY)

Individual Nongrandfathered Health Plan (Pool)

Rate Filing Checklist

Instructions:

For each item in Section I, provide the response in this document. For each item in Section II, provide the rate filing document name as well as relevant section, page, and/or exhibit numbers.

Any Excel workbook must be submitted with a corresponding PDF that includes all information from the workbook.

- All content in the Excel file and PDF must be visible; hidden cells, hidden worksheets, and non-visible font colors are not allowed, except for functionality that was already included in official templates from the WA OIC or CMS.
- The file names must match except that the Excel workbook name should end with "duplicate."
- For ease of reference, please add numbering to each spreadsheet tab and to a title line in the exhibits.
- **IMPORTANT: Storing amounts as values rather than linking to the source calculations results in several objections every year.**
- Retain all internal links and formulas but break all links to external files. Ensure your rate development exhibits, for example, show how inputs and assumptions flow through the rating methodology to the final projected premium base rates; this is important for review purposes and to ensure appropriate rate development.
- Be aware that the PDF documents are relied upon as public records. As such, prior to submitting a PDF, please review each PDF for completeness and readability. Note: the PDF version of the actuarial memorandum exhibits can be submitted on the URRT tab rather than the Supporting Documentation tab in SERFF so that it will be uploaded to CMS. The URRT is the only Excel file that should be submitted on the URRT tab in SERFF; all other Excel files must be submitted on the Supporting Documentation tab.
- Please be aware that for plan year 2026, the OIC launched an Excel template for certain Washington State exhibits. Specific exhibits are referenced throughout this checklist. Please complete and submit the Excel file of WA Exhibits ("[Format – Rates – 2026 Individual and Small Group NonGF Health Exhibits](#)") as well as the corresponding PDF file version. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.

Section I – General Information:

Carrier: LifeWise Health Plan of Washington

A. **Market:** Medical – Individual

B. **Exchange Intentions:** Check only one box.

Exchange Only Outside Market Only Exchange and Outside Market

Note: The Exchange Intentions field on the General Information tab in SERFF should match the wording for the item selected above (see the Additional Information section for the Sub-TOI by searching by TOI under Filing Rules/Submission Requirements in SERFF).

C. **We will offer the following:** Check all boxes that apply.

Catastrophic plan offered only through the Exchange. See RCW 48.43.700(3).

At least one qualified health plan (QHP) silver plan and at least one QHP gold plan in each service area in which we offer coverage through the Exchange. See 45 CFR §156.200(c)(1).

At least one standardized gold plan on the Exchange and at least one standardized silver plan on the Exchange so that we can offer coverage through the Exchange. Additionally, if bronze plans are offered through the Exchange, at least one standardized bronze plan is offered on the Exchange. See RCW 43.71.095(2)(a).

In each county where we offer a qualified health plan:

a standardized health plan under RCW 43.71.095 **and** at most two non-standardized gold plans, two non-standardized bronze plans, one non-standardized silver plan, one non-standardized platinum plan, and one non-standardized catastrophic plan. See RCW 43.71.095(2)(b)(i).

Each non-standardized silver health plan offered on the Exchange has an AV Metal Value that is not less than the AV Metal Value of the standardized silver health plan with the lowest AV Metal Value. See RCW 43.71.095(2)(b)(iii).

At least one silver plan and one gold plan throughout each service area outside the Exchange whenever we offer a bronze plan outside the Exchange. See RCW 48.43.700.

One or more plans with a unique benefit design. See Section II #9 below.

Pediatric dental embedded.

Non-essential health benefits (Non-EHBs). See Section II #13 below.

New plans have been added, and we confirm that no previously retired Plan IDs have been reused in this rate filing. We are aware that the reuse of retired Plan IDs can cause risk adjustment reconciliation complications.

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Standard Plans Offered (excluding the subsidized benefit plan variations)

HIOS Plan ID	Standard Plan Name	Public Option Plan (Yes, Cascade Select/ No, Cascade)	Metal Level	AV Metal Value
38498WA0320010	LifeWise Cascade Complete Gold	No	Gold	81.81%
38498WA0320017	LifeWise Cascade Vital Gold	No	Gold	78.06%
38498WA0320011	LifeWise Cascade Silver	No	Silver	71.84%
38498WA0320012	LifeWise Cascade Bronze	No	Bronze	64.97%
38498WA0320013	LifeWise Cascade Select Complete Gold	Yes	Gold	81.81%
38498WA0320017	LifeWise Cascade Select Vital Gold	Yes	Gold	78.06%
38498WA0320014	LifeWise Cascade Select Silver	Yes	Silver	71.84%
38498WA0320015	LifeWise Cascade Select Bronze	Yes	Bronze	64.97%

All Plans Offered (excluding the subsidized benefit plan variations)

HIOS Plan ID	Plan Name	Unique Benefit Design (UBD)		Pediatric Dental Embedded (Yes/No)	Description of Non-Essential Health Benefits (Non-EHBs)
		(Yes/No)	If yes, briefly explain why. If no, "N/A."		
38498WA0320001	LifeWise Essential Gold	Yes	Different cost sharing for Mental Health outpatient office visit and all other outpatient Mental Health and Substance use disorder services (MHSUD).	No	
38498WA0320003	LifeWise Essential Bronze	Yes	Different cost sharing for Mental Health outpatient office visit and all other outpatient Mental Health and Substance use disorder services (MHSUD).	No	
38498WA0320004	LifeWise Essential Silver Low Deductible	Yes	Different cost sharing for Mental Health outpatient office visit and all other outpatient Mental	No	

Washington State OIC 2026 Individual Medical Rate Filing Checklist

HIOS Plan ID	Plan Name	Unique Benefit Design (UBD)		Pediatric Dental Embedded (Yes/No)	Description of Non-Essential Health Benefits (Non-EHBs)
		(Yes/No)	If yes, briefly explain why. If no, "N/A."		
			Health and Substance use disorder services (MHSUD).		
38498WA0320010	LifeWise Cascade Complete Gold	No	N/A	No	
38498WA0320011	LifeWise Cascade Silver	Yes	\$1 copay for first two eligible office visits, then \$30 copay afterwards	No	
38498WA0320012	LifeWise Cascade Bronze	Yes	\$1 copay for first two eligible office visits, then \$50 copay afterwards	No	
38498WA0320013	LifeWise Cascade Select Complete Gold	No	N/A	No	
38498WA0320014	LifeWise Cascade Select Silver	Yes	\$1 copay for first two eligible office visits, then \$30 copay afterwards	No	
38498WA0320015	LifeWise Cascade Select Bronze	Yes	\$1 copay for first two eligible office visits, then \$50 copay afterwards	No	
38498WA0320016	LifeWise Cascade Vital Gold	No	N/A	No	
38498WA0320017	LifeWise Cascade Select Vital Gold	No	N/A	No	

D. Do you have any expanded bronze plans as described under 45 CFR §156.140(c) in which the variation in AV Metal Value is between +2% and +5% (i.e., the AV is between 62% and 65%)?

No

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

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

(b) That each plan is either

(1) A High Deductible Health Plan ¹ or

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

Washington State OIC 2026 Individual Medical Rate Filing Checklist

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

HIOS Plan ID	Plan Name	High Deductible Health Plan (Yes/No) ¹	Major Service covered prior to the deductible ²	
			Yes/No	Service
38498WA0320012	LifeWise Cascade Bronze	No	Yes	PCP visits
38498WA0320012	LifeWise Cascade Bronze	No	Yes	PCP visits
38498WA0320015	LifeWise Cascade Select Bronze	No	Yes	PCP visits

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

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

- (i) At least three primary care visits.
- (ii) Specialist office visits.
- (iii) Inpatient hospital services.
- (iv) Emergency room services.
- (v) Generic drugs.
- (vi) Preferred brand drugs.
- (vii) Specialty drugs.

E. Is your service area changing from Plan Year 2025?

No

Yes. We are making the following changes:

Geographic Rating Area	Additional Counties Covered	Terminated Counties (a.k.a. Exited or No Longer Covered)
1		
2		
3		
4		Lincoln
5		
6		

Washington State OIC 2026 Individual Medical Rate Filing Checklist

7		
8		San Juan
9		

F. **Network Information:**

Network Name	Type (EPO, HMO, POS, or PPO)	Tiered or Single	Date Filed
LifeWise Primary	EPO	Single	5/13/2025
LifeWise Alpine	EPO	Single	5/13/2025

G. **Rate filing file names for Parts I, II, and III of HHS Forms:** (Requirements per RCW 48.02.120(5) and 45 CFR §154.215.)

- Name the Parts I, II, and III according to the instructions provided in Washington State SERFF Life, Health and Disability Rate Filing General Instructions.

Section II – Experience Data and Projections

For each item, provide the rate filing document name and section number, page number, and/or exhibit number that addresses the item.

For example: (1) "Part III Rate Filing Documentation and Actuarial Memorandum," Section III or (2) "Supporting Documentation File," Exhibit 5.

For items that require justification, please indicate where to find both narrative and technical details.

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
EXPERIENCE PERIOD DATA			
1	<p>Complete Experience: Include the complete experience for all 2024 individual non-grandfathered plans which includes subsidized populations defined under the Cost Sharing Reduction (CSR) programs.</p> <ul style="list-style-type: none"> Per CCIIO, include experience data for the American Indian/Alaska Native (AIAN) population (see https://www.healthcare.gov/american-indians-alaska-natives/coverage/). Include experience for membership covered by plans with benefits and subsidy levels (73%, 87%, and 94% AV levels, as well as any zero cost-share subsidies for the AIAN population) sold in the market. Note: per CCIIO, the AIAN population is not restricted to silver level plans, however, eligible individuals must select a metal level plan (i.e., they are not eligible for AIAN-related subsidies with a catastrophic plan). Net of Rx rebates: Any prescription drug claims should be net of rebates received from drug manufacturers; please document in the Part III Actuarial Memorandum where and how this is addressed. Note: if financial data paid through March 2025 is not directly used as the foundation for this rate filing, discuss why the March 2025 data was not available. Discuss what data was used instead and how it was or was not adjusted to mimic data paid through March 2025. 		
a	<p>Financial data consistency: Demonstrate that the financial data, including the member months, in (i) URRT Worksheet 1, Section I General Product and Plan Information, (ii) URRT Worksheet 2, Section II Experience Period and Current Plan Level Information, (iii) the WAC 284-43-6660 summary, and (iv) the actuarial memorandum exhibits are consistent as of March 2025. If not consistent, explain why the discrepancy is appropriate.</p>	All consistent	

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
b	<p>Support for URRT Worksheet 1, Section I experience period data for 2024: Provide separately for medical and prescription drugs (Rx), as appropriate:</p> <ul style="list-style-type: none"> • By incurred month and paid month, for claims paid through March 2025: allowed claims and incurred claims (Note that any embedded pediatric dental claims experience should also be included and will be considered part of EHB experience; see URR Instructions' section 1.4 for additional information.) • Any annual estimated payable and/or receivable amounts (e.g., reserves, reinsurance, overpayments, rebates, and other) as of March 2025, including justification of such amounts • Any annual risk adjustment transfer amounts, including justification of such amounts • Monthly premium amounts • Monthly membership 	<p>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</p>	<p>Appx 3.1 Appx 2.4</p>
c	<p>Consistent with #1.b above, provide the following to support benefit category experience data in URRT Worksheet 1, Section II, and the WAC 284-43-6660 summary:</p> <p>(i) Provide the following separately for 2024 allowed claims and incurred claims as well as by incurred month and benefit category (i.e., categories as defined for URRT Worksheet 1, Section II, plus separate categories for each non-EHB):</p> <ul style="list-style-type: none"> • Change in reserves between the beginning (i.e., previous year's 3/31) claim reserves and ending (i.e., current year's 3/31) claim reserves. • Total claims. • PMPM (i.e., use monthly membership from #1.b above to calculate claims per member per month (PMPM)). • Paid-to-allowed ratios of paid (incurred) claims to allowed claims. <p>(ii) Explain if EHB allowed claims were obtained from claims records or imputed from paid claims. If amounts were imputed, please elaborate about how they were imputed.</p> <p>(iii) Demonstrate how URRT Worksheet 1, Section II, categories map to WAC 284-43-6660 summary categories. Reconcile data between the two summaries.</p> <p>(iv) Additionally, provide related monthly information in WA Exhibit 1.</p>	<p>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</p>	<p>i) The allowed and incurred claims show the actual experience. No beginning reserves are counted. Appx 3.1</p> <p>ii) EHB allowed claims were obtained from claims records.</p> <p>iii) Map directly</p> <p>iv) Provided</p>

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
d	<p>2024 actual and projected: Provide analysis of actual experience versus amounts projected in the plan year 2024 rate filing [45 CFR §154.301(a)(3)(ii)] in WA Exhibit 2.</p> <p>Identify material differences in actual and expected experience, the primary source(s) of deviations, and any action taken in your 2026 projections to address deviations. Additionally, address how the business is or is not impacted by federal income tax.</p>	WA Exhibits	Exhibit 2
e	<p>Split up experience if you are terminating any counties in 2025 and/or 2026: If you are terminating any counties for plan year 2025 and/or 2026, include a table splitting URRT Worksheet 1, Section I experience between continuing and terminated counties.</p> <p>If you are not terminating any counties, respond "N/A."</p>	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 1.1
2	<p>Manual EHB Allowed Claims: If credibility is 100%, respond "N/A" for each item.</p> <ul style="list-style-type: none"> If you use a credibility-blended estimate, explain the processes in detail (i) per guidance in URR Instructions 4.4.3.3, to establish the Manual EHB Allowed Claims PMPM for WA and (ii) per 4.4.3.4 to establish the credibility percentage for URRT Worksheet 1, Section II. Note: if the 2024 experience is 0.00% credible, then the trend, morbidity, demographic, plan design, and other factors in URRT Worksheet 1, Section II can be listed as 1.000. In that case, only analyses of the manual trend and adjustment factors are required. 		
a	<p>Manual data relevance: Explain the relevance of the data used to determine the Manual EHB Allowed Claims PMPM.</p>	N/A	
b	<p>Manual EHB allowed claims PMPM:</p> <ul style="list-style-type: none"> Show the detailed calculation of the Manual EHB Allowed Claims PMPM entered in URRT Worksheet 1, Section II. Justify any adjustments made to the data, such as adjustments for trend, morbidity, demographics, plan design, and geographic areas. Your response should clearly identify how your estimate considers 	N/A	

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<p>the cost and utilization characteristics of your individual health plan market service area in the State of Washington.</p> <ul style="list-style-type: none"> Note: the manual rate must be developed in a manner consistent with 100% credibility. See #2.c below. 		
c	<p>Credibility of experience data: Describe the credibility methodology and assumptions used, per Actuarial Standard of Practice (ASOP) No. 25.</p> <ul style="list-style-type: none"> Identify the actuarially sound and appropriate credibility procedure used to develop your credibility estimate. At what level is experience determined to be more than 0% credible? How is partial credibility determined? At what level is experience determined to be 100% credible? 	N/A	
d	<p>Show how you estimated credibility of the 2024 allowed claims and member months used in rate development. Use your credibility procedure.</p>	N/A	
3	Experience in WAC 284-43-6660 Summary, and Summary of Pooled Experience with Adjustments:		
a	<p>WAC 284-43-6660 summary, experience: Complete the WAC 284-43-6660 summary for Individual and Small Group Contract filings.</p> <ul style="list-style-type: none"> Provide data to support WAC 284-43-6660 without adjustments for Risk Adjustment and High-Cost Risk Pool (HCRP) receipts and assessments. Data should be based on the incurred years 2024, 2023, and 2022. 	WAC 284-43-6660	
b	<p>Summary of Pooled Experience with Adjustments:</p> <ul style="list-style-type: none"> Create a document or exhibit called "Summary of Pooled Experience with Adjustments" for calendar years 2024, 2023, and 2022. 	Summary of Pooled Experience with Adjustments	

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<p>Start with the "Summary of Pooled Experience" table from the WAC 284-43-6660 summary and add the following rows:</p> <ul style="list-style-type: none"> ○ Risk Adjustment transfer amounts ○ HCRP receipts ○ HCRP assessments ○ HHS-RADV adjustments: Indicate the source of each RADV amount and specify each applicable Benefit Year (BY) and HHS report date. List amounts from different reports on separate lines. ○ Commercial reinsurance reimbursements received and expected ○ Adjusted Gain/Loss, excluding anticipated Medical Loss Ratio (MLR) rebates, as a dollar amount ○ Adjusted Gain/Loss, excluding anticipated MLR rebates, as a percent of premium ○ Anticipated MLR rebates ○ Subsequent adjustments: If necessary, also list any subsequent adjustments for prior years according to when payments were received. Document the amount and incurred year for each adjustment. For example, if a Risk Adjustment transfer amount was received or paid in 2024 for a period prior to 2024 at an amount other than the Risk Adjustment transfer amounts above (i.e., at the top of this list), list the difference as a below-the-line adjustment to 2024 experience. <ul style="list-style-type: none"> ● Add a copy of this table to the Part II Written Description. ● Document and justify every estimated amount. ● For each federal Risk Adjustment transfer amount, identify either (1) the final federal Risk Adjustment Payments Report used or (2) the interim risk adjustment report used. Note: only use an interim report for periods when a final report is not yet available. ● Note: Since the federal Reinsurance and Risk Corridor programs ended in 2016, they should not be included in the summary. 		

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
c	<p>Changes to prior period experience: If applicable, justify and show line-item differences in 2023 and 2022 experience in this rate filing's summary versus the final version of the "Summary of Pooled Experience with Adjustments" in last year's filing. Also, describe any such changes in the WAC 284-43-6660 summary under General Information #5.</p>		
4	<p>Plan Level Experience and Current Data: Document and justify URRT Worksheet 2, Section II Experience Period and Current Plan Level Information.</p> <ul style="list-style-type: none"> • Explain whether amounts are based on each plan's experience or allocated to plans. If amounts are allocated, demonstrate and justify the allocation method. • Explain any differences between totals in URRT Worksheet 2, Section II and URRT Worksheet 1, Section I. 	The amounts are actual experience by plan	
TREND FACTORS			
5	<p>Allowed Claims Trends: Trend assumptions should reflect your best estimates by URRT Worksheet 1 benefit category and one or more categories of non-EHBs, as applicable. Rely on market-specific information for Washington State to the extent possible. Justify use of any alternative data. As indicated in URR Instructions, describe the trend development in the Part III actuarial memorandum.</p>		
a	<p>Allowed claims EHB trend analysis:</p> <ul style="list-style-type: none"> • In WA Exhibit 3, provide annual EHB trends by benefit category. See instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file. • In WA Exhibit 4, provide your retrospective analysis of normalized EHB allowed claim trends. See instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file. • In WA Exhibit 5, provide aggregate actual experience (A) EHB trends, projected (i.e., expected; E) EHB trends, and actual-to-expected (a.k.a. A:E) EHB trend analysis. See instructions in the exhibit 	WA Exhibits	Exhibit 4

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.		
b	Allowed claims non-EHB trend analysis: If applicable, include an exhibit that develops the non-EHB allowed claims trend.	N/A	
c	<p>Projected allowed claims trend development (EHB & non-EHB):</p> <ul style="list-style-type: none"> • As outlined in URR Instructions 4.4.3.1, describe how you arrived at your allowed claims trend assumptions, including the data used, credibility of the data used, and any adjustments made to the data. • Provide an overall allowed claims trend estimate as well as EHB breakdowns into URRT worksheet 1 benefit categories (or at least medical and prescription drug categories). <ul style="list-style-type: none"> ○ Further break the EHB trends down into utilization, unit cost, and service mix/intensity components. ○ Upload relevant EHB details to WA Exhibit 3; see instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file. • If your overall trend, indicated in URRT Worksheet 1, Section II, differs materially from the retrospective trend indicated in WA Exhibit 4, provide detailed actuarial support for the difference. Address the following: <ul style="list-style-type: none"> ○ Actuarial support must provide both qualitative and quantitative bases for the difference. Refer to other WA Exhibits and/or separate issuer-developed actuarial exhibits for support, where appropriate. ○ Prospective trend adjustments should identify all data, assumptions, methods, and models. Note that prospective trend adjustments are NOT exempt from actuarial support requirements. Reliance statements do not exempt carriers from actuarial support requirements. • Address how your estimates reflect trends specific to the State of Washington. Note that nationwide trend analysis is not sufficient support for Washington State unit cost trend projections. <ul style="list-style-type: none"> ○ Address whether and how unit cost projections reflect projected network and provider contract changes for the projection period. Comment about how much of the provider 	Part III Rate Filing Documentation and Actuarial Memorandum	Projection Factors: Trend Factors

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	contracting is already complete for plan year 2026 and how much of the projected reimbursement trend is already locked in for plan year 2026.		
d	<p>Independence of various utilization changes:</p> <ul style="list-style-type: none"> Explain how you separated expected utilization changes due to (i) changes in average health status of the population (a.k.a. morbidity) versus (ii) other projected utilization changes (e.g., change in mix of services). Clarify how the various utilization and morbidity adjustments in the rate filing are independent (i.e., do not overlap nor depend on one another). 	N/A	Morbidity adjustment is not applied
6	<p>Incurred Claims Trends:</p> <ul style="list-style-type: none"> Trend assumptions should reflect your best estimates by URRT Worksheet 1 benefit category and one or more separate non-EHB categories, as applicable. They should also be available for each type of service in the WAC 284-43-6660 trend factor summary. Incurred claims trends differ from allowed claims trends in that they reflect leveraging of fixed cost-shares. Rely on market-specific information for Washington State to the extent possible. Justify use of any alternative data. Describe the trend development in the Part III actuarial memorandum. 		
a	<p>Incurred claims projected trend (EHB & non-EHB): (see also #32.c of this checklist)</p> <ul style="list-style-type: none"> Include an exhibit that develops the incurred claims trend percentages entered in the WAC 284-43-6660 summary. Justify the projected incurred claims trend percentages. Show how to calculate the Portion of Claim Dollars for trends in the WAC 284-43-6660 summary. Note: the percentages should be based on the 2024 incurred claims dollars by trend category. The total incurred claims used in the calculation should be consistent with the incurred claims PMPM in URRT Worksheet 2, Section II Experience Period and Current Plan Level Information, Field 2.17. Demonstrate that the overall incurred claims annual trend (EHB and non-EHB) matches (1) the annualized trend from URRT Worksheet 1, Section I General Product and Plan Information to URRT 	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 2.1

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	Worksheet 2, Section IV Projected Plan Level Information, Field 4.15 as well as (2) the incurred claims trend listed in Rate Review Details (see also #23.b of this checklist).		
URRT WORKSHEET 1, SECTION II EXPERIENCE PERIOD and CURRENT PLAN LEVEL INFORMATION, NON-TREND EHB ADJUSTMENT FACTORS			
7	<p>URRT Worksheet 1, Section II Non-Trend EHB Factors:</p> <p>Explain and show the detailed calculations for actuarial assumptions underlying each non-trend EHB factor used in URRT Worksheet 1, Section II Experience Period and Current Plan Level Information. Provide actual experience, projections, and actual-to-expected information in WA Exhibit 5; see instructions in the exhibit template.</p> <ul style="list-style-type: none"> • Morbidity Adjustment • Demographic Shift • Plan Design Changes • Other <p>If applicable, provide a detailed breakdown of any adjustments made under the "Other" category such as significant provider network or pharmacy rebate changes from the experience period.</p>	<p>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</p> <p>Part III Rate Filing Documentation and Actuarial Memorandum</p>	<p>Appx 2.2, 2.3a, 2.3b, 2.3c, 2.3d</p> <p>Projection Factors: Demographic Shift & Other Adjustments</p> <p>Morbidity Adjustment and Plan Design Changes are not applied</p>
URRT WORKSHEET 2, SECTION I GENERAL PRODUCT and PLAN INFORMATION, AV METAL VALUES			
8	<p>AVC Screenshots:</p> <p>(see also #9 below)</p> <ul style="list-style-type: none"> • Provide the Actuarial Value Calculator (AVC) screenshots in PDF format showing "Calculation Successful." State the corresponding HIOS Plan ID on each AVC Screenshot. For the 2026 AV Calculator and Methodology, see link: https://www.cms.gov/ccio/resources/regulations-and-guidance/index.html <p>Please do not submit AVC screenshots for every CSR plan variation (i.e., 73%, 87%, and 94%), however, be mindful of the de minimis variation limit of 0/+1 percentage points.</p> <p>NOTE: if you rely on AV Metal Values calculated by the Exchange's actuaries, do not submit your own AVC screenshot copies for standardized plans. Instead, document such reliance in your Part III actuarial memorandum and include in SERFF Supporting Documentation a copy of the Exchange's actuarial certification of AV Metal Values for standardized plans.</p>	<p>AV Screenshots Cascade Plans</p> <p>AV Screenshots Cascade Plan</p>	

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	<ul style="list-style-type: none"> MHSUD cost-share: You may list the MHSUD office visit cost-share in the AVC if you include justification in the actuarial memorandum that blending the cost-share with the MHSUD other outpatient cost-share has a negligible impact on the final AV Metal Value. Please reformat the “Coinsurance, if different” cells to display the same 4-decimal place accuracy as the default coinsurance for tiers 1 & 2. Also, reformat the tiered utilization percentages to more accurately indicate the weights used in the calculation. The AV Metal Value of non-standardized silver health plans offered on the Exchange may not be less than the AV Metal Value of the standardized silver health plan with the lowest AV Metal Value. [RCW 43.71.095(2)(b)(iii)] Standardized plan information is available on Exchange’s website. <u>Metal Levels</u> Platinum – 90%, range -2/+2% Gold – 80%, range -2/+2% Silver – 70%, range -2/+2% for non-QHPs and 0/+2% for QHPs Bronze – 60%, range -2/+2% or Expanded Bronze +2/+5% Catastrophic – The AV requirements are not specified by law 		
9	<p>Unique Benefit Design for AVC (Actuarial Value Calculator): Note: Address this item in conjunction with #8 above.</p> <ul style="list-style-type: none"> The actuary would be prudent to attempt to use data and assumptions that are consistent with the calculators as much as possible when adjusting for unique plan designs (https://www.actuary.org/sites/default/files/files/MVPN_042314.pdf). The continuance tables in the AVC should be used, if possible, so that the adjustments are consistent with the AVC calculations. Do any plans have a unique benefit design? If yes, for each such plan, you must: <ul style="list-style-type: none"> Use one of the two methods, 45 CFR §156.135(b)(2) or 45 CFR §156.135(b)(3), to certify the Metal Value and provide the exact AV Metal Value for the plan. You must also provide detailed support for your unique plan design AVs. Please provide supporting unique AV calculations in your rate filing memorandum and exhibits. <ul style="list-style-type: none"> Include enough detail for the reviewer to determine whether the methods, assumptions, and results are appropriate and reasonable. 		

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	<ul style="list-style-type: none"> ○ You must provide justification for AVs when actual plan designs deviate from the AVC's functionality, even if your actuary assumes the impact is immaterial. ● Notes About Plan Designs in the AVC: <ul style="list-style-type: none"> ○ To be consistent with the requirements in the AVC User Guide (see FAQ Q2 & Q3), all plans with a \$0 Rx or a \$0 medical deductible should indicate an integrated medical and drug deductible when possible. For illustrative purposes, consider a plan with a non-zero medical deductible and a \$0 drug deductible, which is equivalent to saying that none of the drug tiers (i.e., benefits) is subject to any kind of deductible: <ul style="list-style-type: none"> ▪ Case 1: One or more of the drug tiers are subject to coinsurance (which, from our earlier assumption, apply before any deductible). ▪ Case 2: Each drug tier is either fully covered or subject to a copay. ▪ For Case 1, using a combined deductible would force the drug coinsurance(s) to apply after the medical deductible (given the limitations of the AVC with regards to entering coinsurance before the deductible). For Case 2, an integrated deductible should be used. ○ The reverse situation with \$0 medical and non-zero Rx deductibles is similar, however, only coinsurance for the medical benefits listed in the AVC are considered. If, for example, a coinsurance is only applied to the ambulance benefit, which is not part of the AVC, a combined deductible should be applied. ○ <i>Plans that include Coinsurance During the Deductible Phase or can otherwise be described as having "Services not Subject to Deductible and without a copay":</i> Excel row 72 on the User Guide sheet of the AVC states, "Services not subject to deductible and without a copay are treated as covered at 100 percent by the plan until the deductible is met through enrollee payments for other services." When this occurs, the AVC output is higher than that of the actual plan design; the difference depends on the size of the deductible and impact of the corresponding benefit on the actuarial value. The exact difference, however, is unknown without using an effective copay, which requires a unique benefit design, to approximate the coinsurance in the deductible range. If your plans include this type of cost-sharing design, you are required to show that their AVs are within the acceptable metal level range using unique benefit designs. See the AVC User Guide sheet FAQ Q16 for additional information. 		

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Line	Task	Issuer Response:	
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	<ul style="list-style-type: none"> ○ <i>Plans that include "Services not Subject to Deductible and with a copay":</i> Copays paid during the deductible range do not accumulate toward the deductible, regardless of whether the benefit is subject to deductible. ○ <i>Plans that partition benefit categories into subcategories with different cost-share designs:</i> If the plan has different cost-sharing for subcategories of benefits included in the AVC but the AVC only accepts one cost-sharing structure, you must (1) enter the cost-share variations in the Benefit Components document and (2) account for the differences between the plan design and the AVC functionality in your AV Metal Value calculations. For example, the AVC only accepts one MHSUD (mental health/substance use disorder) outpatient cost-share structure, so if a plan design includes different cost-shares for MHSUD outpatient professional (office) visits versus MHSUD outpatient other-than-professional-visits, the plan design does not align with standard use of the AVC. 		
a	<p>If using the unique benefit design certification method in 45 CFR §156.135(b)(2):</p> <ul style="list-style-type: none"> • Provide the required actuarial certification language as well as justification and <u>detailed calculations</u> of how you estimated a fit of the plan design into the parameters of the AVC. • Submit one AVC screenshot for each plan to show that the benefit design after the fit is a legal metal plan. 	N/A	
b	<p>If using the unique benefit design certification method in 45 CFR §156.135(b)(3):</p> <ul style="list-style-type: none"> • Provide the required actuarial certification language as well as justification and <u>detailed calculations</u> of (i) how the AVC was used to determine the AV Metal Value for the plan provisions that fit within the calculator parameters while (ii) appropriate adjustments were made to the AVC output(s) for plan design features that deviate substantially from AVC parameters. • Submit two or more AVC screenshots including at least one extreme high AV Metal Value and one extreme low AV Metal Value based on features like those of the plan. • Using the filed AVC screenshot results, explain how adjustments are made to generate each plan's EXACT final AV Metal Value used in the URRT. 	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 6

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
c	<p>Unique Plan Design Supporting Documentation and Justification: Include a completed Unique Plan Design Supporting Documentation and Justification form (a blank form can be found on the CMS website). Note: You may submit your own version of the official form, to accommodate your complete responses and improve readability.</p>	<p>Unique Plan Design Supporting Documentation and Justification Cascade</p>	
		<p>Unique Plan Design Supporting Documentation and Justification Non-Cascade</p>	
d	<p>Pharmacy tiers: If your prescription drug tiers do not exactly match those in the AVC and you do not identify the plans as having unique benefits, please add a discussion to the Part III actuarial memorandum. Consider guidance in relevant documents such as the PY2025 QHP Issuer Application Instructions (e.g., 5.8 Suggested Coordination of Drug Data between Templates) and AVC supporting documentation.</p>	N/A	
10	<p>AV Metal Values: (URRT Worksheet 2, Section I General Product and Plan Information, Field 1.6) Load the final PY2026 AV Metal Values into URRT Worksheet 2 and WA Exhibit 6. Additionally, load prior AV Metal Values into WA Exhibit 6; see instructions in the exhibit template.</p>	WA Exhibits	Exhibit 6
URRT WORKSHEET 2, SECTION III PLAN ADJUSTMENT FACTORS			

11

AV and Cost Sharing Design of Plan Factors:

(URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.3)

Document and justify the factors including #11.a through #11.d below.

Then, address items #11.e through #11.h below. Include aggregate actual experience, projections, and actual-to-expected analysis in WA Exhibit 7; see the instructions in the exhibit template.

URR Instructions Section 2.2.3 and URRT Worksheet 2, Section III include four adjustments directly related to plan-level incurred claims rate development.

- These adjustments are the “AV and Cost Sharing Design of Plan”, “Provider Network Adjustment” (see checklist #12), “Benefits in Addition to EHB” (see checklist #13), and “Catastrophic Adjustment” (see checklist #14).
- Do not include morbidity of the population expected to enroll in the plan (i.e., differences due to health status) per URR Instructions Section 4.4.4.
- Each of these adjustments should be normalized to not double count the impact of the other factors.

To derive the “AV and Cost Sharing Design of Plan”:

- There are four subcomponents of the adjustment defined in WAC 284-43-6810(1); they are:
 - AV pricing value,
 - Induced demand factor (IDF),
 - Cost-sharing reduction (CSR) silver load (if applicable), and
 - Exclusion of funds for abortion services per 45 CFR §156.280(e) (if applicable).
- Definitions of these terms and related terms can be found in WAC 284-43-6800.
- Detailed guidance related to each subcomponent of the “AV and Cost Sharing Design of Plan” is provided in this checklist in sections 11 (a)-(h).
- The formula combining the subcomponents of the “AV and Cost Sharing Design of Plan” is expected to be the following: (AV and Cost Sharing Design of Plan) = (AV Pricing Value) x (Induced Demand Factor, IDF) x (CSR Silver Load and/or AIAN adjustment, as applicable) x (Factor to exclude the cost of abortion services for which public funding is prohibited); where the AV Pricing Value and IDF are on an appropriate relativity basis.

Note the following:

- For benefit differences relate to EHB-only cost sharing. See #11.a below.

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	<ul style="list-style-type: none"> For expected utilization adjustments due to differences in cost-sharing (i.e., induced demand). See #11.b below. For CSR silver load and exclusion of funds for abortion services per 45 CFR §156.280(e): <ul style="list-style-type: none"> If CSR payments are not funded, a CSR silver load factor should be included for the on-Exchange silver plans; this is an additional step not covered in the URR Instructions. See #11.c below. For all plans offered on the Exchange, include an adjustment to remove the impact of coverage of abortion services for which public funding is prohibited. See #11.d below. To determine aggregate weighted averages for items covered by this #11, unless otherwise specified, apply each plan's projected membership as weights. 		
a	<p>AV Pricing Value (a.k.a. EHB paid-to-allowed factors) by plan:</p> <ul style="list-style-type: none"> Provide the factor for each plan that shows the impact of benefit differences for EHB-only cost sharing. See WAC 284-43-6800(3) for the definition of AV pricing value and WAC 284-43-6800(1) for the definition of AV metal value. Per WAC 284-43-6810(3): <ul style="list-style-type: none"> Rate development exhibits should demonstrate compliance with the following: <ul style="list-style-type: none"> "The AV pricing value must be within $\pm 2\%$ of a plan's designated AV metal value." "The allowable range of AV pricing value may be increased or decreased by 1% and must not result in a total adjustment exceeding $\pm 3\%$, if the plan has significant features that are not considered in the AV metal value calculation. Applicable plan features may include, but are not limited to, an embedded pediatric dental benefit, aggregate family deductible, or significant out-of-network utilization." If you are requesting the expanded AV Pricing Value range of $\pm 3\%$, identify this in WA Exhibit 9 and provide supporting documentation for the request. Documentation for this request must show significant plan features impact EHBs, those plan features are excluded from consideration in the federal AV calculator and AV metal value, and those plan features have a material pricing impact supported by actuarial analysis. 	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 2.5

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	<ul style="list-style-type: none"> ▪ Note that AV pricing value must be actuarially sound, and the ranges referenced above should not be used as an adjustment (i.e., ceiling or floor) to AV pricing values. ▪ AV pricing values should be normalized for impacts of all other allowable plan-level rating adjustments (including subcomponents of the “AV and Cost Sharing Design of Plan”) and for use in the calculations of the “AV and Cost Sharing Design of Plan” factors. ○ The Part III actuarial memorandum in the rate filing must include the following information related to AV metal value and AV pricing value: <ul style="list-style-type: none"> ▪ Each plan's AV metal value, AV pricing value, and the method used to develop AV pricing values. ▪ The methodology that was used to develop the AV pricing value including that it is based on a standardized population. The carrier must identify all material changes in the AV pricing value development and their impacts. ▪ Note that if you have a commercial or other (e.g., internal) reinsurance/pooling agreement, consider projected recoverable amounts in the overall AV Pricing Value. 		
b	<p>Induced demand factors (IDFs) by plan:</p> <ul style="list-style-type: none"> • Each plan’s IDF can vary by plan design but must be consistent with the federal risk adjustment transfer formula per WAC 284-43-6810(2). Therefore, plan IDFs should be determined by the formula $(AV \text{ pricing value})^2 - (AV \text{ pricing value}) + 1.24$. • Note the following: <ul style="list-style-type: none"> ○ The MAIR reflects average induced demand for the pool. ○ IDFs adjust average pool-level projected allowed claims to plan-level amounts. IDFs reflect the impact of plan design on plan-level utilization (i.e., induced demand or anti-selection) relative to the average induced demand in the pool. IDFs should not change the overall expected allowed claims nor the paid-to-allowed claims ratio. ○ Calculate the aggregate impact of your pool’s projected induced demand factors. If it is not 1.000, apply an adjustment in URRT worksheet 1’s “Other” adjustment. Such an adjustment should equal $(1 / (\text{aggregate impact of your pool’s projected induced demand factors}))$. The net impact should be 1.000. 	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 2.5a

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
c	<p>Cost-sharing reduction (CSR) silver load factors by plan:</p> <ul style="list-style-type: none"> Note: In this case, references to “CSR” subsidies include subsidies for the AIAN population. Include actual experience and the projected CSR silver load factor in WA Exhibit 8; see the instructions in the exhibit template. Consult WAC 284-43-6820 for guidance on the uniform CSR silver load adjustment factor for plan year 2026. 	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 2.5
d	<p>Exchange plan adjustment for cost of covering certain abortion services: (see also #13 & #27 of this checklist)</p> <p>For Exchange plans only, include an adjustment factor to remove the impact of coverage of abortion services for which public funding is prohibited. Per 45 CFR §156.280(e)(4)(iii), you may not estimate such a cost at less than one dollar per enrollee, per month (i.e., \$1.00 premium PMPM, see https://www.cms.gov/files/document/qhp-abortion-faq.pdf Q3).</p> <ul style="list-style-type: none"> Note that you must include abortion services in URRT Worksheet 1, Section II because Washington considers abortion services to be EHBs. The impact of coverage of abortion services for which public funding is prohibited should be addressed in URRT Worksheet 2, Section II Experience Period and Current Plan Level Information. In other words, related costs should flow through with other claim experience. For Exchange plans: <ul style="list-style-type: none"> Include the impact as part of URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.5 Benefits in Addition to EHB. Remove the impact from URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.3 AV and Cost Sharing Design of Plan. The abortion adjustment applied to Field 3.3 is the reciprocal of the abortion adjustment applied to Field 3.5. (URR Instructions Section 2.2.3). This load should be explicitly listed as a separate column in your development exhibit for the AV and Cost Sharing Design of Plan factors. Explain in the Part III actuarial memorandum that per URR instructions, coverage of abortion services for which public funding is prohibited are included in the URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.5 as a non-EHB. 	<p>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</p> <p>Part III Rate Filing Documentation and Actuarial Memorandum</p>	<p>Appx 2.5</p> <p>Non-Benefit Expense: Non-EHB Benefits</p>

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
e	<p>AV and Cost Sharing Design of Plan factors: (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.3) Discuss and demonstrate the calculation of the final plan adjustment factors used in URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.3, AV and Cost Sharing Design of Plan. See the introduction to this checklist #11 for the AV and Cost Sharing Design of Plan formula using the four subcomponents addressed in WAC 284-43-6810(1).</p>	<p>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</p> <p>Part III Rate Filing Documentation and Actuarial Memorandum</p>	<p>Appx 2.5</p> <p>Market to Plan Factors: AV and Cost Sharing of Plan Adjustment</p>
f	<p>Compare the AV Metal Value and the AV Pricing Value: Provide the comparison of the AV Metal Values and AV Pricing Values in WA Exhibits 6 and 9.</p>	<p>WA Exhibits</p>	<p>Exhibit 6, 9</p>
g	<p>Base premium rates versus CPAIR: Calculate the difference between the 1.0000 premium rates (i.e., age factor 1.0000 such as for age 21; area factor 1.0000; tobacco factor 1.0000 for non-smoker) for each plan in the Rate Schedule and the Calibrated Plan Adjusted Index Rate (CPAIR) amounts in URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.14. The differences should be within a few cents at most. (see also #36 of this checklist)</p>	<p>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</p>	<p>Appx 2.5</p>
h	<p>Experience period incurred claims, allowed claims, and paid-to-allowed ratios: Include a table that shows by metal level the 2024 paid (incurred) claims and allowed claims experience and calculates the paid-to-allowed ratios. See also #1.c and #1.d of this checklist.</p>	<p>WA Exhibits</p>	<p>Exhibit 8</p>
12	<p>Provider Network Adjustment Factors: (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.4) Demonstrate the build-up of the provider network factors. If you only have one network, please respond "N/A," and use a factor of 1.0000. The network factors should be normalized so that there is no change to the overall weighted average of the claim costs after the Provider Network Adjustment factors are applied. Include an exhibit demonstrating the normalization (i.e., normalize the network factors such that the following amounts match):</p>	<p>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</p> <p>Part III Rate Filing Documentation</p>	<p>Appx 2.3a Appx 2.3b Appx 2.5 Projection Factors: Other Adjustments</p>

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Line	Task	Issuer Response:	
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	<ul style="list-style-type: none"> Average incurred claims with risk adjustment and Exchange user fee: Sum product of the projected membership x MAIR x (AV and Cost Sharing Design of Plan) x (Benefits in Addition to EHB) x (Catastrophic Adjustment) divided by the total projected membership. Average incurred claims with risk adjustment and Exchange fee as well as provider network adjustment factors: Sum product as described above with Provider Network Adjustment factors also incorporated. <p>If applicable, include a discussion of the network for the public option plans (i.e., Cascade Select plans).</p>	and Actuarial Memorandum	
13	<p>Benefits in Addition to EHB Factors: (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.5) Document and justify these factors. Note that they should be developed as loads on EHB incurred claims. See URR Instructions and 45 CFR §156.115(d) for additional information. Include aggregate actual experience, projections, and actual-to-expected analysis in WA Exhibit 7; see the instructions in the exhibit template.</p> <p>If plans do not include non-EHBs (non-essential health benefits) and all plans are outside the Exchange, please respond "N/A."</p> <p>Notes about abortion services for URRT purposes (see also #11.d & #27 of this checklist):</p> <ul style="list-style-type: none"> Exchange plans that include coverage of abortion services for which public funding is prohibited must calculate such abortion services as non-EHBs. For plans offered Outside Market Only, such abortion services must be calculated as EHBs. Then, only non-EHBs, if applicable, should be addressed as part of Benefits in Addition to EHB. 	<p>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</p> <p>Part III Rate Filing Documentation and Actuarial Memorandum</p>	<p>Appx 2.5 Non-Benefit Expense: Non-EHB Benefits</p>
14	<p>Catastrophic Adjustment Factors: (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.9) Document and justify any such factor(s). Include aggregate actual experience, projections, and actual-to-expected analysis in WA Exhibit 7; see the instructions in the exhibit template.</p>	N/A	

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
URRT WORKSHEET 2, SECTION III PLAN ADJUSTMENT FACTORS, CALIBRATION FACTORS			
15	Age Factors and Age Calibration Factors:		
a	Age calibration factor development: Provide the 2026 age factors and the calculation of the age calibration factor used in URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.11. Note: each calibration factor (age, geographic, and tobacco) must be calculated independently.	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 2.6
b	Age calibration factors, projected versus prior: Compare the 2026 age calibration factor to the 2023, 2024, and 2025 factors.	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 2.6
c	Average age: Show the average age and provide actuarial justification for the methodology employed to calculate the average age.	Part III Rate Filing Documentation and Actuarial Memorandum	Market to Plan Factors – Calibration Factors: Age
16	Area Factors and Geographic Calibration Factors: See WAC 284-43-6701 for geographic rating areas effective on or after January 1, 2019. Note, if Area 1 (King County) is in your service area, its factor must be set at 1.0000. If Area 1 (King County) is not in your service area, the geographic rating area of the county with the largest enrollment in your service area must be set at 1.0000. If you are an insurer new to the Washington state market, the geographic area with the greatest number of counties must be set at 1.0000.		
a	Area factor development: Note: if your service area is limited to a single area, please respond "N/A," since the area factor is 1.0000. Demonstrate the build-up of the geographic rating area factors. Document and justify the 2026 factors with details including, but not limited to, the following: <ul style="list-style-type: none"> • Certify that the following items were not used to establish any geographic rating area factor: 	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 2.6a Market to Plan Factors – Calibration Factors: Age

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	<ul style="list-style-type: none"> ○ Health status of enrollees or the population in an area. ○ Medical condition of enrollees or the population in an area including physical, mental, and behavioral health illnesses. ○ Claims experience. ○ Health services utilization in the area. ○ Medical history of enrollees or the population in an area. ○ Genetic information of enrollees or the population in an area. ○ Disability status of enrollees or the population in an area. ○ Other evidence of insurability applicable in the area. ● Clarify how projected unit cost changes were considered for each area. Also, clarify how credibility was considered. Like trends, you should not solely rely on historical information, especially if it is not considered to be 100% credible or if significant changes are projected in the future. 	Part III Rate Filing Documentation and Actuarial Memorandum	
b	<p>Area factors, highest versus lowest: Demonstrate that your geographic rating area factors comply with WAC 284-43-6681 highest to lowest cost ratio requirements of</p> <ul style="list-style-type: none"> ● 1.40 if offering an Exchange QHP in every county, ● 1.22 if offering an Exchange QHP in every county in six or more rating areas, or ● 1.15 in all other cases. 	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 2.6a
c	<p>Area factors, projected versus prior: Compare the 2026 area factors and calibration factor to the 2023, 2024, and 2025 factors. If the 2026 factors did not change from those in the prior filing, indicate why the factors did not change; indicate when the factors were last evaluated and what data was used in that evaluation. Note: Our opinion is that the geographic area factors should be regularly evaluated.</p>	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 2.6a Appx 2.6
d	<p>URRT geographic calibration factor: Provide the calculation of the geographic calibration factor used in URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.12. Note: each calibration factor (age, geographic, and tobacco) must be calculated independently.</p>	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 2.6

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		Document Name	Section / Page / Exhibit Number
e	Load area factors into URRT: Provide the geographic rating areas and rating factors in URRT Worksheet 3.	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 2.6a
17	Tobacco Use Factor and Tobacco Calibration Factor:		
a	Tobacco use factor development: Document and justify the 2026 Tobacco Use factor. <ul style="list-style-type: none"> The maximum factor is 1.500 (see 45 CFR §147.102(a)(1)(iv)). If the factor did not change from the prior filing, indicate when the factor was last evaluated and what data was used in that evaluation. Note: Our opinion is that the factor should be re-evaluated periodically. 	N/A	Removed the Tobacco Use factor for 2026.
b	URRT tobacco calibration factor: Provide the calculation of the tobacco calibration factor used in URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.13. Note: each calibration factor (age, geographic, and tobacco) must be calculated independently.	N/A	
c	Tobacco factors, projected versus prior: Compare the 2026 tobacco use factor and calibration factor to amounts for 2023, 2024, and 2025.	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 2.6
RISK ADJUSTMENT AND HIGH-COST RISK POOL (HCRP)			
18	Experience Period Risk Adjustment & HCRP:		
a	Experience period risk adjustment formula details:	WA Exhibits	Exhibit 10

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<p>Provide the actual 2024 risk adjustment experience and projections in WA Exhibit 10; see the instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.</p> <p>REMINDER: Do NOT revise the sign (receivables positive; payables negative) of the actual or projected risk adjustment transfer and HCRP amounts in any exhibit unless specifically instructed to do so. Clearly document the instances when the instructions specify a change in sign.</p>		
	<p>b Experience period risk adjustment & HCRP by plan: (URRT Worksheet 2, Section II Experience Period and Current Plan Level Information, Field 2.7) Using formulae, please address 2024 risk adjustment transfer amounts, HCRP assessments, and HCRP receipts.</p>	<p>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</p>	<p>Appx 3.3a</p>
19	Projection Period Risk Adjustment & HCRP:		
	<p>a Projection period incurred risk adjustment & HCRP development: (URRT Worksheet 2, Section IV Projected Plan Level Information, Fields 4.7 and 4.16) Provide the projected plan year 2026 risk adjustment information in WA Exhibit 10; see the instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.</p>	<p>WA Exhibits</p>	<p>Exhibit 10</p>
	<p>b Projection period risk adjustment & HCRP for URRT Worksheet 2 (on incurred claims basis), Development and justification: (URRT Worksheet 2, Section IV Projected Plan Level Information, Fields 4.7 and 4.16)</p> <ul style="list-style-type: none"> Explain in detail in the Part III actuarial memorandum how you estimated the 2026 risk adjustment factors (e.g., PLRS, IDF, GCF, AV, and ARF), including the four membership groupings in (a), as applicable. (See URR Instructions regarding the requirements to provide detailed information and justification for risk adjustment.) Provide detailed support and rationale for each assumption, including persisting membership, stating the most current data used, its "as of" date, and its source (e.g., internal, CMS, etc.). Describe how your projections considered the 2026 risk adjustment model changes. 	<p>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</p>	<p>Appx 2.4</p>

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> Explain 2026 HCRP estimated assessments and receipts. We expect the following: <ul style="list-style-type: none"> Since the URRT applies total pool-level projected risk adjustment in Worksheet 1, Section II, the projected risk adjustment loaded into Worksheet 2, Section IV can use total pool-level projections rather than metal/catastrophic or plan projections. Applicable risk adjustment transfer amount parameters projected for your own risk pool will be consistent with assumptions in the rate development (e.g., population and other factors in URRT, age and geographic calibration factors, etc.). Please explain any deviations. 		
c	<p>Projection period risk adjustment & HCRP for URRT Worksheet 1 (on allowed claims basis): (URRT Worksheet 1, Section II Projections)</p> <p>Provide the calculation of the projected Risk Adjustment Payment/Charge, on an allowed claim dollar basis, as entered in URRT Worksheet 1, Section II. For additional details, see #28 of this checklist.</p>	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 2.4
d	<p>Projected 2026 RADV impacts:</p> <p>Explain in the Part III actuarial memorandum any impacts due to Risk Adjustment Data Validation (RADV) audits. For example, explain any impact to the company or statewide 2026 PLRS projections due to the 2022 RADV audit report.</p>	Part III Rate Filing Documentation and Actuarial Memorandum	Risk Adjustment Transfer
e	<p>HCRP, projected versus prior:</p> <p>Compare (i) actual HCRP receipts and assessments for 2022, 2023, and 2024 versus (ii) projected HCRP receipts and assessments for 2022, 2023, 2024, 2025, and 2026. Explain differences.</p>	<p>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</p> <p>Part III Rate Filing Documentation and Actuarial Memorandum</p>	<p>Appx 3.3b</p> <p>Risk Adjustment Transfer</p>

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
f	Projection period risk adjustment transfers & HCRP by plan: Using formulae, please address 2026 projected risk adjustment transfer amounts, HCRP assessments, and HCRP receipts on an incurred basis.	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 1.2

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
RETENTION LOADS			
URRT WORKSHEET 2, SECTION III PLAN ADJUSTMENT FACTORS, ADMINISTRATIVE COSTS			
20	<p>Administrative Expense: (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.6) Provide the requested information in WA Exhibit 11; see instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.</p> <p>Projection period administrative expense development:</p> <ul style="list-style-type: none"> • In the Part III actuarial memorandum and supporting exhibits, justify the 2026 PMPM and/or percent of premium load for each item, and comment why various amounts do or do not vary by plan. • In the Part III actuarial memorandum, justify any item with a \$0.00 load. For example, if no offset is projected for investment income, please explain why. Note: it is insufficient to simply state that an amount is considered immaterial. • In the Part III actuarial memorandum, describe planned quality improvement initiatives. • At a minimum, include detailed calculations of the following projected amounts: <ul style="list-style-type: none"> ○ Quality improvement (QI) expenses ○ Commissions ○ Commercial reinsurance premium (if applicable) ○ Offset for anticipated investment income (if applicable) ○ General administrative expenses • Note that the commissions load should be consistent with the submitted commission certification (see also #35 of this checklist). The load may include adjustments for bonuses which are not specific to the individual line of business and, therefore, not covered in the certification. Any such bonuses should be explained in the Part III actuarial memorandum and exhibits. <p>Combine these amounts with actual taxes and fees to reconcile to Expenses shown in the WAC 284-43-6660 summary (see also #21 of this checklist).</p>		

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
21	<p>Taxes and Fees: (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.7) Provide the requested information in WA Exhibit 11; see instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.</p> <p>Projection period taxes and fees' development:</p> <ul style="list-style-type: none"> • In the Part III actuarial memorandum and supporting exhibits, justify the 2026 PMPM and/or percent of premium load for each item, and explain why various amounts do or do not vary by plan. • In the Part III actuarial memorandum, justify any item with a \$0.00 load. Note: it is insufficient to simply state that an amount is considered immaterial. • At a minimum, include detailed calculations of the following projected amounts: <ul style="list-style-type: none"> ○ Premium Tax [RCW 48.14.020 or 0201] ○ Federal Income Tax ○ Regulatory Surcharge [RCW 48.02.190] Include a discussion of the current information available at https://www.insurance.wa.gov/regulatory-surcharge-calculation. ○ Insurance Fraud Surcharge [RCW 48.02.190] Include a discussion of the current information available at https://www.insurance.wa.gov/fraud-surcharge-calculation. ○ Risk Adjustment user fee The 2026 per capita risk adjustment user fee is set at \$0.20 PMPM. ○ PCORI Patient-Centered Outcomes Research Institute (PCORI) Fee (Internal Revenue Code sections 4375 and 4376). Include a discussion of the latest information on the IRS website and the National Health Expenditure (NHE) trend projections. Note that the fee changes annually by policy end date; for this Individual market rate filing, assume all plans end 12/31/2026. ○ Mitigating Inequity Fee [WAC 284-43-6590], if applicable (see also #38 of this checklist). 		

Washington State OIC 2026 Individual Medical Rate Filing Checklist

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

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
23	<p>Company Rate Information and Rate Review Detail: For the “Company Rate Information” and “View Rate Review Detail” on the Rate/Rule Schedule tab of the SERFF rate filing, provide an exhibit with the following information.</p> <ul style="list-style-type: none"> • The information should represent your initial requested rate change. • Note: If post submission updates are necessary to correct any information, update the exhibit to indicate what was updated and the reason for the update(s). • Issuers with renewal plans must address the items below. For more information related to “Company Rate Information” and “View Rate Review Detail,” see SERFF and Rate Filing Instructions. 		
a	<p>SERFF Company Rate Information: Provide the calculation, explanation, and/or source of the information. Note the following:</p> <ul style="list-style-type: none"> • Number of policy holders affected for this program: The number of subscribers as of March 2025. • Minimum and Maximum % changes: From the initial Uniform Product Modification Justification (UPMJ) Q5 rate changes by plan. • Overall % rate impact: The calculated overall average rate change in UPMJ Q5. • Written Premium for this Program and Written Premium Change for this Program: Annual amounts; see Written Premium in the NAIC glossary. 	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 5
b	<p>SERFF Rate Review Detail (RRD): Provide the calculation, explanation, and/or source of the information.</p> <p>(i) Products, Number of Covered Lives: The number of covered lives (members) as of March 2025. If applicable, differentiate renewing products which list current lives versus new products which list projected lives (see instructions in the RRD in SERFF).</p> <p>(ii) Trend Factors: Annual incurred claims trend factor, including leveraging, which matches the weighted average of the trends by category in the initial 2026 WAC 284-43-6660 summary. (see also #6.b of this checklist)</p>	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 5

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<p>(iii) Forms: List all forms for the rate filing in the applicable categories. If a category does not apply to any form in the filing, leave it blank. (see SERFF instructions)</p> <p>Note: since the ACA requires that all non-grandfathered individual and small group health plans be guaranteed issue, the "Affected Forms for Closed Blocks" in the Forms Section should be left blank.</p> <p>(iv) Requested Rate Change Information:</p> <ul style="list-style-type: none"> • Change period: Annual. • Member months: Membership for the 2024 experience period. • Min, Max, and weighted average rate change: Match the initial UPMJ Q5. <p>(v) Prior Rate:</p> <ul style="list-style-type: none"> • Total earned premium & total incurred claims: Projected earned premiums and incurred claims, respectively, for 2025. • Minimum and maximum per member per month (PMPM): Be consistent with the rates in the 2025 final Rate Schedule. • Weighted average PMPM: Be consistent with the current community rate in the initial WAC 284-43-6660 summary. <p>(vi) Requested Rate:</p> <ul style="list-style-type: none"> • Projected earned premium & projected incurred claims: For 2026, be consistent with the initial URRT Worksheet 2. • Minimum and maximum PMPM: From the initial 2026 Rate Schedule. • Weighted average PMPM: Be consistent with the weighted average PMPM premium rate consistent in the initial URRT Worksheet 2. 		

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
c	<p>Current enrollment: Compare current enrollment information across the various rate filing exhibits, including, but not limited to the following:</p> <ul style="list-style-type: none"> • RRD Number of Covered Lives • URR Worksheet 2, Section II Experience Period and Current Plan Level Information, Field 2.10 Current Enrollment • UPMJ Q1 Enrollment as of 3/31/2025 • Part III supporting exhibits' current enrollment <p>Explain any inconsistencies.</p>	All consistent	
d	<p>Projected enrollment: Compare projected enrollment information across the various rate filing exhibits, including, but not limited to the following:</p> <ul style="list-style-type: none"> • RRD (Projected Earned Premium) / (Requested Rate Weighted Avg. PMPM) • URR Worksheet 2, Section IV Projected Plan Level Information, Field 4.9 Projected Member Months • Part II written explanation projected enrollment • Part III supporting exhibits' projected enrollment <p>Explain any inconsistencies.</p>	All consistent	
24	<p>Impacts of Changes 45 CFR §154.301(a)(4):</p> <ul style="list-style-type: none"> • Document the methodology, justification, and calculations used to determine the impacts of the changes outlined in the Effective Rate Review Program under 45 CFR §154.301(a)(4) (i) through (xv). • Note that if you change the contribution to surplus from the prior submission, you must provide additional support for why the change is warranted. • <i>To add context to the factors listed below, please also summarize in the Part III actuarial memorandum the approximate percent impact of the most significant contributors to the proposed aggregate rate change (see URR Instructions section 4.3, for example).</i> 		

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	(i) The impact of medical cost trend <i>changes by major service category</i> . Include a discussion of the cost trend change for each specific benefit category listed in URRT Worksheet 1, Section II.	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 2.1 Projection Factors: Trend Factors
		Part III Rate Filing Documentation and Actuarial Memorandum	
	(ii) The impact of utilization <i>changes by major service category</i> . Include a discussion of the utilization trend change for each specific benefit category listed in URRT Worksheet 1, Section II.	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 2.1 Projection Factors: Trend Factors
		Part III Rate Filing Documentation and Actuarial Memorandum	
	(iii) The impact of cost-sharing <i>changes by major service category</i> , including actuarial values. Include a discussion of the cost-share changes for each specific benefit category listed in URRT Worksheet 1, Section II.	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 1.3 UPMJ Q4a
		UPMJ	

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<p>(iv) The impact of benefit <u>changes</u>, including essential health benefits (EHBs) and non-essential health benefits (non-EHBs).</p> <p>Address the new essential health benefits for non-grandfathered individual and small group health insurance coverage in the State of Washington for plan years beginning on or after January 1, 2026. For each new EHB, describe whether your plan designs already covered the benefit or describe what plan design changes were required. Clearly demonstrate and justify any rate changes due to these new EHBs.</p>	No benefit changes	
	<p>(v) The impact of <u>changes in</u> enrollee risk profile and pricing, including rating limitations for age and tobacco use under section 2701 of the Public Health Service Act.</p>	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 2.2
	<p>(vi) The impact of any <u>overestimate or underestimate</u> of medical trend for prior year periods related to the rate increase. Include a discussion and analysis of actual to expected medical trends.</p>	Part III Rate Filing Documentation and Actuarial Memorandum	Experience Period Premium and Claims: Experience period
	<p>(vii) The impact of <u>changes in</u> reserve needs. Include a discussion of any change in reserve needs.</p>	Part III Rate Filing Documentation and Actuarial Memorandum	Experience Period Premium and Claims: Experience period
	<p>(viii) The impact of <u>changes in</u> administrative costs related to programs that improve health care quality. Include a discussion of any such changes.</p>	Part III Rate Filing Documentation and Actuarial Memorandum	Experience Period Premium and Claims: Experience period

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	(ix) The impact of <u>changes in</u> other administrative costs. Include a discussion of any such changes.	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 2.5b Non-Benefit Expenses: Administrative Expense Load
	(x) The impact of <u>changes in</u> applicable taxes, licensing, or regulatory fees. Include a discussion of any such changes.	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 2.5b Non-Benefit Expenses: Taxes and Fees
	(xi) Medical loss ratio (MLR). Include a projected federal MLR calculation [45 CFR §158.221; see also CMS MLR Filing Instructions]. Note: This is one of only two 45 CFR §154.301(a)(4) items not written in terms of the impact of changes; the other is (xii) for the issuer's capital and surplus. Note: As stated in the Final 2026 NBPP, determination of a "qualifying issuer" is "based on an issuer's 3-year aggregate ratio of net payments related to the risk adjustment program...to earned premiums." See 45 CFR §158.103 for full definition details. <ul style="list-style-type: none"> • <u>Issuers who (a) are NOT projected to be qualifying issuers or (b) are projected to be qualifying issuers but opt to follow the unadjusted MLR formula, as defined in the Final 2026 Notice of Benefit and Payment Parameters (NBPP):</u> 	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 3.2

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> ○ <u>Numerator:</u> Incurred claims [45 CFR §158.140(a)] – Net Risk Adjustment, including HCRP amounts (receivables positive; payables negative, which means that payables subtract negative amounts) + Quality Improvement Expenses [45 CFR §158.150(a)] ○ <u>Denominator:</u> Earned Premiums [45 CFR §158.130] – Taxes & Fees [45 CFR §§ 158.161(a) and 158.162(a)(1) and (b)(1)] – Community Benefit Expenditures (CBE) [45 CFR §158.162(c) and 2023 MLR Filing Instructions] • <u>Issuers who are projected to be qualifying issuers and opt to follow the adjusted MLR formula, as defined in the Final 2026 Notice of Benefit and Payment Parameters (NBPP):</u> (See also the formula below written with variables, copied from the Final 2026 NBPP.) <ul style="list-style-type: none"> ○ <u>Numerator:</u> Incurred claims [45 CFR §158.140(a)] + Quality Improvement Expenses [45 CFR §158.150(a)] ○ <u>Denominator:</u> Earned Premiums [45 CFR §158.130] – Taxes & Fees [45 CFR §§ 158.161(a) and 158.162(a)(1) and (b)(1)] + Net Risk Adjustment, including HCRP amounts (receivables positive; payables negative, which means that payables add negative amounts) – Community Benefit Expenditures (CBE) [45 CFR §158.162(c) and 2023 MLR filing instructions] • If CBE are included, provide justification that includes the following details: <ul style="list-style-type: none"> ○ How total CBE are allocated to lines of business (e.g., individual, small group, and large group) ○ For <u>federal tax-exempt issuers:</u> <ul style="list-style-type: none"> ▪ CBE are limited to the highest of either: <ul style="list-style-type: none"> • Three percent of earned premium; or 		

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> • The highest health insurance coverage premium tax rate in the State for which the report is being submitted, multiplied by the issuer's earned premium in the applicable State market. <ul style="list-style-type: none"> ▪ Please address the impact, if any, of capping CBE for MLR purposes. ▪ MLR reporting instructions say <u>federal tax-exempt issuers</u> may report a value for both state premium taxes and CBE if reported CBE do not exceed the allowable capped amount (as outlined above). If you are a federal tax-exempt issuer, please confirm this requirement has been met. ○ For <u>non-federal tax-exempt issuers</u>: <ul style="list-style-type: none"> ▪ CBE are limited to: The highest health insurance coverage premium tax rate in the State for which the report is being submitted, multiplied by the issuer's earned premium in the applicable State market. ▪ Please address the impact, if any, of capping CBE for MLR purposes. ▪ MLR reporting instructions say <u>non-federal tax-exempt issuers</u> may report a value for state premium taxes or CBE but not both. Issuers may not report zero (\$0) CBE in lieu of negative State premium taxes and may not enter CBE more than the allowable capped amount. If you are a non-federal tax-exempt issuer, please confirm this requirement has been met. • Credibility adjustment, if any [45 CFR §158.232] • Comment about how the following recent MLR reporting regulation changes were considered: [See, for example: 45 CFR §158 and related sections as well as various Final plan year NBPPs] <ul style="list-style-type: none"> ○ Adjustments to the numerator: <ul style="list-style-type: none"> ▪ Deduct from incurred claims not only prescription drug rebates received by the issuer, but also any price concessions received and retained by the issuer, and any prescription drug rebates, and other price concessions received and retained by an entity providing pharmacy benefit management services to the issuer. [45 CFR 158.140(b) and 2022 NBPP] ▪ Beginning with the 2020 MLR reporting year, an issuer may include in the numerator of the MLR any shared savings payments the issuer has made to an enrollee as a result 		

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<p>of the enrollee choosing to obtain health care from a lower-cost, higher-value provider. [45 CFR §158.221(b)(8)]</p> <ul style="list-style-type: none"> ○ Report expenses for services outsourced to or provided by other entities in the same manner as expenses for non-outsourced (i.e., incurred directly by the issuer) services. [45 CFR §158.110(a) and 2021 NBPP] ○ Quality Improvement Activity (QIA) expenses: <ul style="list-style-type: none"> ▪ Allowance for the Individual market to report certain wellness incentives described in 45 CFR §158.150(b)(2)(iv)(A)(5)(ii) (see also 2021 NBPP) as QIA expenses. ▪ Only those provider incentives and bonuses that are tied to clearly defined, objectively measurable, and well-documented clinical or quality improvement standards that apply to providers may be included in incurred claims for MLR reporting and rebate calculation purposes. (e.g., see 2023 NBPP) ▪ Only expenditures directly related to activities that improve health care quality may be included in QIA (Quality Improvement Activity) expenses for MLR reporting and rebate calculation purposes. [45 CFR §158.150(a) and 2023 NBPP] ▪ <u>Removing</u> the option for issuers to report an amount equal to 0.8 percent of earned premium in the relevant State and market in lieu of reporting the issuer's actual expenditures for activities that improve health care quality (e.g., see 2022 NBPP). ○ MLR rebate prepayment and safe harbor [45 CFR §158.240(g)]: Allowance to prepay a portion or 100% of an estimated MLR rebate for a given MLR reporting year, and establishing a safe harbor allowing such issuers, under certain conditions, to defer the payment of rebates remaining after prepayment until the following MLR reporting year (e.g., see 2022 NBPP). ○ Replacement formula for qualifying issuers (e.g., see 45 CFR §158.103 for definition of qualifying issuer), written with variables: If $(ra / p) > \text{ or } = 50\%$, then: Adjusted MLR = $[(i + q - s + nc - rc) / \{(p + s - nc + rc) - t - f - (s - nc + rc) - na + ra\}] + c$ where i = incurred claims 		

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<p>q = expenditures on quality improving activities p = earned premiums t = Federal and State taxes f = licensing and regulatory fees including \$0 for transitional reinsurance contributions s = issuer's transitional reinsurance receipts (= \$0) na = issuer's risk adjustment related payments nc = issuer's risk corridors related payments (= \$0) ra = issuer's risk adjustment related receipts rc = issuer's risk corridors related receipts (= \$0) c = credibility adjustment, if any</p>		
	<p>(xii) The health insurance issuer's capital and surplus (i.e., if and how rate development considered your issuer's current capital and surplus levels). For example, are changes required to your issuer's premium to surplus ratio? Include a discussion in the Part III actuarial memorandum. Note: This is one of only two 45 CFR §154.301(a)(4) items not written in terms of the impact of changes; the other is (xi) for MLR.</p>	<p>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</p> <p>Part III Rate Filing Documentation and Actuarial Memorandum</p>	<p>Appx 4.2</p> <p>Non-Benefit Expenses: Contribution to Surplus & Risk Margin (C&R)</p> <p>Issuer's capital and surplus is not used to develop rates</p>
	<p>(xiii) The impacts of geographic factors and variations.</p>	<p>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</p>	<p>Appx 2.6, 2.6a</p>
	<p>(xiv) The impact of <u>changes within</u> a single risk pool to all products or plans within the risk pool.</p>	<p>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</p>	<p>Appx 1.2 rows 31 and 71</p>

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	(xv) The impact of reinsurance (which is N/A for Washington) and risk adjustment payments and charges under sections 1341 and 1343 of the Affordable Care Act.	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 2.4
25	<p>Drug Manufacturer Support of Member Out-of-Pocket Costs:</p> <p>Per revised 45 CFR §156.130(h), for plan years beginning on or after January 1, 2020, amounts paid toward cost sharing using any form of direct support offered by drug manufacturers to insured patients to reduce or eliminate immediate out-of-pocket costs for specific prescription brand drugs are permitted, but not required, to be counted toward the annual limitation on cost sharing. RCW 48.43.435 further outlines requirements for plans issued or renewed on or after January 1, 2024.</p> <p>Indicate what you implemented related to these requirements and justify any impact to your rate development.</p>	LifeWise is not planning on implementing this option for 2026	
26	Financial Statement Analysis:		
	<p>a Reconcile to Additional Data Statement (ADS) for the year ending December 31, 2024:</p> <ul style="list-style-type: none"> For carriers not required to file an ADS, please respond "N/A." For ease of review for carriers who file an ADS, please include with the rate filing a copy of the ADS pages. For HMOs and HCSCs, show ADS amounts total revenues (line 7), total hospital and medical claims (line 17), and administrative expenses (line 19 + line 20). Please include a detailed list of adjustments required to reconcile between ADS amounts and amounts in the Summary of Pooled Experience in the WAC 284-43-6660 summary and in URRT Worksheet 1, Section I. Calculate the amount and percentage unreconciled, and explain any significant unreconciled amounts. Explain any difference in the projected risk adjustment amount included in the ADS premium amount versus the experience period risk adjustment amount entered in URRT Worksheet 1, Section I. 	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 4.1, 4.1a

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
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	<ul style="list-style-type: none"> Also, compare the average monthly membership from the WAC 284-43-6660 summary's 2024 experience period with the average monthly membership calculated from the quarter ending enrollment listed in the ADS. Explain any significant differences. 		
b	<p>Months of surplus: For all issuers, please provide a calculation of your company's Months of Surplus using information in the 2024 annual statement and one of the following formulas, with one decimal place of accuracy.</p> <p><u>Health Statement</u>: Months of Surplus = [(Annual Statement Page 3, Line 33: Total capital and surplus) / (Page 4, Line 18: Total hospital and medical (Lines 16 minus 17))] * 12.</p> <p><u>Life Statement</u>: Months of Surplus = [(Annual Statement Page 3, Line 38: Total (Lines 29, 30, & 37)) / (Page 4, Line 20: Total (Lines 10 to 19))] * 12.</p>	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 4.2
27	<p>Abortion Services for Which Public Funding is Prohibited: (see also #11.d & #13 of this checklist)</p> <p>For Exchange filings, document the pricing per member per month (PMPM) for voluntary abortion services and the "EHB Percent of Total Premium" to be listed in the Plans & Benefit Template (PBT) in the binder filing [45 CFR §156.280(e)(4)]. See also QHP Application Instructions for EHB Percent of Total Premium calculation guidance.</p> <p>Note: The Index Rates in URRT Worksheet 1, Section II must include allowed claims for abortion services even for Exchange plans. Voluntary abortion services are <i>only</i> considered a non-EHB for Exchange plans in the percentages listed in the PBT and in URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.5. Otherwise, the State of Washington considers voluntary abortion services as EHBs for Exchange plans. Additionally, non-Exchange plans will consistently consider voluntary abortion services as EHBs.</p>	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 2.5
SEPARATE DOCUMENTS			
Address the following items together with other relevant items covered elsewhere in this checklist.			
28	<p>Part I Unified Rate Review Template (URRT): Note: The various index rates (Index Rate, MAIR, etc.) in the URRT are the official amounts. For calculations in your supporting exhibits requiring one of these amounts, such as the Exchange User Fee</p>		

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<p>input for URRT Worksheet 1 Section II, please use and reference the applicable amount(s) calculated in the URRT.</p> <p>Please do not disable the macros in the Excel version of the URRT; please submit a macro-enabled URRT workbook.</p> <p>The URRT worksheets allow up to 16 characters including decimal places. Only apply rounding to amounts directly loaded into the URRT and only to the extent necessary to meet the 16-character limitation. Do not round any intermediate amounts.</p>		
a	<p>URRT Exchange User Fees: (URRT Worksheet 1, Section II Projections) If the issuer is only outside the exchange, please respond "N/A."</p> <p>The Exchange user fee for 2026 is \$5.11 PMPM.</p> <ul style="list-style-type: none"> For issuers marketing both inside and outside the Exchange, confirm that the Exchange user fees, or Exchange assessment fees, are spread across the entire pool. For issuers only marketing inside the Exchange: The default expectation is that 100% of membership will be on the Exchange. If your project less than 100% Exchange membership, include an explanation in the Part III actuarial memorandum. Justify the Exchange User Fees' percentage load entered in URRT Worksheet 1, Section II. Compare the result against the required amount per member per month (PMPM). There should be a reasonable assumption for the distribution of enrollees inside and outside the Exchange. If any Exchange membership is projected for plan year 2026, please check that a nonzero dollar amount flows through to URRT Worksheet 1, Section II Exchange User Fees. Ensure the amount is adjusted to reflect an allowed dollar basis as discussed in #28.b of this checklist. 	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 1.1 Note 1
b	<p>URRT factor to toggle between worksheet 1 and worksheet 2 amounts for risk adjustment transfers and Exchange user fees: Justify the factor used to develop Risk Adjustment Payment/Charge and Exchange User Fees for URRT Worksheet 1, Section II. The adjustment should be the aggregate impact of the four plan factors from URRT Worksheet 2, Section III Plan Adjustment Factors (i.e., Fields 3.3, 3.4, 3.5, and 3.9). Later URRT steps</p>	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 2.4

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	apply the plan factors through multiplication; to neutralize the overall impact, URRT Worksheet 1 needs to divide by their aggregate impact.		
c	URRT Worksheet 1, Section II, 2026 versus 2025: Compare the projections in URRT Worksheet 1, Section II in this year's filing for 2026 versus those in last year's filing for 2025.	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 1.1
d	URRT Worksheet 2 terminated plan mapping: Document and justify URRT Worksheet 2 product and plan mapping for terminated plans, in accordance with the following: <ul style="list-style-type: none"> For the inside Exchange plans and plans that are both inside and outside Exchange, follow the mapping information you (the issuer) provided to WAHBE and as required by 45 CFR §155.335(j). For the outside Exchange plans, follow your procedure as indicated in the letter(s) provided to the policyholder(s) and consistent with Uniform Product Modification Justification (UPMJ). Note: each 2025 plan should map all members in the plan to the same 2026 plan. Respond "N/A" if no 2025 plans are terminating.	N/A	
e	URRT Worksheet 2, Section I, general product and plan information, Cumulative rate change % for composite plans: For any plan in URRT Worksheet 2 which is the composite of more than one plan in UPMJ Q5, include an exhibit detailing the calculation of the Cumulative Rate Change % (over 12 mos. prior) based on the overall average rate change by plan in UPMJ Q5. If there are no composite plan rate changes, respond as "N/A."	N/A	N/A
f	URRT Worksheet 2, Section IV Projected Plan Level Information Projected allowed claims, incurred claims & premiums: <ul style="list-style-type: none"> Include an exhibit that calculates the projected dollar amounts by plan for URRT Worksheet 2, Section IV Projected Plan Level Information. 	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 1.2

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> For clarity, please also show calculations of the plan-specific and aggregate projected PMPM amounts for Fields 4.11 through 4.17. Aggregate amounts should reconcile as demonstrated in WA Exhibit 12; see instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file. Note that although reconciliation is expected in aggregate, differences may be reasonable for specific plans. Note that the following results are expected: <ul style="list-style-type: none"> The Total Allowed Claims PMPM in Field 4.11 should be consistent with the [Projected Index Rate] + [average PMPM of the CSR load (on an allowed basis)] + [average PMPM for non-EHB, excluding abortion services reported as non-EHB (on an allowed basis)]. The Allowed Claims PMPM by plan in Field 4.11 should only differ from the Total Allowed Claims PMPM due to URRT Worksheet 2, Section III Plan Adjustment Factors, Fields 3.3 AV and Cost Sharing Design of Plan (a.k.a. Pricing AV), 3.4 Provider Network Adjustment, 3.5 Benefits in Addition to EHB, and 3.9 Catastrophic Adjustment. 		
g	<p>URRT projected members by plan: Please document the following in the Part III actuarial memorandum:</p> <ul style="list-style-type: none"> Explain how member months were projected by plan. Explain how URRT membership projections align with 2026 company expectations for the product line. Justify any new or renewing plans with zero projected enrollment. If the opining actuary relied on membership projections from another area of your company, please indicate as such in the reliance section of the actuarial certification. 	Part III Rate Filing Documentation and Actuarial Memorandum	Membership Projections
h	<p>URRT projected PAIR versus premium PMPM: Compare the weighted-average Plan Adjusted Index Rate (PAIR; URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.10) to the aggregate premium PMPM projected in Field 4.17. Weight the PAIR amounts by projected member months. Explain any differences.</p>	No difference	

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
i	<p>URRT controlled group renewal clarification:</p> <p>Based on input from CMS/CCIIO, if you are an issuer renewing only one 2025 plan that will be offered by a health insurance issuer within your controlled group, please include the following (see also #30.b and #31.c of this checklist).</p> <p>If not applicable, indicate "N/A."</p> <p>In URRT Worksheet 2 Section I General Product and Plan Information and Section II Experience Period and Current Plan Level Information, for the current and new issuers:</p> <ul style="list-style-type: none"> • The Plan Name (Field 1.3) and Plan ID (Field 1.4) will be unique to each issuer. • Indicate the plan as a renewing plan (Field 1.7). • Include the current rate from the current issuer (Field 2.11) in the new issuer's URRT. • Use the current rate in the calculation of the rate increase (Field 1.11) in the new issuer's URRT. • For consistency across the worksheets, only include experience in the current issuer's URRT Worksheets 1 and 2. 	N/A	
29	<p>Part II Written Description Justifying the Rate Increase:</p> <p>(a) Follow content guidance outlined in URR Instructions.</p> <p>(b) Include key drivers of the risk pool's rate increase as well as relevant plan details such as those described below.</p> <ul style="list-style-type: none"> • Changes in Benefits: Consumers tend to view cost-share changes as "benefit changes," so a summary of the cost-share changes should be included in this section along with other significant benefit changes. Note: the cost-share changes in this document should just be an overview of major changes, such as general discussion of the range of deductibles or changes in copays, rather than a repeat of the detailed list in UPMJ Q4a & 4b. • Administrative Costs and Anticipated Margins: Consumers tend to view all retention loads, other than profit, as "administrative costs," so taxes and fees should be included in this section along with other administrative expenses. • Please also note the pool's projected profit & risk load. 	Part II Written Description Justifying the Rate Increase	

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
30	<p>Part III Actuarial Memorandum and Certification:</p> <ul style="list-style-type: none"> Submit the actuarial memorandum exhibits in a separate Excel spreadsheet and corresponding PDF. Note: the PDF version of the actuarial memorandum exhibits can be submitted on the URRT tab rather than the Supporting Documentation tab in SERFF so that it will be uploaded to CMS. The Excel spreadsheet, however, must be submitted on the Supporting Documentation tab. Note: to reduce the review time required to sift through duplicate file versions, please do NOT submit additional complete copies of the URRT worksheets, the WAC 284-43-6660 summary, or the Rate Schedules with the actuarial memorandum exhibits. Note: The State of Washington requires that the redacted actuarial memorandum must match the unredacted actuarial memorandum. 		
a	<p>Actuarial certification: Include an actuarial certification as prescribed in the Part III Actuarial Memorandum and Certification Instructions found in the URR Instructions. Include the signature date in the signatory block of the certification and update the date throughout the filing review season, as needed, if assumptions or rates change.</p>	Part III Rate Filing Documentation and Actuarial Memorandum	Last page
b	<p>Controlled group renewal clarification for Part III: Based on input from CMS/CCIIO, if you are an issuer renewing only one 2025 plan that will be offered by a health insurance issuer within your controlled group, please include the following (see also #28.i and #31.c of this checklist). If not applicable, indicate "N/A." In both the current and new issuers' Part III actuarial memorandums, add a crosswalk detailing the current and renewing plan information. Include:</p> <ul style="list-style-type: none"> The name of the current and new issuers offering the plan. A comparison of the 2025 and 2026 HIOS Plan IDs and plan names. A comparison of the 2025 counties in the service area for the renewing plan and the 2026 counties offered by the new issuer to demonstrate meeting the requirement to cover a majority of the same service area. 	N/A	

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> Discuss the cost-share changes to the plan and confirm that the product network type and covered benefits remain the same. 		
c	<p>UPMJ versus URRT rate changes: Rate changes by plan in URRT Worksheet 2, Section I General Product and Plan Information, Field 1.11 should match rate changes by plan in UPMJ Q5. For clarity, discuss in the Part III actuarial memorandum the differences in the calculation of the official aggregate rate change in UPMJ Q5 and the rate change amounts in URRT Worksheet 2, Section I General Product and Plan Information, Fields 1.12 and 1.13.</p>	Part III Rate Filing Documentation and Actuarial Memorandum	Rate Increase Summary: Proposed Rate Increase
31	<p>Uniform Product Modification Justification (UPMJ): Review and follow the general instructions as well as the UPMJ instructions for each question. The UPMJ template can be found on the Washington State OIC website.</p>		
a	<p>UPMJ Q4a & 4b:</p> <ul style="list-style-type: none"> For UPMJ Q4a, keep in mind that the content will ultimately be included in our decision memorandum that is posted for public consumption, so explain the cost-share changes as you would to an existing or prospective member. For each cost-share amount listed in UPMJ Q4a, include dollar, comma, and percent symbols as well as numeric amounts. Spell out the first occurrence of each acronym in Q4a and Q4b. For example, "Maximum Out-of-Pocket (MOOP)." Note: For plans that add or remove out-of-network (OON) coverage, the change should be listed as a member cost-share change rather than a benefit change. 	UPMJ	
b	<p>UPMJ Q5:</p> <p>(i) Column 5(d):</p> <ul style="list-style-type: none"> Only include enrollment from renewing counties. If you are exiting any counties, please address the following: Since you are exiting counties, total enrollment in Q5 may not match the UPMJ Q1 total, so include an exhibit in the filing with current enrollment by plan split between renewing and 	Part III Rate Filing Documentation and Actuarial Memorandum Appendix UPMJ	Appx 1.3, Notes 1 and 2

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<p>terminating counties. Note that UPMJ Q1 should include all enrollment before reductions for terminating counties.</p> <p>(ii) Display rate changes for every renewing and terminated plan, even if the 03/31/2025 enrollment is 0. A plan should only reflect 0.00% across columns 5(g), 5(h), 5(i), and 5(j) if there are no experience, benefit, and cost-share rate changes for the plan.</p> <p>(iii) Submit an exhibit supporting rate changes for each UPMJ Q5 column.</p> <ul style="list-style-type: none"> • Ensure UPMJ Q5 rate changes are consistent with the benefit and cost-share changes in UPMJ Q4a and Q4b. • Justify each rate change by showing the calculation or explaining how the percentages were determined and ensure rate filing documents consistently support the rate changes. • Explain how plan-specific rate changes disregard the morbidity of the population expected to enroll in each plan. • Note that it is acceptable to back into column 5(g), Experience Rate Change for Plan, using justified amounts for 5(j), Overall Average Rate Change for Plan; 5(i), Cost-Share Rate Change for Plan; and 5(h), Benefit Rate Change for Plan. • Explain any large plan variations in 5(g), Experience Rate Change for Plan. We expect that there should be little variability due to the single risk pool requirement. • Specify the source of the 2025 and 2026 rates used to calculate the overall increase for each plan. The changes should be consistent with the changes to the Rate Schedule. They should be weighted by the plan's current enrollment distribution for age, geographic area, and tobacco status (see URR Instructions 2.2.1 and 4.3). 		
c	<p>Controlled group renewal clarification for UPMJ: Based on input from CMS/CCIIO, if you are an issuer renewing only one 2025 plan that will be offered by a health insurance issuer within your controlled group, please include the following (see also #28.i and #30.b of this checklist).</p> <p>If not applicable, indicate "N/A."</p> <ul style="list-style-type: none"> • <i>Current issuer:</i> UPMJ Q4a and Q5 will be blank. 	N/A	

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> <i>New issuer:</i> UPMJ Q4a must include the benefit changes from the current issuer’s plan to the new issuer’s plan. Q5 should include a line with the new plan’s rate change percentage with zero members. 		
32	<p>WAC 284-43-6660 summary: Complete and submit the template “Format – Rates – WAC 284-43-6660 Summary Duplicate” provided on the Washington State OIC website. See below for additional information.</p>		
a	<p>Proposed rate summary:</p> <ul style="list-style-type: none"> Proposed Community Rate must be consistent with the aggregate projected premium PMPM in URRT Worksheet 2, Section IV Projected Plan Level Information, Field 4.17. Percentage Change must be consistent with the overall average rate change in UPMJ Q5. Current Community Rate = (Proposed Community Rate) / (1 + Percentage Change). 	WAC 284-43-6660	
b	<p>Components of proposed community rate:</p> <ul style="list-style-type: none"> Component (a) Claims should match (URRT Worksheet 2, Section IV Projected Plan Level Information, Field 4.15 Incurred Claims PMPM) minus (URRT Worksheet 2, Section IV Projected Plan Level Information, Field 4.16 Risk Adjustment Transfer Amount PMPM). Component (b) Expenses combined with component (d) Investment Earnings must be consistent with the combined values of (Exchange User Fees in URRT Worksheet 1, Section II) + (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.6 Administrative Expense) + (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.7 Taxes and Fees). Component (c) Contribution to Surplus Contingency Charges, or Risk Charges must be consistent with (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.8 Profit & Risk Load). Total row (e) must match the Proposed Community Rate from #32.a above (i.e., Proposed rate summary) in the WAC 284-43-6660 summary. 	WAC 284-43-6660	
c	<p>Trend factor summary: (see also #6.b of this checklist)</p>	Part III Rate Filing Documentation and Actuarial Memorandum	Projection Factors: Trend Factors

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> If the WAC 284-43-6660 summary shows the same trend for each type of service, please explain whether you expect any variation by type of service. If variation is expected, please explain the choice of a single trend factor for this summary. For plans with embedded dental (pediatric or adult), ensure the embedded dental trend is included in the Other trend category, and then add a note to the General Information section #5 that the embedded dental trend is included in the Other trend category. This is to be consistent with the URR Instructions, section 2.1.3.1. 		
d	General Information section #4: Respond with "See Rate Schedule."	WAC 284-43-6660	
33	<p>Benefit Components: Provide a completed Benefit Components Speed-to-Market Tool.</p> <ul style="list-style-type: none"> The file "Format - Rates - 2026 Med Benefit Components" is provided on the Washington State OIC website. The cost-shares for all embedded benefits, including pediatric dental, must have every different cost-share visible such as for different kinds of pediatric dental care (e.g., cleaning versus extensive surgeries, or as preventive, basic, major services), if applicable. Note: the information you provide in this file should be consistent with the other documents in your binder, rate, and form filings (e.g., PBT, AVC Screenshots, MH/SUD Certification). Include the benefit components for the Exchange silver plan CSR variations. The plans should indicate integrated or separate medical and drug deductibles consistent with the AVC screenshots (see also #9 of this checklist). 	Benefit Components	

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
34	Mental Health and Substance Use Disorder (MH/SUD) Financial Requirement Parity:		
a	<p>MH/SUD financial requirement parity certification: Complete the "Mental Health and Substance Use Disorder Financial Requirement Parity Certification" Speed-to-Market Tool.</p> <p>See file "Certification – Rates – 2026 Mental Health and Substance Use Disorder Financial Req Parity" on the Washington State OIC website.</p>	MH Parity	
b	<p>MH/SUD parity calculations: Complete an MH/SUD Parity Speed-to-Market Tool that documents MHSUD financial requirement parity testing calculations.</p> <p>See file template "Certification - Rates - 2026 Mental Health and Substance Use Disorder Financial Req Parity Calculations" on the Washington State OIC website.</p> <ul style="list-style-type: none"> • In the Mapping Information and each MHSUD Parity Testing Worksheet, please use the same benefit descriptions listed (both EHB and non-EHB) in the Benefit Components. The list should include all benefits, including inpatient, emergency care and prescription drugs. • Carriers must either test all outpatient services in one category or test both outpatient office visits and all other outpatient services separately. • Categories can be split in some cases if, for example, you want to split services between office visits and all other outpatient services. If you combine categories, indicate in the notes which categories are included. For example, a therapies category in the testing can combine rehabilitative speech therapy and rehabilitative occupational and physical therapies from the Benefit Components. • For easy comparison, enter the plans in the same order and use the same tab names in the MHSUD Parity and Benefit Components workbooks. It would also be helpful if the Service Descriptions in the worksheets are in the same order as the Benefit Components. • Plan projected allowed amounts should be annual dollar amounts which reflect a reasonable projected dollar amount [WAC 284-43-7040(1)(c)(ii)] as attested to in the MH/SUD Financial Requirement Parity Certification (section II.B.2). The amounts should be consistent with the allowed claims projected in URRT Worksheet 2, Section IV Projected Plan Level Information. 	MH Parity	

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> The cost-shares for all embedded benefits, including dental and vision, must have every different cost-share visible, such as for different kinds of pediatric dental care, in the list of medical/surgical benefits. Include the parity calculations for the Exchange silver plan CSR variations. As noted in WAC 284-43-7020(5)(a), a plan or issuer must treat the least restrictive level of the financial requirement limitation that applies to at least two-thirds of medical/surgical benefits across all provider tiers in a classification as the predominant level that it may apply to mental health or substance use disorder benefits in the same classification. <p>In the case of multiple cost shares across provider tiers, we recommend demonstrating parity by comparing each tier's MH/SUD cost shares versus the least restrictive level of medical/surgical benefit cost shares across all provider tiers in the classification.</p>		
35	<p>Commission Certification: (see also #20.a of this checklist)</p> <p>Provide detailed proposed commission schedules, even if no commissions are expected to be paid for this block of business for plan year 2026. They should be signed and dated by an officer or a senior manager of your company who oversees commission schedule implementation. The officer or senior manager should certify that the information is accurate to the best of their knowledge at the time of the rate submission. The commission schedule must comply with CMS guidance below and 45 CFR §147.104(e) and §156.225(b).</p> <p>https://www.cms.gov/files/document/agent-broker-compensation-and-guaranteed-availability-coverage.pdf?utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term=</p> <p>Commission schedules should not differ for special enrollment periods.</p> <p>Broker bonus programs determined across multiple lines of business are not part of this certification, but they should be noted and accounted for in the rate development.</p> <p>Note: Commission schedules filed in individual and small group rate filings must be finalized prior to the final disposition. The commission schedule will not be allowed to change after the rate filing is approved.</p>	LifeWise Compensation Table 2026	

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
36	<p>Rate Schedule: Provide a complete rate schedule using the "Format - Rates - 2026 Individual Non-grandfathered Health Plan Rate Schedule template." Be mindful of the following:</p> <ul style="list-style-type: none"> • Use the most current version of the template. • The 1.0000 premium rates (age factor 1.0000 such as for age 21; tobacco factor 1.0000 for non-smoker; area factor 1.0000) should be consistent with the Calibrated Plan Adjusted Index Rate (CPAIR) amounts in URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.14. (see also #11.g of this checklist) • Submit on the Rate/Rule Schedule tab in SERFF. 	Rate Schedule	
37	<p>Rate Example: Submit a rate calculation example on the Rate/Rule Schedule tab in SERFF. Address the following:</p> <ul style="list-style-type: none"> • Use the rates in the Rate Schedule. • Include a statement that rates are charged to no more than the three oldest covered children under 21 for family coverage [45 CFR §147.102(c)(1)]. • If your premium rates adjust for tobacco use, please include in the example at least one family member who uses tobacco and would then be subject to the adjustment. 	Illustrative Example of Premium Rate Calculation	
38	<p>Requirements for Mitigating Inequity in the Health Insurance Market [WAC 284-43-6590]: If applicable, submit a separate certification detailing the calculation of a fee for excluding any benefit mandated or required by Title 48 RCW or rules adopted by the commissioner. A member of the American Academy of Actuaries (MAAA) must sign the certification. (see also #21.a of this checklist)</p>	N/A	

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
39	<p>Use of Artificial Intelligence, Machine Learning, and/or Predictive Modeling: In preparing assumptions and premium rates for this rate filing, did your company rely on artificial intelligence techniques, machine learning techniques, and/or other predictive modeling methods? Please explain any such reliance including the models and where the results applied to the rate filing. Please explain how your actuary fulfilled professionalism requirements including those in the Code of Professional Conduct and Actuarial Standards of Practice (ASOPs), such as ASOP No. 56, <i>Modeling</i>. Include comments about how you evaluated results for reasonableness.</p> <p>Consider, for example, the September 2024 professionalism discussion paper, "Actuarial Professionalism Considerations for Generative AI," published by the American Academy of Actuaries.</p>	<p>No AI, Machine Learning and/or Predictive Modeling methods were relied on and applied in this filing.</p>	
40	<p>1332 waiver checklist: Complete and submit the file "Checklist – Rates – 2026 Individual Supplemental Checklist for 1332 Waiver Reporting."</p>	<p>1332 Waiver Checklist</p>	

Benefit Components

Worksheet Controls

Company: LifeWise Health Plan of Washington Market: Individual Plan Year: 2025

Section 1: Plan Information

Line 1.1	HIOS Plan ID	38498WA0320001	Line 1.3	Metal Level	Gold	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	LifeWise Essential Gold	Line 1.4	Cost-Share Reduction (CSR) Plan?		Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charging an IP Copay	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	LifeWise Primary
Line 3.3	In-Network Tiers (I)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$500	
Default Coinsurance			30%	
MOOP			\$7,600	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services		Yes				30%	After Deductible			
Inpatient Hospital Services (e.g. Hospital Stay)		Yes				30%	After Deductible			
Primary Care Visit to Treat an Injury or Illness	No	\$	30	Before and After Deductible	No					
Specialist Visit	No	\$	60	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits	No	\$	60	Before and After Deductible	No					
Mental Health & Substance Use Disorder All Other OP Services	Yes					30%	After Deductible			
Imaging (CT/PET Scans, MRI)	Yes					30%	After Deductible			
Rehabilitative Speech Therapy	Yes					30%	After Deductible			
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes					30%	After Deductible			
Preventive Care/Screening/Immunization	No	\$	-	Before and After Deductible						
Laboratory Outpatient and Professional Services	Yes					30%	After Deductible			
X-rays and Diagnostic Imaging	Yes					30%	After Deductible			
Skilled Nursing Facility	Yes					30%	After Deductible			
Outpatient Facility Fee (e.g. Ambulatory Surgery Center)	Yes					30%	After Deductible			
Outpatient Surgery Physician/Surgical Services	Yes					30%	After Deductible			
Urgent Care	No	\$	60	Before and After Deductible	No	30%	After Deductible			
Emergency Transportation	Yes					30%	After Deductible			
Other EHB Categories										
Chiro/Acupuncture		No	\$	60	Before and After Deductible	No				
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$	10	Before and After Deductible					
Preferred Brand Drugs (Tier 2)		Yes				30%	After Deductible			
Non-Preferred Brand Drugs (Tier 3)		Yes				40%	After Deductible			
Specialty Drugs (Tier 4)		Yes				50%	After Deductible			

Notes

Benefit Components

Worksheet Controls

Company: LifeWise Health Plan of Washington Market: Individual Plan Year: 2025

Section 1: Plan Information

Line 1.1	HIOS Plan ID	38498WA0320003	Line 1.3	Metals Level	Expanded Bronze	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	LifeWise Essential Bronze	Line 1.4	Cost-Share Reduction (CSR) Plan?		Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charging an IP Copay	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	LifeWise Primary
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$5,500	
Default Coinsurance			35%	
MOOP			\$9,200	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services		Yes				35%	After Deductible			
Inpatient Hospital Services (e.g. Hospital Stay)		Yes				35%	After Deductible			
Primary Care Visit to Treat an Injury or Illness	No	\$ 50	Before and After Deductible	No						
Specialist Visit	Yes	\$ 110	After Deductible							
Mental Health & Substance Use Disorder Office Visits	No	\$ 75	Before and After Deductible	No						
Mental Health & Substance Use Disorder All Other OP Services	Yes				35%	After Deductible				
Imaging (CT/PET Scans, MRI)	Yes				35%	After Deductible				
Rehabilitative Speech Therapy	Yes				35%	After Deductible				
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes				35%	After Deductible				
Preventive Care/Screening/Immunization	No	\$ -	Before and After Deductible							
Laboratory Outpatient and Professional Services	Yes				35%	After Deductible				
X-rays and Diagnostic Imaging	Yes				35%	After Deductible				
Skilled Nursing Facility	Yes				35%	After Deductible				
Outpatient Facility Fee (e.g. Ambulatory Surgery Center)	Yes				35%	After Deductible				
Outpatient Surgery Physician/Surgical Services	Yes				35%	After Deductible				
Urgent Care	Yes	\$ 110	After Deductible		35%	After Deductible				
Emergency Transportation	Yes				35%	After Deductible				
Other EHB Categories										
Chiro/Acupuncture		Yes	\$ 110	After Deductible						
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$ 35	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		Yes				35%	After Deductible			
Non-Preferred Brand Drugs (Tier 3)		Yes				40%	After Deductible			
Specialty Drugs (Tier 4)		Yes				50%	After Deductible			

Notes

Benefit Components

Worksheet Controls

Company: LifeWise Health Plan of Washington Market: Individual Plan Year: 2025

Section 1: Plan Information

Line 1.1	HIOS Plan ID	38498WA0320004	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	LifeWise Essential Silver	Line 1.4	Cost-Share Reduction (CSR) Plan?	No	Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charging an IP Copay	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	LifeWise Primary
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$3,000	
Default Coinsurance			30%	
MOOP			\$8,375	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services		Yes				30%	After Deductible			
Inpatient Hospital Services (e.g. Hospital Stay)		Yes				30%	After Deductible			
Primary Care Visit to Treat an Injury or Illness	No	\$ 25	Before and After Deductible	No						
Specialist Visit	No	\$ 60	Before and After Deductible	No						
Mental Health & Substance Use Disorder Office Visits	No	\$ 60	Before and After Deductible	No						
Mental Health & Substance Use Disorder All Other OP Services	Yes					30%	After Deductible			
Imaging (CT/PET Scans, MRI)	Yes					30%	After Deductible			
Rehabilitative Speech Therapy	Yes					30%	After Deductible			
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes					30%	After Deductible			
Preventive Care/Screening/Immunization	No	\$ -	Before and After Deductible							
Laboratory Outpatient and Professional Services	Yes					30%	After Deductible			
X-rays and Diagnostic Imaging	Yes					30%	After Deductible			
Skilled Nursing Facility	Yes					30%	After Deductible			
Outpatient Facility Fee (e.g. Ambulatory Surgery Center)	Yes					30%	After Deductible			
Outpatient Surgery Physician/Surgical Services	Yes					30%	After Deductible			
Urgent Care	No	\$ 60	Before and After Deductible	No		30%	After Deductible			
Emergency Transportation	Yes					30%	After Deductible			
Other EHB Categories										
Chiro/Acupuncture		No	\$ 60	Before and After Deductible	No					
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$ 20	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		Yes				30%	After Deductible			
Non-Preferred Brand Drugs (Tier 3)		Yes				40%	After Deductible			
Specialty Drugs (Tier 4)		Yes				50%	After Deductible			

Notes

Benefit Components

Company: LifeWise Health Plan of Washington Market: Individual Plan Year: 2025

Section 1: Plan Information

Line 1.1	HIOS Plan ID	38498WA0320004	Line 1.3	Metals Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	LifeWise Essential Silver	Line 1.4	Cost-Share Reduction (CSR) Plan?	73% AV Level Silver Plan	Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charging an IP Copay	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	LifeWise Primary
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1 In-Network Tier 1: In Network

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$3,000	
Default Coinsurance			30%	
MOOP			\$7,100	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services		Yes				30%	After Deductible			
Inpatient Hospital Services (e.g. Hospital Stay)		Yes				30%	After Deductible			
Primary Care Visit to Treat an Injury or Illness	No	No	\$ 25	Before and After Deductible	No					
Specialist Visit	No	No	\$ 60	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits	No	No	\$ 60	Before and After Deductible	No					
Mental Health & Substance Use Disorder All Other OP Services		Yes				30%	After Deductible			
Imaging (CT/PET Scans, MRI)		Yes				30%	After Deductible			
Rehabilitative Speech Therapy		Yes				30%	After Deductible			
Rehabilitative Occupational and Rehabilitative Physical Therapy		Yes				30%	After Deductible			
Preventive Care/Screening/Immunization	No	No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services		Yes				30%	After Deductible			
X-rays and Diagnostic Imaging		Yes				30%	After Deductible			
Skilled Nursing Facility		Yes				30%	After Deductible			
Outpatient Facility Fee (e.g. Ambulatory Surgery Center)		Yes				30%	After Deductible			
Outpatient Surgery Physician/Surgical Services		Yes				30%	After Deductible			
Urgent Care	No	No	\$ 60	Before and After Deductible	No					
Emergency Transportation		Yes				30%	After Deductible			
Other EHB Categories										
Chiro/Acupuncture		No	\$ 60	Before and After Deductible	No					
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$ 15	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		Yes				30%	After Deductible			
Non-Preferred Brand Drugs (Tier 3)		Yes				40%	After Deductible			
Specialty Drugs (Tier 4)		Yes				50%	After Deductible			

Notes

Benefit Components

Worksheet Controls

Company: LifeWise Health Plan of Washington Market: Individual Plan Year: 2025

Section 1: Plan Information

Line 1.1	HIOS Plan ID	38498WA0320004	Line 1.3	Metals Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	LifeWise Essential Silver	Line 1.4	Cost-Share Reduction (CSR) Plan?	87% AV Level Silver Plan	Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charging an IP Copay	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	LifeWise Primary
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$ 700	
Default Coinsurance			30%	
MOOP			\$2,500	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services		Yes				30%	After Deductible			
Inpatient Hospital Services (e.g. Hospital Stay)		Yes				30%	After Deductible			
Primary Care Visit to Treat an Injury or Illness	No	\$ 15	Before and After Deductible	No						
Specialist Visit	No	\$ 45	Before and After Deductible	No						
Mental Health & Substance Use Disorder Office Visits	No	\$ 45	Before and After Deductible	No						
Mental Health & Substance Use Disorder All Other OP Services	Yes					30%	After Deductible			
Imaging (CT/PET Scans, MRI)	Yes					30%	After Deductible			
Rehabilitative Speech Therapy	Yes					30%	After Deductible			
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes					30%	After Deductible			
Preventive Care/Screening/Immunization	No	\$ -	Before and After Deductible							
Laboratory Outpatient and Professional Services	Yes					30%	After Deductible			
X-rays and Diagnostic Imaging	Yes					30%	After Deductible			
Skilled Nursing Facility	Yes					30%	After Deductible			
Outpatient Facility Fee (e.g. Ambulatory Surgery Center)	Yes					30%	After Deductible			
Outpatient Surgery Physician/Surgical Services	Yes					30%	After Deductible			
Urgent Care	No	\$ 45	Before and After Deductible	No		30%	After Deductible			
Emergency Transportation	Yes					30%	After Deductible			
Other EHB Categories										
Chiro/Acupuncture	No	\$ 45	Before and After Deductible	No						
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$ 10	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		Yes				30%	After Deductible			
Non-Preferred Brand Drugs (Tier 3)		Yes				40%	After Deductible			
Specialty Drugs (Tier 4)		Yes				50%	After Deductible			

Notes

Benefit Components

Company: LifeWise Health Plan of Washington Market: Individual Plan Year: 2025

Section 1: Plan Information

Line 1.1	HIOS Plan ID	38498WA0320004	Line 1.3	Metals Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	LifeWise Essential Silver	Line 1.4	Cost-Share Reduction (CSR) Plan?	94% AV Level Silver Plan	Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charging an IP Copay	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	LifeWise Primary
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$ 100	
Default Coinsurance			30%	
MOOP			\$1,000	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services		Yes				30%	After Deductible			
Inpatient Hospital Services (e.g. Hospital Stay)		Yes				30%	After Deductible			
Primary Care Visit to Treat an Injury or Illness	No	No	\$ 10	Before and After Deductible	No					
Specialist Visit	No	No	\$ 25	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits	No	No	\$ 25	Before and After Deductible	No					
Mental Health & Substance Use Disorder All Other OP Services		Yes				30%	After Deductible			
Imaging (CT/PET Scans, MRI)		Yes				30%	After Deductible			
Rehabilitative Speech Therapy		Yes				30%	After Deductible			
Rehabilitative Occupational and Rehabilitative Physical Therapy		Yes				30%	After Deductible			
Preventive Care/Screening/Immunization	No	No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services		Yes				30%	After Deductible			
X-rays and Diagnostic Imaging		Yes				30%	After Deductible			
Skilled Nursing Facility		Yes				30%	After Deductible			
Outpatient Facility Fee (e.g. Ambulatory Surgery Center)		Yes				30%	After Deductible			
Outpatient Surgery Physician/Surgical Services		Yes				30%	After Deductible			
Urgent Care	No	No	\$ 25	Before and After Deductible	No					
Emergency Transportation		Yes				30%	After Deductible			
Other EHB Categories										
Chiro/Acupuncture		No	\$ 25	Before and After Deductible	No					
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$ 5	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		Yes				30%	After Deductible			
Non-Preferred Brand Drugs (Tier 3)		Yes				40%	After Deductible			
Specialty Drugs (Tier 4)		Yes				50%	After Deductible			

Notes

Benefit Components

Company: LifeWise Health Plan of Washington Market: Individual Plan Year: 2025

Section 1: Plan Information

Line 1.1	HIOS Plan ID	38498WA0320010	Line 1.3	Metal Level	Gold	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	LifeWise Cascade Complete Gold	Line 1.4	Cost-Share Reduction (CSR) Plan?		Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	No
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charging an IP Copay	5
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	LifeWise Primary
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$1,000	
Default Coinsurance			20%	
MOOP			\$7,000	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services		Yes	\$	450	After Deductible					
Inpatient Hospital Services (e.g. Hospital Stay)		No	\$	925	Before and After Deductible	No				
Primary Care Visit to Treat an Injury or Illness		No	\$	15	Before and After Deductible	No				
Specialist Visit		No	\$	40	Before and After Deductible	No				
Mental Health & Substance Use Disorder Office Visits		No	\$	15	Before and After Deductible	No				
Mental Health & Substance Use Disorder All Other OP Services		No	\$	15	Before and After Deductible	No				
Imaging (CT/PET Scans, MRI)		Yes	\$	300	After Deductible					
Rehabilitative Speech Therapy		No	\$	25	Before and After Deductible	No				
Rehabilitative Occupational and Rehabilitative Physical Therapy		No	\$	25	Before and After Deductible	No				
Preventive Care/Screening/Immunization		No	\$	-	Before and After Deductible					
Laboratory Outpatient and Professional Services		No	\$	20	Before and After Deductible	No				
X-rays and Diagnostic Imaging		No	\$	30	Before and After Deductible	No				
Skilled Nursing Facility		Yes	\$	350	After Deductible					
Outpatient Facility Fee (e.g. Ambulatory Surgery Center)		Yes	\$	350	After Deductible					
Outpatient Surgery Physician/Surgical Services		Yes	\$	75	After Deductible					
Urgent Care		No	\$	35	Before and After Deductible	No				
Emergency Transportation		No	\$	375	Before and After Deductible	No				
Other EHB Categories										
Chiro/Acupuncture		No	\$	15	Before and After Deductible	No				
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)										
Generic Drugs (Tier 1)		No	\$	10	Before and After Deductible	No				
Preferred Brand Drugs (Tier 2)		No	\$	60	Before and After Deductible	No				
Non-Preferred Brand Drugs (Tier 3)		No	\$	100	Before and After Deductible	No				
Specialty Drugs (Tier 4)		No	\$	100	Before and After Deductible	No				

Notes

Benefit Components

Worksheet Controls

Company: LifeWise Health Plan of Washington Market: Individual Plan Year: 2025

Section 1: Plan Information

Line 1.1	HIOS Plan ID	38498WA0320011	Line 1.3	Met Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	LifeWise Cascade Silver	Line 1.4	Cost-Share Reduction (CSR) Plan?	No	Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	No
Line 2.6	Maximum Number of Days for Charging an IP Copay	5
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	2
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	LifeWise Primary
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$2,750	
Default Coinsurance			30%	
MOOP			\$9,750	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services	No	Yes	\$ 800	After Deductible	No					
Inpatient Hospital Services (e.g. Hospital Stay)	No	Yes	\$ 800	After Deductible	No					
Primary Care Visit to Treat an Injury or Illness	Yes	No	\$ 20	Before and After Deductible	No				Note 1	
Specialist Visit	No	No	\$ 65	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits	Yes	No	\$ 20	Before and After Deductible	No				Note 1	
Mental Health & Substance Use Disorder All Other OP Services	No	No	\$ 30	Before and After Deductible	No					
Imaging (CT/PET Scans, MRI)	No	Yes			No	30%	After Deductible			
Rehabilitative Speech Therapy	No	No	\$ 40	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	No	\$ 40	Before and After Deductible	No					
Preventive Care/Screening/Immunization	No	No	\$ -	Before and After Deductible	No					
Laboratory Outpatient and Professional Services	No	No	\$ 40	Before and After Deductible	No					
X-rays and Diagnostic Imaging	No	No	\$ 65	Before and After Deductible	No					
Skilled Nursing Facility	No	Yes	\$ 800	After Deductible	No					
Outpatient Facility Fee (e.g. Ambulatory Surgery Center)	No	Yes	\$ 600	After Deductible	No					
Outpatient Surgery Physician/Surgical Services	No	Yes	\$ 200	After Deductible	No					
Urgent Care	No	No	\$ 55	Before and After Deductible	No					
Emergency Transportation	No	No	\$ 375	Before and After Deductible	No					
Other EHB Categories										
Chiro/Acupuncture	No	No	\$ 20	Before and After Deductible	No					
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)										
Generic Drugs (Tier 1)		No	\$ 25	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		No	\$ 75	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3)		Yes	\$ 250	After Deductible	No					
Specialty Drugs (Tier 4)		Yes	\$ 250	After Deductible	No					

Notes
Note 1 The first two Primary Care Visit and Mental Health Office Visits are subjected to \$1 copay

Benefit Components

Company: LifeWise Health Plan of Washington Market: Individual Plan Year: 2025

Section 1: Plan Information

Line 1.1	HIOS Plan ID	38498WA0320011	Line 1.3	Met Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	LifeWise Cascade Silver	Line 1.4	Cost-Share Reduction (CSR) Plan?	73% AV Level Silver Plan	Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	No
Line 2.6	Maximum Number of Days for Charging an IP Copay	5
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	2
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	LifeWise Primary
Line 3.3	In-Network Tiers (I)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$2,950	
Default Coinsurance			30%	
MOOP			\$7,950	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services	No	Yes	\$	800	After Deductible	No				
Inpatient Hospital Services (e.g. Hospital Stay)	No	Yes	\$	800	After Deductible	No				
Primary Care Visit to Treat an Injury or Illness	Yes	No	\$	20	Before and After Deductible	No			Note 1	
Specialist Visit	No	No	\$	65	Before and After Deductible	No				
Mental Health & Substance Use Disorder Office Visits	Yes	No	\$	20	Before and After Deductible	No			Note 1	
Mental Health & Substance Use Disorder All Other OP Services	No	No	\$	30	Before and After Deductible	No				
Imaging (CT/PET Scans, MRI)	No	Yes				30%	After Deductible			
Rehabilitative Speech Therapy	No	No	\$	40	Before and After Deductible	No				
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	No	\$	40	Before and After Deductible	No				
Preventive Care/Screening/Immunization	No	No	\$	-	Before and After Deductible	No				
Laboratory Outpatient and Professional Services	No	No	\$	40	Before and After Deductible	No				
X-rays and Diagnostic Imaging	No	No	\$	65	Before and After Deductible	No				
Skilled Nursing Facility	No	Yes	\$	800	After Deductible					
Outpatient Facility Fee (e.g. Ambulatory Surgery Center)	No	Yes	\$	600	After Deductible					
Outpatient Surgery Physician/Surgical Services	No	Yes	\$	200	After Deductible					
Urgent Care	No	No	\$	65	Before and After Deductible	No				
Emergency Transportation	No	No	\$	325	Before and After Deductible	No				
Other EHB Categories										
Chiro/Acupuncture	No	No	\$	20	Before and After Deductible	No				
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)										
Generic Drugs (Tier 1)		No	\$	25	Before and After Deductible	No				
Preferred Brand Drugs (Tier 2)		No	\$	75	Before and After Deductible	No				
Non-Preferred Brand Drugs (Tier 3)		Yes	\$	250	After Deductible					
Specialty Drugs (Tier 4)		Yes	\$	250	After Deductible					

Notes:
Note 1 The first two Primary Care Visit and Mental Health Office Visits are subjected to \$1 copay

Benefit Components

Worksheet
Controls

Company: LifeWise Health Plan of Washington

Market: Individual

Plan Year: 2025

Section 1: Plan Information

Line 1.1	HIOS Plan ID	38498WA0320011	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	LifeWise Cascade Silver	Line 1.4	Cost-Share Reduction (CSR) Plan?	87% AV Level Silver Plan	Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	No
Line 2.6	Maximum Number of Days for Charging an IP Copay	5
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	2
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	LifeWise Primary
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$1,750	
Default Coinsurance			20%	
MOOP			\$2,850	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services	No	Yes	\$	425	After Deductible	No				
Inpatient Hospital Services (e.g. Hospital Stay)	No	Yes	\$	425	After Deductible	No				
Primary Care Visit to Treat an Injury or Illness	Yes	No	\$	5	Before and After Deductible	No			Note 1	
Specialist Visit	No	No	\$	30	Before and After Deductible	No				
Mental Health & Substance Use Disorder Office Visits	Yes	No	\$	5	Before and After Deductible	No			Note 1	
Mental Health & Substance Use Disorder All Other OP Services	No	No	\$	10	Before and After Deductible	No				
Imaging (CT/PET Scans, MRI)	No	Yes				20%	After Deductible			
Rehabilitative Speech Therapy	No	No	\$	20	Before and After Deductible	No				
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	No	\$	20	Before and After Deductible	No				
Preventive Care/Screening/Immunization	No	No	\$	-	Before and After Deductible	No				
Laboratory Outpatient and Professional Services	No	No	\$	20	Before and After Deductible	No				
X-rays and Diagnostic Imaging	No	No	\$	40	Before and After Deductible	No				
Skilled Nursing Facility	No	Yes	\$	425	After Deductible					
Outpatient Facility Fee (e.g. Ambulatory Surgery Center)	No	Yes	\$	325	After Deductible					
Outpatient Surgery Physician/Surgical Services	No	Yes	\$	120	After Deductible					
Urgent Care	No	No	\$	30	Before and After Deductible	No				
Emergency Transportation	No	No	\$	175	Before and After Deductible	No				
Other EHB Categories										
Chiro/Acupuncture	No	No	\$	5	Before and After Deductible	No				
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)										
Generic Drugs (Tier 1)		No	\$	12	Before and After Deductible	No				
Preferred Brand Drugs (Tier 2)		No	\$	35	Before and After Deductible	No				
Non-Preferred Brand Drugs (Tier 3)		No	\$	160	Before and After Deductible	No				
Specialty Drugs (Tier 4)		No	\$	160	Before and After Deductible	No				

Notes

Note 1 The first two Primary Care Visit and Mental Health Office Visits are subjected to \$1 copay

Benefit Components

Worksheet
Controls

Company: LifeWise Health Plan of Washington Market: Individual Plan Year: 2025

Section 1: Plan Information

Line 1.1	HIOS Plan ID	38498WA0320011	Line 1.3	Met Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	LifeWise Cascade Silver	Line 1.4	Cost-Share Reduction (CSR) Plan?	94% AV Level Silver Plan	Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	No
Line 2.6	Maximum Number of Days for Charging an IP Copay	5
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	No
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	LifeWise Primary
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$0	
Default Coinsurance			15%	
MOOP			\$2,400	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services		No	\$	150	Before and After Deductible	No				
Inpatient Hospital Services (e.g. Hospital Stay)		No	\$	100	Before and After Deductible	No				
Primary Care Visit to Treat an Injury or Illness		No	\$	1	Before and After Deductible	No				
Specialist Visit		No	\$	15	Before and After Deductible	No				
Mental Health & Substance Use Disorder Office Visits		No	\$	1	Before and After Deductible	No				
Mental Health & Substance Use Disorder All Other OP Services		No	\$	5	Before and After Deductible	No				
Imaging (CT/PET Scans, MRI)		No	\$				15%	Before and After Deductible	No	
Rehabilitative Speech Therapy		No	\$	5	Before and After Deductible	No				
Rehabilitative Occupational and Rehabilitative Physical Therapy		No	\$	5	Before and After Deductible	No				
Preventive Care/Screening/Immunization		No	\$	-	Before and After Deductible	No				
Laboratory Outpatient and Professional Services		No	\$	5	Before and After Deductible	No				
X-rays and Diagnostic Imaging		No	\$	15	Before and After Deductible	No				
Skilled Nursing Facility		No	\$	100	Before and After Deductible	No				
Outpatient Facility Fee (e.g. Ambulatory Surgery Center)		No	\$	100	Before and After Deductible	No				
Outpatient Surgery Physician/Surgical Services		No	\$	25	Before and After Deductible	No				
Urgent Care		No	\$	15	Before and After Deductible	No				
Emergency Transportation		No	\$	75	Before and After Deductible	No				
Other EHB Categories										
Chiro/Acupuncture		No	\$	1	Before and After Deductible	No				
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$	5	Before and After Deductible	No				
Preferred Brand Drugs (Tier 2)		No	\$	10	Before and After Deductible	No				
Non-Preferred Brand Drugs (Tier 3)		No	\$	35	Before and After Deductible	No				
Specialty Drugs (Tier 4)		No	\$	35	Before and After Deductible	No				

Notes

Benefit Components

Worksheet
Controls

Company: LifeWise Health Plan of Washington

Market: Individual

Plan Year: 2025

Section 1: Plan Information

Line 1.1	HIOS Plan ID	38498WA0320012	Line 1.3	Metals Level	Expanded Bronze	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	LifeWise Cascade Bronze	Line 1.4	Cost-Share Reduction (CSR) Plan?		Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charging an IP Copay	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	2
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	LifeWise Primary
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$5,000	
Default Coinsurance			40%	
MOOP			\$10,150	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services	No	Yes				40%	After Deductible			
Inpatient Hospital Services (e.g. Hospital Stay)	No	Yes				40%	After Deductible			
Primary Care Visit to Treat an Injury or Illness	Yes	No	\$ 40	Before and After Deductible	No			Note 1		
Specialist Visit	No	No	\$ 100	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits	Yes	No	\$ 40	Before and After Deductible	No			Note 1		
Mental Health & Substance Use Disorder All Other OP Services	No	Yes				40%	After Deductible			
Imaging (CT/PET Scans, MRI)	No	Yes				40%	After Deductible			
Rehabilitative Speech Therapy	No	Yes				40%	After Deductible			
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	Yes				40%	After Deductible			
Preventive Care/Screening/Immunization	No	No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services	No	Yes				40%	After Deductible			
X-rays and Diagnostic Imaging	No	Yes				40%	After Deductible			
Skilled Nursing Facility	No	Yes				40%	After Deductible			
Outpatient Facility Fee (e.g. Ambulatory Surgery Center)	No	Yes				40%	After Deductible			
Outpatient Surgery Physician/Surgical Services	No	Yes				40%	After Deductible			
Urgent Care	No	No	\$ 100	Before and After Deductible	No					
Emergency Transportation	No	Yes				40%	After Deductible			
Other EHB Categories										
Chiro/Acupuncture	No	No	\$ 40	Before and After Deductible	No					
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$ 32	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		Yes				40%	After Deductible			
Non-Preferred Brand Drugs (Tier 3)		Yes				40%	After Deductible			
Specialty Drugs (Tier 4)		Yes				40%	After Deductible			

Notes

Note 1 The first two Primary Care Visit and Mental Health Office Visits are subjected to \$1 copay

Benefit Components

Company: LifeWise Health Plan of Washington Market: Individual Plan Year: 2025

Section 1: Plan Information

Line 1.1	HIOS Plan ID	38489WA0320013 LifeWise Cascade Select Complete Gold	Line 1.3	Metal Level	Gold	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name		Line 1.4	Cost-Share Reduction (CSR) Plan?		Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	No
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	No
Line 2.6	Maximum Number of Days for Chemo or IP Copay	5
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	LifeWise Alpine
Line 3.3	In-Network Tiers (I#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$1,000	
Default Coinsurance			20%	
MOOP			\$7,000	

	Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
				Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services		Yes	\$	450	After Deductible						
Inpatient Hospital Services (e.g. Hospital Stay)		No	\$	525	Before and After Deductible	No					
Primary Care Visit to Treat an Injury or Illness		No	\$	15	Before and After Deductible	No					
Specialist Visit		No	\$	40	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits		No	\$	15	Before and After Deductible	No					
Mental Health & Substance Use Disorder All Other OP Services		No	\$	15	Before and After Deductible	No					
Imaging (CT/PET Scans, MRIs)		Yes	\$	300	After Deductible						
Rehabilitative Speech Therapy		No	\$	25	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy		No	\$	25	Before and After Deductible	No					
Preventive Care/Screening/Immunization		No	\$	-	Before and After Deductible						
Laboratory Outpatient and Professional Services		No	\$	20	Before and After Deductible	No					
X-rays and Diagnostic Imaging		No	\$	30	Before and After Deductible	No					
Skilled Nursing Facility		Yes	\$	350	After Deductible						
Outpatient Facility Fee (e.g. Ambulatory Surgery Center)		Yes	\$	320	After Deductible						
Outpatient Surgery Physician/Surgical Services		Yes	\$	75	After Deductible						
Urgent Care		No	\$	35	Before and After Deductible	No					
Emergency Transportation		No	\$	375	Before and After Deductible	No					
Other EHB Categories											
Chiro/Acupuncture		No	\$	15	Before and After Deductible	No					
Non-EHB Benefits											
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings	
Generic Drugs (Tier 1)		No	\$	10	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		No	\$	60	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3)		No	\$	100	Before and After Deductible	No					
Specialty Drugs (Tier 4)		No	\$	100	Before and After Deductible	No					

Notes

Benefit Components

Worksheet Controls

Company: LifeWise Health Plan of Washington Market: Individual Plan Year: 2025

Section 1: Plan Information

Line 1.1	HIOS Plan ID	38498WA0320014	Line 1.3	Met Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	LifeWise Cascade Select Silver	Line 1.4	Cost-Share Reduction (CSR) Plan?	No	Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	No
Line 2.6	Maximum Number of Days for Charging an IP Copay	5
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	2
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	LifeWise Alpine
Line 3.3	In-Network Tiers (I)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$2,750	
Default Coinsurance			30%	
MOOP			\$9,750	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services	No	Yes	\$	800	After Deductible	No				
Inpatient Hospital Services (e.g. Hospital Stay)	No	Yes	\$	800	After Deductible	No				
Primary Care Visit to Treat an Injury or Illness	Yes	No	\$	20	Before and After Deductible	No			Note 1	
Specialist Visit	No	No	\$	65	Before and After Deductible	No				
Mental Health & Substance Use Disorder Office Visits	Yes	No	\$	20	Before and After Deductible	No			Note 1	
Mental Health & Substance Use Disorder All Other OP Services	No	No	\$	30	Before and After Deductible	No				
Imaging (CT/PET Scans, MRI)	No	Yes				30%	After Deductible			
Rehabilitative Speech Therapy	No	No	\$	40	Before and After Deductible	No				
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	No	\$	40	Before and After Deductible	No				
Preventive Care/Screening/Immunization	No	No	\$	-	Before and After Deductible	No				
Laboratory Outpatient and Professional Services	No	No	\$	40	Before and After Deductible	No				
X-rays and Diagnostic Imaging	No	No	\$	65	Before and After Deductible	No				
Skilled Nursing Facility	No	Yes	\$	800	After Deductible					
Outpatient Facility Fee (e.g. Ambulatory Surgery Center)	No	Yes	\$	600	After Deductible					
Outpatient Surgery Physician/Surgical Services	No	Yes	\$	200	After Deductible					
Urgent Care	No	No	\$	65	Before and After Deductible	No				
Emergency Transportation	No	No	\$	375	Before and After Deductible	No				
Other EHB Categories										
Chiro/Acupuncture	No	No	\$	20	Before and After Deductible	No				
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)										
Generic Drugs (Tier 1)		No	\$	25	Before and After Deductible	No				
Preferred Brand Drugs (Tier 2)		No	\$	75	Before and After Deductible	No				
Non-Preferred Brand Drugs (Tier 3)		Yes	\$	250	After Deductible					
Specialty Drugs (Tier 4)		Yes	\$	250	After Deductible					

Notes
Note 1 The first two Primary Care Visit and Mental Health Office Visits are subjected to \$1 copay

Benefit Components

Worksheet
Controls

Company: LifeWise Health Plan of Washington

Market: Individual

Plan Year: 2025

Section 1: Plan Information

Line 1.1	HIOS Plan ID	38498WA0320014	Line 1.3	Met Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	LifeWise Cascade Select Silver	Line 1.4	Cost-Share Reduction (CSR) Plan?	73% AV Level Silver Plan	Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	No
Line 2.6	Maximum Number of Days for Charing an IP Copay	5
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	2
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	LifeWise Alpine
Line 3.3	In-Network Tiers (I)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$2,950	
Default Coinsurance			30%	
MOOP			\$7,950	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services	No	Yes	\$	800	After Deductible	No				
Inpatient Hospital Services (e.g. Hospital Stay)	No	Yes	\$	800	After Deductible	No				
Primary Care Visit to Treat an Injury or Illness	Yes	No	\$	20	Before and After Deductible	No			Note 1	
Specialist Visit	No	No	\$	65	Before and After Deductible	No				
Mental Health & Substance Use Disorder Office Visits	Yes	No	\$	20	Before and After Deductible	No			Note 1	
Mental Health & Substance Use Disorder All Other OP Services	No	No	\$	30	Before and After Deductible	No				
Imaging (CT/PET Scans, MRI)	No	Yes					30%	After Deductible		
Rehabilitative Speech Therapy	No	No	\$	40	Before and After Deductible	No				
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	No	\$	40	Before and After Deductible	No				
Preventive Care/Screening/Immunization	No	No	\$	-	Before and After Deductible	No				
Laboratory Outpatient and Professional Services	No	No	\$	40	Before and After Deductible	No				
X-rays and Diagnostic Imaging	No	No	\$	65	Before and After Deductible	No				
Skilled Nursing Facility	No	Yes	\$	800	After Deductible					
Outpatient Facility Fee (e.g. Ambulatory Surgery Center)	No	Yes	\$	600	After Deductible					
Outpatient Surgery Physician/Surgical Services	No	Yes	\$	200	After Deductible					
Urgent Care	No	No	\$	65	Before and After Deductible	No				
Emergency Transportation	No	No	\$	325	Before and After Deductible	No				
Other EHB Categories										
Chiro/Acupuncture	No	No	\$	20	Before and After Deductible	No				
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)										
Generic Drugs (Tier 1)		No	\$	22	Before and After Deductible	No				
Preferred Brand Drugs (Tier 2)		No	\$	73	Before and After Deductible	No				
Non-Preferred Brand Drugs (Tier 3)		Yes	\$	250	After Deductible					
Specialty Drugs (Tier 4)		Yes	\$	250	After Deductible					

Notes

Note 1 The first two Primary Care Visit and Mental Health Office Visits are subjected to \$1 copay

Benefit Components

Worksheet
Controls

Company: LifeWise Health Plan of Washington

Market: Individual

Plan Year: 2025

Section 1: Plan Information

Line 1.1	HIOS Plan ID	38498WA0320014	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	LifeWise Cascade Select Silver	Line 1.4	Cost-Share Reduction (CSR) Plan?	87% AV Level Silver Plan	Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	No
Line 2.6	Maximum Number of Days for Charging an IP Copay	5
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	2
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	LifeWise Alpine
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$1,750	
Default Coinsurance			20%	
MOOP			\$2,850	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services	No	Yes	\$	425	After Deductible	No				
Inpatient Hospital Services (e.g. Hospital Stay)	No	Yes	\$	425	After Deductible	No				
Primary Care Visit to Treat an Injury or Illness	Yes	No	\$	5	Before and After Deductible	No			Note 1	
Specialist Visit	No	No	\$	30	Before and After Deductible	No				
Mental Health & Substance Use Disorder Office Visits	Yes	No	\$	5	Before and After Deductible	No			Note 1	
Mental Health & Substance Use Disorder All Other OP Services	No	No	\$	10	Before and After Deductible	No				
Imaging (CT/PET Scans, MRI)	No	Yes				No	20%	After Deductible		
Rehabilitative Speech Therapy	No	No	\$	20	Before and After Deductible	No				
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	No	\$	20	Before and After Deductible	No				
Preventive Care/Screening/Immunization	No	No	\$	-	Before and After Deductible	No				
Laboratory Outpatient and Professional Services	No	No	\$	20	Before and After Deductible	No				
X-rays and Diagnostic Imaging	No	No	\$	40	Before and After Deductible	No				
Skilled Nursing Facility	No	Yes	\$	425	After Deductible	No				
Outpatient Facility Fee (e.g. Ambulatory Surgery Center)	No	Yes	\$	325	After Deductible	No				
Outpatient Surgery Physician/Surgical Services	No	Yes	\$	120	After Deductible	No				
Urgent Care	No	No	\$	30	Before and After Deductible	No				
Emergency Transportation	No	No	\$	175	Before and After Deductible	No				
Other EHB Categories										
Chiro/Acupuncture	No	No	\$	5	Before and After Deductible	No				
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)										
Generic Drugs (Tier 1)		No	\$	12	Before and After Deductible	No				
Preferred Brand Drugs (Tier 2)		No	\$	35	Before and After Deductible	No				
Non-Preferred Brand Drugs (Tier 3)		No	\$	160	Before and After Deductible	No				
Specialty Drugs (Tier 4)		No	\$	160	Before and After Deductible	No				

Notes

Note 1 The first two Primary Care Visit and Mental Health Office Visits are subjected to \$1 copay

Benefit Components

Worksheet Controls

Company: LifeWise Health Plan of Washington Market: Individual Plan Year: 2025

Section 1: Plan Information

Line 1.1	HIOS Plan ID	38498WA0320014	Line 1.3	Met Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	LifeWise Cascade Select Silver	Line 1.4	Cost-Share Reduction (CSR) Plan?	94% AV Level Silver Plan	Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	No
Line 2.6	Maximum Number of Days for Charging an IP Copay	5
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	No
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	LifeWise Alpine
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$0	
Default Coinsurance			15%	
MOOP			\$2,400	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services		No	\$	150	Before and After Deductible	No				
Inpatient Hospital Services (e.g. Hospital Stay)		No	\$	100	Before and After Deductible	No				
Primary Care Visit to Treat an Injury or Illness		No	\$	1	Before and After Deductible	No				
Specialist Visit		No	\$	15	Before and After Deductible	No				
Mental Health & Substance Use Disorder Office Visits		No	\$	1	Before and After Deductible	No				
Mental Health & Substance Use Disorder All Other OP Services		No	\$	5	Before and After Deductible	No				
Imaging (CT/PET Scans, MRI)		No	\$			15%	Before and After Deductible	No		
Rehabilitative Speech Therapy		No	\$	5	Before and After Deductible	No				
Rehabilitative Occupational and Rehabilitative Physical Therapy		No	\$	5	Before and After Deductible	No				
Preventive Care/Screening/Immunization		No	\$	-	Before and After Deductible	No				
Laboratory Outpatient and Professional Services		No	\$	5	Before and After Deductible	No				
X-rays and Diagnostic Imaging		No	\$	15	Before and After Deductible	No				
Skilled Nursing Facility		No	\$	100	Before and After Deductible	No				
Outpatient Facility Fee (e.g. Ambulatory Surgery Center)		No	\$	100	Before and After Deductible	No				
Outpatient Surgery Physician/Surgical Services		No	\$	25	Before and After Deductible	No				
Urgent Care		No	\$	15	Before and After Deductible	No				
Emergency Transportation		No	\$	75	Before and After Deductible	No				
Other EHB Categories										
Chiro/Acupuncture		No	\$	1	Before and After Deductible	No				
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)										
	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$	5	Before and After Deductible	No				
Preferred Brand Drugs (Tier 2)		No	\$	10	Before and After Deductible	No				
Non-Preferred Brand Drugs (Tier 3)		No	\$	35	Before and After Deductible	No				
Specialty Drugs (Tier 4)		No	\$	35	Before and After Deductible	No				

Notes

Benefit Components

Worksheet
Controls

Company: LifeWise Health Plan of Washington

Market: Individual

Plan Year: 2025

Section 1: Plan Information

Line 1.1	HIOS Plan ID	38498WA0320015	Line 1.3	Metals Level	Expanded Bronze	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	LifeWise Cascade Select Bronze	Line 1.4	Cost-Share Reduction (CSR) Plan?		Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charging an IP Copay	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	2
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	LifeWise Alpine
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$5,000	
Default Coinsurance			40%	
MOOP			\$10,150	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services	No	Yes				40%	After Deductible			
Inpatient Hospital Services (e.g. Hospital Stay)	No	Yes				40%	After Deductible			
Primary Care Visit to Treat an Injury or Illness	Yes	No	\$ 40	Before and After Deductible	No			Note 1		
Specialist Visit	No	No	\$ 100	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits	Yes	No	\$ 40	Before and After Deductible	No			Note 1		
Mental Health & Substance Use Disorder All Other OP Services	No	Yes				40%	After Deductible			
Imaging (CT/PET Scans, MRI)	No	Yes				40%	After Deductible			
Rehabilitative Speech Therapy	No	Yes				40%	After Deductible			
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	Yes				40%	After Deductible			
Preventive Care/Screening/Immunization	No	No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services	No	Yes				40%	After Deductible			
X-rays and Diagnostic Imaging	No	Yes				40%	After Deductible			
Skilled Nursing Facility	No	Yes				40%	After Deductible			
Outpatient Facility Fee (e.g. Ambulatory Surgery Center)	No	Yes				40%	After Deductible			
Outpatient Surgery Physician/Surgical Services	No	Yes				40%	After Deductible			
Urgent Care	No	No	\$ 100	Before and After Deductible	No					
Emergency Transportation	No	Yes				40%	After Deductible			
Other EHB Categories										
Chiro/Acupuncture	No	No	\$ 40	Before and After Deductible	No					
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$ 32	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		Yes				40%	After Deductible			
Non-Preferred Brand Drugs (Tier 3)		Yes				40%	After Deductible			
Specialty Drugs (Tier 4)		Yes				40%	After Deductible			

Notes

Note 1 The first two Primary Care Visit and Mental Health Office Visits are subjected to \$1 copay

Benefit Components

Worksheet Controls

Company: LifeWise Health Plan of Washington Market: Individual Plan Year: 2025

Section 1: Plan Information

Line 1.1	HIOS Plan ID	38498WA0320016	Line 1.3	Metal Level	Gold	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	LifeWise Cascade Vital Gold	Line 1.4	Cost-Share Reduction (CSR) Plan?		Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	No
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charging an IP Copay	5
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	LifeWise Primary
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$1,900	
Default Coinsurance			20%	
MOOP			\$8,800	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services		Yes	\$	800	After Deductible					
Inpatient Hospital Services (e.g. Hospital Stay)		No	\$	650	Before and After Deductible					
Primary Care Visit to Treat an Injury or Illness		No	\$	15	Before and After Deductible					
Specialist Visit		No	\$	40	Before and After Deductible					
Mental Health & Substance Use Disorder Office Visits		No	\$	15	Before and After Deductible					
Mental Health & Substance Use Disorder All Other OP Services		No	\$	15	Before and After Deductible					
Imaging (CT/PET Scans, MRI)		Yes	\$	300	After Deductible					
Rehabilitative Speech Therapy		No	\$	30	Before and After Deductible					
Rehabilitative Occupational and Rehabilitative Physical Therapy		No	\$	30	Before and After Deductible					
Preventive Care/Screening/Immunization		No	\$	-	Before and After Deductible					
Laboratory Outpatient and Professional Services		No	\$	30	Before and After Deductible					
X-rays and Diagnostic Imaging		No	\$	30	Before and After Deductible					
Skilled Nursing Facility		Yes	\$	350	After Deductible					
Outpatient Facility Fee (e.g. Ambulatory Surgery Center)		Yes	\$	350	After Deductible					
Outpatient Surgery Physician/Surgical Services		Yes	\$	75	After Deductible					
Urgent Care		No	\$	35	Before and After Deductible					
Emergency Transportation		No	\$	375	Before and After Deductible					
Other EHB Categories										
Chiro/Acupuncture		No	\$	15	Before and After Deductible					
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$	10	Before and After Deductible					
Preferred Brand Drugs (Tier 2)		No	\$	75	Before and After Deductible					
Non-Preferred Brand Drugs (Tier 3)		No	\$	200	Before and After Deductible					
Specialty Drugs (Tier 4)		No	\$	200	Before and After Deductible					

Notes

Benefit Components

Worksheet Controls

Company: LifeWise Health Plan of Washington Market: Individual Plan Year: 2025

Section 1: Plan Information

Line 1.1	HIOS Plan ID	38498WA0320017	Line 1.3	Metal Level	Gold	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	LifeWise Cascade Select Vital Gold	Line 1.4	Cost-Share Reduction (CSR) Plan?		Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	No
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charing an IP Copay	5
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	LifeWise Alpine
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$1,900	
Default Coinsurance			20%	
MOOP			\$8,800	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services		Yes	\$	800	After Deductible					
Inpatient Hospital Services (e.g. Hospital Stay)		No	\$	650	Before and After Deductible	No				
Primary Care Visit to Treat an Injury or Illness		No	\$	15	Before and After Deductible	No				
Specialist Visit		No	\$	40	Before and After Deductible	No				
Mental Health & Substance Use Disorder Office Visits		No	\$	15	Before and After Deductible	No				
Mental Health & Substance Use Disorder All Other OP Services		No	\$	15	Before and After Deductible	No				
Imaging (CT/PET Scans, MRI)		Yes	\$	300	After Deductible					
Rehabilitative Speech Therapy		No	\$	30	Before and After Deductible	No				
Rehabilitative Occupational and Rehabilitative Physical Therapy		No	\$	30	Before and After Deductible	No				
Preventive Care/Screening/Immunization		No	\$	-	Before and After Deductible					
Laboratory Outpatient and Professional Services		No	\$	30	Before and After Deductible	No				
X-rays and Diagnostic Imaging		No	\$	30	Before and After Deductible	No				
Skilled Nursing Facility		Yes	\$	350	After Deductible					
Outpatient Facility Fee (e.g. Ambulatory Surgery Center)		Yes	\$	350	After Deductible					
Outpatient Surgery Physician/Surgical Services		Yes	\$	75	After Deductible					
Urgent Care		No	\$	35	Before and After Deductible	No				
Emergency Transportation		No	\$	375	Before and After Deductible	No				
Other EHB Categories										
Chiro/Acupuncture		No	\$	15	Before and After Deductible	No				
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$	10	Before and After Deductible	No				
Preferred Brand Drugs (Tier 2)		No	\$	75	Before and After Deductible	No				
Non-Preferred Brand Drugs (Tier 3)		No	\$	200	Before and After Deductible	No				
Specialty Drugs (Tier 4)		No	\$	200	Before and After Deductible	No				

Notes



I hereby certify that, to the best of my knowledge, the commission documentation provided with this letter includes all proposed LifeWise of Washington commission schedules for this block of business for the 2026 plan year as of April 29, 2025.

Commission for non-Metallic medical membership in Washington service area

LifeWise Family Dental Plan (new and existing)	\$0.00 PMPM
Pediatric Dental (new and existing)	\$0.00 PMPM
Grandfathered Medical Plans	\$17.00 PMPM

Commission for Metallic medical membership in Washington service area

Tier 1+ Producer Commission (new and existing)	\$21.00 PMPM
Tier 1 Producer Commission (new and existing)	\$20.00 PMPM
Tier 2 Producer Commission (new and existing)	\$15.00 PMPM
Tier 3 Producer Commission (new and existing)	\$10.00 PMPM
All Other Producer Commission:	\$0.00 PMPM

Sincerely,

A handwritten signature in cursive script that reads "Kristin Meadows".

Kristin Meadows
President and CEO, LifeWise Health Plan of Washington

2026 Plan Year (PY) Individual Nongrandfathered Health Plan Supplemental Checklist for 1332 Waiver Reporting

Instructions:

This supplemental checklist is requested by the Washington Health Benefit Exchange (HBE) regarding the 1332 waiver reporting requirements. This form (i.e., supplemental checklist) applies to **all individual health plan market issuers** including those with only off-Exchange plans.

The OIC helps the HBE gather the following information when issuers submit their initial and final rate filing documents. The OIC will check the consistency of data reported in this form versus data reported elsewhere in the rate filing. If the information reported in this form is inconsistent with other rate filing information, the OIC may send out an objection requesting a reporting issuer to update this form.

The purpose of this form is to collect with-waiver versus without-waiver differences in assumptions, methodologies, and projections used for individual market rate filings for PY 2026. This information will be used for reporting purposes associated with the guidelines stated in the 1332 Waiver. The federal government requires the State of Washington to report on elements related to health insurance rates, spending, and enrollment as if the waiver were not in effect. The following information is needed to create that report. Details on the waiver can be found [here](#).

Response Information:

General Information	
Issuer Name:	LifeWise Health Plan of Washington
Applicable Market:	Individual Medical
Plan Year:	2026

Section I – Please provide a response for each item.

General Assumptions

1. Are the reporting issuer's PY 2026 premium rates impacted?

a. If the waiver were not in effect, would the reporting issuer's premium rates differ by rating cell (i.e., by plan, smoker/non-smoker, geographic rating area, age band) in the Rate Schedule?

Yes No

b. If the waiver were not in effect, would the reporting issuer's total projected earned premiums be different?

Yes No

2. If yes for #1a and/or #1b, how are the reporting issuer's PY 2026 premium rates impacted?

a. If yes for #1a, please describe the projected impact by rating cell (i.e., by plan, smoker/non-smoker, geographic rating area, age band), including any quantitative factors used to differentiate premium rates with-waiver versus without-waiver. Note that the purpose of this item is to identify any potential population acuity factors due to the waiver.

N/A

b. If yes for #1b, please describe the projected impact to total premiums. Please describe any other differences that apply beyond those by rating cell already described above under #2a. If differences are only due to factors described above in #2a, please explain.

The total premium for LifeWise Health Plan of Washington would decrease due to fewer members purchasing insurance through the exchange.

Enrollment

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

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

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

Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9
4,182	1,067	894	1,996	2,692	1,511	1,665	9,533	589

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

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

Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9
4,154	1,052	881	1,942	2,646	1,474	1,648	9,143	580

5. For the reporting issuer’s PY 2026 projected enrollment, please provide enrollment projections by plan. Provide both with-waiver and without-waiver projected enrollment. Describe how with-waiver and without-waiver assumptions differ. If no plan mix differences are expected, please explain.

The plan mix would be expected to differ with-waiver and without-waiver. For the non-standard and Cascade Bronze plans the members would likely not change as these members are not eligible or do not choose to participate in the additional state subsidies. The Cascade Gold and Silver plans would be the most impacted as these plans have a significant proportion on members that the state subsidy provides a significant portion of the premium.

Plan Name	LifeWise Essential Gold	LifeWise Essential Bronze	LifeWise Essential Silver	LifeWise Cascade Complete Gold	LifeWise Cascade Silver	LifeWise Cascade Bronze	LifeWise Cascade Select Complete Gold	LifeWise Cascade Select Silver	LifeWise Cascade Select Bronze	LifeWise Cascade Vital Gold	LifeWise Cascade Select Vital Gold

Washington State OIC 2026 Individual Supplemental Checklist for 1332 Waiver Reporting

With Waiver	629	2,703	221	830	762	3,738	847	2,968	6,975	1,770	2,689
Without Waiver	629	2,681	221	798	719	3,738	749	2,564	6,962	1,770	2,689

Total Premiums

6. What is the reporting issuer’s projected with-waiver total premium for PY 2026?

Provide the reporting issuer’s projected premium by rating area as well as summed across the issuer’s rating areas. The total amount summed across the rating areas should reconcile to the value reported in the Unified Rate Review Template (URRT), Worksheet 2 – Product-Plan Data, Section IV: Projected Plan Level Information, field **4.8 Premium**.

Round to the nearest cent.

Use enrollment reported above in #3.

Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9
\$40,091,642	\$9,450,805	\$6,924,609	\$17,294,737	\$23,917,520	\$12,300,445	\$15,131,653	\$76,810,093	\$6,235,057

7. What is the reporting issuer’s projected without-waiver total premium for PY 2026?

Provide the reporting issuer’s projected premium by rating area as well as summed across the issuer’s rating areas.

Round to the nearest cent.

Use enrollment reported above in #4.

Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9
\$39,760,701	\$9,290,744	\$6,791,835	\$16,800,395	\$23,463,720	\$11,948,782	\$14,945,793	\$73,276,731	\$6,132,011

8. For the reporting issuer’s PY 2026 projected premiums, please describe how with-waiver and without-waiver assumptions and methodologies differ.

Discuss impacts to individual rating cell premium rates, premium PMPM, and total premium.

Discuss how assumed plan enrollment differences discussed above in #5 impact projected premiums.

See also #13 below related to projected medical spending.

If no differences are expected, please explain.

For PY 2026 projected premiums the assumptions would differ between with-waiver and without-waiver on the projected membership and difference in plan mix. However, the rate schedule PMPM would not differ between with-waiver and without-waiver as it is assumed these members have a similar cost, risk adjustment, and administrative cost as the average member.

Service Area

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

Yes No

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

N/A

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

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

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

Round to the nearest cent.

Use enrollment reported above in #3.

Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9
\$42,404,459	\$9,740,215	\$7,084,619	\$18,135,407	\$24,957,972	\$12,771,899	\$15,771,836	\$79,972,425	\$6,573,441

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

Provide the reporting issuer’s projected medical spending by rating area as well as summed across the issuer’s rating areas.

Round to the nearest cent.

Use enrollment reported above in #4.

Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9
\$42,045,419	\$9,570,951	\$6,943,241	\$17,609,685	\$24,477,349	\$12,399,415	\$15,572,689	\$76,208,721	\$6,462,423

13. For the reporting issuer’s PY 2026 medical allowed claims spending projections, please describe how with-waiver and without-waiver assumptions and methodologies differ.

For example, address changes to adjustment factors for URRT Worksheet 1, Section II: Projections.

Discuss impacts to both PMPM and total costs.

Discuss how assumed plan enrollment differences discussed above in #5 impact projected medical allowed claims spending.

See also #8 above related to projected premiums.

If differences are not expected, please explain.

For PY 2026 projected total medical allowed claims projection the assumptions would differ between with-waiver and without-waiver on the projected membership and difference in plan mix. However, the projected medical cost PMPM by rating cell would not differ between with-waiver and without-waiver as it is assumed these members have a similar cost to the comparable average member.

14. For the reporting issuer’s PY 2026 Risk Adjustment projections, please describe how with-waiver and without-waiver assumptions differ.

Please also describe expected impacts.

If differences are not expected, please explain.

For PY 2026 projected total Risk Adjustment projection the assumptions would differ between with-waiver and without-waiver on the projected membership and difference in plan mix. However, the projected medical cost PMPM by rating cell would not differ between with-waiver and without-waiver as it is assumed these members have a similar risk to the comparable average member.

15. For the reporting issuer's PY 2026 Administrative Expense projections, please describe how with-waiver and without-waiver assumptions and methodologies differ.

Please also describe expected impacts.

If differences are not expected, please explain.

The Administrative Expense projection assumptions would not vary with or without waiver as these expenses are on a per member per month or a percent of premium basis.

Section II - For Informational Purposes as Background Information

The state is required to submit the [following information to CMS](#) on an annual basis.

- (a) The final Second Lowest Cost Silver Plan (SLCSP) rates for individual health insurance coverage for a representative individual (e.g., a 21-year-old non-smoker) in each rating area or service area (if premiums vary by geographies smaller than rating areas) for the applicable plan year that are actuarially certified. Also include the actuarial memoranda;
- (b) The estimate of what the final SLCSP rates for individual health insurance coverage for a representative individual in each rating area or service area (if premiums vary by geographies smaller than rating areas) would have been absent approval of this waiver for the applicable plan year, that are actuarially certified. The state must include with this information the methods and assumptions the state used to estimate the final SLCSP rates and state's estimate of what the final SLCSP rates would have been absent approval of the waiver for each rating area or service area absent approval of this waiver. Also include the actuarial memoranda;
- (c) From each issuer, the estimate of the total amount of all premiums expected to be paid for individual health insurance coverage for the applicable plan year;
- (d) From each issuer, the estimate of the total premiums that would have been expected to be paid for individual health insurance coverage for the applicable plan year without the waiver;
- (e) From each issuer, the estimate of the total amount of all medical spending expected to be paid for individual health insurance enrollees for the applicable plan year, along with any underlying analyses;
- (f) From each issuer, the estimate of the total amount of all medical spending that would have been expected to be paid for individual health insurance enrollees for applicable plan year without the waiver, along with any underlying analyses;
- (g) The state specific age curve premium variation for the current and upcoming plan year;
- (h) Reports of the estimated total state subsidy program reimbursements for the upcoming plan year;

- (i) Reports of the total enrollment estimates for individual health insurance coverage, both with and without the waiver for the upcoming plan year;
- (j) An explanation of why the experience for the upcoming plan year may vary from previous estimates and how assumptions used to estimate the impact have changed. This includes an explanation of changes in the estimated impact of the waiver on aggregate premiums, the estimated impact to the SLCS rates, and the estimated impact on enrollment. The state should also explain changes to the estimated state subsidy program estimates relative to prior estimates.

Question 1:

Part 1: Please provide issuer's name, market, and plan year information.

Part 2: Please provide a table with the following information:

1. In the first column, list all 2025 HIOS Plan IDs and all 2026 HIOS Plan IDs (one HIOS Plan ID per row; insert rows in the table as needed);
2. In the second column, state the 2025 plan name associated with the HIOS Plan ID (if the plan is new in 2026, state "N/A");
3. In the third column, state the 2026 plan name associated with the HIOS Plan ID (if the plan terminated in 2026, state "N/A");
4. In the fourth column, state if the plan is New (a new plan in 2026), Renewal (an existing plan from 2025), or Terminated (a 2025 plan that is not offered in 2026); and
5. In the fifth column provide the enrollment as of March 31, 2025.

Note: Illustrative information has been provided in the table below. Please remove the illustrative information; then complete the table as described above.

Response:

Part 1

Issuer Name:	LifeWise Health Plan of Washington
HIOS Issuer ID:	38498WA
Market:	Individual
Plan Year:	2025

Part 2

2025 HIOS Plan ID and 2026 HIOS Plan ID	2025 Plan Name	2026 Plan Name	New, Renewal, or Terminated in 2026?	Enrollment as of 3/31/2025
38498WA0320001	LifeWise Essential Gold	LifeWise Essential Gold	Renewal	840
38498WA0320003	LifeWise Essential Bronze	LifeWise Essential Bronze	Renewal	4,078
38498WA0320004	LifeWise Essential Silver Low Deductible	LifeWise Essential Silver	Renewal	934
38498WA0320010	LifeWise Cascade Gold	LifeWise Cascade Complete Gold	Renewal	823
38498WA0320011	LifeWise Cascade Silver	LifeWise Cascade Silver	Renewal	2,164
38498WA0320012	LifeWise Cascade Bronze	LifeWise Cascade Bronze	Renewal	3,738
38498WA0320013	LifeWise Cascade Select Gold	LifeWise Cascade Select Complete Gold	Renewal	878
38498WA0320014	LifeWise Cascade Select Silver	LifeWise Cascade Select Silver	Renewal	5,452
38498WA0320015	LifeWise Cascade Select Bronze	LifeWise Cascade Select Bronze	Renewal	6,006
38498WA0320016	N/A	LifeWise Cascade Vital Gold	New	0
38498WA0320017	N/A	LifeWise Cascade Select Vital Gold	New	0
Total				24,913

Question 2:

For each plan with a 2025 HIOS Plan ID that is included in the 2026 rate filing, justify and explain in detail that it is a renewal plan within a renewal product and meets all of the criteria listed in 45 CFR §147.106(e)(3).

Response:

LifeWise Essential Gold	The network type is unchanged, continuing to cover more than 50% of the counties from last year, same cost-sharing structure other than changes to maintain metal level and due to cost and utilization, and only state mandated changes in the covered benefits, so it is a renewal product.
LifeWise Essential Silver	The network type is unchanged, continuing to cover more than 50% of the counties from last year, same cost-sharing structure other than changes to maintain metal level and due to cost and utilization, and only state mandated changes in the covered benefits, so it is a renewal product.
LifeWise Essential Bronze	The network type is unchanged, continuing to cover more than 50% of the counties from last year, same cost-sharing structure other than changes to maintain metal level and due to cost and utilization, and only state mandated changes in the covered benefits, so it is a renewal product.
LifeWise Cascade Complete Gold	The network type is unchanged, continuing to cover more than 50% of the counties from last year, same cost-sharing structure other than changes to maintain metal level and due to cost and utilization, and only state mandated changes in the covered benefits, so it is a renewal product.

LifeWise Cascade Silver	The network type is unchanged, continuing to cover more than 50% of the counties from last year, same cost-sharing structure other than changes to maintain metal level and due to cost and utilization, and only state mandated changes in the covered benefits, so it is a renewal product.
LifeWise Cascade Bronze	The network type is unchanged, continuing to cover more than 50% of the counties from last year, same cost-sharing structure other than changes to maintain metal level and due to cost and utilization, and only state mandated changes in the covered benefits, so it is a renewal product.
LifeWise Cascade Select Complete Gold	The network type is unchanged, continuing to cover more than 50% of the counties from last year, same cost-sharing structure other than changes to maintain metal level and due to cost and utilization, and only state mandated changes in the covered benefits, so it is a renewal product.
LifeWise Cascade Select Silver	The network type is unchanged, continuing to cover more than 50% of the counties from last year, same cost-sharing structure other than changes to maintain metal level and due to cost and utilization, and only state mandated changes in the covered benefits, so it is a renewal product.
LifeWise Cascade Select Bronze	The network type is unchanged, continuing to cover more than 50% of the counties from last year, same cost-sharing structure other than changes to maintain metal level and due to cost and utilization, and only state mandated changes in the covered benefits, so it is a renewal product.

Question 4a:

For each renewal plan (i.e., a plan offered in both 2025 and 2026), please provide the following:

1. State the HIOS Plan ID of the affected plan. State the applicable HIOS Plan ID on every row in the table as illustrated below.
2. State the 2025 Plan Name. State the plan name only once per plan as shown below.
3. State the 2026 Plan Name if the 2026 Plan Name is different than the 2025 Plan Name. Otherwise state "N/A-Same as 2025." State the plan name only once as shown below.
4. State the SERFF Tracking Number of the corresponding 2026 form filing (state only once per plan as illustrated below).
5. Provide a detailed description of each benefit change from 2025 to 2026, including changes required by Federal and State law (while the cursor is active in a cell in Excel, press [Alt+Enter] to start a new line of text). If no benefit changes, enter "None." State all the benefit changes in a single cell as shown below.
6. Cost-Share Changes: Provide a detailed description of each cost-share change from 2025 to 2026.
 - 6.1 For each cost-share change, enter one description of the change per row in the Cost-Share Description column as illustrated below. If no cost-share changes, enter "None" and go to your next plan.
 - 6.2 Enter the corresponding design for the 2025 plan year. Please include all applicable dollar signs (\$), commas (,) and percent signs (%) for each value.
 - 6.3 Enter the corresponding design for the 2026 plan year. Please include all applicable dollar signs (\$), commas (,) and percent signs (%) for each value.

Note: Illustrative information has been provided in the table below. Please remove the illustrative information; then, complete the table as described above.

Response:

HIOS Plan ID	2025 Plan Name	2026 Plan Name (if different)	2026 Form Filing SERFF Tracking Number	Benefit Changes (2025 to 2026)	Cost-Share Changes		
					Cost-Share Description	From (2025)	To (2026)
38498WA0320010	LifeWise Cascade Gold	LifeWise Cascade Complete Gold	PBCC-134418185	None	Deductible	\$600	\$1,000
38498WA0320011	LifeWise Cascade Silver	N/A-Same as 2025	PBCC-134418185	None	MOOP	\$9,200	\$9,750
38498WA0320011					Primary Care Office Visit	First 2 visits at \$1 copay, then \$30 copay for 3+ visit	First 2 visits at \$1 copay, then \$20 copay for 3+ visit
38498WA0320011					Mental/Behavioral Health and Substance Use Disorder Office Visits	First 2 visits at \$1 copay, then \$30 copay for 3+ visit	First 2 visits at \$1 copay, then \$20 copay for 3+ visit
38498WA0320011					Acupuncture	\$30	\$20
38498WA0320011					Chiropractic Care	\$30	\$20
38498WA0320012	LifeWise Cascade Bronze	N/A-Same as 2025	PBCC-134418185	None	MOOP	\$9,200	\$10,150
38498WA0320012					Primary Care Office Visit	First 2 visits at \$1 copay, then \$50 copay for 3+ visit	First 2 visits at \$1 copay, then \$40 copay for 3+ visit
38498WA0320012					Mental/Behavioral Health and Substance Use Disorder Office Visits	First 2 visits at \$1 copay, then \$50 copay for 3+ visit	First 2 visits at \$1 copay, then \$40 copay for 3+ visit
38498WA0320012					Specialist Office Visit	Deductible then \$100 Copay	\$100 Copay
38498WA0320012					Acupuncture	\$50	\$40
38498WA0320012					Chiropractic Care	\$50	\$40
38498WA0320013	LifeWise Cascade Select Gold	LifeWise Cascade Select Complete Gold	PBCC-134418185	None	Deductible	\$600	\$1,000
38498WA0320014	LifeWise Cascade Select Silver	N/A-Same as 2025	PBCC-134418185	None	MOOP	\$9,200	\$9,750
38498WA0320014					Primary Care Office Visit	First 2 visits at \$1 copay, then \$30 copay for 3+ visit	First 2 visits at \$1 copay, then \$20 copay for 3+ visit
38498WA0320014					Mental/Behavioral Health and Substance Use Disorder Office Visits	First 2 visits at \$1 copay, then \$30 copay for 3+ visit	First 2 visits at \$1 copay, then \$20 copay for 3+ visit
38498WA0320014					Acupuncture	\$30	\$20
38498WA0320014					Chiropractic Care	\$30	\$20
38498WA0320015	LifeWise Cascade Select Bronze	N/A-Same as 2025	PBCC-134418185	None	MOOP	\$9,200	\$10,150
38498WA0320015					Primary Care Office Visit	First 2 visits at \$1 copay, then \$50 copay for 3+ visit	First 2 visits at \$1 copay, then \$40 copay for 3+ visit
38498WA0320015					Mental/Behavioral Health and Substance Use Disorder Office Visits	First 2 visits at \$1 copay, then \$50 copay for 3+ visit	First 2 visits at \$1 copay, then \$40 copay for 3+ visit
38498WA0320015					Specialist Office Visit	Deductible then \$100 Copay	\$100 Copay
38498WA0320015					Acupuncture	\$50	\$40
38498WA0320015					Chiropractic Care	\$50	\$40
38498WA0320004	LifeWise Essential Silver Low Deductible	LifeWise Essential Silver	PBCC-134418185	None	Deductible	\$2,850	\$3,000
38498WA0320004					MOOP	\$8,400	\$8,375
38498WA0320004					Mental/Behavioral Health and Substance Use Disorder Office Visits	\$55 Copay	\$60 Copay
38498WA0320004					Specialist Office Visit	\$55 Copay	\$60 Copay
38498WA0320004					Acupuncture	\$55 Copay	\$60 Copay
38498WA0320004					Chiropractic Care	\$55 Copay	\$60 Copay
38498WA0320004					Urgent care	\$55 Copay	\$60 Copay
38498WA0320003	LifeWise Essential Bronze	N/A-Same as 2025	PBCC-134418185	None	None		
38498WA0320001	LifeWise Essential Gold	N/A-Same as 2025	PBCC-134418185	None	None		

Question 5:

Using the following table, provide the calculations of the proposed average rate change for this line of business and break out the average rate change by benefit, cost-share, and experience. For the 2025 plans that will discontinue in 2026, please apply appropriate mapping of membership for purposes of calculating the average rate increase.

1. In column 5(a), list all 2025 Plan IDs (one 2025 Plan ID per row; insert rows in the table as needed).
2. In column 5(b), list the corresponding 2025 Plan Names.
3. In column 5(c), state whether the 2025 plan is a "Renewal" plan (a plan offered in 2025 and 2026) or "Terminated" plan (a plan offered in 2025 but not 2026).
4. In column 5(d), provide the enrollment by plan as of March 31, 2025 in all renewing counties. Note: the total enrollment should match the enrollment provided in Question #1, unless the carrier is exiting counties in 2026 which are currently being covered.
5. In column 5(e), if the plan is a "Terminated" plan, provide the corresponding 2026 Plan ID that the 2025 Plan is mapped to. If the plan is a "Renewal" plan, state "N/A."
6. In column 5(f), if the plan is a "Terminated" plan, provide the corresponding 2026 Plan Name that the 2025 Plan is mapped to. If the plan is a "Renewal" plan, state "N/A."
7. In column 5(g), state the experience rate change for the plan. For "Terminated" plans, state the experience rate change by plan mapped from the 2025 Plan to the 2026 Plan.
8. In column 5(h), state the benefit rate change for the plan. For "Terminated" plans, base the rate change on mapping from the 2025 plan to the 2026 plan.
9. In column 5(i), state the cost-share rate change for the plan. For "Terminated" plans, base the rate change on mapping from the 2025 plan to the 2026 plan.
10. In column 5(j), the Overall Average Rate Change by plan is calculated automatically [calculated as (1+Experience Rate Change)*(1+Benefit Rate Change)*(1+Cost-Share Rate Change)-1]. Note that the percentage of overall average rate change by plan for renewal plans should be the same as the rate change indicated in the URRT.
11. In cell 5(k), the total enrollment as of March 31, 2025 is calculated automatically [calculated as the sum of column 5(d)].
12. In cell 5(l), the overall average rate change (weighted by March 2025 enrollment) for this line of business is calculated automatically [calculated as the sum-product of columns 5(d) and 5(j), divided by 5(k)].

Note: Illustrative information has been provided in the table below. Please remove the illustrative information; then, complete the table as described above.

Response:

Total Enrollment 5(k):	23,727
Overall Average Rate Change (weighted by 03/31/2024 enrollment) 5(l):	14.43%

COLUMN: 5(a)	5(b)	5(c)	5(d)	5(e)	5(f)	5(g)	5(h)	5(i)	5(j)
2025 HIOS Plan ID	2025 Plan Name	Renewal or Terminated in 2026?	Enrollment as of 03/31/2025	Terminated Plans: HIOS Plan ID of plan mapped to in 2026	Terminated Plans: Plan Name corresponding to HIOS Plan ID in column 5(e)	Experience Rate Change for Plan	Benefit Rate Change for Plan	Cost-Share Rate Change for Plan	Overall Average Rate Change for Plan
38498WA0320001	LifeWise Essential Gold	Renewal	797	N/A	N/A	-4.84%	0.00%	0.00%	-4.84%
38498WA0320003	LifeWise Essential Bronze	Renewal	3,937	N/A	N/A	14.31%	0.00%	0.00%	14.31%
38498WA0320004	LifeWise Essential Silver Low Deductible	Renewal	882	N/A	N/A	27.78%	0.00%	-0.52%	27.12%
38498WA0320010	LifeWise Cascade Complete Gold	Renewal	822	N/A	N/A	-5.83%	0.00%	-1.58%	-7.32%
38498WA0320011	LifeWise Cascade Silver	Renewal	2,158	N/A	N/A	33.66%	0.00%	-0.57%	32.90%
38498WA0320012	LifeWise Cascade Bronze	Renewal	3,727	N/A	N/A	14.19%	0.00%	-0.82%	13.25%
38498WA0320013	LifeWise Cascade Select Complete Gold	Renewal	834	N/A	N/A	-10.97%	0.00%	-1.58%	-12.38%
38498WA0320014	LifeWise Cascade Select Silver	Renewal	5,054	N/A	N/A	25.38%	0.00%	-0.57%	24.67%
38498WA0320015	LifeWise Cascade Select Bronze	Renewal	5,516	N/A	N/A	7.63%	0.00%	-0.82%	6.75%

**LifeWise Health Plan of Washington
RATE SCHEDULE**

Plan Information

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

Plan Geographic Availability

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

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	386.35	395.70		370.12	401.88	382.29	386.54	373.48	396.12	386.35	395.70		370.12	401.88	382.29	386.54	373.48	396.12
15	420.69	430.87		403.02	437.60	416.27	420.90	406.68	431.33	420.69	430.87		403.02	437.60	416.27	420.90	406.68	431.33
16	433.82	444.32		415.60	451.26	429.27	434.04	419.38	444.80	433.82	444.32		415.60	451.26	429.27	434.04	419.38	444.80
17	446.95	457.77		428.18	464.92	442.26	447.18	432.07	458.26	446.95	457.77		428.18	464.92	442.26	447.18	432.07	458.26
18	461.09	472.25		441.73	479.63	456.25	461.32	445.74	472.76	461.09	472.25		441.73	479.63	456.25	461.32	445.74	472.76
19	475.23	486.73		455.27	494.34	470.24	475.47	459.41	487.26	475.23	486.73		455.27	494.34	470.24	475.47	459.41	487.26
20	489.88	501.73		469.30	509.57	484.74	490.12	473.57	502.27	489.88	501.73		469.30	509.57	484.74	490.12	473.57	502.27
21	505.03	517.25		483.82	525.33	499.73	505.28	488.21	517.81	505.03	517.25		483.82	525.33	499.73	505.28	488.21	517.81
22	505.03	517.25		483.82	525.33	499.73	505.28	488.21	517.81	505.03	517.25		483.82	525.33	499.73	505.28	488.21	517.81
23	505.03	517.25		483.82	525.33	499.73	505.28	488.21	517.81	505.03	517.25		483.82	525.33	499.73	505.28	488.21	517.81
24	505.03	517.25		483.82	525.33	499.73	505.28	488.21	517.81	505.03	517.25		483.82	525.33	499.73	505.28	488.21	517.81
25	507.05	519.32		485.75	527.43	501.73	507.30	490.17	519.88	507.05	519.32		485.75	527.43	501.73	507.30	490.17	519.88
26	517.15	529.67		495.43	537.94	511.72	517.41	499.93	530.24	517.15	529.67		495.43	537.94	511.72	517.41	499.93	530.24
27	529.27	542.08		507.04	550.55	523.71	529.54	511.65	542.66	529.27	542.08		507.04	550.55	523.71	529.54	511.65	542.66
28	548.97	562.25		525.91	571.04	543.20	549.24	530.69	562.86	548.97	562.25		525.91	571.04	543.20	549.24	530.69	562.86
29	565.13	578.81		541.39	587.85	559.20	565.41	546.31	579.43	565.13	578.81		541.39	587.85	559.20	565.41	546.31	579.43
30	573.21	587.08		549.14	596.25	567.19	573.50	554.12	587.71	573.21	587.08		549.14	596.25	567.19	573.50	554.12	587.71
31	585.33	599.50		560.75	608.86	579.18	585.62	565.84	600.14	585.33	599.50		560.75	608.86	579.18	585.62	565.84	600.14
32	597.45	611.91		572.36	621.47	591.18	597.75	577.56	612.57	597.45	611.91		572.36	621.47	591.18	597.75	577.56	612.57
33	605.03	619.67		579.62	629.35	598.67	605.33	584.88	620.33	605.03	619.67		579.62	629.35	598.67	605.33	584.88	620.33
34	613.11	627.94		587.36	637.75	606.67	613.41	592.69	628.62	613.11	627.94		587.36	637.75	606.67	613.41	592.69	628.62
35	617.15	632.08		591.23	641.96	610.67	617.46	596.60	632.76	617.15	632.08		591.23	641.96	610.67	617.46	596.60	632.76
36	621.19	636.22		595.10	646.16	614.67	621.50	600.50	636.90	621.19	636.22		595.10	646.16	614.67	621.50	600.50	636.90
37	625.23	640.36		598.97	650.36	618.66	625.54	604.41	641.05	625.23	640.36		598.97	650.36	618.66	625.54	604.41	641.05
38	629.27	644.50		602.84	654.56	622.66	629.58	608.31	645.19	629.27	644.50		602.84	654.56	622.66	629.58	608.31	645.19
39	637.35	652.77		610.58	662.97	630.66	637.67	616.13	653.47	637.35	652.77		610.58	662.97	630.66	637.67	616.13	653.47
40	645.43	661.05		618.32	671.38	638.65	645.75	623.94	661.76	645.43	661.05		618.32	671.38	638.65	645.75	623.94	661.76
41	657.55	673.46		629.93	683.98	650.65	657.88	636.65	674.19	657.55	673.46		629.93	683.98	650.65	657.88	636.65	674.19
42	669.17	685.36		641.06	696.07	662.14	669.50	646.88	686.10	669.17	685.36		641.06	696.07	662.14	669.50	646.88	686.10
43	685.33	701.91		656.54	712.88	678.13	685.67	662.51	702.67	685.33	701.91		656.54	712.88	678.13	685.67	662.51	702.67
44	705.53	722.60		675.90	733.89	698.12	705.88	682.03	723.38	705.53	722.60		675.90	733.89	698.12	705.88	682.03	723.38
45	729.26	746.91		698.64	758.58	721.61	729.63	704.98	747.71	729.26	746.91		698.64	758.58	721.61	729.63	704.98	747.71
46	757.55	775.88		725.73	788.00	749.59	757.92	732.32	776.71	757.55	775.88		725.73	788.00	749.59	757.92	732.32	776.71
47	789.36	808.47		756.21	821.10	781.07	789.76	763.08	809.33	789.36	808.47		756.21	821.10	781.07	789.76	763.08	809.33
48	825.73	845.71		791.04	858.92	817.06	826.14	798.23	846.62	825.73	845.71		791.04	858.92	817.06	826.14	798.23	846.62
49	861.58	882.43		825.40	896.22	852.54	862.01	832.89	883.38	861.58	882.43		825.40	896.22	852.54	862.01	832.89	883.38
50	901.98	923.81		864.10	938.24	892.51	902.44	871.95	924.81	901.98	923.81		864.10	938.24	892.51	902.44	871.95	924.81
51	941.88	964.68		902.32	979.75	931.99	942.35	910.52	965.71	941.88	964.68		902.32	979.75	931.99	942.35	910.52	965.71
52	985.82	1009.68		944.42	1025.45	975.47	986.31	952.99	1010.76	985.82	1009.68		944.42	1025.45	975.47	986.31	952.99	1010.76
53	1030.26	1055.19		986.99	1071.68	1019.44	1030.78	995.95	1056.33	1030.26	1055.19		986.99	1071.68	1019.44	1030.78	995.95	1056.33
54	1078.24	1104.33		1032.95	1121.59	1066.92	1078.78	1042.34	1105.52	1078.24	1104.33		1032.95	1121.59	1066.92	1078.78	1042.34	1105.52
55	1126.22	1153.47		1078.92	1171.49	1114.39	1126.78	1088.72	1154.71	1126.22	1153.47		1078.92	1171.49	1114.39	1126.78	1088.72	1154.71
56	1178.24	1206.75		1128.75	1225.60	1165.87	1178.83	1139.00	1208.05	1178.24	1206.75		1128.75	1225.60	1165.87	1178.83	1139.00	1208.05
57	1230.76	1260.54		1179.07	1280.24	1217.84	1231.38	1189.78	1261.90	1230.76	1260.54		1179.07	1280.24	1217.84	1231.38	1189.78	1261.90
58	1286.82	1317.96		1232.77	1338.55	1273.31	1287.46	1243.97	1319.37	1286.82	1317.96		1232.77	1338.55	1273.31	1287.46	1243.97	1319.37
59	1314.59	1346.41		1259.38	1367.44	1300.79	1315.25	1270.82	1347.85	1314.59	1346.41		1259.38	1367.44	1300.79	1315.25	1270.82	1347.85
60	1370.65	1403.82		1313.09	1425.75	1356.26	1371.34	1325.01	1405.33	1370.65	1403.82		1313.09	1425.75	1356.26	1371.34	1325.01	1405.33
61	1419.14	1453.48		1359.53	1476.19	1404.24	1419.85	1371.88	1455.04	1419.14	1453.48		1359.53	1476.19	1404.24	1419.85	1371.88	1455.04
62	1450.95	1486.07		1390.01	1509.28	1435.72	1451.68	1402.64	1487.66	1450.95	1486.07		1390.01	1509.28	1435.72	1451.68	1402.64	1487.66
63	1490.85	1526.93		1428.23	1550.78	1475.20	1491.60	1441.21	1528.57	1490.85	1526.93		1428.23	1550.78	1475.20	1491.60	1441.21	1528.57
64 and over	1515.09	1551.75		1451.46	1575.99	1499.18	1515.84	1464.63	1553.42	1515.09	1551.75		1451.46	1575.99	1499.18	1515.84	1464.63	1553.42

**LifeWise Health Plan of Washington
RATE SCHEDULE**

Plan Information

Plan Name: LifeWise Essential Bronze
HIOS Plan ID: 38498WA0320003
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: In the exchange
Metal Level: Bronze
Plan Type: Non-Standardized Plan

Plan Geographic Availability

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

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	298.38	305.60		285.85	310.38	295.25	298.53	288.45	305.93	298.38	305.60		285.85	310.38	295.25	298.53	288.45	305.93
15	324.91	332.77		311.26	337.97	321.49	325.07	314.09	333.13	324.91	332.77		311.26	337.97	321.49	325.07	314.09	333.13
16	335.05	343.16		320.98	348.52	331.53	335.21	323.89	343.52	335.05	343.16		320.98	348.52	331.53	335.21	323.89	343.52
17	345.19	353.54		330.69	359.06	341.56	345.36	333.69	353.92	345.19	353.54		330.69	359.06	341.56	345.36	333.69	353.92
18	356.11	364.73		341.15	370.43	352.37	356.29	344.25	365.12	356.11	364.73		341.15	370.43	352.37	356.29	344.25	365.12
19	367.03	375.91		351.62	381.79	363.18	367.21	354.81	376.32	367.03	375.91		351.62	381.79	363.18	367.21	354.81	376.32
20	378.24	387.50		362.45	393.55	374.37	378.53	365.74	387.91	378.24	387.50		362.45	393.55	374.37	378.53	365.74	387.91
21	390.04	399.48		373.66	405.72	385.95	390.24	377.05	399.91	390.04	399.48		373.66	405.72	385.95	390.24	377.05	399.91
22	390.04	399.48		373.66	405.72	385.95	390.24	377.05	399.91	390.04	399.48		373.66	405.72	385.95	390.24	377.05	399.91
23	390.04	399.48		373.66	405.72	385.95	390.24	377.05	399.91	390.04	399.48		373.66	405.72	385.95	390.24	377.05	399.91
24	390.04	399.48		373.66	405.72	385.95	390.24	377.05	399.91	390.04	399.48		373.66	405.72	385.95	390.24	377.05	399.91
25	391.60	401.08		375.16	407.35	387.49	391.80	378.56	401.51	391.60	401.08		375.16	407.35	387.49	391.80	378.56	401.51
26	399.40	409.07		382.63	415.46	395.21	399.60	386.10	409.51	399.40	409.07		382.63	415.46	395.21	399.60	386.10	409.51
27	408.77	418.66		391.60	425.20	404.47	408.97	395.15	419.11	408.77	418.66		391.60	425.20	404.47	408.97	395.15	419.11
28	423.98	434.24		406.17	441.02	419.53	424.19	409.86	434.70	423.98	434.24		406.17	441.02	419.53	424.19	409.86	434.70
29	436.46	447.02		418.13	454.00	431.88	436.68	421.92	447.50	436.46	447.02		418.13	454.00	431.88	436.68	421.92	447.50
30	442.70	453.41		424.11	460.50	438.05	442.92	427.96	453.90	442.70	453.41		424.11	460.50	438.05	442.92	427.96	453.90
31	452.06	463.00		433.07	470.23	447.31	452.29	437.01	463.50	452.06	463.00		433.07	470.23	447.31	452.29	437.01	463.50
32	461.42	472.59		442.04	479.97	456.58	461.65	446.06	473.10	461.42	472.59		442.04	479.97	456.58	461.65	446.06	473.10
33	467.27	478.58		447.65	486.06	462.37	467.51	451.71	479.09	467.27	478.58		447.65	486.06	462.37	467.51	451.71	479.09
34	473.51	484.97		453.63	492.55	468.54	473.75	457.74	485.49	473.51	484.97		453.63	492.55	468.54	473.75	457.74	485.49
35	476.63	488.17		456.61	495.79	471.63	476.87	460.76	488.69	476.63	488.17		456.61	495.79	471.63	476.87	460.76	488.69
36	479.75	491.36		459.60	499.04	474.72	479.99	463.78	491.89	479.75	491.36		459.60	499.04	474.72	479.99	463.78	491.89
37	482.87	494.56		462.59	502.29	477.80	483.12	466.79	495.09	482.87	494.56		462.59	502.29	477.80	483.12	466.79	495.09
38	485.99	497.76		465.58	505.53	480.89	486.24	469.81	498.29	485.99	497.76		465.58	505.53	480.89	486.24	469.81	498.29
39	492.23	504.15		471.56	512.02	487.07	492.48	475.84	504.69	492.23	504.15		471.56	512.02	487.07	492.48	475.84	504.69
40	498.48	510.54		477.54	518.51	493.24	498.72	481.88	511.09	498.48	510.54		477.54	518.51	493.24	498.72	481.88	511.09
41	507.84	520.13		486.51	528.25	502.50	508.09	490.93	520.68	507.84	520.13		486.51	528.25	502.50	508.09	490.93	520.68
42	516.81	529.31		495.10	537.58	511.38	517.07	499.60	529.88	516.81	529.31		495.10	537.58	511.38	517.07	499.60	529.88
43	529.29	542.10		507.06	550.57	523.73	529.55	511.66	542.68	529.29	542.10		507.06	550.57	523.73	529.55	511.66	542.68
44	544.89	558.08		522.01	566.80	539.17	545.16	526.75	558.68	544.89	558.08		522.01	566.80	539.17	545.16	526.75	558.68
45	563.22	576.85		539.57	585.86	557.31	563.50	544.47	577.47	563.22	576.85		539.57	585.86	557.31	563.50	544.47	577.47
46	585.07	599.22		560.49	608.58	578.92	585.36	565.58	599.87	585.07	599.22		560.49	608.58	578.92	585.36	565.58	599.87
47	609.64	624.39		584.03	634.15	603.24	609.94	589.34	625.06	609.64	624.39		584.03	634.15	603.24	609.94	589.34	625.06
48	637.72	653.15		610.94	663.36	631.02	638.04	616.48	653.86	637.72	653.15		610.94	663.36	631.02	638.04	616.48	653.86
49	665.41	681.52		637.47	692.16	658.43	665.75	643.26	682.25	665.41	681.52		637.47	692.16	658.43	665.75	643.26	682.25
50	696.62	713.48		667.36	724.62	689.30	696.97	673.42	714.24	696.62	713.48		667.36	724.62	689.30	696.97	673.42	714.24
51	727.43	745.03		696.88	756.67	719.79	727.79	703.21	745.83	727.43	745.03		696.88	756.67	719.79	727.79	703.21	745.83
52	761.36	779.79		729.39	791.97	753.37	761.75	736.01	780.63	761.36	779.79		729.39	791.97	753.37	761.75	736.01	780.63
53	795.69	814.94		762.27	827.68	787.33	796.09	769.19	815.82	795.69	814.94		762.27	827.68	787.33	796.09	769.19	815.82
54	832.74	852.89		797.77	866.22	824.00	833.16	805.01	853.81	832.74	852.89		797.77	866.22	824.00	833.16	805.01	853.81
55	869.80	890.85		833.27	904.76	860.66	870.23	840.83	891.80	869.80	890.85		833.27	904.76	860.66	870.23	840.83	891.80
56	909.97	931.99		871.75	946.55	900.42	910.43	879.67	932.99	909.97	931.99		871.75	946.55	900.42	910.43	879.67	932.99
57	950.54	973.54		910.61	988.75	940.55	951.01	918.88	974.58	950.54	973.54		910.61	988.75	940.55	951.01	918.88	974.58
58	993.83	1017.88		952.09	1033.78	983.40	994.33	960.74	1018.97	993.83	1017.88		952.09	1033.78	983.40	994.33	960.74	1018.97
59	1015.28	1039.85		972.64	1056.10	1004.62	1015.79	981.47	1040.97	1015.28	1039.85		972.64	1056.10	1004.62	1015.79	981.47	1040.97
60	1058.58	1084.20		1014.12	1101.13	1047.46	1059.11	1023.33	1085.36	1058.58	1084.20		1014.12	1101.13	1047.46	1059.11	1023.33	1085.36
61	1096.02	1122.55		1049.99	1140.08	1084.51	1096.57	1059.52	1123.75	1096.02	1122.55		1049.99	1140.08	1084.51	1096.57	1059.52	1123.75
62	1120.59	1147.71		1073.53	1165.64	1108.83	1121.15	1083.28	1148.95	1120.59	1147.71		1073.53	1165.64	1108.83	1121.15	1083.28	1148.95
63	1151.41	1179.27		1103.05	1197.69	1139.32	1151.98	1113.07	1180.54	1151.41	1179.27		1103.05	1197.69	1139.32	1151.98	1113.07	1180.54
64 and over	1170.12	1198.44		1120.98	1217.16	1157.84	1170.72	1131.15	1199.73	1170.12	1198.44		1120.98	1217.16	1157.84	1170.72	1131.15	1199.73

**LifeWise Health Plan of Washington
RATE SCHEDULE**

Plan Information

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

Plan Geographic Availability

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

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	475.87	487.39		455.89	495.00	470.88	476.11	460.03	487.91	475.87	487.39		455.89	495.00	470.88	476.11	460.03	487.91
15	518.17	530.71		496.41	539.00	512.73	518.43	500.92	531.28	518.17	530.71		496.41	539.00	512.73	518.43	500.92	531.28
16	534.35	547.28		511.90	555.83	528.74	534.61	516.55	547.87	534.35	547.28		511.90	555.83	528.74	534.61	516.55	547.87
17	550.52	563.84		527.40	572.65	544.74	550.80	532.19	564.45	550.52	563.84		527.40	572.65	544.74	550.80	532.19	564.45
18	567.94	581.68		544.08	590.77	561.97	568.22	549.03	582.31	567.94	581.68		544.08	590.77	561.97	568.22	549.03	582.31
19	585.35	599.52		560.77	608.89	579.21	585.65	565.86	600.16	585.35	599.52		560.77	608.89	579.21	585.65	565.86	600.16
20	603.39	618.00		578.05	627.65	597.06	603.70	583.30	618.66	603.39	618.00		578.05	627.65	597.06	603.70	583.30	618.66
21	622.06	637.11		595.93	647.06	615.52	622.37	601.34	637.79	622.06	637.11		595.93	647.06	615.52	622.37	601.34	637.79
22	622.06	637.11		595.93	647.06	615.52	622.37	601.34	637.79	622.06	637.11		595.93	647.06	615.52	622.37	601.34	637.79
23	622.06	637.11		595.93	647.06	615.52	622.37	601.34	637.79	622.06	637.11		595.93	647.06	615.52	622.37	601.34	637.79
24	622.06	637.11		595.93	647.06	615.52	622.37	601.34	637.79	622.06	637.11		595.93	647.06	615.52	622.37	601.34	637.79
25	624.54	639.66		598.31	649.65	617.99	624.86	603.75	640.35	624.54	639.66		598.31	649.65	617.99	624.86	603.75	640.35
26	636.99	652.40		610.23	662.59	630.30	637.30	615.77	653.10	636.99	652.40		610.23	662.59	630.30	637.30	615.77	653.10
27	651.91	667.69		624.53	678.12	645.07	652.24	630.21	668.41	651.91	667.69		624.53	678.12	645.07	652.24	630.21	668.41
28	676.18	692.54		647.78	703.36	669.08	676.51	653.66	693.28	676.18	692.54		647.78	703.36	669.08	676.51	653.66	693.28
29	696.08	712.93		666.85	724.06	688.77	696.43	672.90	713.69	696.08	712.93		666.85	724.06	688.77	696.43	672.90	713.69
30	706.03	723.12		676.38	734.42	698.62	706.39	682.52	723.90	706.03	723.12		676.38	734.42	698.62	706.39	682.52	723.90
31	720.96	738.41		690.68	749.95	713.39	721.32	696.96	739.20	720.96	738.41		690.68	749.95	713.39	721.32	696.96	739.20
32	735.89	753.70		704.99	765.48	728.17	736.26	711.39	754.51	735.89	753.70		704.99	765.48	728.17	736.26	711.39	754.51
33	745.22	763.26		713.92	775.18	737.40	745.60	720.41	764.08	745.22	763.26		713.92	775.18	737.40	745.60	720.41	764.08
34	755.18	773.45		723.46	785.53	747.25	755.55	730.03	774.28	755.18	773.45		723.46	785.53	747.25	755.55	730.03	774.28
35	760.15	778.55		728.23	790.71	752.17	760.53	734.84	779.38	760.15	778.55		728.23	790.71	752.17	760.53	734.84	779.38
36	765.13	783.65		732.99	795.89	757.10	765.51	739.65	784.49	765.13	783.65		732.99	795.89	757.10	765.51	739.65	784.49
37	770.11	788.74		737.76	801.06	762.02	770.49	744.46	789.59	770.11	788.74		737.76	801.06	762.02	770.49	744.46	789.59
38	775.08	793.84		742.53	806.24	766.94	775.47	749.27	794.69	775.08	793.84		742.53	806.24	766.94	775.47	749.27	794.69
39	785.03	804.03		752.06	816.59	776.79	785.43	758.89	804.90	785.03	804.03		752.06	816.59	776.79	785.43	758.89	804.90
40	794.99	814.23		761.60	826.95	786.64	795.39	768.51	815.10	794.99	814.23		761.60	826.95	786.64	795.39	768.51	815.10
41	809.92	829.52		775.90	842.48	801.41	810.32	782.95	830.41	809.92	829.52		775.90	842.48	801.41	810.32	782.95	830.41
42	824.22	844.17		789.61	857.36	815.57	824.64	796.78	845.08	824.22	844.17		789.61	857.36	815.57	824.64	796.78	845.08
43	844.13	864.56		808.68	878.06	835.27	844.55	816.02	865.49	844.13	864.56		808.68	878.06	835.27	844.55	816.02	865.49
44	869.01	890.04		832.51	903.95	859.89	869.45	840.07	891.00	869.01	890.04		832.51	903.95	859.89	869.45	840.07	891.00
45	898.25	919.99		860.52	934.36	888.82	898.70	868.34	920.97	898.25	919.99		860.52	934.36	888.82	898.70	868.34	920.97
46	933.08	955.66		893.89	970.59	923.29	933.55	902.01	956.69	933.08	955.66		893.89	970.59	923.29	933.55	902.01	956.69
47	972.27	995.80		931.44	1011.36	962.07	972.76	939.90	996.87	972.27	995.80		931.44	1011.36	962.07	972.76	939.90	996.87
48	1017.06	1041.67		974.35	1057.95	1006.38	1017.57	983.19	1042.79	1017.06	1041.67		974.35	1057.95	1006.38	1017.57	983.19	1042.79
49	1061.23	1086.91		1016.66	1103.89	1050.09	1061.76	1025.89	1088.08	1061.23	1086.91		1016.66	1103.89	1050.09	1061.76	1025.89	1088.08
50	1110.99	1137.88		1064.33	1155.65	1099.33	1111.55	1074.00	1139.10	1110.99	1137.88		1064.33	1155.65	1099.33	1111.55	1074.00	1139.10
51	1160.13	1188.21		1111.41	1206.77	1147.95	1160.71	1121.50	1189.49	1160.13	1188.21		1111.41	1206.77	1147.95	1160.71	1121.50	1189.49
52	1214.25	1243.64		1163.26	1263.07	1201.50	1214.86	1173.82	1244.97	1214.25	1243.64		1163.26	1263.07	1201.50	1214.86	1173.82	1244.97
53	1268.99	1299.70		1215.70	1320.01	1255.67	1269.63	1226.74	1301.10	1268.99	1299.70		1215.70	1320.01	1255.67	1269.63	1226.74	1301.10
54	1328.09	1360.23		1272.31	1381.48	1314.15	1328.75	1283.86	1361.69	1328.09	1360.23		1272.31	1381.48	1314.15	1328.75	1283.86	1361.69
55	1387.19	1420.76		1328.92	1442.95	1372.62	1387.88	1340.99	1422.28	1387.19	1420.76		1328.92	1442.95	1372.62	1387.88	1340.99	1422.28
56	1451.26	1486.38		1390.30	1509.60	1436.02	1451.98	1402.93	1487.97	1451.26	1486.38		1390.30	1509.60	1436.02	1451.98	1402.93	1487.97
57	1515.95	1552.64		1452.28	1576.89	1500.03	1516.71	1465.47	1554.30	1515.95	1552.64		1452.28	1576.89	1500.03	1516.71	1465.47	1554.30
58	1585.00	1623.36		1518.43	1648.72	1568.36	1585.79	1532.22	1625.10	1585.00	1623.36		1518.43	1648.72	1568.36	1585.79	1532.22	1625.10
59	1619.21	1658.40		1551.21	1684.30	1602.21	1620.02	1565.29	1660.18	1619.21	1658.40		1551.21	1684.30	1602.21	1620.02	1565.29	1660.18
60	1688.26	1729.12		1617.35	1756.13	1670.53	1689.10	1632.04	1730.97	1688.26	1729.12		1617.35	1756.13	1670.53	1689.10	1632.04	1730.97
61	1747.98	1790.28		1674.56	1818.25	1729.62	1748.85	1689.77	1792.20	1747.98	1790.28		1674.56	1818.25	1729.62	1748.85	1689.77	1792.20
62	1787.17	1830.42		1712.11	1859.01	1768.40	1788.06	1727.65	1832.38	1787.17	1830.42		1712.11	1859.01	1768.40	1788.06	1727.65	1832.38
63	1836.31	1880.75		1759.18	1910.13	1817.03	1837.23	1775.16	1882.77	1836.31	1880.75		1759.18	1910.13	1817.03	1837.23	1775.16	1882.77
64 and over	1866.17	1911.33		1787.79	1941.18	1846.56	1867.10	1804.02	1913.37	1866.17	1911.33		1787.79	1941.18	1846.56	1867.10	1804.02	

**LifeWise Health Plan of Washington
RATE SCHEDULE**

Plan Information

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

Plan Geographic Availability

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

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	423.88	434.14		406.08	440.92	419.43	424.10	409.77	434.61	423.88	434.14		406.08	440.92	419.43	424.10	409.77	434.61
15	461.56	472.73		442.18	480.12	456.72	461.79	446.19	473.24	461.56	472.73		442.18	480.12	456.72	461.79	446.19	473.24
16	475.97	487.49		455.98	495.10	470.97	476.21	460.12	488.01	475.97	487.49		455.98	495.10	470.97	476.21	460.12	488.01
17	490.38	502.24		469.78	510.09	485.23	490.62	474.05	502.78	490.38	502.24		469.78	510.09	485.23	490.62	474.05	502.78
18	505.89	518.13		484.64	526.23	500.58	506.14	489.04	518.69	505.89	518.13		484.64	526.23	500.58	506.14	489.04	518.69
19	521.41	534.02		499.51	542.37	515.93	521.67	504.04	534.60	521.41	534.02		499.51	542.37	515.93	521.67	504.04	534.60
20	537.47	550.48		514.90	559.08	531.83	537.74	519.58	551.07	537.47	550.48		514.90	559.08	531.83	537.74	519.58	551.07
21	554.10	567.51		530.83	576.37	548.28	554.37	535.65	568.12	554.10	567.51		530.83	576.37	548.28	554.37	535.65	568.12
22	554.10	567.51		530.83	576.37	548.28	554.37	535.65	568.12	554.10	567.51		530.83	576.37	548.28	554.37	535.65	568.12
23	554.10	567.51		530.83	576.37	548.28	554.37	535.65	568.12	554.10	567.51		530.83	576.37	548.28	554.37	535.65	568.12
24	554.10	567.51		530.83	576.37	548.28	554.37	535.65	568.12	554.10	567.51		530.83	576.37	548.28	554.37	535.65	568.12
25	556.31	569.78		532.95	578.68	550.47	556.59	537.79	570.39	556.31	569.78		532.95	578.68	550.47	556.59	537.79	570.39
26	567.40	581.13		543.56	590.20	561.44	567.68	548.50	581.75	567.40	581.13		543.56	590.20	561.44	567.68	548.50	581.75
27	580.69	594.75		556.30	604.04	574.60	580.98	561.36	595.39	580.69	594.75		556.30	604.04	574.60	580.98	561.36	595.39
28	602.30	616.88		577.01	626.52	595.98	602.60	582.25	617.54	602.30	616.88		577.01	626.52	595.98	602.60	582.25	617.54
29	620.03	635.04		593.99	644.96	613.52	620.34	599.39	635.72	620.03	635.04		593.99	644.96	613.52	620.34	599.39	635.72
30	628.90	644.12		602.49	654.18	622.30	629.21	607.96	644.81	628.90	644.12		602.49	654.18	622.30	629.21	607.96	644.81
31	642.20	657.74		615.23	668.02	635.46	642.52	620.81	658.45	642.20	657.74		615.23	668.02	635.46	642.52	620.81	658.45
32	655.50	671.36		627.97	681.85	648.61	655.82	633.67	672.08	655.50	671.36		627.97	681.85	648.61	655.82	633.67	672.08
33	663.81	679.87		635.93	690.49	656.84	664.14	641.70	680.60	663.81	679.87		635.93	690.49	656.84	664.14	641.70	680.60
34	672.67	688.95		644.42	699.72	665.61	673.01	650.27	689.69	672.67	688.95		644.42	699.72	665.61	673.01	650.27	689.69
35	677.11	693.49		648.67	704.33	670.00	677.45	654.56	694.24	677.11	693.49		648.67	704.33	670.00	677.45	654.56	694.24
36	681.54	698.03		652.91	708.94	674.38	681.88	658.84	698.78	681.54	698.03		652.91	708.94	674.38	681.88	658.84	698.78
37	685.97	702.57		657.16	713.55	678.77	686.32	663.13	703.33	685.97	702.57		657.16	713.55	678.77	686.32	663.13	703.33
38	690.41	707.11		661.41	718.16	683.16	690.75	667.41	707.87	690.41	707.11		661.41	718.16	683.16	690.75	667.41	707.87
39	699.27	716.19		669.90	727.38	691.93	699.62	675.99	716.96	699.27	716.19		669.90	727.38	691.93	699.62	675.99	716.96
40	708.14	725.27		678.39	736.60	700.70	708.49	684.56	726.05	708.14	725.27		678.39	736.60	700.70	708.49	684.56	726.05
41	721.43	738.89		691.13	750.44	713.86	721.80	697.41	739.69	721.43	738.89		691.13	750.44	713.86	721.80	697.41	739.69
42	734.18	751.95		703.34	763.69	726.47	734.55	709.73	752.75	734.18	751.95		703.34	763.69	726.47	734.55	709.73	752.75
43	751.91	770.11		720.33	782.14	744.01	752.29	726.87	770.93	751.91	770.11		720.33	782.14	744.01	752.29	726.87	770.93
44	774.07	792.81		741.56	805.19	765.95	774.46	748.30	793.66	774.07	792.81		741.56	805.19	765.95	774.46	748.30	793.66
45	800.12	819.48		766.51	832.28	791.72	800.52	773.47	820.36	800.12	819.48		766.51	832.28	791.72	800.52	773.47	820.36
46	831.15	851.26		796.24	864.56	822.42	831.56	803.47	852.17	831.15	851.26		796.24	864.56	822.42	831.56	803.47	852.17
47	866.05	887.01		829.68	900.87	856.96	866.49	837.21	887.97	866.05	887.01		829.68	900.87	856.96	866.49	837.21	887.97
48	905.95	927.87		867.90	942.37	896.44	906.40	875.78	928.87	905.95	927.87		867.90	942.37	896.44	906.40	875.78	928.87
49	945.29	968.17		905.59	983.29	935.36	945.76	913.81	969.21	945.29	968.17		905.59	983.29	935.36	945.76	913.81	969.21
50	989.62	1013.57		948.05	1029.40	979.23	990.11	956.66	1014.66	989.62	1013.57		948.05	1029.40	979.23	990.11	956.66	1014.66
51	1033.39	1058.40		989.99	1074.93	1022.54	1033.91	998.98	1059.54	1033.39	1058.40		989.99	1074.93	1022.54	1033.91	998.98	1059.54
52	1081.60	1107.77		1036.17	1125.08	1070.24	1082.14	1045.58	1108.96	1081.60	1107.77		1036.17	1125.08	1070.24	1082.14	1045.58	1108.96
53	1130.36	1157.71		1082.88	1175.80	1118.49	1130.92	1092.72	1158.96	1130.36	1157.71		1082.88	1175.80	1118.49	1130.92	1092.72	1158.96
54	1183.00	1211.63		1133.31	1230.55	1170.58	1183.59	1143.60	1212.93	1183.00	1211.63		1133.31	1230.55	1170.58	1183.59	1143.60	1212.93
55	1235.64	1265.54		1183.74	1285.31	1222.66	1236.25	1194.49	1266.90	1235.64	1265.54		1183.74	1285.31	1222.66	1236.25	1194.49	1266.90
56	1292.71	1323.99		1238.42	1344.68	1279.14	1293.36	1249.66	1325.41	1292.71	1323.99		1238.42	1344.68	1279.14	1293.36	1249.66	1325.41
57	1350.34	1383.01		1293.62	1404.62	1336.16	1351.01	1305.37	1384.50	1350.34	1383.01		1293.62	1404.62	1336.16	1351.01	1305.37	1384.50
58	1411.84	1446.01		1352.54	1468.60	1397.02	1412.55	1364.83	1447.56	1411.84	1446.01		1352.54	1468.60	1397.02	1412.55	1364.83	1447.56
59	1442.32	1477.22		1381.74	1500.30	1427.17	1443.04	1394.29	1478.81	1442.32	1477.22		1381.74	1500.30	1427.17	1443.04	1394.29	1478.81
60	1503.82	1540.21		1440.66	1564.27	1488.03	1504.57	1453.74	1541.87	1503.82	1540.21		1440.66	1564.27	1488.03	1504.57	1453.74	1541.87
61	1557.01	1594.69		1491.62	1619.61	1540.66	1557.79	1505.16	1596.41	1557.01	1594.69		1491.62	1619.61	1540.66	1557.79	1505.16	1596.41
62	1591.92	1630.45		1525.06	1655.92	1575.21	1592.72	1538.91	1632.20	1591.92	1630.45		1525.06	1655.92	1575.21	1592.72	1538.91	1632.20
63	1635.70	1675.28		1567.00	1701.45	1618.52	1636.51	1581.23	1677.08	1635.70	1675.28		1567.00	1701.45	1618.52	1636.51	1581.23	1677.08
64 and over	1662.29	1702.52		1592.48	1729.11	1644.84	1663.11	1606.94	1704.35	1662.29	1702.52		1592.48	1729.11	1644.84	1663.11	1606.94	1704.35

**LifeWise Health Plan of Washington
RATE SCHEDULE**

Plan Information

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

Plan Geographic Availability

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

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	505.19	517.41		483.97	525.50	499.88	505.44	488.37	517.97	505.19	517.41		483.97	525.50	499.88	505.44	488.37	517.97
15	550.09	563.41		526.99	572.21	544.32	550.37	531.78	564.01	550.09	563.41		526.99	572.21	544.32	550.37	531.78	564.01
16	567.26	580.99		543.44	590.07	561.31	567.55	548.37	581.61	567.26	580.99		543.44	590.07	561.31	567.55	548.37	581.61
17	584.43	598.58		559.89	607.93	578.30	584.73	564.97	599.22	584.43	598.58		559.89	607.93	578.30	584.73	564.97	599.22
18	602.92	617.51		577.60	627.16	596.59	603.22	582.85	618.18	602.92	617.51		577.60	627.16	596.59	603.22	582.85	618.18
19	621.41	636.45		595.31	646.39	614.89	621.72	600.72	637.14	621.41	636.45		595.31	646.39	614.89	621.72	600.72	637.14
20	640.56	656.07		613.66	666.32	633.84	640.89	619.23	656.77	640.56	656.07		613.66	666.32	633.84	640.89	619.23	656.77
21	660.38	676.36		632.64	686.92	653.44	660.71	638.39	677.08	660.38	676.36		632.64	686.92	653.44	660.71	638.39	677.08
22	660.38	676.36		632.64	686.92	653.44	660.71	638.39	677.08	660.38	676.36		632.64	686.92	653.44	660.71	638.39	677.08
23	660.38	676.36		632.64	686.92	653.44	660.71	638.39	677.08	660.38	676.36		632.64	686.92	653.44	660.71	638.39	677.08
24	660.38	676.36		632.64	686.92	653.44	660.71	638.39	677.08	660.38	676.36		632.64	686.92	653.44	660.71	638.39	677.08
25	663.02	679.06		635.17	689.67	656.06	663.35	640.94	679.79	663.02	679.06		635.17	689.67	656.06	663.35	640.94	679.79
26	676.23	692.59		647.82	703.41	669.12	676.56	653.71	693.33	676.23	692.59		647.82	703.41	669.12	676.56	653.71	693.33
27	692.07	708.82		663.01	719.90	684.81	692.42	669.03	709.58	692.07	708.82		663.01	719.90	684.81	692.42	669.03	709.58
28	717.83	735.20		687.68	746.69	710.29	718.19	693.93	735.99	717.83	735.20		687.68	746.69	710.29	718.19	693.93	735.99
29	738.96	756.84		707.92	768.67	731.20	739.33	714.35	757.66	738.96	756.84		707.92	768.67	731.20	739.33	714.35	757.66
30	749.53	767.67		718.05	779.66	741.66	749.90	724.57	768.49	749.53	767.67		718.05	779.66	741.66	749.90	724.57	768.49
31	765.38	783.90		733.23	796.14	757.34	765.76	739.89	784.74	765.38	783.90		733.23	796.14	757.34	765.76	739.89	784.74
32	781.23	800.13		748.41	812.63	773.02	781.62	755.21	800.99	781.23	800.13		748.41	812.63	773.02	781.62	755.21	800.99
33	791.13	810.28		757.90	822.93	782.82	791.53	764.79	811.15	791.13	810.28		757.90	822.93	782.82	791.53	764.79	811.15
34	801.70	821.10		768.03	833.92	793.28	802.10	775.00	821.98	801.70	821.10		768.03	833.92	793.28	802.10	775.00	821.98
35	806.98	826.51		773.09	839.42	798.51	807.38	780.11	827.40	806.98	826.51		773.09	839.42	798.51	807.38	780.11	827.40
36	812.26	831.92		778.15	844.92	803.73	812.67	785.21	832.81	812.26	831.92		778.15	844.92	803.73	812.67	785.21	832.81
37	817.55	837.33		783.21	850.41	808.96	817.95	790.32	838.23	817.55	837.33		783.21	850.41	808.96	817.95	790.32	838.23
38	822.83	842.74		788.27	855.91	814.19	823.24	795.43	843.65	822.83	842.74		788.27	855.91	814.19	823.24	795.43	843.65
39	833.39	853.56		798.39	866.90	824.64	833.81	805.64	854.48	833.39	853.56		798.39	866.90	824.64	833.81	805.64	854.48
40	843.96	864.38		808.51	877.89	835.10	844.38	815.86	865.31	843.96	864.38		808.51	877.89	835.10	844.38	815.86	865.31
41	859.81	880.62		823.70	894.37	850.78	860.24	831.18	881.56	859.81	880.62		823.70	894.37	850.78	860.24	831.18	881.56
42	875.00	896.17		838.25	910.17	865.81	875.44	845.86	897.14	875.00	896.17		838.25	910.17	865.81	875.44	845.86	897.14
43	896.13	917.82		858.49	932.15	886.72	896.58	866.29	918.80	896.13	917.82		858.49	932.15	886.72	896.58	866.29	918.80
44	922.55	944.87		883.80	959.63	912.86	923.01	891.82	945.89	922.55	944.87		883.80	959.63	912.86	923.01	891.82	945.89
45	953.58	976.66		913.53	991.92	943.57	954.06	921.83	977.71	953.58	976.66		913.53	991.92	943.57	954.06	921.83	977.71
46	990.56	1014.54		948.96	1030.39	980.16	991.06	957.58	1015.63	990.56	1014.54		948.96	1030.39	980.16	991.06	957.58	1015.63
47	1032.17	1057.15		988.82	1073.66	1021.33	1032.68	997.80	1058.28	1032.17	1057.15		988.82	1073.66	1021.33	1032.68	997.80	1058.28
48	1079.72	1105.84		1034.37	1123.12	1068.38	1080.26	1043.76	1107.03	1079.72	1105.84		1034.37	1123.12	1068.38	1080.26	1043.76	1107.03
49	1126.60	1153.87		1079.28	1171.89	1114.77	1127.17	1089.09	1155.10	1126.60	1153.87		1079.28	1171.89	1114.77	1127.17	1089.09	1155.10
50	1179.43	1207.97		1129.90	1226.85	1167.05	1180.02	1140.16	1209.27	1179.43	1207.97		1129.90	1226.85	1167.05	1180.02	1140.16	1209.27
51	1231.60	1261.41		1179.87	1281.11	1218.67	1232.22	1190.59	1262.76	1231.60	1261.41		1179.87	1281.11	1218.67	1232.22	1190.59	1262.76
52	1289.05	1320.25		1234.91	1340.87	1275.52	1289.70	1246.13	1321.67	1289.05	1320.25		1234.91	1340.87	1275.52	1289.70	1246.13	1321.67
53	1347.17	1379.77		1290.59	1401.32	1333.02	1347.84	1302.31	1381.25	1347.17	1379.77		1290.59	1401.32	1333.02	1347.84	1302.31	1381.25
54	1409.90	1444.02		1350.69	1466.58	1395.10	1410.61	1362.95	1445.57	1409.90	1444.02		1350.69	1466.58	1395.10	1410.61	1362.95	1445.57
55	1472.64	1508.28		1410.79	1531.84	1457.18	1473.38	1423.60	1509.90	1472.64	1508.28		1410.79	1531.84	1457.18	1473.38	1423.60	1509.90
56	1540.66	1577.94		1475.95	1602.59	1524.48	1541.43	1489.35	1579.64	1540.66	1577.94		1475.95	1602.59	1524.48	1541.43	1489.35	1579.64
57	1609.34	1648.28		1541.74	1674.03	1592.44	1610.14	1555.75	1650.05	1609.34	1648.28		1541.74	1674.03	1592.44	1610.14	1555.75	1650.05
58	1682.64	1723.36		1611.97	1750.28	1664.97	1683.48	1626.61	1725.21	1682.64	1723.36		1611.97	1750.28	1664.97	1683.48	1626.61	1725.21
59	1718.96	1760.56		1646.76	1788.06	1700.91	1719.82	1661.72	1762.45	1718.96	1760.56		1646.76	1788.06	1700.91	1719.82	1661.72	1762.45
60	1792.26	1835.63		1716.99	1864.31	1773.44	1793.16	1732.58	1837.61	1792.26	1835.63		1716.99	1864.31	1773.44	1793.16	1732.58	1837.61
61	1855.66	1900.56		1777.72	1930.25	1836.17	1856.59	1793.86	1902.61	1855.66	1900.56		1777.72	1930.25	1836.17	1856.59	1793.86	1902.61
62	1897.26	1943.17		1817.58	1973.53	1877.34	1898.21	1834.08	1945.26	1897.26	1943.17		1817.58	1973.53	1877.34	1898.21	1834.08	1945.26
63	1949.43	1996.61		1867.55	2027.80	1928.96	1950.41	1884.51	1998.75	1949.43	1996.61		1867.55	2027.80	1928.96	1950.41	1884.51	1998.75
64 and over	1981.13	2029.07		1897.92	2060.76	1960.32	1982.12	1915.16	2031.24	1981.13	2029.07		1897.92	2060.76	1960.32	1982.12	191	

**LifeWise Health Plan of Washington
RATE SCHEDULE**

Plan Information

Plan Name: LifeWise Cascade Bronze
HIOS Plan ID: 38498WA0320012
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: In the exchange
Metal Level: Bronze
Plan Type: Standardized Non-Public Option Plan

Plan Geographic Availability

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

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	306.00	313.40		293.15	318.30	302.78	306.15	295.81	313.74	306.00	313.40		293.15	318.30	302.78	306.15	295.81	313.74
15	333.20	341.26		319.20	346.59	329.70	333.36	322.10	341.63	333.20	341.26		319.20	346.59	329.70	333.36	322.10	341.63
16	343.60	351.91		329.17	357.41	339.99	343.77	332.16	352.29	343.60	351.91		329.17	357.41	339.99	343.77	332.16	352.29
17	354.00	362.56		339.13	368.23	350.28	354.17	342.21	362.95	354.00	362.56		339.13	368.23	350.28	354.17	342.21	362.95
18	365.20	374.04		349.86	379.88	361.36	365.38	353.04	374.44	365.20	374.04		349.86	379.88	361.36	365.38	353.04	374.44
19	376.40	385.51		360.59	391.53	372.45	376.59	363.86	385.92	376.40	385.51		360.59	391.53	372.45	376.59	363.86	385.92
20	388.00	397.39		371.70	403.59	383.92	388.19	375.08	397.81	388.00	397.39		371.70	403.59	383.92	388.19	375.08	397.81
21	400.00	409.68		383.20	416.08	395.80	400.20	386.68	410.12	400.00	409.68		383.20	416.08	395.80	400.20	386.68	410.12
22	400.00	409.68		383.20	416.08	395.80	400.20	386.68	410.12	400.00	409.68		383.20	416.08	395.80	400.20	386.68	410.12
23	400.00	409.68		383.20	416.08	395.80	400.20	386.68	410.12	400.00	409.68		383.20	416.08	395.80	400.20	386.68	410.12
24	400.00	409.68		383.20	416.08	395.80	400.20	386.68	410.12	400.00	409.68		383.20	416.08	395.80	400.20	386.68	410.12
25	401.60	411.32		384.73	417.74	397.38	401.80	388.22	411.32	401.60	411.32		384.73	417.74	397.38	401.80	388.22	411.32
26	409.60	419.51		392.39	426.06	405.30	409.80	395.96	419.96	409.60	419.51		392.39	426.06	405.30	409.80	395.96	419.96
27	419.20	429.34		401.59	436.05	414.80	419.41	405.24	429.80	419.20	429.34		401.59	436.05	414.80	419.41	405.24	429.80
28	434.80	445.32		416.54	452.28	430.23	435.01	420.32	445.80	434.80	445.32		416.54	452.28	430.23	435.01	420.32	445.80
29	447.60	458.43		428.80	465.59	442.90	447.82	432.69	458.92	447.60	458.43		428.80	465.59	442.90	447.82	432.69	458.92
30	454.00	464.98		434.93	472.25	449.23	454.22	438.88	465.48	454.00	464.98		434.93	472.25	449.23	454.22	438.88	465.48
31	463.60	474.82		444.13	482.23	458.73	463.83	448.16	475.33	463.60	474.82		444.13	482.23	458.73	463.83	448.16	475.33
32	473.20	484.65		453.32	492.22	468.23	473.43	457.44	485.17	473.20	484.65		453.32	492.22	468.23	473.43	457.44	485.17
33	479.20	490.79		459.07	498.46	474.17	479.44	463.24	491.32	479.20	490.79		459.07	498.46	474.17	479.44	463.24	491.32
34	485.60	497.35		465.20	505.12	480.50	485.84	469.43	497.88	485.60	497.35		465.20	505.12	480.50	485.84	469.43	497.88
35	488.80	500.63		468.27	508.45	483.66	489.04	472.52	501.16	488.80	500.63		468.27	508.45	483.66	489.04	472.52	501.16
36	492.00	503.90		471.33	511.77	486.83	492.24	475.61	504.44	492.00	503.90		471.33	511.77	486.83	492.24	475.61	504.44
37	495.20	507.18		474.40	515.10	490.00	495.44	478.71	507.73	495.20	507.18		474.40	515.10	490.00	495.44	478.71	507.73
38	498.40	510.46		477.46	518.43	493.16	498.65	481.80	511.01	498.40	510.46		477.46	518.43	493.16	498.65	481.80	511.01
39	504.80	517.01		483.60	525.09	499.50	505.05	487.99	517.57	504.80	517.01		483.60	525.09	499.50	505.05	487.99	517.57
40	511.20	523.57		489.73	531.75	505.83	511.45	494.17	524.13	511.20	523.57		489.73	531.75	505.83	511.45	494.17	524.13
41	520.80	533.40		498.92	541.73	515.33	521.06	503.45	533.97	520.80	533.40		498.92	541.73	515.33	521.06	503.45	533.97
42	530.00	542.82		507.74	551.30	524.43	530.26	512.35	543.41	530.00	542.82		507.74	551.30	524.43	530.26	512.35	543.41
43	542.80	555.93		520.00	564.62	537.10	543.07	524.72	556.53	542.80	555.93		520.00	564.62	537.10	543.07	524.72	556.53
44	558.80	572.32		535.33	581.26	552.93	559.08	540.19	572.93	558.80	572.32		535.33	581.26	552.93	559.08	540.19	572.93
45	577.60	591.57		553.34	600.82	571.53	577.88	558.36	592.21	577.60	591.57		553.34	600.82	571.53	577.88	558.36	592.21
46	600.00	614.52		574.80	624.12	593.70	600.30	580.02	615.18	600.00	614.52		574.80	624.12	593.70	600.30	580.02	615.18
47	625.20	640.33		598.94	650.33	618.63	625.51	604.38	641.01	625.20	640.33		598.94	650.33	618.63	625.51	604.38	641.01
48	654.00	669.82		626.53	680.29	647.13	654.32	632.22	670.54	654.00	669.82		626.53	680.29	647.13	654.32	632.22	670.54
49	682.40	698.91		653.73	709.83	675.23	682.74	659.67	699.66	682.40	698.91		653.73	709.83	675.23	682.74	659.67	699.66
50	714.40	731.68		684.39	743.11	706.89	714.75	690.61	732.47	714.40	731.68		684.39	743.11	706.89	714.75	690.61	732.47
51	745.99	764.05		714.66	775.98	738.16	746.37	721.15	764.87	745.99	764.05		714.66	775.98	738.16	746.37	721.15	764.87
52	780.79	799.69		748.00	812.18	772.60	781.19	754.79	800.55	780.79	799.69		748.00	812.18	772.60	781.19	754.79	800.55
53	815.99	835.74		781.72	848.80	807.43	816.40	788.82	836.64	815.99	835.74		781.72	848.80	807.43	816.40	788.82	836.64
54	853.99	874.66		818.13	888.32	845.03	854.42	825.56	875.60	853.99	874.66		818.13	888.32	845.03	854.42	825.56	875.60
55	891.99	913.58		854.53	927.85	882.63	892.44	862.29	914.56	891.99	913.58		854.53	927.85	882.63	892.44	862.29	914.56
56	933.19	955.78		894.00	970.71	923.40	933.66	902.12	956.80	933.19	955.78		894.00	970.71	923.40	933.66	902.12	956.80
57	974.79	998.38		933.85	1013.98	964.56	975.28	942.33	999.46	974.79	998.38		933.85	1013.98	964.56	975.28	942.33	999.46
58	1019.19	1043.86		976.39	1060.16	1008.49	1019.70	985.25	1044.98	1019.19	1043.86		976.39	1060.16	1008.49	1019.70	985.25	1044.98
59	1041.19	1066.39		997.46	1083.05	1030.26	1041.71	1006.52	1067.54	1041.19	1066.39		997.46	1083.05	1030.26	1041.71	1006.52	1067.54
60	1085.59	1111.86		1040.00	1129.23	1074.19	1086.14	1049.44	1113.06	1085.59	1111.86		1040.00	1129.23	1074.19	1086.14	1049.44	1113.06
61	1123.99	1151.19		1076.78	1169.18	1112.19	1124.55	1086.56	1152.43	1123.99	1151.19		1076.78	1169.18	1112.19	1124.55	1086.56	1152.43
62	1149.19	1177.00		1100.93	1195.39	1137.13	1149.77	1110.92	1178.27	1149.19	1177.00		1100.93	1195.39	1137.13	1149.77	1110.92	1178.27
63	1180.79	1209.37		1131.20	1228.26	1168.39	1181.38	1141.47	1210.67	1180.79	1209.37		1131.20	1228.26	1168.39	1181.38	1141.47	1210.67
64 and over	1199.99	1229.03		1149.59	1248.23	1187.39	1200.59	1160.03	1230.35	1199.99	1229.03		1149.59	1248.23	1187.39	1200.59	1160.03	1230.35

**LifeWise Health Plan of Washington
RATE SCHEDULE**

Plan Information

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

Plan Geographic Availability

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

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	334.70	338.49	313.07	339.93	323.36	326.96	315.91			334.70	338.49	313.07	339.93	323.36	326.96	315.91		
15	364.45	368.58	340.90	370.15	352.11	356.02	343.99			364.45	368.58	340.90	370.15	352.11	356.02	343.99		
16	375.83	380.09	351.54	381.70	363.10	367.13	354.73			375.83	380.09	351.54	381.70	363.10	367.13	354.73		
17	387.21	391.59	362.18	393.25	374.09	378.25	365.47			387.21	391.59	362.18	393.25	374.09	378.25	365.47		
18	399.46	403.98	373.64	405.70	385.92	390.21	377.03			399.46	403.98	373.64	405.70	385.92	390.21	377.03		
19	411.71	416.37	385.10	418.14	397.76	402.18	388.59			411.71	416.37	385.10	418.14	397.76	402.18	388.59		
20	424.39	429.20	396.96	431.02	410.02	414.57	400.57			424.39	429.20	396.96	431.02	410.02	414.57	400.57		
21	437.52	442.48	409.24	444.36	422.70	427.40	412.96			437.52	442.48	409.24	444.36	422.70	427.40	412.96		
22	437.52	442.48	409.24	444.36	422.70	427.40	412.96			437.52	442.48	409.24	444.36	422.70	427.40	412.96		
23	437.52	442.48	409.24	444.36	422.70	427.40	412.96			437.52	442.48	409.24	444.36	422.70	427.40	412.96		
24	437.52	442.48	409.24	444.36	422.70	427.40	412.96			437.52	442.48	409.24	444.36	422.70	427.40	412.96		
25	439.27	444.25	410.88	446.13	424.39	429.11	414.61			439.27	444.25	410.88	446.13	424.39	429.11	414.61		
26	448.02	453.09	419.06	455.02	432.84	437.65	422.87			448.02	453.09	419.06	455.02	432.84	437.65	422.87		
27	458.52	463.71	428.88	465.68	442.99	447.91	432.78			458.52	463.71	428.88	465.68	442.99	447.91	432.78		
28	475.58	480.97	444.84	483.01	459.47	464.58	448.88			475.58	480.97	444.84	483.01	459.47	464.58	448.88		
29	489.58	495.13	457.94	497.23	473.00	478.26	462.10			489.58	495.13	457.94	497.23	473.00	478.26	462.10		
30	496.59	502.21	464.49	504.34	479.76	485.09	468.71			496.59	502.21	464.49	504.34	479.76	485.09	468.71		
31	507.09	512.83	474.31	515.01	489.91	495.35	478.62			507.09	512.83	474.31	515.01	489.91	495.35	478.62		
32	517.59	523.45	484.13	525.67	500.05	505.61	488.53			517.59	523.45	484.13	525.67	500.05	505.61	488.53		
33	524.15	530.09	490.27	532.34	506.39	512.02	494.72			524.15	530.09	490.27	532.34	506.39	512.02	494.72		
34	531.15	537.17	496.82	539.45	513.15	518.86	501.33			531.15	537.17	496.82	539.45	513.15	518.86	501.33		
35	534.65	540.70	500.09	543.00	516.54	522.28	504.63			534.65	540.70	500.09	543.00	516.54	522.28	504.63		
36	538.15	544.24	503.37	546.56	519.92	525.70	507.94			538.15	544.24	503.37	546.56	519.92	525.70	507.94		
37	541.65	547.78	506.64	550.11	523.30	529.12	511.24			541.65	547.78	506.64	550.11	523.30	529.12	511.24		
38	545.15	551.32	509.91	553.67	526.68	532.54	514.54			545.15	551.32	509.91	553.67	526.68	532.54	514.54		
39	552.15	558.40	516.46	560.78	533.44	539.37	521.15			552.15	558.40	516.46	560.78	533.44	539.37	521.15		
40	559.15	565.48	523.01	567.89	540.21	546.21	527.76			559.15	565.48	523.01	567.89	540.21	546.21	527.76		
41	569.65	576.10	532.83	578.55	550.35	556.47	537.67			569.65	576.10	532.83	578.55	550.35	556.47	537.67		
42	579.71	586.28	542.24	588.77	560.07	566.30	547.17			579.71	586.28	542.24	588.77	560.07	566.30	547.17		
43	593.71	600.44	555.34	602.99	573.60	579.98	560.38			593.71	600.44	555.34	602.99	573.60	579.98	560.38		
44	611.22	618.14	571.71	620.76	590.51	597.07	576.90			611.22	618.14	571.71	620.76	590.51	597.07	576.90		
45	631.78	638.93	590.94	641.65	610.37	617.16	596.31			631.78	638.93	590.94	641.65	610.37	617.16	596.31		
46	656.28	663.71	613.86	666.53	634.05	641.09	619.44			656.28	663.71	613.86	666.53	634.05	641.09	619.44		
47	683.84	691.59	639.64	694.53	660.68	668.02	645.45			683.84	691.59	639.64	694.53	660.68	668.02	645.45		
48	715.35	723.45	669.11	726.52	691.11	698.79	675.18			715.35	723.45	669.11	726.52	691.11	698.79	675.18		
49	746.41	754.86	698.16	758.07	721.12	729.14	704.50			746.41	754.86	698.16	758.07	721.12	729.14	704.50		
50	781.41	790.26	730.90	793.62	754.94	763.33	737.54			781.41	790.26	730.90	793.62	754.94	763.33	737.54		
51	815.97	825.22	763.23	828.72	788.33	797.09	770.17			815.97	825.22	763.23	828.72	788.33	797.09	770.17		
52	854.04	863.71	798.84	867.38	825.10	834.28	806.09			854.04	863.71	798.84	867.38	825.10	834.28	806.09		
53	892.54	902.65	834.85	906.48	862.30	871.89	842.43			892.54	902.65	834.85	906.48	862.30	871.89	842.43		
54	934.11	944.69	873.73	948.70	902.46	912.49	881.66			934.11	944.69	873.73	948.70	902.46	912.49	881.66		
55	975.67	986.72	912.61	990.91	942.61	953.09	920.89			975.67	986.72	912.61	990.91	942.61	953.09	920.89		
56	1020.73	1032.30	954.76	1036.68	986.15	997.11	963.43			1020.73	1032.30	954.76	1036.68	986.15	997.11	963.43		
57	1066.24	1078.31	997.32	1082.89	1030.11	1041.56	1006.38			1066.24	1078.31	997.32	1082.89	1030.11	1041.56	1006.38		
58	1114.80	1127.43	1042.75	1132.22	1077.03	1089.00	1052.21			1114.80	1127.43	1042.75	1132.22	1077.03	1089.00	1052.21		
59	1138.86	1151.76	1065.25	1156.66	1100.28	1112.51	1074.93			1138.86	1151.76	1065.25	1156.66	1100.28	1112.51	1074.93		
60	1187.43	1200.88	1110.68	1205.98	1147.20	1159.95	1120.77			1187.43	1200.88	1110.68	1205.98	1147.20	1159.95	1120.77		
61	1229.43	1243.36	1149.97	1248.64	1187.78	1200.98	1160.41			1229.43	1243.36	1149.97	1248.64	1187.78	1200.98	1160.41		
62	1257.00	1271.23	1175.75	1276.63	1214.41	1227.91	1186.43			1257.00	1271.23	1175.75	1276.63	1214.41	1227.91	1186.43		
63	1291.56	1306.19	1208.08	1311.74	1247.80	1261.67	1219.05			1291.56	1306.19	1208.08	1311.74	1247.80	1261.67	1219.05		
64 and over	1312.56	1327.43	1227.72	1333.07	1268.09	1282.19	1238.87			1312.56	1327.43	1227.72	1333.07	1268.09	1282.19	1238.87		

**LifeWise Health Plan of Washington
RATE SCHEDULE**

Plan Information

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

Plan Geographic Availability

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

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	397.18	401.68	371.51	403.38	383.72	387.99	374.88			397.18	401.68	371.51	403.38	383.72	387.99	374.88		
15	432.48	437.38	404.53	439.24	417.83	422.48	408.20			432.48	437.38	404.53	439.24	417.83	422.48	408.20		
16	445.98	451.03	417.16	452.95	430.87	435.66	420.94			445.98	451.03	417.16	452.95	430.87	435.66	420.94		
17	459.48	464.68	429.78	466.66	443.91	448.85	433.69			459.48	464.68	429.78	466.66	443.91	448.85	433.69		
18	474.02	479.39	443.38	481.42	457.96	463.05	447.41			474.02	479.39	443.38	481.42	457.96	463.05	447.41		
19	488.56	494.09	456.98	496.19	472.00	477.25	461.13			488.56	494.09	456.98	496.19	472.00	477.25	461.13		
20	503.61	509.32	471.06	511.48	486.55	491.96	475.34			503.61	509.32	471.06	511.48	486.55	491.96	475.34		
21	519.19	525.07	485.63	527.30	501.60	507.17	490.04			519.19	525.07	485.63	527.30	501.60	507.17	490.04		
22	519.19	525.07	485.63	527.30	501.60	507.17	490.04			519.19	525.07	485.63	527.30	501.60	507.17	490.04		
23	519.19	525.07	485.63	527.30	501.60	507.17	490.04			519.19	525.07	485.63	527.30	501.60	507.17	490.04		
24	519.19	525.07	485.63	527.30	501.60	507.17	490.04			519.19	525.07	485.63	527.30	501.60	507.17	490.04		
25	521.26	527.17	487.57	529.41	503.60	509.20	492.00			521.26	527.17	487.57	529.41	503.60	509.20	492.00		
26	531.65	537.67	497.28	539.95	513.64	519.35	501.80			531.65	537.67	497.28	539.95	513.64	519.35	501.80		
27	544.11	550.27	508.94	552.61	525.67	531.52	513.56			544.11	550.27	508.94	552.61	525.67	531.52	513.56		
28	564.36	570.75	527.88	573.17	545.24	551.30	532.67			564.36	570.75	527.88	573.17	545.24	551.30	532.67		
29	580.97	587.55	543.42	590.05	561.29	567.53	548.35			580.97	587.55	543.42	590.05	561.29	567.53	548.35		
30	589.28	595.95	551.19	598.48	569.31	575.64	556.19			589.28	595.95	551.19	598.48	569.31	575.64	556.19		
31	601.74	608.55	562.84	611.14	581.35	587.81	567.96			601.74	608.55	562.84	611.14	581.35	587.81	567.96		
32	614.20	621.16	574.50	623.79	593.39	599.99	579.72			614.20	621.16	574.50	623.79	593.39	599.99	579.72		
33	621.99	629.03	581.78	631.70	600.91	607.59	587.07			621.99	629.03	581.78	631.70	600.91	607.59	587.07		
34	630.29	637.43	589.55	640.14	608.94	615.71	594.91			630.29	637.43	589.55	640.14	608.94	615.71	594.91		
35	634.45	641.63	593.44	644.36	612.95	619.77	598.83			634.45	641.63	593.44	644.36	612.95	619.77	598.83		
36	638.60	645.83	597.32	648.58	616.96	623.82	602.75			638.60	645.83	597.32	648.58	616.96	623.82	602.75		
37	642.75	650.03	601.21	652.80	620.98	627.88	606.67			642.75	650.03	601.21	652.80	620.98	627.88	606.67		
38	646.91	654.23	605.09	657.01	624.99	631.94	610.59			646.91	654.23	605.09	657.01	624.99	631.94	610.59		
39	655.21	662.64	612.86	665.45	633.02	640.05	618.43			655.21	662.64	612.86	665.45	633.02	640.05	618.43		
40	663.52	671.04	620.63	673.89	641.04	648.17	626.27			663.52	671.04	620.63	673.89	641.04	648.17	626.27		
41	675.98	683.64	632.29	686.54	653.08	660.34	638.03			675.98	683.64	632.29	686.54	653.08	660.34	638.03		
42	687.92	695.71	643.46	698.67	664.62	672.00	649.30			687.92	695.71	643.46	698.67	664.62	672.00	649.30		
43	704.54	712.52	659.00	715.54	680.67	688.23	664.98			704.54	712.52	659.00	715.54	680.67	688.23	664.98		
44	725.30	733.52	678.42	736.64	700.73	708.52	684.59			725.30	733.52	678.42	736.64	700.73	708.52	684.59		
45	749.71	758.20	701.25	761.42	724.31	732.36	707.62			749.71	758.20	701.25	761.42	724.31	732.36	707.62		
46	778.78	787.60	728.44	790.95	752.40	760.76	735.06			778.78	787.60	728.44	790.95	752.40	760.76	735.06		
47	811.49	820.68	759.04	824.17	784.00	792.71	765.93			811.49	820.68	759.04	824.17	784.00	792.71	765.93		
48	848.87	858.49	794.00	862.13	820.11	829.23	801.21			848.87	858.49	794.00	862.13	820.11	829.23	801.21		
49	885.73	895.77	828.48	899.57	855.73	865.24	836.01			885.73	895.77	828.48	899.57	855.73	865.24	836.01		
50	927.27	937.77	867.33	941.75	895.85	905.81	875.21			927.27	937.77	867.33	941.75	895.85	905.81	875.21		
51	968.28	979.25	905.70	983.41	935.48	945.88	913.92			968.28	979.25	905.70	983.41	935.48	945.88	913.92		
52	1013.45	1024.93	947.95	1029.29	979.12	990.00	956.56			1013.45	1024.93	947.95	1029.29	979.12	990.00	956.56		
53	1059.14	1071.14	990.68	1075.69	1023.26	1034.63	999.68			1059.14	1071.14	990.68	1075.69	1023.26	1034.63	999.68		
54	1108.47	1121.02	1036.82	1125.78	1070.91	1082.82	1046.23			1108.47	1121.02	1036.82	1125.78	1070.91	1082.82	1046.23		
55	1157.79	1170.90	1082.95	1175.88	1118.56	1131.00	1092.79			1157.79	1170.90	1082.95	1175.88	1118.56	1131.00	1092.79		
56	1211.26	1224.98	1132.97	1230.19	1170.23	1183.24	1143.26			1211.26	1224.98	1132.97	1230.19	1170.23	1183.24	1143.26		
57	1265.26	1279.59	1183.48	1285.03	1222.39	1235.98	1194.23			1265.26	1279.59	1183.48	1285.03	1222.39	1235.98	1194.23		
58	1322.89	1337.87	1237.38	1343.56	1278.07	1292.28	1248.62			1322.89	1337.87	1237.38	1343.56	1278.07	1292.28	1248.62		
59	1351.45	1366.75	1264.09	1372.56	1305.66	1320.17	1275.57			1351.45	1366.75	1264.09	1372.56	1305.66	1320.17	1275.57		
60	1409.07	1425.03	1318.00	1431.09	1361.34	1376.47	1329.97			1409.07	1425.03	1318.00	1431.09	1361.34	1376.47	1329.97		
61	1458.92	1475.44	1364.62	1481.71	1409.49	1425.16	1377.01			1458.92	1475.44	1364.62	1481.71	1409.49	1425.16	1377.01		
62	1491.63	1508.52	1395.21	1514.93	1441.09	1457.11	1407.88			1491.63	1508.52	1395.21	1514.93	1441.09	1457.11	1407.88		
63	1532.64	1550.00	1433.58	1556.58	1480.72	1497.18	1446.60			1532.64	1550.00	1433.58	1556.58	1480.72	1497.18	1446.60		
64 and over	1557.56	1575.20	1456.89	1581.89	1504.79	1521.51	1470.12			1557.56	1575.20	1456.89	1581.89	1504.79	1521.51	1470.12		

**LifeWise Health Plan of Washington
RATE SCHEDULE**

Plan Information

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

Plan Geographic Availability

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

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	244.01	246.78	228.24	247.83	235.75	238.37	230.32			244.01	246.78	228.24	247.83	235.75	238.37	230.32		
15	265.70	268.71	248.53	269.86	256.70	259.56	250.79			265.70	268.71	248.53	269.86	256.70	259.56	250.79		
16	274.00	277.10	256.29	278.28	264.71	267.66	258.62			274.00	277.10	256.29	278.28	264.71	267.66	258.62		
17	282.29	285.49	264.05	286.70	272.73	275.76	266.44			282.29	285.49	264.05	286.70	272.73	275.76	266.44		
18	291.22	294.52	272.40	295.77	281.36	284.48	274.87			291.22	294.52	272.40	295.77	281.36	284.48	274.87		
19	300.15	303.55	280.75	304.84	289.98	293.21	283.30			300.15	303.55	280.75	304.84	289.98	293.21	283.30		
20	309.40	312.91	289.41	314.24	298.92	302.24	292.03			309.40	312.91	289.41	314.24	298.92	302.24	292.03		
21	318.97	322.59	298.36	323.96	308.17	311.59	301.07			318.97	322.59	298.36	323.96	308.17	311.59	301.07		
22	318.97	322.59	298.36	323.96	308.17	311.59	301.07			318.97	322.59	298.36	323.96	308.17	311.59	301.07		
23	318.97	322.59	298.36	323.96	308.17	311.59	301.07			318.97	322.59	298.36	323.96	308.17	311.59	301.07		
24	318.97	322.59	298.36	323.96	308.17	311.59	301.07			318.97	322.59	298.36	323.96	308.17	311.59	301.07		
25	320.25	323.88	299.55	325.25	309.40	312.84	302.27			320.25	323.88	299.55	325.25	309.40	312.84	302.27		
26	326.63	330.33	305.52	331.73	315.56	319.07	308.29			326.63	330.33	305.52	331.73	315.56	319.07	308.29		
27	334.28	338.07	312.68	339.51	322.96	326.55	315.52			334.28	338.07	312.68	339.51	322.96	326.55	315.52		
28	346.72	350.65	324.31	352.14	334.98	338.70	327.26			346.72	350.65	324.31	352.14	334.98	338.70	327.26		
29	356.93	360.97	333.86	362.51	344.84	348.67	336.89			356.93	360.97	333.86	362.51	344.84	348.67	336.89		
30	362.03	366.13	338.63	367.69	349.77	353.66	341.71			362.03	366.13	338.63	367.69	349.77	353.66	341.71		
31	369.69	373.88	345.79	375.47	357.16	361.14	348.94			369.69	373.88	345.79	375.47	357.16	361.14	348.94		
32	377.35	381.62	352.96	383.24	364.56	368.61	356.16			377.35	381.62	352.96	383.24	364.56	368.61	356.16		
33	382.13	386.46	357.43	388.10	369.18	373.29	360.68			382.13	386.46	357.43	388.10	369.18	373.29	360.68		
34	387.23	391.62	362.20	393.28	374.11	378.27	365.49			387.23	391.62	362.20	393.28	374.11	378.27	365.49		
35	389.79	394.20	364.59	395.87	376.58	380.77	367.90			389.79	394.20	364.59	395.87	376.58	380.77	367.90		
36	392.34	396.78	366.98	398.47	379.04	383.26	370.31			392.34	396.78	366.98	398.47	379.04	383.26	370.31		
37	394.89	399.36	369.36	401.06	381.51	385.75	372.72			394.89	399.36	369.36	401.06	381.51	385.75	372.72		
38	397.44	401.94	371.75	403.65	383.98	388.24	375.13			397.44	401.94	371.75	403.65	383.98	388.24	375.13		
39	402.54	407.10	376.53	408.83	388.91	393.23	379.94			402.54	407.10	376.53	408.83	388.91	393.23	379.94		
40	407.65	412.26	381.30	414.02	393.84	398.21	384.76			407.65	412.26	381.30	414.02	393.84	398.21	384.76		
41	415.30	420.01	388.46	421.79	401.23	405.69	391.99			415.30	420.01	388.46	421.79	401.23	405.69	391.99		
42	422.64	427.43	395.32	429.24	408.32	412.86	398.91			422.64	427.43	395.32	429.24	408.32	412.86	398.91		
43	432.85	437.75	404.87	439.61	418.18	422.83	408.55			432.85	437.75	404.87	439.61	418.18	422.83	408.55		
44	445.61	450.65	416.80	452.57	430.51	435.29	420.59			445.61	450.65	416.80	452.57	430.51	435.29	420.59		
45	460.60	465.81	430.83	467.79	444.99	449.94	434.74			460.60	465.81	430.83	467.79	444.99	449.94	434.74		
46	478.46	483.88	447.53	485.93	462.25	467.39	451.60			478.46	483.88	447.53	485.93	462.25	467.39	451.60		
47	498.56	504.20	466.33	506.34	481.66	487.02	470.57			498.56	504.20	466.33	506.34	481.66	487.02	470.57		
48	521.52	527.43	487.81	529.67	503.85	509.45	492.24			521.52	527.43	487.81	529.67	503.85	509.45	492.24		
49	544.17	550.33	509.00	552.67	525.73	531.58	513.62			544.17	550.33	509.00	552.67	525.73	531.58	513.62		
50	569.69	576.14	532.86	578.59	550.39	556.50	537.70			569.69	576.14	532.86	578.59	550.39	556.50	537.70		
51	594.89	601.62	556.43	604.18	574.73	581.12	561.49			594.89	601.62	556.43	604.18	574.73	581.12	561.49		
52	622.64	629.69	582.39	632.36	601.54	608.23	587.68			622.64	629.69	582.39	632.36	601.54	608.23	587.68		
53	650.71	658.08	608.65	660.87	628.66	635.65	614.17			650.71	658.08	608.65	660.87	628.66	635.65	614.17		
54	681.01	688.72	636.99	691.65	657.94	665.25	642.78			681.01	688.72	636.99	691.65	657.94	665.25	642.78		
55	711.31	719.37	665.33	722.42	687.21	694.85	671.38			711.31	719.37	665.33	722.42	687.21	694.85	671.38		
56	744.16	752.59	696.06	755.79	718.95	726.94	702.39			744.16	752.59	696.06	755.79	718.95	726.94	702.39		
57	777.34	786.14	727.09	789.48	751.00	759.35	733.70			777.34	786.14	727.09	789.48	751.00	759.35	733.70		
58	812.74	821.95	760.21	825.44	785.21	793.94	767.12			812.74	821.95	760.21	825.44	785.21	793.94	767.12		
59	830.29	839.69	776.62	843.26	802.16	811.07	783.67			830.29	839.69	776.62	843.26	802.16	811.07	783.67		
60	865.69	875.50	809.74	879.22	836.36	845.66	817.09			865.69	875.50	809.74	879.22	836.36	845.66	817.09		
61	896.31	906.47	838.38	910.32	865.95	875.57	845.99			896.31	906.47	838.38	910.32	865.95	875.57	845.99		
62	916.41	926.79	857.18	930.73	885.36	895.20	864.96			916.41	926.79	857.18	930.73	885.36	895.20	864.96		
63	941.61	952.27	880.75	956.32	909.71	919.82	888.75			941.61	952.27	880.75	956.32	909.71	919.82	888.75		
64 and over	956.91	967.76	895.07	971.87	924.50	934.77	903.20			956.91	967.76	895.07	971.87	924.50	934.77	903.20		

**LifeWise Health Plan of Washington
RATE SCHEDULE**

Plan Information

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

Plan Geographic Availability

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

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	403.78	413.55		386.82	420.01	399.54	403.98	390.34	414.00	403.78	413.55		386.82	420.01	399.54	403.98	390.34	414.00
15	439.67	450.31		421.21	457.35	435.06	439.89	425.03	450.80	439.67	450.31		421.21	457.35	435.06	439.89	425.03	450.80
16	453.40	464.37		434.35	471.62	448.64	453.62	438.30	464.87	453.40	464.37		434.35	471.62	448.64	453.62	438.30	464.87
17	467.12	478.42		447.50	485.90	462.21	467.35	451.56	478.94	467.12	478.42		447.50	485.90	462.21	467.35	451.56	478.94
18	481.90	493.56		461.66	501.27	476.84	482.14	465.85	494.09	481.90	493.56		461.66	501.27	476.84	482.14	465.85	494.09
19	496.68	508.70		475.82	516.64	491.46	496.93	480.14	509.24	496.68	508.70		475.82	516.64	491.46	496.93	480.14	509.24
20	511.98	524.37		490.48	532.57	506.61	512.24	494.94	524.94	511.98	524.37		490.48	532.57	506.61	512.24	494.94	524.94
21	527.82	540.59		505.65	549.04	522.28	528.08	510.24	541.17	527.82	540.59		505.65	549.04	522.28	528.08	510.24	541.17
22	527.82	540.59		505.65	549.04	522.28	528.08	510.24	541.17	527.82	540.59		505.65	549.04	522.28	528.08	510.24	541.17
23	527.82	540.59		505.65	549.04	522.28	528.08	510.24	541.17	527.82	540.59		505.65	549.04	522.28	528.08	510.24	541.17
24	527.82	540.59		505.65	549.04	522.28	528.08	510.24	541.17	527.82	540.59		505.65	549.04	522.28	528.08	510.24	541.17
25	529.93	542.75		507.67	551.23	524.37	530.19	512.28	543.34	529.93	542.75		507.67	551.23	524.37	530.19	512.28	543.34
26	540.49	553.57		517.79	562.21	534.81	540.76	522.49	554.16	540.49	553.57		517.79	562.21	534.81	540.76	522.49	554.16
27	553.15	566.54		529.92	575.39	547.35	553.43	534.73	567.15	553.15	566.54		529.92	575.39	547.35	553.43	534.73	567.15
28	573.74	587.62		549.64	596.80	567.71	574.03	554.63	588.25	573.74	587.62		549.64	596.80	567.71	574.03	554.63	588.25
29	590.63	604.92		565.82	614.37	584.43	590.92	570.96	605.57	590.63	604.92		565.82	614.37	584.43	590.92	570.96	605.57
30	599.07	613.57		573.91	623.16	592.78	599.37	579.13	614.23	599.07	613.57		573.91	623.16	592.78	599.37	579.13	614.23
31	611.74	626.55		586.05	636.33	605.32	612.05	591.37	627.22	611.74	626.55		586.05	636.33	605.32	612.05	591.37	627.22
32	624.41	639.52		598.18	649.51	617.85	624.72	603.62	640.21	624.41	639.52		598.18	649.51	617.85	624.72	603.62	640.21
33	632.33	647.63		605.77	657.75	625.69	632.64	611.27	648.32	632.33	647.63		605.77	657.75	625.69	632.64	611.27	648.32
34	640.77	656.28		613.86	666.53	634.04	641.09	619.43	656.98	640.77	656.28		613.86	666.53	634.04	641.09	619.43	656.98
35	644.99	660.60		617.90	670.92	638.22	645.32	623.52	661.31	644.99	660.60		617.90	670.92	638.22	645.32	623.52	661.31
36	649.22	664.93		621.95	675.32	642.40	649.54	627.60	665.64	649.22	664.93		621.95	675.32	642.40	649.54	627.60	665.64
37	653.44	669.25		626.00	679.71	646.58	653.77	631.68	669.97	653.44	669.25		626.00	679.71	646.58	653.77	631.68	669.97
38	657.66	673.58		630.04	684.10	650.76	657.99	635.76	674.30	657.66	673.58		630.04	684.10	650.76	657.99	635.76	674.30
39	666.11	682.23		638.13	692.88	659.11	666.44	643.93	682.96	666.11	682.23		638.13	692.88	659.11	666.44	643.93	682.96
40	674.55	690.88		646.22	701.67	667.47	674.89	652.09	691.62	674.55	690.88		646.22	701.67	667.47	674.89	652.09	691.62
41	687.22	703.85		658.36	714.85	680.00	687.56	664.34	704.61	687.22	703.85		658.36	714.85	680.00	687.56	664.34	704.61
42	699.36	716.28		669.99	727.47	692.02	699.71	676.07	717.05	699.36	716.28		669.99	727.47	692.02	699.71	676.07	717.05
43	716.25	733.58		686.17	745.04	708.73	716.61	692.40	734.37	716.25	733.58		686.17	745.04	708.73	716.61	692.40	734.37
44	737.36	755.21		706.39	767.00	729.62	737.73	712.81	756.02	737.36	755.21		706.39	767.00	729.62	737.73	712.81	756.02
45	762.17	780.61		730.16	792.81	754.17	762.55	736.79	781.45	762.17	780.61		730.16	792.81	754.17	762.55	736.79	781.45
46	791.73	810.89		758.48	823.56	783.41	792.12	765.36	811.76	791.73	810.89		758.48	823.56	783.41	792.12	765.36	811.76
47	824.98	844.95		790.33	858.14	816.32	825.39	797.51	845.85	824.98	844.95		790.33	858.14	816.32	825.39	797.51	845.85
48	862.98	883.87		826.74	897.68	853.92	863.42	834.25	884.82	862.98	883.87		826.74	897.68	853.92	863.42	834.25	884.82
49	900.46	922.25		862.64	936.66	891.00	900.91	870.47	923.24	900.46	922.25		862.64	936.66	891.00	900.91	870.47	923.24
50	942.68	965.50		903.09	980.58	932.79	943.16	911.29	966.53	942.68	965.50		903.09	980.58	932.79	943.16	911.29	966.53
51	984.38	1008.20		943.04	1023.95	974.05	984.87	951.60	1009.29	984.38	1008.20		943.04	1023.95	974.05	984.87	951.60	1009.29
52	1030.30	1055.24		987.03	1071.72	1019.48	1030.82	995.99	1056.37	1030.30	1055.24		987.03	1071.72	1019.48	1030.82	995.99	1056.37
53	1076.75	1102.81		1031.53	1120.04	1065.44	1077.29	1040.89	1103.99	1076.75	1102.81		1031.53	1120.04	1065.44	1077.29	1040.89	1103.99
54	1126.89	1154.16		1079.56	1172.19	1115.06	1127.46	1089.37	1155.40	1126.89	1154.16		1079.56	1172.19	1115.06	1127.46	1089.37	1155.40
55	1177.04	1205.52		1127.60	1224.35	1164.68	1177.62	1137.84	1206.81	1177.04	1205.52		1127.60	1224.35	1164.68	1177.62	1137.84	1206.81
56	1231.40	1261.20		1179.68	1280.90	1218.47	1232.02	1190.40	1262.56	1231.40	1261.20		1179.68	1280.90	1218.47	1232.02	1190.40	1262.56
57	1286.29	1317.42		1232.27	1338.00	1272.79	1286.94	1243.46	1318.84	1286.29	1317.42		1232.27	1338.00	1272.79	1286.94	1243.46	1318.84
58	1344.88	1377.43		1288.40	1398.95	1330.76	1345.55	1300.10	1378.91	1344.88	1377.43		1288.40	1398.95	1330.76	1345.55	1300.10	1378.91
59	1373.91	1407.16		1316.21	1429.14	1359.49	1374.60	1328.16	1408.67	1373.91	1407.16		1316.21	1429.14	1359.49	1374.60	1328.16	1408.67
60	1432.50	1467.17		1372.33	1490.09	1417.46	1433.22	1384.80	1468.74	1432.50	1467.17		1372.33	1490.09	1417.46	1433.22	1384.80	1468.74
61	1483.17	1519.06		1420.88	1542.79	1467.60	1483.91	1433.78	1520.69	1483.17	1519.06		1420.88	1542.79	1467.60	1483.91	1433.78	1520.69
62	1516.42	1553.12		1452.73	1577.38	1500.50	1517.18	1465.93	1554.79	1516.42	1553.12		1452.73	1577.38	1500.50	1517.18	1465.93	1554.79
63	1558.12	1595.83		1492.68	1620.76	1541.76	1558.90	1506.24	1597.54	1558.12	1595.83		1492.68	1620.76	1541.76	1558.90	1506.24	1597.54
64 and over	1583.46	1621.77		1516.95	1647.11	1566.83	1584.24	1530.72	1623.51	1583.46	1621.77		1516.95	1647.11	1566.83	1584.24	1530.72	1623.51

**LifeWise Health Plan of Washigton
RATE SCHEDULE**

Plan Information

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

Plan Geographic Availability

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

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates													
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9					
0-14	319.16	322.77	298.53	324.14	308.34	311.77	301.24	Error	319.16	322.77	298.53	324.14	308.34	311.77	301.24	Error	319.16	322.77	298.53	324.14	308.34	311.77	301.24
15	347.53	351.46	325.06	352.96	335.75	339.49	328.02	Error	347.53	351.46	325.06	352.96	335.75	339.49	328.02	Error	347.53	351.46	325.06	352.96	335.75	339.49	328.02
16	358.37	362.43	335.21	363.97	346.23	350.08	338.25	Error	358.37	362.43	335.21	363.97	346.23	350.08	338.25	Error	358.37	362.43	335.21	363.97	346.23	350.08	338.25
17	369.22	373.40	345.36	374.99	356.71	360.68	348.49	Error	369.22	373.40	345.36	374.99	356.71	360.68	348.49	Error	369.22	373.40	345.36	374.99	356.71	360.68	348.49
18	380.90	385.22	356.28	386.85	368.00	372.09	359.52	Error	380.90	385.22	356.28	386.85	368.00	372.09	359.52	Error	380.90	385.22	356.28	386.85	368.00	372.09	359.52
19	392.58	397.03	367.21	398.72	379.28	383.50	370.54	Error	392.58	397.03	367.21	398.72	379.28	383.50	370.54	Error	392.58	397.03	367.21	398.72	379.28	383.50	370.54
20	404.68	409.27	378.53	411.01	390.97	395.32	381.96	Error	404.68	409.27	378.53	411.01	390.97	395.32	381.96	Error	404.68	409.27	378.53	411.01	390.97	395.32	381.96
21	417.20	421.92	390.23	423.72	403.06	407.55	393.78	Error	417.20	421.92	390.23	423.72	403.06	407.55	393.78	Error	417.20	421.92	390.23	423.72	403.06	407.55	393.78
22	417.20	421.92	390.23	423.72	403.06	407.55	393.78	Error	417.20	421.92	390.23	423.72	403.06	407.55	393.78	Error	417.20	421.92	390.23	423.72	403.06	407.55	393.78
23	417.20	421.92	390.23	423.72	403.06	407.55	393.78	Error	417.20	421.92	390.23	423.72	403.06	407.55	393.78	Error	417.20	421.92	390.23	423.72	403.06	407.55	393.78
24	417.20	421.92	390.23	423.72	403.06	407.55	393.78	Error	417.20	421.92	390.23	423.72	403.06	407.55	393.78	Error	417.20	421.92	390.23	423.72	403.06	407.55	393.78
25	418.87	423.61	391.79	425.41	404.68	409.18	395.35	Error	418.87	423.61	391.79	425.41	404.68	409.18	395.35	Error	418.87	423.61	391.79	425.41	404.68	409.18	395.35
26	427.21	432.05	399.60	433.89	412.74	417.33	403.23	Error	427.21	432.05	399.60	433.89	412.74	417.33	403.23	Error	427.21	432.05	399.60	433.89	412.74	417.33	403.23
27	437.22	442.18	408.96	444.05	422.41	427.11	412.68	Error	437.22	442.18	408.96	444.05	422.41	427.11	412.68	Error	437.22	442.18	408.96	444.05	422.41	427.11	412.68
28	453.50	458.63	424.18	460.58	438.13	443.00	428.04	Error	453.50	458.63	424.18	460.58	438.13	443.00	428.04	Error	453.50	458.63	424.18	460.58	438.13	443.00	428.04
29	466.85	472.13	436.67	474.14	451.03	456.04	440.64	Error	466.85	472.13	436.67	474.14	451.03	456.04	440.64	Error	466.85	472.13	436.67	474.14	451.03	456.04	440.64
30	473.52	478.88	442.91	480.92	457.48	462.56	446.94	Error	473.52	478.88	442.91	480.92	457.48	462.56	446.94	Error	473.52	478.88	442.91	480.92	457.48	462.56	446.94
31	483.53	489.01	452.28	491.09	467.15	472.34	456.39	Error	483.53	489.01	452.28	491.09	467.15	472.34	456.39	Error	483.53	489.01	452.28	491.09	467.15	472.34	456.39
32	493.55	499.14	461.65	501.26	476.83	482.13	465.84	Error	493.55	499.14	461.65	501.26	476.83	482.13	465.84	Error	493.55	499.14	461.65	501.26	476.83	482.13	465.84
33	499.80	505.47	467.50	507.61	482.87	488.24	471.74	Error	499.80	505.47	467.50	507.61	482.87	488.24	471.74	Error	499.80	505.47	467.50	507.61	482.87	488.24	471.74
34	506.48	512.22	473.74	514.39	489.32	494.76	478.05	Error	506.48	512.22	473.74	514.39	489.32	494.76	478.05	Error	506.48	512.22	473.74	514.39	489.32	494.76	478.05
35	509.82	515.59	476.86	517.78	492.54	498.02	481.20	Error	509.82	515.59	476.86	517.78	492.54	498.02	481.20	Error	509.82	515.59	476.86	517.78	492.54	498.02	481.20
36	513.15	518.97	479.99	521.17	495.77	501.28	484.35	Error	513.15	518.97	479.99	521.17	495.77	501.28	484.35	Error	513.15	518.97	479.99	521.17	495.77	501.28	484.35
37	516.49	522.34	483.11	524.56	498.99	504.54	487.50	Error	516.49	522.34	483.11	524.56	498.99	504.54	487.50	Error	516.49	522.34	483.11	524.56	498.99	504.54	487.50
38	519.83	525.72	486.23	527.95	502.22	507.80	490.65	Error	519.83	525.72	486.23	527.95	502.22	507.80	490.65	Error	519.83	525.72	486.23	527.95	502.22	507.80	490.65
39	526.51	532.47	492.47	534.73	508.67	514.32	496.95	Error	526.51	532.47	492.47	534.73	508.67	514.32	496.95	Error	526.51	532.47	492.47	534.73	508.67	514.32	496.95
40	533.18	539.22	498.72	541.51	515.12	520.84	503.25	Error	533.18	539.22	498.72	541.51	515.12	520.84	503.25	Error	533.18	539.22	498.72	541.51	515.12	520.84	503.25
41	543.19	549.35	508.08	551.68	524.79	530.62	512.70	Error	543.19	549.35	508.08	551.68	524.79	530.62	512.70	Error	543.19	549.35	508.08	551.68	524.79	530.62	512.70
42	552.79	559.05	517.06	561.42	534.06	540.00	521.75	Error	552.79	559.05	517.06	561.42	534.06	540.00	521.75	Error	552.79	559.05	517.06	561.42	534.06	540.00	521.75
43	566.14	572.55	529.55	574.98	546.96	553.04	534.36	Error	566.14	572.55	529.55	574.98	546.96	553.04	534.36	Error	566.14	572.55	529.55	574.98	546.96	553.04	534.36
44	582.83	589.43	545.16	591.93	563.08	569.34	550.11	Error	582.83	589.43	545.16	591.93	563.08	569.34	550.11	Error	582.83	589.43	545.16	591.93	563.08	569.34	550.11
45	602.44	609.26	563.50	611.85	582.02	588.50	568.61	Error	602.44	609.26	563.50	611.85	582.02	588.50	568.61	Error	602.44	609.26	563.50	611.85	582.02	588.50	568.61
46	625.80	632.89	585.35	635.57	604.60	611.32	590.67	Error	625.80	632.89	585.35	635.57	604.60	611.32	590.67	Error	625.80	632.89	585.35	635.57	604.60	611.32	590.67
47	652.08	659.47	609.93	662.27	629.99	636.99	615.47	Error	652.08	659.47	609.93	662.27	629.99	636.99	615.47	Error	652.08	659.47	609.93	662.27	629.99	636.99	615.47
48	682.12	689.85	638.03	692.78	659.01	666.34	643.83	Error	682.12	689.85	638.03	692.78	659.01	666.34	643.83	Error	682.12	689.85	638.03	692.78	659.01	666.34	643.83
49	711.74	719.80	665.74	722.86	687.63	695.27	671.78	Error	711.74	719.80	665.74	722.86	687.63	695.27	671.78	Error	711.74	719.80	665.74	722.86	687.63	695.27	671.78
50	745.12	753.56	696.96	756.76	719.87	727.88	703.29	Error	745.12	753.56	696.96	756.76	719.87	727.88	703.29	Error	745.12	753.56	696.96	756.76	719.87	727.88	703.29
51	778.08	786.89	727.78	790.23	751.71	760.07	734.39	Error	778.08	786.89	727.78	790.23	751.71	760.07	734.39	Error	778.08	786.89	727.78	790.23	751.71	760.07	734.39
52	814.37	823.60	761.73	827.09	786.78	795.53	768.65	Error	814.37	823.60	761.73	827.09	786.78	795.53	768.65	Error	814.37	823.60	761.73	827.09	786.78	795.53	768.65
53	851.09	860.73	796.08	864.38	822.25	831.39	803.30	Error	851.09	860.73	796.08	864.38	822.25	831.39	803.30	Error	851.09	860.73	796.08	864.38	822.25	831.39	803.30
54	890.72	900.81	833.15	904.63	860.54	870.11	840.71	Error	890.72	900.81	833.15	904.63	860.54	870.11	840.71	Error	890.72	900.81	833.15	904.63	860.54	870.11	840.71
55	930.35	940.89	870.22	944.89	898.83	908.83	878.12	Error	930.35	940.89	870.22	944.89	898.83	908.83	878.12	Error	930.35	940.89	870.22	944.89	898.83	908.83	878.12
56	973.33	984.35	910.41	988.53	940.35	950.80	918.68	Error	973.33	984.35	910.41	988.53	940.35	950.80	918.68	Error	973.33	984.35	910.41	988.53	940.35	950.80	918.68
57	1016.71	1028.23	951.00	1032.60	982.27	993.19	959.63	Error	1016.71	1028.23	951.00	1032.60	982.27	993.19	959.63	Error	1016.71	1028.23	951.00	1032.60	982.27	993.19	959.63

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	
1	Unified Rate Review v6.0																			To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P. To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L. To validate, select the Validate button or Ctrl + Shift + I. To finalize, select the Finalize button or Ctrl + Shift + F.
2																				
3	Company Legal Name:	LifeWise Health Plan of Washington																		
4	HIOS Issuer ID:	38498	State:	WA																
5	Effective Date of Rate Change(s):	1/1/2026	Market:	Individual																
6																				
7																				
8	Market Level Calculations (Same for all Plans)																			
9																				
10																				
11	Section I: Experience Period Data																			
12	Experience Period:	1/1/2024	to	12/31/2024																
13			Total		PMPM															
14	Allowed Claims		\$195,916,805.92		\$606.96															
15	Reinsurance		\$0.00		\$0.00															
16	Incurred Claims in Experience Period		\$155,778,647.79		\$482.61															
17	Risk Adjustment		-\$13,359,167.66		-\$41.39															
18	Experience Period Premium		\$200,263,449.72		\$620.42															
19	Experience Period Member Months		322,785																	
20																				
21	Section II: Projections																			
22			Year 1 Trend		Year 2 Trend		Trended EHB Allowed Claims													
23	Benefit Category	Experience Period Index Rate PMPM	Cost	Utilization	Cost	Utilization	PMPM													
24	Inpatient Hospital	\$99.50	1.037	1.029	1.037	1.029	\$113.32													
25	Outpatient Hospital	\$171.98	1.037	1.029	1.037	1.029	\$195.86													
26	Professional	\$207.59	1.037	1.029	1.037	1.029	\$236.42													
27	Other Medical	\$21.98	1.037	1.029	1.037	1.029	\$25.03													
28	Capitation	\$0.00	1.037	1.029	1.037	1.029	\$0.00													
29	Prescription Drug	\$105.91	1.076	1.015	1.076	1.015	\$126.33													
30	Total	\$606.96					\$696.95													
31																				
32	Morbidity Adjustment				1.000															
33	Demographic Shift				1.030															
34	Plan Design Changes				1.000															
35	Other				1.117															
36	Adjusted Trended EHB Allowed Claims PMPM for		1/1/2026		\$802.02															
37																				
38	Manual EHB Allowed Claims PMPM				\$0.00															
39	Applied Credibility %				100.00%															
40																				
41	Projected Period Totals																			
42	Projected Index Rate for	1/1/2026	\$802.02		\$232,242,535.44															
43	Reinsurance		\$0.00		\$0.00															
44	Risk Adjustment Payment/Charge		-\$34.63		-\$10,027,878.36															
45	Exchange User Fees		0.81%		\$1,978,415.52															
46	Market Adjusted Index Rate		\$843.48		\$244,248,829.32															
47																				
48	Projected Member Months				289,572															
49																				
50	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																			
51																				

Product-Plan Data Collection

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

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

To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.

To validate, select the Validate button or Ctrl + Shift + V.

To finalize, select the Finalize button or Ctrl + Shift + F.

To remove a product, navigate to the corresponding Product Name/Product ID field and select the Remove Product button or Ctrl + Shift + Q.

To remove a plan, navigate to the corresponding Plan Name/Plan ID field and select the Remove Plan button or Ctrl + Shift + A.

Product/Plan Level Calculations

Section I: General Product and Plan Information		Essential PCP EPO											
1.1 Product Name		38498WA02											
1.2 Product ID		38498WA02											
1.3 Plan Name		LifeWise Essential	LifeWise Essential	LifeWise Essential	LifeWise Essential	LifeWise Cascade							
1.4 Plan ID (Standard Component ID)		38498WA0320001	38498WA0320004	38498WA0320005	38498WA0320006	38498WA0320011	38498WA0320012	38498WA0320013	38498WA0320014	38498WA0320015	38498WA0320016	38498WA0320017	38498WA0320018
1.5 Metal		Gold	Bronze	Silver	Bronze	Gold	Silver	Bronze	Gold	Silver	Bronze	Gold	Gold
1.6 AV Metal Value		0.794	0.630	0.719	0.644	0.818	0.718	0.650	0.818	0.718	0.650	0.781	0.781
1.7 Plan Category		Renewing	Renewing	Renewing	Terminated	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	New	New
1.8 Plan Type		EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
1.9 Exchange Plan?		Yes	Yes	Yes	No	Yes							
1.10 Effective Date of Proposed Rates		1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026
1.11 Cumulative Rate Change % (over 12 mos prior)		-4.89%	14.33%	27.00%	0.00%	-7.38%	32.77%	13.27%	-12.99%	24.60%	6.88%	0.00%	0.00%
1.12 Product Rate Increase %							14.73%						
1.13 Submission Level Rate Increase %							14.73%						

Worksheet 1 Totals		Section II: Experience Period and Current Plan Level Information											
2.1 Plan ID (Standard Component ID)		Total	38498WA0320001	38498WA0320004	38498WA0320005	38498WA0320006	38498WA0320011	38498WA0320012	38498WA0320013	38498WA0320014	38498WA0320015	38498WA0320016	38498WA0320017
2.2 Allowed Claims	\$195,916,806	\$16,587,556	\$27,339,873	\$18,496,242	\$17,588,211	\$18,200,014	\$21,697,368	\$17,215,581	\$16,699,706	\$34,410,835	\$13,181,020	\$13,181,020	\$13,181,020
2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.4 Member Cost Sharing	\$40,138,118	\$2,778,776	\$7,847,958	\$2,602,836	\$4,584,058	\$1,623,097	\$3,148,125	\$5,256,447	\$1,285,894	\$5,340,161	\$5,670,806	\$0	\$0
2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.6 Incurred Claims	\$155,778,648	\$13,808,780	\$19,491,914	\$15,993,077	\$13,004,553	\$16,576,911	\$18,549,243	\$12,459,134	\$9,413,812	\$29,070,674	\$7,510,214	\$0	\$0
2.7 Risk Adjustment Transfer Amount	-\$13,359,168	\$4,871,738	-\$5,587,952	\$2,941,852	-\$4,244,400	\$4,758,318	-\$2,035,228	-\$3,381,669	\$2,739,115	-\$6,269,971	-\$11,221,424	\$0	\$0
2.8 Premium	\$200,263,450	\$10,963,057	\$31,617,239	\$14,792,874	\$18,026,378	\$8,737,989	\$18,500,745	\$19,743,420	\$7,423,483	\$46,138,724	\$24,319,540	\$0	\$0
2.9 Experience Period Member Months	322,785	12,804	52,758	17,423	30,126	10,674	24,631	34,389	10,531	76,282	53,167	0	0
2.10 Current Enrollment	24,913	840	4,078	934	0	823	2,164	3,738	878	5,452	6,006	0	0
2.11 Current Premium PMPM	\$658.17	\$910.39	\$637.75	\$919.91	\$0.00	\$884.22	\$822.15	\$626.16	\$753.31	\$653.35	\$514.35	\$0.00	\$0.00
2.12 Loss Ratio	83.35%	87.21%	74.88%	89.62%	94.36%	122.83%	90.33%	76.15%	92.63%	72.92%	57.34%	#DIV/0!	#DIV/0!
Per Member Per Month													
2.13 Allowed Claims	\$606.96	\$1,295.50	\$518.21	\$1,061.60	\$583.83	\$1,705.08	\$880.90	\$915.15	\$1,016.02	\$451.10	\$242.92	#DIV/0!	#DIV/0!
2.14 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!
2.15 Member Cost Sharing	\$124.35	\$217.02	\$148.75	\$149.39	\$152.16	\$152.06	\$127.81	\$152.85	\$122.11	\$70.01	\$106.66	#DIV/0!	#DIV/0!
2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!
2.17 Incurred Claims	\$482.61	\$1,078.47	\$369.46	\$912.21	\$431.67	\$1,553.02	\$753.09	\$362.30	\$893.91	\$381.09	\$141.26	#DIV/0!	#DIV/0!
2.18 Risk Adjustment Transfer Amount	-\$41.39	\$380.49	-\$105.92	\$168.85	-\$140.89	\$465.79	-\$82.63	-\$98.34	\$260.10	-\$82.15	-\$211.06	#DIV/0!	#DIV/0!
2.19 Premium	\$620.42	\$856.22	\$599.29	\$849.04	\$598.37	\$818.62	\$754.12	\$574.12	\$704.92	\$604.84	\$457.42	#DIV/0!	#DIV/0!

Section III: Plan Adjustment Factors													
3.1 Plan ID (Standard Component ID)		38498WA0320001	38498WA0320004	38498WA0320005	38498WA0320006	38498WA0320011	38498WA0320012	38498WA0320013	38498WA0320014	38498WA0320015	38498WA0320016	38498WA0320017	
3.2 Market Adjusted Index Rate		0.7929	0.5947	0.9946	0.0000	0.8775	1.0605	0.6119	0.8772	1.0603	0.6116	0.8321	0.8318
3.3 AV and Cost Sharing Design of Plan		1.1680	1.1680	1.1680	0.0000	1.1680	1.1680	1.1680	0.8770	0.8770	0.8770	1.1680	0.8770
3.4 Provider Network Adjustment		1.0011	1.0015	1.0009	0.0000	1.0010	1.0009	1.0014	1.0014	1.0011	1.0019	1.0011	1.0014
3.5 Benefits in Addition to EHB													
Administrative Costs													
3.6 Administrative Expense		8.55%	11.07%	6.94%	0.00%	7.79%	6.54%	10.80%	10.11%	8.52%	13.87%	8.18%	10.60%
3.7 Taxes and Fees		2.17%	2.20%	2.15%	0.00%	2.16%	2.15%	2.19%	2.17%	2.23%	2.23%	2.17%	2.19%
3.8 Profit & Risk Load		-0.30%	-0.30%	-0.30%	0.00%	-0.30%	-0.30%	-0.30%	-0.30%	-0.30%	-0.30%	-0.30%	-0.30%
3.9 Catastrophic Adjustment		1.0000	1.0000	1.0000	0.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate		\$872.98	\$674.22	\$1,075.26	\$0.00	\$957.79	\$1,141.50	\$691.42	\$738.41	\$876.24	\$538.34	\$912.37	\$704.12
3.11 Age Calibration Factor		0.5729					0.5729						
3.12 Geographic Calibration Factor		1.0098					1.0098						
3.13 Tobacco Calibration Factor		1.0000					1.0000						
3.14 Calibrated Plan Adjusted Index Rate		\$505.03	\$390.04	\$622.06	\$0.00	\$554.10	\$660.38	\$400.00	\$427.18	\$506.92	\$311.44	\$527.82	\$407.34

Section IV: Projected Plan Level Information													
4.1 Plan ID (Standard Component ID)		Total	38498WA0320001	38498WA0320004	38498WA0320005	38498WA0320006	38498WA0320011	38498WA0320012	38498WA0320013	38498WA0320014	38498WA0320015	38498WA0320016	38498WA0320017
4.2 Allowed Claims	\$211,415,292	\$6,354,822	\$24,209,052	\$2,997,754	\$0	\$8,935,113	\$10,661,694	\$33,744,690	\$6,836,838	\$31,145,611	\$47,137,553	\$18,425,355	\$20,966,809
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$37,784,499	\$737,557	\$6,124,851	\$520,885	\$0	\$725,773	\$1,542,827	\$8,005,253	\$555,336	\$4,507,004	\$11,182,442	\$1,816,040	\$2,066,531
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$173,630,793	\$5,617,265	\$18,084,201	\$2,476,869	\$0	\$8,209,341	\$9,118,867	\$25,739,417	\$6,281,502	\$26,638,608	\$35,955,111	\$16,609,315	\$18,900,278
4.7 Risk Adjustment Transfer Amount	-\$7,497,138	-\$243,146	-\$781,348	-\$316,623	\$0	-\$393,690	-\$392,413	-\$1,111,816	-\$271,158	-\$1,148,292	-\$1,937,885	-\$715,755	-\$816,293
4.8 Premium	\$208,160,013	\$6,584,004	\$21,867,503	\$2,847,301	\$0	\$9,533,875	\$10,433,342	\$31,016,473	\$7,505,225	\$31,211,826	\$45,059,993	\$19,381,457	\$22,719,013
4.9 Projected Member Months	289,572	7,542	32,434	2,648	0	9,954	9,140	44,859	10,164	35,620	83,702	21,243	32,266
4.10 Loss Ratio	86.53%	88.57%	85.76%	90.37%	#DIV/0!	89.42%	90.82%	86.07%	86.83%	88.61%	82.65%	88.98%	86.29%
Per Member Per Month													
4.11 Allowed Claims	\$730.10	\$842.59	\$746.41	\$1,132.08	#DIV/0!	\$897.64	\$1,166.49	\$752.24	\$672.65	\$874.39	\$563.16	\$867.36	\$649.81
4.12 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.13 Member Cost Sharing	\$130.48	\$97.79	\$188.84	\$196.71	#DIV/0!	\$72.91	\$168.80	\$178.45	\$54.64	\$126.53	\$133.60	\$85.49	\$64.05
4.14 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.15 Incurred Claims	\$599.61	\$744.80	\$552.67	\$335.37	#DIV/0!	\$84.71	\$997.69	\$573.79	\$618.01	\$747.86	\$429.56	\$781.87	\$585.76
4.16 Risk Adjustment Transfer Amount	-\$25.89	-\$32.11	-\$24.09	-\$40.27	#DIV/0!	-\$35.53	-\$42.93	-\$24.78	-\$26.68	-\$32.24	-\$18.61	-\$33.69	-\$25.30
4.17 Premium	\$718.85	\$872.98	\$674.22	\$1,075.26	#DIV/0!	\$957.79	\$1,141.50	\$691.42	\$738.41	\$876.24	\$538.34	\$912.37	\$704.12

Rating Area Data Collection

Rating Area	Rating Factor
Rating Area 1	1.0000
Rating Area 2	1.0242
Rating Area 3	1.0358
Rating Area 4	0.9580
Rating Area 5	1.0402
Rating Area 6	0.9895
Rating Area 7	1.0005
Rating Area 8	0.9667
Rating Area 9	1.0253

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General Information

Company Legal Name	LifeWise Health Plan of Washington
State	Washington
HIOS Issuer ID	38498
Market	Individual (In Exchange Only)
Effective Date	January 1, 2026
Company Contact	Hiu-Wan Ko, FSA, MAAA VP of Actuarial Services 425-918-4917 Hiu-Wan.Ko@premera.com

Plans Effective 1/1/2026 In the Exchange

LifeWise Essential Gold	38498WA0320001
LifeWise Essential Bronze	38498WA0320003
LifeWise Essential Silver	38498WA0320004
LifeWise Cascade Complete Gold	38498WA0320010
LifeWise Cascade Silver	38498WA0320011
LifeWise Cascade Bronze	38498WA0320012
LifeWise Cascade Vital Gold	38498WA0320016

Plans Effective 1/1/2026 In Public Option

LifeWise Cascade Select Complete Gold	38498WA0320013
LifeWise Cascade Select Silver	38498WA0320014
LifeWise Cascade Select Bronze	38498WA0320015
LifeWise Cascade Select Vital Gold	38498WA0320017

Scope and Purpose

The purpose of this filing is to present the development of premium rates for LifeWise Health Plan of Washington non-grandfathered individual plans offered in the Exchange, and to demonstrate that the resulting amounts charged are reasonable in relation to the benefits provided. This filing is not intended to be used for other purposes. The rates presented herein will be effective January 1, 2026.

This filing assumes that CMS will not pay carriers cost share reduction payments.

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Rate Increase Summary

Proposed Rate Increase

The average rate change for 1/1/2026 is 14.4%.

This average rate change includes 15.1% of experience increase with a benefit change of 0.0% and cost share change of -0.6%.

For this filing we are using the average rate increase calculated per OIC instructions to match the increase from the Uniform Product Modification Justification (UPMJ) form. This results in an average rate increase different from the average premium increase in CMS's Uniform Rate Review template. The difference between the two approaches is because they represent different averages. The UPMJ's calculation is the average rate increase weighted by member, while URRT is the average premium increase.

With the OIC emergency rules on silver loading and the AV and Cost Sharing factor, the displayed increase in premium is not representative of the expected change in premium for LifeWise. The Washington Health Board Exchange will actively migrate members between plans, resulting in a lower premium impact than the state average member increase from the UPMJ would indicate.

Reason for Rate Increase(s)

Below are the major factors for the rate increase:

- Unit cost inflation: 4.4%
- Increased utilization: 2.7%
- Cost share change: -0.6%
- Change in population: 103.0%
- Risk Adjustment: -1.7%

The unit cost inflation continues to be high compared to historical levels. This is driven by hospital systems and health care providers demanding higher contracted reimbursement rates, but it is coming down compared to prior year. LifeWise has already had to agree to significant rate increases. As more provider contracting information becomes available, LifeWise will update the unit cost trend projections. Many systems are asking for large increases for services (some requesting and receiving double-digit annual increases) and have shown a willingness to allow our contracts to expire. Because of the limited competition and regional monopolies, some health care providers have achieved, there is reduced market pressure for these systems to innovate new, more efficient practices.

There are also other drivers including the difference between actual and projected base experience, changes in anticipated risk adjustment transfer dollars, service area, network providers, and taxes and fees between the experience period and projection period which would impact the final rate. For complete details around the drivers of the rate increase, see the appendices.

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Experience Period Premium and Claims

Experience period Incurred 1/1/2024 to 12/31/2024 and paid through 3/31/2025

Member Months	322,785
Premiums	\$200,263,450
Allowed claims	\$195,916,806
Incurred claims	\$155,778,648
Processed in system	\$153,131,434
Incurred but not paid	\$2,647,214

The experience period represents the most recent data while allowing for three months of claims run-out to minimize the estimation for incurred but not paid claims. The incurred but not paid claims estimate was based on reserve triangles for this specific line of business. Monthly completion factors were developed after adjusting for outliers, seasonality, and number of working days. The incurred claims include the cost of provider incentives.

For the purpose of developing the projected rates, the above experience is used instead of the annual financial statement. The over/underestimate of medical trend for the prior years, the change in reserves, and the change in administrative costs are data points. Any gains/losses resulting from the over/underestimate of these assumptions will not directly impact the rate making, as rates are developed based on expected total costs, not to offset prior years' gains or losses.

Actual vs Projected Experience

WA Exhibit 2 shows the Actual vs Projected Experience. The projected values are from the 2024 Rate Filings URRT Worksheet 2 Section IV.

The actual experience has lower claims and expenses PMPM, but this is more than offset by the lower premium PMPM. This is primarily driven by having a larger than projected percentage of members on Cascade Select plans, which have lower premiums and lower provider reimbursement rates.

Commercial Reinsurance

LifeWise currently has a commercial reinsurance agreement to cover 40% of claims above an attachment point of \$3.5 million per member per year. The expected 2024 reimbursement is \$0 (\$0.00 PMPM) and the charge was \$0.26 PMPM; per URRT instructions the reimbursement amount was removed from experience period claims. The projected 2026 charge is included in the administrative expense line of worksheet 2 section III of the URRT.

Benefit Categories

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Service codes were used to identify whether a claim was related to inpatient hospital, outpatient hospital, professional, other medical, or prescription drug. Service codes are defined based on place of service, type of service, revenue code, procedure code, and diagnosis code. There were no capitation claims.

Market, Plan, and Calibrated Plan Adjusted Index Rate

Projection Period Index Rate - Represents projected allowed claims after application of trend, morbidity adjustments, network shift impact, and demographic shift. Appendix 1.1 shows the development of the projection period index rate, with the Projection Factor section providing explanations of the development. For this filing the projection period index rate was determined based on the manual rate. The projection period index is \$802.02 PMPM for all plans.

Market Adjusted Index Rate - Represents the average projected health care costs for essential health benefits. This is equal to the Projected Index Rate plus allowed basis risk adjustment, federal reinsurance programs, and exchange fee.

Appendix 1.1 shows the development of the Market Adjusted Index Rate. Federal reinsurance is not applicable for this year's rate filing. Risk adjustment development is explained in the Risk Adjustment section below. The Market Adjusted Index Rate PMPM is \$843.48 PMPM for all plans.

Plan Adjusted Index Rate - Represents the average projected premium of a plan if all members purchased this plan. The Plan Adjusted Index Rate is equal to the Market Adjusted Index Rate, multiplied by the plan specific cost share adjustment, network utilization factor, benefits above EHB, administrative expense, taxes and fees, and the profit and risk load.

Appendix 1.2 shows the development of the Plan Adjusted Index Rate. Additional information on the above factors can be found in the Market to Plan Factors and Non-Benefit Expenses sections below. The Plan Adjusted Index Rate varies from plan to plan.

Calibrated Plan Adjusted Index Rate - Represents the plan premium for a member who is 21 years old, non-smoker, living in King County. It is equal to the plan adjusted index rate multiplied by the reciprocals of the age, tobacco-use, and geographic factors (Appendix 2.6).

Projection Factors

The development of the Market Adjusted Index Rate is shown in Appendix 1.1, calibration factors are shown in Appendix 2.6, and Plan Adjusted Index Rates prior to application of geographic and age factors are shown in Appendix 2.5.

Per the URRT instructions, the following adjustments are applied to EHB allowed claims.

Trend Factors

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The development for the trend factor used in this filing is shown in Appendix 2.1. The trend is split into three components: increase in unit cost, increase in utilization, and increase due to deductible leveraging. The trend is applied to EHB claims only.

- **Unit Cost** – The unit cost increase is expected to be 4.4% annually.
The Unit cost increase represents the average change in cost for each unit (procedure/drug) of healthcare.
 - Medical unit cost trend is expected to be 3.7% based on the changes in the negotiated healthcare provider reimbursement contracts.
 - Pharmacy unit cost trend is expected to be 7.6% based on our PBM’s projections.
 - Unit cost trend in the prior year filing was 5.4%.

- **Utilization** – The utilization increase is expected to be 2.7% annually.
The utilization increase represents the change in the number of medical services and prescriptions members seek.
 - Medical utilization trend is 2.9% based on the change in the number of medical services members per 1000 members per year.
 - Pharmacy utilization trend is 1.5% based on the change in the number of prescriptions per 1000 members per year.
 - Utilization trend in the prior year filing was 2.4%.

- **Leveraging** – Leveraging is expected to be 0.3% annually.
Leveraging represents the acceleration of trend due to fixed-dollar member cost shares (deductible, copays, and out-of-pocket maximums) not increasing at the same rate as claims, and therefore the insurer needs to cover a larger portion of the claims cost.
 - The leveraging trend in the prior year filing was 0.3%, as shown in Appendix 2.1.

The proposed rating trend for incurred claims including leveraging is 7.5% as shown in Appendix 2.1 and in WAC 284-43-6660.

Per URRT instruction, leveraging is excluded from the two years of trend in Worksheet 1. As such, it is applied separately to the paid to allow ratio.

Morbidity Adjustment

No Morbidity Adjustment is applied in 2026 rate development. In last year’s rate filing, no Morbidity Adjustment was applied.

Demographic Shift

The demographic shift adjustment is made for the expected change in membership demographic between the experience period and the projection period. This includes the impact of exiting Lincoln and San Juan Counties and expanding into Lewis County.

The demographic shift adjustment is 1.030, and the development is shown in more detail in Appendix 2.2. Last year’s adjustment factor was 1.013.

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To develop the factor, LifeWise split 2026 projected membership into four categories:

- a) 2024 member projected to persist into 2026 (retained members)
 - b) New members as of March 2025 migrating from our affiliated company (projected to persist into 2026)
 - c) New members as of March 2025 joining from other carriers with unknown experience (projected to persist into 2026)
 - d) Projected 2026 members joining from other carriers without known experience.
- For the members in category (a) and (b), the assumption is that they will be similar to their actual 2024 experience adjusted for aging.
 - For new members in category (c), LifeWise assumed they would be similar to the members in (a) and (b) after adjusting for age, metal level mix, and applying a new members claim adjustment. The new members claims adjustment was determined by comparing several years of claims experience of renewal vs. newly enrolled membership.
 - For new members in category (d), without any information about this population LifeWise assumed this population would resemble the rest of the projected pool.

Plan Design Changes

LifeWise assumed none of the changes in the plan design will affect EHB allowed claims.

Other Adjustments

LifeWise is using an Other Adjustments factor of 1.117 for 2026.

This factor is a combination of 1) the network shift adjustment, 2) the projected paid to allowed vs AV & cost sharing adjustment, and 3) the impact of the new rule on the silver CSR loading.

- 1) The network shift adjustment accounts for member shift between the LifeWise Primary network plans and the LifeWise Alpine plans. The impact of the movement between the experience period and the projection period is shown in Appendix 2.3a.
- 2) Due to the new Emergency rule from the OIC, the overall AV & Cost Sharing factor varies from the projected paid to allowed factor, and an adjustment factor is added. LifeWise calculated the actual projected paid to allowed ratio based on the experience period paid to allowed, adjusting for the projected change in benefits and cost sharing, then took the projected paid to allowed divided by the projected AV & Cost Share factor to determine the adjustment factor needed. The development of this adjustment of 1.099 is shown in Appendix 2.3c.
- 3) With the new uniform silver loading rule, we expect deterioration of our experience as healthy people exit the market or purchase less expensive plans. To determine this adjustment, LifeWise projected the contribution margin before and after these changes by looking at who would likely leave LifeWise or migrate to a different LifeWise plan. This change in contribution margin is then grossed up to an allowed basis and divided by the projected index rate to get the adjustment factor. The development of this adjustment of 1.057 is shown in Appendix 2.3d.

The Other adjustment in prior years filing was 0.951, as shown in Appendix 1.1. This included the network shift adjustment.

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Credibility Manual Rate Development

No manual rates were used.

Credibility of Experience

Due to the size of the bloc in the experience period, no credibility adjustments were used for developing the rates.

Risk Adjustment Transfer (Appendix 2.4)

LifeWise is expecting to pay \$-13.4 million in risk transfer payments including recovery for high cost enrollees in 2024 for its individual membership.

To develop the projected risk adjustment transfer amount, LifeWise relied on Wakely 2024 December Risk Adjustment reports, risk score data from internal data sources, and external consultant's risk adjustment reports. Below are the adjustments and assumptions used to project the 2026 risk transfer.

LifeWise split the projected 2026 membership by metal level into 2024 members that are expected to persist into 2026, new 2025 members that are expected to persist into 2026, and expected new 2026 members.

- The 2026 market average premium net of admin costs is expected to increase 14.5% over the 2024 market average premium net of admin costs.
- The 2026 state average non-plan liability risk score is assumed not to change from the 2025 state average non-plan liability risk score provided by our consultant.
- The 2026 state average plan liability risk score is estimated from the 2024 plan liability risk score, adjusted for the expected changes to the market average due to the new proposed 2026 calibrated model factors.
- For 2024 members expected to persist into 2026, LifeWise used the cohort's 2024 risk adjustment factors, adjusted to proposed 2026 calibrated model factors, and applied the factors corresponding to the members' mapped 2026 metal level.
- For new 2025 members expected to persist into 2026, the members were split into (a) 2025 members that moved from an affiliated company and (b) all other new 2025 members.
 - a) LifeWise assumed the cohort's 2024 risk adjustment factors, adjusted to proposed 2026 calibrated model factors, and applied the factors corresponding to the member's mapped 2026 metal level.

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- b) LifeWise assumed the cohort’s 2026 calibrated model factors would be similar to that of the “2024 members expected to persist into 2026” after adjusting for the difference in geography and age of the population by metal level.
- For new 2026 members: LifeWise assumed the risk adjustment factors will be similar to the risk adjustment factors of the “2024 members expected to persist into 2026” and “New 2025 Members expected to persist into 2026” after adjusting for the difference in geography and age of the population by metal level.

LifeWise took the product of these members’ risk scores and averaged the resulting products divided by the state average risk scores (following the statutory formula used by CMS) to determine the risk adjustment transfer amount by category and metal level. Based on the above assumptions, LifeWise estimated the 2026 risk adjustment transfer to be -\$23.53 PMPM. The projected risk adjustment transfer does not account for the impact of Risk Adjustment Data Validation.

In last year’s rate filing, the projected 2025 risk adjustment transfer was -\$34.59 PMPM.

The high cost risk pool program reimbursement amount will be 60% of the claim amounts above \$1 million dollars for enrollees that surpass the \$1 million claims threshold. The projected 2026 reimbursement for this program is \$0.19 PMPM based on historical large claims experience. The administrative cost of this program is projected to be 0.4% of LifeWise’s expected total premiums, or approximately \$2.55 PMPM.

In order to add the projected risk adjustment PMPM into the Market Adjusted Index Rate, projected risk adjustment transfer plus high-cost enrollee reimbursement less high cost risk pool administrative cost was converted to an allowed amount by dividing the projected paid to allowed (as shown in Appendix 2.4). The result is an allowed PMPM estimate of -\$34.63 (as shown in Appendix 1.1).

Appendix 3.3b shows projected vs. actual high cost risk pool reimbursement and assessment amounts. Historically there is variance between projected and actual. However, since both the assessment and reimbursement were generally greater than projected, the changes partially offset each other. The differences are due to the volatility of large claims, and we did not make additional adjustments for this.

Market to Plan Factors

AV and Cost Sharing Design of Plan Adjustment (Appendix 2.5 & 2.5a)

In 2026 the Washington Office of the Insurance Commissioner implemented WSR 25-07-021. Per the new rule, AV & Cost Sharing Adjustment must equal “AV Pricing” x “Induced Demand Factor” x “Silver Loading”, with the AV pricing value to be $\pm 2\%$ or $\pm 3\%$ of the plan’s designated AV metal value from the CMS AV calculator, the Induced Demand Factor to be $(AV\ Pricing^2 - AV\ Pricing + 1.24)$, and Silver Loading to be 1.435.

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The AV and cost sharing design of plan adjustments (benefit relativities) were calculated using our current pricing methodology, which reflects induced utilization at different cost shares and paid to allow ratios. Then adjustments were made to the benefit relativities to comply with the tolerances of the AV & Cost Sharing requirements.

For Silver plans, the Silver CSR loading is 1.435 based on the above new rule. Historically, the silver CSR load adjustment was developed by calculating the cost share differential between the CSR plan and the base plan for each of its cost share reduction plan variations. Then the CSR adjustments were averaged based on the projected membership on each CSR variant. In 2024, the expected CSR payment if CSRs had been funded would have been \$4,480,517, which represented 7.1% of total silver claims. For 2026, the projected CSR payment is \$4,067,789 due to a higher concentration of CSR 87% and CSR 94%.

Provider Network Adjustment (Appendix 2.3a, 2.5)

The LifeWise Alpine network is for the Cascade Select plans. It includes only providers from the counties where LifeWise participates in the Public Option. Starting in 2026, LifeWise will expand the Alpine network to Lewis and exit Lincoln and San Juan. The updated network adjustment factor is 0.751, determined by comparing the updated providers' reimbursement as a normalized allowed per RVU for those in the LifeWise Alpine network to those in the LifeWise Primary network. This adjustment factor is larger than in prior filings as the provider reimbursements for the two networks are increasing at different rates. The average provider network adjustment is normalized, therefore the projected average incurred claims PMPMs remain the same with vs without applying the normalized network factor (as shown in Appendix 2.3a).

Calibration Factors

Appendix 2.6 shows the calculation of the age/geographic/tobacco calibration factor. This calculates the product of the age, geographic, and tobacco use factors for each projected member, and then averages this product. The product of the age, geographic, and tobacco use calibration factors is applied to develop the Calibrated Plan Adjusted Index Rate.

- **Age** – The Affordable Care Act (ACA) age factor was applied to the membership distribution limited to a maximum of three dependent children under the age of 21 per family. The average age of the projected members is 49. The average age of the projection period was determined as the closest age factor to the average age factor.
- **Geographic** – Geographic factors have been updated to reflect the changes in provider payment among the nine rating regions since the factors were last developed.

Appendix 2.6a demonstrates the geographic factor development. LifeWise developed the updated geographic factors by starting with the 2024 contracted fee schedule as a normalized allowed per RVU adjusted by the projected 2024-2026 provider unit cost increases. The results were normalized to 1.0 for King County, and the Medical & Rx distribution was applied to get the weighted average formulated area factor by region.

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The proposed area factors are not the same as the formulated area factors for some regions. For regions with less membership and therefore potentially more volatile allowed per RVU, LifeWise grouped them into two categories: Western Washington and Eastern Washington. Then for each category, the average difference between the 2025 filed average factors and 2026 formulated average factors was determined. This average factor difference was then applied to the 2025 factor to get the 2026 proposed factor by region.

- **Tobacco Use** – The tobacco use factor is removed for 2026. This was done to comply with the new rules issued by WAHBE on providing Cascade Care Subsidies to members enrolling on plans that have tobacco use factors.

Non-Benefit Expenses

Administrative Expense Load (Appendix 2.5b)

Net operating expenses for the rating period is \$67.62 PMPM, compared with \$65.59 PMPM from the prior year filing.

Commissions of \$8.89 PMPM are projected for 2026. This is developed based on the current distribution of members purchasing insurance through a producer and the producer's commission from the compensation table. Commissions were \$8.78 PMPM in the prior year filing.

Commercial reinsurance fee is \$0.69 PMPM. The fee was \$0.63 PMPM in the prior year filing.

An interest credit amount of -\$2.55 PMPM was calculated based on the yield rate.

Contribution to Surplus & Risk Margin (C&R) (Appendix 2.5b)

LifeWise Health Plan of Washington is filing for a -0.3% contingency and risk (C&R) charge after paying 21% of FIT.

The C&R charge is intended to cover business risk, statistical variation, and other unknown, unpredictable risks. With the uncertainty of the inflationary pressure on provider contracted reimbursements, risk adjustment model changes and its impact on risk adjustment transfer amounts, as well as other uncertainty on claims, LifeWise determined that a C&R charge of 10.0-12.0% is needed.

LifeWise is proposing a one-time transitioning C&R charge of -0.3% to ease the impact on premium increase due to recent or expected rules changes. The negative C&R offsets the impact of the new rules around the development of the AV & Cost Sharing Adjustment. LifeWise is committed in the individual market and is willing to take a one-time hit to support the emergency rule with the uncertainty of how membership will react to the changes.

LifeWise did not consider its capital and surplus in determining rates. The capital and surplus is mostly dedicated to further business development including system transformation.

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Taxes and Fees (Appendix 2.5b)

Regulatory & Insurance Fraud Surcharge Fee – The combined Regulatory and Insurance Fraud Surcharge Fee is 0.1% of premium.

Federal Income Tax – LifeWise is subject to pay 21% federal income tax on profits. The Federal Income Tax fee is expected to be 0.0% since LifeWise is not projecting to make a profit.

WSHIP assessment – The Washington State Health Insurance Pool is anticipating \$0.0 million in total assessments for 2026. Based on our projected market share, the assumed 2026 projected fee is \$0.19 PMPM.

Premium tax – Washington state premium tax is 2.0%. This amount has not changed from prior year filing.

WAPAL Assessment Fee – The expected fee is \$0.06 PMPM, determined by the WAPAL Fund Advisory Committee.

Patient Centered Outcomes Research Fee – The expected 2026 fee is \$0.32 PMPM. According to IRS, the most recent PCORI fee was \$3.47 PMPY between Oct. 2024 and Sep. 2025. Therefore, LifeWise applied one year's worth of National Expenditures rate, which is 5%, to the most recent PCORI to predict the 2026 expected PCORI fee PMPM.

Risk Adjustment Program Administration Fee – The fee per 2026 Benefit and Payment Parameters is \$0.20 PMPM.

Non-EHB Benefits

LifeWise does not offer plans with non-EHB benefits. However, per URRT instructions, abortion services are included in worksheet 2, field 3.5 as non-EHB benefit.

Exchange Fees (Appendix 2.5b)

The projected Exchange fee is \$5.11 PMPM.

LifeWise is only actively selling In Exchange plans and expects all members to purchase inside the Exchange.

In the Market Adjusted Index Rate, the Exchange fee is 0.8%. This is the exchange fee represented as an allowed basis percentage. Therefore, the PMPM is divided by average paid to allow and the Market Adjusted Index Rate to arrive at the percentage.

Projected Loss Ratio

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The projected loss ratio is 86.5% (Appendix 1.2 Section IV). This was determined by dividing projected incurred claims of \$599.61 (Appendix 1.2 Section IV) by the projected premium and risk adjustment transfer of \$692.96 (Appendix 1.2 Section IV).

The projected federal medical loss ratio for 2026 is 89.6% (Appendix 3.2), which exceeds the federal minimum loss ratio requirements of 80.0%.

AV Metal Values

- Cascade Plans: the AV metal values were provided by Wakely and the Washington Health Board Exchange to LifeWise using a permissible alternative method that complies with 45 CFR 156.135(b).
- All Other Plans: the AV metal values have a unique benefit design and were determined by using a permissible alternative method that complies with 45 CFR 156.135(b)(3). These plans have different cost sharing for outpatient office visits and all other outpatient mental health and substance use disorder services (MHSUD). As the AV calculator only has one input for outpatient MHSUD, the AVC is run with MH OP office visit copay cost shares input in Tier 1 and MH OP non-office visit cost shares input in Tier 2 for each plan. The continuance tables of each metallic level from the AV model and each plan's claims maximum were used to calculate the weights between MH outpatient professional and facility that are entered into the Tier 1 Utilization field. See Appendix 6 for calculations.

Membership Projections (Appendix 2.5)

The membership projection for LifeWise in 2026 is 289,572 member months.

LifeWise is projecting 47,408 member months on silver plans in 2026. Of these, 34,446 are on a 87% CSR, and 12,962 are on a 94% CSR plan.

The 2026 membership was projected from the March 2025 membership (24,913 members), with the following adjustments:

- 1) Assumes members on Silver (70%) or Silver CSR 73% will be migrated to a Gold plan.
- 2) Assumes that 21,510 members will choose to not renew coverage in 2026.
- 3) Assumes that LifeWise will gain 2,621 new members in 2026.

The projection period member months are based on assuming 12 months of membership for the projected 24,131 members.

Terminated Products

No terminated plans for 2026.

Plan Type

The plans included in this filing are EPO plans.

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Washington State Required Appendixes

- Appendix 2.3b: Normalization of Network Factors
- Appendix 2.5b: Projected and Historical Administrative Cost Development
- Appendix 3.1: Experience Claims by Incurred & Paid Date
- Appendix 3.2: Federal Minimum Loss Ratio Calculation
- Appendix 3.3a-b: Risk Adjustment Experience and Actual vs Projected Comparison
- Appendix 4.1: WAC 283-43-6660 vs Additional Data Statement Form
- Appendix 4.1a: Additional Data Statement screenshots
- Appendix 4.2: Months of Surplus
- Appendix 5: Rate/Rule Schedule tab of SERFF rate filing support/source
- Appendix 6: Actuarial Values for Non-Cascade Plans

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Actuarial Certification

I, Hiu-Wan Ko, am VP of Actuarial Services at LifeWise Health Plan of Washington. I am a member of the American Academy of Actuaries and meet its qualification standards for rendering actuarial certification.

I am familiar with applicable laws and regulations of the State and federal government for rate filing requirements applicable to health care service contractors.

I certify that the projected index rate is in compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1) and 147.102), is in compliance with the Actuarial Standards of Practice, is reasonable overall in relation to the average benefits provided and the average population anticipated to be covered, and is neither excessive nor deficient.

I certify that the index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) are used to generate plan level rates.

I certify that the geographic rating factors reflect only differences in the costs of delivery and do not include differences for population morbidity by geographic area.

I certify non-Cascade plan AV Metal Values were developed with an alternate methodology as described in 45 CFR 156.135(b)(3) in accordance with generally accepted actuarial principles and methodologies. Certification is included in the “Unique Plan Design Supporting Documentation and Justification Non Cascade” file.

Limitations

I have relied on the analyses performed by:

- The Washington State Office of the Insurance Commissioner for the Silver Loading adjustment factor
- The Centers of Medicare and Medicaid Services AV Calculator, to use as a basis for determining the AV & Cost Sharing adjustment by plan
- Wakely, Washington State Office of the Insurance Commissioner, and the Centers of Medicare and Medicaid Services to support our analysis of risk transfer payments
- Our PBM to support our analysis of the prescription drug trends
- Our third party administrators including Evolent, CMS and WAHBE on their processes related to claims payments, eligibility/membership and premium billing
- Our finance department for net operating expense and company financial projections
- The HCE actuarial team and network team for medical trends and Medicare repricing study for the Alpine network
- Wakely to certify AV for Cascade plans: 38498WA0320010, 38498WA0320011, 38498WA0320012, 38498WA0320016 and Cascade Select plans: 38498WA0320013, 38498WA0320014, 38498WA0320015, and 38498WA0320017. Wakely’s certification is included in the “Standard Plan Unique Plan Design Supporting Documentation and Justification” and “AV Screenshots Standard” files.

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While I have reviewed the information provided by the above sources for reasonableness and consistency, I performed no verification of and take no responsibility for the accuracy of the information. If the information is inaccurate or incomplete, the results of my analysis may likewise be inaccurate or incomplete.

I, Hiu-Wan Ko, FSA, MAAA, do hereby certify that this filing has been developed in accordance with the profession's Code of Professional Conduct and the following Actuarial Standards of Practice (ASOPs):

- ASOP No. 5, *Incurred Health and Disability Claims*
- ASOP No. 8, *Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits*
- ASOP No. 12, *Risk Classification*
- ASOP No. 23, *Data Quality*
- ASOP No. 25, *Credibility Procedures*
- ASOP No. 41, *Actuarial Communications*
- ASOP No. 50, *Determining Minimum Value and Actuarial Value under the Affordable Care Act*



05/14/2025

Hiu-Wan Ko, FSA, MAAA
VP Actuarial Services
LifeWise Health Plan of Washington

Date