SERFF Tracking #: PBCC-134527954 State Tracking #: 484666

Company Tracking #: 2026 NONGRANDFATHERED INDIVIDUAL PBC

State:	Washington	Filing Company:	Premera Blue Cross
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	2026 Nongrandfathered Individual rate filing PBC		
Project Name/Number:	2026 nongrandfathered individual PBC/2026 nongrandfathered individual PBC		

Filing at a Glance

Company:	Premera Blue Cross
Product Name:	2026 Nongrandfathered Individual rate filing PBC
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-134527954
SERFF Status:	Assigned
State Tr Num:	484666
State Status:	Review Pending
Co Tr Num:	2026 NONGRANDFATHERED INDIVIDUAL PBC
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:

SERFF Tracking #	PBCC-134527954	State Tracking #: 484666
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Company Tracking #: 2026 NONGRANDFATHERED INDIVIDUAL PBC

State:	Washington	Filing Company:	Premera Blue Cross
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	2026 Nongrandfathered Individual rate filing PBC		
Project Name/Number:	2026 nongrandfathered individual PBC/2026 nongrandfathered individual PBC		

General Information

Project Name: 2026 nongrandfathered individual PBC	Status of Filing in Domicile: Authorized
Project Number: 2026 nongrandfathered individual PBC	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: 18.79%	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-134418210,
	PBCC-WA26-125120538
	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

Premera Blue Cross PO Box 327 MS 390 Seattle, WA 98111-0327 (425) 918-5834 ext. [Phone] CoCode: 47570 Group Code: 962 Group Name: FEIN Number: 91-0499247 State of Domicile: Washington Company Type: Hospital Medical Service Corporation State ID Number: 204

SERFF Tracking #:	PBCC-134527954	State Tracking #: 484666
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State:	Washington	Filing Company:	Premera Blue Cross
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	2026 Nongrandfathered Individual rate filing PBC		
Project Name/Number:	2026 nongrandfathered individual PBC/2026 nongrandfathered individual PBC		

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

SERFF Tracking #:	PBCC-134527954	State Tracking #:	484666	Company Tracking #:	2026 NONGRANDFATHERED INDIVIDUAL PBC
State:	Washington		Filing Company:	Premera Blue Cross	
TOI/Sub-TOI:	H16I Individual He	alth - Major Medical/H16I.	005C Individual - Other		
Product Name:	2026 Nongrandfat	2026 Nongrandfathered Individual rate filing PBC			
Project Name/Number:	2026 nongrandfatl	hered individual PBC/2026	6 nongrandfathered individual PBC		

Correspondence Summary

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Notice for Second Set of Rates Review Process	Note To Filer	Rocky Patterson II	05/19/2025	05/19/2025
Rate Request Summary	Reviewer Note	Kelli Armfield	05/23/2025	

SERFF Tracking #:	PBCC-134527954	State Tracking #: 484666
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Company Tracking #: 2026 NONGRANDFATHERED INDIVIDUAL PBC

State:	Washington	Filing Company:	Premera Blue Cross
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C	Individual - Other	
Product Name:	2026 Nongrandfathered Individual rate filing PBC		
Project Name/Number:	2026 nongrandfathered individual PBC/2026 nong	randfathered individual PE	BC

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 10:59 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.

SERFF Tracking #: PBC	C-134527954 State	Tracking #: 484666
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Company Tracking #: 2026 NONGRANDFATHERED INDIVIDUAL PBC

State:	Washington	Filing Company:	Premera Blue Cross
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C	Individual - Other	
Product Name:	2026 Nongrandfathered Individual rate filing PBC		
Project Name/Number:	2026 nongrandfathered individual PBC/2026 nong	randfathered individual PE	3C

Reviewer Note

Created By:

Kelli Armfield on 05/23/2025 07:10 PM

Last Edited By:

Gail Jones

Submitted On:

05/27/2025 10:59 AM

Subject:

Rate Request Summary

Comments:

See attached



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

Premera Blue Cross – 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:	18.79% average*
Requested effective date:	Jan. 1, 2026
Plans impacted:	Premera Blue Cross' Individual plans
People impacted:	9,460
Counties:	Franklin, Grays Harbor, King, Kitsap, Lincoln, Pacific, Pierce, Spokane and Yakima

Key information used to develop the rate request

(Jan. 2024 - Dec. 2024)

Premiums	\$112,880,957
Claims	\$132,656,582
Administrative expenses	\$13,621,140
Risk adjustment	\$41,526,451
Company made	\$8,129,686

The company expects its annual medical costs to increase 11.1%.

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:	92.57 %
Administration:	9.99 %
Profit:	-2.56 %

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.



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

25.00% 20.00% 15.00% 10.00% 5.00% 0.00% -5.00% -10.00% 2023 2024 2025 Requested 9.66% 15.83% 14.87% Accepted 10.08% 17.20% 14.91%

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.



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

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 <u>Washington Healthplanfinder</u>.

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

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



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. <u>Washington state's Exchange</u> is a public/private partnership overseen by an 11-member board. It's charged with creating and running an online marketplace, <u>wahealthplanfinder.org</u>.

Healthplanfinder: An online marketplace, <u>wahealthplanfinder.org</u>, 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 <u>wahealthplanfinder.org</u> 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.

SERFF Tracking #:	PBCC-134527954	State Tracking #:	484666	Company Tracking #:	2026 NONGRANDFATHERED INDIVIDUAL PBC
State:	Washington		Filing Company:	Premera Blue Cross	
TOI/Sub-TOI:	H16I Individual He	ealth - Major Medical/H16I.	005C Individual - Other		
Product Name:	2026 Nongrandfa	thered Individual rate filing	PBC		
Project Name/Number:	2026 nongrandfat	thered individual PBC/2026	6 nongrandfathered individual PBC		
Rate data applies	s to ming.		SERFF		
Rate Change Type	:		Increase		
Overall Percentage	e of Last Rate Revi	ision:	14.910%		
Effective Date of L	ast Rate Revision:	:	01/01/2025		
Filing Method of L	ast Filing:		SERFF		

SERFF Tracking Number of Last Filing:

PBCC-134041962

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:	Premium for	Maximum % Change (where req'd)	Minimum % Change : (where req'd):
Premera Blue Cross	Increase	18.790%	18.790%	\$20,925,006	6,051	\$111,362,459	41.240%	-6.570%

SERFF Tracking #:	PBCC-134527954	State Tracking #: 484666
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Company Tracking #: 2026 NONGRANDFATHERED INDIVIDUAL PBC

State:	Washington	Filing Company:	Premera Blue Cross
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C	Individual - Other	
Product Name:	2026 Nongrandfathered Individual rate filing PBC		
Project Name/Number:	2026 nongrandfathered individual PBC/2026 nong	grandfathered individual PE	3C

Rate Review Detail

COMPANY:

Company Name:	Premera Blue Cross
HHS Issuer Id:	49831

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives				
Preferred EPO	49831WA19	94	9460				
Trend Factors:	Annual medical/Rx trend is 11.1	%					
FORMS:							
New Policy Forms:							
Affected Forms:							
Other Affected Forms:	49831WA194 (01-2026)						
REQUESTED RATE CHANGE INF	ORMATION:						
Change Period:	Annual						
Member Months:	126,053						
Benefit Change:	None						
Percent Change Requested:	Min: -6.57 Max: 41.24 Avg: 18.7	9					
PRIOR RATE:							
Total Earned Premium:	111,362,459.00						
Total Incurred Claims:	110,248,571.00						
Annual \$:	Min: 337.30 Max: 2,901.78 Avg:	977.61					
REQUESTED RATE:							
Projected Earned Premium:	132,287,465.00						
Projected Incurred Claims:	122,453,088.00						
Annual \$:	Min: 391.94 Max: 3,028.22 Avg:	1,161.30					

SERFF Tracking #:	PBCC-134527954	State Tracking #:	484666		Company Tracking #:	2026 NONGRANDFATHERED INDIVIDUAL PBC				
State:	Washington			Filing Company:	Premera Blue Cross					
TOI/Sub-TOI:	H16I Individual He	alth - Major Medical/H16I.	005C Individual	- Other						
Product Name:	2026 Nongrandfati	2026 Nongrandfathered Individual rate filing PBC								
Project Name/Number:	2026 nongrandfath	nered individual PBC/2026	nongrandfather	ed individual PBC						

Rate/Rule Schedule

ltem 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-134041962 Percent Rate Change Request: 18.79	PBCWA Ind 2026 Illustrative Example of Premium Rate Calculation.pdf, PBCWA Ind 2026 Rate Schedule.pdf, PBCWA Ind 2026 Rate Schedule DUPLICATE.xlsx,

Premera Blue Cross

Illustrative Example of Premium Rate Calculation

Individual Filing - Effective 1/1/2026

Example	Family of 6
Plan	Premera Blue Cross Preferred Bronze
HIOS ID	49831WA1940003
Effective Date	1/1/2026
Rating Area	1

Member ID	Relationship	Age at Effective Date	Tobacco Use	Premium Rate
Member 1	Subscriber	40	Y	\$714.00
Member 2	Spouse	38	Ν	\$696.12
Member 3	Dependent	15	Ν	\$465.39
Member 4	Dependent	12	Ν	\$427.39
Member 5	Dependent	5	Ν	\$427.39
Member 6	Dependent	2	NA ⁽¹⁾	NA ⁽¹⁾
		Total M	onthly Premium ⁽²⁾	\$2,730.29

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

Plan Information

Premera Blue Cross Preferred Gold
49831WA1940001
1/1/2026
Individual
In the exchange
Gold
Non-Standardized Plan

Plan Geographic Availability

Area	Available	Counties where this plan is available
Number	in area?	
1	Yes	King
2	Yes	Grays Harbor, Kitsap, Pacific
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Pierce
6	Yes	Franklin, Yakima
7	No	
8	No	
9	No	

Age	Non-Smoker Rates								Smoker Rates									
Band	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	540.47	588.08		511.39	567.22	524.15				540.47	588.08		511.39	567.22	524.15			
15	588.51	640.36		556.85	617.64	570.74				588.51	640.36		556.85	617.64	570.74			
16	606.88	660.34		574.23	636.92	588.55				606.88	660.34		574.23	636.92	588.55			
17	625.25	680.33		591.61	656.20	606.37				625.25	680.33		591.61	656.20	606.37			
18	645.03	701.86		610.33	676.96	625.55				645.03	701.86		610.33	676.96	625.55			
19	664.81	723.38		629.04	697.72	644.73				664.81	723.38		629.04	697.72	644.73			
20	685.30	745.67		648.43	719.22	664.60				685.30	745.67		648.43	719.22	664.60			
21	706.49	768.74		668.48	741.47	685.16				706.49	768.74		668.48	741.47	685.16			
22	706.49	768.74		668.48	741.47	685.16				706.49	768.74		668.48	741.47	685.16			
23	706.49	768.74		668.48	741.47	685.16				706.49	768.74		668.48	741.47	685.16			
24	706.49	768.74		668.48	741.47	685.16				706.49	768.74		668.48	741.47	685.16			
25	709.32	771.81		671.16	744.43	687.90				709.32	771.81		671.16	744.43	687.90			
26	723.45	787.19		684.53	759.26	701.60				723.45	787.19		684.53	759.26	701.60			
27	740.41	805.64		700.57	777.06	718.05				740.41	805.64		700.57	777.06	718.05			
28	767.96	835.62		726.64	805.97	744.77				767.96	835.62		726.64	805.97	744.77			
29	790.57	860.22		748.03	829.70	766.69				790.57	860.22		748.03	829.70	766.69			
30	801.87	872.52		758.73	841.56	777.65				801.87	872.52		758.73	841.56	777.65			
31	818.83	890.97		774.77	859.36	794.10				818.83	890.97		774.77	859.36	794.10			
32	835.78	909.42		790.82	877.15	810.54				835.78	909.42		790.82	877.15	810.54			
33	846.38	920.95		800.85	888.28	820.82				846.38	920.95		800.85	888.28	820.82			
34	857.68	933.25		811.54	900.14	831.78				857.68	933.25		811.54	900.14	831.78			
35	863.34	939.40		816.89	906.07	837.26				863.34	939.40		816.89	906.07	837.26			
36	868.99	945.55		822.24	912.00	842.74				868.99	945.55		822.24	912.00	842.74			
37	874.64	951.70		827.58	917.93	848.23				874.64	951.70		827.58	917.93	848.23			
38	880.29	957.85		832.93	923.87	853.71				880.29	957.85		832.93	923.87	853.71			
39	891.60	970.15		843.63	935.73	864.67				891.60	970.15		843.63	935.73	864.67			
40	902.90	982.45		854.32	947.59	875.63				902.90	982.45		854.32	947.59	875.63			
41	919.86	1000.89		870.37	965.39	892.08				919.86	1000.89		870.37	965.39	892.08			
42	936.11	1018.58		885.74	982.44	907.83				936.11	1018.58		885.74	982.44	907.83			
43	958.71	1043.18		907.13	1006.17	929.76				958.71	1043.18		907.13	1006.17	929.76			
44	986.97	1073.92		933.87	1035.83	957.17				986.97	1073.92		933.87	1035.83	957.17			
45	1020.18	1110.06		965.29	1070.68	989.37				1020.18	1110.06		965.29	1070.68	989.37			
46	1059.74	1153.10		1002.73	1112.20	1027.74				1059.74	1153.10		1002.73	1112.20	1027.74			
47	1104.25	1201.54		1044.84	1158.91	1070.90				1104.25	1201.54		1044.84	1158.91	1070.90			
48	1155.12	1256.88		1092.97	1212.30	1120.23				1155.12	1256.88		1092.97	1212.30	1120.23			
49	1205.28	1311.46		1140.44	1264.94	1168.88				1205.28	1311.46		1140.44	1264.94	1168.88			
50	1261.80	1372.96		1193.91	1324.26	1223.69				1261.80	1372.96		1193.91	1324.26	1223.69			
51	1317.61	1433.69		1246.72	1382.83	1277.82				1317.61	1433.69		1246.72	1382.83	1277.82			
52	1379.08	1500.57		1304.88	1447.34	1337.43				1379.08	1500.57		1304.88	1447.34	1337.43			
53	1441.25	1568.22		1363.71	1512.59	1397.72				1441.25	1568.22		1363.71	1512.59	1397.72			
54	1508.37	1641.25		1427.22	1583.03	1462.81				1508.37	1641.25		1427.22	1583.03	1462.81			
55	1575.48	1714.28		1490.72	1653.47	1527.90				1575.48	1714.28		1490.72	1653.47	1527.90			
56	1648.25	1793.46		1559.58	1729.84	1598.47				1648.25	1793.46		1559.58	1729.84	1598.47			
57	1721.73	1873.41		1629.10	1806.95	1669.73				1721.73	1873.41		1629.10	1806.95	1669.73			
58	1800.15	1958.74		1703.30	1889.25	1745.78				1800.15	1958.74		1703.30	1889.25	1745.78			
59	1839.00	2001.02		1740.07	1930.04	1783.47				1839.00	2001.02		1740.07	1930.04	1783.47			
60	1917.43	2086.35		1814.27	2012.34	1859.52				1917.43	2086.35		1814.27	2012.34	1859.52			
61	1985.25	2160.15		1878.44	2083.52	1925.29				1985.25	2160.15		1878.44	2083.52	1925.29			
62	2029.76	2208.58		1920.56	2130.23	1968.46				2029.76	2208.58		1920.56	2130.23	1968.46			
63	2085.57	2269.31		1973.37	2188.81	2022.59				2085.57	2269.31		1973.37	2188.81	2022.59			
64 and over	2119.47	2306.21		2005.44	2224.40	2055.47				2119.47	2306.21		2005.44	2224.40	2055.47			
L	• • • • •																	

Plan Information

Plan Name:	Premera Blue Cross Preferred Bronze
HIOS Plan ID:	49831WA1940003
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	Available	Counties where this plan is available
Number	in area?	
1	Yes	King
2	Yes	Grays Harbor, Kitsap, Pacific
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Pierce
6	Yes	Franklin, Yakima
7	No	
8	No	
9	No	

Age	Non-Smoker Rates								Smoker Rates									
Band	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	427.39	465.05		404.40	448.55	414.49				427.39	465.05		404.40	448.55	414.49			
15	465.39	506.39		440.35	488.42	451.33				465.39	506.39		440.35	488.42	451.33			
16	479.91	522.19		454.09	503.67	465.42				479.91	522.19		454.09	503.67	465.42			
17	494.44	538.00		467.84	518.91	479.51				494.44	538.00		467.84	518.91	479.51			
18	510.08	555.02		482.64	535.33	494.68				510.08	555.02		482.64	535.33	494.68			
19	525.72	572.04		497.44	551.75	509.85				525.72	572.04		497.44	551.75	509.85			
20	541.93	589.67		512.77	568.75	525.56				541.93	589.67		512.77	568.75	525.56			
21	558.69	607.91		528.63	586.34	541.81				558.69	607.91		528.63	586.34	541.81			
22	558.69	607.91		528.63	586.34	541.81				558.69	607.91		528.63	586.34	541.81			
23	558.69	607.91		528.63	586.34	541.81				558.69	607.91		528.63	586.34	541.81			
24	558.69	607.91		528.63	586.34	541.81				558.69	607.91		528.63	586.34	541.81			
25	560.92	610.34		530.74	588.69	543.98				560.92	610.34		530.74	588.69	543.98			
26	572.09	622.50		541.32	600.41	554.82				572.09	622.50		541.32	600.41	554.82			
27	585.50	637.09		554.00	614.49	567.82				585.50	637.09		554.00	614.49	567.82			
28	607.29	660.79		574.62	637.35	588.95				607.29	660.79		574.62	637.35	588.95			
29	625.17	680.25		591.54	656.12	606.29				625.17	680.25		591.54	656.12	606.29			
30	634.11	689.97		599.99	665.50	614.96				634.11	689.97		599.99	665.50	614.96			
31	647.52	704.56		612.68	679.57	627.96				647.52	704.56		612.68	679.57	627.96			
32	660.93	719.15		625.37	693.64	640.97				660.93	719.15		625.37	693.64	640.97			
33	669.31	728.27		633.30	702.44	649.09				669.31	728.27		633.30	702.44	649.09			
34	678.24	738.00		641.76	711.82	657.76				678.24	738.00		641.76	711.82	657.76			
35	682.71	742.86		645.98	716.51	662.10				682.71	742.86		645.98	716.51	662.10			
36	687.18	747.72		650.21	721.20	666.43				687.18	747.72		650.21	721.20	666.43			
37	691.65	752.59		654.44	725.89	670.77				691.65	752.59		654.44	725.89	670.77			
38	696.12	757.45		658.67	730.58	675.10				696.12	757.45		658.67	730.58	675.10			
39	705.06	767.18		667.13	739.96	683.77				705.06	767.18		667.13	739.96	683.77			
40	714.00	776.90		675.59	749.34	692.44				714.00	776.90		675.59	749.34	692.44			
41	727.41	791.49		688.27	763.42	705.44				727.41	791.49		688.27	763.42	705.44			
42	740.26	805.48		700.43	776.90	717.90				740.26	805.48		700.43	776.90	717.90			
43	758.14	824.93		717.35	795.66	735.24				758.14	824.93		717.35	795.66	735.24			<u> </u>
44	780.48	849.25		738.49	819.12	756.91				780.48	849.25		738.49	819.12	756.91			
45	806.74	877.82		763.34	846.68	782.38				806.74	877.82		763.34	846.68	782.38			
46	838.03	911.86		792.94	879.51	812.72				838.03	911.86		792.94	879.51	812.72			
47	873.23	950.16		826.25	916.45	846.85				873.23	950.16		826.25	916.45	846.85			
48	913.45	993.93		864.31	958.67	885.87				913.45	993.93		864.31	958.67	885.87			
49	953.12	1037.09		901.84	1000.30	924.33				953.12	1037.09		901.84	1000.30	924.33			
50	997.81	1085.72		944.13	1047.20	967.68				997.81	1085.72		944.13	1047.20	967.68			
51	1041.95	1133.75		985.89	1093.53	1010.48				1041.95	1133.75		985.89	1093.53	1010.48			
52	1090.56	1186.63		1031.88	1144.54	1057.62				1090.56	1186.63		1031.88	1144.54	1057.62			
53	1139.72	1240.13		1078.40	1196.14	1105.30	_			1139.72	1240.13		1078.40	1196.14	1105.30			
54	1192.79	1297.88		1128.62	1251.84	1156.77				1192.79	1297.88		1128.62	1251.84	1156.77			
55	1245.87	1355.63		1178.84	1307.54	1208.24				1245.87	1355.63		1178.84	1307.54	1208.24			
56	1303.41	1418.25		1233.29	1367.93	1264.05	_			1303.41	1418.25		1233.29	1367.93	1264.05			
57	1361.52	1481.47		1288.27	1428.91	1320.40	_			1361.52	1481.47		1288.27	1428.91	1320.40			
58 59	1423.53	1548.95		1346.95	1494.00	1380.54				1423.53	1548.95		1346.95	1494.00	1380.54			
60	1454.26	1582.38		1376.02	1526.25	1410.34				1454.26	1582.38 1649.86		1376.02 1434.70	1526.25	1410.34 1470.48			
60	1516.27 1569.91	1649.86 1708.22		1434.70 1485.45	1591.33 1647.62	1470.48 1522.50	_			1516.27 1569.91	1649.86		1434.70	1591.33 1647.62	1470.48			
61	1569.91	1708.22		1485.45	1647.62	1522.50	_				1708.22		1485.45	1647.62	1522.50			
62	1605.10	1746.51		1518.75	1684.56	1556.63	_			1605.10 1649.24	1746.51		1518.75	1684.56	1556.63			
64 and over	1649.24	1/94.54 1823.72		1560.51	1730.88	1625.43	_			1649.24	1/94.54 1823.72		1560.51	1730.88	1599.43			
04 and over	10/0.06	1823./2		1585.89	1/59.02	1025.43				10/0.06	1823.72		1585.89	1/59.02	1025.43			

Plan Information

Plan Name:	Premera Blue Cross Preferred Silver
HIOS Plan ID:	49831WA1940004
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	Available	Counties where this plan is available
Number	in area?	Councies where this plan is available
1	Yes	King
2	Yes	Grays Harbor, Kitsap, Pacific
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Pierce
6	Yes	Franklin, Yakima
7	No	
8	No	
9	No	

A se				No	n-Smoker Ra	tor								Smoker Rate				
Age Band	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	667.27	726.05	Alea 3	631.37	700.30	647.11	Aled /	Alea o	Aled 9	667.27	726.05	Aled 5	631.37	700.30	647.11	Alea /	Alea o	Alea 5
15	726.58	720.03		687.49	762.54	704.64				726.58	720.03		687.49	762.54	704.64			
16	749.26	815.27		708.95	786.34	726.63				749.26	815.27		708.95	786.34	726.63			
17	771.94	839.94		730.40	810.15	720.03				771.94	839.94		730.40	810.15	748.62			
18	796.36	866.52		753.51	835.78	748.82				796.36	866.52		753.51	835.78	748.82			
19	820.78	893.09		735.51	861.41	795.99				820.78	893.09		735.51	861.41	795.99			
20	846.08	920.61		800.56	887.96	820.52				846.08	920.61		800.56	887.96	820.52			
20	872.24	949.09		825.32	915.42	845.90				872.24	949.09		825.32	915.42	845.90			
22	872.24	949.09		825.32	915.42	845.90				872.24	949.09		825.32	915.42	845.90			
23	872.24	949.09		825.32	915.42	845.90				872.24	949.09		825.32	915.42	845.90			
24	872.24	949.09		825.32	915.42	845.90				872.24	949.09		825.32	915.42	845.90			
25	875.73	952.88		828.62	919.08	849.28				875.73	952.88		828.62	919.08	849.28			
26	893.18	971.87		845.12	915.08	866.20				893.18	971.87		845.12	937.39	866.20			
20	914.11	994.64		864.93	959.36	886.50				914.11	994.64		864.93	959.36	886.50			
28	948.13	1031.66		897.12	935.06	919.49				948.13	1031.66		897.12	995.06	919.49			<u> </u>
20	948.13	1031.66		923.53	1024.35	919.49				948.13			923.53	1024.35	919.49			
30											1062.03							<u> </u>
	990.00	1077.21		936.73	1039.00	960.10				990.00	1077.21		936.73	1039.00	960.10			
31	1010.93	1099.99		956.54	1060.97	980.40				1010.93	1099.99		956.54	1060.97	980.40			
-	1031.86	1122.77		976.35	1082.94	1000.70				1031.86	1122.77		976.35	1082.94	1000.70			
33	1044.95	1137.01		988.73	1096.67	1013.39				1044.95	1137.01		988.73	1096.67	1013.39			
34	1058.90	1152.19		1001.93	1111.32	1026.92				1058.90	1152.19		1001.93	1111.32	1026.92			
35	1065.88	1159.79		1008.54	1118.64	1033.69				1065.88	1159.79		1008.54	1118.64	1033.69			
36	1072.86	1167.38		1015.14	1125.97	1040.46				1072.86	1167.38		1015.14	1125.97	1040.46			
37	1079.84	1174.97		1021.74	1133.29	1047.23				1079.84	1174.97		1021.74	1133.29	1047.23			
38	1086.81	1182.56		1028.34	1140.61	1053.99				1086.81	1182.56		1028.34	1140.61	1053.99			
39	1100.77	1197.75		1041.55	1155.26	1067.53				1100.77	1197.75		1041.55	1155.26	1067.53			
40	1114.73	1212.93		1054.75	1169.91	1081.06				1114.73	1212.93		1054.75	1169.91	1081.06			
41	1135.66	1235.71		1074.56	1191.88	1101.36				1135.66	1235.71		1074.56	1191.88	1101.36			
42	1155.72	1257.54		1093.54	1212.93	1120.82				1155.72	1257.54		1093.54	1212.93	1120.82			
43	1183.63	1287.91		1119.95	1242.22	1147.89				1183.63	1287.91		1119.95	1242.22	1147.89			
44	1218.52	1325.88		1152.97	1278.84	1181.72				1218.52	1325.88		1152.97	1278.84	1181.72			
45	1259.52	1370.48		1191.76	1321.87	1221.48				1259.52	1370.48		1191.76	1321.87	1221.48			
46	1308.36	1423.63		1237.97	1373.13	1268.85				1308.36	1423.63		1237.97	1373.13	1268.85			
47	1363.32	1483.42		1289.97	1430.80	1322.14				1363.32	1483.42		1289.97	1430.80	1322.14			
48	1426.12	1551.76		1349.39	1496.71	1383.05				1426.12	1551.76		1349.39	1496.71	1383.05			
49	1488.05	1619.14		1407.99	1561.70	1443.11				1488.05	1619.14		1407.99	1561.70	1443.11			
50	1557.83	1695.07		1474.01	1634.94	1510.78				1557.83	1695.07		1474.01	1634.94	1510.78			
51	1626.73	1770.05		1539.21	1707.26	1577.61				1626.73	1770.05		1539.21	1707.26	1577.61			
52	1702.62	1852.62		1611.02	1786.90	1651.20				1702.62	1852.62		1611.02	1786.90	1651.20			
53	1779.38	1936.14		1683.65	1867.45	1725.64				1779.38	1936.14		1683.65	1867.45	1725.64			
54	1862.24	2026.30		1762.05	1954.42	1806.00				1862.24	2026.30		1762.05	1954.42	1806.00			
55	1945.10	2116.47		1840.46	2041.38	1886.36				1945.10	2116.47		1840.46	2041.38	1886.36			
56	2034.94	2214.22		1925.46	2135.67	1973.49				2034.94	2214.22		1925.46	2135.67	1973.49	_		
57	2125.66	2312.93		2011.30	2230.88	2061.46				2125.66	2312.93		2011.30	2230.88	2061.46	_		
58	2222.48	2418.28		2102.91	2332.49	2155.36				2222.48	2418.28		2102.91	2332.49	2155.36	_		
59	2270.45	2470.47		2148.30	2382.84	2201.88				2270.45	2470.47		2148.30	2382.84	2201.88			
60	2367.27	2575.82		2239.91	2484.45	2295.78				2367.27	2575.82		2239.91	2484.45	2295.78			
61	2451.00	2666.94		2319.14	2572.33	2376.98				2451.00	2666.94		2319.14	2572.33	2376.98			
62	2505.95	2726.73		2371.13	2630.00	2430.27				2505.95	2726.73		2371.13	2630.00	2430.27			
63	2574.86	2801.71		2436.33	2702.32	2497.10				2574.86	2801.71		2436.33	2702.32	2497.10			
64 and over	2616.72	2847.26		2475.95	2746.26	2537.70				2616.72	2847.26		2475.95	2746.26	2537.70			

Plan Information

Premera Blue Cross Cascade Complete Gold
49831WA1940005
1/1/2026
Individual
In the exchange
Gold
Standardized Non-Public Option Plan

Plan Geographic	Availability

Area	Available	Counties where this plan is available
Number	in area?	
1	Yes	King
2	Yes	Grays Harbor, Kitsap, Pacific
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Pierce
6	Yes	Franklin, Yakima
7	No	
8	No	
9	No	

Age		Non-Smoker Rates									Smoker Rates											
Band	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	592.19	644.36		560.33	621.50	574.31				592.19	644.36		560.33	621.50	574.31							
15	644.83	701.64		610.14	676.75	625.36				644.83	701.64		610.14	676.75	625.36							
16	664.96	723.54		629.18	697.87	644.87				664.96	723.54		629.18	697.87	644.87							
17	685.08	745.44		648.23	718.99	664.39				685.08	745.44		648.23	718.99	664.39							
18	706.76	769.02		668.73	741.74	685.41				706.76	769.02		668.73	741.74	685.41							
19	728.43	792.61		689.24	764.49	706.43				728.43	792.61		689.24	764.49	706.43							
20	750.88	817.03		710.48	788.05	728.21				750.88	817.03		710.48	788.05	728.21							
21	774.10	842.30		732.46	812.42	750.73				774.10	842.30		732.46	812.42	750.73							
22	774.10	842.30		732.46	812.42	750.73				774.10	842.30		732.46	812.42	750.73			1				
23	774.10	842.30		732.46	812.42	750.73				774.10	842.30		732.46	812.42	750.73							
24	774.10	842.30		732.46	812.42	750.73				774.10	842.30		732.46	812.42	750.73			1				
25	777.20	845.67		735.39	815.67	753.73				777.20	845.67		735.39	815.67	753.73			1				
26	792.68	862.52		750.04	831.92	768.74				792.68	862.52		750.04	831.92	768.74			1				
27	811.26	882.73		767.62	851.42	786.76				811.26	882.73		767.62	851.42	786.76			1				
28	841.45	915.58		796.18	883.10	816.04				841.45	915.58		796.18	883.10	816.04			1				
29	866.22	942.54		819.62	909.10	840.06				866.22	942.54		819.62	909.10	840.06							
30	878.61	956.01		831.34	922.10	852.07				878.61	956.01		831.34	922.10	852.07							
31	897.19	976.23		848.92	941.60	870.09				897.19	976.23		848.92	941.60	870.09							
32	915.77	996.44		866.50	961.10	888.11				915.77	996.44		866.50	961.10	888.11							
33	927.38	1009.08		877.48	973.28	899.37				927.38	1009.08		877.48	973.28	899.37							
34	939.76	1022.56		889.20	986.28	911.38				939.76	1022.56		889.20	986.28	911.38							
35	945.96	1029.29		895.06	992.78	917.39				945.96	1029.29		895.06	992.78	917.39							
36	952.15	1036.03		900.92	999.28	923.39				952.15	1036.03		900.92	999.28	923.39							
37	958.34	1042.77		906.78	1005.78	929.40				958.34	1042.77		906.78	1005.78	929.40							
38	964.53	1049.51		912.64	1012.28	935.41				964.53	1049.51		912.64	1012.28	935.41			1				
39	976.92	1062.99		924.36	1025.28	947.42				976.92	1062.99		924.36	1025.28	947.42							
40	989.31	1076.46		936.08	1038.28	959.43				989.31	1076.46		936.08	1038.28	959.43			1				
41	1007.88	1096.68		953.66	1057.77	977.45				1007.88	1096.68		953.66	1057.77	977.45							
42	1025.69	1116.05		970.51	1076.46	994.71				1025.69	1116.05		970.51	1076.46	994.71							
43	1050.46	1143.01		993.95	1102.46	1018.74				1050.46	1143.01		993.95	1102.46	1018.74							
44	1081.42	1176.70		1023.24	1134.95	1048.77				1081.42	1176.70		1023.24	1134.95	1048.77							
45	1117.81	1216.29		1057.67	1173.14	1084.05				1117.81	1216.29		1057.67	1173.14	1084.05							
46	1161.16	1263.46		1098.69	1218.63	1126.09				1161.16	1263.46		1098.69	1218.63	1126.09			1				
47	1209.93	1316.52		1144.83	1269.82	1173.39				1209.93	1316.52		1144.83	1269.82	1173.39			1				
48	1265.66	1377.17		1197.57	1328.31	1227.44				1265.66	1377.17		1197.57	1328.31	1227.44			1				
49	1320.62	1436.97		1249.57	1385.99	1280.74				1320.62	1436.97		1249.57	1385.99	1280.74							
50	1382.55	1504.35		1308.17	1450.99	1340.80				1382.55	1504.35		1308.17	1450.99	1340.80							
51	1443.71	1570.90		1366.03	1515.17	1400.11				1443.71	1570.90		1366.03	1515.17	1400.11							
52	1511.05	1644.18		1429.76	1585.85	1465.42				1511.05	1644.18		1429.76	1585.85	1465.42							
53	1579.17	1718.30		1494.21	1657.34	1531.48				1579.17	1718.30		1494.21	1657.34	1531.48							
54	1652.71	1798.32		1563.80	1734.52	1602.80				1652.71	1798.32		1563.80	1734.52	1602.80							
55	1726.25	1878.34		1633.38	1811.70	1674.12				1726.25	1878.34		1633.38	1811.70	1674.12							
56	1805.99	1965.09		1708.82	1895.38	1751.45				1805.99	1965.09		1708.82	1895.38	1751.45							
57	1886.49	2052.69		1785.00	1979.87	1829.52				1886.49	2052.69		1785.00	1979.87	1829.52							
58	1972.42	2146.19		1866.30	2070.05	1912.85				1972.42	2146.19		1866.30	2070.05	1912.85							
59	2014.99	2192.52		1906.59	2114.74	1954.14				2014.99	2192.52		1906.59	2114.74	1954.14							
60	2100.92	2286.01		1987.89	2204.92	2037.47				2100.92	2286.01		1987.89	2204.92	2037.47							
61	2175.23	2366.87		2058.21	2282.91	2109.54				2175.23	2366.87		2058.21	2282.91	2109.54							
62	2224.00	2419.94		2104.35	2334.09	2156.84				2224.00	2419.94		2104.35	2334.09	2156.84							
63	2285.16	2486.48		2162.22	2398.27	2216.15				2285.16	2486.48		2162.22	2398.27	2216.15							
64 and over	2322.30	2526.90		2197.37	2437.26	2252.18				2322.30	2526.90		2197.37	2437.26	2252.18							

Plan Information

Plan Name:	Premera Blue Cross Cascade Silver
HIOS Plan ID:	49831WA1940006
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	Available	Counties where this plan is available
Number	in area?	Counties where this plan is available
1	Yes	King
2	Yes	Grays Harbor, Kitsap, Pacific
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Pierce
6	Yes	Franklin, Yakima
7	No	
8	No	
9	No	
Plan Rates		

Plan Kate

Age		Non-Smoker Rates								Smoker Rates										
Band	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	709.67	772.20		671.49	744.80	688.24				709.67	772.20		671.49	744.80	688.24					
15	772.75	840.83		731.18	811.01	749.42				772.75	840.83		731.18	811.01	749.42					
16	796.87	867.08		754.00	836.32	772.81				796.87	867.08		754.00	836.32	772.81					
17	820.99	893.32		776.82	861.63	796.20				820.99	893.32		776.82	861.63	796.20					
18	846.97	921.59		801.40	888.89	821.39				846.97	921.59		801.40	888.89	821.39					
19	872.94	949.85		825.98	916.15	846.58				872.94	949.85		825.98	916.15	846.58					
20	899.85	979.12		851.43	944.39	872.67				899.85	979.12		851.43	944.39	872.67					
21	927.68	1009.41		877.77	973.60	899.66				927.68	1009.41		877.77	973.60	899.66					
22	927.68	1009.41		877.77	973.60	899.66				927.68	1009.41		877.77	973.60	899.66					
23	927.68	1009.41		877.77	973.60	899.66				927.68	1009.41		877.77	973.60	899.66					
24	927.68	1009.41		877.77	973.60	899.66				927.68	1009.41		877.77	973.60	899.66					
25	931.39	1013.44		881.28	977.49	903.26				931.39	1013.44		881.28	977.49	903.26					
26	949.94	1033.63		898.83	996.96	921.25				949.94	1033.63		898.83	996.96	921.25					
27	972.21	1057.86		919.90	1020.33	942.84				972.21	1057.86		919.90	1020.33	942.84					
28	1008.38	1097.22		954.13	1058.30	977.93				1008.38	1097.22		954.13	1058.30	977.93					
29	1038.07	1129.52		982.22	1089.45	1006.72				1038.07	1129.52		982.22	1089.45	1006.72					
30	1052.91	1145.67		996.27	1105.03	1021.12				1052.91	1145.67		996.27	1105.03	1021.12					
31	1075.18	1169.90		1017.33	1128.40	1042.71				1075.18	1169.90		1017.33	1128.40	1042.71					
32	1097.44	1194.13		1038.40	1151.77	1064.30				1097.44	1194.13		1038.40	1151.77	1064.30					
33	1111.36	1209.27		1051.57	1166.37	1077.79				1111.36	1209.27		1051.57	1166.37	1077.79					
34	1126.20	1225.42		1065.61	1181.95	1092.19				1126.20	1225.42		1065.61	1181.95	1092.19					
35	1133.62	1233.49		1072.63	1189.74	1099.39				1133.62	1233.49		1072.63	1189.74	1099.39					
36	1141.04	1241.57		1079.65	1197.52	1106.58				1141.04	1241.57		1079.65	1197.52	1106.58					
37	1148.46	1249.64		1086.68	1205.31	1113.78				1148.46	1249.64		1086.68	1205.31	1113.78					
38	1155.89	1257.72		1093.70	1213.10	1120.98				1155.89	1257.72		1093.70	1213.10	1120.98					
39	1170.73	1273.87		1107.74	1228.68	1135.37				1170.73	1273.87		1107.74	1228.68	1135.37					
40	1185.57	1290.02		1121.79	1244.26	1149.77				1185.57	1290.02		1121.79	1244.26	1149.77					
41	1207.84	1314.25		1142.85	1267.62	1171.36				1207.84	1314.25		1142.85	1267.62	1171.36					
42	1229.17	1337.46		1163.04	1290.02	1192.05				1229.17	1337.46		1163.04	1290.02	1192.05					
43	1258.86	1369.76		1191.13	1321.17	1220.84				1258.86	1369.76		1191.13	1321.17	1220.84					
44	1295.96	1410.14		1226.24	1360.11	1256.83				1295.96	1410.14		1226.24	1360.11	1256.83					
45	1339.57	1457.58		1267.50	1405.87	1299.11				1339.57	1457.58		1267.50	1405.87	1299.11					
46	1391.52	1514.11		1316.65	1460.40	1349.49				1391.52	1514.11		1316.65	1460.40	1349.49					
47	1449.96	1577.70		1371.95	1521.73	1406.17				1449.96	1577.70		1371.95	1521.73	1406.17					
48	1516.75	1650.38		1435.15	1591.83	1470.95				1516.75	1650.38		1435.15	1591.83	1470.95					
49	1582.62	1722.05		1497.47	1660.96	1534.82				1582.62	1722.05		1497.47	1660.96	1534.82					
50	1656.83	1802.80		1567.69	1738.84	1606.79				1656.83	1802.80		1567.69	1738.84	1606.79					
51	1730.12	1882.54		1637.04	1815.76	1677.87				1730.12	1882.54		1637.04	1815.76	1677.87					
52	1810.83	1970.36		1713.40	1900.46	1756.14				1810.83	1970.36		1713.40	1900.46	1756.14					
53	1892.46	2059.19		1790.65	1986.14	1835.31				1892.46	2059.19		1790.65	1986.14	1835.31					
54	1980.59	2155.08		1874.03	2078.63	1920.78				1980.59	2155.08		1874.03	2078.63	1920.78					
55	2068.72	2250.97		1957.42	2171.12	2006.24				2068.72	2250.97		1957.42	2171.12	2006.24					
56	2164.27	2354.94		2047.83	2271.40	2098.91				2164.27	2354.94		2047.83	2271.40	2098.91					
57	2260.75	2459.92		2139.12	2372.66	2192.47				2260.75	2459.92		2139.12	2372.66	2192.47					
58	2363.72	2571.96		2236.55	2480.72	2292.34				2363.72	2571.96		2236.55	2480.72	2292.34					
59	2414.74	2627.48		2284.83	2534.27	2341.82				2414.74	2627.48		2284.83	2534.27	2341.82					
60	2517.72	2739.53		2382.26	2642.34	2441.68				2517.72	2739.53		2382.26	2642.34	2441.68	_				
61	2606.77	2836.43		2466.53	2735.81	2528.05				2606.77	2836.43		2466.53	2735.81	2528.05					
62	2665.22	2900.02		2521.83	2797.14	2584.73				2665.22	2900.02		2521.83	2797.14	2584.73					
63	2738.50	2979.76		2591.17	2874.06	2655.80				2738.50	2979.76		2591.17	2874.06	2655.80					
64 and over	2783.03	3028.22		2633.30	2920.79	2698.98				2783.03	3028.22		2633.30	2920.79	2698.98					

Plan Information

Plan Name:	Premera Blue Cross Cascade Bronze
HIOS Plan ID:	49831WA1940007
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	Available	Counties where this plan is available
Number	in area?	
1	Yes	King
2	Yes	Grays Harbor, Kitsap, Pacific
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Pierce
6	Yes	Franklin, Yakima
7	No	
8	No	
9	No	

Age				No	n-Smoker Ra	ites							5	moker Rate	s			
Band	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	426.58	464.16		403.63	447.70	413.70				426.58	464.16		403.63	447.70	413.70			
15	464.50	505.42		439.51	487.49	450.47				464.50	505.42		439.51	487.49	450.47			
16	479.00	521.20		453.23	502.71	464.53				479.00	521.20		453.23	502.71	464.53			
17	493.49	536.97		466.94	517.92	478.59				493.49	536.97		466.94	517.92	478.59			
18	509.11	553.96		481.72	534.31	493.73				509.11	553.96		481.72	534.31	493.73			
19	524.72	570.95		496.49	550.69	508.87				524.72	570.95		496.49	550.69	508.87			
20	540.89	588.54		511.79	567.67	524.56				540.89	588.54		511.79	567.67	524.56			
21	557.62	606.75		527.62	585.22	540.78				557.62	606.75		527.62	585.22	540.78			<u> </u>
22	557.62	606.75		527.62	585.22	540.78				557.62	606.75		527.62	585.22	540.78			
23	557.62	606.75		527.62	585.22	540.78				557.62	606.75		527.62	585.22	540.78			<u> </u>
24	557.62	606.75		527.62	585.22	540.78				557.62	606.75		527.62	585.22	540.78			
25	559.85	609.17		529.73	587.56	542.94				559.85	609.17		529.73	587.56	542.94			
26 27	571.00	621.31		540.28	599.27	553.76				571.00	621.31		540.28	599.27	553.76			
27	584.39 606.13	635.87 659.53		552.95 573.52	613.31 636.14	566.74 587.83				584.39	635.87 659.53		552.95 573.52	613.31 636.14	566.74 587.83			
20	623.98	678.95		573.52	654.86	605.13				606.13 623.98	678.95		573.52	654.86	605.13			
30	632.98	688.66		590.41	664.23	613.79				623.98	688.66		590.41	664.23	613.79			
31	646.28	703.22		611.51	678.27	626.76				646.28	703.22		611.51	678.27	626.76			
32	659.67	703.22		624.18	692.32	639.74				659.67	703.22		624.18	692.32	639.74			
33	668.03	726.88		632.09	701.10	647.86				668.03	726.88		632.09	701.10	647.86			
34	676.95	736.59		640.53	710.46	656.51				676.95	726.59		640.53	710.46	656.51			
35	681.41	741.45		644.75	715.14	660.83				681.41	741.45		644.75	715.14	660.83			
36	685.87	746.30		648.97	719.82	665.16				685.87	746.30		648.97	719.82	665.16			
37	690.33	751.15		653.19	724.51	669.49				690.33	751.15		653.19	724.51	669.49			
38	694.80	756.01		657.42	729.19	673.81				694.80	756.01		657.42	729.19	673.81			
39	703.72	765.72		665.86	738.55	682.47				703.72	765.72		665.86	738.55	682.47			
40	712.64	775.42		674.30	747.92	691.12				712.64	775.42		674.30	747.92	691.12			
41	726.02	789.98		686.96	761.96	704.10				726.02	789.98		686.96	761.96	704.10			
42	738.85	803.94		699.10	775.42	716.53				738.85	803.94		699.10	775.42	716.53			
43	756.69	823.36		715.98	794.15	733.84				756.69	823.36		715.98	794.15	733.84			
44	779.00	847.63		737.09	817.56	755.47				779.00	847.63		737.09	817.56	755.47			
45	805.20	876.14		761.88	845.06	780.89				805.20	876.14		761.88	845.06	780.89			
46	836.43	910.12		791.43	877.83	811.17				836.43	910.12		791.43	877.83	811.17			
47	871.56	948.35		824.67	914.70	845.24				871.56	948.35		824.67	914.70	845.24			
48	911.71	992.03		862.66	956.84	884.18				911.71	992.03		862.66	956.84	884.18			
49	951.30	1035.11		900.12	998.39	922.57				951.30	1035.11		900.12	998.39	922.57			
50	995.91	1083.65		942.33	1045.21	965.83				995.91	1083.65		942.33	1045.21	965.83			
51	1039.96	1131.58		984.01	1091.44	1008.56				1039.96	1131.58		984.01	1091.44	1008.56			<u> </u>
52	1088.48	1184.37		1029.92	1142.36	1055.60				1088.48	1184.37		1029.92	1142.36	1055.60			
53	1137.55	1237.76		1076.35	1193.86	1103.19				1137.55	1237.76		1076.35	1193.86	1103.19			
54	1190.52	1295.41		1126.47	1249.45	1154.57				1190.52	1295.41		1126.47	1249.45	1154.57			
55	1243.49	1353.05		1176.59	1305.05	1205.94				1243.49	1353.05		1176.59	1305.05	1205.94			
56 57	1300.93	1415.54		1230.94	1365.33	1261.64				1300.93	1415.54		1230.94 1285.81	1365.33	1261.64 1317.88			
57	1358.92 1420.82	1478.64 1545.99		1285.81 1344.38	1426.19 1491.15	1317.88 1377.91				1358.92 1420.82	1478.64 1545.99		1285.81 1344.38	1426.19 1491.15	1317.88			
58	1420.82	1545.99		1344.38	1491.15 1523.34	1377.91 1407.65				1420.82	1545.99		1344.38 1373.40	1491.15 1523.34	1377.91			
60	1451.49	15/9.36		1373.40	1523.34	1407.65				1451.49	1579.36		1373.40	1523.34	1407.65			
61	1515.58	1704.96		1431.50	1568.50	1407.08				1566.91	1704.96		1431.56	1588.50	1519.59			
62	1602.04	1704.90		1482.01	1681.35	1553.66				1602.04	1704.90		1482.81	1681.35	1513.66			
63	1646.10	1791.12		1515.55	1727.58	1596.38				1646.10	1791.12		1515.65	1727.58	1596.38			
64 and over	1672.86	1820.24		1582.86	1755.66	1622.34				1672.86	1820.24		1582.86	1755.66	1622.34	_		
a . una over	1072.00	1010.24		1301.00	1, 55.00	1022.34				1072.30	1010.24		1301.00	1, 55.00	1011.34			()

Plan Information

Plan Name:	Premera Blue Cross Preferred Bronze HSA
HIOS Plan ID:	49831WA1940008
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	Available	Counties where this plan is available						
Number	in area?	Countes where this pain is a valuable						
1	Yes	King						
2	Yes	Grays Harbor, Kitsap, Pacific						
з	No							
4	Yes	Lincoln, Spokane						
5	Yes	Pierce						
6	Yes	Franklin, Yakima						
7	No							
8	No							
9	No							

Fiall Kates				Na	n-Smoker Ra	***								moker Rates				
Age	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
Band 0-14	414.23	450.72	Area 5	391.94	434.73	401.72	Area 7	Area o	Area 9	414.23	450.72	Area 5	391.94	434.73	401.72	Area 7	Area o	Area 9
15						401.72								434.73 473.38				
15	451.05 465.13	490.79 506.10		426.78 440.10	473.38 488.15	437.43				451.05 465.13	490.79		426.78 440.10	473.38 488.15	437.43 451.08			
17	465.13	506.10			488.15	451.08				465.13	506.10		440.10	488.15	451.08			
18	479.21			453.42	518.84	464.73				479.21	521.42 537.92		453.42	518.84	464.73			
-		537.92		467.77														
19	509.53	554.42		482.12	534.75	494.14				509.53	554.42		482.12	534.75	494.14			
20	525.23	571.50		496.97	551.23	509.37				525.23	571.50		496.97	551.23	509.37			
21	541.47 541.47	589.18		512.34	568.28	525.12 525.12				541.47 541.47	589.18 589.18		512.34 512.34	568.28	525.12			
22	-	589.18 589.18		512.34 512.34	568.28 568.28	525.12				541.47	589.18		512.34	568.28 568.28	525.12			
	541.47														525.12			
24	541.47	589.18		512.34	568.28	525.12				541.47	589.18		512.34	568.28	525.12			
25	543.64	591.54		514.39	570.55	527.22				543.64	591.54		514.39	570.55	527.22			
26	554.47	603.32		524.64	581.92	537.73				554.47	603.32		524.64	581.92	537.73			
27	567.47	617.46		536.94	595.56	550.33				567.47	617.46		536.94	595.56	550.33			
28	588.58	640.44		556.92	617.72	570.81				588.58	640.44		556.92	617.72	570.81			,
29	605.91	659.29		573.31	635.90	587.61				605.91	659.29		573.31	635.90	587.61			
30	614.57	668.72		581.51	645.00	596.01				614.57	668.72		581.51	645.00	596.01			
31	627.57	682.86		593.81	658.63	608.62				627.57	682.86		593.81	658.63	608.62			
32	640.56	697.00		606.10	672.27	621.22				640.56	697.00		606.10	672.27	621.22			
33	648.69	705.84		613.79	680.80	629.10				648.69	705.84		613.79	680.80	629.10			
34	657.35	715.26		621.99	689.89	637.50				657.35	715.26		621.99	689.89	637.50			
35	661.68	719.98		626.08	694.44	641.70				661.68	719.98		626.08	694.44	641.70			
36	666.01	724.69		630.18	698.98	645.90				666.01	724.69		630.18	698.98	645.90			
37	670.35	729.40		634.28	703.53	650.10				670.35	729.40		634.28	703.53	650.10			
38	674.68	734.12		638.38	708.07	654.30				674.68	734.12		638.38	708.07	654.30			
39	683.34	743.54		646.58	717.17	662.70				683.34	743.54		646.58	717.17	662.70			
40	692.00	752.97		654.78	726.26	671.11				692.00	752.97		654.78	726.26	671.11			
41	705.00	767.11		667.07	739.90	683.71				705.00	767.11		667.07	739.90	683.71			
42	717.45	780.66		678.86	752.97	695.79				717.45	780.66		678.86	752.97	695.79			
43	734.78	799.52		695.25	771.15	712.59				734.78	799.52		695.25	771.15	712.59			
44	756.44	823.08		715.74	793.88	733.60				756.44	823.08		715.74	793.88	733.60			
45	781.89	850.77		739.82	820.59	758.28				781.89	850.77		739.82	820.59	758.28			
46	812.21	883.77		768.52	852.42	787.68				812.21	883.77		768.52	852.42	787.68			
47	846.33	920.89		800.79	888.22	820.77				846.33	920.89		800.79	888.22	820.77			
48	885.31	963.31		837.68	929.13	858.58				885.31	963.31		837.68	929.13	858.58			
49	923.76	1005.14		874.06	969.48	895.86				923.76	1005.14		874.06	969.48	895.86			
50	967.07	1052.27		915.05	1014.94	937.87				967.07	1052.27		915.05	1014.94	937.87			
51	1009.85	1098.82		955.52	1059.84	979.35				1009.85	1098.82		955.52	1059.84	979.35			
52	1056.96	1150.08		1000.09	1109.28	1025.04				1056.96	1150.08		1000.09	1109.28	1025.04			
53	1104.61	1201.92		1045.18	1159.29	1071.25				1104.61	1201.92		1045.18	1159.29	1071.25			
54	1156.05	1257.90		1093.85	1213.27	1121.14				1156.05	1257.90		1093.85	1213.27	1121.14			
55	1207.49	1313.87		1142.53	1267.26	1171.02				1207.49	1313.87		1142.53	1267.26	1171.02			
56	1263.26	1374.55		1195.30	1325.79	1225.11				1263.26	1374.55		1195.30	1325.79	1225.11			
57	1319.57	1435.83		1248.58	1384.89	1279.72				1319.57	1435.83		1248.58	1384.89	1279.72			
58	1379.68	1501.23		1305.45	1447.97	1338.01				1379.68	1501.23		1305.45	1447.97	1338.01			
59	1409.46	1533.63		1333.63	1479.23	1366.89				1409.46	1533.63		1333.63	1479.23	1366.89			
60	1469.56	1599.03		1390.50	1542.31	1425.18				1469.56	1599.03		1390.50	1542.31	1425.18			
61	1521.54	1655.59		1439.69	1596.86	1475.59				1521.54	1655.59		1439.69	1596.86	1475.59			
62	1555.66	1692.71		1471.96	1632.66	1508.68				1555.66	1692.71		1471.96	1632.66	1508.68			
63	1598.43	1739.26		1512.44	1677.56	1550.16				1598.43	1739.26		1512.44	1677.56	1550.16			
64 and over	1624.41	1767.54		1537.02	1704.83	1575.36				1624.41	1767.54		1537.02	1704.83	1575.36			

Plan Information

Premera Blue Cross Cascade Vital Gold
49831WA1940009
1/1/2026
Individual
In the exchange
Gold
Standardized Non-Public Option Plan

Plan Geographic Availability

Area	Available	Counties where this plan is available							
Number	in area?	Countes where this plan is available							
1	Yes	King							
2	Yes	Grays Harbor, Kitsap, Pacific							
3	No								
4	Yes	Lincoln, Spokane							
5	Yes	Pierce							
6	Yes	Franklin, Yakima							
7	No								
8	No								
9	No								

ImNo.No	Age				No	n-Smoker Ra	tes							9	moker Rate	s			
0-14 95.04 95.04 95.04 95.04 95.04 95.05		Area 1	Area 2	Area 3				Area 7	Area 8	Area 9	Area 1	Area 2	Area 3				Area 7	Area 8	Area 9
15. 61.33 67.4 93.02 64.33 97.44 93.02 64.34 93.02 16. 62.7 64.64 93.04 64.04 10.2.2 67.4 93.04 64.84 64.16 17. 65.18 70.31 66.18 40.11 77.45 67.37 77.77 66.13 77.84 67.22 19. 67.13 77.24 67.37 77.74 67.37 67.37 67.37 67.37 67.37 67.37 67.37 67.37 67.37 67.37 67.37 67.37 67.37 77.37 67.37 77.37 67.37 77.37 77.37 77.37 77.37 77.37 77.37 77.37 77.34 77.37 77.34 77.37 77.34 77.37 77.34																			
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17. 69.88 69.91 66.81 69.12 79.31 66.81 69.23 18 67.25 71.37 66.83 77.44 67.05 67.35 77.44 67.05 67.35 19 68.11 77.44 67.05 77.44 67.05 77.44 67.05 67.35 77.44 67.05 77.44 67.05 77.44 67.05 77.44 67.05 77.44 67.05 77.44 77.44 67.05 77.44 77.44 77.44 77.44 67.05 77.44 77.44 77.44 67.05 77.44 77.44 77.45 60.05 77.05 77.45 77.45 77.45 77.45 77.45 77.45 77.45 77.45 77.45 77.45 77.45 77.45 77.45 77.45 77.45 77.45 77.46 77.45 77.45 77.45 77.45 77.45 77.45 77.46 77.45 77.46 77.45 77.46 77.45 77.46 77.46 77.46 77.46 77.46 77.46 77.46 77.46 77.46 77.46 77.46 77.46																			
18 07.31 07.31 07.32 07.34 07.35 07.45 07.44 07.35 20 71.40 77.44 65.65 79.48 07.24 07.44 77.44 07.65 79.48 07.04 07.04 07.04 07.04 07.04 07.05 74.48 07.04 06.55 79.98 09.04 06.55 77.05 74.44 07.05 07.04 06.55 07.06 74.44 07.05 74.44 07.05 07.04 06.55 07.06 74.44 07.05 74.44 07.05 07.04 06.55 07.06 74.44 07.05 74.44 06.55 07.05 74.44 07.05 74.44 06.55 07.05 74.44 07.05 07.05 07.05 74.44 07.05 07.05 74.44 07.05 07.05 07.05 07.05 74.05 07.05 74.05 07.05 </td <td></td>																			
19 00.31 79.40 77.40 77.20 00.32 79.20 00.38 79.20 00.38 79.20 00.38 79.20 79																			
20 77.40 77.44 97.85 77.44 97.86 97.85 97.44 21 77.85 80.14 66.85 77.05 77.44 77.85 80.14 66.85 77.05 77.44 22 77.85 80.14 66.85 77.05 77.44 77.85 80.14 66.95 77.05 77.44 23 77.85 80.14 66.95 77.05 77.14 77.85 80.14 66.95 77.05 77.14 24 77.95 80.14 66.95 77.05 77.14 77.92 77.93 </td <td></td>																			
21 77.59 80.44 66.86 77.65 71.43 76.50 80.44 66.86 77.65 71.44 23 77.59 80.14 66.86 77.35 71.43 77.55 80.14 66.86 77.35 71.44 23 77.59 80.14 66.86 77.35 71.43 77.55 80.14 66.96 77.35 71.44 25 77.57 80.40 69.57 77.14 71.47 77.57 71.44 69.57 77.14 77.14 26 77.57 80.40 69.57 77.14 77.14 77.14 77.14 77.14 77.14 77.14 77.14 77.14 27 77.57 80.55 77.84 80.61 77.83 80.64 77.85 77.64 77.64 77.64 28 80.41 60.55 77.84 60.64 77.83 80.64 77.85 77.64 77.64 77.64 29 80.41 60.55 77.85 79.35 60.64 77.85 79.35 79.35 79.35 79.35 79.35	20	714.49					692.91				714.49								
22 77.50 80.44 666.66 77.05 71.43 77.65 80.44 666.66 77.05 71.44 25 77.95 80.40 667.07 77.43 77.26 77.16 77.16 77.16 26 77.47 80.72 77.16 <td></td>																			
24 7959 801.46 696.96 773.05 714.44 25 7734 84.09 697.5 775.44 712.30 71	22	736.59	801.48		696.96	773.05	714.34				736.59	801.48		696.96	773.05	714.34			
25 7934 804.0 9975 775.4 772.0 773.9 804.0 997.0 773.4 972.0 26 7247 80.72 72.80 793.40 803.60 793.60	23	736.59	801.48		696.96	773.05	714.34				736.59	801.48		696.96	773.05	714.34			
26 79.427 2022 71.40 71.40 71.40 27 77.45 4393 72.40 80.04 77.44 80.057 72.121 72.40 80.04 77.46 28 90.07 97.121 77.40 80.01 77.46 80.01 77.40 29 92.424 99.68 77.90 85.01 77.90 80.01 77.60 30 936.01 99.98 77.06 85.07 87.71 80.07 87.71 80.07 31 635.07 97.81 85.07 87.73 85.57 87.73 85.57 87.73 32 97.139 948.16 84.21 85.07 87.41 83.49 90.51 85.77 34 89.422 972.00 86.11 93.48 86.27 88.43 99.51 87.44 35 90.01 97.84 85.40 97.28 88.44 99.22 80.24 87.74 36 10.90.1 97.84 88.41 <td>24</td> <td>736.59</td> <td>801.48</td> <td></td> <td>696.96</td> <td>773.05</td> <td>714.34</td> <td></td> <td></td> <td></td> <td>736.59</td> <td>801.48</td> <td></td> <td>696.96</td> <td>773.05</td> <td>714.34</td> <td></td> <td></td> <td></td>	24	736.59	801.48		696.96	773.05	714.34				736.59	801.48		696.96	773.05	714.34			
27 77.95 8939 70.42 80.16 74.83 28 8907 721.2 77.69 80.01 77.64 29 92.42.4 996.66 77.90 80.01 77.64 30 350.1 996.66 77.90 86.04 77.95 86.04 77.95 31 450.1 77.64 80.04 77.95 80.04 77.95 86.04 77.95 86.04 77.95 86.04 77.95 86.04 77.95 86.04 77.95 86.04 77.95 86.04 77.95 86.04 77.95 86.04 77.95 86.04 77.95 86.04 77.95 86.04 77.95 86.04 77.95 86.04 77.95 86.04 87.04 87.05 86.04 87.04 <td< td=""><td>25</td><td>739.54</td><td>804.69</td><td></td><td>699.75</td><td>776.14</td><td>717.20</td><td></td><td></td><td></td><td>739.54</td><td>804.69</td><td></td><td>699.75</td><td>776.14</td><td>717.20</td><td></td><td></td><td></td></td<>	25	739.54	804.69		699.75	776.14	717.20				739.54	804.69		699.75	776.14	717.20			
28 90.07 97.21 77.50 90.03 77.40 90.03 77.40 90.03 77.40 90.03 77.40 90.03 77.40 90.03 77.40 90.03 77.40 90.03 77.40 90.03 97.05 85.01 99.05 87.01 80.07 97.05 85.01 99.05 87.01 80.07 97.05 85.01 99.05 87.01 80.07 97.05 87.01 80.07 97.05 87.01 80.07 97.01 80	26	754.27	820.72		713.69	791.60	731.49				754.27	820.72		713.69	791.60	731.49			
29 82.3.0 98.8.0 77.9.0 85.0.0 79.9.3 82.0.1 98.8.0 97.9.0 87.4.1 83.0.7 30 838.0 99.0.6 77.9.1 83.0.7 98.9.9 87.7.9.1 88.0.7 89.9.9 87.7.9.1 88.0.7 89.9.9 87.7.9.1 88.0.7 89.9.9 87.7.9.1 88.0.7 99.9.8 97.9.0 88.0.7 99.9.9 87.0.7 88.9.9 87.7.9.1 88.0.7 99.9.9 87.0.7 88.9.9 87.9.9 88.0.7 99.9.8 88.0.7 99.9.9 88.0.7 99.9.9 88.0.7 99.9.9 88.0.7 99.9.9 88.0.7 99.9.7 88.0.7 99.9.7 88.0.7 99.9.7 88.0.7 99.9.7 88.0.7 99.9.7 88.0.7 99.9.7 88.0.7 99.9.7 88.0.7 99.9.7 88.0.7 99.9.7 88.0.7 99.9.7	27	771.95	839.95		730.42	810.16	748.63				771.95	839.95		730.42	810.16	748.63			
3300 3800 990.8 731.6 877.4 810.78 987.4 910.6 877.4 910.78 31 4857.7 982.8 973.8 984.8 824.5 914.2 985.7 925.7 925.7 925.7 925.7 925.7 925.7 925.7 925.7 925.7 925.7 925.7 925.7 925.7 925.7 925.7 925.7 925.7 925.7 925.8 925	28	800.67	871.21		757.60	840.31	776.49				800.67	871.21		757.60	840.31	776.49			
31 9537 92832 8073 89537 9273 89537 92932 8973 89537 9273 32 8713 9816 88151 91451 94512 4850 9537 9293 33 8824 9001 88456 9621 65579 8814 9016 88456 9621 65579 34 68221 9700 8611 9348 6071 6814 9348 6071 35 9001 9832 8873 9035 8784 9001 9841 8942 9700 8641 9323 8764 36 9001 9832 8874 9032 8784 9033 8784 37 9116 9757 9755 90150 9255 10117 8757 9759 90150 9234 10243 8907 9234 10243 9904 10333 9974 10061 9247 10243 9955 1975 9759 9759 9759 9759 9759 9759 9759 9759 9759 9759 9759	29	824.24	896.86		779.90	865.04	799.35				824.24	896.86		779.90	865.04	799.35			
31 981.8 984.8 624.5 944.5 945.7 871.8 948.6 624.5 944.2 84.07 33 882.4 9001 973.0 6461 978.6 872.7 884.2 970.0 646.1 978.6 872.7 872.7 872.8 872.6 970.0 646.1 973.9 646.1 973.9 646.1 973.9 646.1 973.9 646.1 973.9 646.1 973.9 646.1 973.9 646.1 973.9 646.1 973.9 646.1 973.9 646.1 672.7 975.6 878.4 970.8 878.4 970.8 878.4 970.8 878.4 970.8 878.4 970.8 878.4 970.8 878.4 970.8 878.4 970.8 878.4 970.8 878.4 970.8 878.4 970.8 878.4 970.8 973.4 973.8 973.4 973.8 973.4 973.8 973.4 973.6 973.4 973.6 973.4 973.6 973.4 973.6 973.4 973.6 973.4 973.6 973.4 973.6 973.4 973.4 <td>30</td> <td>836.03</td> <td>909.68</td> <td></td> <td>791.05</td> <td>877.41</td> <td>810.78</td> <td></td> <td></td> <td></td> <td>836.03</td> <td>909.68</td> <td></td> <td>791.05</td> <td>877.41</td> <td>810.78</td> <td></td> <td></td> <td></td>	30	836.03	909.68		791.05	877.41	810.78				836.03	909.68		791.05	877.41	810.78			
33 882.4 90.18 98.19 88.24 90.18 98.34 98.12 88.79 34 882.4 90.01 97.01 85.69 94.61 97.29 35 90.01 97.91 85.69 94.67 87.29 90.01 97.91 85.69 94.67 87.29 36 96.01 98.52 97.08 84.46 97.04 84.45 90.01 99.24 86.24 97.04 84.45 38 91.77 98.65 66.64 96.02 89.07 97.57 9	31	853.71	928.92		807.78	895.97	827.93				853.71	928.92		807.78	895.97	827.93			
34 8442 973.00 8611 938.48 867.21 884.2 973.00 86.11 938.48 667.21 35 900.11 973.41 851.69 944.67 872.31 900.11 973.41 851.69 944.67 872.31 36 906.01 995.24 862.48 957.04 884.3 957.04 884.3 957.04 884.3 37 91100 992.24 862.48 957.04 884.3 957.04 884.3 957.04 884.3 37 91130 992.34 10147 879.57 975.59 901.50 992.88 1011.47 879.57 975.59 901.50 41 999.40 1043.53 997.44 1005.51 990.60 1043.3 997.46 1002.23 997.46 1002.23 997.46 1002.23 997.46 1002.23 997.46 1002.23 997.46 1002.23 997.46 1002.23 997.46 1002.23 997.46 1002.23 997.46 1002.23 997.46 1002.23 997.46 1002.23 997.46 1002.23 997.46 1002.23	32	871.39	948.16		824.51	914.52	845.07				871.39	948.16		824.51	914.52	845.07			
35 900.11 979.41 851.60 944.67 872.39 36 906.01 985.82 857.26 990.85 878.64 37 91150 992.24 852.84 990.22 880.25 857.86 980.85 878.64 38 917.79 998.65 868.44 993.22 880.07 977.89 888.46 982.22 890.07 400 941.36 1024.30 890.72 997.55 901.50 993.58 101.47 787.57 990.50 912.39 41 999.55 1067.61 947.78 1004.33 969.37 993.58 1061.57 923.47 1024.29 946.51 42 975.86 1067.61 945.78 1040.3 969.37 995.55 1087.61 995.78 1024.29 946.51 43 1992.02 1105.67 973.66 1079.55 973.4 1036.36 1157.34 1006.41 1116.29 1037.51 445 1063.44 1157.34 1006.41 1116.52 1104.88 1022.23 1056.41 1157.52 1104.81 1202																			
36 90601 99582 87726 99085 87726 99085 87726 37 91130 99224 862.8 95704 884.36 91179 99665 868.41 961.21 890.07 38 91179 99665 868.44 961.22 890.07 979.53 901.50 992.35 1011.47 879.57 975.53 901.50 993.83 1011.47 879.57 997.59 901.50 993.84 1002.30 800.72 997.59 901.50 993.44 1002.30 800.71 997.59 901.50 993.64 1002.30 800.71 993.65 800.71 993.65 800.71 993.65 993.65 800.72 997.59 901.50 993.64 1002.30 800.72 997.64 1002.30 800.71 993.65 1002.61 1002.30 993.65 1006.64 1102.30 800.71 993.64 1002.30 1002.61 1103.64 1115.20 123.72 1006.44 1105.20 1103.61 1105.72 1003.64 1115.20 123.74 1006.41 1115.20 123.74 1006.41 1115.20 <td< td=""><td>34</td><td>894.22</td><td>973.00</td><td></td><td>846.11</td><td>938.48</td><td>867.21</td><td></td><td></td><td></td><td>894.22</td><td>973.00</td><td></td><td>846.11</td><td>938.48</td><td>867.21</td><td></td><td></td><td></td></td<>	34	894.22	973.00		846.11	938.48	867.21				894.22	973.00		846.11	938.48	867.21			
37 91100 992.4 882.44 957.04 884.36 911.90 992.4 822.4 970.0 884.36 38 917.90 998.65 868.41 963.22 890.07 998.65 668.41 963.22 890.07 40 941.36 1024.30 890.72 987.96 912.33 991.41 673.57 975.59 901.50 990.64 104.23 980.72 987.96 912.33 914.16 1024.30 890.72 997.94 986.51 990.04 1065.1 930.08 997.94 1065.1 930.08 997.94 1065.1 930.08 997.94 1065.1 930.08 997.94 1062.01 975.85 1007.01 945.31 1040.90 969.37 999.55 1067.61 97.56 1079.55 990.44 1055.9 1071.52 1063.64 1157.34 1006.41 115.29 1051.51 1063.64 1157.34 1006.41 115.55 1151.99 1252.72 1068.35 1107.52 1104.84 1202.23 1064.54 1155.95 1107.52 1104.38 1128.92 1116.52 1115.55 1131.55 </td <td>35</td> <td>900.11</td> <td>979.41</td> <td></td> <td>851.69</td> <td>944.67</td> <td>872.93</td> <td></td> <td></td> <td></td> <td>900.11</td> <td>979.41</td> <td></td> <td>851.69</td> <td>944.67</td> <td>872.93</td> <td></td> <td></td> <td></td>	35	900.11	979.41		851.69	944.67	872.93				900.11	979.41		851.69	944.67	872.93			
38 917.79 998.65 868.41 963.22 890.07 917.79 998.65 868.41 963.22 890.07 39 925.56 1011.47 875.57 975.59 901.50 923.54 1011.47 875.57 975.59 901.50 40 941.36 1024.30 890.72 987.66 912.93 941.36 1024.30 890.72 997.66 112.93 41 959.04 1043.33 907.44 1006.51 930.08 995.94 10043.33 907.44 1005.51 930.08 995.94 10043.33 907.44 1005.51 930.08 995.95 1001.97 932.47 1042.33 969.37 995.55 1001.97 932.47 1049.33 969.37 42 1050.56 1157.34 1006.41 1115.29 1031.51 1063.64 1157.34 1006.41 1115.29 1031.51 1063.64 1157.34 1006.41 1115.29 1031.51 1063.64 1152.9 1031.51 1063.64 1152.9 1031.52 1151.29 1252.72 1098.35 1162.62 1367.33 1180.62 1185	36	906.01	985.82		857.26	950.85	878.64				906.01	985.82		857.26	950.85	878.64			
39 929.58 1011.47 879.57 975.59 901.50 40 941.36 1024.30 880.72 977.69 912.33 41 959.04 1034.35 907.44 1005.51 930.06 957.96 912.33 42 975.98 1061.97 923.47 1024.29 946.51 975.98 1061.97 923.47 1024.29 946.51 43 999.55 1087.61 943.78 1004.93 969.37 1022.02 111.67 973.66 1079.95 97.44 45 1064.84 1157.34 1006.41 1116.29 1031.51 1066.64 1157.34 1006.41 1116.29 1031.51 46 1104.88 1202.23 1045.44 1115.28 1031.51 1063.64 1157.34 1006.41 1116.29 1031.51 47 1151.29 1252.72 1089.35 1208.28 1116.52 1151.29 1262.42 1064.44 116.29 1031.51 48 1024.32 131.43 1135.55 1431.45 1264.37 1180.02 1181.83 1263.44 1167	37	911.90	992.24		862.84	957.04	884.36				911.90	992.24		862.84	957.04	884.36			
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41 959.04 1043.33 907.44 1006.51 930.08 959.04 1043.53 907.44 1006.51 930.08 42 975.86 1061.97 923.47 1024.29 946.51 975.88 1061.97 923.47 1024.29 946.51 43 1099.55 10087.61 945.78 1049.03 969.37 1022.02 1119.67 973.66 1079.95 997.94 44 1029.02 1119.67 973.66 1079.95 997.94 1063.64 1157.34 1066.41 1152.9 1071.52 45 1063.46 1157.34 1063.44 1159.58 1071.52 1063.44 1159.58 1071.52 47 1151.29 1252.72 1089.35 1208.32 1166.59 1162.94 1167.95 48 1204.22 1310.43 1139.33 1180.02 1318.43 1218.67 1256.62 1367.33 1180.02 1318.55 143.44 132.55 143.45 124.47 1380.67 1275.82 51 1337.34 1494.77 1298.33 1441.44 132.25 1363.41	39	929.58	1011.47		879.57	975.59	901.50				929.58	1011.47		879.57	975.59	901.50			
42 97598 106197 923.47 1024.29 946.51 945.78 1049.03 969.37 43 99955 1087.61 945.78 1049.03 969.37 999.55 1087.61 945.78 1049.03 969.37 44 102902 1119.67 973.66 1079.95 979.46 100.42.9 945.18 1063.64 1116.29 103.151 1063.64 1115.29 103.151 1063.64 1115.29 103.151 1064.4 1116.29 103.151 1064.4 1115.29 103.151 1063.64 1115.29 103.151 1065.64 1115.29 103.151 1065.64 1115.29 103.151 1065.64 1115.29 103.151 1065.62 107.152 107.13 113.553 120.164 113.553 120.164 113.553 120.164 1130.553 120.164 1130.557 </td <td>40</td> <td>941.36</td> <td>1024.30</td> <td></td> <td>890.72</td> <td>987.96</td> <td>912.93</td> <td></td> <td></td> <td></td> <td>941.36</td> <td>1024.30</td> <td></td> <td>890.72</td> <td>987.96</td> <td>912.93</td> <td></td> <td></td> <td></td>	40	941.36	1024.30		890.72	987.96	912.93				941.36	1024.30		890.72	987.96	912.93			
43 9955 108761 945.78 104903 969.37 997.4 102902 1119.67 973.66 107935 997.4 102902 1119.67 973.66 1079.55 997.4 44 1157.34 100644 11157.34 100644 11157.34 100641 1116.29 013.1 46 1104.88 1202.23 1045.44 115958 1071.52 1104.88 1202.23 1045.44 1159.58 1071.52 47 11512 1252.72 1089.35 1208.28 1116.52 1116.52 1104.38 1202.33 1189.53 1071.52 47 1152 1256.22 1367.33 118902 1318.83 1218.67 1256.62 1367.33 118902 1318.83 1218.67 49 1256.62 1367.33 118902 1318.83 1218.67 1256.62 1367.33 118902 138.83 1218.67 50 1315.55 1431.45 1244.77 1380.67 1275.82 1137.34 1494.77 1298.3 1441.44 1322.5 52 1437.82 1564.50 1360.47 1590.00 1394.04 1372.42 1364.31 1360.67 1255.2 52 1437.82 1564.50 1360.47 1590.20 1394.04 1372.24 1362.42 1363.33 1421.80 1570.2 1457.26 53 1564.50 1360.47 1592.09 1394.04 1572.62 171.17 1488.01 1656.657	41	959.04	1043.53		907.44	1006.51	930.08				959.04	1043.53		907.44	1006.51	930.08			
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45 1063.64 1157.34 1006.41 1116.29 1031.51 1006.64 1116.29 1031.51 46 1104.88 1202.23 1005.44 1155.58 1071.52 1106.88 1202.23 1005.44 1155.58 1071.52 47 1151.29 1252.72 10053.51 1026.32 1116.52 1102.432 1310.43 1135.53 1263.94 1167.95 48 1204.32 1316.33 1139.53 1263.94 1167.95 1206.32 1310.43 1139.53 1263.94 1167.95 50 1315.55 1434.45 1244.77 130.67 1275.82 1315.55 1364.35 1244.77 130.67 1275.82 51 1373.74 1494.77 129.98 1441.74 1332.25 1373.74 1494.77 129.83 1441.74 1332.25 52 1437.82 1566.50 1360.47 1500.00 1394.40 1437.22 1566.50 1360.47 1509.00 1394.40 1357.66 1360.47 1509.00 1394.40 1357.66 1360.47 1509.00 1394.40 1557.62 177.02	43	999.55	1087.61		945.78	1049.03	969.37				999.55	1087.61		945.78	1049.03	969.37			
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47 1151.29 1252.72 1089.35 1208.28 1116.52 1151.29 1252.72 1089.35 1208.28 1116.52 48 1204.32 1310.43 1139.53 1263.94 1167.95 1067.35 1139.53 1263.94 1167.95 49 1256.62 1367.33 1189.02 1318.83 1218.67 1266.24 1367.33 1189.02 1318.83 1218.67 50 1315.55 1431.45 1244.77 1380.67 1275.82 1373.74 1494.477 1299.83 1441.74 1332.25 1373.74 1494.77 1299.83 1441.74 1332.25 1363.3 1650.45 1360.47 1590.00 1394.40 1373.74 1494.77 1299.83 1441.74 1332.25 1363.41 1357.02 1457.62 1367.43 141.40 1372.6 1562.64 1650.63 1360.47 1590.00 1394.40 1570.2 1457.62 141.14 1352.51 1564.64 1570.11 1488.01 1565.67 1665.67 1505.13 1565.67 1505.14 1577.02 1457.66 1670.61 1505.64 1577.01 1586	45	1063.64	1157.34		1006.41	1116.29	1031.51				1063.64	1157.34		1006.41	1116.29	1031.51			
47 1151.29 1252.72 1089.35 1208.28 1116.52 1151.29 1252.72 1089.35 1208.28 1116.52 48 1204.32 1310.43 1139.53 1263.94 1167.95 1067.35 1139.53 1263.94 1167.95 49 1256.62 1367.33 1189.02 1318.83 1218.67 1266.24 1367.33 1189.02 1318.83 1218.67 50 1315.55 1431.45 1244.77 1380.67 1275.82 1373.74 1494.477 1299.83 1441.74 1332.25 1373.74 1494.77 1299.83 1441.74 1332.25 1363.3 1650.45 1360.47 1590.00 1394.40 1373.74 1494.77 1299.83 1441.74 1332.25 1363.41 1357.02 1457.62 1367.43 141.40 1372.6 1562.64 1650.63 1360.47 1590.00 1394.40 1570.2 1457.62 141.14 1352.51 1564.64 1570.11 1488.01 1565.67 1665.67 1505.13 1565.67 1505.14 1577.02 1457.66 1670.61 1505.64 1577.01 1586							1071.52					1202.23							
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SERFF Tracking #:	PBCC-134527954	State Tracking #:	484666	Company Tracking #:	2026 NONGRANDFATHERED INDIVIDUAL PBC
State:	Washington		Filing Company:	Premera Blue Cross	
TOI/Sub-TOI:	H16I Individual He	alth - Major Medical/H16I.	005C Individual - Other		
Product Name:	2026 Nongrandfat	hered Individual rate filing	PBC		
Project Name/Number:	2026 nongrandfatl	hered individual PBC/2026	onongrandfathered individual PBC		

URRT

State Determination

Review Status: Incomplete

SERFF Tracking #:	PBCC-134527954	State Tracking #:	484666	Company Tracking #:	2026 NONGRANDFATHERED INDIVIDUAL PBC
State:	Washington		Filing Company:	Premera Blue Cross	
TOI/Sub-TOI:	H16l Individual He	alth - Major Medical/H16I.	005C Individual - Other		
Product Name:	2026 Nongrandfati	hered Individual rate filing	PBC		
Project Name/Number:	2026 nongrandfath	nered individual PBC/2026	onongrandfathered individual PBC		

URRT Items

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

Contents General Information	
Scope and Purpose	
Rate Increase Summary	
Proposed Rate Increase	
' Reason for Rate Increase(s)	
Experience Period Premium and Claims	
· Experience period	
Actual vs Projected Experience	5
Commercial Reinsurance	
Benefit Categories	5
Market, Plan, and Calibrated Plan Adjusted Index Rate	5
Projection Factors	6
Trend Factors	6
Morbidity Adjustment	7
Demographic Shift	7
Plan Design Changes	8
Other Adjustments	8
Credibility Manual Rate Development	8
Credibility of Experience	8
Risk Adjustment Transfer (Appendix 2.4)	9
Market to Plan Factors	10
AV & Cost Sharing Adjustment (Appendix 2.5 & 2.5a)	10
Provider Network Adjustment	11
Calibration Factors	11
Non-Benefit Expense	11
Administrative Expense Load (Appendix 2.5b)	11
Contribution to Surplus & Risk Margin (C&R) (Appendix 2.5b)	11
Taxes and Fees (Appendix 2.5b)	12
Non-EHB Benefits (Appendix 2.5)	12
Exchange Fees (Appendix 2.5b)	12

Projected Loss Ratio	13
AV Metal Values	13
Membership Projections (Appendix 2.5)	13
Terminated Products	14
Plan Type	14
Washington State Required Appendixes	14

General Information

Company Legal Name	Premera Blue Cross
State	Washington
HIOS Issuer ID	49831
Market	Individual (In Exchange)
Effective Date	January 1, 2026
Company Contact	Hiu-Wan Ko, FSA, MAAA VP of Actuarial Services 425-918-4917 <u>Hiu-Wan.Ko@premera.com</u>

1/1/2026 Plans in the Exchange

Premera Blue Cross Preferred Gold Premera Blue Cross Preferred Bronze Premera Blue Cross Preferred Silver Premera Blue Cross Cascade Complete Gold Premera Blue Cross Cascade Silver Premera Blue Cross Cascade Bronze Premera Blue Cross Preferred Bronze HSA Premera Blue Cross Cascade Vital Gold 49831WA1940001 49831WA1940003 49831WA1940004 49831WA1940005 49831WA1940006 49831WA1940007 49831WA1940007 49831WA1930008 49831WA1940009

Scope and Purpose

The purpose of this filing is to present the development of premium rates for Premera Blue Cross non-grandfathered individual plans offered inside 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.

Rate Increase Summary

Proposed Rate Increase

The average rate change for 1/1/2026 is 18.8%.

The average experience increase is 19.7% with a benefit change of 0.0% and cost share change of -0.7%.

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 the 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 Premera. 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: 6.9%
- Increased utilization: 3.5%
- Cost share change: -0.7%
- Change in population: 0.0%
- Risk adjustment: -17.3%

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 the prior year. Premera has already had to agree to significant rate increases. As more provider contracting information becomes available, Premera 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.

Experience Period Premium and Claims

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

Member Months Premiums 126,053 \$112,880,957

Allowed claims	\$157,828,149
Incurred claims	\$132,656,582
Processed in system	\$2,471,284
Incurred but not paid	\$130,185,298

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 set based on expected 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 variance in actual vs projected experience is mostly tied to a change in membership. Premera had lower membership than projected due to competition in the marketplace. The actual vs projected PMPMs are fairly close and are consistent with the lower membership. The profit margin was higher than expected, primarily due to an increase in risk adjustment transfer amounts.

Commercial Reinsurance

Premera Blue Cross 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 \$0.00 PMPM and the charge was \$0.63 PMPM. The reimbursement amount is incorporated into the rate development though the Other Adjustment in worksheet 1 section II of the URRT. The projected 2026 charge is included in the administrative expense line of worksheet 2 section III of the URRT.

Benefit Categories

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 rate is \$2,069.13 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 explanation in Risk Adjustment section below. The Market Adjusted Index Rate PMPM is \$1,480.33 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

The development of 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 is expected to increase 6.9% 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 6.6% 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 6.9%.
- Utilization The utilization increase is expected to be 3.5% annually The utilization increase represents the change in the number of medical services and prescriptions members seek.
 - Medical utilization trend is 4.0% based on the change in the number of medical services members per 1000 members per year.
 - Pharmacy utilization trend is 2.0%. based on the change in the number of prescriptions per 1000 members per year.
 - Utilization trend in the prior year filing was 6.9%.
- Leveraging Leveraging is expected to be 0.4% 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.
 - \circ The leveraging trend in the prior year filing was 0.4%, as shown in Appendix 2.1.

The proposed rating trend for incurred claims including leveraging is 11.1% 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.

The demographic shift adjustment shown is 1.091, and development is shown in more detail in Appendix 2.2. This includes the impact of expanding into Lincoln County. Last year's adjustment factor was 1.138.

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

- a) 2023 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) New 2026 members

- 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), Premera assumed they will be similar to the members in (a) and (b) after adjusting for age, metal level mix, and applying a new members claims 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, Premera assumed this population would resemble the rest of the projected pool.

Plan Design Changes

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

Other Adjustments

Premera is using an Other Adjustment factor of 1.237 for 2026.

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

- 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 1.180 is shown in Appendix 2.3a.
- 2) 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 heathy people exit the market or purchase less expensive plans. To determine this adjustment, Premera projected the contribution margin before and after these changes by looking who would likely leave Premera or migrate to a different Premera 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 1.049 is shown in Appendix 2.3b.

The Other adjustment in prior years filing was 1.000 as shown in Appendix 1.1.

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)

Premera is expecting to receive \$3.7 million in risk transfer payments including recovery for high cost enrollees for its 2024 individual population.

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

Premera split the projected 2026 membership by metal level into 2024 membership 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 2026 calibrated model factors.
- For 2024 members expected to persist into 2026, Premera used 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.
- 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) Premera 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 as well as the new members claims factor.
 - b) Premera assumed the cohort's 2026 calibrated model factors would be similar to that of the "2024 members expected to persist into 2026" by metal level after adjusting for the difference in geography and age of the populations.
- For 2026 new members: Premera 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 populations by metal level.

Premera 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 categories and metallic levels. Based on the above assumptions, Premera estimated the 2026 risk adjustment transfer to be \$406.08 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 \$279.76 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 \$32.71 PMPM based on historical large claims experience. The administrative cost of this program is projected to be 0.4% of Premera's expected total premiums, or approximately \$4.13 PMPM.

In order to add the projected risk adjustment PMPM into the Market Adjusted Index Rate, projected risk adjustment transfer plus high-cost risk pool reimbursement less high-cost risk pool administrative cost was converted to an allowed amount by dividing the projected paid to allowed (as shown on Appendix 2.4). The result is an allowed PMPM estimate of \$595.76 (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 & Cost Sharing 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.

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 \$1,929,775, which represented 3.6% of total silver claims. For 2026, the projected CSR payment is \$1,746,399 due to higher concentration of CSR 87% and CSR 94%.

Provider Network Adjustment

Only one Provider Network is available, therefore no adjustment is made.

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 50. The average age of the projection period was determined as the closest age factor to the average age factor.
- **Geographic** The Geographic factors remain the same as 2024. The geographic factors were updated in the 2024 filing, and there are no major changes in providers or service area for 2026.
- **Tobacco Use** The tobacco use factor is removed for 2026. This was done to comply with the new rules issued by WAHBE to provide Cascade Care Subsidies to members enrolling on plans that have tobacco use factors. Prior filings had the tobacco use load at 7.5%.

Non-Benefit Expense

Administrative Expense Load (Appendix 2.5b)

Net operating expenses for the rating period is \$84.35 PMPM, compared with \$76.34 PMPM from the prior year filing.

Commissions of \$6.46 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. Commission was \$7.35 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 -\$5.47 PMPM was calculated based on the yield rate.

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

Premera Blue Cross is filing for -2.6% Contingency and Risk (C&R).

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, Premera determined that a C&R charge of 10-12.0% is needed.

Premera is proposing a one-time transitioning C&R charge of -2.6% 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. Premera 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.

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

Taxes and Fees (Appendix 2.5b)

Regulatory & Insurance Fraud Surcharge – The combined regulatory and insurance fraud surcharge is 0.1% of premium.

Federal Income Tax – Premera, as a not-for-profit organization, does not pay federal income tax. Therefore, the federal income tax is 0.00% of premium.

WSHIP assessment – The Washington State Health Insurance Pool is anticipating 9 million in total assessments for 2026. Based on our projected market share, we assumed the 2026 projected fee to be \$0.19 PMPM.

Premium tax –Washington state premium tax is 0.0%. This amount has not changed from prior year filing.

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

Patient Centered Outcomes Research Fee – 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, Premera applied one year's worth of National Expenditures rate which is 5% to the most recent PCORI to predict 2026 expected PCORI fee PMPM.

Risk adjustment program administrative fee – The fee per 2026 Benefit and Payment Parameters is \$0.20 PMPM.

Non-EHB Benefits (Appendix 2.5)

Premera 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.

Premera 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 0.5%. 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

The projected loss ratio is 94.6% (Appendix 1.2 Section IV). This was determined by dividing the projected incurred claims of \$1,509.63 (Appendix 1.2 Section IV) by the projected premium and risk adjustment transfer of \$1,595.96 (Appendix 1.2 Section IV).

The projected federal medical loss ratio for 2026 is 95.0% (Appendix 3.2), which exceeds the federal minimum loss ratio requirement of 80.0%.

AV Metal Values

- The HSA qualified plans AV metal values were from the 2026 final AV calculator (AVC).
- Cascade Plans: AV metal values were provided by Wakely and the Washington Health Board Exchange to Premera Blue Cross 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) and have \$1 copay for first 2 Primary Care office visits followed by standard Primary care copay.
 - 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 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.
 - Additionally, the AV Calculator cannot handle Primary care cost shares being one copay for first x visits, then a different copay for third plus visits. As such the benefits were entered into the AV Calculator as first 2 visits at no cost sharing and the value of the \$1 copay for the first 2 Primary Care visits is subtracted from the AV calculator value. The continuance tables of each metallic level from the AV model and each plan's claims maximum were used to determine value. See Appendix 5 for calculations.

Membership Projections (Appendix 2.5)

The membership projection for Premera in 2026 is 113,913 member months.

Premera is projecting 7,675 member months on silver plans in 2026. Of these, 5,160 are on an 87% CSR, and 2,509 are on a 94% CSR plan.

The 2026 membership was projected from the March 2025 membership (9,460 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 8,542 members will choose to renew in 2026.
- 3) Assumes that Premera will gain 951 new members in 2026.

The projected period member months are based on assuming 12 months of membership for the projected 9,493 members.

Terminated Products

No terminated plans for 2026.

Plan Type

The plans included in this filing are EPO plans.

Washington State Required Appendixes

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: Risk Adjustment Experience by Plan Appendix 3.3b: HCRP Actual vs Projected 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: Actuarial Values for Non-Cascade plans Appendix 6: Rate/Rule Schedule tab of SERFF rate filing support/source

Actuarial Certification

I, Hiu-Wan Ko, am VP of Actuarial Services at Premera Blue Cross. 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
- Wakely to certify AV for Cascade plans 49831WA1940005, 49831WA1940006, 49831WA1940007, and 49831WA1940009. Wakely's certification is included in the "Standard Plan Unique Plan Design Supporting Documentation and Justification" file.

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

Inwa

05/14/2025

Date

Hiu-Wan Ko, FSA, MAAA VP of Actuarial Services Premera Blue Cross

Contents General Information	
Scope and Purpose	
Rate Increase Summary	
Proposed Rate Increase	
' Reason for Rate Increase(s)	
Experience Period Premium and Claims	
· Experience period	
Actual vs Projected Experience	5
Commercial Reinsurance	
Benefit Categories	5
Market, Plan, and Calibrated Plan Adjusted Index Rate	5
Projection Factors	6
Trend Factors	6
Morbidity Adjustment	7
Demographic Shift	7
Plan Design Changes	8
Other Adjustments	8
Credibility Manual Rate Development	8
Credibility of Experience	8
Risk Adjustment Transfer (Appendix 2.4)	9
Market to Plan Factors	10
AV & Cost Sharing Adjustment (Appendix 2.5 & 2.5a)	10
Provider Network Adjustment	11
Calibration Factors	11
Non-Benefit Expense	11
Administrative Expense Load (Appendix 2.5b)	11
Contribution to Surplus & Risk Margin (C&R) (Appendix 2.5b)	11
Taxes and Fees (Appendix 2.5b)	12
Non-EHB Benefits (Appendix 2.5)	12
Exchange Fees (Appendix 2.5b)	12

Projected Loss Ratio	13
AV Metal Values	13
Membership Projections (Appendix 2.5)	13
Terminated Products	14
Plan Type	14
Washington State Required Appendixes	14

General Information

Company Legal Name	Premera Blue Cross
State	Washington
HIOS Issuer ID	49831
Market	Individual (In Exchange)
Effective Date	January 1, 2026
Company Contact	Hiu-Wan Ko, FSA, MAAA VP of Actuarial Services 425-918-4917 <u>Hiu-Wan.Ko@premera.com</u>

1/1/2026 Plans in the Exchange

Premera Blue Cross Preferred Gold Premera Blue Cross Preferred Bronze Premera Blue Cross Preferred Silver Premera Blue Cross Cascade Complete Gold Premera Blue Cross Cascade Silver Premera Blue Cross Cascade Bronze Premera Blue Cross Preferred Bronze HSA Premera Blue Cross Cascade Vital Gold 49831WA1940001 49831WA1940003 49831WA1940004 49831WA1940005 49831WA1940006 49831WA1940007 49831WA1940007 49831WA1930008 49831WA1940009

Scope and Purpose

The purpose of this filing is to present the development of premium rates for Premera Blue Cross non-grandfathered individual plans offered inside 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.

Rate Increase Summary

Proposed Rate Increase

The average rate change for 1/1/2026 is 18.8%.

The average experience increase is 19.7% with a benefit change of 0.0% and cost share change of -0.7%.

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 the 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 Premera. 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: 6.9%
- Increased utilization: 3.5%
- Cost share change: -0.7%
- Change in population: 0.0%
- Risk adjustment: -17.3%

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 the prior year. Premera has already had to agree to significant rate increases. As more provider contracting information becomes available, Premera 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.

Experience Period Premium and Claims

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

Member Months Premiums 126,053 \$112,880,957

Allowed claims	\$157,828,149
Incurred claims	\$132,656,582
Processed in system	\$2,471,284
Incurred but not paid	\$130,185,298

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 set based on expected 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 variance in actual vs projected experience is mostly tied to a change in membership. Premera had lower membership than projected due to competition in the marketplace. The actual vs projected PMPMs are fairly close and are consistent with the lower membership. The profit margin was higher than expected, primarily due to an increase in risk adjustment transfer amounts.

Commercial Reinsurance

Premera Blue Cross 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 \$0.00 PMPM and the charge was \$0.63 PMPM. The reimbursement amount is incorporated into the rate development though the Other Adjustment in worksheet 1 section II of the URRT. The projected 2026 charge is included in the administrative expense line of worksheet 2 section III of the URRT.

Benefit Categories

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 rate is \$2,069.13 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 explanation in Risk Adjustment section below. The Market Adjusted Index Rate PMPM is \$1,480.33 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

The development of 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 is expected to increase 6.9% 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 6.6% 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 6.9%.
- Utilization The utilization increase is expected to be 3.5% annually The utilization increase represents the change in the number of medical services and prescriptions members seek.
 - Medical utilization trend is 4.0% based on the change in the number of medical services members per 1000 members per year.
 - Pharmacy utilization trend is 2.0%. based on the change in the number of prescriptions per 1000 members per year.
 - Utilization trend in the prior year filing was 6.9%.
- Leveraging Leveraging is expected to be 0.4% 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.
 - \circ The leveraging trend in the prior year filing was 0.4%, as shown in Appendix 2.1.

The proposed rating trend for incurred claims including leveraging is 11.1% 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.

The demographic shift adjustment shown is 1.091, and development is shown in more detail in Appendix 2.2. This includes the impact of expanding into Lincoln County. Last year's adjustment factor was 1.138.

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

- a) 2023 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) New 2026 members

- 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), Premera assumed they will be similar to the members in (a) and (b) after adjusting for age, metal level mix, and applying a new members claims 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, Premera assumed this population would resemble the rest of the projected pool.

Plan Design Changes

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

Other Adjustments

Premera is using an Other Adjustment factor of 1.237 for 2026.

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

- 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 1.180 is shown in Appendix 2.3a.
- 2) 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 heathy people exit the market or purchase less expensive plans. To determine this adjustment, Premera projected the contribution margin before and after these changes by looking who would likely leave Premera or migrate to a different Premera 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 1.049 is shown in Appendix 2.3b.

The Other adjustment in prior years filing was 1.000 as shown in Appendix 1.1.

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)

Premera is expecting to receive \$3.7 million in risk transfer payments including recovery for high cost enrollees for its 2024 individual population.

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

Premera split the projected 2026 membership by metal level into 2024 membership 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 2026 calibrated model factors.
- For 2024 members expected to persist into 2026, Premera used 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.
- 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) Premera 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 as well as the new members claims factor.
 - b) Premera assumed the cohort's 2026 calibrated model factors would be similar to that of the "2024 members expected to persist into 2026" by metal level after adjusting for the difference in geography and age of the populations.
- For 2026 new members: Premera 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 populations by metal level.

Premera 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 categories and metallic levels. Based on the above assumptions, Premera estimated the 2026 risk adjustment transfer to be \$406.08 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 \$279.76 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 \$32.71 PMPM based on historical large claims experience. The administrative cost of this program is projected to be 0.4% of Premera's expected total premiums, or approximately \$4.13 PMPM.

In order to add the projected risk adjustment PMPM into the Market Adjusted Index Rate, projected risk adjustment transfer plus high-cost risk pool reimbursement less high-cost risk pool administrative cost was converted to an allowed amount by dividing the projected paid to allowed (as shown on Appendix 2.4). The result is an allowed PMPM estimate of \$595.76 (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 & Cost Sharing 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.

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 \$1,929,775, which represented 3.6% of total silver claims. For 2026, the projected CSR payment is \$1,746,399 due to higher concentration of CSR 87% and CSR 94%.

Provider Network Adjustment

Only one Provider Network is available, therefore no adjustment is made.

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 50. The average age of the projection period was determined as the closest age factor to the average age factor.
- **Geographic** The Geographic factors remain the same as 2024. The geographic factors were updated in the 2024 filing, and there are no major changes in providers or service area for 2026.
- **Tobacco Use** The tobacco use factor is removed for 2026. This was done to comply with the new rules issued by WAHBE to provide Cascade Care Subsidies to members enrolling on plans that have tobacco use factors. Prior filings had the tobacco use load at 7.5%.

Non-Benefit Expense

Administrative Expense Load (Appendix 2.5b)

Net operating expenses for the rating period is \$84.35 PMPM, compared with \$76.34 PMPM from the prior year filing.

Commissions of \$6.46 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. Commission was \$7.35 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 -\$5.47 PMPM was calculated based on the yield rate.

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

Premera Blue Cross is filing for -2.6% Contingency and Risk (C&R).

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, Premera determined that a C&R charge of 10-12.0% is needed.

Premera is proposing a one-time transitioning C&R charge of -2.6% 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. Premera 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.

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

Taxes and Fees (Appendix 2.5b)

Regulatory & Insurance Fraud Surcharge – The combined regulatory and insurance fraud surcharge is 0.1% of premium.

Federal Income Tax – Premera, as a not-for-profit organization, does not pay federal income tax. Therefore, the federal income tax is 0.00% of premium.

WSHIP assessment – The Washington State Health Insurance Pool is anticipating 9 million in total assessments for 2026. Based on our projected market share, we assumed the 2026 projected fee to be \$0.19 PMPM.

Premium tax –Washington state premium tax is 0.0%. This amount has not changed from prior year filing.

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

Patient Centered Outcomes Research Fee – 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, Premera applied one year's worth of National Expenditures rate which is 5% to the most recent PCORI to predict 2026 expected PCORI fee PMPM.

Risk adjustment program administrative fee – The fee per 2026 Benefit and Payment Parameters is \$0.20 PMPM.

Non-EHB Benefits (Appendix 2.5)

Premera 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.

Premera 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 0.5%. 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

The projected loss ratio is 94.6% (Appendix 1.2 Section IV). This was determined by dividing the projected incurred claims of \$1,509.63 (Appendix 1.2 Section IV) by the projected premium and risk adjustment transfer of \$1,595.96 (Appendix 1.2 Section IV).

The projected federal medical loss ratio for 2026 is 95.0% (Appendix 3.2), which exceeds the federal minimum loss ratio requirement of 80.0%.

AV Metal Values

- The HSA qualified plans AV metal values were from the 2026 final AV calculator (AVC).
- Cascade Plans: AV metal values were provided by Wakely and the Washington Health Board Exchange to Premera Blue Cross 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) and have \$1 copay for first 2 Primary Care office visits followed by standard Primary care copay.
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- 1) Assumes members on Silver (70%) or Silver CSR 73% will be migrated to a Gold plan.
- 2) Assumes that 8,542 members will choose to renew in 2026.
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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: Risk Adjustment Experience by Plan Appendix 3.3b: HCRP Actual vs Projected 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: Actuarial Values for Non-Cascade plans Appendix 6: Rate/Rule Schedule tab of SERFF rate filing support/source

Actuarial Certification

I, Hiu-Wan Ko, am VP of Actuarial Services at Premera Blue Cross. 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
- Wakely to certify AV for Cascade plans 49831WA1940005, 49831WA1940006, 49831WA1940007, and 49831WA1940009. Wakely's certification is included in the "Standard Plan Unique Plan Design Supporting Documentation and Justification" file.

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

Inwa

05/14/2025

Date

Hiu-Wan Ko, FSA, MAAA VP of Actuarial Services Premera Blue Cross

<u>Premera Blue Cross of Washington - HHS Form Part II</u> <u>Individual Metallic Products</u>

Premera Blue Cross (PBC) is renewing all seven existing metallic plans and adding one new plan. Plans will be sold in the WA Marketplace only.

Scope and range of the rate increase:

Premera Blue Cross currently has 9,460 members on metallic plans.

In 2026, Premera Blue Cross will continue to offer coverage in Clallam, Franklin, Grays Harbor, Jefferson, King, Kitsap, Mason, Pacific, Pierce, Spokane, and Yakima and expand into Lincoln County.

The 2026 average rate increase is 18.8%, but due to the emergency rating rules from the Washington OIC, cost shares changes, and administrative expenses changes between 2024 and 2026, the rate change by plan varies from -6.6% to 41.2%. The main drivers of the overall 2026 rate increase are the continued high provider reimbursement increases and the expected demographic shifts.

Other factors contributing to the rate increase include increased medical and pharmacy costs and utilization, benefit design changes, and change of the anticipated risk adjustment transfer dollars.

Changes in Cost Sharing/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 and to ensure meeting mental health parity. These types of changes are needed as cost and utilization of health care continue to change every year. In 2026, Premera is proposing to increase the out of pocket maximum for all bronze and silver plans. For the Preferred plans, the non-preferred brand drug coinsurance is decreasing by 5%, the HSA generic tier drugs coinsurance is decreasing by 5%, and the silver specialist office visit copay is increasing \$5. 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 benefit and cost-sharing changes.

Changes in Medical Service Costs:

For Premera's individual metallic business, the cost of a medical and pharmacy services is increasing 6.9% annually, with an additional increase in utilization of services of 3.5% annually.

Administrative costs and anticipated profits:

Premera is committed to using its members' rate dollar responsibly and consistently pays out a high percentage of the members' rate dollar on medical claims. Premera expects to exceed the ACA's required Medical Loss Ratio (MLR) for this line of business in 2026.

ACA related taxes and fees, including fees paid toward Washington Healthplanfinder account for 2.6% of the rate dollar in 2026.

The other administrative cost (Administrative Expense Load) accounts for 7.4%, which is roughly the same as the prior year's 7.5%.

Commercial reinsurance agreements:

Premera Blue Cross has a commercial reinsurance agreement to cover 40% 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:

Premera 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	126,053	160,310	198,501
Earned Premium	\$112,880,957	\$124,765,741	\$140,841,995
Paid Claims	\$132,556,140	\$139,112,916	\$166,969,618
Beginning Claim Reserve	\$13,913,823	\$14,497,451	\$22,547,269
Ending Claim Reserve	\$14,014,265	\$13,913,823	\$14,497,451
Incurred Claims	\$132,656,582	\$138,529,288	\$158,919,801
Expenses	\$13,621,140	\$15,673,884	\$16,829,620
Commercial Reinsurance	\$ 0	\$ 0	\$ O
Risk Adjustment	\$39,163,341	\$36,348,305	\$44,894,954
High Cost Risk Pool Reinsurance	\$2,764,454	\$1,619,457	\$1,429,522
High Cost Risk Pool Assessment	-\$401,344	-\$451,721	-\$520,815
Gain/Loss	\$8,129,686	\$8,078,609	\$10,896,236
MLR Rebates	\$ O	\$ 0	\$ 0

Based on the rate increase in this filing, Premera expects to earn -2.6% operating income in 2026.

A	В	С	D	E	F	G	н	1 1	KLMNOPQRST
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.
1 2 3 4 5 6 6 7 7 8 8 9 10 11 11 12 13 14 15 16 17 18 19 20 21 22 20	Onnieu Nate Neview VO.0								
2		-							To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.
3	Company Legal Name:	Premera Blue Cross							To validate, select the Validate button or Ctrl + Shift + I.
4	HIOS Issuer ID:	49831	State:	WA					To finalize, select the Finalize button or Ctrl + Shift + F.
5	Effective Date of Rate Change(s):	1/1/2026	Market:	Individual					
6									
7									
8	Market Level Calculations (Same for a	ll 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			\$157,828,148.92	\$1,252.08				
15	Reinsurance			\$0.00	\$0.00				
16	Incurred Claims in Experience Period			\$132,656,581.78	\$1,052.39				
17	Risk Adjustment			\$41,526,451.35	\$329.44				
18	Experience Period Premium			\$112,880,956.53	\$895.50				
19	Experience Period Member Months			126,053					
20									
21	Section II: Projections								
22			Year	1 Trend	Year 2	Trend			
	Benefit Category	Experience Period Index					Trended EHB Allowed Claims		
23		Rate PMPM	Cost	Utilization	Cost	Utilization	PMPM		
24	Inpatient Hospital	\$179.77	1.066	1.040	1.066	1.040	\$221.12		
25	Outpatient Hospital	\$356.66	1.066		1.066	1.040	\$438.69		
26	Professional	\$382.30	1.066	1.040	1.066	1.040	\$470.23		
27	Other Medical	\$40.40	1.066	1.040	1.066	1.040	\$49.69		
28	Capitation	\$0.00 \$292.95	1.066	1.040	1.066	1.040	\$0.00 \$352.87		
29	Prescription Drug Total	\$1,252.08	1.076	1.020	1.076	1.020	\$1,532.61		
30	Total	\$1,252.08					\$1,532.61	1	
31	Morbidity Adjustment				1.000	1			
22	Demographic Shift				1.000				
24	Plan Design Changes				1.001				
35	Other				1.237				
36	Adjusted Trended EHB Allowed Claims	PMPM for	1/1/2020		\$2,069.13				
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		\$2,069.13	\$235,700,805.69			
43	Reinsurance				\$0.00	\$0.00			
44	Risk Adjustment Payment/Charge				\$595.75	\$67,864,234.33			
45	Exchange User Fees				<u>0.47%</u>	\$792,556.90			
46	Market Adjusted Index Rate				\$1,480.33	\$168,629,128.27			
47									
48	Projected Member Months				113,913				
23 24 25 26 27 28 30 31 32 33 33 34 35 36 37 37 38 33 34 40 41 42 43 44 45 46 47 48 49									
	Information Not Releasable to the Pu	blic Unless Authorized by Law	This information has not been put	blically disclosed and may be privileged			disseminated, distributed, or copie	d to persons not authorized to	preceive the information. Unauthorized disclosure may result in prosecution to the
50 51					full exte	nt of the law.			
6.4									

Product-Plan Data Collection

Company Legal Name:	Premera Blue	Cross
HIOS Issuer ID:	49831	State:
Effective Date of Rate Change(s):	1/1/2026	Market

d I Section I: General Product and Plan Information											
1.1 Product Name		Preferred HSA EPC	Preferred HSA EPC Preferred EPO								
1.2 Product ID		49831WA193				49831	WA194				
1.3 Plan Name		Premera Blue	Premera Blue						Premera Blue		
1.4 Plan ID (Standard Component ID)		49831WA1930002	49831WA1940001	49831WA1940003	49831WA1940004	49831WA1940005	49831WA1940006	49831WA1940007	49831WA1940008	49831WA1940009	
1.5 Metal		Bronze	Gold	Bronze	Silver	Gold	Silver	Bronze	Bronze	Gold	
1.6 AV Metal Value		0.647	0.795	0.642	0.719	0.818	0.718	0.650	0.628	0.781	
1.7 Plan Category		Terminated	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	New	
1.8 Plan Type		EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	
1.9 Exchange Plan?		No		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	
1.11 Cumulative Rate Change % (over 12 mos prior)		0.00%	-3.58%	19.50%	36.90%	-6.57%	41.24%	16.10%	15.97%	0.00%	
1.12 Product Rate Increase %		0.00% 18.24%									
1.13 Submission Level Rate Increase %						18.24%					

WA Individual

Worksheet 1 Totals	Section II: Experience Period and Current Plan Le	vel Information									
	2.1 Plan ID (Standard Component ID)	Total	49831WA1930002	49831WA1940001	49831WA1940003	49831WA1940004	49831WA1940005	49831WA1940006	49831WA1940007	49831WA1940008	49831WA1940009
\$157,828,149	2.2 Allowed Claims	\$157,828,149	\$9,883,782	\$29,843,675	\$22,765,978	\$20,793,466	\$28,423,251	\$30,112,981	\$16,005,015	\$0	\$0
\$0	2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	2.4 Member Cost Sharing	\$25,171,567	\$2,684,257	\$3,628,701	\$5,714,386	\$2,341,696	\$2,209,095	\$4,205,773	\$4,387,660	\$0	\$0
	2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$132,656,582	2.6 Incurred Claims	\$132,656,582	\$7,199,525	\$26,214,975	\$17,051,592	\$18,451,770	\$26,214,156	\$25,907,209	\$11,617,355	\$0	\$0
\$41,526,451	2.7 Risk Adjustment Transfer Amount	\$41,526,451	\$917,228	\$9,493,448	\$2,572,627	\$5,646,339	\$10,906,311	\$9,975,517	\$2,014,981	\$0	\$0
\$112,880,957	2.8 Premium	\$112,880,957	\$9,727,226	\$17,685,807	\$21,490,523	\$11,998,425	\$13,639,238	\$22,271,236	\$16,068,501	\$0	\$0
126,053	2.9 Experience Period Member Months	126,053	12,272	16,558	26,464	11,475	12,652	23,647	22,985	0	0
	2.10 Current Enrollment	9,460	0	1,055	1,891	731	970	1,858	1,937	1,018	0
	2.11 Current Premium PMPM	\$1,020.85	\$0.00	\$1,264.51	\$925.36	\$1,184.81	\$1,250.11	\$1,081.61	\$826.80	\$867.83	\$0.00
	2.12 Loss Ratio	85.91%	67.64%	96.45%	70.86%	104.57%	106.80%	80.34%	64.24%	#DIV/0!	#DIV/0!
	Per Member Per Month										
	2.13 Allowed Claims	\$1,252.08	\$805.39	\$1,802.37	\$860.26	\$1,812.07	\$2,246.54	\$1,273.44	\$696.32	#DIV/0!	#DIV/0!
	2.14 Reinsurance	\$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	\$199.69	\$218.73	\$219.15	\$215.93	\$204.07	\$174.60	\$177.86	\$190.89	#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	NDIV/0!	#DIV/0!
	2.17 Incurred Claims	\$1,052.39	\$586.66	\$1,583.22	\$644.33	\$1,608.00	\$2,071.94	\$1,095.58	\$505.43	#DIV/0!	#DIV/0!
	2.18 Risk Adjustment Transfer Amount	\$329.44	\$74.74	\$573.35	\$97.21	\$492.06	\$862.02	\$421.85	\$87.67	#DIV/0!	#DIV/0!
	2.19 Premium	\$895.50	\$792.64	\$1.068.11	\$812.07	\$1.045.61	\$1.078.03	\$941.82	\$699.09	#DIV/0!	#DIV/0!

Section III: Plan Adjustment Factors										
3.1 Plan ID (Standard Component ID)		49831WA1930002	49831WA1940001	49831WA1940003	49831WA1940004		49831WA1940006	49831WA1940007	49831WA1940008	49831WA1940009
3.2 Market Adjusted Index Rate						\$1,480.33				
3.3 AV and Cost Sharing Design of Plan		0.0000	0.7896	0.6120	0.9888	0.8708	1.0553	0.6107	0.5914	0.8257
3.4 Provider Network Adjustment		0.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.5 Benefits in Addition to EHB		0.0000	1.0008	1.0010	1.0006	1.0007	1.0006	1.0010	1.0010	1.0008
Administrative Costs										
3.6 Administrative Expense		0.00%	6.88%	8.70%	5.57%	6.28%	5.24%	8.72%	8.97%	6.60%
3.7 Taxes and Fees		0.00%	2.14%	2.16%	2.13%	2.14%	2.13%	2.16%	2.16%	2.14%
3.8 Profit & Risk Load		0.00%	-2.56%	-2.56%	-2.56%	-2.56%	-2.56%	-2.56%	-2.56%	-2.56%
3.9 Catastrophic Adjustment		0.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate		\$0.00	\$1,250.59	\$988.95	\$1,543.99	\$1,370.27	\$1,642.12	\$987.07	\$958.49	\$1,303.87
3.11 Age Calibration Factor	0.5700					0.5700				
3.12 Geographic Calibration Factor	0.9911					0.9911				
3.13 Tobacco Calibration Factor	1.0000	1.0000								
3.14 Calibrated Plan Adjusted Index Rate		\$0.00	\$706.49	\$558.69	\$872.24	\$774.10	\$927.68	\$557.62	\$541.47	\$736.59

Section IV: Projected Plan Level Information										
4.1 Plan ID (Standard Component ID)	Total	49831WA 1930002	49831WA1940001	49831WA1940003	49831WA1940004	49831WA 1940005	49831WA1940006	49831WA1940007	49831WA1940008	49831WA1940009
4.2 Allowed Claims	\$199,790,876	\$0	\$22,556,965	\$36,329,391	\$3,611,690	\$22,168,417	\$15,223,746	\$37,236,390	\$19,420,663	\$43,243,612
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$27,824,235	\$0	\$1,902,482	\$7,499,691	\$524,538	\$1,103,271	\$1,749,696	\$7,731,769	\$4,387,378	\$2,925,410
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$171,966,641	\$0	\$20,654,483	\$28,829,700	\$3,087,152	\$21,065,146	\$13,474,050	\$29,504,621	\$15,033,286	\$40,318,202
4.7 Risk Adjustment Transfer Amount	\$49,513,553	\$0	\$5,946,949	\$8,300,801	\$888,869	\$6,065,189	\$3,879,520	\$8,495,128	\$4,328,464	\$11,608,632
4.8 Premium	\$132,287,465	\$0	\$15,797,505	\$22,492,738	\$2,328,340	\$16,008,912	\$10,126,943	\$23,024,328	\$11,763,504	\$30,745,195
4.9 Projected Member Months	113,913	0	12,632	22,744	1,508	11,683	6,167	23,326	12,273	23,580
4.10 Loss Ratio	94.59%	#DIV/0!	94.99%	93.62%	95.96%	95.43%	96.20%	93.61%	93.42%	95.19%
Per Member Per Month										
4.11 Allowed Claims	\$1,753.89	#DIV/0!	\$1,785.70	\$1,597.32	\$2,395.02	\$1,897.49	\$2,468.58	\$1,596.35	\$1,582.39	\$1,833.91
4.12 Reinsurance	\$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	\$244.26	NDIV/0	\$150.61	\$329.74	\$347.84	\$94.43	\$283.72	\$331.47	\$357.48	\$124.06
4.14 Cost Sharing Reduction	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.15 Incurred Claims	\$1,509.63	#DIV/0!	\$1,635.09	\$1,267.57	\$2,047.18	\$1,803.06	\$2,184.86	\$1,264.88	\$1,224.91	\$1,709.85
4.16 Risk Adjustment Transfer Amount	\$434.66	#DIV/0!	\$470.78	\$364.97	\$589.44	\$519.15	\$629.08	\$364.19	\$352.68	\$492.31
4.17 Premium	\$1.161.30	#DIV/0!	\$1.250.59	\$988.95	\$1,543,99	\$1.370.27	\$1.642.12	\$987.07	\$958,49	\$1,303.87

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. 10 υσου τραιτι το ποιλικιτες - Υπιο Υπούας της), sees τοι που Υποι συσιοι το Cit + Sing + C.
To vollates, seeks the Finalise buttom or Cit + Sing + 1.
To finalise, seeks the Finalise buttom or Cit + Sing + 1.
To remove φ αριάς, novigets to the corresponding Plan Name/Product Name/Product Benery Product button or Cit + Shift + 0.
To remove φ αρίας, navigate to the corresponding Plan Name/Plan ID field and select the Remove Plan button or Cit + Shift + 0.

Rating Area Data Collection

Rating Area	Rating Factor
Rating Area 1	1.0000
Rating Area 2	1.0881
Rating Area 4	0.9462
Rating Area 5	1.0495
Rating Area 6	0.9698

SERFF Tracking #:	PBCC-134527954	State Tracking #:	484666		Company Tracking #:	2026 NONGRANDFATHERED INDIVIDUAL PBC					
State:	Washington			Filing Company:	Premera Blue Cross						
TOI/Sub-TOI:	H16l Individual He	116I Individual Health - Major Medical/H16I.005C Individual - Other									
Product Name:	2026 Nongrandfat	2026 Nongrandfathered Individual rate filing PBC									
Project Name/Number:	2026 nongrandfatl	2026 nongrandfathered individual PBC/2026 nongrandfathered individual PBC									

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):	PBCWA Ind 2026 Part III Appendix DUPLICATE.xlsx PBCWA Ind 2026 Part III Appendix.pdf PBCWA Ind 2026 WA Exhibits DUPLICATE.xlsx PBCWA Ind 2026 WA Exhibits.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Checklist
Comments:	
Attachment(s):	PBCWA Ind 2026 Checklist.pdf
Item Status:	
Status Date:	
Satisfied - Item:	WAC 284-43-6660
Comments:	
Attachment(s):	PBCWA Ind 2026 Summary of Pooled Experience with Adjustments.pdf PBCWA Ind 2026 WAC 284-43-6660 DUPLICATE.xlsx PBCWA Ind 2026 WAC 284-43-6660.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Uniform Product Modification Justification
Comments:	
Attachment(s):	PBCWA Ind 2026 Uniform Product Modification Justification DUPLICATE.xlsx PBCWA Ind 2026 Uniform Product Modification Justification.pdf
Item Status:	
Status Date:	

SERFF Tracking #:	PBCC-134527954	State Tracking #:	484666		Company Tracking #:	2026 NONGRANDFATHERED INDIVIDUAL PBC
State:	Washington		Fill	ing Company:	Premera Blue Cross	
TOI/Sub-TOI:	H16I Individua	l Health - Major Medical/H16I.(005C Individual - Other			
Product Name:	2026 Nongran	dfathered Individual rate filing l	PBC			
Project Name/Number:	2026 nongrand	dfathered individual PBC/2026	nongrandfathered individ	ual PBC		
Satisfied - Item:		Mental Health Parity Fin	ancial Requirements	6		
Comments:						
Attachment(s):		PBCWA Ind 2026 MHSU PBCWA Ind 2026 MHSU PBCWA Ind 2026 Menta	JD Parity Calculation	ns.pdf	.xlsm	
Item Status:						
Status Date:						
Satisfied - Item:		AV Calculator Screensh	ots			
Comments:						
Attachment(s):		2026 Unique Plan Desig Cascade Actuarial Value PBCWA Ind 2026 AV Ca PBCWA Ind 2026 AV Ca 2026 Unique Plan Desig	e Certification.pdf alculator Screenshot alculator Screenshot	s Cascade.pdf s Non-Cascade		odf
Item Status:						
Status Date:						
Satisfied - Item:		Benefit Components				
Comments:						
Attachment(s):		PBCWA Ind 2026 Benef PBCWA Ind 2026 Benef	it Components.pdf	LICATE.xlsm		
Item Status:						
Status Date:						
Satisfied - Item:		Commission Information	and Officer Certifica	ation		
Comments:						
Attachment(s):		Premera Blue Cross Co	mpensation Table 20)26.pdf		
Item Status:				•		
Status Date:						
Satisfied - Item:		1332 waiver reporting				
Comments:						
Attachment(s):		PBCWA Ind 1332 Waive	er Checklist.pdf			
Item Status:						
Status Date:						
Satisfied - Item:		Rating Documents for E	xtended ARPA Subs	idies		

SERFF Tracking #:	PBCC-134527954	State Tracking #:	484666	Company Tracking #:	2026 NONGRANDFATHERED INDIVIDUAL PBC					
State:	Washington		Filing	Company: Premera Blue Cros	35					
TOI/Sub-TOI:	H16I Individual He	alth - Major Medical/H16l.	005C Individual - Other							
Product Name:	2026 Nongrandfa	2026 Nongrandfathered Individual rate filing PBC								
Project Name/Number:	2026 nongrandfat	hered individual PBC/2026	nongrandfathered individual l	PBC						
Attachment(s):	PE PE PE	CWA Ind 2026 Rate CWA Ind 2026 Part I CWA Ind 2026 Part I	Schedule with ARPA ex Unified Rate Review Te Unified Rate Review Te	tension DUPLICATE.xlsx tension.pdf mplate with ARPA extension DUPL mplate with ARPA extension.pdf Memorandum with ARPA extensior						
Item Status:										
Status Date:										

Premera Blue Cross

Appendix 1.1 Development of URRT Wksh 1 - Market Experience

Individual Filing - Effective 1/1/2026

Section I: Experience period data	2023 Rate filing	2024 Actual Experience			
	Projected 2024 PMPM	Total	PMPM		
Allowed Claims	\$1,279.39	\$157,828,149	\$1,252.08		
Reinsurance	\$0.00	\$0	\$0.00		
Incurred Claims in Experience Period	\$1,050.84	\$132,656,582	\$1,052.39		
Risk Adjustment	\$234.82	\$41,526,451	\$329.44		
Experience Period Premium	\$944.77	\$112,880,957	\$895.50		
Experience Period Member Months	168,972	126,053			

Section II: Allowed Claims, PMPM basis

			2025 Rat	te Filing				
	Experience Period Index	Year 1	Trend	Year 2	Year 2 Trend			
Benefit Category	Rate PMPM	Cost	Utilization	Cost	Utilization	PMPM		
Inpatient	\$134.54	1.062	1.039	1.062	1.039	\$163.99		
Outpatient	\$301.33	1.062	1.039	1.062	1.039	\$367.30		
Professional	\$332.33	1.062	1.039	1.062	1.039	\$405.09		
Other	\$32.53	1.062	1.039	1.062	1.039	\$39.65		
Capitation	\$0.00	1.062	1.039	1.062	1.039	\$0.00		
Prescription Drug	\$257.39	1.089	1.016	1.089	1.016	\$314.97		
Total	\$1,058.12					\$1,291.00		

			2026 Ra	te Filing		
	Experience Period Index	Year 1	Trend	Year 2	Trended EHB Allowed Claims	
Benefit Category	Rate PMPM	Cost	Utilization	Cost	Utilization	PMPM
Inpatient	\$179.77	1.0664	1.0400	1.0664	1.0400	\$221.12
Outpatient	\$356.66	1.0664	1.0400	1.0664	1.0400	\$438.69
Professional	\$382.30	1.0664	1.0400	1.0664	1.0400	\$470.23
Other	\$40.40	1.0664	1.0400	1.0664	1.0400	\$49.69
Capitation	\$0.00	1.0664	1.0400	1.0664	1.0400	\$0.00
Prescription Drug	\$292.95	1.0760	1.0200	1.0760	1.0200	\$352.87
Total	\$1.252.08					\$1.532.61

	2025 Rate Filing	2026 Rate Filing	
Morbidity Adjustment	1.000	1.000	
Demographic Shift	1.138	1.091	
Plan Design Changes	1.000	1.000	
Other	1.000	1.237	
Adjusted Trended EHB Allowed Claims PMPM	\$1,469.16	\$2,069.13	
Manual EHB Allowed Claims PMPM	\$0.00	\$0.00	
Applied Credibility %	100.00%	100.00%	
		-	Projected Period Totals
Projected Index Rate	\$1,469.16	\$2,069.13	\$235,700,805.69
Reinsurance	\$0.00	\$0.00	\$0.00
Risk Adjustment Payment/Charge	\$356.03	\$595.75	\$67,864,234.33
Exchange User Fees (1)	0.55%	0.47%	\$792,556.90
Market Adjusted Index Rate	\$1,119.28	\$1,480.33	\$168,629,128.27
Projected Member Months	131,706	113,913	

Note:

NUCE: (1) Projected Exchange user fee % = Exchange user fee on an allowed basis / Projected Market Adjusted Index Rate Exchanage user fee on an allowed basis = \$5.11 / 0.7296 = \$7 Projected Exchange user fee % = \$7/(\$2069.13 - \$595.75 + \$7)

Premera Blue Cross

Appendix 1.2 Development of URRT Wksh 2 - Market Experience

Individual Filing - Effective 1/1/2026

Section I: General Product and Plan Information

Product Name	Preferred HSA EPO				Preferr	ed EPO			
Product ID:	49831WA193				49831	WA194			
	Premera Blue Cross				Premera Blue Cross				
Plan Name	Preferred Bronze HSA	Premera Blue Cross	Premera Blue Cross	Premera Blue Cross	Cascade Complete	Premera Blue Cross	Premera Blue Cross	Premera Blue Cross	Premera Blue Cross
	EPO 6400	Preferred Gold	Preferred Bronze	Preferred Silver	Gold	Cascade Silver	Cascade Bronze	Preferred Bronze HSA	Cascade Vital Gold
Plan ID (Standard Component ID):	49831WA1930002	49831WA1940001	49831WA1940003	49831WA1940004	49831WA1940005	49831WA1940006	49831WA1940007	49831WA1940008	49831WA1940009
Metal:	Bronze	Gold	Bronze	Silver	Gold	Silver	Bronze	Bronze	Gold
AV Metal Value	64.74%	79.47%	64.15%	71.93%	81.81%	71.84%	64.97%	62.79%	78.06%
Plan Category	Terminated	Renewing	New						
Plan Type:	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
Exchange Plan?	No	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
Cum'tive Rate Change % (over 12 mos prior)	0.00%	-3.58%	19.50%	36.90%	-6.57%	41.24%	16.10%	15.97%	0.00%
Product Rate Increase %	0.00%				18.	24%			
Submission Level Rate Increase					18.24%				

Section II: Experience Period and Current Plan Level Information

Plan ID (Standard Component ID):	Total	49831WA1930002	49831WA1940001	49831WA1940003	49831WA1940004	49831WA1940005	49831WA1940006	49831WA1940007	49831WA1940008	49831WA1940009
Allowed Claims	\$157,828,149	\$9,883,782	\$29,843,675	\$22,765,978	\$20,793,466	\$28,423,251	\$30,112,981	\$16,005,015	\$0	\$0
Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Member Cost Sharing	\$25,171,567	\$2,684,257	\$3,628,701	\$5,714,386	\$2,341,696	\$2,209,095	\$4,205,773	\$4,387,660	\$0	\$0
Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Incurred Claims	\$132,656,582	\$7,199,525	\$26,214,975	\$17,051,592	\$18,451,770	\$26,214,156	\$25,907,209	\$11,617,355	\$0	\$0
Risk Adjustment Transfer Amount	\$41,526,451	\$917,228	\$9,493,448	\$2,572,627	\$5,646,339	\$10,906,311	\$9,975,517	\$2,014,981	\$0	\$0
Premium	\$112,880,957	\$9,727,226	\$17,685,807	\$21,490,523	\$11,998,425	\$13,639,238	\$22,271,236	\$16,068,501	\$0	\$0
Member Months	126,053	12,272	16,558	26,464	11,475	12,652	23,647	22,985	0	0
Current Enrollment	9,460	0	1,055	1,891	731	970	1,858	1,937	1,018	0
Current Premium PMPM	\$1,020.85	\$0.00	\$1,264.51	\$925.36	\$1,184.81	\$1,250.11	\$1,081.61	\$826.80	\$867.83	\$0.00
Loss Ratio	85.91%	67.64%	96.45%	70.86%	104.57%	106.80%	80.34%	64.24%	0.00%	0.00%
Per Member Per Month					•					
Allowed Claims	\$1,252.08	\$805.39	\$1,802.37	\$860.26	\$1,812.07	\$2,246.54	\$1,273.44	\$696.32	\$0.00	\$0.00
Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Cost Sharing	\$199.69	\$218.73	\$219.15	\$215.93	\$204.07	\$174.60	\$177.86	\$190.89	\$0.00	\$0.00
Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Incurred Claims	\$1,052.39	\$586.66	\$1,583.22	\$644.33	\$1,608.00	\$2,071.94	\$1,095.58	\$505.43	\$0.00	\$0.00
Risk Adjustment Transfer Amount	\$329.44	\$74.74	\$573.35	\$97.21	\$492.06	\$862.02	\$421.85	\$87.67	\$0.00	\$0.00
Premium	\$895.50	\$792.64	\$1,068.11	\$812.07	\$1,045.61	\$1,078.03	\$941.82	\$699.09	\$0.00	\$0.00

Section III: Plan Adjustment Factors

Plan ID (Standard Component ID)	49831WA1930002	49831WA1940001	49831WA1940003	49831WA1940004	49831WA1940005	49831WA1940006	49831WA1940007	49831WA1940008	49831WA1940009	
Market Adjusted Index Rate					\$1,480.33				1	
AV and Cost Sharing Design of Plan	0.0000	0.7896	0.6120	0.9888	0.8708	1.0553	0.6107	0.5914	0.8257	
Provider Network Adjustment	0.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
Benefits in Addition to EHB	0.0000	1.0008	1.0010	1.0006	1.0007	1.0006	1.0010	1.0010	1.0008	
Administrative Costs										
Administrative Expense	0.00%	6.88%	8.70%	5.57%	6.28%	5.24%	8.72%	8.97%	6.60%	
Taxes and Fees	0.00%	2.14%	2.16%	2.13%	2.14%	2.13%	2.16%	2.16%	2.14%	
Profit & Risk Load	0.00%	-2.56%	-2.56%	-2.56%	-2.56%	-2.56%	-2.56%	-2.56%	-2.56%	
Catastrophic Adjustment	0.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
Plan Adjusted Index Rate	\$0.00	\$1,250.59	\$988.95	\$1,543.99	\$1,370.27	\$1,642.12	\$987.07	\$958.49	\$1,303.87	
	• • •		· · · · ·							
Age Calibration Factor					0.5700					

Geographic Calibration Factor		0.9911							
Tobacco Calibration Factor					1.0000				
Calibrated Plan Adjusted Index Rate	\$0.00	\$706.49	\$558.69	\$872.24	\$774.10	\$927.68	\$557.62	\$541.47	\$736.59

Section IV: Projected Plan Level Information

Plan ID (Standard Component ID):	Total	49831WA1930002	49831WA1940001	49831WA1940003	49831WA1940004	49831WA1940005	49831WA1940006	49831WA1940007	49831WA1940008	49831WA1940009
Allowed Claims	\$199,790,876	\$0	\$22,556,965	\$36,329,391	\$3,611,690	\$22,168,417	\$15,223,746	\$37,236,390	\$19,420,663	\$43,243,612
Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Member Cost Sharing	\$27,824,235	\$0	\$1,902,482	\$7,499,691	\$524,538	\$1,103,271	\$1,749,696	\$7,731,769	\$4,387,378	\$2,925,410
Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Incurred Claims	\$171,966,641	\$0	\$20,659,385	\$28,810,420	\$3,089,827	\$21,076,279	\$13,487,844	\$29,484,636	\$15,021,121	\$40,333,281
Risk Adjustment Transfer Amount	\$49,513,553	\$0	\$5,946,949	\$8,300,801	\$888,869	\$6,065,189	\$3,879,520	\$8,495,128	\$4,328,464	\$11,608,632
Premium	\$132,287,465	\$0	\$15,797,505	\$22,492,738	\$2,328,340	\$16,008,912	\$10,126,943	\$23,024,328	\$11,763,504	\$30,745,195
Projected Member Months	113,913	0	12,632	22,744	1,508	11,683	6,167	23,326	12,273	23,580
Loss Ratio	94.59%	0.00%	95.01%	93.56%	96.04%	95.48%	96.30%	93.54%	93.35%	95.23%
Per Member Per Month										
Allowed Claims	\$1,753.89	\$0.00	\$1,785.70	\$1,597.32	\$2,395.02	\$1,897.49	\$2,468.58	\$1,596.35	\$1,582.39	\$1,833.91
Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Cost Sharing	\$244.26	\$0.00	\$150.61	\$329.74	\$347.84	\$94.43	\$283.72	\$331.47	\$357.48	\$124.06
Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Incurred Claims	\$1,509.63	\$0.00	\$1,635.48	\$1,266.73	\$2,048.96	\$1,804.01	\$2,187.10	\$1,264.02	\$1,223.92	\$1,710.49
Risk Adjustment Transfer Amount	\$434.66	\$0.00	\$470.78	\$364.97	\$589.44	\$519.15	\$629.08	\$364.19	\$352.68	\$492.31
Premium	\$1,161.30	\$0.00	\$1,250.59	\$988.95	\$1,543.99	\$1,370.27	\$1,642.12	\$987.07	\$958.49	\$1,303.87

Premera Blue Cross Appendix 1.3 Average Rate Change by Plan

Individual Filing - Effective 1/1/2026

									Rate Chan	ge due to	
2025 HIOS ID	2025 Plan Name	Plan Category	2026 HIOS	2026 Plan Name Cu Me		2025	2026	Experience	Benefit	Cost	Overall
	2025 Flair Name	Than outegory	202011100			Premium ⁽¹⁾	Premium (2)	Experience	Benefit	Sharing	overall
49831WA1940001	Premera Blue Cross Preferred Gold EPO 1500	Renewal	49831WA1940001	Premera Blue Cross Preferred Gold	1,055	\$1,298.40	\$1,251.93	-3.60%	0.00%	0.02%	-3.58%
49831WA1940003	Premera Blue Cross Preferred Bronze EPO 6650	Renewal	49831WA1940003	Premera Blue Cross Preferred Bronze	1,891	\$828.47	\$990.01	19.88%	0.00%	-0.32%	19.50%
49831WA1940004	Premera Blue Cross Preferred Silver EPO 4500	Renewal	49831WA1940004	Premera Blue Cross Preferred Silver	731	\$1,129.00	\$1,545.64	38.13%	0.00%	-0.89%	36.90%
49831WA1940005	Premera Blue Cross Cascade Gold	Renewal	49831WA1940005	Premera Blue Cross Cascade Complete Gold	970	\$1,468.26	\$1,371.74	-5.07%	0.00%	-1.58%	-6.57%
49831WA1940006	Premera Blue Cross Cascade Silver	Renewal	49831WA1940006	Premera Blue Cross Cascade Silver	1,858	\$1,163.91	\$1,643.87	42.05%	0.00%	-0.57%	41.24%
49831WA1940007	Premera Blue Cross Cascade Bronze	Renewal	49831WA1940007	Premera Blue Cross Cascade Bronze	1,937	\$851.07	\$988.12	17.05%	0.00%	-0.81%	16.10%
49831WA1940008	Premera Blue Cross Preferred Bronze HSA EPO 6800	Renewal	49831WA1940008	Premera Blue Cross Preferred Bronze HSA	1,018	\$827.39	\$959.51	17.63%	0.00%	-1.41%	15.97%
Total					9,460			19.65%	0.00%	-0.72%	18.79%

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

Premera Blue Cross

Appendix 2.1

Trend Development

Individual Filing - Effective 1/1/2026

Unit Cost ⁽¹⁾ 6.86% 6.88% 5.70%	2 000/	
	3.60%	4.20%
Utilization ⁽²⁾ 3.53% 3.36% 3.50%	4.20%	3.00%

For the WAC 284-43-6660

Leveraging ⁽³⁾	0.40%	0.40%	0.40%	0.40%	0.50%
Total Trend with Leveraging	11.07%	10.91%	9.80%	8.40%	7.90%

Unit Cost and Utilization breakdown for 2026 Rate Filing

	Medical	Rx	Average Med + Rx
Unit Cost	6.64%	7.60%	6.86%
Utilization	4.00%	2.00%	3.53%
Leveraging	0.40%	0.40%	0.40%
% of Blending Claims	76.60%	23.40%	
Average Allowed Trend	10.91%	9.75%	10.64%
Proposed Annual Incurred Trend	11.35%	10.19%	11.08%

Type of Service	Annual Trend	% of claims
Hospital	11.35%	42.84%
Professional	11.35%	30.53%
Other Medical	11.35%	3.23%
Dental	N/A	0.00%
Prescription Drug	10.19%	23.40%
Total	11.08%	100.0%

Notes:

(1) Based on provider contract estimated by Premera'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

Premera Blue Cross 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	89,414	36,639	126,053
2024 EHB Allowed Claims PMPM	\$1,337.96	\$1,042.48	\$1,252.08

Projection Period	2024 Retained Members	New 2025 Members with known experience	New 2025 Members without known experience	New 2026 Members	Average Projected Experience (B)	Demographic Shift (B / A)
Projected Member Months	87,555	627	14,324	11,407	113,913	
2024 Allowed Claims PMPM	\$1,365.81	\$840.59	\$1,390.71	\$1,370.25	\$1,366.49	1.091

Notes:

1 - Current Premera members with experience from an affiliated company

Premera Blue Cross Appendix 2.3a

Adjustment for AV & Cost Sharing to Paid/Allowed

Individual Filing - Effective 1/1/2026

Experience Paid to Allow	84.1% (a)
Change in Benefit and Cost Share	2.4% (b)
Projected Paid to Allow	86.1% (c) = (a) (1+b)
Projected AV & Cost Share (Appendix 2.5)	73.0% (d)
Adjustment Factor	1.180 = (c) / (d)

Premera Blue Cross Appendix 2.3b

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

Contribution Margin before eAPTC and Silver Loading Contribution Margin after eAPTC and Silver Loading	2026 Projected \$121.73 \$51.31
Change in Contribution Margin	-\$70.42
Projected AV & Cost Share (Appendix 2.5) Allowed Basis Impact	0.7296 (\$96.52)
Claims Base (Projected Index Rate before adjustment)	\$1,972.61
Adjustment Factor	1.0489

Premera Blue Cross Appendix 2.4 Risk Adjustment Development

Individual Filing - Effective 1/1/2026

Market Level Risk Adjustment Factors 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 ⁽¹⁾	2024	\$507.46	1.303	1.707	0.686	1.030	1.001	1.343	1.208	\$0.00
Metallic ⁽²⁾	2025	\$553.13	1.254	1.707	0.686	1.030	1.001	1.293	1.208	\$0.00
Metallic ⁽²⁾	2026	\$580.79	1.230	1.707	0.686	1.030	1.001	1.268	1.208	\$0.00

Experience Risk Adjustment

All Experience ⁽¹⁾										
									Allowable	
	Member	Billable Member	Plan Liability	Allowable		Induced	Geographic	Plan Liability	Rating	Transfer
Metallic Level	Months	Months	Risk Score	Rating Factor	Metal Level AV	Demand Factor	Cost Factor	Component	Component	Amount PMPM
Gold	29,210	29,580	3.140	1.615	0.800	1.080	0.999	3.388	1.394	\$694.15
Silver	35,122	35,695	2.314	1.720	0.700	1.030	0.998	2.380	1.238	\$379.06
Bronze	61,721	62,492	1.469	1.844	0.600	1.000	1.002	1.472	1.109	\$90.31
Total	126,053	127,766	2.120	1.780	0.683	1.041	1.014	2.198	1.227	\$310.69

Estimated 2024 Risk Adjustment Transfer PMPM Expected 2024 High Cost Risk Pool Reimbursement PMPM

Expected 2024 High Cost Risk Pool Administrative Cost PMPM Estimated 2024 Risk Adjustment PMPM

\$21.93 (b) -\$3.18 (c) ⁽³⁾ \$329.44 (d) = (a + b + c)

\$310.69 (a)

Projected Risk Adjustment

2024 members projected to persist into 2026										
									Allowable	
	Member	Billable Member	Plan Liability	Allowable		Induced	Geographic	Plan Liability	Rating	Transfer
Metallic Level	Months	Months	Risk Score	Rating Factor	Metal Level AV	Demand Factor	Cost Factor	Component	Component	Amount PMPM
Gold	36,928	37,344	2.723	1.698	0.800	1.080	0.999	2.937	1.465	\$640.28
Silver	5,562	5,639	3.648	1.742	0.700	1.030	0.999	3.754	1.255	\$1,115.38
Bronze	45,065	45,514	1.453	1.879	0.600	1.000	1.002	1.456	1.130	\$123.50
Total	87,555	88,497	2.128	1.794	0.691	1.036	1.000	2.251	1.293	\$404.47

New 2025 members projected to persist into 2026

									Allowable	
	Member	Billable Member	Plan Liability	Allowable		Induced	Geographic	Plan Liability	Rating	Transfer
Metallic Level	Months	Months	Risk Score	Rating Factor	Metal Level AV	Demand Factor	Cost Factor	Component	Component	Amount PMPM
Gold	6,177	11,085	2.474	1.462	0.800	1.080	0.991	2.649	1.252	\$610.89
Silver	1,336	2,144	3.359	1.453	0.700	1.030	0.992	3.432	1.039	\$1,071.70
Bronze	7,438	13,407	1.297	1.589	0.600	1.000	0.990	1.283	0.943	\$134.08
Total	14,951	26,636	1.968	1.524	0.692	1.036	0.991	3.607	1.923	\$414.86

New members projected in 2026

									Allowable	
	Member	Billable Member	Plan Liability	Allowable		Induced	Geographic	Plan Liability	Rating	Transfer
Metallic Level	Months	Months	Risk Score	Rating Factor	Metal Level AV	Demand Factor	Cost Factor	Component	Component	Amount PMPM
Gold	4,790	4,843	2.689	1.664	0.800	1.080	0.998	2.899	1.436	\$637.10
Silver	777	789	3.596	1.685	0.700	1.030	0.999	3.699	1.213	\$1,110.12
Bronze	5,840	5,898	1.430	1.838	0.600	1.000	1.002	1.433	1.105	\$124.64
Total	11.407	11.530	2,106	1.755	0.691	1.036	1.000	2.227	1.265	\$406.96

Total 2026 Projected Risk Adjustment

									Allowable	
	Member	Billable Member	Plan Liability	Allowable		Induced	Geographic	Plan Liability	Rating	Transfer
Metallic Level	Months	Months	Risk Score	Rating Factor	Metal Level AV	Demand Factor	Cost Factor	Component	Component	Amount PMPM
Gold	47,895	53,272	2.688	1.664	0.800	1.080	0.998	2.896	1.435	\$636.17
Silver	7,675	8,572	3.593	1.686	0.700	1.030	0.998	3.692	1.213	\$1,107.24
Bronze	58,343	64,819	1.431	1.838	0.600	1.000	1.001	1.432	1.104	\$124.96
Total	113,913	126,663	2.105	1.755	0.691	1.036	0.999	2.447	1.390	\$406.08

	2026 Filing	Prior Filing	
Expected Risk Adjustment Transfer PMPM	\$406.08	\$279.76	(a)
Expected High Cost Risk Pool Reimbursement PMPM	\$32.71	\$16.42	(b)
Expected High Cost Risk Pool Administrative Cost PMPM	-\$4.13	-\$3.77	(C) ⁽³⁾
Expected Risk Adjustment PMPM	\$434.66	\$292.41	(d) = (a + b + c)
Projection Period Paid to Allowed (Appendix 2.5)	0.7296	0.8213	(e)
Estimated 2026 Allowed Risk Adjustment PMPM	\$595.75	\$356.03	(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 assessment administrative cost= 0.356%

2026 Expected High Cost Risk Pool Admin Cost PMPM = 0.356%* \$1161.3= \$4.13
Premera Blue Cross

Appendix 2.5 Plan Adjustment Factors Development

Individual Filing - Effective 1/1/2026

		Projected	Market Adj	AV &	Cost Sharing D	lev	AV &	Network	Catastrophic	Adn	ninistrative Expense	e ⁽²⁾		Taxes and Fees ⁽³⁾		Р	rofit & Risk Load ⁴		Plan Adj	1.0000	Calibrated Plan	(X) - (Y)	Benet	fits in addition to E	EHB	URRT	EHB
HIOS	Plan	Membership	Index Rate	P/A	IDF	Silver Load	Cost Sharing	Utilization ⁽¹⁾	Adjustment	AE Fixed	AE %Prem	AE % Total	TF Fixed	TF %Prem	TF % Total	PR Fixed	PR %Prem	PR %Total	Index Rate ⁽⁵⁾	Premium (2)	Adi Index Rate (*)	Difference	NB Fixed	NB %Prem	NB Factor	AV& Cost	Percentage
49831WA1940001	Premera Blue Cross Preferred Gold	12,632	\$1,480.33	0.7747	1.0200	1.0000	0.7902	1.0000	1.0000	\$86.02	0.00%	6.88%	\$0.77	2.08%	2.14%	\$0.00	-2.56%	-2.56%	\$1,250.59	\$706.49	\$706.49	\$0.00	\$1.00	0.00%	1.0008	0.7896	99.92%
		22,744	\$1,480.33	0.6347	0.9652	1.0000	0.6126	1.0000	1.0000	\$86.02	0.00%	8.70%	\$0.77	2.08%	2.16%	\$0.00	-2.56%	-2.56%	\$988.95	\$558.69	\$558.69	\$0.00	\$1.00	0.00%	1.0010	0.6120	99.90%
	Premera Blue Cross Preferred Silver	1,508	\$1,480.33	0.6994	0.9859	1.4350	0.9894	1.0000	1.0000	\$86.02	0.00%	5.57%	\$0.77	2.08%	2.13%	\$0.00	-2.56%	-2.56%	\$1,543.99	\$872.24	\$872.24	\$0.00	\$1.00	0.00%	1.0006	0.9888	99.94%
49831WA1940005	Premera Blue Cross Cascade Complete Gold	11,683	\$1,480.33	0.8289	1.0513	1.0000	0.8714	1.0000	1.0000	\$86.02	0.00%	6.28%	\$0.77	2.08%	2.14%	\$0.00	-2.56%	-2.56%	\$1,370.27	\$774.10	\$774.10	\$0.00	\$1.00	0.00%	1.0007	0.8708	99.93%
49831WA1940006	Premera Blue Cross Cascade Silver	6,167	\$1,480.33	0.7353	1.0008	1.4350	1.0559	1.0000	1.0000	\$86.02	0.00%	5.24%	\$0.77	2.08%	2.13%	\$0.00	-2.56%	-2.56%	\$1,642.12	\$927.68	\$927.68	\$0.00	\$1.00	0.00%	1.0006	1.0553	99.94%
49831WA1940007	Premera Blue Cross Cascade Bronze	23,326	\$1,480.33	0.6336	0.9649	1.0000	0.6113	1.0000	1.0000	\$86.02	0.00%	8.72%	\$0.77	2.08%	2.16%	\$0.00	-2.56%	-2.56%	\$987.07	\$557.62	\$557.62	\$0.00	\$1.00	0.00%	1.0010	0.6107	99.90%
	Premera Blue Cross Preferred Bronze HSA	12,273	\$1,480.33	0.6162	0.9607	1.0000	0.5920	1.0000	1.0000	\$86.02	0.00%	8.97%	\$0.77	2.08%	2.16%	\$0.00	-2.56%	-2.56%	\$958.49	\$541.47	\$541.47	\$0.00	\$1.00	0.00%	1.0010	0.5914	99.90%
49831WA1940009	Premera Blue Cross Cascade Vital Gold	23,580	\$1,480.33	0.7995	1.0336	1.0000	0.8264	1.0000	1.0000	\$86.02	0.00%	6.60%	\$0.77	2.08%	2.14%	\$0.00	-2.56%	-2.56%	\$1,303.87	\$736.59	\$736.59	\$0.00	\$1.00	0.00%	1.0008	0.8257	99.92%
Total		113.913	\$1.480.33	0.7083	1.0000	1.0293	0.7296	1.0000			L	7.41%		Ļ	2.15%		L	-2.56%	\$1,161.30								

		2025 V	s 2026 Filing Fact	ors vary by plans						
		AV	&	Benefits in ad	dition to EHB	Adminis	trative	Taxes &		
		Cost S		Fac		Expense *		Fees % of Total		
HIOS	Plan	2025 Filing	2026 Filing	2025 Filing	2026 Filing	2025 Filing	2026 Filing	2025 Filing	2026 Filing	
49831WA1940001	Premera Blue Cross Preferred Gold EPO 1500	1.0344	0.7902	1.0008	1.0008	6.04%	6.88%	2.13%	2.14%	
49831WA1940003	Premera Blue Cross Preferred Bronze EPO 6650	0.6343	0.6126	1.0012	1.0010	9.46%	8.70%	2.16%	2.16%	
49831WA1940004	Premera Blue Cross Preferred Silver EPO 4500	0.8902	0.9894	1.0009	1.0006	6.94%	5.57%	2.14%	2.13%	
49831WA1940005	Premera Blue Cross Cascade Gold	1.1790	0.8714	1.0007	1.0007	5.34%	6.28%	2.13%	2.14%	
49831WA1940006	Premera Blue Cross Cascade Silver	0.9198	1.0559	1.0009	1.0006	6.74%	5.24%	2.14%	2.13%	
49831WA1940007	Premera Blue Cross Cascade Bronze	0.6535	0.6113	1.0012	1.0010	9.21%	8.72%	2.16%	2.16%	
49831WA1940008	Premera Blue Cross Preferred Bronze HSA EPO 6800	0.6334	0.5920	1.0012	1.0010	9.47%	8.97%	2.16%	2.16%	

2025 Vs 2026 Filing Factors do not vary by plans								
Network Catastrophic Profit &								
Filing	Utilization	Adjustment	Risk Load					
2025 Filing	1.0000	1.0000	3.50%					
2026 Filing	1.0000	1.0000	-2.56%					

NAME. (1) Plane any Tly Manori, Likitation (2) Plane ta Park Advessaries Ceptones Load of Appande 20,5). (2) Plane ta Park Tana Sara okaponati 2:30. (4) Plane ta Park Tana Sara okaponati 2:30. (4) Plane ta Park Tana Sara okaponati 2:30. (5) Plane ta Park Ta

Premera Blue Cross Appendix 2.5a

Induced Demand Factor Adjustment

Individual Filing - Effective 1/1/2026

		Projected	AV & Cost S	Sharing Dev	
HIOS	Plan	Membership	P/A	IDF	Norm IDF
49831WA1940001	Premera Blue Cross Preferred Gold	12,632	0.7747	1.0655	1.0200
49831WA1940003	Premera Blue Cross Preferred Bronze	22,744	0.6347	1.0081	0.9652
49831WA1940004	Premera Blue Cross Preferred Silver	1,508	0.6994	1.0298	0.9859
49831WA1940005	Premera Blue Cross Cascade Complete Gold	11,683	0.8289	1.0982	1.0513
49831WA1940006	Premera Blue Cross Cascade Silver	6,167	0.7353	1.0454	1.0008
49831WA1940007	Premera Blue Cross Cascade Bronze	23,326	0.6336	1.0078	0.9649
49831WA1940008	Premera Blue Cross Preferred Bronze HSA	12,273	0.6162	1.0035	0.9607
49831WA1940009	Premera Blue Cross Cascade Vital Gold	23,580	0.7995	1.0797	1.0336
Total		113,913	0.7083	1.0445	1.0000

IDF Adjustment Factor

0.95736

Premera Blue Cross Appendix 2.5b Administrative Cost Development

Individual Filing - Effective 1/1/2026

	Summary of Administrative Expenses Load: (Appendix 1.2)										
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
Net Operating Expense (3)	PMPM	\$84.35	7.26%	\$76.34	7.22%	\$67.81	7.18%	\$65.20	8.14%	\$67.12	9.21%
Commission	PMPM	\$6.46	0.56%	\$7.35	0.69%	\$8.82	0.93%	\$6.89	0.86%	\$6.21	0.85%
Reinsurance Fees (1)	PMPM	\$0.69	0.06%	\$0.63	0.06%	\$0.26	0.03%	\$0.24	0.03%	\$0.28	0.04%
Interest Credit	PMPM	-\$5.47	-0.47%	-\$5.19	-0.49%	-\$4.69	-0.50%	-\$0.78	-0.10%	-\$0.16	-0.02%
Subtotal		\$86.02		\$79.13		\$72.20		\$71.55		\$73.45	

	Summary of Profit & Risk Load: (Appendix 1.2)										
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	-\$29.78	-2.56%	\$37.02	3.50%	\$33.07	3.50%	\$33.07	3.50%	2801.65%	3.50%

				Summary of Tax	es & Fees: (Appe	ndix 1.2)					
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	\$0.95	0.08%	\$0.88	0.08%	\$0.72	0.08%	\$0.66	0.08%	0.635801139	0.000872411
Federal Income Tax (4)	% of Premium	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%
WSHIP Assessment	PMPM	\$0.19	0.02%	\$0.13	0.01%	\$0.30	0.03%	\$0.38	0.05%	\$0.55	0.08%
Premium Tax	% of Premium	\$23.23	2.00%	\$21.15	2.00%	\$18.90	2.00%	\$16.01	2.00%	\$14.58	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	0.03%	\$0.30	0.03%	\$0.28	0.03%	\$0.26	0.03%	\$0.55	0.08%
Risk Adjustment Program Administration Fee	PMPM	\$0.20	0.02%	\$0.18	0.02%	\$0.21	0.02%	\$0.22	0.03%	\$0.25	0.03%
			2.15%		2.15%		2.17%		2.19%		2.27%

	Summary of Exchange Fee: (Appendix 1.1)											
E	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	0.44%	\$5.10	0.48%	\$2.99	0.32%	\$2.99	0.37%	\$2.99	0.41%

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

(2) Assumes 100% of members buy through the Exchange as only selling on Exchange plans

Reliant on PBC Financial Department projection
 PBC is a not-for-profit organization. Therefore, we do not pay federal income tax.

Changes between 2	025 and 2026 Filing
PMPM	% of Premium
\$8.00	
(\$0.90)	
\$0.06	
(\$0.28)	
\$6.89	





PMPM	% of Premium
\$0.01	

Premera Blue Cross Appendix 2.5c

Commission

Individual Filing - Effective 1/1/2026

Producer Tier	Comm PMPM	Projected Membership
Tier 1+	\$21	0.5%
Tier 1	\$20	27.0%
Tier 2	\$15	3.0%
Tier 3	\$10	5.0%
No Commission	\$0	64.5%
	Tota	l: \$6.46

Premera Blue Cross Appendix 2.5d

WSHIP Assessment

Individual Filing - Effective 1/1/2026

	2026 Projection ⁽²⁾
WSHIP Total Assessment	\$9,000,000
Total Insured Persons Reported ⁽¹⁾	46,927,276
WSHIP Assessement 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

Premera Blue Cross Appendix 2.6

Calibration Factor Development

Individual Filing - Effective 1/1/2026

							rship Distr				
	Area Factor ⁽¹⁾	1.0000	1.0881	N/A	0.9462	1.0495	0.9698	N/A	N/A	N/A	Subtota
Age Band	Age Factor ⁽²⁾	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	
>3 Child under 21	0.000	0.23%	0.02%	0.00%	0.00%	0.04%	0.02%	0.00%	0.00%	0.00%	0.31%
0-14	0.765	8.90%	0.94%	0.00%	0.19%	0.18%	0.12%	0.00%	0.00%	0.00%	10.33%
15	0.833	0.90%	0.09%	0.00%	0.02%	0.02%	0.01%	0.00%	0.00%	0.00%	1.04%
16	0.859	0.96%	0.12%	0.00%	0.00%	0.02%	0.00%	0.00%	0.00%	0.00%	1.10%
17	0.885	0.95%	0.13%	0.00%	0.02%	0.01%	0.02%	0.00%	0.00%	0.00%	1.13%
18	0.913	0.82%	0.09%	0.00%	0.01%	0.04%	0.02%	0.00%	0.00%	0.00%	0.98%
19	0.941	1.10%	0.10%	0.00%	0.01%	0.02%	0.00%	0.00%	0.00%	0.00%	1.23%
20	0.970	0.79%	0.11%	0.00%	0.03%	0.03%	0.00%	0.00%	0.00%	0.00%	0.97%
21	1.000	0.92%	0.09%	0.00%	0.03%	0.04%	0.01%	0.00%	0.00%	0.00%	1.09%
22	1.000	1.00%	0.09%	0.00%	0.03%	0.01%	0.00%	0.00%	0.00%	0.00%	1.13%
23	1.000	0.93%	0.12%	0.00%	0.02%	0.01%	0.03%	0.00%	0.00%	0.00%	1.119
24	1.000	0.82%	0.08%	0.00%	0.02%	0.00%	0.01%	0.00%	0.00%	0.00%	0.93%
25	1.004	0.68%	0.12%	0.00%	0.02%	0.00%	0.01%	0.00%	0.00%	0.00%	0.83%
26	1.024	0.77%	0.15%	0.00%	0.13%	0.04%	0.04%	0.00%	0.00%	0.00%	1.14%
27	1.048	0.81%	0.08%	0.00%	0.02%	0.02%	0.02%	0.00%	0.00%	0.00%	0.95%
28	1.087	0.94%	0.05%	0.00%	0.05%	0.02%	0.03%	0.00%	0.00%	0.00%	1.10%
29	1.119	0.91%	0.08%	0.00%	0.04%	0.01%	0.03%	0.00%	0.00%	0.00%	1.08%
30	1.135	0.82%	0.11%	0.00%	0.03%	0.01%	0.01%	0.00%	0.00%	0.00%	0.99%
31	1.159	0.92%	0.09%	0.00%	0.07%	0.01%	0.02%	0.00%	0.00%	0.00%	1.10%
32	1.183	1.05%	0.12%	0.00%	0.03%	0.03%	0.03%	0.00%	0.00%	0.00%	1.26%
33	1.198	1.23%	0.15%	0.00%	0.04%	0.02%	0.02%	0.00%	0.00%	0.00%	1.46%
34	1.214	1.09%	0.09%	0.00%	0.06%	0.06%	0.02%	0.00%	0.00%	0.00%	1.329
35	1.222	1.36%	0.05%	0.00%	0.05%	0.02%	0.02%	0.00%	0.00%	0.00%	1.51%
36	1.230	1.16%	0.08%	0.00%	0.05%	0.06%	0.01%	0.00%	0.00%	0.00%	1.37%
37	1.238	1.18%	0.10%	0.00%	0.02%	0.01%	0.06%	0.00%	0.00%	0.00%	1.389
38	1.246	1.15%	0.16%	0.00%	0.04%	0.05%	0.03%	0.00%	0.00%	0.00%	1.44%
39	1.262	1.16%	0.11%	0.00%	0.06%	0.05%	0.00%	0.00%	0.00%	0.00% 0.00%	1.38%
40	1.278	1.21%	0.14%	0.00%	0.02%	0.03%	0.04%	0.00%	0.00%		1.45%
41	1.302	1.31%	0.11%	0.00%	0.02%	0.02%	0.05%	0.00%	0.00%	0.00%	1.51%
42	1.325	1.41%	0.15%	0.00%	0.05%	0.01%	0.04%	0.00%	0.00%	0.00%	1.66%
43	1.357	1.43%	0.20%	0.00%	0.03%	0.02%	0.01%	0.00% 0.00%	0.00% 0.00%	0.00% 0.00%	1.709
44	1.397	1.38%	0.24%	0.00%	0.03%	0.04%	0.02%			0.00%	1.72%
45	1.444	1.42%	0.15%	0.00%	0.00%	0.04%	0.03%	0.00%	0.00%	0.00%	1.65%
46	1.500	1.48%	0.23%	0.00%	0.02%	0.04%	0.00%	0.00%	0.00%	0.00%	1.779
47 48	1.563	1.40% 1.45%	0.18% 0.17%	0.00% 0.00%	0.01% 0.03%	0.04% 0.03%	0.04% 0.04%	0.00% 0.00%	0.00% 0.00%	0.00%	1.68% 1.73%
48	1.635 1.706	1.45%	0.16%	0.00%	0.03%	0.03%	0.04%	0.00%	0.00%	0.00%	1.329
49 50	1.786	1.05%	0.18%	0.00%	0.02%	0.04%	0.05%	0.00%	0.00%	0.00%	1.61%
51	1.865	1.33%	0.23%	0.00%	0.03%	0.03%	0.01%	0.00%	0.00%	0.00%	1.64%
52	1.952	1.63%	0.23%	0.00%	0.03%	0.03%	0.01%	0.00%	0.00%	0.00%	1.86%
53	2.040	1.87%	0.17%	0.00%	0.02%	0.02%	0.02%	0.00%	0.00%	0.00%	2.17%
54	2.135	2.19%	0.31%	0.00%	0.01%	0.06%	0.00%	0.00%	0.00%	0.00%	2.58%
55	2.230	2.15%	0.26%	0.00%	0.01%	0.04%	0.00%	0.00%	0.00%	0.00%	2.367
56	2.333	2.13%	0.30%	0.00%	0.01%	0.04%	0.02%	0.00%	0.00%	0.00%	2.50%
57	2.335	2.13%	0.38%	0.00%	0.04%	0.01%	0.02%	0.00%	0.00%	0.00%	2.507
58	2.437	2.00%	0.38%	0.00%	0.08%	0.03%	0.02%	0.00%	0.00%	0.00%	2.83%
59	2.603	2.47%	0.39%	0.00%	0.02%	0.02%	0.02%	0.00%	0.00%	0.00%	2.037
59 60	2.003	2.46%	0.39%	0.00%	0.03%	0.02%	0.02%	0.00%	0.00%	0.00%	2.937
61	2.810					0.03%	0.02%			0.00%	3.55%
62	2.810	2.96% 2.97%	0.46% 0.63%	0.00% 0.00%	0.05% 0.05%	0.05%	0.02%	0.00% 0.00%	0.00% 0.00%	0.00%	3.55%
63	2.873	2.97%	0.63%	0.00%	0.05%	0.02%	0.04%	0.00%	0.00%	0.00%	4.429
	3.000									0.00%	
64 and older	3.000 Subtotal:	5.05% 84.04%	0.76%	0.00%	0.07%	0.04%	0.04%	0.00%	0.00%	0.00%	5.97% 100.00%

	2026	2025	2024	2023
Inverse of Average Age Factor:	0.5700	0.5651	0.5525	0.5550
Inverse of Average Geographic Factor:	0.9911	0.9891	0.9863	0.9841
Inverse of Average Tobacco Factor:	1.0000	0.9981	0.9976	0.9973
Average Age:	50	50	50	50

Notes: (1) Included Counties by Area Area 1: King Area 2: Grays Harbor, Kitsap, Pacific Area 3: Chrone Area Area 5: Pierce Area 6: Frankin, Yakima Area 7: N/A Area 8: N/A

Area 9: NA
 (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.

Premera Blue Cross

Appendix 2.6a

Geographic Area and Tobacco Use Factors

Area Factors										
2026	2025	2024	2023							
1.0000	1.0000	1.0000	1.0000							
1.0881	1.0881	1.0881	1.0881							
0.9462	0.9462	0.9462	N/A							
1.0495	1.0495	1.0495	N/A							
0.9698	0.9698	0.9698	0.9698							
	1.0000 1.0881 0.9462 1.0495	2026 2025 1.0000 1.0000 1.0881 1.0881 0.9462 0.9462 1.0495 1.0495	2026 2025 2024 1.0000 1.0000 1.0000 1.0881 1.0881 1.0881 0.9462 0.9462 0.9462 1.0495 1.0495 1.0495							

Individual Filing - Effective 1/1/2026

Max to min Area factor ratio1.150Ratio under 1.15TRUE

	Tobacco Use Factors										
Tobacco Users	2026	2025	2024	2023							
No	1.0000	1.0000	1.0000	1.0000							
Yes	1.0000	1.0750	1.0750	1.0750							

Premera Blue Cross

Appendix 3.1 Experience Claims by Incurred & Paid Date & EHB Category

benence claims by incurred & Paid Date & ERB Ca

Individual Filing - Effective 1/1/2026

	Allowed	I Claims	Incurre	d Claims	Premium	Paid to Allowed		
Month	Medical	Rx	Medical	Rx		Medical	Rx	
202401	\$11,036,817	\$3,220,096	\$8,322,467	\$1,680,220	\$9,989,032	75.4%	52.2%	
202402	\$9,042,697	\$2,524,344	\$7,019,714	\$1,755,476	\$9,816,169	77.6%	69.5%	
202403	\$9,706,680	\$2,907,931	\$7,832,988	\$2,391,403	\$9,728,448	80.7%	82.2%	
202404	\$10,711,568	\$3,088,023	\$9,045,600	\$2,693,381	\$9,622,137	84.4%	87.2%	
202405	\$9,696,022	\$3,149,869	\$8,041,547	\$2,824,192	\$9,504,679	82.9%	89.7%	
202406	\$9,463,841	\$2,856,120	\$8,029,444	\$2,547,127	\$9,422,815	84.8%	89.2%	
202407	\$9,363,164	\$3,370,501	\$8,022,126	\$3,083,313	\$9,345,969	85.7%	91.5%	
202408	\$11,295,848	\$2,909,006	\$9,968,646	\$2,595,686	\$9,256,104	88.3%	89.2%	
202409	\$9,195,343	\$3,189,065	\$7,960,482	\$2,947,747	\$9,147,708	86.6%	92.4%	
202410	\$10,757,955	\$3,370,411	\$9,210,787	\$3,113,330	\$9,100,971	85.6%	92.4%	
202411	\$8,412,440	\$2,904,532	\$7,135,257	\$2,662,453	\$9,037,296	84.8%	91.7%	
202412	\$9,533,326	\$3,264,170	\$8,291,611	\$3,010,304	\$8,909,628	87.0%	92.2%	
IBNR	\$2,685,589	\$172,791	\$2,314,737	\$156,547		86.2%	90.6%	
lotal w/o Adjustment	\$120,901,290	\$36,926,859	\$101,195,405	\$31,461,177		83.7%	85.29	
Total	\$120,901,290	\$36,926,859	\$101,195,405	\$31,461,177	\$112.880.957	83.7%	85.29	

By Incurred Date Total

		Allowed & Paid Claims Total								Incurred & Paid Claims Total						
Month	IP	OP	PROF	OTHER	Capitation	Rx	Non EHB	IP	OP	PROF	OTHER	Capitation	Rx	Non EHB		
202401	\$2,234,893	\$3,809,533	\$4,551,994	\$440,397	\$0	\$3,220,096	\$0	\$2,075,093	\$2,773,857	\$3,124,745	\$348,772	\$0	\$1,680,220	\$0		
202402	\$1,510,202	\$3,227,950	\$3,924,101	\$380,444	\$0	\$2,524,344	\$0	\$1,416,364	\$2,447,215	\$2,833,338	\$322,796	\$0	\$1,755,476	\$0		
202403	\$1,359,828	\$3,911,751	\$4,066,160	\$368,941	\$0	\$2,907,931	\$0	\$1,273,641	\$3,203,411	\$3,026,855	\$329,081	\$0	\$2,391,403	\$0		
202404	\$2,337,213	\$4,028,770	\$3,948,605	\$396,979	\$0	\$3,088,023	\$0	\$2,295,060	\$3,373,296	\$3,019,353	\$357,891	\$0	\$2,693,381	\$0		
202405	\$1,062,709	\$4,093,743	\$4,120,269	\$419,300	\$0	\$3,149,869	\$0	\$995,912	\$3,493,818	\$3,173,839	\$377,978	\$0	\$2,824,192	\$0		
202406	\$1,660,195	\$3,670,098	\$3,737,822	\$395,726	\$0	\$2,856,120	\$0	\$1,601,516	\$3,149,723	\$2,916,779	\$361,427	\$0	\$2,547,127	\$0		
202407	\$1,192,861	\$3,767,225	\$3,903,564	\$499,514	\$0	\$3,370,501	\$0	\$1,142,661	\$3,278,257	\$3,127,345	\$473,862	\$0	\$3,083,313	\$0		
202408	\$3,544,789	\$3,700,706	\$3,657,035	\$393,318	\$0	\$2,909,006	\$0	\$3,500,299	\$3,172,405	\$2,940,138	\$355,803	\$0	\$2,595,686	\$0		
202409	\$1,820,107	\$3,065,527	\$3,913,908	\$395,802	\$0	\$3,189,065	\$0	\$1,774,350	\$2,594,565	\$3,222,051	\$369,516	\$0	\$2,947,747	\$0		
202410	\$2,724,409	\$3,319,627	\$4,245,088	\$468,831	\$0	\$3,370,411	\$0	\$2,517,788	\$2,795,928	\$3,460,629	\$436,441	\$0	\$3,113,330	\$0		
202411	\$1,278,898	\$3,185,219	\$3,541,859	\$406,464	\$0	\$2,904,532	\$0	\$1,185,483	\$2,722,979	\$2,846,878	\$379,917	\$0	\$2,662,453	\$0		
202412	\$1,253,507	\$4,156,869	\$3,695,053	\$427,896	\$0	\$3,264,170	\$0	\$1,134,105	\$3,734,854	\$3,025,191	\$397,460	\$0	\$3,010,304	\$0		
IBNR	\$681,556	\$1,021,004	\$884,512	\$98,517	\$0	\$172,791	\$0	\$639,115	\$877,783	\$707,342	\$90,497	\$0	\$156,547	\$0		
Total w/o Adjustment	\$22,661,167	\$44,958,023	\$48,189,969	\$5,092,131	\$0	\$36,926,859	\$0	\$21,551,388	\$37,618,092	\$37,424,483	\$4,601,442	\$0	\$31,461,177	\$0		
Paid to Allowed Factor								95.1%	83.7%	77.7%	90.4%		85.2%			
Total	\$22,661,167	\$44,958,023	\$48,189,969	\$5,092,131	\$0	\$36,926,859	\$0	\$21,551,388	\$37,618,092	\$37,424,483	\$4,601,442	\$0	\$31,461,177	\$0		

By Incurred Date PMPM

-			Allowe	ed & Paid Clain	ns PMPM					Incurred	& Paid Claims	PMPM		-
Month	IP	OP	PROF	OTHER	Capitation	Rx	Non EHB	IP	OP	PROF	OTHER	Capitation	Rx	Non EHB
202401	\$202.99	\$346.01	\$413.44	\$40.00	\$0.00	\$292.47	\$0.00	\$188.47	\$251.94	\$283.81	\$31.68	\$0.00	\$152.61	\$0.00
202402	\$138.63	\$296.31	\$360.21	\$34.92	\$0.00	\$231.72	\$0.00	\$130.01	\$224.64	\$260.08	\$29.63	\$0.00	\$161.14	\$0.00
202403	\$125.89	\$362.13	\$376.43	\$34.15	\$0.00	\$269.20	\$0.00	\$117.91	\$296.56	\$280.21	\$30.46	\$0.00	\$221.39	\$0.00
202404	\$218.08	\$375.92	\$368.44	\$37.04	\$0.00	\$288.14	\$0.00	\$214.15	\$314.76	\$281.73	\$33.39	\$0.00	\$251.32	\$0.00
202405	\$100.08	\$385.51	\$388.01	\$39.49	\$0.00	\$296.63	\$0.00	\$93.79	\$329.02	\$298.88	\$35.59	\$0.00	\$265.96	\$0.00
202406	\$157.51	\$348.21	\$354.63	\$37.55	\$0.00	\$270.98	\$0.00	\$151.95	\$298.84	\$276.73	\$34.29	\$0.00	\$241.66	\$0.00
202407	\$114.21	\$360.71	\$373.76	\$47.83	\$0.00	\$322.72	\$0.00	\$109.41	\$313.89	\$299.44	\$45.37	\$0.00	\$295.22	\$0.00
202408	\$342.39	\$357.45	\$353.23	\$37.99	\$0.00	\$280.98	\$0.00	\$338.10	\$306.42	\$283.99	\$34.37	\$0.00	\$250.72	\$0.00
202409	\$177.42	\$298.81	\$381.51	\$38.58	\$0.00	\$310.86	\$0.00	\$172.96	\$252.91	\$314.07	\$36.02	\$0.00	\$287.33	\$0.00
202410	\$266.55	\$324.78	\$415.33	\$45.87	\$0.00	\$329.75	\$0.00	\$246.33	\$273.55	\$338.58	\$42.70	\$0.00	\$304.60	\$0.00
202411	\$125.89	\$313.54	\$348.64	\$40.01	\$0.00	\$285.91	\$0.00	\$116.69	\$268.04	\$280.23	\$37.40	\$0.00	\$262.08	\$0.00
202412	\$124.91	\$414.24	\$368.22	\$42.64	\$0.00	\$325.28	\$0.00	\$113.01	\$372.18	\$301.46	\$39.61	\$0.00	\$299.98	\$0.00
IBNR	\$5.41	\$8.10	\$7.02	\$0.78	\$0.00	\$1.37	\$0.00	\$5.07	\$6.96	\$5.61	\$0.72	\$0.00	\$1.24	\$0.00
Total w/o Adjustment	\$179.77	\$356.66	\$382.30	\$40.40	\$0.00	\$292.95	\$0.00	\$170.97	\$298.43	\$296.89	\$36.50	\$0.00	\$249.59	\$0.00
Total	\$179.77	\$356.66	\$382.30	\$40.40	\$0.00	\$292.95	\$0.00	\$170.97	\$298.43	\$296.89	\$36.50	\$0.00	\$249.59	\$0.00

By Paid Date

	Allowed	I Claims	Incurre	d Claims	Paid to All	owed
Month	Medical	Rx	Medical	Rx	Medical	Rx
Jan-24	\$1,949,476	-\$1,010,260	\$1,185,217	-\$1,099,952	60.8%	108.95
Feb-24	\$10,442,275	\$4,608,641	\$7,733,513	\$2,751,759	74.1%	59.79
Mar-24	\$8,264,018	\$2,582,779	\$6,350,732	\$1,960,511	76.8%	75.9
Apr-24	\$10,441,243	\$2,738,874	\$8,577,552	\$2,321,356	82.2%	84.8
May-24	\$9,688,296	\$4,594,857	\$7,948,420	\$4,106,464	82.0%	89.4
Jun-24	\$9,923,258	\$2,621,980	\$8,536,547	\$2,336,603	86.0%	89.1
Jul-24	\$8,714,002	\$2,933,343	\$7,353,391	\$2,673,261	84.4%	91.1
Aug-24	\$9,447,979	\$2,832,355	\$7,966,290	\$2,536,373	84.3%	89.5
Sep-24	\$8,966,366	\$2,751,241	\$7,839,390	\$2,496,273	87.4%	90.7
Oct-24	\$8,995,808	\$4,871,495	\$7,664,812	\$4,527,111	85.2%	92.9
Nov-24	\$8,956,469	\$2,915,468	\$7,749,150	\$2,696,648	86.5%	92.5
Dec-24	\$11,698,903	\$2,835,512	\$9,829,571	\$2,599,921	84.0%	91.7
Jan-25	\$7,679,785	\$1,475,966	\$7,151,471	\$1,396,785	93.1%	94.6
Feb-25	\$1,673,568	\$2,612	\$1,665,529	\$2,338	99.5%	89.5
Mar-25	\$1,353,537	-\$795	\$1,308,363	-\$822	96.7%	103.3
IBNR	\$2,685,589	\$172,791	\$2,314,737	\$156,547	86.2%	90.6
Total w/o Adjustment	\$120,880,572	\$36,926,859	\$101,174,687	\$31,461,177	83.7%	85.2
Total	\$120,880,572	\$36,926,859	\$101,174,687	\$31,461,177	83.7%	85.2

By Paid Date Total

	Allowed & Paid Claims Total									Incurre	d & Paid Claim	s Total		
Month	IP	OP	PROF	OTHER	Capitation	Rx	Non EHB	IP	OP	PROF	OTHER	Capitation	Rx	Non EHB
202401	\$95,839	\$240,262	\$1,557,258	\$56,117	\$0	-\$1,010,260	\$0	\$87,383	\$133,063	\$934,945	\$29,827	\$0	-\$1,099,952	\$0
202402	\$1,833,394	\$4,313,776	\$3,943,635	\$351,469	\$0	\$4,608,641	\$0	\$1,675,934	\$3,053,274	\$2,723,794	\$280,511	\$0	\$2,751,759	\$0
202403	\$1,277,826	\$3,246,629	\$3,406,412	\$333,151	\$0	\$2,582,779	\$0	\$1,156,635	\$2,503,186	\$2,412,893	\$278,018	\$0	\$1,960,511	\$0
202404	\$1,572,904	\$4,134,126	\$4,390,620	\$343,593	\$0	\$2,738,874	\$0	\$1,500,386	\$3,451,681	\$3,328,178	\$297,308	\$0	\$2,321,356	\$0
202405	\$1,167,214	\$3,808,595	\$4,275,268	\$437,219	\$0	\$4,594,857	\$0	\$1,107,561	\$3,144,290	\$3,305,914	\$390,655	\$0	\$4,106,464	\$0
202406	\$2,190,165	\$3,773,162	\$3,591,352	\$368,579	\$0	\$2,621,980	\$0	\$2,135,550	\$3,272,961	\$2,783,413	\$344,624	\$0	\$2,336,603	\$0
202407	\$1,102,169	\$3,581,230	\$3,574,890	\$455,713	\$0	\$2,933,343	\$0	\$1,086,698	\$3,058,755	\$2,780,356	\$427,582	\$0	\$2,673,261	\$0
202408	\$1,488,018	\$3,662,727	\$3,921,360	\$375,874	\$0	\$2,832,355	\$0	\$1,438,271	\$3,093,952	\$3,100,972	\$333,096	\$0	\$2,536,373	\$0
202409	\$2,065,636	\$3,121,346	\$3,452,996	\$326,388	\$0	\$2,751,241	\$0	\$2,001,693	\$2,686,883	\$2,852,837	\$297,977	\$0	\$2,496,273	\$0
202410	\$1,314,928	\$3,465,349	\$3,889,053	\$326,477	\$0	\$4,871,495	\$0	\$1,249,748	\$2,945,665	\$3,160,972	\$308,427	\$0	\$4,527,111	\$0
202411	\$1,527,402	\$3,048,081	\$3,832,218	\$548,768	\$0	\$2,915,468	\$0	\$1,460,610	\$2,635,268	\$3,138,377	\$514,896	\$0	\$2,696,648	\$0
202412	\$2,558,715	\$3,957,057	\$4,645,639	\$537,492	\$0	\$2,835,512	\$0	\$2,350,233	\$3,313,530	\$3,664,718	\$501,089	\$0	\$2,599,921	\$0
202501	\$2,947,023	\$2,592,913	\$1,778,419	\$361,431	\$0	\$1,475,966	\$0	\$2,879,680	\$2,406,414	\$1,523,014	\$342,363	\$0	\$1,396,785	\$0
202502	\$703,691	\$314,226	\$546,812	\$108,839	\$0	\$2,612	\$0	\$648,484	\$368,804	\$543,595	\$104,647	\$0	\$2,338	\$0
202503	\$134,686	\$677,540	\$499,525	\$41,785	\$0	-\$795	\$0	\$133,407	\$672,583	\$463,166	\$39,207	\$0	-\$822	\$0
IBNR	\$681,556	\$1,021,004	\$884,512	\$98,517	\$0	\$172,791	\$0	\$639,115	\$877,783	\$707,342	\$90,497	\$0	\$156,547	\$0
Total w/o Adjustment	\$22,661,167	\$44,958,023	\$48,189,969	\$5,071,412	\$0	\$36,926,859	\$0	\$21,551,388	\$37,618,092	\$37,424,483	\$4,580,724	\$0	\$31,461,177	\$0
Total	\$22,661,167	\$44,958,023	\$48,189,969	\$5,071,412	\$0	\$36,926,859	\$0	\$21,551,388	\$37,618,092	\$37,424,483	\$4,580,724	\$0	\$31,461,177	\$0

By Paid Date PMPM

			Allow	ed & Paid Claim	ns PMPM					Incurred	& Paid Claims	PMPM		
Month	IP	OP	PROF	OTHER	Capitation	Rx	Non EHB	IP	OP	PROF	OTHER	Capitation	Rx	Non EHB
202401	\$8.70	\$21.82	\$141.44	\$5.10	\$0.00	-\$91.76	\$0.00	\$7.94	\$12.09	\$84.92	\$2.71	\$0.00	-\$99.90	\$0.00
202402	\$168.29	\$395.98	\$362.00	\$32.26	\$0.00	\$423.04	\$0.00	\$153.84	\$280.27	\$250.03	\$25.75	\$0.00	\$252.59	\$0.00
202403	\$118.30	\$300.56	\$315.35	\$30.84	\$0.00	\$239.10	\$0.00	\$107.08	\$231.73	\$223.37	\$25.74	\$0.00	\$181.50	\$0.00
202404	\$146.77	\$385.75	\$409.69	\$32.06	\$0.00	\$255.56	\$0.00	\$140.00	\$322.08	\$310.55	\$27.74	\$0.00	\$216.61	\$0.00
202405	\$109.92	\$358.66	\$402.61	\$41.17	\$0.00	\$432.70	\$0.00	\$104.30	\$296.10	\$311.32	\$36.79	\$0.00	\$386.71	\$0.00
202406	\$207.80	\$357.98	\$340.74	\$34.97	\$0.00	\$248.76	\$0.00	\$202.61	\$310.53	\$264.08	\$32.70	\$0.00	\$221.69	\$0.00
202407	\$105.53	\$342.90	\$342.29	\$43.63	\$0.00	\$280.86	\$0.00	\$104.05	\$292.87	\$266.22	\$40.94	\$0.00	\$255.96	\$0.00
202408	\$143.73	\$353.78	\$378.77	\$36.31	\$0.00	\$273.58	\$0.00	\$138.92	\$298.85	\$299.52	\$32.17	\$0.00	\$244.99	\$0.00
202409	\$201.35	\$304.25	\$336.58	\$31.81	\$0.00	\$268.18	\$0.00	\$195.12	\$261.90	\$278.08	\$29.05	\$0.00	\$243.33	\$0.00
202410	\$128.65	\$339.04	\$380.50	\$31.94	\$0.00	\$476.62	\$0.00	\$122.27	\$288.20	\$309.26	\$30.18	\$0.00	\$442.92	\$0.00
202411	\$150.35	\$300.04	\$377.22	\$54.02	\$0.00	\$286.98	\$0.00	\$143.77	\$259.40	\$308.93	\$50.68	\$0.00	\$265.44	\$0.00
202412	\$254.98	\$394.33	\$462.94	\$53.56	\$0.00	\$282.56	\$0.00	\$234.20	\$330.20	\$365.19	\$49.93	\$0.00	\$259.09	\$0.00
202501	\$312.35	\$274.82	\$188.49	\$38.31	\$0.00	\$156.44	\$0.00	\$305.21	\$255.05	\$161.42	\$36.29	\$0.00	\$148.04	\$0.00
202502	\$74.48	\$33.26	\$57.88	\$11.52	\$0.00	\$0.28	\$0.00	\$68.64	\$39.04	\$57.54	\$11.08	\$0.00	\$0.25	\$0.00
202503	\$14.24	\$71.62	\$52.80	\$4.42	\$0.00	-\$0.08	\$0.00	\$14.10	\$71.10	\$48.96	\$4.14	\$0.00	-\$0.09	\$0.00
IBNR	\$5.41	\$8.10	\$7.02	\$0.78	\$0.00	\$1.37	\$0.00	\$5.07	\$6.96	\$5.61	\$0.72	\$0.00	\$1.24	\$0.00
Total w/o Adjustment	\$179.77	\$356.66	\$382.30	\$40.23	\$0.00	\$292.95	\$0.00	\$170.97	\$298.43	\$296.89	\$36.34	\$0.00	\$249.59	\$0.00
Total	\$179.77	\$356.66	\$382.30	\$40.23	\$0.00	\$292.95	\$0.00	\$170.97	\$298.43	\$296.89	\$36.34	\$0.00	\$249.59	\$0.00

Premera Blue Cross Appendix 3.2

Federal Minimum Loss Ratio Calculation

Individual Filing - Effective 1/1/2026

Adjusted Premium	Filing
Premium PMPM	\$1,161.30
Regulatory & Insurance Fraud Surcharge	\$0.95
Federal Income Tax	\$0.00
WSHIP Assessment	\$0.19
Premium Tax	\$23.23
WAPAL Assessment Fee	\$0.06
Patient Centered Outcomes Research Fee	\$0.32
Risk Adjustment Program Administration Fee	\$0.20
Exchange Fees	\$5.11
Total	\$1,131.24
Adjusted Claims	
Projected Incurred Claims	\$1,509.63
Net Risk Adjustment	\$434.66
Total	\$1,074.97
Projected MLR	95.0%

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

Premera Blue Cross

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
49831WA1940001	Premera Blue Cross Preferred Gold	16,558	\$9,374,679	\$181,649	-\$62,881	\$9,493,448
49831WA1940003	Premera Blue Cross Preferred Bronze	26,464	\$2,549,916	\$99,121	-\$76,409	\$2,572,627
49831WA1940004	Premera Blue Cross Preferred Silver	11,475	\$3,930,228	\$1,758,772	-\$42,660	\$5,646,339
49831WA1940005	Premera Blue Cross Cascade Complete Gold	12,652	\$10,901,574	\$53,231	-\$48,494	\$10,906,311
49831WA1940006	Premera Blue Cross Cascade Silver	23,647	\$9,383,020	\$671,681	-\$79,185	\$9,975,517
49831WA1940007	Premera Blue Cross Cascade Bronze	22,985	\$2,072,112	\$0	-\$57,131	\$2,014,981
49831WA1930002	Premera Blue Cross Preferred Bronze HSA EPO 6400	12,272	\$951,813	\$0	-\$34,585	\$917,228
Total		126,053	\$39,163,341	\$2,764,454	-\$401,344	\$41,526,451

Premera Blue Cross Appendix 3.3b

HCRP Actual vs Projected

Individual Filing - Effective 1/1/2026

	High Cost Risk Pool R	eimbursement	High Cost Risk Pool Assessment		
Year	Projected	Actual	Projected	Actual	
2026	\$32.71		-\$4.13		
2025	\$16.42		-\$3.77		
2024	\$10.51	\$0.00	-\$3.40	\$0.00	
2023	\$5.03	\$10.10	-\$2.48	-\$2.82	
2022	\$7.78	\$7.20	-\$1.74	-\$2.62	

Premera Blue Cross Appendix 4.1 WAC 284-43-6660 vs Additional Data Statement Form

	Total	Grandfathered (7)	Metallic
otal Revenues ⁽¹⁾ otal Revenues from Additional Data Statement	151,241,963		
bata Components used in Reporting Additional Data Statement	151,241,905		
let Premium Income	\$113,060,127	\$0	\$113,060,12
commercial Reinsurance Premium	-\$79,894	\$0	-\$79,89
023 MLR Rebates	\$0	\$0	\$
022 Restated MLR Rebates	\$2,462,770	\$0	\$2,462,77
023 - High Cost Risk Pool	-\$424,240	\$0 \$0	-\$424,24
-		\$0 \$0	
023 - High Cost Risk Pool Assessment	\$229,631	1.	\$229,63
022 - High Cost Risk Pool	\$64,053	\$0	\$64,05
022 - High Cost Risk Pool Assessment	\$36,634,518	\$0	\$36,634,51
023 - Risk Adjustment	-\$705,001	\$0	-\$705,00
022 - Risk Adjustment	\$0	\$0	\$
014-2016 - Risk Corridor	\$0	\$0	\$
otal	\$151,241,963	\$0	\$151,241,96
Individu		Additional Data Statement	\$113,060,12
	Rat	te Filing Earned Premium ⁽³⁾	\$112,880,95
		Variance Amount ⁽²⁾	-\$179,17
		Variance %	-0.2
otal Hospital and Medical ⁽¹⁾			
otal Claims from Additional Data Statement	\$131,826,225		
ata Components used in Reporting Additional Data Statement	A. 505	* *	A ·
/SHIP Assessment	-\$1,509	\$0	-\$1,50
BNR Ceded	-\$9,300	\$0	-\$9,30
laims Ceded Y Restated Claims	\$0 \$2,280,445	\$0 \$0	\$ -\$2,389,44
x Rebate	-\$2,389,445	\$0 \$0	-\$2,309,44
IX Repaie	-\$14,013,044	\$0 \$0	\$148,239,52
	¢140 000 E00		
aid Claims	\$148,239,523 \$131,826,225		
aid Claims	\$148,239,523 \$131,826,225	\$0	
aid Claims iotal	\$131,826,225		\$131,826,22
aid Claims iotal	\$131,826,225 Rebate+Md Incurred from A	\$0	\$131,826,22 \$131,837,03
aid Claims iotal	\$131,826,225 Rebate+Md Incurred from A	\$0 Additional Data Statement te Filing Incurred Claims ⁽⁴⁾	\$131,826,22 \$131,837,03 \$132,656,58
aid Claims iotal	\$131,826,225 Rebate+Md Incurred from A	\$0 Additional Data Statement te Filing Incurred Claims ⁽⁴⁾ Variance Amount ⁽²⁾	\$131,826,22 \$131,837,03 \$132,656,58 \$819,54
aid Claims iotal	\$131,826,225 Rebate+Md Incurred from A	\$0 Additional Data Statement te Filing Incurred Claims ⁽⁴⁾	\$131,826,22 \$131,837,03 \$132,656,58 \$819,54
aid Claims iotal	\$131,826,225 Rebate+Md Incurred from A	\$0 Additional Data Statement te Filing Incurred Claims ⁽⁴⁾ Variance Amount ⁽²⁾	\$131,826,22 \$131,837,03 \$132,656,58
aid Claims otal Individual Metallic Rx F Seneral Administrative & Claims Adjustment Expenses ⁽¹⁾	\$131,826,225 Rebate+Md Incurred from / Ra	\$0 Additional Data Statement te Filing Incurred Claims ⁽⁴⁾ Variance Amount ⁽²⁾	\$131,826,22 \$131,837,03 \$132,656,58 \$819,54
aid Claims otal Individual Metallic Rx F seneral Administrative & Claims Adjustment Expenses ⁽¹⁾ otal Admin Expense from Additional Data Statement	\$131,826,225 Rebate+Md Incurred from A	\$0 Additional Data Statement te Filing Incurred Claims ⁽⁴⁾ Variance Amount ⁽²⁾	\$131,826,22 \$131,837,03 \$132,656,58 \$819,54
aid Claims otal Individual Metallic Rx F General Administrative & Claims Adjustment Expenses ⁽¹⁾ otal Admin Expense from Additional Data Statement bata Components used in Reporting Additional Data Statement	\$131,826,225 Rebate+Md Incurred from / Ra	\$0 Additional Data Statement Ite Filing Incurred Claims ⁽⁴⁾ Variance Amount ⁽²⁾ Variance %	\$131,826,22 \$131,837,03 \$132,656,58 \$819,54 0.6
aid Claims otal Individual Metallic Rx F <u>ieneral Administrative & Claims Adjustment Expenses⁽¹⁾</u> otal Admin Expense from Additional Data Statement ata Components used in Reporting Additional Data Statement let Operating Expense	\$131,826,225 Rebate+Md Incurred from / Ra \$13,542,755 \$9,995,405	\$0 Additional Data Statement te Filing Incurred Claims ⁽⁴⁾ Variance Amount ⁽²⁾ Variance %	\$131,826,22 \$131,837,03 \$132,656,58 \$819,54 0.6 \$9,995,40
aid Claims otal Individual Metallic Rx F General Administrative & Claims Adjustment Expenses ⁽¹⁾ otal Admin Expense from Additional Data Statement bata Components used in Reporting Additional Data Statement	\$131,826,225 Rebate+Md Incurred from / Ra \$13,542,755	\$0 Additional Data Statement Ite Filing Incurred Claims ⁽⁴⁾ Variance Amount ⁽²⁾ Variance %	\$131,826,22 \$131,837,03 \$132,656,58 \$819,54 0.6 \$9,995,40
aid Claims otal Individual Metallic Rx F Eeneral Administrative & Claims Adjustment Expenses ⁽¹⁾ otal Admin Expense from Additional Data Statement bata Components used in Reporting Additional Data Statement let Operating Expense iommissions CA Fees	\$131,826,225 Rebate+Md Incurred from / Ra \$13,542,755 \$9,995,405 \$844,792 \$38,156	\$0 Additional Data Statement Ite Filing Incurred Claims ⁽⁴⁾ Variance Amount ⁽²⁾ Variance % Variance % \$0 \$0 \$0 \$0	\$131,826,22 \$131,837,03 \$132,656,58 \$819,54 0.6 \$819,54 0.6 \$9,995,40 \$844,76 \$38,15
aid Claims otal Individual Metallic Rx F Seneral Administrative & Claims Adjustment Expenses ⁽¹⁾ otal Admin Expense from Additional Data Statement Hata Components used in Reporting Additional Data Statement let Operating Expense commissions	\$131,826,225 Rebate+Md Incurred from / Ra \$13,542,755 \$9,995,405 \$844,792	\$0 Additional Data Statement te Filing Incurred Claims ⁽⁴⁾ Variance Amount ⁽²⁾ Variance % \$0 \$0	\$131,826,22 \$131,837,03 \$132,656,58 \$819,54 0.6 \$819,54 0.6 \$9,995,40 \$844,76 \$38,15
aid Claims otal Individual Metallic Rx F individual Metallic Rx F	\$131,826,225 Rebate+Md Incurred from / Ra \$13,542,755 \$9,995,405 \$844,792 \$38,156	\$0 Additional Data Statement Ite Filing Incurred Claims ⁽⁴⁾ Variance Amount ⁽²⁾ Variance % Variance % \$0 \$0 \$0 \$0	\$131,826,22 \$131,837,03 \$132,656,56 \$819,54 0.6 \$9,995,40 \$844,75 \$38,15 \$2,260,96
aid Claims otal Individual Metallic Rx F ieneral Administrative & Claims Adjustment Expenses ⁽¹⁾ otal Admin Expense from Additional Data Statement lata Components used in Reporting Additional Data Statement let Operating Expense ommissions CA Fees remium Tax A Fee xchange Fee	\$131,826,225 Rebate+Md Incurred from / Ra \$13,542,755 \$9,995,405 \$844,792 \$38,156 \$2,260,963 \$22,6593 \$376,845	\$0 Additional Data Statement te Filing Incurred Claims ⁽⁴⁾ Variance Amount ⁽²⁾ Variance % \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$131,826,22 \$131,837,03 \$132,656,55 \$819,54 0.6 \$9,995,40 \$844,75 \$38,15 \$2,260,9 \$326,55 \$376,84
aid Claims otal Individual Metallic Rx F ideneral Administrative & Claims Adjustment Expenses ⁽¹⁾ otal Admin Expense from Additional Data Statement bata Components used in Reporting Additional Data Statement let Operating Expense formissions CA Fees tremium Tax Va Fee xchange Fee	\$131,826,225 Rebate+Md Incurred from / Ra \$13,542,755 \$9,995,405 \$844,792 \$38,156 \$2,260,963 \$2,66,593	\$0 Additional Data Statement te Filing Incurred Claims ⁽⁴⁾ Variance Amount ⁽²⁾ Variance % \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$131,826,22 \$131,837,03 \$132,656,55 \$819,54 0.6 \$9,9995,40 \$844,75 \$38,15 \$2,260,95 \$376,84
aid Claims otal Individual Metallic Rx F ideneral Administrative & Claims Adjustment Expenses ⁽¹⁾ otal Admin Expense from Additional Data Statement bata Components used in Reporting Additional Data Statement let Operating Expense formissions CA Fees tremium Tax Va Fee xchange Fee	\$131,826,225 Rebate+Md Incurred from / Ra \$13,542,755 \$9,995,405 \$844,792 \$38,156 \$2,260,963 \$22,6593 \$376,845	\$0 Additional Data Statement te Filing Incurred Claims ⁽⁴⁾ Variance Amount ⁽²⁾ Variance % \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$131,826,22 \$131,837,03 \$132,656,55 \$819,54 0.6 \$9,995,40 \$844,75 \$38,15 \$2,260,9 \$326,55 \$376,84
aid Claims otal Individual Metallic Rx F ideneral Administrative & Claims Adjustment Expenses ⁽¹⁾ otal Admin Expense from Additional Data Statement bata Components used in Reporting Additional Data Statement let Operating Expense formissions CA Fees tremium Tax Va Fee xchange Fee	\$131,826,225 Rebate+Md Incurred from / Ra \$13,542,755 \$9,995,405 \$844,792 \$38,156 \$2,260,963 \$26,993 \$376,845 \$13,542,755	\$0 Additional Data Statement te Filing Incurred Claims ⁽⁴⁾ Variance Amount ⁽²⁾ Variance % \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$131,826,22 \$131,837,03 \$132,656,56 \$819,54 0.6 \$9,995,40 \$844,75 \$38,15 \$2,260,96 \$26,55 \$376,84 \$13,542,75
aid Claims otal Individual Metallic Rx F ideneral Administrative & Claims Adjustment Expenses ⁽¹⁾ otal Admin Expense from Additional Data Statement bata Components used in Reporting Additional Data Statement let Operating Expense formissions CA Fees tremium Tax Va Fee xchange Fee	\$131,826,225 Rebate+Md Incurred from / Ra \$13,542,755 \$9,995,405 \$844,792 \$38,156 \$2,260,963 \$26,993 \$376,845 \$13,542,755	\$0 Additional Data Statement tte Filing Incurred Claims ⁽⁴⁾ Variance Amount ⁽²⁾ Variance % \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$131,826,22 \$131,837,03 \$132,656,58 \$819,54 0.6 \$9,995,40 \$844,75 \$38,16 \$2,260,96 \$26,65 \$376,84 \$13,542,75 \$13,542,75
aid Claims otal Individual Metallic Rx F ieneral Administrative & Claims Adjustment Expenses ⁽¹⁾ otal Admin Expense from Additional Data Statement lata Components used in Reporting Additional Data Statement let Operating Expense ommissions CA Fees remium Tax A Fee xchange Fee	\$131,826,225 Rebate+Md Incurred from / Ra \$13,542,755 \$9,995,405 \$844,792 \$38,156 \$2,260,963 \$26,993 \$376,845 \$13,542,755	\$0 Additional Data Statement te Filing Incurred Claims ⁽⁴⁾ Variance Amount ⁽²⁾ Variance % \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$131,826,22 \$131,837,03 \$132,656,56 \$819,54 0.6 \$9,995,40 \$844,77 \$338,16 \$2,260,96 \$26,65 \$376,84 \$13,542,76 \$13,542,76 \$13,621,14
aid Claims otal Individual Metallic Rx F Seneral Administrative & Claims Adjustment Expenses ⁽¹⁾ otal Admin Expense from Additional Data Statement bata Components used in Reporting Additional Data Statement let Operating Expense commissions CA Fees	\$131,826,225 Rebate+Md Incurred from / Ra \$13,542,755 \$9,995,405 \$844,792 \$38,156 \$2,260,963 \$26,993 \$376,845 \$13,542,755	\$0 Additional Data Statement te Filing Incurred Claims ⁽⁴⁾ Variance Amount ⁽²⁾ Variance % \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$131,826,22 \$131,837,03 \$132,656,58 \$819,54
aid Claims otal Individual Metallic Rx F ideneral Administrative & Claims Adjustment Expenses ⁽¹⁾ otal Admin Expense from Additional Data Statement bata Components used in Reporting Additional Data Statement let Operating Expense formissions CA Fees tremium Tax Va Fee xchange Fee	\$131,826,225 Rebate+Md Incurred from / Ra \$13,542,755 \$9,995,405 \$844,792 \$38,156 \$2,260,963 \$26,993 \$376,845 \$13,542,755	\$0 Additional Data Statement te Filing Incurred Claims ⁽⁴⁾ Variance Amount ⁽²⁾ Variance % \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$131,826,22 \$131,837,03 \$132,656,56 \$819,54 0.6 \$849,75 \$38,15 \$2,260,96 \$26,56 \$376,64 \$13,542,75 \$13,542,75 \$13,621,14 \$13,621,14 \$13,621,14
aid Claims otal Individual Metallic Rx F individual Metallic Rx F indiv	\$131,826,225 Rebate+Md Incurred from / Ra \$13,542,755 \$9,995,405 \$844,792 \$38,156 \$2,260,963 \$26,993 \$376,845 \$13,542,755	\$0 Additional Data Statement te Filing Incurred Claims ⁽⁴⁾ Variance Amount ⁽²⁾ Variance % \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$131,826,22 \$131,837,03 \$132,656,56 \$819,54 0.6 \$9,995,4(\$844,75 \$38,15 \$2,260,96 \$26,55 \$376,84 \$13,542,75 \$13,542,14 \$13,621,14 \$13,621,14
iaid Claims otal Individual Metallic Rx F ieneral Administrative & Claims Adjustment Expenses ⁽¹⁾ otal Admin Expense from Additional Data Statement let Operating Expense formissions CA Fees ixchange Fee otal icotal Members at the end of ⁽¹⁾	\$131,826,225 Rebate+Md Incurred from / Ra \$13,542,755 \$9,995,405 \$844,792 \$38,156 \$2,260,963 \$26,993 \$376,845 \$13,542,755	\$0 Additional Data Statement te Filing Incurred Claims ⁽⁴⁾ Variance Amount ⁽²⁾ Variance % \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$131,826,22 \$131,837,03 \$132,656,56 \$819,54 0.6 \$849,75 \$38,15 \$2,260,96 \$26,56 \$376,64 \$13,542,75 \$13,542,75 \$13,621,14 \$13,621,14 \$13,621,14
aid Claims otal Individual Metallic Rx F individual Metallic Rx F	\$131,826,225 Rebate+Md Incurred from / Ra \$13,542,755 \$9,995,405 \$844,792 \$38,156 \$2,260,963 \$26,593 \$376,845 \$13,542,755 Expense from /	\$0 Additional Data Statement te Filing Incurred Claims ⁽⁴⁾ Variance Amount ⁽²⁾ Variance % \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$131,826,22 \$131,837,03 \$132,656,56 \$819,54 0.6 \$849,75 \$38,15 \$2,260,96 \$26,56 \$376,64 \$13,542,75 \$13,542,75 \$13,621,14 \$13,621,14 \$13,621,14
aid Claims otal Individual Metallic Rx F individual Metallic Rx F	\$131,826,225 Rebate+Md Incurred from / Ra \$13,542,755 \$9,995,405 \$844,792 \$38,156 \$2,260,963 \$26,593 \$376,845 \$13,542,755 Expense from /	\$0 Additional Data Statement te Filing Incurred Claims ⁽⁴⁾ Variance Amount ⁽²⁾ Variance % \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$131,826,22 \$131,837,03 \$132,656,58 \$819,54 0.6 \$9,9995,40 \$844,75 \$28,65 \$376,84 \$13,542,75 \$13,542,75 \$13,621,14 \$13,621,14 \$13,621,14
aid Claims otal Individual Metallic Rx F ideneral Administrative & Claims Adjustment Expenses ⁽¹⁾ otal Admin Expense from Additional Data Statement bata Components used in Reporting Additional Data Statement let Operating Expense formissions CA Fees tremium Tax Va Fee xchange Fee	\$131,826,225 Rebate+Md Incurred from / Ra \$13,542,755 \$9,995,405 \$844,792 \$38,156 \$2,260,963 \$26,593 \$376,845 \$13,542,755 Expense from / 10,456	\$0 Additional Data Statement te Filing Incurred Claims ⁽⁴⁾ Variance Amount ⁽²⁾ Variance % \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$131,826,22 \$131,837,03 \$132,656,56 \$819,54 0.6 \$849,75 \$38,15 \$2,260,96 \$26,56 \$376,64 \$13,542,75 \$13,542,75 \$13,621,14 \$13,621,14 \$13,621,14
aid Claims otal Individual Metallic Rx F eneral Administrative & Claims Adjustment Expenses ⁽¹⁾ otal Admin Expense from Additional Data Statement ata Components used in Reporting Additional Data Statement et Operating Expense ommissions CA Fees remium Tax A Fee xchange Fee otal otal Members at the end of ⁽¹⁾ verage Membership ata Components used in Reporting Additional Data Statement irst Quarter econd Quarter	\$131,826,225 Rebate+Md Incurred from / Ra \$13,542,755 \$9,995,405 \$844,792 \$38,156 \$2,260,963 \$22,693 \$376,845 \$13,542,755 Expense from / I0,456 10,850	\$0 Additional Data Statement te Filing Incurred Claims ⁽⁴⁾ Variance Amount ⁽²⁾ Variance % \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$131,826,22 \$131,837,03 \$132,656,56 \$819,54 0.6 \$9,995,4(\$844,75 \$2,260,96 \$26,55 \$376,84 \$13,542,76 \$13,621,14 \$14,621,14 \$
aid Claims otal Individual Metallic Rx F eneral Administrative & Claims Adjustment Expenses ⁽¹⁾ otal Admin Expense from Additional Data Statement ata Components used in Reporting Additional Data Statement et Operating Expense ormisions CA Fees remium Tax A Fee xchange Fee otal otal Members at the end of ⁽¹⁾ verage Membership ata Components used in Reporting Additional Data Statement irst Quarter econd Quarter bird Quarter bird Quarter	\$131,826,225 Rebate+Md Incurred from / Ra \$13,542,755 \$9,995,405 \$844,792 \$38,156 \$2,260,963 \$22,593 \$376,845 \$13,542,755 Expense from / IO,850 10,571 10,272 10,129	\$0 Additional Data Statement te Filing Incurred Claims ⁽⁴⁾ Variance Amount ⁽²⁾ Variance % \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$131,826,22 \$131,837,03 \$132,656,56 \$819,54 0.6 \$9,995,40 \$844,77 \$38,16 \$2,260,99 \$26,55 \$376,84 \$13,542,76 \$13,621,14 \$14,621,14 \$14,6
aid Claims otal Individual Metallic Rx F eneral Administrative & Claims Adjustment Expenses ⁽¹⁾ otal Admin Expense from Additional Data Statement ata Components used in Reporting Additional Data Statement et Operating Expense ormisions CA Fees remium Tax A Fee xchange Fee otal otal Members at the end of ⁽¹⁾ verage Membership ata Components used in Reporting Additional Data Statement irst Quarter econd Quarter bird Quarter bird Quarter	\$131,826,225 Rebate+Md Incurred from / Ra \$13,542,755 \$9,995,405 \$844,792 \$38,156 \$2,260,963 \$22,593 \$376,845 \$13,542,755 Expense from / 10,456 10,850 10,571 10,272	\$0 Additional Data Statement te Filing Incurred Claims ⁽⁴⁾ Variance Amount ⁽²⁾ Variance % \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$131,826,22 \$131,837,03 \$132,656,56 \$819,54 0,6 \$9,995,44 \$484,77 \$38,11 \$2,260,99 \$26,55 \$376,84 \$13,542,76 \$13,542,76 \$13,621,14 \$14,621,14 \$14,6
aid Claims otal Individual Metallic Rx F ieneral Administrative & Claims Adjustment Expenses ⁽¹⁾ otal Admin Expense from Additional Data Statement let Operating Expense formissions CA Fees tremium Tax A Fee xchange Fee otal	\$131,826,225 Rebate+Md Incurred from / Ra \$13,542,755 \$9,995,405 \$844,792 \$38,156 \$2,260,963 \$22,6593 \$376,845 \$13,542,755 Expense from / 10,456 10,850 10,571 10,272 10,129 10,456	\$0 Additional Data Statement te Filing Incurred Claims ⁽⁴⁾ Variance Amount ⁽²⁾ Variance % \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$131,826,22 \$131,837,03 \$132,656,56 \$819,54 0,6 \$9,995,40 \$844,77 \$38,16 \$2,260,96 \$26,65 \$376,84 \$13,542,76 \$13,621,14 \$14,621,14 \$14,6
aid Claims otal Individual Metallic Rx F ideneral Administrative & Claims Adjustment Expenses ⁽¹⁾ otal Admin Expense from Additional Data Statement let Operating Expense ornmissions CA Fees remium Tax A Fee xchange Fee otal otal Members at the end of ⁽¹⁾ verage Membership ata Components used in Reporting Additional Data Statement irst Quarter econd Quarter bird Quarter verage	\$131,826,225 Rebate+Md Incurred from / Ra \$13,542,755 \$9,995,405 \$844,792 \$38,156 \$2,260,963 \$22,6593 \$376,845 \$13,542,755 Expense from / 10,456 10,850 10,571 10,272 10,129 10,456	\$0 Additional Data Statement te Filing Incurred Claims ⁽⁴⁾ Variance Amount ⁽²⁾ Variance % \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Additional Data Statement Rate Filing Expenses ⁽⁵⁾ Variance Amount ⁽²⁾ Variance % 0 0 0 0 0 0 0 0 0 0 0 0 0	\$131,826,22 \$131,837,03 \$132,656,56 \$819,54 0,6 \$9,995,4(\$484,77 \$338,15 \$2,260,96 \$26,65 \$376,84 \$13,542,76 \$13,542,76 \$13,621,14 \$14,621,14 \$14,
aid Claims otal Individual Metallic Rx F ideneral Administrative & Claims Adjustment Expenses ⁽¹⁾ otal Admin Expense from Additional Data Statement let Operating Expense ornmissions CA Fees remium Tax A Fee xchange Fee otal otal Members at the end of ⁽¹⁾ verage Membership ata Components used in Reporting Additional Data Statement irst Quarter econd Quarter bird Quarter verage	\$131,826,225 Rebate+Md Incurred from / Ra \$13,542,755 \$9,995,405 \$844,792 \$38,156 \$2,260,963 \$22,6593 \$376,845 \$13,542,755 Expense from / 10,456 10,850 10,571 10,272 10,129 10,456	\$0 Additional Data Statement te Filing Incurred Claims ⁽⁴⁾ Variance Amount ⁽²⁾ Variance % \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$131,826,22 \$131,837,03 \$132,656,56 \$819,54 0,6 \$9,995,44 \$844,77 \$338,18 \$2,260,99 \$26,65 \$376,84 \$13,542,76 \$13,542,14 \$13,621,14 \$13,
aid Claims otal Individual Metallic Rx F ieneral Administrative & Claims Adjustment Expenses ⁽¹⁾ otal Admin Expense from Additional Data Statement let Operating Expense formissions CA Fees tremium Tax A Fee xchange Fee otal	\$131,826,225 Rebate+Md Incurred from / Ra \$13,542,755 \$9,995,405 \$844,792 \$38,156 \$2,260,963 \$22,6593 \$376,845 \$13,542,755 Expense from / 10,456 10,850 10,571 10,272 10,129 10,456	\$0 Additional Data Statement te Filing Incurred Claims ⁽⁴⁾ Variance Amount ⁽²⁾ Variance % \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Additional Data Statement Rate Filing Expenses ⁽⁵⁾ Variance Amount ⁽²⁾ Variance % 0 0 0 0 0 0 0 0 0 0 0 0 0	\$131,826,22 \$131,837,03 \$132,656,58 \$819,54 0.6 \$844,75 \$38,16 \$2,260,96 \$26,55 \$376,84 \$13,542,76 \$13,621,14 \$13,621,14 \$13,621,14 \$13,621,14
aid Claims otal Individual Metallic Rx F ideneral Administrative & Claims Adjustment Expenses ⁽¹⁾ otal Admin Expense from Additional Data Statement let Operating Expense ornmissions CA Fees remium Tax A Fee xchange Fee otal otal Members at the end of ⁽¹⁾ verage Membership ata Components used in Reporting Additional Data Statement irst Quarter econd Quarter bird Quarter verage	\$131,826,225 Rebate+Md Incurred from / Ra \$13,542,755 \$9,995,405 \$844,792 \$38,156 \$2,260,963 \$22,6593 \$376,845 \$13,542,755 Expense from / 10,456 10,850 10,571 10,272 10,129 10,456	\$0 Additional Data Statement te Filing Incurred Claims ⁽⁴⁾ Variance Amount ⁽²⁾ Variance % \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$131,826,22 \$131,837,03 \$132,656,56 \$819,54 0,6 \$9,995,44 \$844,75 \$38,16 \$2,260,96 \$26,55 \$376,84 \$13,621,14 \$14,621,14 \$14,6

The Additional Data Statement only shows the reported data while the rate filing applies the restated data
 Premium in Appendix 1.1 does not include Risk Corridor, Risk Adjustment, Reinsurance, & Prior Year Premiums
 Incurred Claims in Appendix 1.1 does not include WSHIP Assessment and Prior Year claims restatement.

4) included Claims in Appendix 1:1 does not include working Assessment and Prior Pear 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.
7) The Grandfathered plans are the individual group conversion plans which were closed to sales before the ACA was signed and were required to have guaranteed renewability

Premera Blue Cross 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

	. t	20	26	3		Large Grou	p Contracts		5	6							
	Total Comprehensive (Hospital & Medical)	Individual Contracta	Children's Health Insurance Program	Small Group Contracts	4a Futie Itrotones Neretis Buard	4D Scritopi Employees Benefits Baard	Ac Pathens 1 Association Health Plans	4d Large Oroup (what is not in columns 4s, 4b or 4c)	Other	List the full legal name of each Pathway 1 Association Health Plan included in column 4c							
1. Net Premium Income	2.278.129.272	151,421,963		369 535 020		461,777,093	506,324,618	789.070.578		Aerospane Industry Total							
The state of the second state of the second	auto, lastata	Tarifactora				2000		reatureare		7 Agrouture industry Tout							
7. Total Revenues	Loogen externe	O COMPANY		202010-02020		1.004.000			-	3 Assessment of Washington Hourses							
(Lines 1 to 6)	2,277,949,272	151,241,963		369,535,020		451,777,093	506,324,618	789,070,578		4 Business Services Instancy Trust							
		In party of setting								5 Dean Tech Allence Washington							
15. Subtotal (Lines 8 to 14)	1,941,740,161	131,835,525		298.933.277		429.856.814	432,212,350	647,902,196		Contractly Service Organization Insularly True							
	122102 00000	100000000000000000000000000000000000000				10000000		10000000		7 Commution Industry True							
16. Net Reinsusance	1242012	122000		100000		1922-001	20036	0000000		Brokine Manufacturing miskery Trust							
Recoveries	800,700	9,300		54,900	588,900	188,900	00 267,010 281,3	10 281,390		8 Heathcare Industry Trust							
									_	32 Information Technology Industry Trival 11 Lesture Care							
17. Total hospital and medical	1,940,939,461	131,826,225	0	299,878,377	0	429 668 714	4 431,945,340	547,620,805		0 12 Like Sources Washington							
(Lines 15 minus 16)	03203502211						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 A standards is a standard standard 	 A standard and standards 			and the second sec	and the second se	N LONARNARDA - SSEED	12000000000		13 table forms success of the set form to take
19. Claims adjustment	1000000000	10000000		100000000		0.011.00.001		100000000		14 Media Industry Total							
expenses	100,914,234	4,888,031		18,113,921		16,868,009	19,220,960	41,823,313		15 Milemien Admin							
20 General administrative	1	111 201 201 202		Constant of the						15 Northwest Financial Association							
expertoes	165,705,815	11,654,724		40,974,838		25,130,509	28,636,012	62,309,732		17 Hortweet Marine Trade Agazzation							
	1.1.65.244600	411/06/2000-				0.03401002		Alth According		13 Northand Independent Plan Center Association							
21. Increase in reserves for	0									13 Place Swindle True:							
accident and health contracts	. S.									20 Hetal Industry Trust							
23. Total underwriting	60000000000	11024142803	1	20022000	1.0-	0.06% 5707 245	10009800000	20220280		25 Teachers Industry Team							
deductions (Lines 17 to 22)	2,207,559,510	145,368,980	0	358,967,136	G	471,667,232 479,8	1,667,232 479,802,312	751,753,850		0 22 Transportation Industry Toyot							
			1 19							23 Mglare Manufacturers Trust							
24. Net underwriting gain or	70,389,762	5,872,983	0	10,567,884	0	(9.890.139)	26.522.306	37,316,728		0 24 thanking on Automative Holastry Association							
(loss) (Line 7 minus Line 23)	A122883710	100000-000	10	A 100052050	-	(5,036,130)	20,522,306	40,000,000				25 Washington Familianau					

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: Premera Blue Cross

III. Group Eprollment in Washington

NAIC Company Code: 47570

	3	2m	26	3		Large Grou	p Contracts		5	6
	Total Chidren's Comprehensive Health (Hospital & Individual Insurance		404400	10000 00 1000	4a Putris Errotomo	4b School Brocksonie	40 Patricay 1 Accountion Health	40 Large Group (et al le not in celumne	Other	List the full legal name of each Pathway 1 Association Health Plan included in column 4c (continued)
otal Members at end of	(Hospital & Medical)	Contracte	Program	Small Group Contracts	Betefit Scott	Berefts Buart	Plane	44.40-01401		26 Wholesaling Industry Trust
1. Prior Year	311,777	12,910	24	53,852		66,423	68,565	110,037		27 Monking Waterfrom Columns Health True 28 29
2. First Quarter	323,177	10,050		51,803		66,840	08.647	105.037		30 31
3. Second Quarter	320,899	10,571		51,248		66,972	88,195	103,913		32 33 34
4. Third Quarter	317,469	10.272		51,000		65,620	08,165	102,412		36 36
5. Current Year	315,935	10,129		61,304		66,577	64,588	103,337		37 38 39
										40
										41
										42



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

Premera Blue Cross Appendix 4.2

Months of Surplus

Individual Filing - Effective 1/1/2026

Description	Actual Amounts ⁽³⁾
2024 Total capital and surplus ⁽¹⁾	\$1,779,041,816
2024 Subtotal of hospital and medical claims ⁽²⁾	\$4,134,901,914
2024 Months of Surplus	5.2

Note:

(1) 2024 Total capital and surplus is from 2024 Premera Annual Statement Liabilities, Capital and Surplus page 3, line 33

(2) 2024 Subtotal of hospital and medical claims is from 2024 Premera Annual Statement of Revenue and Expense page 4, line 18(3) Issuer's capital and surplus is not used in the rate development

Premera Blue Cross Appendix 5

Actuarial Values for Non-Cascade plans

Individual Filing - Effective 1/1/2026

	-		A		В	C = A + B
					Value of PCP	
HIOS ID_16 Digits	HIOS ID_14 Digits	Plan Name	AV OV ⁽¹⁾	Location (2)	Copay @ \$1 ⁽³⁾	Final AV
49831WA194000400 to 49831WA194000403	49831WA1940004	Premera Blue Cross Preferred Silver	0.7195	Page 1	-0.0001	0.7194
49831WA194000404	49831WA1940004	Premera Blue Cross Preferred Silver CSR1	0.7399	Page 2	-0.0001	0.7398
49831WA194000405	49831WA1940004	Premera Blue Cross Preferred Silver CSR2	0.8751	Page 3	-0.0001	0.8750
49831WA194000406	49831WA1940004	Premera Blue Cross Preferred Silver CSR3	0.9467	Page 4	-0.0001	0.9466
49831WA194000100 to 49831WA194000103	49831WA1940001	Premera Blue Cross Preferred Gold	0.7948	Page 5	-0.0001	0.7947
49831WA194000300 to 49831WA194000303	49831WA1940003	Premera Blue Cross Preferred Bronze	0.6415	Page 6	-0.0001	0.6414
49831WA194000800 to 49831WA194000803	49831WA1940008	Premera Blue Cross Preferred Bronze HSA	0.6279	Page 7	N/A	0.6279

Note:

(1) This represents the AV after mental health unique design and before value of first two Primary Care office visit copays at \$1 instead of no cost sharing

(2) The Avs in file AV Screenshots_Non Cascade Plans. The page numbers are included in the Location column.

(3) This represents the value of first two Primary Care office visit copays at \$1 instead of no cost sharing (See Exhibits 5.1-5.6)

(4) This represents the final AV after combining AV Calculator value and value of copay

Premera Blue Cross Appendix 5.1 Unique Benefit Design Adjustment Calculations

Individual Filing - Effective 1/1/2026

Plan Name	HIOS ID
Premera Blue Cross Preferred Silver	49831WA1940004-01

Mental Heath Office Visit Percentage

Service Category	Frequency ⁽²⁾	MH OV%
Mental Health - OP Facility	0.028	
Mental Health - OP Prof.	1.692	98.39%

Value of Primary Care Copay

Service Category	Frequency ⁽²⁾	Сорау	Value of Copay
Primary Care >2 Visits	0.462	\$1.00	\$0.46
Primary Care All Visits	1.216	\$1.00	\$1.22
Differential			-\$0.75
AV Denominator for Silver		\$7,386.31	
AV Adjustment			-0.01%

Note:

(1) It is the Avg Cost per Enrollee(Max'd) column out of Silver Combined continuous table at \$4500 deductible level. (If Deductible is between two rows of continuance tables then linearly interpolated between the adjacent values) (2) Claims Maximum is the claims amount where member expected to satisfy Out of Pocket Maximum. (If Claims Maximum is between two rows of continuance tables then linearly interpolated between the adjacent values) (Claims Max [\$14833] = Deductible [\$4500]+((Out of Pocket Maximum [\$7600] - Deductible [\$4500]) / (1 - Coinsurance [70%])

Premera Blue Cross Appendix 5.2 Unique Benefit Design Adjustment Calculations

Individual Filing - Effective 1/1/2026

Plan Name	HIOS ID
Premera Blue Cross Preferred Silver	49831WA1940004-04

Mental Heath Office Visit Percentage

Service Category	Frequency ⁽²⁾	MH OV%
Mental Health - OP Facility	0.023	
Mental Health - OP Prof.	1.591	98.59%

Value of Primary Care Copay

Service Category	Frequency ⁽²⁾	Copay	Value of Copay
Primary Care >2 Visits	0.433	\$1.00	\$0.43
Primary Care All Visits	1.172	\$1.00	\$1.17
Differential			-\$0.74
AV Denominator for Silver		\$7,386.31	
AV Adjustment			-0.01%

Note:

(1) It is the Avg Cost per Enrollee(Max'd) column out of Silver Combined continuous table at \$4350 deductible level. (If Deductible is between two rows of continuance tables then linearly interpolated between the adjacent values) (2) Claims Maximum is the claims amount where member expected to satisfy Out of Pocket Maximum. (If Claims Maximum is between two rows of continuance tables then linearly interpolated between the adjacent values) (Claims Max [\$11517] = Deductible [\$4350]+((Out of Pocket Maximum [\$6500] - Deductible [\$4350]) / (1 - Coinsurance [70%])

Premera Blue Cross Appendix 5.3 Unique Benefit Design Adjustment Calculations

Individual Filing - Effective 1/1/2026

Plan Name	HIOS ID
Premera Blue Cross Preferred Silver	49831WA1940004-05

Mental Heath Office Visit Percentage

Service Category	Frequency ⁽²⁾	MH OV%
Mental Health - OP Facility	0.017	
Mental Health - OP Prof.	1.566	98.94%

Value of Primary Care Copay

Service Category	Frequency ⁽²⁾	Copay	Value of Copay
Primary Care >2 Visits	0.430	\$1.00	\$0.43
Primary Care All Visits	1.169	\$1.00	\$1.17
Differential			-\$0.74
AV Denominator for Gold		\$9,034.31	
AV Adjustment			-0.01%

Note:

(1) It is the Avg Cost per Enrollee(Max'd) column out of Gold Combined continuous table at \$600 deductible level. (If Deductible is between two rows of continuance tables then linearly interpolated between the adjacent values) (2) Claims Maximum is the claims amount where member expected to satisfy Out of Pocket Maximum. (If Claims Maximum is between two rows of continuance tables then linearly interpolated between the adjacent values) (Claims Max [\$7933] = Deductible [\$600]+((Out of Pocket Maximum [\$2800] - Deductible [\$600]) / (1 - Coinsurance [70%])

Premera Blue Cross Appendix 5.4 Unique Benefit Design Adjustment Calculations

Individual Filing - Effective 1/1/2026

Plan Name	HIOS ID
Premera Blue Cross Preferred Silver	49831WA1940004-06

Mental Heath Office Visit Percentage

Service Category	Frequency ⁽²⁾	MH OV%
Mental Health - OP Facility	0.003	
Mental Health - OP Prof.	0.599	99.45%

Value of Primary Care Copay

Service Category	Frequency ⁽²⁾	Copay	Value of Copay
Primary Care >2 Visits	0.165	\$1.00	\$0.17
Primary Care All Visits	0.661	\$1.00	\$0.66
Differential			-\$0.50
AV Denominator for Platinum		\$9,230.19	
AV Adjustment			-0.01%

Note:

(1) It is the Avg Cost per Enrollee(Max'd) column out of Platinum Combined continuous table at \$300 deductible level. (If Deductible is between two rows of continuance tables then linearly interpolated between the adjacent values) (2) Claims Maximum is the claims amount where member expected to satisfy Out of Pocket Maximum. (If Claims Maximum is between two rows of continuance tables then linearly interpolated between the adjacent values) (Claims Max [\$1967] = Deductible [\$300]+((Out of Pocket Maximum [\$800] - Deductible [\$300]) / (1 - Coinsurance [70%])

Premera Blue Cross Appendix 5.5 Unique Benefit Design Adjustment Calculations

Individual Filing - Effective 1/1/2026

Plan Name	HIOS ID
Premera Blue Cross Preferred Gold	49831WA1940001

Mental Heath Office Visit Percentage

Service Category	Frequency ⁽²⁾	MH OV%
Mental Health - OP Facility	0.037	
Mental Health - OP Prof.	2.104	98.27%

Value of Primary Care Copay

Service Category	Frequency ⁽²⁾	Сорау	Value of Copay
Primary Care >2 Visits	0.560	\$1.00	\$0.56
Primary Care All Visits	1.366	\$1.00	\$1.37
Differential			-\$0.81
AV Denominator for Gold		\$9,034.31	
AV Adjustment			-0.01%

Note:

(1) It is the Avg Cost per Enrollee(Max'd) column out of Gold Combined continuous table at \$1500 deductible level. (If Deductible is between two rows of continuance tables then linearly interpolated between the adjacent values) (2) Claims Maximum is the claims amount where member expected to satisfy Out of Pocket Maximum. (If Claims Maximum is between two rows of continuance tables then linearly interpolated between the adjacent values) (Claims Max [\$19167] = Deductible [\$1500]+((Out of Pocket Maximum [\$6800] - Deductible [\$1500]) / (1 - Coinsurance [70%])

Premera Blue Cross Appendix 5.6 Unique Benefit Design Adjustment Calculations

Individual Filing - Effective 1/1/2026

Plan Name	HIOS ID
Premera Blue Cross Preferred Bronze	49831WA1940003

Mental Heath Office Visit Percentage

Service Category	Frequency ⁽²⁾	MH OV%
Mental Health - OP Facility	0.018	
Mental Health - OP Prof.	1.047	98.35%

Value of Primary Care Copay

Service Category	Frequency ⁽²⁾	Сорау	Value of Copay
Primary Care >2 Visits	0.335	\$1.00	\$0.33
Primary Care All Visits	0.961	\$1.00	\$0.96
Differential			-\$0.63
AV Denominator for Bronze		\$5,190.48	
AV Adjustment			-0.01%

Note:

(1) It is the Avg Cost per Enrollee(Max'd) column out of Bronze Combined continuous table at \$6650 deductible level. (If Deductible is between two rows of continuance tables then linearly interpolated between the adjacent values) (2) Claims Maximum is the claims amount where member expected to satisfy Out of Pocket Maximum. (If Claims Maximum is between two rows of continuance tables then linearly interpolated between the adjacent values) (Claims Max [\$12025] = Deductible [\$6650]+((Out of Pocket Maximum [\$8800] - Deductible [\$6650]) / (1 - Coinsurance [60%])

Premera Blue Cross Appendix 6

SERFF Rate/Rule Schedule Support

Individual Filing - Effective 1/1/2026

COMPANY RATE INFORMATION Company Rate Change Overall % Indicated Change Overall % Rate Impact Written Premium Change Policy Holders as of March 2025 Written Premium Maximum % Change Minimum % Change	Increase 18.79% 18.79% \$20,925,006 6,051 \$111,362,459 41.24% -6.57%
RATE REVIEW DETAIL Annual Trend Covered Lives as of March 2025 49831WA194	11.1% 9,460 9,460
Requested Rate Change Information Change Period Experience Period Member Months: Benefit Change	Annual 126,053 Neutral
Percent Rate Change Requested Min Max Weighted Avg	-6.57% 41.24% 18.79%
Prior Rate: Total Earned Premium Total Incurred Claims	\$111,362,459 \$110,248,571
<u>Annualized PMPM</u> Min Max Weighted Avg	\$337.30 \$2,901.78 \$977.61
Requested Rate: Total Earned Premium Total Incurred Claims	\$132,287,465 \$122,453,088
Annualized PMPM Min Max Weighted Avg	\$391.94 \$3,028.22 \$1,161.30

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.

WA Exhibit 1: Experience Data

Carrier Name:	Premera Blue Cross
Market:	Individual
Rate Filing Plan Year: Experience Period Year:	2026
Experience Period Year:	2024

2024 CLAIMS BUILD-UP, TOTAL							2024 ULTIMATE ALLOWED CLAIMS, TOTAL											
																		Check Total
						IBNP for							Prescription	Prescription				Allowed
Incurred Month	Member	Incurred & Paid	IBNP for	Ultimate Incurred	Allowed Claims	Allowed	Ultimate	Inpatient	Outpatient		Other		Drug before	Drug Rebates	Non-	Total EHB	Total Allowed	(should be
yyyymm	Months	Claims	Incurred Claims	Claims	(without IBNP)	Claims	Allowed Claims	Hospital	Hospital	Professional	Medical	Capitation	Drug Rebates	(Negative \$)	EHBs	Allowed	(EHB + non-EHB)	\$0)
202401	11,010	\$10,002,687	\$3,453	\$10,006,140	\$14,256,913	\$4,647	\$14,261,560	\$2,235,172	\$3,810,002	\$4,552,560	\$443,473	\$0	\$4,454,378	(\$1,234,025)	\$0	\$14,261,560	\$14,261,560	\$0
202402	10,894	\$8,775,190	\$27,138	\$8,802,327	\$11,567,040	\$34,870	\$11,601,910	\$1,515,547	\$3,239,360	\$3,937,973	\$382,682	\$0	\$3,745,482	(\$1,219,133)	\$0	\$11,601,910	\$11,601,910	\$0
202403	10,802	\$10,224,391	\$40,038	\$10,264,430	\$12,614,611	\$49,165	\$12,663,776	\$1,366,481	\$3,930,882	\$4,086,033	\$369,833	\$0	\$4,112,436	(\$1,201,888)	\$0	\$12,663,776	\$12,663,776	\$0
202404	10,717	\$11,738,981	\$56,759	\$11,795,740	\$13,799,591	\$66,893	\$13,866,483	\$2,360,723	\$4,052,101	\$3,963,899	\$398,591	\$0	\$4,283,950	(\$1,192,781)	\$0	\$13,866,483	\$13,866,483	\$0
202405	10,619	\$10,865,739	\$60,824	\$10,926,564	\$12,845,891	\$72,610	\$12,918,501	\$1,079,326	\$4,122,622	\$4,138,923	\$420,714	\$0	\$4,339,196	(\$1,182,280)	\$0	\$12,918,501	\$12,918,501	\$0
202406	10,540	\$10,576,571	\$100,149	\$10,676,721	\$12,319,961	\$117,157	\$12,437,119	\$1,696,503	\$3,710,213	\$3,767,631	\$398,417	\$0	\$4,038,169	(\$1,173,815)	\$0	\$12,437,119	\$12,437,119	\$0
202407	10,444	\$11,105,439	\$134,621	\$11,240,060	\$12,733,665	\$155,815	\$12,889,480	\$1,225,030	\$3,824,516	\$3,950,489	\$505,190	\$0	\$4,547,783	(\$1,163,528)	\$0	\$12,889,480	\$12,889,480	\$0
202408	10,353	\$12,564,331	\$241,265	\$12,805,596	\$14,204,854	\$272,438	\$14,477,292	\$3,664,778	\$3,776,321	\$3,716,897	\$401,253	\$0	\$4,071,820	(\$1,153,777)	\$0	\$14,477,292	\$14,477,292	\$0
202409	10,259	\$10,908,228	\$229,568	\$11,137,797	\$12,384,408	\$263,298	\$12,647,705	\$1,892,517	\$3,145,953	\$4,000,984	\$403,783	\$0	\$4,345,711	(\$1,141,242)	\$0	\$12,647,705	\$12,647,705	\$0
202410	10,221	\$12,324,117	\$380,119	\$12,704,236	\$14,128,366	\$440,424	\$14,568,790	\$2,863,447	\$3,447,225	\$4,381,474	\$484,484	\$0	\$4,529,331	(\$1,137,171)	\$0	\$14,568,790	\$14,568,790	\$0
202411	10,159	\$9,797,709	\$502,953	\$10,300,662	\$11,316,972	\$587,547	\$11,904,519	\$1,387,381	\$3,402,549	\$3,742,853	\$427,687	\$0	\$4,072,114	(\$1,128,065)	\$0	\$11,904,519	\$11,904,519	\$0
202412	10,035	\$11,301,914	\$694,395	\$11,996,310	\$12,797,495	\$793,518	\$13,591,013	\$1,374,262	\$4,496,281	\$3,950,254	\$456,024	\$0	\$4,426,509	(\$1,112,316)	\$0	\$13,591,013	\$13,591,013	\$0
CY2024	126,053	\$130,185,298	\$2,471,284	\$132,656,582	\$154,969,768	\$2,858,381	\$157,828,149	\$22,661,167	\$44,958,023	\$48,189,969	\$5,092,131	\$0	\$50,966,879	(\$14,040,020)	\$0	\$157,828,149	\$157,828,149	\$0

	2024 CLAIMS BUILD-UP, PMPM							2024 ULTIMATE ALLOWED CLAIMS, PMPM										
						IBNP for							Prescription	Prescription				Check Total Allowed
Incurred Month	Member	Incurred & Paid	IBNP for	Ultimate Incurred	Allowed Claims	Allowed	Ultimate	Inpatient	Outpatient		Other		Drug before	Drug Rebates	Non-	Total EHB	Total Allowed	(should be
yyyymm	Months	Claims	Incurred Claims	Claims	(without IBNP)	Claims	Allowed Claims	Hospital	Hospital	Professional	Medical	Capitation	Drug Rebates	(Negative \$)	EHBs	Allowed	(EHB + non-EHB)	\$0)
202401		\$908.51	\$0.31	\$908.82	\$1,294.91	\$0.42	\$1,295.33	\$203.01	\$346.05	\$413.49	\$40.28	\$0.00	\$404.58	(\$112.08)	\$0.00	\$1,295.33	\$1,295.33	\$0.00
202402		\$805.51	\$2.49	\$808.00	\$1,061.78	\$3.20	\$1,064.98	\$139.12	\$297.35	\$361.48	\$35.13	\$0.00	\$343.81	(\$111.91)	\$0.00	\$1,064.98	\$1,064.98	\$0.00
202403		\$946.53	\$3.71	\$950.23	\$1,167.80	\$4.55	\$1,172.35	\$126.50	\$363.90	\$378.27	\$34.24	\$0.00	\$380.71	(\$111.27)	\$0.00	\$1,172.35	\$1,172.35	\$0.00
202404		\$1,095.36	\$5.30	\$1,100.66	\$1,287.64	\$6.24	\$1,293.88	\$220.28	\$378.10	\$369.87	\$37.19	\$0.00	\$399.73	(\$111.30)	\$0.00	\$1,293.88	\$1,293.88	\$0.00
202405		\$1,023.24	\$5.73	\$1,028.96	\$1,209.71	\$6.84	\$1,216.55	\$101.64	\$388.23	\$389.77	\$39.62	\$0.00	\$408.63	(\$111.34)	\$0.00	\$1,216.55	\$1,216.55	\$0.00
202406		\$1,003.47	\$9.50	\$1,012.97	\$1,168.88	\$11.12	\$1,179.99	\$160.96	\$352.01	\$357.46	\$37.80	\$0.00	\$383.13	(\$111.37)	\$0.00	\$1,179.99	\$1,179.99	\$0.00
202407		\$1,063.33	\$12.89	\$1,076.22	\$1,219.23	\$14.92	\$1,234.15	\$117.30	\$366.19	\$378.25	\$48.37	\$0.00	\$435.44	(\$111.41)	\$0.00	\$1,234.15	\$1,234.15	\$0.00
202408		\$1,213.59	\$23.30	\$1,236.90	\$1,372.05	\$26.31	\$1,398.37	\$353.98	\$364.76	\$359.02	\$38.76	\$0.00	\$393.30	(\$111.44)	\$0.00	\$1,398.37	\$1,398.37	\$0.00
202409		\$1,063.28	\$22.38	\$1,085.66	\$1,207.17	\$25.67	\$1,232.84	\$184.47	\$306.65	\$390.00	\$39.36	\$0.00	\$423.60	(\$111.24)	\$0.00	\$1,232.84	\$1,232.84	\$0.00
202410		\$1,205.76	\$37.19	\$1,242.95	\$1,382.29	\$43.09	\$1,425.38	\$280.15	\$337.27	\$428.67	\$47.40	\$0.00	\$443.14	(\$111.26)	\$0.00	\$1,425.38	\$1,425.38	\$0.00
202411		\$964.44	\$49.51	\$1,013.94	\$1,113.98	\$57.84	\$1,171.82	\$136.57	\$334.93	\$368.43	\$42.10	\$0.00	\$400.84	(\$111.04)	\$0.00	\$1,171.82	\$1,171.82	\$0.00
202412		\$1,126.25	\$69.20	\$1,195.45	\$1,275.29	\$79.08	\$1,354.36	\$136.95	\$448.06	\$393.65	\$45.44	\$0.00	\$441.11	(\$110.84)	\$0.00	\$1,354.36	\$1,354.36	\$0.00
CY2024		\$1,032.78	\$19.61	\$1,052.39	\$1,229.40	\$22.68	\$1,252.08	\$179.77	\$356.66	\$382.30	\$40.40	\$0.00	\$404.33	(\$111.38)	\$0.00	\$1,252.08	\$1,252.08	\$0.00

Comments

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

Carrier Name:	Premera Blue Cross
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

Actual-to-Expected Experience

			2024, TO	TAL		2024, PMPM			2024, % of PREMIUM		
Line Item	Description	ACTUAL EXPERIENCE (A)	PROJECTED (i.e., Expected; E)	A:E - 1	A - E	ACTUAL EXPERIENCE (A)	PROJECTED (i.e., Expected; E)	A:E - 1	ACTUAL EXPERIENCE (A)	PROJECTED (i.e., Expected; E)	A - E
а	Member Months (MM)	126,053	168,972	-25.4%							
b	Premium	\$112,880,957	\$159,639,767	-29.3%		\$895.50	\$944.77	-5.2%			
с	Allowed Claims	\$157,828,149	\$216,181,087	-27.0%		\$1,252.08	\$1,279.39	-2.1%	139.8%	135.4%	4.4%
d	Incurred Claims	\$132,656,582	\$177,561,853	-25.3%		\$1,052.39	\$1,050.84	0.1%	117.5%	111.2%	6.3%
e	Cost Sharing Reduction (CSR) Amounts	\$1,929,775	\$2,513,205	-23.2%		\$15.31	\$14.87	2.9%	1.7%	1.6%	0.1%
f	Risk Adjustment Transfer Amounts	\$41,526,451	\$39,677,175	4.7%		\$329.44	\$234.82	40.3%	36.8%	24.9%	11.9%
g	Administrative Expense	\$10,919,971	\$12,199,796	-10.5%		\$86.63	\$72.20	20.0%	9.7%	7.6%	2.0%
h	Taxes and Fees	\$2,701,316	\$3,964,564	-31.9%		\$21.43	\$23.46	-8.7%	2.4%	2.5%	-0.1%
i	Profit Margin (a.k.a. Profit & Risk Load)	\$8,129,539	\$5,590,730	45.4%		\$64.49	\$33.09	94.9%	7.2%	3.5%	3.7%
j	Paid-to-Allowed Ratios	84.1%	82.1%	2.3%	1.9%						

Profit Reconciliation

Loss Ratios

Simple Loss Ratio (=Incurred Claims / Premium)	117.5%	111.2%
Indicated Rate Change Required, if only based on A:E simple loss ratio	5.7%	
Risk Adjusted Loss Ratio (=Incurred Claims / (Premium + Risk Adjustment Transfer))	85.9%	89.1%

Indicated Rate Change Required, if only based on A:E risk adjusted loss ratio

-				
()	m	m		nts
			c	1113

Line	Comments
Item	
а	The actual membership was lower than projected. This is due to competition in the marketplace.
b-e	Actual vs projected experience PMPM's are fairly close, with the overall totals being different mainly from the difference in membership.
f	The Risk Adjustment Transfer Amounts PMPMs were significanly higher than projected due to a riskier membership population.
g	The administrative expenses PMPM were higher 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 higher than projected, primarily due to the increase in risk adjustment transfer amounts.
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. The actual and projected results are more similar on a PMPM basis.
	Our model is based on PMPMs and already includes our most up to date assumptions on membership. We have not made further adjustments.

6.3%

-3.2%

-3.6%

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

Carrier Name:	Premera Blue Cross
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	258.20	\$5,620.32	\$120.93
Outpatient Hospital	Services	1,585.75	\$2,218.62	\$293.18
Professional	Services	27,559.96	\$127.90	\$293.75
Prescription Drug	Days Filled	2,823.89	\$158.77	\$37.36
Total				\$745.22

EXPERIENCE -- 2023

EXPERIENCE TREND -- 2022 to 2023

TRENDS -- EHB Allowed Claims

URRT w1 Benefit Category	Frequency Units	Units per 1,000	Unit Cost	EHB Cost PMPM
Inpatient Hospital	Days	230.44	\$6,864.07	\$131.81
Outpatient Hospital	Services	1,584.18	\$2,233.95	\$294.91
Professional	Services	27,515.39	\$142.60	\$326.97
Prescription Drug	Days Filled	16,910.93	\$181.47	\$255.73
Total				\$1,009.43

				Unit Cost Components						
Service	Total EHB Cost	Utilization	Unit Cost	Service Mix / Intensity	Reimbursement	Unit Cost	Check			
Inpatient Hospital	9.00%	-10.75%	22.13%	17.51%	3.93%	22.13%	TRUE			
Outpatient Hospital	0.59%	-0.10%	0.69%	-2.89%	3.69%	0.69%	TRUE			
Professional	11.31%	-0.16%	11.49%	8.91%	2.36%	11.49%	TRUE			
Prescription Drug	584.49%	498.85%	14.30%	2.51%	11.50%	14.30%	TRUE			
Total	35.454%									

Unit Cost

6.73%

10.02%

6.29%

10.15%

Service Mix

/ Intensity

1.41%

4.83%

3.33%

2.379

Unit Cost Components

5.24%

4.94%

2.87%

7.60%

Reimbursement

Check

TRUE

TRUE

TRUE

TRUE

Unit Cost

6.73%

10.02%

6.29%

10.15%

EXPERIENCE -- 2024

EXPERIENCE TREND -- 2023 to 2024

URRT w1 Benefit Category	Frequency Units	Units per 1,000	Unit Cost	EHB Cost PMPM	Service
Inpatient Hospital	Days	294.47	\$7,325.98	\$179.77	Inpatient Hospital
Outpatient Hospital	Services	1,741.42	\$2,457.72	\$356.66	Outpatient Hospital
Professional	Services	30,266.64	\$151.57	\$382.30	Professional
Prescription Drug	Days Filled	17,587.10	\$199.88	\$292.95	Prescription Drug
Total				\$1,211.68	Total

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

ANNUALIZED PROJECTED TREND -- 2024 to 2026

Total EHB Cost

36.39%

20.94%

16.92%

14.55%

20.036%

Utilization

27.79%

9.93%

10.00%

4.00%

URRT w1 Benefit Category	Frequency Units	Units per 1,000	Unit Cost	EHB Cost PMPM	
Inpatient Hospital	Days	318.50	\$8,331.17	\$221.12	
Outpatient Hospital	Services	1,883.52	\$2,794.94	\$438.69	ı E
Professional	Services	32,736.40	\$172.37	\$470.23	ı E
Prescription Drug	Days Filled	18,297.62	\$231.42	\$352.87	
Total				\$1,482.92	

				Unit Cost Components						
				Service Mix						
Service	Total EHB Cost	Utilization	Unit Cost	/ Intensity	Reimbursement	Unit Cost	Check			
Inpatient Hospital	10.91%	4.00%	6.64%	0.00%	6.64%	6.64%	TRUE			
Outpatient Hospital	10.91%	4.00%	6.64%	0.00%	6.64%	6.64%	TRUE			
Professional	10.91%	4.00%	6.64%	0.00%	6.64%	6.64%	TRUE			
Prescription Drug	9.75%	2.00%	7.60%	0.00%	7.60%	7.60%	TRUE			
Total	10.628%									

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

WA Exhibit 4: Normalized Allowed Claims Analysis

Carrier Name:	Premera Blue Cross
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

Table 3.1 lictive Ultir llowable Rating Month Rolling ncurred Date (YYYYMM) Allowed Claim on-EHB Allo Predictive Ultim Adjustment fo owed EHB Clai PMPM Plan Desig Combine Claims PMPM (t Experience Perio estimates \$15,914,593 1.0000 \$15,914,593 \$104,096 \$15,810,497 \$883.51 1.1607 202201 17,895 1.0000 1.0000 \$1,025.48 1.0000 1.0000 1.0000 1.0000 17,489 17,276 1.0000 \$42,012 \$142,836 1.0000 202202 \$14,786,750 \$14 786 750 \$14 744 738 \$843.09 1.0000 1.0000 1 0000 1 0000 1.0000 1.1607 \$978.56 202203 \$18,428,308 \$18,285,472 1.0000 1.0000 1.0000 1.1607 \$18,428,308 \$1,058.43 1.0000 1.0000 \$1,228.51 202204 17.048 \$17,554,831 1.0000 \$17,554,831 \$140.118 \$17,414,713 \$1.021.51 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.1607 \$1.185.65 202205 16,844 1.0000 \$15,745,147 \$168,532 \$924.76 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.1607 202206 16,621 \$15,999,704 1.0000 \$15,999,719 \$158,110 \$15,841,609 \$953.11 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.1607 \$1,106.26 \$15,452,401 \$15,369,045 1.1607 \$1,086.00 202207 16,426 \$15,452,387 1.0000 \$83,356 \$935.65 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 202208 16.256 \$14,962,985 1.0000 \$14,962,998 \$61,709 \$14.901.288 \$916.66 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.1607 \$1.063.96 1.1607 202209 16,060 1.0000 \$15,729,780 \$117,367 \$972.13 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 \$1,128.34 \$15,761,516 202210 15,891 1.0000 \$15,761,531 \$126,694 \$15,634,837 \$983.88 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.1607 \$1,141.97 202211 15,544 \$16,217,488 \$14,821,965 1.0000 \$16,217,503 \$132,460 \$16,085,043 \$1,034.81 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.1607 \$1,201.08 202212 15,151 1.0000 \$14.821.979 \$14,669,769 \$968.24 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.1607 \$1.123.82 202301 13,837 \$14,949,642 1.0000 \$14,949,657 \$179,329 \$14,770,328 \$1,067.45 1.0000 1.0710 1.0000 1.0000 1.0710 1.0710 1.0837 \$1,156.84 202302 13.819 \$11.186.608 1.0000 \$11.186.705 \$24.673 \$11.162.032 \$807.73 1.0000 1.0710 1.0000 1.0000 1.0710 1.0710 1.0837 \$875.37 202303 13,639 \$15,460,100 \$12,757,380 1.0000 \$15,460,230 \$233,505 \$124,662 \$15,226,724 \$1,116.41 1.0000 1.0710 1.0000 1.0000 1.0710 1.0710 1.0837 \$1,209.90 202304 13,490 1.0000 \$12,757,658 \$12,632,996 \$936.47 1.0000 1.0710 1.0000 1.0000 1.0710 1.0710 1.0837 \$1,014.89 202305 1.0000 \$13,825,699 \$138,185 \$13,687,514 \$1.020.01 1.0000 1.0000 1.0000 1.0710 1.0837 \$1,105.42 202306 13,365 \$13,921,492 0.9999 \$13,922,393 \$149,769 \$13,772,624 \$1,030.50 1.0000 1.0710 1.0000 1.0000 1.0710 1.0710 1.0837 \$1,116.79 \$12,944,794 \$14,177,388 202307 13,281 0.9999 \$12,945,594 \$85,802 \$12,859,793 \$968.28 1.0000 1.0710 1.0000 1.0000 1.0710 1.0710 1.0837 \$1,049.37 202308 13,301 0.9999 \$14,178,267 \$172,373 \$14,005,894 \$1,053.00 1.0000 1.0710 1.0000 1.0000 1.0710 1.0710 1.0837 \$1,141.17 \$12,957,407 \$16,352,271 \$111,376 \$152,580 202309 13,241 0.9997 \$12,961,584 \$12,850,207 \$970.49 1.0000 1.0710 1.0000 1.0000 1.0710 1.0837 \$1,051.75 0.9997 13,123 \$16,204,915 \$1,234.85 202310 \$16,357,495 1.0000 1.0710 1.0000 1.0000 1.0710 1.0710 1.0837 \$1,338.25 \$14,763,240 \$13,590,361 0.9997 \$75,513 \$191,094 \$14,692,507 \$13,403,484 \$1,126.99 \$1,050.59 202311 13,037 \$14,768,020 1.0000 1.0710 1.0000 1.0000 1.0710 1.0710 1.0837 \$1,221.36 7.74% 0.59% 202312 12,758 \$13,594,578 1.0000 1.0710 1.0000 1.0000 1.0710 1.0710 1.0837 \$1,138.57 \$14,256,913 \$11,567,040 202401 0.9997 \$14,261,560 \$14,133,137 \$1,283.66 1.0000 1.0870 1.0000 0.9970 1.0837 1.1607 1.0000 \$1,283.66 7.60% 0.32% 202402 10,894 0.9970 \$11,601,910 \$92,284 \$11,509,626 \$1,056.51 1.0000 1.0870 1.0000 0.9970 1.0837 1.1607 1.0000 \$1,056.53 9.88% 2.31% 202403 202404 10,802 \$12,614,611 \$13,799,591 0.9961 \$12,663,776 \$214,971 \$237,185 \$12 448 805 \$1,152,45 1.0000 1.0870 1.0000 0.9970 1.0837 1.1607 1.0000 \$1,152.45 9.77% 2.16% 0.9952 \$13,866,483 \$13,629,298 \$1,271.75 1.0870 1.0000 0.9970 1.0837 1.160 1.0000 \$1,271.75 13.33% 5.34% 10,717 1.0000 202405 10.619 \$12,845,891 0.9944 \$12.918.501 \$224,689 \$12,693,812 \$1.195.39 1.0000 1.0870 1.0000 0.9970 1.0837 1.1607 1.0000 \$1.195.39 13.87% 5.75% \$12,319,961 10,540 0.9906 202406 \$12,437,119 \$12,183,147 \$1,155.90 1.0000 1.0870 0.9970 1.0837 1.0000 \$1,155.90 14.24% 1.0000 1.1607 6.03% \$12,733,665 \$14,204,854 202407 10 4 4 4 0.9879 \$12 889 480 \$170.479 \$12,719,001 \$1,217,83 1.0000 1.0870 1.0000 0.9970 1.0837 1.1607 1.0000 \$1,217,83 16.06% 7.63% 202408 0.9812 \$14,477,292 \$13,778,947 \$1,330.91 1.0000 1.0870 1.0000 0.9970 1.0837 1.1607 1.0000 \$1,330.93 16.97% 8.36% 202409 10.259 \$12,384,408 0.9792 \$12.647.705 \$137,316 \$12,510,390 \$1.219.46 1.0000 1.0870 1.0000 0.9970 1.0837 1.1607 1.0000 \$1.219.46 19.28% 10.44% 202410 \$14,128,366 0.9698 \$14,568,790 \$321,851 \$14,246,939 \$1,393.89 1.0000 1.0870 1.0000 0.9970 1.0837 1.1607 1.0000 \$1,393.89 18.03% 9.11% 10,221 202411 10,159 \$11,316,972 0.9506 \$11,904,519 \$141,097 \$11,763,422 \$1,157.93 1.0000 1.0870 1.0000 0.9970 1.0837 1.1607 1.0000 \$1,157.93 17.61% 8.63% \$12,797,495 0.9416 \$143,844 \$13,447,170 \$1,340.03 0.9970 \$1,340.03 202412 10,035 \$13,591,013 1.0000 1.0870 1.0000 1.0837 1.1607 1.0000 19.32% 10.10%

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	198,501	\$191,375,426		\$191,375,538	-	\$1,429,500		\$189,946,039	\$956.90
2023	160,310	\$166,885,913		\$166,907,879	-	\$1,638,861	-	\$165,269,018	\$1,030.93
2024	126.053	\$154,969,768		\$157.828.149	-	\$2,764,454		\$155.063.695	\$1.230.15

Comments

Our observed allowed claims trend has grown to percentages in the high teens. Much of this is due to demographic shift and other adjustments, and the normalized allowed claims trends are lower 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:

Market:

Rate Filing Plan Year:

Experience Period Year:

Premera Blue Cross

2026

Individual

2024

Table 1	ACT EXPERIE				ECTED ECTED; E)		A	:E
	2021 to	2022 to	2021 to	2022 to	2023 to	2024 to	2021 to	2022 to
Component	2023	2024	2023	2024	2025	2026	2023	2024
	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
							(2) vs. (4)	(3) vs. (5)
URRT Worksheet 1								
Annualized Cost Trend Factor	0.062	0.123	0.036	0.057	0.069	0.069	1.719	2.162
Annualized Utilization Trend Factor	0.011	0.015	0.042	0.035	0.034	0.035	0.259	0.417
Morbidity Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Demographic Shift	0.994	0.974	1.071	1.087	1.138	1.091	0.929	0.896
Plan Design Changes	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Other	1.000	1.000	1.000	0.997	1.000	1.237	1.000	1.003

¹ Ratios for factors. Subtraction for percents.

Comments

The actual cost trends were significantly higher than projected. Some providers 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:	Premera Blue Cross
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

T I I 0 4

Table 8.1		Projections		Difference of Pricing Value and Metal Value						
HIOS Plan ID	Metal Level	AV Metal Value 2024	AV Metal Value 2025	AV Metal Value 2026	AV Pricing Value 2024	AV Pricing Value 2025	AV Pricing Value 2026	2024	2025	2026
49831WA1940001	Gold	0.7899	0.7839	0.7947	0.8551	0.8556	0.7747	0.0652	0.0717	-0.0200
49831WA1940003	Bronze	0.6499	0.6310	0.6415	0.7786	0.7786	0.6347	0.1287	0.1476	-0.0068
49831WA1940004	Silver	0.7183	0.7078	0.7193	0.8181	0.8189	0.6994	0.0998	0.1111	-0.0199
49831WA1940005	Gold	0.8189	0.8139	0.8181	0.9084	0.9018	0.8289	0.0895	0.0879	0.0108
49831WA1940006	Silver	0.7179	0.7075	0.7184	0.8247	0.8259	0.7353	0.1068	0.1184	0.0169
49831WA1940007	Bronze	0.6455	0.6364	0.6497	0.7801	0.7823	0.6336	0.1346	0.1459	-0.0161
49831WA1940008	Bronze	N/A	0.6228	0.6279	n/a	0.7674	0.6162	#VALUE!	0.1446	-0.0117
49831WA1940009	Gold	N/A	N/A	0.7806	n/a	n/a	0.7995	#VALUE!	#VALUE!	0.0189

Overall AV Metal Value			alue Overall AV Pricing Value				Difference of Pricing Value and Metal Value			
2024	2025	2026	2024	2024 2025 2026			2025	2026		
0.7040	0.6907	0.7108	0.8134	0.8130	0.7083	0.1094	0.1224	-0.0025		

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:	Premera Blue Cross
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

						PROJECTED	l.		,	YEAR-TO-Y	EAR CHANG	GE	2024			
Table	ACTUA	AL EXPERIEN	CE (A)		(i.e	., EXPECTED); E)		i	n PROJECT	ED AMOUN	ITS	EXPERIENCE		A:E	
									2022 to	2023 to	2024 to	2025 to	to 2026			
Component	2022	2023	2024	2022	2023	2024	2025	2026	2023	2024	2025	2026	PROJECTED	2022	2023	2024
Paid-to-Allowed Ratio (All, Unadjusted)	0.8406	0.8429	0.8534	0.8216	0.8018	0.8134	0.8130	0.7083	0.976	1.014	1.000	0.871	0.830	1.023	1.051	1.049
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)	0.7522	0.7563	0.7693	0.7553	0.7645	0.7785	0.7778	0.6304	1.012	1.018	0.999	0.810	0.819	0.996	0.989	0.988
Paid-to-Allowed Ratio (Silver, Unadjusted)	0.8757	0.8676	0.8807	0.8536	0.8133	0.8214	0.8236	0.7282	0.953	1.010	1.003	0.884	0.827	1.026	1.067	1.072
Paid-to-Allowed Ratio (Gold, Unadjusted)	0.8849	0.8933	0.9051	0.9272	0.8651	0.8752	0.8757	0.8001	0.933	1.012	1.001	0.914	0.884	0.954	1.033	1.034
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 Compo	nents															
AV Pricing Value	0.8406	0.8429	0.8534	0.8216	0.8018	0.8134	0.8130	0.7083	0.976	1.014	1.000	0.871	0.830	1.023	1.051	1.049
Induced Demand Factor (IDF)	1.0000	1.0000	1.0000	1.0014	1.0010	1.0008	1.0006	1.0007	1.000	1.000	1.000	1.000	1.001	0.999	0.999	0.999
CSR Silver Load	1.0097	1.0105	1.0099	1.0134	1.0124	1.0090	1.0091	1.0293	0.999	0.997	1.000	1.020	1.019	0.996	0.998	1.001
Factor for cost of abortion services for which	1.0000	1.0000	1.0000	0.9986	0.9987	0.9989	0.9990	0.9991	1.000	1.000	1.000	1.000	0.999	1.001	1.001	1.001
public funding is prohibited																
AV and Cost Sharing Design of Plan	0.8487	0.8517	0.8619	0.8325	0.8115	0.8205	0.8201	0.7290	0.975	1.011	0.999	0.889	0.846	1.019	1.050	1.050
Benefits in Addition to EHB	1.0000	1.0000	1.0000	1.0014	1.0013	1.0011	1.0010	1.0009	1.000	1.000	1.000	1.000	1.001	0.999	0.999	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:	Premera Blue Cross
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

Table

Table				[Plan Year 20	024 Actual Experience			
HIOS Plan ID	Metal Level	CSR Plan Variant	2026 Plan Category (New, Renewing, Terminated)	CSR Silver Load (Projected)	Member Months	Allowed Claims	Paid Claims	Paid-to-Allowed Ratio	CSR Paid Claims	CSR-Adjusted Paid-to-Allowed Ratio	APTC Payments	Net CSR Funds
49831WA1930002	Bronze	Base	Terminated	1.0000	12,162	\$9,699,591	\$7,021,108	0.723856136	\$0	0.723856136	\$1,232,778	
49831WA1930002	Bronze	AI/AN	Terminated	1.0000	110	\$184,191	\$178,417	0.968650074	\$55,618	0.666690624	\$50,092	-\$5,526
49831WA1940001	Gold	Base	Renewing	1.0000	16,540	\$29,839,378	\$26,214,254	0.878512089	\$0	0.878512089	\$1,001,128	
49831WA1940001	Gold	AI/AN	Renewing	1.0000	18	\$4,298	\$721	0.167695979	\$0	0.167695979	\$0	
49831WA1940003	Bronze	Base	Renewing	1.0000	26,422	\$22,618,613	\$16,933,416	0.748649615	\$0	0.748649615	\$3,358,748	
49831WA1940003	Bronze	AI/AN	Renewing	1.0000	42	\$147,366	\$118,176	0.801927086	\$0	0.801927086	\$6,484	
49831WA1940004	Silver	Base	Renewing	1.0000	9,101	\$15,849,739	\$13,763,028	0.868344145	\$0	0.868344145	\$548,152	
49831WA1940004	Silver	AI/AN	Renewing	1.0000	14	\$18,825	\$9,791	0.520090957	\$0	0.520090957	\$0	
49831WA1940004	Silver	CSR1	Renewing	1.0094	301	\$544,583	\$482,120	0.885301436	\$8,587	0.869532583	\$154,554	\$145,966
49831WA1940004	Silver	CSR2	Renewing	1.1003	904	\$1,078,335	\$962,020	0.89213494	\$96,272	0.80285631	\$554,970	\$458,698
49831WA1940004	Silver	CSR3	Renewing	1.1527	1,155	\$3,301,985	\$3,234,812	0.979656726	\$473,646	0.836213895	\$694,425	\$220,779
49831WA1940005	Gold	Base	Renewing	1.0000	12,579	\$28,106,997	\$25,917,717	0.922109095	\$0	0.922109095	\$1,156,567	
49831WA1940005	Gold	AI/AN	Renewing	1.0000	73	\$316,254	\$296,438	0.93734254	\$0	0.93734254	\$440	
49831WA1940006	Silver	Base	Renewing	1.0000	14,789	\$14,051,404	\$11,080,848	0.788593658	\$0	0.788593658	\$1,157,740	
49831WA1940006	Silver	AI/AN	Renewing	1.0000	27	\$2,184,649	\$2,174,611	0.99540518	\$0	0.99540518	\$0	
49831WA1940006	Silver	CSR1	Renewing	1.0094	2,680	\$2,964,427	\$2,382,487	0.803692186	\$32,154	0.792845522	\$1,202,632	\$1,170,478
49831WA1940006	Silver	CSR2	Renewing	1.1003	4,661	\$8,202,128	\$7,635,222	0.930883066	\$658,695	0.850575259	\$2,340,424	\$1,681,729
49831WA1940006	Silver	CSR3	Renewing	1.1527	1,490	\$2,710,373	\$2,634,041	0.971836896	\$332,994	0.848977734	\$847,077	\$514,083
49831WA1940007	Bronze	Base	Renewing	1.0000	22,685	\$14,870,938	\$10,536,571	0.708534392	\$0	0.708534392	\$2,903,972	
49831WA1940007	Bronze	AI/AN	Renewing	1.0000	300	\$1,134,077	\$1,080,784	0.953007481	\$271,808	0.713334431	\$102,209	-\$169,599

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:	Premera Blue Cross
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
49831WA1940001	Gold	Renewing	Yes	No	0.7947	0.7747	1.0655	1.0000	-2.00%	1.0655	
49831WA1940003	Bronze	Renewing	Yes	No	0.6415	0.6347	1.0081	1.0000	-0.68%	1.0081	
49831WA1940004	Silver	Renewing	Yes	No	0.7193	0.6994	1.0298	1.4350	-1.99%	1.0298	1.435
49831WA1940005	Gold	Renewing	Yes	No	0.8181	0.8289	1.0982	1.0000	1.08%	1.0982	
49831WA1940006	Silver	Renewing	Yes	No	0.7184	0.7353	1.0454	1.4350	1.69%	1.0454	1.435
49831WA1940007	Bronze	Renewing	Yes	No	0.6497	0.6336	1.0078	1.0000	-1.61%	1.0078	
49831WA1940008	Bronze	Renewing	Yes	No	0.6279	0.6162	1.0035	1.0000	-1.17%	1.0035	
49831WA1940009	Gold	New	Yes	No	0.7806	0.7995	1.0797	1.0000	1.89%	1.0797	

Comments

WA Exhibit 10: Summarized Risk Adjustment (RA)

Carrier Name:	Premera Blue Cross
Market:	Individual
Market: Rate Filing Plan Year:	2026
Experience Period Year:	2024

				A	CTUAL EXPERIEN	CE, 2024								PROJECT	TED (i.e., EXPECT	ED), 2026					PRO	JECTED (i.e.	, EXPECTED), 202	6 versus ACT	UAL EXPERIENC	E, 2024	
					Carrier				Carrier						Carrier				Carrier				Can	ier			Carrier
		Total for						Statewide				Total for						Statewide			Total for	Total for				Statewide	/
	Statewide	Metal +	Total for Metal					Catastrophic	Cata-		Statewide	Metal +	Total for Metal					Catastrophic		Statewide	Metal +	Metal				Catastrophic	: Cata-
Description	Metal Plans		Plans	Platinum	Gold	Silver	Bronze	Plans	strophic	Description	Metal Plans		Plans	Platinum	Gold	Silver	Bronze	Plans	strophic	Metal Plans		Plans	Platinum Go	ld Silve	er Bronze	Plans	strophic
Billable Member Months (MM)		126,053	126,053		29,210	35,122	61,721			Billable Member Months (MM)		113,913	113,913		47,895	7,675	58,343				0.904	0.904		640 0.2			4
Actuarial Value (AV)	0.686		0.674208468	0.900	0.800	0.700	0.600	0.570	0.570	Actuarial Value (AV)	0.686		0.691	0.900	0.800	0.700	0.600	0.000	0.000	1.000		1.025		000 1.0			
Plan Liability Risk Score (PLRS)	1.303		2.092	0.000	3.140	2.314	1.469	0.000	0.000	Plan Liability Risk Score (PLRS)	1.230		2.105	0.000	2.688	3.593	1.431	0.000	0.000	0.944		1.007		856 1.5			
Allowable Rating Factor (ARF)	1.707		1.756	0.000	1.615	1.720	1.844	0.000	0.000	Allowable Rating Factor (ARF)	1.707		1.755	0.000	1.664	1.686	1.838	0.000	0.000	1.000		0.999	1	030 0.9			
Induced Demand Factor (IDF)	1.030		1.027	0.000	1.080	1.030	1.000	0.000	0.000	Induced Demand Factor (IDF)	1.030		1.036	0.000	1.080	1.030	1.000	0.000	0.000	1.000		1.009		000 1.0			
Geographic Cost Factor (GCF)	1.001		1.000	0.000	0.999	0.998	1.002	0.000	0.000	Geographic Cost Factor (GCF)	1.001		0.999	0.000	0.998	0.998	1.001	0.000	0.000	1.000		0.999	0	999 0.9	0.999		
										Statewide Average Premium (SWAP) PMPM																	
										Starting SWAP PMPM	\$590.07							\$0.00									
										Trend from 2024 to 2025	9.00%							0.00%									
										Trend from 2025 to 2026	5.00%							0.00%									
Final SWAP PMPM (before 86% adjustment is applied)	\$590.07							\$0.00		Final SWAP PMPM (before 86% adjustment is applied)	\$675.33							\$0.00		1.145							
Plan Liability Component approximation = PLRS * IDF * GCF	1.343		2.148	0.000	3.388	2.380	1.472	0.000	0.000	Plan Liability Component approximation = PLRS * IDF * GCF	1.268		2.178	0.000	2.896	3.692	1.432	0.000	0.000	0.944		1.014		855 1.5			
Normalized PLRS * IDF * GCF (N1)			1.600	0.000	2.522	1.772	1.096		TBD	Normalized PLRS * IDF * GCF (N1)			1.717	0.000	2.283	2.911	1.129		TBD			1.074	0	905 1.6	43 1.030		4
Allowable Rating Component approximation = AV * ARF * IDF * GCF	1.208		1.216	0.000	1.394	1.238	1.109	0.000	0.000	Allowable Rating Component approximation = AV * ARF * IDF * GCF	1.208		1.255	0.000	1.435	1.213	1.104	0.000	0.000	1.000		1.031		029 0.9			
Normalized AV * PLRS * IDF * GCF (N2)			1.007	0.000	1.154	1.025	0.918		TBD	Normalized AV * PLRS * IDF * GCF (N2)			1.039	0.000	1.188	1.004	0.914		TBD			1.031	1	029 0.9	0.995		4
Approximate Transfer PMPM (P * [N1 - N2] * 0.86)			\$300.71	\$0.00	\$694.15	\$379.06	\$90.31		TBD	Approximate Transfer PMPM (P * [N1 - N2] * 0.86)			\$394.17	\$0.00	\$636.17	\$1,107.24	\$124.96		TBD			1.311		916 2.9			4
Approximate Aggregate Transfer (Transfer PMPM * MM)			\$37,905,878	\$0	\$20,276,253	\$13,313,247	\$5,573,841		TBD	Approximate Aggregate Transfer (Transfer PMPM * MM)			\$44,901,648	\$0	\$30,469,546	\$8,498,085	\$7,290,622		TBD			1.185	1	503 0.6	i38 1.308		4
Aggregate Experience RA Transfer PMPM		310.6894807	\$310.69	\$0.00	\$694.15	\$379.06	\$90.31		\$0.00	Aggregate Projected (Rate Development) RA Transfer PMPM		406.0815748	\$406.08	\$0.00	\$636.17	\$1,107.24	\$124.96		\$0.00		1.307	1.307	0	916 2.9	1.384		4
Transfer PMPM Difference			\$9.98	\$0.00	\$0.00	\$0.00	\$0.00		TBD	Transfer PMPM Difference			\$11.91	\$0.00	\$0.00	\$0.00	\$0.00		TBD			1.194					4
HCRP assessment PMPM (amounts should be negative)		-\$3.18	-\$3.18	\$0.00	-\$3.18	-\$3.18	-\$3.18		\$0.00	HCRP assessment PMPM (amounts should be negative)		-\$4.13	-\$4.13	\$0.00	-\$4.13	-\$4.13	-\$4.13		\$0.00		1.297	1.297	1	297 1.2			
HCRP receipts PMPM (amounts should be positive)		\$21.93	\$21.93	\$0.00	\$8.04	\$69.20	\$1.61		\$0.00	HCRP receipts PMPM (amounts should be positive)		\$32.71	\$32.71	\$0.00	\$32.71	\$32.71	\$32.71		\$0.00		1.492	1.492	4	068 0.4	20.368		4
RADV adjustment PMPM, if applicable		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	RADV adjustment PMPM, if applicable		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00								
Final Risk Adjustment PMPM		\$329.44	\$329.44	\$0.00	\$699.01	\$445.07	\$88.73		\$0.00	Final Risk Adjustment PMPM		\$434.66	\$434.66	\$0.00	\$664.75	\$1,135.82	\$153.54		\$0.00		1.319	1.319	0	951 2.5	1.730		
																				-							

				PROJEC	TED (i.e., EXPECT	ED), 2024					ACT	UAL EXPERI	ENCE, 2024	versus PRO	JECTED (i.e	., EXPECTED	0), 2024	
					Carrier			Statewide	Carrier					Carrier			Statewide	Carrier
	Statewide	Total for	Total for Metal					Catastrophic	Cata-	Statewide	Total for	Total for					Catastrophic	Cata-
Description	Metal Plans	Metal +	Plans	Platinum	Gold	Silver	Bronze	Plans	strophic	Metal Plans	Metal +	Metal	Platinum	Gold	Silver	Bronze	Plans	strophic
Billable Member Months (MM)		168,972	168,972		40,081	47,276	81,615		-		0.746	0.746		0.729	0.743	0.756		1
Actuarial Value (AV)	0.675		0.675	0.900	0.800	0.700	0.600	0.000	0.000	1.016		0.998	1.000	1.000	1.000	1.000		
Plan Liability Risk Score (PLRS)	1.205		1.719	0.000	2.645	1.962	1.123	0.000	0.000	1.081		1.217		1.187	1.180	1.308		1 I.
Allowable Rating Factor (ARF)	1.775		1.809	0.000	1.660	1.803	1.887	0.000	0.000	0.961		0.971		0.973	0.954	0.977		
Induced Demand Factor (IDF)	1.026		1.027	0.000	1.080	1.030	1.000	0.000	0.000	1.004		1.000		1.000	1.000	1.000		1 I.
Geographic Cost Factor (GCF)	1.001		0.994	0.000	0.982	0.996	0.998	0.000	0.000	1.000		1.007		1.017	1.003	1.004		
Statewide Average Premium (SWAP) PMPM																		
Starting SWAP PMPM	\$537.44							\$0.00										
Trend from 2022 to 2023	7.15%							0.00%										
Trend from 2023 to 2024	9.11%							0.00%										
Final SWAP PMPM (before 86% adjustment is applied)	\$628.31							\$0.00		0.939								
Plan Liability Component approximation = PLRS * IDF * GCF	1.238		1.755	0.000	2.806	2.012	1.121	0.000	0.000	1.085		1.224		1.207	1.183	1.313		
Normalized PLRS * IDF * GCF (N1)			1.417	0.000	2.266	1.625	0.905		TBD			1.129		1.113	1.091	1.210		4 1
Allowable Rating Component approximation = AV * ARF * IDF * GCF	1.232		1.247	0.000	1.409	1.294	1.130	0.000	0.000	0.980		0.975		0.990	0.957	0.981		
Normalized AV * PLRS * IDF * GCF (N2)			1.013	0.000	1.143	1.050	0.917		TBD			0.995		1.010	0.976	1.001		
Approximate Transfer PMPM (P * [N1 - N2] * 0.86)			\$218.55	\$0.00	\$606.75	\$310.31	(\$6.29)		TBD			1.376		1.144	1.222	(14.353)		4 1
Approximate Aggregate Transfer (Transfer PMPM * MM)			\$36,929,607	\$0	\$24,318,950	\$14,670,367	(\$513,503)		TBD			1.026		0.834	0.907	(10.855)		
Aggregate Projected (Rate Development) RA Transfer PMPM		227.706389	\$227.71	\$0.00	\$606.75	\$310.31	-\$6.29		\$0.00		1.364	1.364		1.144	1.222	(14.357)		4
Transfer PMPM Difference			\$9.15	\$0.00	\$0.00	\$0.00	\$0.00		TBD			1.090		0.000	0.000	(0.000)		4 1
HCRP assessment PMPM (amounts should be negative)		-\$3.40	-\$3.40	\$0.00	-\$3.40	-\$3.40	-\$3.40		\$0.00		0.935	0.935		0.935	0.935	0.935		
HCRP receipts PMPM (amounts should be positive)		\$10.51	\$10.51	\$0.00	\$10.51	\$10.51	\$10.51		\$0.00		2.087	2.087		0.765	6.584	0.153		1
																	-	
RADV adjustment PMPM, if applicable		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00									
Einal Risk Adjustment PMPM		\$234.81	\$234.81	\$0.00	\$613.86	\$317.42	\$0.82		\$0.00		1.403	1.403		1.139	1.402	108.839		

Comments

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

WA Exhibit 11: Retention / Administrative Costs

Carrier Name:	Premera Blue Cross
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

			ACTUAL EXP	PERIENCE (A	,					PF	OJECTED (i.e.	EXPECTED	E)							YEAR-TO-Y	EAR SHIFTS				2024 EXPER	IENCE to			A:E			
	20		202		202	4	20	22	20)23	20			25	20	26	2022 to	2023	2023 tr		2024 to	2025	2025 to	2026	2026 PRO		2023	2	202		2024	4
	% of		% of		% of		% of		% of		% of		% of		% of		% of		% of		% of		% of		% of		% of	-	% of		% of	
Description	Premium	PMPM	Premium	PMPM		PMPM	Premium	PMPM	Premium	PMPM	Premium	PMPM	Premium	PMPM	Premium	PMPM	Premium	PMPM	Premium	PMPM		PMPM	Premium	PMPM		PMPM		PMPM		PMPM	Premium	PMPM
Administrative Expenses																																
Commissions	0.93%	\$6.62	0.85%	\$6.64	0.75%	\$6.70	0.85%	\$6.21	0.86%	\$6.89	0.93%	\$8.82	0.69%	\$7.35	0.56%	\$6.46	0.01%	10.95%	0.07%	28.02%	-0.24%	-16.67%	-0.14%	-12.18%	-0.19%	-3.66%	-0.08%	-6.19%	0.01%	3.77%	0.19%	31.65%
Quality improvement	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD
Investment income credit (enter as a negative number)	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	-0.02%	(\$0.16)	-0.10%	(\$0.78)	-0.50%	(\$4.69)	-0.49%	(\$5.19)	-0.47%	(\$5.47)	-0.08%	387.50%	-0.40%	501.28%	0.01%	10.66%	0.02%	5.39%	-0.47%	TBD	-0.02%	TBD	-0.10%	TBD	-0.50%	TBD
Commercial reinsurance premium	0.01%	\$0.07	0.03%	\$0.26	0.07%	\$0.63	0.04%	\$0.28	0.03%	\$0.24	0.03%	\$0.26	0.06%	\$0.63	0.06%	\$0.69	-0.01%	-14.29%	0.00%	8.33%	0.03%	142.31%	0.00%	9.52%	-0.01%	9.52%	0.03%	300.00%	0.00%	-7.69%	-0.04%	-58.73%
Other administrative expenses	8.42%	\$59.76	9.17%	\$71.40	8.86%	\$79.30	9.21%	\$67.12	8.14%	\$65.20	7.18%	\$67.81	7.22%	\$76.34	7.26%	\$84.35	-1.06%	-2.86%	-0.97%	4.01%	0.04%	12.59%	0.04%	10.48%	-1.59%	6.36%	0.79%	12.31%	-1.03%	-8.69%	-1.68%	-14.49%
Total administrative expenses	9.37%	\$66.45	10.06%	\$78.30	9.67%	\$86.63	10.08%	\$73.45	8.94%	\$71.55	7.64%	\$72.20	7.48%	\$79.13	7.41%	\$86.02	-1.14%	-2.59%	-1.30%	0.91%	-0.16%	9.60%	-0.08%	8.70%	-2.27%	-0.70%	0.71%	10.53%	-1.12%	-8.62%	-2.03%	-16.66%
Taxes and Fees																																
Premium tax	2.00%	\$14.19	2.00%	\$15.57	2.00%	\$17.91	2.00%	\$14.58	2.00%	\$16.01	2.00%	\$18.90	2.00%	\$21.15	2.00%	\$23.23	0.00%	9.84%	0.00%	18.03%	0.00%	11.94%	0.00%	9.80%	0.00%	29.68%	0.00%	2.71%	0.00%	2.85%	0.00%	5.50%
Federal income tax	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD
WA OIC regulatory surcharge	0.0820%	\$0.58	0.0772%	\$0.60	0.0723%	\$0.65	0.0820%	\$0.60	0.0772%	\$0.62	0.0723%	\$0.68	0.0784%	\$0.83	0.0778%	\$0.90	0.00%	3.35%	0.00%	10.49%	0.01%	21.52%	0.00%	8.85%	0.01%	39.55%	0.00%	2.71%	0.00%	2.85%	0.00%	5.50%
WA OIC fraud surcharge	0.0052%	\$0.04	0.0048%	\$0.04	0.0043%	\$0.04	0.0052%	\$0.04	0.0048%	\$0.04	0.0043%	\$0.04	0.0047%	\$0.05	0.0042%	\$0.05	0.00%	1.47%	0.00%	4.98%	0.00%	22.99%	0.00%	-1.75%	0.00%	27.49%	0.00%	2.71%	0.00%	2.85%	0.00%	5.50%
Risk adjustment user fee	0.04%	\$0.25	0.03%	\$0.22	0.02%	\$0.21	0.03%	\$0.25	0.03%	\$0.22	0.02%	\$0.21	0.02%	\$0.18	0.02%	\$0.20	-0.01%	-12.00%	-0.01%	-4.55%	-0.01%	-14.29%	0.00%	11.11%	-0.01%	-4.76%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
PCORI fee	0.08%	\$0.55	0.03%	\$0.26	0.03%	\$0.28	0.08%	\$0.55	0.03%	\$0.26	0.03%	\$0.28	0.03%	\$0.30	0.03%	\$0.32	-0.04%	-52.93%	0.00%	7.69%	0.00%	7.14%	0.00%	6.67%	0.00%	14.29%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Mitigating inequity fee	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD
WSHIP assessment	0.04%	\$0.27	0.03%	\$0.27	0.00%	(\$0.01)	0.08%	\$0.55	0.05%	\$0.38	0.03%	\$0.30	0.01%	\$0.13	0.02%	\$0.19	-0.03%	-31.92%	-0.01%	-19.07%	-0.02%	-58.19%	0.00%	50.72%	0.02% -	2017.86%	0.04%	104.59%	0.01%	39.29%	0.03% -3	3143.43%
WAPAL assessment	0.00%	\$0.00	0.00%	\$0.00	0.01%	\$0.06	0.00%	\$0.00	0.00%	\$0.00	0.01%	\$0.06	0.01%	\$0.07	0.01%	\$0.06	0.00%	TBD	0.01%	TBD	0.00%	16.67%	0.00%	-14.29%	0.00%	0.00%	0.00%	TBD	0.00%	TBD	0.00%	0.00%
Total administrative expenses	2.24%	\$15.88	2.18%	\$16.95	2.14%	\$19.14	2.27%	\$16.57	2.19%	\$17.52	2.17%	\$20.47	2.15%	\$22.71	2.15%	\$24.95	-0.08%	5.77%	-0.02%	16.84%	-0.02%	10.92%	0.00%	9.87%	0.01%	30.38%	0.03%	4.31%	0.01%	3.35%	0.03%	6.99%
Profit & Risk Load	7.74%		6.48%	\$50.39	7.20%	\$64.49	3.50%	\$25.51	3.50%	\$28.02	3.50%	\$33.07	3.50%	\$37.02	-2.56%		0.00%	9.84%	0.00%			11.94%		-180.45%	-9.77%			-53.53%				
Total Retention (excluding Exchange Fee)	19.34%	\$137.22	18.71%	\$145.65	19.01%	\$170.26	15.85%	\$115.52	14.63%	\$117.09	13.31%	\$125.74	13.13%	\$138.86	6.99%	\$81.19	-1.22%	1.36%	-1.32%	7.39%	-0.18%	10.43%	-6.14%	-41.53%	-12.02%	-52.31%	-3.49%	-15.82%	-4.09%	-19.61%	-5.70%	-26.15%
Exchange User Fee *	0.43%	\$3.06	0.38%	\$2.98	0.33%	\$2.99	0.41%		0.37%	\$2.99	0.32%	\$2.99	0.48%	\$5.10	0.44%		-0.04%	0.00%	-0.06%		0.17%		-0.04%		0.11%		-0.02%	-2.29%	-0.01%		-0.02%	
Total Retention (including Exchange Fee)	19.77%	\$140.28	19.10%	\$148.63	19.35%	\$173.25	16.26%	\$118.51	15.00%	\$120.08	13.63%	\$128.73	13.61%	\$143.96	7.43%	\$86.30	-1.26%	1.32%	-1.38%	7.21%	-0.01%	11.83%	-6.18%	-40.05%	-11.92%	-50.19%	-3.51%	-15.52%	-4.10%	-19.21%	-5.72%	-25.70%
Projected Required Premium PMPM		\$709.53		\$778.28		\$895.50		\$728.79		\$800.47		\$944.77		\$1,057.62		\$1,161.30		9.84%		18.03%		11.94%		9.80%		29.68%		2.71%		2.85%	i	5.50%

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

Comments

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

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

Carrier Name:	Premera Blue Cross
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

	PROJE (i.e., EXPEC	-
	% of	
Description	Premium	PMPM
Aggregate Projected Administrative Costs		
3.6 Administrative Expense	7.41%	\$86.02
3.7 Taxes and Fees	2.15%	\$24.95
3.8 Profit & Risk Load	-2.56%	(\$29.78)
Total Retention (excluding Exchange Fee)	6.99%	\$81.19
Aggregate Projected Amounts PMPM		
Exchange user fee		\$5.11
4.15 Incurred Claims		\$1,509.63
4.16 Risk Adjustment Transfer Amount		\$434.66
4.17 Premium		\$1,161.30
A. (Premium) + (Risk Adjustment Transfer Amount)		\$1,595.97
B. (Incurred Claims) + (Admin, Taxes & Fees) + (Profit & Risk Load) + (Exchange User Fee)		\$1,595.93
C. Difference = A - B (should be \$0)		\$0.03

Comments

The difference is not \$0.00 due to rounding.



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.
- <u>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</u>. 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: Premera Blue Cross

- 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).
 - \boxtimes 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.
- \boxtimes 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.
| HIOS Plan ID | Standard Plan Name | Public Option Plan | Metal Level | AV Metal Value |
|----------------|--|-----------------------|-------------|----------------|
| | | (Yes, Cascade Select/ | | |
| | | No, Cascade) | | |
| 49831WA1940005 | Premera Blue Cross Cascade Complete Gold | No | Gold | 81.81% |
| 49831WA1940009 | Premera Blue Cross Cascade Vital Gold | No | Gold | 78.06% |
| 49831WA1940006 | Premera Blue Cross Cascade Silver | No | Silver | 71.84% |
| 49831WA1940007 | Premera Blue Cross Cascade Bronze | No | Bronze | 64.97% |

Standard Plans Offered (excluding the subsidized benefit plan variations)

All Plans Offered (excluding the subsidized benefit plan variations)

HIOS Plan ID	Plan Name	Uni	que Benefit Design (UBD)	Pediatric Dental	Description of Non-Essential Health Benefits (Non-EHBs)
		(Yes/No)	If yes, briefly explain why. If no, "N/A."	Embedded (Yes/No)	
49831WA1940001	Premera Blue Cross Preferred Gold	Yes	Different cost sharing for Mental	No	
			Health outpatient office visit and		
			all other outpatient Mental		
			Health and Substance use		
			disorder services (MHSUD).		
49831WA1940004	Premera Blue Cross Preferred Silver	Yes	Different cost sharing for Mental	No	
			Health outpatient office visit and		
			all other outpatient Mental		
			Health and Substance use		
			disorder services (MHSUD).		
49831WA1940003	Premera Blue Cross Preferred Bronze	Yes	Different cost sharing for Mental	No	
			Health outpatient office visit and		
			all other outpatient Mental		
			Health and Substance use		
			disorder services (MHSUD).		
49831WA1940008	Premera Blue Cross Preferred Bronze	No	N/A	No	
	HSA				
49831WA1940005	Premera Blue Cross Cascade	No	N/A	No	
	Complete Gold				

HIOS Plan ID	Plan Name	Unio	que Benefit Design (UBD)	Pediatric Dental	Description of Non-Essential
		(Yes/No)	If yes, briefly explain why. If no, "N/A."	Embedded (Yes/No)	Health Benefits (Non-EHBs)
49831WA1940009	Premera Blue Cross Cascade Vital	No	N/A	No	
	Gold				
49831WA1940006	Premera Blue Cross Cascade Silver	Yes	\$1 copay for the first 2 eligible	No	
			office visits and \$30 copay		
			afterwards.		
49831WA1940007	Premera Blue Cross Cascade Bronze	Yes	\$1 copay for the first 2 eligible	No	
			office visits and \$50 copay		
			afterwards		

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

- \boxtimes 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 Plan¹ or
- (2) Has at least one major service 2 , other than preventive services, covered prior to the deductible.

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

HIOS Plan ID	Plan Name	High Deductible	Major Service c	overed prior to the deductible ²
		Health Plan	Yes/No	Service
		(Yes/No) ¹		
49831WA1940003	Premera Blue Cross Preferred Bronze	No	Yes	PCP visits
49831WA1940008	Premera Blue Cross Preferred Bronze HSA	Yes	No	N/A
49831WA1940007	Premera Blue Cross Cascade 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

 \boxtimes Yes. We are making the following changes:

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

F. Network Information:

Network Name	Type (EPO, HMO, POS, or PPO)	Tiered or Single	Date Filed
Individual Signature	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	I	ssuer Response:
		Document Name	Section / Page / Exhibit Number
EXPERIE	NCE PERIOD DATA		
1	 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. 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	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.	All consistent	

Line	Task	I	ssuer Response:
		Document Name	Section / Page / Exhibit Number
b	 Support for URRT Worksheet 1, Section I experience period data for 2024: Provide separately for medical and prescription drugs (Rx), as appropriate: 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 	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Аррх 3.1 Аррх 2.4
C	 Consistent with #1.b above, provide the following to support benefit category experience data in URRT Worksheet 1, Section II, and the WAC 284-43-6660 summary: (i) Provide the following separately for 2024 allowed claims and incurred claims as well as by incurred month and benefit category (i.e., categories as defined for URRT Worksheet 1, Section II, plus separate categories for each non-EHB): 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. (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. (iii) Demonstrate how URRT Worksheet 1, Section II, categories map to WAC 284-43-6660 summary categories. Reconcile data between the two summaries. (iv) Additionally, provide related monthly information in WA Exhibit 1. 	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	 i) The allowed and incurred claims show the actual experience. No beginning reserves are counted. Appx 3.1 ii) EHB allowed claims were obtained from claims records. iii) Map directly iv) Provided

Li	ine	Task	I	ssuer Response:
			Document Name	Section / Page / Exhibit Number
	d	 2024 actual and projected: Provide analysis of actual experience versus amounts projected in the plan year 2024 rate filing [45 CFR §154.301(a)(3)(ii)] in WA Exhibit 2. Identify material differences in actual and expected experience, the primary source(s) of deviations, and any action taken in your 2026 projections to address deviations. Additionally, address how the business is or is not impacted by federal income tax. 	WA Exhibits	Exhibit 2
	e	Split up experience if you are terminating any counties in 2025 and/or 2026: If you are terminating any counties for plan year 2025 and/or 2026, include a table splitting URRT Worksheet 1, Section I experience between continuing and terminated counties. If you are not terminating any counties, respond "N/A."	N/A	
	2	 Manual EHB Allowed Claims: If credibility is 100%, respond "N/A" for each item. 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.		
	а	Manual data relevance: Explain the relevance of the data used to determine the Manual EHB Allowed Claims PMPM.	N/A	
	b	 Manual EHB allowed claims PMPM: Show the detailed calculation of the Manual EHB Allowed Claims PMPM entered in URRT Worksheet 1, Section II. 	N/A	
		• 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		

Lin	e	Task		Issuer Response:
			Document Name	Section / Page / Exhibit Number
		 the cost and utilization characteristics of your individual health plan market service area in the State of Washington. Note: the manual rate must be developed in a manner consistent with 100% credibility. See #2.c below. 		
	c	 Credibility of experience data: Describe the credibility methodology and assumptions used, per Actuarial Standard of Practice (ASOP) No. 25. 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	Show how you estimated credibility of the 2024 allowed claims and member months used in rate development. Use your credibility procedure.	N/A	
3		Experience in WAC 284-43-6660 Summary, and Summary of Pooled Experience with Adjustments:		
	a	 WAC 284-43-6660 summary, experience: Complete the WAC 284-43-6660 summary for Individual and Small Group Contract filings. 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	 Summary of Pooled Experience with Adjustments: 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	

Line	Task	I	ssuer Response:
		Document Name	Section / Page / Exhibit Number
	Start with the "Summary of Pooled Experience" table from the WAC 284-43-6660 summary and add the following rows: 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 		
	o 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. 		
	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.		

Li	ne	Task	I	ssuer Response:
	_		Document Name	Section / Page / Exhibit Number
	c	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.	Summary of Pooled Experience with Adjustments	
	4	 Plan Level Experience and Current Data: Document and justify URRT Worksheet 2, Section II Experience Period and Current Plan Level Information. 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	
TRE	ND F/	ACTORS	L	
!	5	 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. 		
	а	 Allowed claims EHB trend analysis: 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 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

Li	ne	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	 Projected allowed claims trend development (EHB & non-EHB): 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. 	Part III Rate Filing Documentation and Actuarial Memorandum	Projection Factors: Trend Factors
		 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). 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: 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. Address whether and how unit cost projections reflect projected network and provider contract changes for the projection period. Comment about how much of the provider 		

Li	ne	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	 Independence of various utilization changes: 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	 Incurred Claims Trends: 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	 Incurred claims projected trend (EHB & non-EHB): (see also #32.c of this checklist) 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	Аррх 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 WO	DRKSHEET 1, SECTION II EXPERIENCE PERIOD and CURRENT PLAN LEVEL INFORMATION, N	ON-TREND EHB AD	JUSTMENT FACTORS
7	 URRT Worksheet 1, Section II Non-Trend EHB Factors: 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. Morbidity Adjustment Demographic Shift Plan Design Changes Other 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. 	Part III Rate Filing Documentation and Actuarial Memorandum Appendix Part III Rate Filing Documentation and Actuarial Memorandum	Appx 2.2 Appx 2.3a Appx 2.3b Projection Factors: Demographic Shift Morbidity Adjustments and Plan Design Changes are not applied
URRT WO	 AVC Screenshots: (see also #9 below) 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:	AV Screenshots Cascade Plans AV Screenshots Cascade Plans	

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	• 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.		
	 Metal Levels 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	 Unique Benefit Design for AVC (Actuarial Value Calculator): Note: Address this item in conjunction with #8 above. 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: 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. Include enough detail for the reviewer to determine whether the methods, assumptions, and results are appropriate and reasonable. 		

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	 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: 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:		
	 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. 		
	 Plans that include Coinsurance During the Deductible Phase or can otherwise be described as having "Services not Subject to Deductible and without a copay": 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. 		

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	 Plans that include "Services not Subject to Deductible and with a copay": Copays paid during the deductible range do not accumulate toward the deductible, regardless of whether the benefit is subject to deductible. 		
	 Plans that partition benefit categories into subcategories with different cost-share designs: If the plan has different cost-sharing for subcategories of benefits included in the AVC but the AVC only accepts one cost-sharing structure, you must (1) enter the cost-share variations in the Benefit Components document and (2) account for the differences between the plan design and the AVC functionality in your AV Metal Value calculations. 		
	For example, the AVC only accepts one MHSUD (mental health/substance use disorder) outpatient cost-share structure, so if a plan design includes different cost-shares for MHSUD outpatient professional (office) visits versus MHSUD outpatient other-than-professional-visits, the plan design does not align with standard use of the AVC.		
ā	 If using the unique benefit design certification method in 45 CFR §156.135(b)(2): 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	
t	 If using the unique benefit design certification method in 45 CFR §156.135(b)(3): 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. 	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Аррх 5
	 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. 		

Lir	ne	Task	Issuer Response:	
			Document Name	Section / Page / Exhibit Number
	c	Unique Plan Design Supporting Documentation and Justification: Include a completed Unique Plan Design Supporting Documentation and Justification form (a blank form can be found on the CMS website). Note: You may submit your own version of the official form, to accommodate your complete responses and improve readability.	Unique Plan Design Supporting Documentation and Justification Cascade Unique Plan Design Supporting Documentation and Justification Non-Cascade	
	d	Pharmacy tiers: If your prescription drug tiers do not exactly match those in the AVC and you do not identify the plans as having unique benefits, please add a discussion to the Part III actuarial memorandum. Consider guidance in relevant documents such as the PY2025 QHP Issuer Application Instructions (e.g., 5.8 Suggested Coordination of Drug Data between Templates) and AVC supporting documentation.	N/A	
1(D	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.	WA Exhibits	Exhibit 6

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.
• For benefit differences felate to EFID-only cost sharing. See # 11.a below.

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	 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): 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	 AV Pricing Value (a.k.a. EHB paid-to-allowed factors) by plan: 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): Rate development exhibits should demonstrate compliance with the following: "The AV pricing value must be within ±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 ±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 ±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	Аррх 2.5

Lir	ne	Task	I	ssuer Response:
			Document Name	Section / Page / Exhibit Number
		 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: 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. 		
	Ь	 Induced demand factors (IDFs) by plan: 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 pricing value)² – (AV pricing value) + 1.24. Note the following: The MAIR reflects average induced demand for the pool. 	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Аррх 2.5а
		 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 / (aggregate impact of your pool's projected induced demand factors)). The net impact should be 1.000. 		

Line	Task	Issuer Response:		
		Document Name	Section / Page / Exhibit Number	
c	 Cost-sharing reduction (CSR) silver load factors by plan: 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	Аррх 2.5	
d	 Exchange plan adjustment for cost of covering certain abortion services: (see also #13 & #27 of this checklist) For Exchange plans only, include an adjustment factor to remove the impact of coverage of abortion services for which public funding is prohibited. Per 45 CFR §156.280(e)(4)(iii), you may not estimate such a cost at less than one dollar per enrollee, per month (i.e., \$1.00 premium PMPM, see https://www.cms.gov/files/document/qhp-abortion-faq.pdf Q3). 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: 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 Z.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. 	Part III Rate Filing Documentation and Actuarial Memorandum Appendix Part III Rate Filing Documentation and Actuarial Memorandum	Appx 2.5 Non-Benefit Expense: Non-EHB Benefits	

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
e	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).	Part III Rate Filing Documentation and Actuarial Memorandum Appendix Part III Rate Filing Documentation and Actuarial Memorandum	Appx 2.5 Market to Plan Factors: AV & Cost Sharing of Plan Adjustment
f	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.	WA Exhibits	Exhibit 6, 9
g	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 <u></u> Section III Plan Adjustment Factors, Field 3.14. The differences should be within a few cents at most. (see also #36 of this checklist)	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Аррх 2.5
h	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.	WA Exhibits	Exhibit 8
12	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.	N/A	
	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):		

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	 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. If applicable, include a discussion of the network for the public option plans (i.e., Cascade Select plans). 		
13	 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. If plans do not include non-EHBs (non-essential health benefits) and all plans are outside the Exchange, please respond "N/A." Notes about abortion services for URRT purposes (see also #11.d & #27 of this checklist): 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. 	Part III Rate Filing Documentation and Actuarial Memorandum Appendix Part III Rate Filing Documentation and Actuarial Memorandum	Appx 2.5 Non-Benefit Expense: Non-EHB Benefits
14	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.	N/A	

Line		Task	Issuer Response:	
			Document Name	Section / Page / Exhibit Number
UR	RT W	ORKSHEET 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	Аррх 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	Аррх 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 <u>not</u> 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.		
	а	 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: Certify that the following items were not used to establish any geographic rating area factor: 	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Аррх 2.6

Line Task		Task	I	ssuer Response:
			Document Name	Section / Page / Exhibit Number
		 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. 		
	b	 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 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	Аррх 2.6а
	c	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.	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Аррх 2.6а
	d	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.	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Аррх 2.6

L	ine	Task	I	ssuer Response:
			Document Name	Section / Page / Exhibit Number
	e	Load area factors into URRT: Provide the geographic rating areas and rating factors in URRT Worksheet 3.	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Аррх 2.6
	17	Tobacco Use Factor and Tobacco Calibration Factor:		
	a	 Tobacco use factor development: Document and justify the 2026 Tobacco Use factor. 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	
	с	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	Аррх 2.6а
RIS	K ADJ	USTMENT AND HIGH-COST RISK POOL (HCRP)		
	18	Experience Period Risk Adjustment & HCRP:		
	а	Experience period risk adjustment formula details:	WA Exhibits	Exhibit 10

Li	ine	Task	Issuer Response:	
			Document Name	Section / Page / Exhibit Number
		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. 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.		
	b	Experience period risk adjustment & HCRP by plan: (URRT Worksheet 2, Section II Experience Period and Current Plan Level Information, Field 2.7) Using formulae, please address 2024 risk adjustment transfer amounts, HCRP assessments, and HCRP receipts.	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Аррх 3.3а
1	19	Projection Period Risk Adjustment & HCRP:		
	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.	WA Exhibits	Exhibit 10
	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) 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, 	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Аррх 2.4
		 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. 		

Line	ne Task		ssuer Response:
		Document Name	Section / Page / Exhibit Number
	 Explain 2026 HCRP estimated assessments and receipts. We expect the following: 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	Projection period risk adjustment & HCRP for URRT Worksheet 1 (on allowed claims basis): (URRT Worksheet 1, Section II Projections) 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.	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Аррх 2.4
d	Projected 2026 RADV impacts: 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.	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Risk Adjustment Transfer
e	HCRP, projected versus prior: 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.	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 3.3b Risk Adjustment Transfer
		Part III Rate Filing Documentation and Actuarial Memorandum	

Lin	e	Task	Issuer Response:	
			Document Name	Section / Page / Exhibit Number
		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	Аррх 1.2

Line	Line Task		Issuer Response:
		Document Name	Section / Page / Exhibit Number
	ON LOADS ORKSHEET 2, SECTION III PLAN ADJUSTMENT FACTORS, ADMINISTRATIVE COSTS		
20	 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. Projection period administrative expense development: 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: Quality improvement (QI) expenses 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. 		
	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).		

Line	Task		Issuer Response:
		Document Name	Section / Page / Exhibit Number
21	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.		
	 Projection period taxes and fees' development: 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: 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 <u>https://www.insurance.wa.gov/regulatory-surcharge-calculation</u>. 		
	 Insurance Fraud Surcharge [RCW 48.02.190] Include a discussion of the current information available at <u>https://www.insurance.wa.gov/fraud-surcharge-calculation</u>. 		
	 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).		

Line	Task		Issuer Response:	
		Document Name	Section / Page / Exhibit Number	
	 WSHIP assessment [RCW 48.41.090] Include a discussion of the current and projected assessment information in annual or other reports available at <u>https://www.wship.org/</u> 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] 			
	 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. 			
	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)			
22	 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. 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. 			
	 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. 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.			

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
23	 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. 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. 		
а	 SERFF Company Rate Information: Provide the calculation, explanation, and/or source of the information. Note the following: 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	Аррх б
b	 SERFF Rate Review Detail (RRD): Provide the calculation, explanation, and/or source of the information. (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). (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) 	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Аррх б

Line	ne Task		Issuer Response:
		Document Name	Section / Page / Exhibit Number
	 (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) 		
	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.		
	(iv) Requested Rate Change Information:Change period: Annual.		
	Member months: Membership for the 2024 experience period.		
	• Min, Max, and weighted average rate change: Match the initial UPMJ Q5.		
	 (v) Prior Rate: 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.		
	 (vi) Requested Rate: 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.		

Li	ne	Task	Issuer Response:	
			Document Name	Section / Page / Exhibit Number
	C	 Current enrollment: Compare current enrollment information across the various rate filing exhibits, including, but not limited to the following: RRD Number of Covered Lives URRT 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 Explain any inconsistencies. 	All consistent	
	d	 Projected enrollment: Compare projected enrollment information across the various rate filing exhibits, including, but not limited to the following: RRD (Projected Earned Premium) / (Requested Rate Weighted Avg. PMPM) URRT 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 Explain any inconsistencies. 	All consistent	
2	24	 Impacts of Changes 45 CFR §154.301(a)(4): 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. 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). 		

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	(i) The impact of medical cost trend <u>changes by major service category</u> . 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 Part III Rate Filing Documentation and Actuarial Memorandum	Appx 2.1 Projection Factors: Trend Factors
	(ii) The impact of utilization <u>changes by major service category</u> . 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 Part III Rate Filing Documentation and Actuarial Memorandum	Appx 2.1 Projection Factors: Trend Factors
	(iii) The impact of cost-sharing <u>changes by major service category</u> , including actuarial values. Include a discussion of the cost-share changes for each specific benefit category listed in URRT Worksheet 1, Section II.	Part III Rate Filing Documentation and Actuarial Memorandum Appendix UPMJ	Appx 1.3 UPMJ Q4a

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	 (iv) The impact of benefit <u>changes</u>, including essential health benefits (EHBs) and non-essential health benefits (non-EHBs). Address the new essential health benefits for non-grandfathered individual and small group health insurance coverage in the State of Washington for plan years beginning on or after January 1, 2026. For each new EHB, describe whether your plan designs already covered the benefit or describe what plan design changes were required. Clearly demonstrate and justify any rate changes due to these new EHBs. 	No benefit changes	
	(v) The impact of <u>changes in</u> enrollee risk profile and pricing, including rating limitations for age and tobacco use under section 2701 of the Public Health Service Act.	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Аррх 2.2
	(vi) The impact of any <u>overestimate or underestimate</u> of medical trend for prior year periods related to the rate increase. Include a discussion and analysis of actual to expected medical trends.	Part III Rate Filing Documentation and Actuarial Memorandum	Experience Period Premium and Claims: Experience period
	(vii) The impact of <u>changes in</u> reserve needs. Include a discussion of any change in reserve needs.	Part III Rate Filing Documentation and Actuarial Memorandum	Experience Period Premium and Claims: Experience period
	(viii) The impact of <u>changes in</u> administrative costs related to programs that improve health care quality. Include a discussion of any such changes.	Part III Rate Filing Documentation and Actuarial Memorandum	Experience Period Premium and Claims: Experience period
Line	Task	I	ssuer Response:
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		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 Part III Rate Filing Documentation and Actuarial	Appx 2.5b Non-Benefit Expense: Administrative Expense Load
		Memorandum	
	(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 Part III Rate Filing	Appx 2.5b Non-Benefit Expense: Taxes and Fees
		Documentation and Actuarial Memorandum	
	(xi) Medical loss ratio (MLR). Include a projected federal MLR calculation [45 CFR §158.221; see also CMS MLR Filing Instructions].	Part III Rate Filing Documentation	Аррх 3.2
	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.	and Actuarial Memorandum	
	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 programto earned premiums." See 45 CFR §158.103 for full definition details.	Appendix	
	 <u>Issuers who (a) are NOT projected to be qualifying issuers or (b) are projected to be</u> <u>qualifying issuers but opt to follow the unadjusted MLR formula,</u> as defined in the Final 2026 Notice of Benefit and Payment Parameters (NBPP): 		

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	 <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)] 		
	 Denominator: 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</u> <u>formula</u> , as defined in the Final 2026 Notice of Benefit and Payment Parameters (NBPP):		
	(See also the formula below written with variables, copied from the Final 2026 NBPP.)		
	 <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: o How total CBE are allocated to lines of business (e.g., individual, small group, and large group) 		
	 For <u>federal tax-exempt issuers</u>: CBE are limited to the highest of either: Three percent of earned premium; or 		

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	 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>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> 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] Adjustments to the numerator: 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 		

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	of the enrollee choosing to obtain health care from a lower-cost, higher-value provider. [45 CFR §158.221(b)(8)]		
	 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: 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) > 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		

Line	Task	l	ssuer Response:
		Document Name	Section / Page / Exhibit Number
	<pre>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</pre>		
	(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.	Part III Rate Filing Documentation and Actuarial Memorandum Appendix Part III Rate Filing Documentation and Actuarial Memorandum	Appx 4.2 Non-Benefit Expense: Contribution to Surplus & Risk Margin (C&R) Issuer's capital and surplus is not used to develop rates
	(xiii) The impacts of geographic factors and variations.	Part III Rate Filing Documentation and Actuarial Memorandum Appendix Part III Rate Filing Documentation and Actuarial Memorandum	Appx 2.6, 2.6a Market to Plan Factors – Calibration Factors: Geographic

Line	Task	I	ssuer Response:
		Document Name	Section / Page / Exhibit Number
	(xiv) The impact of <u>changes within</u> a single risk pool to all products or plans within the risk pool.	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 1.2, rows 31 and 71
	(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	Аррх 2.4
25	Drug Manufacturer Support of Member Out-of-Pocket Costs: Per revised 45 CFR §156.130(h), for plan years beginning on or after January 1, 2020, amounts paid toward cost sharing using any form of direct support offered by drug manufacturers to insured patients to reduce or eliminate immediate out-of-pocket costs for specific prescription brand drugs are permitted, but not required, to be counted toward the annual limitation on cost sharing. RCW 48.43.435 further outlines requirements for plans issued or renewed on or after January 1, 2024. Indicate what you implemented related to these requirements and justify any impact to your rate development.	Premera is not planning on implementing this option for 2026	
26	Financial Statement Analysis:		
a	 Reconcile to Additional Data Statement (ADS) for the year ending December 31, 2024: 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. 	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Аррх 4.1, 4.1а

Li	ne	Task	Issuer Response:		
			Document Name	Section / Page / Exhibit Number	
		 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. 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	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. <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. <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.	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Аррх 4.2	
2	27	Abortion Services for Which Public Funding is Prohibited:(see also #11.d & #13 of this checklist)For Exchange filings, document the pricing per member per month (PMPM) for voluntary abortionservices and the "EHB Percent of Total Premium" to be listed in the Plans & Benefit Template (PBT) in thebinder filing [45 CFR §156.280(e)(4)]. See also QHP Application Instructions for EHB Percent of TotalPremium calculation guidance.Note: The Index Rates in URRT Worksheet 1, Section II must include allowed claims for abortion serviceseven for Exchange plans. Voluntary abortion services are <u>only</u> considered a non-EHB for Exchange plansin the percentages listed in the PBT and in URRT Worksheet 2, Section III Plan Adjustment Factors, Field3.5. Otherwise, the State of Washington considers voluntary abortion services as EHBs for Exchangeplans. Additionally, non-Exchange plans will consistently consider voluntary abortion services as EHBs.	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Аррх 2.5	

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	E DOCUMENTS he following items together with other relevant items covered elsewhere in this checklist.		
28	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 input for URRT Worksheet 1 Section II, please use and reference the applicable amount(s) calculated in the URRT.Please do not disable the macros in the Excel version of the URRT; please submit a macro-enabled URRT		
	workbook. 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.		
a	 URRT Exchange User Fees: (URRT Worksheet 1, Section II Projections) If the issuer is only outside the exchange, please respond "N/A." The Exchange user fee for 2026 is \$5.11 PMPM. 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

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
Ь	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 apply the plan factors through multiplication; to neutralize the overall impact, URRT Worksheet 1 needs to divide by their aggregate impact.	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Аррх 2.4
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	Аррх 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: 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

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
f	 URRT Worksheet 2, Section IV Projected Plan Level Information Projected allowed claims, incurred claims & premiums: Include an exhibit that calculates the projected dollar amounts by plan for URRT Worksheet 2, Section IV Projected Plan Level Information. 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: 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 by plan in Field 4.11 should only differ from the Total 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. 	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Аррх 1.2
g	 URRT projected members by plan: Please document the following in the Part III actuarial memorandum: 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

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
h	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.	No difference	
i	 URRT controlled group renewal clarification: 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). If not applicable, indicate "N/A." 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: 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	 Part II Written Description Justifying the Rate Increase: (a) Follow content guidance outlined in URR Instructions. (b) Include key drivers of the risk pool's rate increase as well as relevant plan details such as those described below. 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. 	Part II Written Description Justifying the Rate Increase	

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	 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. 		
30	 Part III Actuarial Memorandum and Certification: 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	Actuarial certification: Include an actuarial certification as prescribed in the Part III Actuarial Memorandum and Certification Instructions found in the URR Instructions. Include the signature date in the signatory block of the certification and update the date throughout the filing review season, as needed, if assumptions or rates change.	Part III Rate Filing Documentation and Actuarial Memorandum	Last page
b	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: • The name of the current and new issuers offering the plan.	N/A	

Line		Task	Issuer Response:	
			Document Name	Section / Page / Exhibit Number
		 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. Discuss the cost-share changes to the plan and confirm that the product network type and covered benefits remain the same. 		
c		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.	Part III Rate Filing Documentation and Actuarial Memorandum	Rate Increase Summary: Proposed Rate Increase
31		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 <u>Washington State OIC website</u> .		
	a	 UPMJ Q4a & 4b: 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. 	Uniform Product Modification Justification	
	b	UPMJ Q5: (i) Column 5(d): • Only include enrollment from renewing counties.	Part III Rate Filing Documentation and Actuarial	Appx 1.3, Notes 1 and 2
2026				04/07/2020

Lin	ne	Task		Issuer Response:	
			Document Name	Section / Page / Exhibit Number	
		 If you are exiting any counties, please address the following: Since you are exiting counties, total enrollment in Q5 may not match the UPMJ Q1 total, so include an exhibit in the filing with current enrollment by plan split between renewing and terminating counties. Note that UPMJ Q1 should include all enrollment before reductions for terminating counties. 	Memorandum Appendix UPMJ		
		 (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. 			
		 (iii) Submit an exhibit supporting rate changes for each UPMJ Q5 column. 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	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).	N/A		

Li	ne	Task	Issuer Response:	
	-		Document Name	Section / Page / Exhibit Number
		 If not applicable, indicate "N/A." <i>Current issuer</i>: UPMJ Q4a and Q5 will be blank. <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. 		
3	2	WAC 284-43-6660 summary: Complete and submit the template "Format – Rates – WAC 284-43-6660 Summary Duplicate" provided on the <u>Washington State OIC website</u> . See below for additional information.		
	а	 Proposed rate summary: 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	
	Ь	 Components of proposed community rate: 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	

Li	ine	Task	I	ssuer Response:
	<u>.</u>		Document Name	Section / Page / Exhibit Number
	c	 Trend factor summary: (see also #6.b of this checklist) 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. 	Part III Rate Filing Documentation and Actuarial Memorandum	Projection Factors: Trend Factors
	d	General Information section #4: Respond with "See Rate Schedule."	WAC 284-43-6660	
:	33	 Benefit Components: Provide a completed Benefit Components Speed-to-Market Tool. The file "Format - Rates - 2026 Med Benefit Components" is provided on the <u>Washington State OIC</u> 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. 	Benefit Components	
		 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). 		

Line		Task	Issuer Response:	
			Document Name	Section / Page / Exhibit Number
3	4	Mental Health and Substance Use Disorder (MH/SUD) Financial Requirement Parity:		
	а	MH/SUD financial requirement parity certification: Complete the "Mental Health and Substance Use Disorder Financial Requirement Parity Certification" Speed-to-Market Tool. See file "Certification – Rates – 2026 Mental Health and Substance Use Disorder Financial Req Parity" on the <u>Washington State OIC website</u> .	MH Parity	
	b	MH/SUD parity calculations: Complete an MH/SUD Parity Speed-to-Market Tool that documents MHSUD financial requirement parity testing calculations.	MH Parity	
		See file template "Certification - Rates - 2026 Mental Health and Substance Use Disorder Financial Req Parity Calculations" on the <u>Washington State OIC website</u> .		
		• 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.		

Line	Task	Issuer Response:		
		Document Name	Section / Page / Exhibit Number	
	• 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.			
	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.			
35	Commission Certification:	Premera Blue		
	(see also #20.a of this checklist)	Cross		
	Provide detailed proposed commission schedules, even if no commissions are expected to be paid for	Compensation Table 2026		
	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	1 able 2020		
	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).			
	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=			
	Commission schedules should not differ for special enrollment periods.			
	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.			
	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.			

Line	Task	I	ssuer Response:
		Document Name	Section / Page / Exhibit Number
36	 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: 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	 Rate Example: Submit a rate calculation example on the Rate/Rule Schedule tab in SERFF. Address the following: 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	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)	N/A	

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
39	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. Consider, for example, the September 2024 professionalism discussion paper, "Actuarial Professionalism Considerations for Generative AI," published by the American Academy of Actuaries.	No AI, Machine Learning and/or Predictive Modeling methods were relied on and applied in this filing.	
40	1332 waiver checklist: Complete and submit the file " <u>Checklist – Rates – 2026 Individual Supplemental Checklist for 1332</u> <u>Waiver Reporting</u> ."	1332 Waiver Checklist	

Premera Blue Cross Summary of Pooled Experience with Adjustments

Individual Filing - Effective 1/1/2026

	2024	2023	2022	3-yr Total
Member Months	126,053	160,310	198,501	484,864
Earned Premium	\$112,880,957	\$124,765,741	\$140,841,995	\$378,488,693
Paid Claims	\$132,556,140	\$139,112,916	\$166,969,618	\$438,638,675
Beginning Claim Reserve	\$13,913,823	\$14,497,451	\$22,547,269	\$50,958,544
Ending Claim Reserve	\$14,014,265	\$13,913,823	\$14,497,451	\$42,425,540
Incurred Claims	\$132,656,582	\$138,529,288	\$158,919,801	\$430,105,671
Expenses	\$13,621,140	\$15,673,884	\$16,829,620	\$46,124,644
Commerical Reinsurance	\$0	\$0	\$0	\$0
Risk Adjustment	\$39,163,341	\$36,348,305	\$44,894,954	\$120,406,600
High Cost Enrollee Reinsurance	\$2,764,454	\$1,619,457	\$1,429,522	\$5,813,433
High Cost Enrollee Assessment	-\$401,344	-\$451,721	-\$520,815	-\$1,373,879
Gain/Loss	\$8,129,686	\$8,078,609	\$10,896,236	\$27,104,531
Anticipated MLR Rebates	\$0	\$0	\$0	\$0
Gain/Loss % of Premium	7.2%	6.5%	7.7%	7.2%

[Previous F	Rate Filing	Changes between Curr	ent and Previous Filing
	2023	2022	2023	2022
Member Months	160,305	198,575	5	-74
Earned Premium	\$125,368,718	\$141,312,536	-\$602,978	-\$470,541
Paid Claims	\$139,112,916	\$166,969,618	\$0	\$0
Beginning Claim Reserve	\$14,748,923	\$22,654,853	-\$251,471	-\$107,584
Ending Claim Reserve	\$16,538,884	\$14,748,923	-\$2,625,060	-\$251,471
Incurred Claims	\$140,902,877	\$159,063,688	-\$2,373,589	-\$143,887
Expenses	\$15,673,884	\$16,829,620	\$0	\$0
Commerical Reinsurance	\$0	\$0	\$0	\$0
Risk Adjustment	\$36,348,305	\$44,894,954	\$0	\$0
High Cost Enrollee Reinsurance	\$1,619,457	\$1,429,522	\$0	\$0
High Cost Enrollee Assessment	-\$451,721	-\$520,815	\$0	\$0
Gain/Loss	\$6,307,998	\$11,222,890	\$1,770,611	-\$326,654
Anticipated MLR Rebates	\$0	\$0	\$0	\$0
Gain/Loss % of Premium	5.0%	7.9%	1.4%	-0.2%



INDIVIDUAL AND SMALL GROUP FILING SUMMARY

Carrier Name	Premera Blue Cross
Address	P.O. Box 2113
	Seattle, WA 98111-2113
Carrier Identification Number	PREMEBC526MH

Proposed Rate Summary

Current community rate:	\$977.61	per month
Proposed community rate:	\$1,161.30	per month
Percentage change:	18.79%	%
Portion of carrier's total		
enrollment affected:	2.00	%
Portion of carrier's total		
premium revenue		
affected:	3.20	%

Components of Proposed Community Rate

	Dollars Per Month	% of Total
a) Claims	\$1,075.00	92.57%
b) Expenses	\$121.55	10.47%
c) Contribution to surplus		
contingency charges, or		
risk charges	-\$29.78	-2.56%
d) Investment earnings	\$5.47	0.47%
e) Total (a + b + c - d)	\$1,161.30	100.00%

Summary of Pooled Experience

		Experience Period			First Prior Period			Second Prior Period				
	From	1/1/2024	To 12/3	31/2024	From	1/1/2023	То	12/31/2023	From	1/1/2022	То	12/31/2022
Member Months			12	6053				160310				198501
Earned Premium			\$112,880,9	56.53			\$124,7	765,740.56			\$140,	841,995.47
Paid Claims			\$132,556,14	40.26			\$139,	112,916.15			\$166,	969,618.47
Beginning Claim Reserve			\$13,913,82	23.44			\$14,4	497,451.49			\$22,	547,268.95
Ending Claim Reserve			\$14,014,20	64.96			\$13,9	913,823.44			\$14,	497,451.49
Incurred Claims			\$132,656,58	81.78			\$138,5	529,288.10			\$158,	919,801.01
Expenses			\$13,621,14	40.21			\$15,6	573,884.03			\$16,	829,620.03
Gain/Loss			-\$33,396,70	65.46			-\$29,4	437,431.57			-\$34,	907,425.57
Loss Ratio Percentage			117	.52%				111.03%				112.84%

WAC 284-43-6660 Summary for individual and small group contract filings

General Information

1. Trend Factor Summary

Types of Service	Annual Trend Assumed	Portion of Claim Dollars
Hospital	11.35%	42.84%
Professional	11.35%	30.53%
Prescription Drugs	10.19%	23.40%
Dental	N/A	0.00%
Other	11.35%	3.23%

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

1)	1/1/2025	14.91%	2)	1/1/2024	17.20%	3)	1/1/2023	10.08%
	Date	%		Date 9	6		Date	%

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

Geographic Area	Yes	X No
Family Size	Yes	X No
Age	Yes	X No
Wellness Activities	X Yes	No
Other (specify)	Yes	X No

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

5. Attach comments or additional Information

2021 and 2022 Membership, Premium, Incurred claims, and Paid claims have been restated to reflect the most accurate and current experience.

6. Preparer's Information	
Name:	Hiu-Wan Ko, FSA, MAAA
Title:	VP of Actuarial Services
Telephone Number:	(425) 918-4917

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:	Premera Blue Cross
HIOS Issuer ID:	49831WA
Market:	Individual
Plan Year:	2026

Part 2

2025 HIOS Plan ID and	2025 Plan Name	2026 Plan Name	New, Renewal, or	Enrollment as of 3/31/2025
2026 HIOS Plan ID			Terminated in 2026?	
49831WA1940001	Premera Blue Cross Preferred Gold EPO 1500	Premera Blue Cross Preferred Gold	Renewal	1,055
49831WA1940004	Premera Blue Cross Preferred Silver EPO 4500	Premera Blue Cross Preferred Silver	Renewal	731
49831WA1940003	Premera Blue Cross Preferred Bronze EPO 6650	Premera Blue Cross Preferred Bronze	Renewal	1,891
49831WA1940005	Premera Blue Cross Cascade Gold	Premera Blue Cross Cascade Complete Gold	Renewal	970
49831WA1940006	Premera Blue Cross Cascade Silver	Premera Blue Cross Cascade Silver	Renewal	1,858
49831WA1940007	Premera Blue Cross Cascade Bronze	Premera Blue Cross Cascade Bronze	Renewal	1,937
49831WA1940008	Premera Blue Cross Preferred Bronze HSA EPO 6800	Premera Blue Cross Preferred Bronze HSA	Renewal	1,018
49831WA1940009	N/A	Premera Blue Cross Cascade Vital Gold	New	0
Total				9460

UPMJ Q1

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:

Premera Blue Cross The network type is unchanged, continuing to cover more than 50% of the counties from last year Preferred Gold between Premera and another issuer within Premera's control group, 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.

- Premera Blue CrossThe network type is unchanged, continuing to cover more than 50% of the counties from last yearPreferred Silverbetween Premera and another issuer within Premera's control group, 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.
- Premera Blue CrossThe network type is unchanged, continuing to cover more than 50% of the counties from last yearPreferred Bronzebetween Premera and another issuer within Premera's control group, 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.
- Premera Blue Cross The network type is unchanged, continuing to cover more than 50% of the counties from last year Cascade Gold between Premera and another issuer within Premera's control group, 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.

UPMJ Q2

Premera Blue CrossThe network type is unchanged, continuing to cover more than 50% of the counties from last yearCascade Silverbetween Premera and another issuer within Premera's control group, 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.

- Premera Blue CrossThe network type is unchanged, continuing to cover more than 50% of the counties from last yearCascade Bronzebetween Premera and another issuer within Premera's control group, 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.
- Premera Blue CrossThe network type is unchanged, continuing to cover more than 50% of the counties from last yearPreferred Bronzebetween Premera and another issuer within Premera's control group, same cost-sharing structureHSAother than changes to maintain metal level and due to cost and utilization, and only state mandated
changes in the covered benefits, so it is a renewal product.

Question 3:

For each 2025 plan with a new HIOS Plan ID (aka a new plan in 2025), explain in detail (in the table below) why the plan is not considered a renewal plan within a renewal product.

Note: Illustrative information has been provided in the table below. Please remove the illustrative information; then, complete the table as described above.

2025 HIOS Plan ID	Plan Name	Why is this a new plan?
49831WA1940009	Premera Blue Cross Cascade Vital Gold	This is a new standard plan required to be offered in the Washington
		individual market

Question 4a:

For each renewal plan (i.e., a plan offered in both 2025 and 2026), please provide the following:

1. State the HIOS Plan ID of the affected plan. State the applicable HIOS Plan ID on every row in the table as illustrated below.

2. State the 2025 Plan Name. State the plan name only once per plan as shown below.

3. State the 2026 Plan Name if the 2026 Plan Name is different than the 2025 Plan Name. Otherwise state "N/A-Same as 2025." State the plan name only once as shown below.

4. State the SERFF Tracking Number of the corresponding 2026 form filing (state only once per plan as illustrated below).

5. Provide a detailed description of each benefit change from 2025 to 2026, including changes required by Federal and State law (while the cursor is active in a cell in Excel, press [Alt+Enter] to start a new line of text). If no benefit changes, enter "None." State all the benefit changes in a single cell as shown below.

6. Cost-Share Changes: Provide a detailed description of each cost-share change from 2025 to 2026.

6.1 For each cost-share change, enter one description of the change per row in the Cost-Share Description column as illustrated below. If no cost-share changes, enter "None" and go to your next plan.

6.2 Enter the corresponding design for the 2025 plan year. Please include all applicable dollar signs (\$), commas (.) and percent signs (%) for each value.

6.3 Enter the corresponding design for the 2026 plan year. Please include all applicable dollar signs (\$), commas (,) and percent signs (%) for each value.

Note: Illustrative information has been provided in the table below. Please remove the illustrative information; then, complete the table as described above.

HIOS Plan ID	2025 Plan Name	2026 Plan Name (if different)	2026 Form Filing SERFF	Benefit Changes	Cost-Share Description	From (2025)	To (2026)
			Tracking Number	(2025 to 2026)			
49831WA1940005	Premera Blue Cross Cascade Gold	Premera Blue Cross Cascade Complete Gold	PBCC-134418210	None	Deductible	\$600	\$1,000
49831WA1940006	Premera Blue Cross Cascade Silver	N/A-Same as 2025	PBCC-134418210	None	MOOP	\$9,200	\$9,750
49831WA1940006					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
49831WA1940006					Mental/Behavioral Health and	First 2 visits at \$1 copay, then \$30	First 2 visits at \$1 copay, then \$20
1909111111940000					Substance Use Disorder Office Visits	copay for 3+ visit	copay for 3+ visit
49831WA1940006					Acupuncture	\$30	\$20
49831WA1940006					Chiropractic Care	\$30	\$20
49831WA1940007	Premera Blue Cross Cascade Bronze	N/A-Same as 2025	PBCC-134418210	None	MOOP	\$9,200	\$10,150
49831WA1940007					Primary Care Office Visit	First 2 visits at \$1 copay, then \$50	First 2 visits at \$1 copay, then \$40
						copav for 3+ visit	copav for 3+ visit
49831WA1940007					Mental/Behavioral Health and	First 2 visits at \$1 copay, then \$50	First 2 visits at \$1 copay, then \$40
					Substance Use Disorder Office Visits	copay for 3+ visit	copay for 3+ visit
49831WA1940007					Specialist Office Visit	Deductible then \$100 Copay	\$100 Copay
49831WA1940007					Acupuncture	\$50	\$40
49831WA1940007					Chiropractic Care	\$50	\$40
49831WA1940004	Premera Blue Cross Preferred Silver EPO 4500	Premera Blue Cross Preferred Silver	PBCC-134418210	None	MOOP	\$7,300	\$7,600
49831WA1940004					Mental/Behavioral Health and Substance Use Disorder Office Visits	\$60 Copay	\$65 Copay
49831WA1940004					Specialist Office Visit	\$60 Copay	\$65 Copay
49831WA1940004					Acupuncture	\$60 Copay	\$65 Copay
49831WA1940004					Chiropractic Care	\$60 Copay	\$65 Copay
49831WA1940004					Urgent Care	\$60 Copay	\$65 Copay
49831WA1940004					Generic Tier Drugs	\$20 Copay	\$15 Copay
49831WA1940004					Non-Preferred Brand Drugs	Deductible then 50% Coinsurance	Deductible then 45% Coinsurance
49831WA1940003	Premera Blue Cross Preferred Bronze EPO 6650	Premera Blue Cross Preferred Bronze	PBCC-134418210	None	MOOP	\$8,700	\$8,800
49831WA1940003					Non-Preferred Brand Drugs	Deductible then 50% Coinsurance	Deductible then 45% Coinsurance
49831WA1940008	Premera Blue Cross Preferred Bronze HSA EPO 6800	Premera Blue Cross Preferred Bronze HSA	PBCC-134418210	None	MOOP	\$8,000	\$8,400
49831WA1940008					Generic Tier Drugs	Deductible then 40% Coinsurance	Deductible then 35% Coinsurance
49831WA1940008					Non-Preferred Brand Drugs	Deductible then 50% Coinsurance	Deductible then 45% Coinsurance
49831WA1940001	Premera Blue Cross Preferred Gold EPO 1500	Premera Blue Cross Preferred Gold	PBCC-134418210	None	Non-Preferred Brand Drugs	Deductible then 50% Coinsurance	Deductible then 45% Coinsurance

Question 4b:

For each terminated plan (i.e., a plan offered in 2025 but not in 2026), please provide the following:

- 1. State the HIOS Plan ID of the terminated plan in 2025. State the applicable HIOS Plan ID on every row in the table as illustrated below.
- 2. State the 2025 Plan Name of the terminated plan. State the plan name only once per plan as shown below.
- 3. State the 2026 HIOS Plan ID of the plan that the terminated plan is mapped to in 2026. State the applicable HIOS Plan ID on every row in the table as illustrated below.
- 4. State the 2026 Plan Name of the plan that the terminated plan is mapped to in 2026. State the plan name only once per plan as shown below.
- 5. State the SERFF Tracking Number of the corresponding 2026 form filing (state only once per plan as illustrated below).
- 6. Provide a detailed description of each benefit change from the terminated plan to the mapped 2026 plan, including changes required by Federal and State law (while the cursor is active in a cell in Excel, press [Alt+Enter] to start a new line of text). If no benefit changes, enter "None."
- 7. Cost-Share Changes: Provide a detailed description of each cost-share change from terminated plan to the mapped 2026 plan.
 - 7.1 For each cost-share change, enter one description of the change per row in the Cost-Share Description column as illustrated below. If no cost-share changes, enter "None" and go to your next plan.
 - 7.2 Enter the corresponding design for the 2025 plan year. Please include all applicable dollar signs (\$), commas (,) and percent signs (%) for each value.
 - 7.3 Enter the corresponding design for the 2026 plan year. Please include all applicable dollar signs (\$), commas (,) and percent signs (%) for each value.

Note: Illustrative information has been provided in the table below. Please remove the illustrative information; then, complete the table as described above.

Response.						Ca	ost-Share Changes	
2025 Terminated HIOS Plan ID	2025 Terminated Plan Plan Name	2026 Mapped Plan HIOS Plan ID	2026 Mapped Plan Plan Name	2026 Mapped Plan Form Filing SERFF Tracking Number	Benefit Changes (2025 Terminated to 2026 Mapped Plan)	Cost-Share Description	From (2025)	To (2026)

Question 5:

Using the following table, provide the calculations of the proposed average rate change for this line of business and break out the average rate change by benefit, cost-share, and experience. For the 2025 plans that will discontinue in 2026, please apply appropriate mapping of membership for purposes of calculating the average rate increase.

1. In column 5(a), list all 2025 Plan IDs (one 2025 Plan ID per row; insert rows in the table as needed).

2. In column 5(b), list the corresponding 2025 Plan Names.

3. In column 5(c), state whether the 2025 plan is a "Renewal" plan (a plan offered in 2025 and 2026) or "Terminated" plan (a plan offered in 2025 but not 2026).

4. In column 5(d), provide the enrollment by plan as of March 31, 2025 in all renewing counties. Note: the total enrollment should match the enrollment provided in Question #1, unless the carrier is exiting counties in 2026 which are currently being covered.

5. In column 5(e), if the plan is a "Terminated" plan, provide the corresponding 2026 Plan ID that the 2025 Plan is mapped to. If the plan is a "Renewal" plan, state "N/A."

6. In column 5(f), if the plan is a "Terminated" plan, provide the corresponding 2026 Plan Name that the 2025 Plan is mapped to. If the plan is a "Renewal" plan, state "N/A."

7. In column 5(g), state the experience rate change for the plan. For "Terminated" plans, state the experience rate change by plan mapped from the 2025 Plan to the 2026 Plan.

8. In column 5(h), state the benefit rate change for the plan. For "Terminated" plans, base the rate change on mapping from the 2025 plan to the 2026 plan.

9. In column 5(i), state the cost-share rate change for the plan. For "Terminated" plans, base the rate change on mapping from the 2025 plan to the 2026 plan.

10. In column 5(j), the Overall Average Rate Change by plan is calculated automatically [calculated as (1+Experience Rate Change)*(1+Benefit Rate Change)*(1+Cost-Share Rate Change)-1]. Note that the percentage of overall average rate change by plan for renewal plans should be the same as the rate change indicated in the URRT.

11. In cell 5(k), the total enrollment as of March 31, 2025 is calculated automatically [calculated as the sum of column 5(d)].

12. In cell 5(1), 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.

Total Enrollment 5(k):	9,460
Overall Average Rate Change	18.79%
(weighted by 03/31/2025 enrollment) 5(l):	

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	Enrollment as of	Terminated Plans: HIOS	Terminated Plans: Plan Name	Experience	Benefit Rate	Cost-Share	Overall Average
		Terminated in	03/31/2025	Plan ID of plan mapped	corresponding to HIOS Plan ID	Rate Change	Change for	Rate Change	Rate Change for
		2026?		to in 2026	in column 5(e)	for Plan	Plan	for Plan	Plan
49831WA1940001	Premera Blue Cross Preferred Gold EPO 1500	Renewal	1,055	N/A	N/A	-3.60%	0.00%	0.02%	-3.58%
49831WA1940004	Premera Blue Cross Preferred Silver EPO 4500	Renewal	731	N/A	N/A	38.13%	0.00%	-0.89%	36.90%
49831WA1940003	Premera Blue Cross Preferred Bronze EPO	Renewal	1,891	N/A	N/A	19.88%	0.00%	-0.32%	19.50%
	6650								
49831WA1940005	Premera Blue Cross Cascade Gold	Renewal	970	N/A	N/A	-5.07%	0.00%	-1.58%	-6.57%
49831WA1940006	Premera Blue Cross Cascade Silver	Renewal	1,858	N/A	N/A	42.05%	0.00%	-0.57%	41.24%
49831WA1940007	Premera Blue Cross Cascade Bronze	Renewal	1,937	N/A	N/A	17.05%	0.00%	-0.81%	16.10%
49831WA1940008	Premera Blue Cross Preferred Bronze HSA	Renewal	1,018	N/A	N/A	17.63%	0.00%	-1.41%	15.97%
	EPO 6800								

MHSUD Financial Requirement Parity Testing -- Summary

Issuer and Filing Information

	Premera Blue Cross
HIOS Issuer ID:	49831
	Individual
Plan Year:	2026

Worksheet Instructions

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

- Step 2) The Plans.
 List HIOS Plan IDs and Plan Names in the first two columns of the table below. Include silver base and CSR plan variants.

- Use nots that its one than its in the jist we commiss in the jist we commiss on the set of the set on CSA plan variants.
 When a plan has multiple in-network theres, 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
49831WA1940001	Premera Blue Cross Preferred Gold	Pass	
49831WA1940003	Premera Blue Cross Preferred Bronze	Pass	
49831WA1940004	Premera Blue Cross Preferred Silver	Pass	
49831WA1940004_(73%_CSI	R] Premera Blue Cross Preferred Silver (73%)	Pass	
49831WA1940004 (87% CSI	R] Premera Blue Cross Preferred Silver (87%	Pass	
49831WA1940004_(94%_CSI	R] Premera Blue Cross Preferred Silver (94%)	Pass	
49831WA1940005	Premera Blue Cross Cascade Complete Go	Pass	
49831WA1940006	Premera Blue Cross Cascade Silver	Pass	
49831WA1940006_(73%_CSI	R] Premera Blue Cross Cascade Silver (73% C	Pass	
49831WA1940006_(87%_CSI	R] Premera Blue Cross Cascade Silver (87% C	Pass	
49831WA1940006_(94%_CSI	R] Premera Blue Cross Cascade Silver (94% C	Pass	
49831WA1940007	Premera Blue Cross Cascade Bronze	Pass	
49831WA1940008	Premera Blue Cross Preferred Bronze HSA	Pass	
49831WA1940009	Premera Blue Cross Cascade Vital Gold	Pass	

MHSUD Financial Requirement Parity Testing Testing Data Information

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

ltem #	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.
	We used Premera Blue Cross Washington Individual plan claims data, provided to us by our claims processing vendors.
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. We assign full credibility to the data for proposes of determining mental health parity.
- 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.
 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.
- 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?
 Only WA plan data was used.

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, Occupantional and Physical Therapy	Outpatient - Office Visits	Rehabilitative Occupational and Rehabilitative Physical Therapy	
Chiro/Acupunture	Outpatient - Office Visits	Chiro/Acupunture	
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	

/IHSUD Financial Requirem	nent (a.k.a. Cost Sha	re) Parit	y Testing		Workbook Info			Benefit Classification	(3a) Outpatient - Offic	ce Visits, In-Network (DP-OV INN)	
	Premera Blue Cross Individual				Unk back to Sum User Inputs Cell P See the Example		letals.					
LAN INFORMATION												
Plan ID:	Premera Blue Cross Preferred Gold 49831WA1940001	<cccthis auto<="" th="" will=""><th>oosulate from summarv sheet macro populate from summary sheet macro</th><th></th><th></th><th></th><th></th><th></th><th></th><th>, r</th><th>Errors found:</th><th></th></cccthis>	oosulate from summarv sheet macro populate from summary sheet macro							, r	Errors found:	
CSR Variant Description: ARITY PASS/FAIL RESULTS, BY BENEFIT C	LASSIFICATION	cood) the plan is a	t CSR variant, identify it here. Otherwise, leav	re the field blank.				Cliclos	Home	J 1	Errors tound:	U
Overall Result:	Pass		««Clickthe li	inks in the cells below to	scroll directly to the st	ated section>>>>>		••••Clickth	e links in the cells below t	to scroll directly to the		
		-	Move to IP INN	Move to IP CON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN	Move to IP INN	Move to IP CON	Move to OP INN		Move to OP-AO INN
	Links only work for sections that are not alrea	dy hidden>>>>>	Move to OP OON	Move to OP-OV CON	Move to OP-AD CON	Move to ER	Move to RX	Move to OP OON	Move to OP-OV CON	Move to OP-AO OOP	Move to ER	Move to RX
Testing Options												
Option	Selection	1	Column Options	1	No Errors found?	1						
Out-of-Network Tier?	No		Update Columns		TRUE							
Outpatient Benefit Testing												
Outpasent benent leiting	Office Visits Separate		Hide/Unhide All Columns]								
Outputsent ansent i extrog]	n	Ev Netzyck Tier						
	Differ Visits Separate B1. Do the MISCUD cost shares match all Medica(Stargical cost shares in the Benefit Castification (in-Network)	CL. Test Required? (In-Network)	Hido/Unhido All Columns B2. Do the MHSUD cost shares match all Medicaj/Sargital cost shares in the Senefit ClassRicetion? (Ost-6f-Network)	(2. Test Required? (Dut-of-Network)	D1. In-Network	By Network Tier D2. Out-of-Network	E. Tent Results					
Results by Benefit Classification A. Benefit Classification Ingestinet	81. Do the MISUD cost shares match all Medical/Surgical cost shares in the Benefit Gasafication?		B2. Do the MHSUD cost shares match all Medica/Sargical cost shares in the Benefit Gasefication?		D1.	D2.	E. Test Results Pass					
Results by Benefit Classification A. Senefit Classification Inpatient Outputert	B1. Do the MHSUD cost shares match all Medica(Surgical cost shares in the Benefit Gashication? (h: Network)	(In-Network)	B2. Do the MHSUD cost shares match all Medica/Sargical cost shares in the Benefit Gasefication?		D2. In-Network	D2.						
Results by Banelit Classification A. Banelit Classification Ingelient Organiset Organiset Organiset Organiset	B1. Do the MHSUD cost shares match all Medica(Surgical cost shares in the Benefit Gashication? (h: Network)	(In-Network)	B2. Do the MHSUD cost shares match all Medica/Sargical cost shares in the Benefit Gasefication?		D2. In-Network	D2.						
Results by Barelit Gaudication A. Secret Gaudication Impediat Department Outputset Out	81. Do the MISSUS cost shores match all Media (loggi strange in the Brendt Closed and the strange in the Brendt (in Network) Ym	(In-Network)	B2. Do the MHSUD cost shares match all Medica/Sargical cost shares in the Benefit Gasefication?		D1. In-Network Pass	D2.	Pass					
Results by Benefit Classification A Basel Classification Inspected Outputer Al Service Conference Outputer Outputer Offer Vib Separate Outputer Outputer Offer Vib Separate Outputer Outputer Offer Vib Separate Outputer Outputer Outputer Offer Vib Separate Outputer Outpute	81. Do the MISCUD cost shares match all Medica(Surgical cost shares in the Brooff Gastalisation) (in Network) 700 700	(In-Network) No Yes	B2. Do the MHSUD cost shares match all Medica/Sargical cost shares in the Benefit Gasefication?		D2. In-Network Pass Pass	D2.	Pass Pass					
Results by Banelit Castification A. Search Costfication topplant Dapater Depater Depater Depater Depater Depater Depater Depater Depater Depater Depater Depater Depater Depa	81. Do the MISSUS cost shores match all Media (loggi strange in the Brendt Closed and the strange in the Brendt (in Network) Ym	(In-Network)	B2. Do the MHSUD cost shares match all Medica/Sargical cost shares in the Benefit Gasefication?		D1. In-Network Pass	D2.	Pass					
Results by Benefit Classification A Basel Classification Inspected Outputer Al Service Conference Outputer Outputer Offer Vib Separate Outputer Outputer Offer Vib Separate Outputer Outputer Offer Vib Separate Outputer Outputer Outputer Offer Vib Separate Outputer Outpute	81. Do the MISCUD cost shares match all Medica(Surgical cost shares in the Brooff Gastalisation) (in Network) 700 700	(In-Network) No Yes	B2. Do the MHSUD cost shares match all Medica/Sargical cost shares in the Benefit Gasefication?		D2. In-Network Pass Pass	D2.	Pass Pass					
Reach by Invedi Cassification A Kaseb Disaffaction Objected Object	B1. On the MMEOD cost shares match all Material/Section and shares in the Small Bin Retwork) Train Train Train Train Train Train Bin States) Bin States) Bin States and Small States Train Bin States and Small States Bin S	(In-Network) No Yes No	52. Do the MMSUP cost shares match of Medical project can share a the Keneft Contractation (Out of Actions 1)		D2. In-Network Pass Pass	D2.	Pass Pass					

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

Benefit Casafication (3a) Outpatient - Office Visits, In-Network (OP-OV INN) Notes: Like this table if you are separately testing outpatient office visits or optient services

Classification	Outpatient - Office Visits	OP-OV					
Network (In/Out)	In-Network	INN					
Classification Code	Ja	OP-OV INN			N	umber of Rows	7
Table Name		tb_OPOVINIV_P1					
For each cast share, if it daes not app							
Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of- Pocket Maximum	No Cost- Share (If true,
First 2 Primary Care Visit	Сорау	\$293,687.38	N/A	\$1	N/A	\$6,800	
Primary Care 3+ Visit	Сорау	\$158,139.36	N/A	\$15	N/A	\$6,800	
Specialist Office Visit	Copey	\$1,005,591.67	N/A	\$45	N/A	\$6,800	
Preventive Care Office Visit	No charge	\$214,785.81	N/A	N/A	N/A	N/A	
Urgent Care	Copay	\$5,994.95	N/A	\$45	N/A	\$6,800	
Speech, Occupational, Massage, and Physical Therapy	Сорау	\$301,889.05	N/A	\$45	N/A	\$6,800	
Chiro/Acupuncture	Copey	\$74,678.90	N/A	\$45	N/A	\$6,800	
Total Rose		\$2 054 267 12					

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

inancial Parity for (3a)	Outpatient - Off	ice Visits. In-Ne	twork (OP-OV	INN)	
Cost-Share Type	MHSUD Cost Shares	Predominant Level for	MHSUD Financial	1	
	in Plan Design*	Medical/Surgical	Parity Result		
Deductible	N/A	Fai	Pass	1	
Copayment	\$45.00	\$45.00	Pass	1	
Coinsurance	N/A	Fail	Pass	1	
OOPM	\$6,800.00	\$6,800.00	Pass		
Overal			Pass		

Overal			Pass
	*If not applicable, en	ter "N/A"	
Step 1 Substantially All	(i.e., ≥ 3/4 of med	lical/surgical be	nefits)
Deductible	\$0.00	0.00%	Fail
Copayment	\$1,839,981.31	89.55N	
			Consument

Coinsurance \$2.00 0.00%	Tel.
	/ INN OOPM
Total Projected \$2,054,767.12	

Step 2 Predominant Level Deductible ---- (3a) Outpatient - Office Valts, In-Network (OP-OV INN) Errors found:

Deductible	Allowed Claims	Portion	Predominant&	Error Checking
			Cenation	
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
Copayment (3a) Outpatient - Offe Applies to substantially all medical/su	rgical benefits in this classif		Errors found:	
Applies to substantially all medical/su ENTER different copayment amounts	rgical benefits in this classif from smallest to largest.	fication.		Turn Charlins
Applies to substantially all medical/sc ENTER different copayment amounts Copayment	rgical benefits in this classif from smallest to largest. Allowed Claims	fication. Portion	Predominant &	Error Orecking
Apples to substantially all medical/ss ENTER different copayment amounts Copayment \$1.00	rgical benefits in this classif from smallest to largest. Allowed Claims \$293,687.38	fication. Portion 15.96N	Predominant & \$1.00	Error Checking
Applies to substantially all medical/ss ENTER different copayment amounts Copayment	rgical benefits in this classif from smallest to largest. Allowed Claims	fication. Portion	Predominant &	Error Checking

Total \$1,839,981.31 Coinsurance ---- (3a) Outpatient - Office Visits, In-Network (OP-OV INN) Errors found:

Coinsurance	Allowed Claims	Portion	Predominant&	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
	tal (0.00	0.02%		

Total	\$0.00	0.00%						
00PM (3a) Outpatient - Office V	Errors found:	0						
Applies to substantially all medical/s	urgical benefits in this class	alfication.						
ENTER different oppm amounts from								

OOPM	Allowed Claims	Portion	Predominant &	Error Checking
\$6,800.00	\$1,839,981.31	100.00%	\$6,800.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$1,839,981,31	100.00%		

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	nent (a.k.a. Cost Sha Premera Blue Cross Individual	re) Parit	y Testing		Workbook Info	many Sheet	4-dy	Benefit Classification	(3a) Outpatient - Offic	e Visits, In-Network (OP-OV INN)	
PLAN INFORMATION												
Plan ID: CSR Variant Description:	Premera Blue Cross Preferred Bronze 49831WA1940003	<cocthis auto<="" th="" will=""><th>ooaulate from summarv sheet macro populate from summary sheet macro a CSR variant, identify it here. Otherwise, lear</th><th>re the field blank.</th><th></th><th></th><th></th><th>Clickooo</th><th>Home</th><th>I</th><th>Errors found:</th><th>Q</th></cocthis>	ooaulate from summarv sheet macro populate from summary sheet macro a CSR variant, identify it here. Otherwise, lear	re the field blank.				Clickooo	Home	I	Errors found:	Q
PARITY PASS/FAIL RESULTS, BY BENEFIT C	LASSIFICATION											
Overall Result:	Pass		««Clickthe l	inks in the cells below to	scroll directly to the st	ated section>>>>>		««Click the	links in the cells below t			
		-	Move to IP INN	Move to IP CON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN	Move to IP INN			Move to OP-OV IN	Move to OP-AO INN
	Links only work for sections that are not alrea	dy hidden>>>>>	Move to OP OON	Move to OP-OV CON	Move to OP-AD CON	Move to ER	Move to RX	Move to OP CON	Move to OP-OV CON	Move to OP-AO OOM	Move to EB	Move to RX
Testing Options		1		1		1						
Option	Selection		Column Options		No Errors found?							
Out-of-Network Tier?	No		Indate Columns		TRUE							
Outpatient Benefit Testing	Office Visits Separate	1	Hide/Unhide All Columns			-						
Results By Benefit Classification				r		By Network Tier						
A. Senefit Classification	B1. Do the MHGUD cost shares match all Medical/Surgical cost shares in the Benefit Classification? (in-Network)	Cl. Test Required? (In-Network)	B2. Do the MHSUD cost shares match all Medica/Surgical cost shares in the Benefit Classification? (Out-of-Network)	C2. Test Required? (Out-of-Network)	D1. In-Network	D2. Out-of-Network	E. Test Results					
Inpatient	Yes	No			Pass		Pass					
Outpatient												
Outpatient - All Services Combined												
Outpatient - Office Visits Separate												
Outpatient - Office Visits	No	Yes			Pass		Pass					
Outpatient - All Other	Yes	No			Pass		Pass					
A. Senefit Classification	5. 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									
	•							PART 1				

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

Benefit Classification (3a) Outpatient - Office Visits, In-Network (OP-OV INN) Notes: Use this toble if you are separately testing outpatient office visits inst services ____

Classification Network (In/Out) Classification Code Table Name or each cast share, if it does not opp	Dutpatient - Office Visits In-Network 3a	OP-OV INN OP-OV INN IBLOPOVINN_P1			N	umber of Rows	7
Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of- Pocket Maximum	No Cost- Share (If true,
First 2 Primary Care Visit	Сорау	\$528,785.08	N/A	\$1	N/A	\$8,800	
Primary Care 3+ Visit	Сорау	\$284,730.97	N/A	\$50	N/A	\$8,800	
Specialist Office Visit	Deductible, then copay	\$1,810,574.49	\$6,650	\$200	N/A	\$8,800	
Preventive Care Office Visit	No charge	\$386,723.27	N/A	N/A	N/A	N/A	3
Urgent Care	Deductible, then copay	\$10,793.94	\$6,650	\$100	N/A	\$8,800	
Speech, Occupational, Massage, and Physical Therapy	Deductible, then copay	\$543,553.25	\$6,650	\$200	N/A	\$8,800	
Chiro/Acupuncture	Deductible, then comunance	\$134,459.85	\$6,650	N/A	40%	\$8,800	
Total Row		\$3,699,621.85					

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

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/Surgical	MHGUD Financial Parity Result
Deductible	N/A	\$6,650.00	Pass
Copayment	\$100.00	\$100.00	Pass
Coinsurance	N/A	Fai	Pass
COPM	\$8,800.00	\$8,800.00	Pass
Overal			Pass

Enter Faatnotes	
(as needed) about	
MUSUD Cost Shares	
88	

Step 1 Substantially All (i.e., 2 % of i 37.54% OP-OV INN \$2,499,381,54

			Deductible
Copayment	\$3,178,438.73	85.91N	OP-OV INN
			Consumant
Coinsurance	\$134,459.85	3.63%	Fail
00PM	\$1,112,898.59	89.55N	OP-OV INN OOPM
Total Projected	\$3,699,621,85		

Step 2 Predominant Let	vel					
Deductible (3a) Outpatient - Offi	ce Vaits, In-Network (OP-	-OV INN)	Errors found:			
Applen to substantially all medically argical benefits in this classification. ENTER different deductible amounts from smallerst to largest.						
Deductible	Allowed Claims	Portion	Predominant &	Error Check		

56,650.00	\$2,499,381.54 \$0.00	100.00%	Seculiar \$6,650.00	
Total	\$2,499,381.54	100.00%		
Copayment (3a) Outpatient - Offi	or Main in Makanah (70		Errors found:	
Applies to substantially all medical/so			LITOIT PORTO.	
ENTER different copayment amounts	from smallest to largest.			
Copayment	Allowed Claims	Partian	Predominant&	Error Checking
\$1.00	\$528,786.08	16.64%	\$1.00	

Coinsurance (3a) Outpatient - Of	Errors found:	0				
Total	\$3,178,438.73	100.00%				
	\$0.00					
\$100.00	\$2,364,921.68	74.42%	\$100.00			
\$50.00	\$284,730.97	8.96N	\$50.00			

Allowed Claims Portion Predom

	\$0.00		
	\$0.00		
	\$0.00		
	\$0.00		
Total	\$0.00	0.00%	

nant& Error Checkin

OOPM (3a) Outpatient - Office Valts, In-Network (OP-OV INN)	Errors found:	
Applies to substantially all medical/surgical benefits in this classification.		
ENTER different copm amounts from smallest to largest.		

OOPM	Allowed Claims	Portion	Predominant &	Error Checking
\$8,800.00	\$3,312,898.59	100.00%	\$8,800.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$3,312,898.59	100.00%		

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	nent (a.k.a. Cost Sha Premera Blue Cross Individual	re) Parit	y Testing		Workbook Info	ormat		Benefit Classification	(3a) Outpatient - Offic	e Visits, In-Network (DP-OV INN)	
PLAN INFORMATION					See the Diample	worksheet for odditional de	tok.					
Plan ID: CSR Variant Description:	Premera Blue Cross Preferred Silver 49831WA1940004	coorthis will auto	o populate from summarv sheet macro o populate from summary sheet macro a CSR variant, identify it here. Otherwise, leas	re the field blank.				Click>>>>	Home	[Errors found:	0
PARITY PASS/FAIL RESULTS, BY BENEFIT C Overall Result:		1										
	Pass	dy hidden>>>>>	Move to IP INN Move to OP OON	inks in the cells below to Move to IP CON Move to CP-CV CON	Move to OP INN Move to OP AD OON	Move to OP-OV INN Move to ER	Move to OP-AO INN Move to RX	Move to IP INN Move to OP OON		Move to OP INN		Move to OP-AO INN Move to RX
Testing Options		_		_								
Option	Selection		Column Options		No Errors found?							
Out-of-Network Ter? Outpatient Benefit Testing			<u>Uodate Columns</u> Hide/Unhide All Columns]	TRUE]						
Results By Benefit Classification		r			-	By Network Tier						
A. Senefit Classification	B1. Do the MHGUD 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 Medica/Surgical cost shares in the Benefit Classification? (Out-of-Network)	Q. Test Required? (Out-of-Network)	D1. In-Network	D2. Out-of-Network	E. Test Results					
Inpatient	Yes	No			Pass		Pass					
Outpatient												
Outpatient - All Services Combined												
Outpatient - Office Visits Separate												
Outpatient - Office Visits	No	Yes			Pass Pass		Pass Pass					
Outpatient - All Other	Yes	NO			Pata		Pata					
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									
								PART 1				

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

(3a) Outpatient - Office Visits, In-Network (OP-OV INN) Use this table if you are separately testing outpatient office visits Benefit Classification Notes:

Classification	Outpatient - Office Visits	OP-OV					
Network (In/Out)	In-Network	INN					
Classification Code	Ja	OP-OV INN			N	umber of Rows	7
Table Name		tbLOPOVININ_P1					
For each cast share, if it daes not app							
Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of- Pocket Maximum	No Cost- Share (If true,
First 2 Primary Care Visit	Сорау	\$35,060.21	N/A	\$1	N/A	\$7,600	
Primary Care 3+ Visit	Сорау	\$18,878.57	N/A	\$25	N/A	\$7,600	
Specialist Office Visit	Copey	\$120,046.88	N/A	\$65	N/A	\$7,600	
Preventive Care Office Visit	No charge	\$25,640.99	N/A	N/A	N/A	N/A	
Urgent Care	Copay	\$715.67	N/A	565	N/A	\$7,600	
Speech, Occupational, Massage, and Physical Therapy	Copay	\$36,039.32	N/A	\$40	N/A	\$7,600	
Chiro/Acupuncture	Сорау	\$8,915.12	N/A	\$65	N/A	\$7,600	
Total Row		\$245,296,77					

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

ided) about

lost-Share Type	MHSUD Cost Shares	Predominant Level for	MHGUD Financial
	in Plan Design*	Medical/Surgical	Parity Result
uctible	N/A	Fail	Pass
payment	\$65.00	\$65.00	Pass
insurance	N/A	Fail	Pass
10PM	\$7,600.00	\$7,600.00	Pass
Overal			Pass

OOPM	\$7,600.00	\$7,600.00	Pass					
Overal			Pass					
*If not applicable, enter "N/A"								
Step 1 Substantially All (i.e., ≥ 3⁄4 of medical/surgical benefits)								
Deductible	\$0.00	0.00%	Fail					

Copayment	\$219,655.78	89.55%	OP-OV INN
Coinsurance	\$0.00	0.00%	Fail
COPM	\$219,655.78	89.55N	OP-OV INN OOPM
Total Projected	\$245.295.77		

Step 2 Predominant Level		
Deductible (3a) Outpatient - Office Visits, In-Network (OP-OV INN)	Errors found:	0
Does not apply to substantially all medical/surgical benefits in this classification.		
DELETE any values in the left-hand column below.		

Deductible	Allowed Claims	Partian	Predominant& Smaller	Error Ch
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

hecking

Copayment	Allowed Claims	Portion	Predominant &	Error Checking
\$1.00	\$35,060.21	15.96N	\$1.00	
\$25.00	\$18,878.57	8.59%	\$25.00	
\$40.00	\$36,039.32	16.41%	\$40.00	
\$65.00	\$129,677.68	59.04%	\$65.00	
Teta	\$219.655.78	100.00%		

(3a) Outpatient - Office Visits, In-Network (OP-OV INN) to substantially all medical/surgical benefits in this classificati Errors found: values in the left-hand column below

_

OOPM	Allowed Claims	Portion	Predominant &	Error Checking							
\$7,600.00	\$219,655.78	100.00%	\$7,600.00								
	\$0.00										
	\$0.00										
	\$0.00										
MHSUD Financial Requirem	nent (a.k.a. Cost Sha Promora Blue Cross	re) Parit	y Testing		Workbook Info			Benefit Classification	(3a) Outpatient - Office	Visits, In-Network (OP-OV INN)	
--	--	---	--	----------------------------	----------------------------	-----------------------	-------------------------	------------------------	--------------------------	-------------------------------------	------------
	Individual				User Inputs Cell P		tofs.				
PLAN INFORMATION					-						
		<cccthis auto<="" th="" will=""><th>populate from summary sheet macro populate from summary sheet macro I CSR variant, identify it here. Otherwise, leav</th><th>e the field blank.</th><th></th><th></th><th></th><th>Clicloso</th><th>••• Home</th><th>Errors four</th><th>± 0</th></cccthis>	populate from summary sheet macro populate from summary sheet macro I CSR variant, identify it here. Otherwise, leav	e the field blank.				Clicloso	••• Home	Errors four	± 0
PARITY PASS/FAIL RESULTS, BY BENEFIT C	LASSIFICATION										
Overall Result:	Pass		<pre>coordickthe ii</pre>	inks in the cells below to	scroll directly to the sta	ited section>>>>>		««Clickth		scroll directly to the stated secti	00000
			Move to IP INN	Move to IP CON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN	Move to IP INN		Nove to OP INN Move to OP-4	
	Links only work for sections that are not alread	ly hidden>>>>>	Move to OP OON	Move to OP-OV CON	Move to OP-AD CON	Move to ER	Move to RX	Move to OP CON	Move to OP-OV CON N	Nove to OP-AO OOP Move to ER	Move to RX
Testing Options											
Option	Selection		Column Options		No Errors found?						
Out-of-Network Tier?	Ne		Update Columns	1	TRUE	1					
Outpatient Benefit Testing			Hide/Unhide All Columns	1	- The						
				-							
Results By Benefit Classification											
	81. Do the MHGUD cost shares match all		B2. Do the MHSUD cost shares match all		D.	By Network Tier					
A. Denefit Classification	Medical/Surgical cost shares in the Benefit	C1. Test Required?									
	Classification? (In-Network)	(In-Network)	Medica)/Surgical cost shares in the Benefit Classification? (Out-of-Network)	(Out-of-Network)	D1. In-Network	D2. Out-of-Network	E. Test Results				
Inpatient			Classification?				E. Test Results Pass				
Outpatient	(In-Network)	(In-Network)	Classification?		In-Network						
Outpatient Outpatient - All Services Combined	(In-Network)	(In-Network)	Classification?		In-Network						
Outputient Outputient - All Services Combined Outputient - Office Visits Separate	(in-Network) Yes	(In-Network) No	Classification?		In-Network Pass		Pass				
Outpatient Outpatient - All Services Combined	(In-Network)	(In-Network)	Classification?		In-Network						
Outpatient Outpatient - All Services Combined Outpatient - Office Visits Separate Outpatient - Office Visits	(in Network) Yes No	(In-Network) No Yes	Classification?		Pass Pass Pass		Pass Pass Pass				
Outpatient Outpatient - All Services Combined Outpatient - Office Visits Separate Outpatient - Office Visits	(in Network) Yes No	(In-Network) No Yes	Classification?		Pass Pass Pass		Pass Pass Pass				
Outputient Output	(In Network) Yes No Yes No	(In-Network) No Yes No	GastFatter		Pass Pass Pass		Pass Pass Pass				

Benefit Casafication (3a) Outpatient - Office Visits, In-Network (OP-OV INN) Notes: Use this tools if you are separately testing outpatient office visits and toptient services.

Classification	Outpatient - Office Visits	OP-OV					
Network (In/Out)	In-Network	INN					
Classification Code	Ja	OP-OV INN			N	umber of Rows	7
Table Name		tb_OPOVINIV_P1					
or each cast share, if it daes not app							
Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of- Pocket Maximum	No Cost- Share (If true,
First 2 Primary Care Visit	Сорау	\$35,060.21	N/A	\$1	N/A	\$6,500	
Primary Care 3+ Visit	Сорау	\$18,878.57	N/A	\$25	N/A	\$6,500	
Specialist Office Visit	Copey	\$120,045.88	N/A	\$60	N/A	\$6,500	
Preventive Care Office Visit	No charge	\$25,640.99	N/A	N/A	N/A	N/A	
Urgent Care	Copay	\$715.67	N/A	\$60	N/A	\$6,500	
Speech, Occupational, Massage, and Physical Therapy	Сорау	\$36,039.32	N/A	\$40	N/A	\$6,500	
Chiro/Acupuncture	Copay	\$8,915.12	N/A	\$60	N/A	\$6,500	
Total Res		\$245 296 77					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

ial Parity for (3a)	Outpatient - Off	ice Visits. In-Ne	twork (OP-OV	(INN)	
Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result		Ente (as ne Multi)
ductible	N/A	Fail	Pass	1	
payment	\$60.00	\$60.00	Pass	1	
insurance	N/A	Fail	Pass		
0PM	\$6,500.00	\$6,500.00	Pass		
Overal			Pass		

**

Step 1 Substantially All	(i.e., $\geq \frac{3}{2}$ of med		nefits)
Deductible	\$0.00	0.00%	Fail
Copayment	\$219,655.78	89.55%	OP-OV INN Consument

			Consument
Coinsurance	\$0.00	0.00%	Fail
COPM	\$219,655.78	89.55N	OP-OV INN OOPM
Total Projected	\$245,295.77		

Deductible (3a) Outpatient - Office Visits, In-Network (OP-OV INN)	Errors found:	0
Does not apply to substantially all medical/surrical benefits in this classification.		

Deductible	Allowed Claims	Partian	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
Copayment (3a) Outpatient - Off Applies to substantially all medical/s	urgical benefits in this classif		Errors found:	
Applies to substantially all medical/s ENTER different copayment amount	urgical benefits in this classif i from smallest to largest.	ication.		From Charkin
Applies to substantially all medical/s	urgical benefits in this classif		Errors found: Predominant & \$1.00	Error Checkin
Applies to substantially all medical/s ENTER different copayment amount Copayment	argical benefits in this classif from smallest to largest.	Portion	Predominant &	Error Checkin
Applies to substantially all medical/s ENTER different copayment amount Copayment \$1.00	argical benefits in this class f from smallest to largest. Allowed Claims \$35,060.21	Portion 15.96N	Predominant& \$1.00	Error Checkin
Apples to substantially all medical's ENTER different copayment amount Copayment \$1.00 \$23.00	Allowed Claims 515,050.21 518,878.57	Portion 15.98N 8.59%	Predominant & \$1.00 \$25.00	Error Checkin

Colmur ance ---- (Ta) Outpartert - Office Visits, In-Network (DP-OV INN) Errors found:
Does not apply to substantially all medical/surgical benefits in this classification.
OELTE any values in the left-hand column below.

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

Total	\$0.00	0.00%		
OOPM (3a) Outpatient - Office Vi	sits, In-Network (OP-OV	INN)	Errors found:	
ENTER different copm amounts from	smallest to largest.	Durting	Profeminant &	Error Checking
\$6,500.00	\$219.655.78	100.00%	\$6,500.00	
2,200	10.00		10,000.00	

	\$0.00		
	\$0.00		
	\$0.00		
Total	\$219,655.78	100.00%	

PBCWA Ind 2026 MHSUD Parity Calculations DUPLICATE slam

MHSUD Financial Requirem	nent (a.k.a. Cost Shai	re) Parit	y Testing		Workbook Info			Benefit Classification	(3a) Outpatient - Office	Visits, In-Network (OP-OV	INN)
	Individual				User Inputs Cell F		tofs.				
PLAN INFORMATION											
		<cooffnis auto<="" th="" will=""><th>populate from summary sheet macro populate from summary sheet macro a CSR variant, identify it here. Otherwise, lear</th><th>ve the field blank.</th><th></th><th></th><th></th><th>Clicloso</th><th>00 Home</th><th>Err</th><th>ors found: 0</th></cooffnis>	populate from summary sheet macro populate from summary sheet macro a CSR variant, identify it here. Otherwise, lear	ve the field blank.				Clicloso	00 Home	Err	ors found: 0
PARITY PASS/FAIL RESULTS, BY BENEFIT C	LASSIFICATION										
Overall Result:	Pass		«««Click the l	links in the cells below to	scroll directly to the st	ated section>>>>>		Clickth	e links in the cells below to :	scroll directly to the state	d section>>>>>
			Move to IP INN	Move to IP CON	Move to OP INN	Move to OP-OV INN	Move to OP-AD INN	Move to IP INN			to OP-OV IN! Move to OP-AD I
	Links only work for sections that are not alread	fy hidden>>>>>	Move to OP OON	Move to OP-OV CON	Move to OP-AD CON	Move to ER	Move to RX	Move to OP CON	Move to OP-OV CON N	Nove to OP-AO OOP Move	to EB Move to RX
Testing Options											
Option	Selection		Column Options		No Errors found?						
Out-of-Network Tier?	No		Update Columns	-	TRUE						
Outpatient Benefit Testing			Hide/Unhide All Columns								
			hide/onnide wit colomns								
Results Rv Renefit Classification	January 1997		nice/onnice of colonies	J							
Results By Benefit Classification			1	J	D	By Network Tier	1				
Results By Benefit Classification	81. Do the MHGUD cost shares match all Medica(/Surgical cost shares in the Benefit Classification? (in Network)	CL. Test Required? (In-Network)	B2. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Eenefit Gaselication" (Out-of-Network)	(2. Test Required? (Out-of-Network)	D1. In-Network	By Network Tier D2. Out-of-Network	E. Test Results				
A. Senefit Classification	81. Do the MMSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification?		82. Do the MHSUD cost shares match all Medica/Surgical cost shares in the Benefit Gassification?		D1.	D2.	E. Test Results Pass				
A. Senetic Cassification	81. Do the MIGUD cost shares match al Medica(Surgical cost shares in the Bendit Gastilization" (in Network)	(In-Network)	82. Do the MHSUD cost shares match all Medica/Surgical cost shares in the Benefit Gassification?		D1. In-Network	D2.					
A. Earerit Classification Ingestent Outputert Outputert Outputert	81. Do the MIGUD cost shares match al Medica(Surgical cost shares in the Bendit Gastilization" (in Network)	(In-Network)	82. Do the MHSUD cost shares match all Medica/Surgical cost shares in the Benefit Gassification?		D1. In-Network	D2.					
A. Savetit Classification	81. Do the MISSUS contributer match of Media (loggistic contribution) (in Network) (in Network)	(In-Network) No	82. Do the MHSUD cost shares match all Medica/Surgical cost shares in the Benefit Gassification?		D1. In-Network Pass	D2.	Pass				
A. Exercit Classification Ingestion Outputient Output	81. Do Re MISSUD out shares match all Medica/Surgical out shares in the Senantic Constitution of the Senation (in Network) 700	(In-Network) No Yes	82. Do the MHSUD cost shares match all Medica/Surgical cost shares in the Benefit Gassification?		D2. In-Network Pass Pass	D2.	Pass Pass Pass				
A. Savetit Classification	81. Do the MISSUS contributer match of Media (loggistic contribution) (in Network) (in Network)	(In-Network) No	82. Do the MHSUD cost shares match all Medica/Surgical cost shares in the Benefit Gassification?		D1. In-Network Pass	D2.	Pass				
A. Exercit Classification Ingestion Outputient Output	81. Do Re MISSUD out shares match all Medica/Surgical out shares in the Senantic Constitution of the Senation (in Network) 700	(In-Network) No Yes	82. Do the MHSUD cost shares match all Medica/Surgical cost shares in the Benefit Gassification?		D2. In-Network Pass Pass	D2.	Pass Pass Pass				
A. Steeft CaseRuston Ispanies Organies: All Soress Contenues Organies: All Soress Contenues Organies: All Soress Organies: All Other Organies: All Other	B1. On the MMSUD cost shares match all Markalogical cost of the res in the Bandli (in Research) (in	(In-Network) No Yes No	E2. Do the MMEUD cost shares match all Medically regard can share a the Search Cost and Antonio (Duried Antonio R)		D2. In-Network Pass Pass	D2.	Pass Pass Pass				

Benefit Classification [3a) Outpatient - Office Visits, In-Network (OP-OV INN) Notes: Use this toble if you are separately testing outpatient office visits of inst services

Classification	Outpatient - Office Visits	OP-OV					
Network (In/Out)	In-Network	INN					
Classification Code	Ja	OP-OV INN			N	umber of Rows	7
Table Name		tb_OPOVINIV_P1					
For each cast share, if it daes nat app							
Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of- Pocket Maximum	No Cost- Share (If true,
First 2 Primary Care Visit	Сорау	\$16,414.13	N/A	\$1	N/A	\$2,800	
Primary Care 3+ Visit	Сорау	\$8,838.38	N/A	\$10	N/A	\$2,800	
Specialist Office Visit	Copey	\$56,202.32	N/A	\$40	N/A	\$2,800	
Preventive Care Office Visit	No charge	\$12,004.34	N/A	N/A	N/A	N/A	x
Urgent Care	Copay	\$335.05	N/A	\$40	N/A	\$2,800	
Speech, Occupational, Massage, and Physical Therapy	Copay	\$16,872.52	N/A	\$40	N/A	\$2,800	
Chiro/Acupuncture	Copay	\$4,173.79	N/A	\$40	N/A	\$2,800	
Total Boar		\$114 840 53					

Step 1 Substantially All (i.e., 2

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

inancial Parity for (3a)	Outpatient - Off	ice Visits. In-Ne	twork (OP-OV	INN)	
Cost-Share Type	MHSUD Cost Shares	Predominant Level for	MHSUD Financial		
	in Plan Design*	Medical/Surgical	Parity Result		
Deductible	N/A	Fail	Pass	1	
Copayment	\$40.00	\$40.00	Pass		
Coinsurance	N/A	Fail	Pass	1	
OOPM	\$2,800.00	\$2,800.00	Pass		
Overal			Pass		

/A	Fai	Pass	
5	\$2,800.00	Pass	
		Pass	
ent	er "N/A"		_
edi	ical/surgical be	nefits)	
			_

ed) abou

Deductible	\$0.00	0.00%	Fail
Copayment	\$102,835.19	89.55N	OP-OV INN
			Consument
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$102,836.19	89.55N	OP-OV INN OOPM
Total Projected	\$114 840 53		

Step 2 Predominant Level Deductible --- (3a) Outpatient - Office Valts, In-Network (OP-OV INN) Errors found:

Total	\$0.00 \$0.00 \$0.00	0.00%		
opayment (3a) Outpatient - Office Visi	\$0.00			
opayment (3a) Outpatient - Office Visi				
	h In Network (02.0)			
		ZINN)	Errors found:	
	lowed Claims	Portion	Predominant&	Error Checking
\$1.00	\$16,414.13	15.96N	\$1.00	
\$10.00	\$8,838.38	8.59%	\$10.00	
	\$77.583.69		\$40.00	
\$40.00				
\$40.00	\$0.00	73744	200	

occurs any values in one length	to colonini delola.			
Coinsurance	Allowed Claims	Partian	Predominant&	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			

Total	\$0.00	0.00%		
00PM (3a) Outpatient - Office V	Errors found:			
Applies to substantially all medical/s	urgical benefits in this class	aification.		
ENTER different oopm amounts from	smallest to largest.			

OOPM	Allowed Claims	Portion	Predominant&	Error Checke
\$2,800.00	\$102,836.19	100.00%	\$2,800.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$102.835.19	100.00%		

PBCWA Ind 2026 MHSUD Parity Calculations DUPLICATE slam

	ent (a.k.a. Cost Sha Premera Blue Cross Individual	re) Parit	y Testing		Workbook Info		etada.	Benefit Classification	(3a) Outpatient - Office V	risits, In-Network (OP-OV INN)	
PLAN INFORMATION											
		coorthis will auto	s populate from summary sheet macro s populate from summary sheet macro a CSR variant, identify it here. Otherwise, lean	ve the field blank.				Clickov	oo Home	Errors found	±0
Overall Result:	Pass	1	««Click the l	inks in the cells below to	scroll directly to the st	ated section>>>>>		««Clickth	e links in the cells below to so	croll directly to the stated sectio	00000
			Move to IP INN	Move to IP CON	Move to OP INN	Move to OP-OV INN	Move to OP-AD INN	Move to IP INN	Move to IP CON M	ove to OP INN Move to OP-O	VINI Move to OP-AO INN
	Links only work for sections that are not alrea	dy hidden>>>>>	Move to OP OON	Move to OP-OV CON	Move to OP-AD CON	Move to ER	Move to RX	Move to OP CON	Move to OP-OV DON M	ove to OP-AO OOP Move to EB	Move to RX
Testing Options											
		1		1		1					
Option	Selection		Column Options		No Errors found?						
Out-of-Network Tier?	No		Update Columns	1	TRUE						
Outpatient Benefit Testing	Office Visits Separate		Hide/Unhide All Columns]							
Results By Benefit Classification				1		By Network Tier	, T				
A. Benefit Classification	B1. Do the MHGUD cost shares match all Medica(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? (Ost-of-Network)	Q. Test Required? (Out-of-Network)	D1. In-Network	D2. Out-of-Network	E. TestResults				
Inpatient	Yes	No			Pass		Pass				
Outpatient											
Outpatient - All Services Combined											
Outpatient - Office Visits Separate Outpatient - Office Visits	No	Yes			Pasa		Pasa				
Outpatient - Office Valta Outpatient - All Other	No	Yes			Pass		Pass Pass				
Outpassent - All Uniter											
A. Benefit Classification	B. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit	C. TestRequired?	D. Test Results								
	Classification?										
Emergency Care Prescription Drums	Classification? Yes	No	Pass Pass								

(3a) Outpatient - Office Visits, In-Network (OP-OV INN) Like this toble if you are separately testing outpatient office visits Benefit Classification Notes:

Classification	Outpatient - Office Visibi	OP-OV					
Network (In/Out)	In-Network	INN					
Classification Code	3a	OP-OV INN			N	umber of Rows	7
Table Name		tbl_OPOVINN_P1					
For each cast share, if it does not app	/y, enter "16/4".						
Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of- Pocket Maximum	No Cost- Share (If true,
First 2 Primary Care Visit	Сорау	\$18,646.08	N/A	\$1	N/A	\$800	
Primary Care 3+ Visit	Сорау	\$10,040.20	N/A	\$5	N/A	\$800	
Specialist Office Visit	Copey	\$63,844.56	N/A	\$30	N/A	\$800	
Preventive Care Office Visit	No charge	\$13,636.65	N/A	N/A	N/A	N/A	x
Urgent Care	Copey	\$380.62	N/A	\$30	N/A	\$800	
Speech, Occupational, Massage, and Physical Therapy	Сорау	\$19,166.80	N/A	\$30	N/A	\$800	
Chiro/Acupuncture	Copay	\$4,741.33	N/A	\$30	N/A	\$800	
Total Row		\$110.456.24					

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

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/Surgical	MHGUD Financia Parity Result
Deductible	N/A	Fail	Pass
opayment	\$30.00	\$30.00	Pass
pinsurance	N/A	Fai	Pass
10PM	\$800.00	\$800.00	Pass
Overal			Pass

	**

Enter Footnotes (as needed) about

Step 1 Substantially All (i.e., ≥ % of medical/surgical benefits)							
Deductible	\$0.00	0.00%	Fai				
Copayment	\$116,819.59	89.55N	OP-OV INN Consument				
Coinsurance	\$0.00	0.00%	Tal				
OOPM	\$116,819.59	89.55%	OP-OV INN OOPM				
Total Projected	\$130,456,24						

Deductible (3a) Outpatient - Office Visits, In-Network (OP-OV INN)	Errors found:	
Does not apply to substantially all medical/surgical benefits in this classification.		
DELETE any values in the left-hand column below.		

Deductible	Allowed Claims	Partian	Predominant& Smaller	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
Copayment (3a) Outpatient - Offi	ice Visits, In-Network (OI	-ov inn)	Errors found:	
Applies to substantially all medical/so		sification.		

Allowed Claims Portion Predominant & Error Checkin \$18,646.

\$0.00

nce ---- (Sa) Outpatient - Office Visits. In-Network (OP-OV INN) Errors found:

Coinsurance	Allowed Claims	Partian	Predominant&	Error Checking	
	\$0.00				
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			
OPM (3a) Outpatient - Office V	hits. In Network (OP-OV	INN)	Errors found:	0	
opplies to substantially all medical/s		alfication.			

OOPM	Allowed Claims	Portion	Predominant &	Error Checking
\$800.00	\$116,819.59	100.00%	\$800.00	
	\$0.00			
	\$0.00			
	\$0.00			

49831WA1940004_(94%_CSR) Worksheet

PBCWA Ind 2026 MHSUD Parity Calculations DUPLICATE.xlsm

MHSUD Financial Requirer	nent (a.k.a. Cost Sh Premera Blue Cross	are) Par	ity Testing		Workbook In			Benefit Casulfaction (3a) Outpatient - Office Visits, In-Network (OP-OV INN)	Senelit Classification (3b) Outputient - All Other, In-Network (OP-AO INN)
	Individual				Link back to Su User Inputs Cel See the Exemp		al details.		
PLAN INFORMATION									
Plan Name: Plan ID: CSR Variant Description:	Premera Blue Cross Cascade Comolete Go 49831WA1940005	coorthis will aut	to populate from summary sheet macro to populate from summary sheet macro 's a CSR variant, identify it here. Otherwise, li	and the second second				Clicbooov Home Errors found: 0	(ird>>>>> Home Trrot lead: 0
PARITY PASS/FAIL RESULTS, BY BENEFIT C		eccedy the prain is	s a CSR variant, Identify it nere. Otherwise, I	eave the pela brank.				Clebring Cone	CIECOND Home Division of
Overall Result:	Pass		coordClickthe lie	nks in the cells below to		stated section>>>>> Move to OP-OV INN		condition to the cells below to scroll directly to the stated section	««««Click the links in the cells below to scroll directly to the stated section»»» Move to IP INN Move to IP ON Move to IP INN Move to IP AD INN
	Links only work for sections that are not alr	eadv hidden>>>>>	Move to OP OON		Move to OP-AO DON		Move to OP-AD INN Move to RX	Move to IP INN Move to IP DON Move to DP INN Move to DP JVINI MOVE TO DP J	Move to IP INN Move to IP OON Move to OP INN Move to OP AD INN Move to IP AD ON Move to IP Move to IX
Testing Options		1		т		-			
Option	Selection		Column Options		No Errors found?				
Out-of-Network Tier? Outpatient Benefit Testing			Update Columns Hide/Unhide All Columns	ł	TRUE				
Results By Benefit Classification									
A. Benefit Classification	B1. Do the MHSUD cost shares match all Medica)'Surgical cost shares in the Benefit Classification? (In-Network)	C1. Test Required? (In-Network)	82. Do the MHSUD cost shares match al Medical/Surgical cost shares in the Benefit Classification? (Dat-of-Network)	C2. TestRequired? (Out-of-Network)	D1. In-Network	D. By Network Tier D2. Out-of-Network	E. Test Results		
Inputient	Yes	No			Pass		Pass		
Outpatient Outpatient - All Services Combined									
Outpatient - All Services Combined Outpatient - Office Visits Senarate									
Outpatient - Office Visits	No.	Yes			Pasa		Pass		
Outpatient - All Other	No	Yes			Pass		Pass		
A. Benefit Classification	B. Do the MHSUD cost shares match all Medica)/Surgical cost shares in the Benefit	C. TestRequired?	D. Test Results						
	Classification?								
Emergency Care Prescription Drugs	Classification? Yes	No No	Pass						

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

Benefit Classification Notes:	(3a) Outpatient - Off Use this table if you are	separately testing outp		all other outpatient	senices.		
Classification	Outpatient - Office Visit	OP-OV					
Network (In/Out)	In-Network	INN					
Classification Code	3a	OP-OV INN			N	amber of Rows	7
Table Name		tbLOPOVINN_P1					
For each cost share, if it does not op							
Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of- Pocket Maximum (OOEM)	No Cost- Share (If true,
First 2 Primary Care Visit	Сорау	\$271,623.63	N/A	\$15	N/A	\$7,000	
Primary Care 3+ Visit	Copry	\$146,258.88	N/A	\$15	N/A	\$7,000	
Specialist Office Visit	Copary	\$930,044.93	N/A	\$40	N/A	\$7,000	
Preventive Care Office Visit	No charge	\$198,649.67	N/A	N/A	N/A	N/A	×
Urgent Care	Copery	\$5,544.57	N/A	\$35	N/A	\$7,000	
Speech, Occupational, Massage, and Physical Therapy	Сорау	\$279,209.14	N/A	\$25	N/A	\$7,000	
Chiro/Acupuncture	Copily	\$69,068.52	N/A	\$15	N/A	\$7,000	
Total Row		\$1,900,399.32					

		Den	efit Classification Notes:	(3b) Outpatient - All Oth		DINN) office visits and all other outpatient se	rviors.			
ber of Rows	7		letwork (In/Out) lassification Code Table Name	Outpatient - All Other In-Network 3b	DP-AD INN DP-AD INN Ibl_OPAOINN_P1			N	mber of Rows	6
Out-of- Pocket Maximum (OOZM)	No Cost- Share (1) true,		Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of- Pocket Maximum (OOPM)	No Cost- Share (If true,
\$7,000			Laboratory Outpatient and Professional Services	Сорау	\$500,094.43	N/A	\$20	N/A	\$7,000	
\$7,000			X-Rays and Diagnostic Imaging	Сорау	\$618,626.52	N/A	\$30	N/A	\$7,000	
\$7,000			Advanced Imaging	Deductible, then copay	\$475,525.14	\$1,000	\$300	N/A	\$7,000	
N/A	×		Outpatient Facility	Deductible, then copay	\$4,476,469.41	\$1,000	\$350	N/A	\$7,000	
\$7,000			Outpatient Physician	Deductible, then copay	\$2,179,917.35	\$1,000	\$75	N/A	\$7,000	
\$7,000			Preventive Care	No charge	\$151,780,51	N/A	N/A	N/A	N/A	

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

Financial Parity for (3a)	Outpatient - Offi	ce Visits, In-Net	work (OP-OV IN
Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$15.00	\$40.00	Pass
Coincurance	n/a	Fail	Pass
DOPM	\$7,000.00	\$7,000.00	Pass
Overall			Pass
Step 1 Substantially All	M not applicable, e (i.e., $\geq \frac{3}{4}$ of med		nefits)
Deductible	\$0.00	0.00%	Fail
Copayment	\$1,701,749.66	89.55%	OP-OV INN Consument

5.00	\$40.00	Pass
N/A	Fail	Pass
0.00	\$7,000.00	Pass
		Pass
100.00	nter "N/A"	
	cal/surgical ber	efits)
\$0.00	0.00%	Fall
49.65	89.55%	OP-OV INN
		Consument
\$0.00	0.00%	Fail
49.65	82.55%	OP-OV INN OOPM
00.71		

Errors found: 0

DELETE any values in the left-hand				
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
Copayment (3a) Outpatient - Of	fice Visits, In-Network (OP-OV INN)	Errors found:	0
Applies to substantially all medical/				

Copayment	Allowed Claims	Portion	Predominant &	Error Checking
\$15.00	\$486,951.03	28.61%	\$15.00	
\$25.00	\$279,209.14	16.41%	\$25.00	
\$35.00	\$5,544.57	0.33%	\$35.00	
\$40.00	\$930,044.93	54.65%	\$40.00	
Total	\$1,701,749.65	100.00%		

tient - Office Visits, In-Network (OP-OV INN) Errors found:

Coinsurance	Allowed Claims	Portion	Predominant &	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
DOPM (3a) Outpatient - Office	Units in Mathematic (00.01)	(1994)	Errors found:	
Apples to substantially all medical/				
ENTER different copm amounts fro	n smallest to largest.	Portion	Predominant &	
				Error Checking
\$7,000.00	\$1,701,749.65	100.00%	\$7,000.00	Error Checking
\$7,000.00				Error Checking
\$7,000.00	\$1,701,749.65			Error Checking
\$7,000.00	\$1,701,749.66 \$0.00			Error Checking

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

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/Surgical	MHGUD Financial Parity Result	Enter Fox (as neede MHSLD Co
Deductible	N/A	\$1,000.00	Pass	20
Copeyment	\$15.00	\$350.00	Pass	
Colourance	N/A	Fall	Pass	
00PM	\$7,000.00	\$7,000.00	Pass	
Overal			Pass	

All (i.e., ≥ ¾ of medic	al/surgical be:	nefits)
\$7,131,912.90	83.86%	OP-AD INN Deductible
\$8,350,633.85	98.19%	OP-AO INN Copayment
\$0.00	0.00%	Fail
\$8,350,633.85	98.19%	OP-AO INN OOPM
\$8,504,414.35		
	\$7,131,912.90 \$8,150,633.85 \$0.00 \$8,350,633.85	58, 350, 633, 85 50, 00 58, 350, 633, 85 98, 196 58, 350, 633, 85 98, 196





rance ---- (3b) Outpatient - All Other, In-Network (OP-AO INN) Errors found:

Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking				
	\$0.00							
	\$0.00							
	\$0.00							
	\$0.00							
Total	\$0.00	0.00%						
OOPM (3b) Outpatie	nt - All Other, In-Network	Errors found:						
Applies to substantially a	I medical/surgical benefits							

ENTER different copm amounts from smallest to largest.								
OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking				
\$7.000.00	\$8,350,633.85	100.00%	\$7,000.00					
	\$0.00							
	\$0.00							
	\$0.00							

PBCWA Ind 2026 MHSUD Parity Calculations DUPLICATE slam

MHSUD Financial Requirement (a.k.a. Cost Share) Parity Testing		Workbook Info			Senell Casalitation (3a) Outpatient - Office Visits, in-Network (0P-OV 1994) Senell Casalitation	(3b) Outpatient - All Other, In-Network (OP-AO INN)			
	t: Premera Blue Cross t: Individual				Link back to Sun User Inputs Cell I See the Example		details.		
PLAN INFORMATION									
		<cccthis auto<="" td="" will=""><td>aaaulate fram summarv sheet macro papulate fram summary sheet macro : CSR variant, identify it here. Otherwise, leav</td><td>ve the field blank.</td><td></td><td></td><td></td><td>Clicitono <u>Barra</u> Error hant e Clic</td><td>Izono Home Dran food 0</td></cccthis>	aaaulate fram summarv sheet macro papulate fram summary sheet macro : CSR variant, identify it here. Otherwise, leav	ve the field blank.				Clicitono <u>Barra</u> Error hant e Clic	Izono Home Dran food 0
Overall Result:	Pass Links only work for sections that are not alre	ady hidden>>>>>	eccellick the li Move to IP INN Move to OP CON	Inks in the cells below to Move to IP OON Move to OP-OV OON	scroll directly to the st Move to OP INN Move to OP-AO OON	Move to OP-OV INN	Move to OP-AD INN Move to KK		
Testing Options Option Out-of-Network Test Outpatient Benefit Tests			Column Options <u>Undate Columns</u> Hide/Unhide All Columns]	No Errors found?				
Results By Benefit Classification		-							
A. Seneft Classification	B1. Do the MHSUD costshares match all Medica/Surgical costshares in the Benefit Classification? (In-Network)	CL. Test Required? (In-Network)	82. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification? (Out-of-Network)	C2. Test Required? (Out-of-Network)	D1. In-Network	D2. D4-of-Network	E. Test Results		
Invation	Yes	No			Pass		Pass		

B. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification?

A. Deneft

PBCWA Ind 2026 MHSUD Parity Calculations DUPUCATE sism

D. Test Results

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

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

Benefit Classification Notes:	[3a] Outpatient - Office Visits, In-Network (OP-OV INN) Use this table if you are separately testing outpatient office visits and all other outpatient services.						
Classification	Outpatient - Office Visits	OP-OV					
Network (In/Dut)	In-Network	INN					
Classification Code	3a	OP-OV INN			N	umber of Rows	7
Table Name		tbl_OPOVNN_P1					
r each cost share, if it does not app	ly, enter "N/A".						
Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of- Pocket Maximum	No Cost- Share (If true,
First 2 Primary Care Visit	Сорау	\$143,379.52	N/A	\$1	N/A	\$9,750	
Primary Care 3+ Visit	Copey	\$77,204.36	N/A	\$20	N/A	\$9,750	
Specialist Office Visit	Сорау	\$490,934.44	N/A	\$65	N/A	\$9,750	
Preventive Care Office Visit	No charge	\$104,859.41	N/A	N/A	N/A	N/A	
Utgent Care	Copily	\$2,925.75	N/A	\$5	N/A	\$9,750	
peech, Occupational, Massage, and Physical Therapy	Сорау	\$147,383.61	N/A	50	N/A	\$9,750	
Chiro/Acupuncture	Copary	\$36,458.58	N/A	\$20	N/A	\$9,750	
Total Row		\$1,003,146.68					

Be	nefit Classification Notes:	(3b) Outpatient - All Oth Use this table if you are sept		NN) ice visits and all other outpatient servic	п.			
	Classification	Outpatient - All Other	OP-AD					
	Network (In/Dut)	In-Network	INN					
	Classification Code	3b	OP-AD INN			N	umber of Rows	6
	Table Name		tbl_OPADINN_P1					
-	For each cost share, if it do							
	Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Coparyment	Coinsurance	Out-of- Pocket Maximum	No Cost- Share ()f true,
	Laboratory Outpatient and Professional Services	Deductible, then copary	\$316,766.44	N/A	\$40	N/A	\$9,750	
	X-Rays and Diagnostic Imaging	Deductible, then copay	\$326,548.81	N/A	\$65	N/A	\$9,750	
	Advanced Imaging	Deductible, then consurance	\$251,011.70	\$2,500	N/A	30%	\$9,750	
	Outpatient Facility	Copey	\$2,362,953.60	\$2,500	\$600	N/A	\$9,750	
	Outpatient Physician	Deductible, then copay	\$1,150,693.34	\$2,500	\$200	N/A	\$9,750	
	Preventive Care	No charge	\$81,174.73	N/A	N/A	N/A	N/A	×
1	Total Row		\$4,489,148,62					

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

Financial Parity for (3a)	Outpatient - Off	ice Visits, In-Ne	twork (OP-OV
Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$20.00	\$65.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$9,750.00	\$9,750.00	Pass
Overal			Pass
	"If not applicable, en	ter "N/A"	
tep 1 Substantially All	(i.e., ≥ ¾ of med	ical/surgical be	nefits)
Deductible	\$0.00	0.00%	fail

Deductible	\$0.00	0.00%	Fail
Copayment	\$898,287.27	89.55%	OP-OV INN
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$898,287.27	89.55%	OP-OV INN DOPM
Total Projected	\$1,003,146.68		

actible — (3a) Outpatient - Office Vialts, in-Network (OP-OV INN) Errors found: I not apply to substantially all medical/surgical benefits in this classification. TE any values in the left-hund column below.

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
Copayment (3a) Outpatient - Off	ce Valta, In-Network (O	POVINN)	Errors found:	c
Applies to substantially all medical/s	argical benefits in this class	sification.		

Communit	Allowed Christer	Doction	Developming at 8	Frank Charables
plies to substantially all medical/r TER different copayment amount				

Coinsurance (3a) Outpatient - Of	fice Visits, In-Network (O	P-OV INN)	Errors found:	0		
Total	\$898,287.27	200.00%				
\$65.00	\$493,861.20	54.98%	\$65.00			
\$40.00	\$147,383.61	15.41%	\$40.00			
\$20.00	\$113,662.94	12.65%	\$20.00			

DELETE any values in the left-hand column below.							
Coinsurance Allowed Gaims Portion Predominant & Error Checking							
50.00							

Analyse to extent other of mentional	Number to codestantistic of months of constant benefits in this electrification					
OOPM (3a) Outpatient - Office	Errors found:	0				
Tota	\$0.00	0.00%				
	\$0.00					
	\$0.00					
	\$0.00					
	\$0.00					

	OOPM (3a) Outpatient - Office Visits, In-Network (OP-OV INN)	Errors found:	
	Applies to substantially all medical/surgical benefits in this classification.		
I	ENTER different copm amounts from smallest to largest.		
I			

\$9,750.00	\$898,287.27	200.00%	\$9,750.00	
	\$0.00			
	¢n nn			
	\$0.00			

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 Shares in Plan Design*	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result			
Deductble	N/A	\$2,500.00	Pass			
Copayment	\$30.00	\$600.00	Pass			
Coinsutance	N/A	Fai	Pass			
OOPM	\$9,750.00	\$9,750.00	Pass			
Overall			Pass			

(as needed) about MUQID Cost Shares
*

	*If not applicable, enter	"N/A"		
Step 1 Substantially All (i.e., ≥ ¾ of medical/surgical benefits)				
Deductible	\$1,764,658.63	\$3.86N	OP-AO INN Deductible	
Copayment	\$4,156,962.19	92.60%	OP-AO INN Copayment	
Coinsutance	\$251,011.70	5.59%	Fail	
OOPM	\$4,407,973.89	98.19%	OP-AD INN OOPM	
Total Projected	\$4,489,148.62			

Direct 2 Field Direct 2 Field Direct 2 Field State 3 Field Advanced Dars, Naturan (Dr Ad 10H) Direct Nature State 3 Field Advanced Dars, Nature (Dr Ad 10H) Direct Nature State 3 Field Advanced Dars, Nature (Dr Ad 10H) Direct Nature State 3 Field Advanced Dars, Nature (Dr Ad 10H) Direct Nature State 3 Field State 3 Field Direct Nature Direct Dark (Dr Ad 10H)

 Test
 \$1,764,658.03
 200.00%

 sayment—(36) Outpatient - All Other, In-Network (07-AD INN)
 Errors lowed:

 plan to substantily all medical/support loweds
 Test lowed:

 Effective copyrementations from simplications
 TEst lowed:

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$40.00	\$316,766.44	7.62%	\$40.00	
\$65.00	\$326,548.81	7.86N	\$65.00	
\$200.00	\$1,150,693.34	27.68N	\$200.00	
\$600.00	\$2,362,953.60	56.84N	\$600.00	
Total	\$4,158,962.19	100.00%		

Coinsurance — (2b) Outpatient - Al Other, In Network (OP-AD INN) Errors found:
Oos so to apply to substantially all medical/surgical banefits in this classification.

Jahara Kalawa Galama Partian Predaminant & Smaller Trar Onching 50:00 Final Strategy Control C

Total	\$0.00	0.00%				
DOPM (3b) Outpatient - All Other, In-Network (DP-AO INN) Errors found: 0						
Apples to substantially all medical/surgical benefits in this classification. INTER different oppm amounts from smallent to largest.						

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$9,750.00	\$4,407,973.89	100.00%	\$9,750.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$4,407,973.89	100.00%		

49831WA1940005 Worksheet

	nent (a.k.a. Cost Sha Premera Blue Cross Individual	are) Par	ity Testing		Workbook (n) Link back to Sur User inputs Cell See the Example	mmary Sheet	ldetañs.	Sevelt Conductor (3a) Outpatient - Office Visits, In-Network (OP-OV 100)	Eccell Canadization (13) Outputient - All Obler, in-Network (OP-AO 1836)
PLAN INFORMATION					-				
Plan Name: Plan Dis- CSR Variant Description: PARITY PASS/FAIL RESULTS, BY BENEFIT CI	73% CSR	coorthis will aut	to populate from summary sheet macro to populate from summary sheet macro a CSR variant, identify it here. Otherwise, is	tave the field blank.				Clickowe Home 8	Clicboloo Itons Itons I
Overall Result:	Pass		<pre>coorClickthe lin </pre>	ks in the cells below to				<c><click below="" cells="" directly="" in="" links="" scroll="" section="" stated="" the="" to="">>>>></click></c>	<>>>Click the links in the cells below to scroll directly to the stated section>>>>>
	Links only work for sections that are not alre	eadv hidden>>>>>	Move to IP INN Move to OP OON	Move to IP OON Move to OP-OV OON	Move to OP INN Move to OP-AO OON	Move to OP-OV INN Move to ER	Move to OP-AD INN Move to RX	Move to IP INN Move to IP OON Move to OP INN Move to OP OV IN Move to OP AO INN Move to OP OO ON Move to OP AO OC Move to ER Move to BX	Move to IP INN Move to IP OON Move to OP INN Move to OP OV ON Move to OP OV ON Move to IP.
Testing Options Option Out-of-Network Tier? Outpatient Benefit Testing	Selection No Diffice Visits Separate		Column Options Update Columns Hide/Unhide AB Columns	I	No Errors found?				
Results By Benefit Classification		J							
A. Benefit Gassification	B1. Do the MHSUD cost shares match all Medica)/Surgical cost shares in the Benefit Classification? (In-Network)	Cl. Test Required? (In-Network)	52. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification? (Out-of-Network)	C2. Test Required? (Dut-of-Network)	D1. In-Network	D. Sy Network Tier D2. Out-of-Network	E. Test Results		
Inpatient	Yes	No			Pass		Pass		
Outpatient									
Outpatient - All Services Combined Outpatient - Office Visits Servatale									
Outpatient - Office Valts Separate Outpatient - Office Visits	No	Yes			Pass		Pass		
Outpatient - Office Visits	Na	Yes			Pass		Pass		
Copierconten									
A. Benefit Classification	B. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification?	C. TestRequired?	D. Test Results						
Emergency Care	Yes	No	Pass						
Prescription Drugs	Yes	No	Pass						

PART 1 COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION Benefit Classification (3b) Outpatient - All Other, In-Network (OP-AO INN)

Benefit Classification Notes:	(3a) Outpatient - Off Use this table if you are	separately testing outp		all other outpatient :	enices.		
Classification Network (In/Out) Classification Code Table Name	Outpatient - Office Val In-Network 3a	OP-OV INN OP-OV INN Ib[_OPOV INN_P1			N	amber of Rows	7
or each cost share, if it does not op Service Description	oply, enter '3(,9/". Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of- Pocket Maximum (OODM)	No Cost Share (If true,
First 2 Primary Care Visit	Сорау	\$143,379.52	N/A	\$1	N/A	\$7,950	
Primary Care 3+ Visit	Соряу	\$77,204.36	N/A	\$20	N/A	\$7,950	
Specialist Office Visit	Сорачу	\$490,934.44	N/A	\$65	N/A	\$7,950	
Preventive Care Office Visit	No charge	\$104,859.41	N/A	N/A	N/A	N/A	
Urgent Care	Copary	\$2,926.76	N/A	\$85	N/A	\$7,950	
Speech, Occupational, Massage, and Physical Therapy	Copary	\$147,383.61	N/A	\$40	N/A	\$7,950	
Chiro/Acupuncture	Copary	\$36,458.58	N/A	\$20	N/A	\$7,950	
Total Row		\$1,003,146,68					

		Notes:	Use this table if you are sep	anately testing outpatient	office visits and all other outpatient si	nviors.	
		Classification	Outpatient - All Other	OP-AD	1		
		Network (In/Out)	In-Network	INN	1		
nber of Rows	7	Classification Code	3b	OP-AO INN	1		
		Table Name		tbl_OPAGINN_P1			
			loes not apply, enter "N(A".		-		
Out-of- Pocket Maximum (OOEM)	No Cost- Share (If true,	Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance
\$7,950		Laboratory Outpatient and Professional Services	Deductible, then copay	\$316,766.44	N/A	\$40	
\$7,950		X-Rays and Diagnostic Imaging	Deductible, then copay	\$326,548.81	N/A	\$65	
\$7,950		Advanced Imaging	Deductible, then coinsurance	\$251,011.70	\$2,500	N/A	
N/A	×	Outpatient Facility	Сориу	\$2,362,953.60	\$2,500	\$600	
\$7,950		Outpatient Physician	Deductible, then copay	\$1,150,693.34	\$2,500	\$200	
\$7,950		Preventive Care	No charge	\$81,174.73		N/A	
\$7,950		Total Row		\$4,489,148.62			

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

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Coparyment	\$20.00	\$65.00	Pass
Coincurance	N/A	Fail	Pass
00PM	\$7,950.00	\$7,950.00	Pass
Overall			Dass

itep 1 Substantially A	(i.e., ≥ ¾ of medical/surgical benefits)				
Deductible	\$0.00	0.00%	Fall		
Copayment	\$898,287.27	89.55%	OP-OV INN Consument		
Coinsurance	\$0.00	0.00%	Fall		
COPM	\$896,287.27	89.55%	OP-OV INN OOPM		
Total Projected	\$1,003,146.68				

Errors found:

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
			Errors found:	
opayment — [3a] Outpatient - O pples to substantially all medical NTTR different copayment amoun	fice Visits. In Network (DP-OV INNI Institution	Errors found:	0

\$1.00	\$143,379.52	15.96%	\$1.00	
\$20.00	\$113,662.94	12.65%	\$20.00	
\$40.00	\$147,383.61	16.41%	\$40.00	
\$65.00	\$493,861.20	54.98%	\$65.00	
Total	\$898,287.27	100.00%		

Coinsurance (3a) Outpatient - 0	Office Visits, In-Network	(OP-OV INN)	Errors found:	0
Does not apply to substantially all DELETE any values in the left-hand		in this classification.		
Coinsurance	Allowed Claims	Portion	Predominant &	Error Checking
	\$0.00			

Apples to substantially all medicals				
OOPM (3a) Outpatient - Office			Errors found:	0
Total	\$0.00	0.00%		
	\$0.00			
	\$0.00			
	\$0.00			

OOPM	Allowed Claims	Portion	Predominant &	Error Checking
\$7,950.00	\$898,287.27	100.00%	\$7,950.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	5898.287.27	100.00%		

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

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/Surgical	MHGUD Rinancial Parity Result
Deductible	N/A	\$2,500.00	Pass
Copayment	\$30.00	\$600.00	Pass
Chinaanne	N/A	Fal	Pass
OOPM	\$7,950.00	\$7,950.00	Pass
Overall			Pass

Number of Rows

Deductible	\$3,764,658.63	83.86%	OP-AD INN Deductible
Copayment	\$4,156,962.19	92.60%	OP-AO INN Copeyment
Coinsurance	\$251,011.70	5.59%	Tal
00PM	\$4,407,973.89	98.19%	OP-AO INN DOPM
Total Projected	\$4,489,148,62		

eductible (3b) Outpatient - All Other, In-Network (OP-AO INN)	Errors found:	0	
pplies to substantially all medical/surgical benefits in this classification.			
NTER different deductible amounts from smallest to largest.			

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$2,500.00	\$3,764,658.63	100.00%	\$2,500.00	
	\$0.00			
Total	\$3,764,658.63	100.00%		

Errors found:

Copayment	Allowed Claims	Partian	Portion Predominant & Smaller	
\$40.00	\$316,766.44	7.62%	\$40.00	
\$65.00	\$326,548.81	7.86%	\$65.00	
\$200.00	\$1,150,693.34	27.68%	\$200.00	
\$600.00	\$2,362,953.60	56.84%	\$600.00	
Total	\$4,156,962.19	100.00%		

rk (OP-AO INN)

Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking			
	\$0.00						
	\$0.00						
	\$0.00						
	\$0.00						
Total	\$0.00	0.00%					
DOPM — (3b) Outpatie	nt - All Other, In-Network i	OP-AD INN)	Errors found:	0			

OOPM Allowed Claims Portion Predominant & Smaller Error Checking

	\$0.00		
	\$0.00		
	\$0.00		
Total	\$4,407,973.89	100.00%	

PBCWA Ind 2026 MHSUD Parity Calculations DUPLICATE sism

MHSUD Financial Requirer	ment (a.k.a. Cost Sh	iare) Par	ity Testing		Workbook In	ifo		Benefit Classification (3a) Outpatient - Office Visits, In-Network (OP-OV INN)	Benefit Classification [3b] Outpatient - All Other, In-Network (OP-AD INN)
	Premera Blue Cross Individual				Link back to Su User Inputs Cell See the Exempt		al details.		
PLAN INFORMATION					-				
Plan Name: Plan Discription: CSR Variant Description: PARITY PASS/FAIL RESULTS, BY BENEFIT C		<cooffhis aut<="" td="" will=""><td>to populate from summary sheet macro to populate from summary sheet macro a CSR variant, identify it here. Otherwise, li</td><td>eave the field blank.</td><td></td><td></td><td></td><td>Clickowe Home Trron found:</td><td>g Gickowe Name Drowhoot g</td></cooffhis>	to populate from summary sheet macro to populate from summary sheet macro a CSR variant, identify it here. Otherwise, li	eave the field blank.				Clickowe Home Trron found:	g Gickowe Name Drowhoot g
Overall Result:	Pass Links only work for sections that are not alr	ready hidden>>>>>	coorClick the lie Move to IP INN Move to OP OON			Move to OP-OV INN	Move to OP-AD INN Move to BX	Mone to IP INI Answ to IP ON Mone to OP INI More to OP ON More t	
Testing Options Option Out-of-Network Tee? Outpatient Benefit Testing			Column Options Update Columns Hide/Unhide All Columns	I	No Errors found? TRUE				
Results By Benefit Classification			r		-				
A. Benefit Cassification	B1. Do the MHSUD cost shares match all Medica/Surgical cost shares in the Benefit Classification? (In-Network)	C1. Test Required? (In-Network)	52. Do the MHSUD cost shares match al Medical/Surgical cost shares in the Benefit Classification? (Dut-of-Network)	C2. Test Required? (Out-of-Network)	D1. In-Network	D. By Network Tier D2. Out-of-Network	E. Test Results		
Inputient	Yes	No			Pass		Pass		
Outpatient									
Outpatient - All Services Combined									
Outpatient - Office Valta Separate	No	Yes			Pass		Pass		
Outpatient - Office Visits Outpatient - All Other	No	Yes			Pass Pass		Pass		
Outpatient - All Other		4 194							
A. Benefit Classification	B. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification?	C. TestRequired?	D. Test Results						
Emergency Care	Yes	No	Pass						
Prescription Drugs	Yes	No	Pass						

Benefit Classification Notes: (3a) Outpatient - Office Visits, In-Network (OP-OV INN) Outpatient - Office Val. OP-OV In-Network INN 3a OP-OV I bbl. OPO Classification stwork (In/Out) ssification Code Table Name Nets Number of Rows 7 Class ch cost share, if it does Service Description Cost-Share Description Out-of-Pocket Maximum Plan Projected Allowed Amount Deductible Consument No Cost-Share (If true, First 2 Prima \$103,55 \$35,759.4 No chu \$105,445.0 Total Bree \$724,503.8

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

_

(3b) Outpatient - All Other, In-Network (OP-AO INN) Use this table if you are separately testing outpatient office w Benefit Classification Notes:

Classification	Outpatient - All Other	OP-AO					
etwork (In/Out)	In-Network	INN					
ssification Code	3b	OP-AO INN			N	amber of Rows	6
Table Name		tbl_OPAGINN_P1					
For each cast show, if it a	does not apply, enter "N(A".						
Service Description	Cost-Share Description	Plan Projected Allowed	Deductible	Copayment	Coinsurance	Out-of-	No Cost-
		Amount				Pocket	Share
						Maximum (OOPM)	(If true, enter "x")
						IOOPMI	ander 201
Laboratory Outpatient							
and Professional	Deductible, then copay	\$228,778.62	N/A	\$20	N/A	\$2,850	
Services							
X-Rays and Diagnostic	Deductible, then copay	\$235,843,75	N/A	\$40	N/A	\$2,850	
Imaging	Deductoble, orient copiny	2232,042.13	110	240	100	44,000	
	Deductible, then						
Advanced Imaging	coinsurance	\$181,288.49	\$750	N/A	20%	\$2,850	
Outpatient Facility	Copiev	\$1,705,598,88	\$750	\$125	N/A	\$2,850	
Outpasient Facility	Copuy	\$1,700,598.88	\$750	2110	NV A	52,800	
Outpatient Physician	Deductible, then copay	\$831,066.67	\$750	\$120	N/A	\$2,850	
				N/A	N/A	N/A	
Preventive Care	No charge	\$58,626.93	N/A	N/A	N/A	NVA.	
Total Row		\$3,242,203,33					

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

Enter Footnotes (as needed) about MHSUD Cost Shares

Cost-Share Type		Predominant Level for Medical/Surgical	MHSLD Financial Parity Result
Deductible	N/A	Fail	Pass
Coparyment	\$5.00	\$30.00	Pass
Coinsurance	N/A	Fail	Pass
00PM	\$2,850.00	\$2,850.00	Pass
Overal			Pass

ep 1 Substantially All (i.e., ≥ % of medical/surgical benefits)					
Deductible	\$0.00	0.00%	Fail		
Copayment	\$648,771.12	89.55%	OP-OV INN Coparyment		
Coinsurance	\$0.00	0.00%	Fail		
OOPM	\$648,771.12	89.55%	OP-OV INN OOPM		
Total Projected	\$724,503.85				

Errors found: nt - Office Visits. In-Ne (INN)



 Allowed Claims
 Portion
 Predominant &
 Error Obsc

 \$103,553.17
 15.695
 \$1.00
 \$20,002
 \$2,500

 \$50,000.2
 21.2573
 \$5.00
 \$30,000
 \$20,000

 \$200,643.07
 16.4135
 \$200,000
 \$200,000

Coinsurance --- (3a) Outpatient - Office Visits, In Network (OP-OV INN) Errors found:

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

ENTER different copm amounts from smallest to largest.											
OOPM	Allowed Claims	Portion	Predominant &	Error Checking							
\$2,850.00	\$648,771.12	100.00%	\$2,850.00								
	\$0.00										
	\$0.00										

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

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	\$750.00	Pass
Copayment	\$10.00	\$325.00	Pass
Coimurance	N/A	Fall	Pass
OOPM	\$2,850.00	\$2,850.00	Pass
Overal			Dava

Enter Factnotes	
(as needed) about	
MHSUD Cost Shares	
×	

Deductible	\$2,718,954.04	83.86%	OP-AD INN Deductible
Copayment	\$3,002,287.92	92.60%	OP-AO INN Copayment
Coinsurance	\$181,288.49	5.59%	Fail
OOPM	\$3,183,576.41	98.19%	OP-AO INN OO PM
Total Projected	\$3,242,203.33		

plies to substantially al	tient - All Other. In Network (I medical/surgical benefits in the e amounts from smallest to lar	his classification.	Errors found:	
Deductible	Allowed Claims	Partian	Predominant & Smaller	Error Checking
\$750.00	\$2,718,954.04	100.00%	\$750.00	
	50.00			

taily all medical/surgical benefits in this classi opayment amounts from smallest to largest.



ince ---- (3b) Outpatient - All Other, In-Network (OP-AO INN) Errors found:

Coinsurance	Allowed Claims	Partian	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
	nt - All Other, In-Network 8	Errors frond-		

PBCWA Ind 2026 MHSUD Parity Calculations DUPLICATE.xlsm

MHSUD Financial Requirer	nent (a.k.a. Cost Sh	are) Par	ity Testing		Workbook In	lfo		Benefit Classification (3a) Outpatient - Office Visits, In-Network (OP-OV INN)	Benefit Classification (3b) Outpatient - All Other, In-Network (OP-AO INN)
	Premera Blue Cross Individual				Link back to So User Inputs Ce See the Exomp		el details.		
PLAN INFORMATION									
	94% CSR	coorthis will aut	to populate fram summary sheet macro to populate fram summary sheet macro s a CSR variant, identify it here. Otherwise, li	eave the field blank.				Ciclosson <u>Home</u> Drewsfound: 0	Clickows ingene transformed g
Overall Result:	Pass Links only work for sections that are not alro	ready hidden>>>>>	coordClickthe lie Move to IP INN Move to OP OON	Move to IP OON Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN Move to RX	Allows to IP ANM Allows to IP ANM<	coverElick the links in the cells below to scroll directly to the stated section: More to UP INE More to UP INE More to UP INE More to QP INE More to QP INE More to QP INE More to QP More to QP
Testing Options Option Out-of-Naturals Testing Out-of-Naturals Testing Results by benefit Classification			Column Options Update Columns Hide/Unhide All Columns]	No Errors found? TRUE				
A. Benefit Classification	B1. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification? (In-Network)	Cl. Test Required? (In-Network)	52. Do the MHSUD cost shares match al Medical/Surgical cost shares in the Benefit Classification? (Out-of-Network)	C2. TestRequired? (Out-of-Network)	D1. In-Network	D. By Network Tier D2. Out-of-Network	E. Test Results		
Inpatient	Yes	No			Pass		Pass		
Outpatient									
Outpatient - All Services Combined									
Outpatient - Office Vaits Separate	No	Yes			Pasa		Pass		
Outpatient - Office Visits Outpatient - All Other	No No	Yes			Pass		Pass		
Outpatient - All Other		Tes	1		2011				
A. Sensiti Classification	8. 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						

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

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

Benefit Classification Notes: Classification Network (In/Ost) Classification Code	(3a) Outpatient - Off Use this table if you are Outpatient - Office Vast In-Network 3a	OP-OV OP-OV INN OP-OV INN		all other outpatient		umber of Rows	7	,	efit Classification Notes: Classification letwork () n/Out) lassification Code	(3b) Outpatient - All Ot Use this table if you are sep Dutpatient - All Other In-Network 3b		
Table Name For each cost share. If it does not a	nale enter "N/A"	tbl_OPOVINN_P1	J						Table Name	tom not apply, enter "N/A".	th_OPAOINN_P1	
Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of- Pocket Maximum (OOEM)	No Cost- Share (If true,		Service Description	Cost-Share Description	Plan Projected Allowed Amount	
First 2 Primary Care Visit	Сорау	\$39,686.86	N/A	\$1	N/A	\$2,400			Laboratory Outpatient and Professional Services	Сорану	\$87,679.64	
Primary Care 3+ Visit	Сорау	\$21,369.85	N/A	\$1	N/A	\$2,400			X-Rays and Diagnostic Imaging	Сорау	\$90,387.35	
Specialist Office Visit	Сорану	\$135,888.62	N/A	\$15	N/A	\$2,400			Advanced Imaging	Coinsurance	\$69,479.00	
Preventive Care Office Visit	No charge	\$29,024.65	N/A	N/A	N/A	N/A	×		Outpatient Facility	Сорау	\$654,055.75	
Urgent Care	Сорау	\$810.12	N/A	\$15	N/A	\$2,400			Outpatient Physician	Сорау	\$318,507.14	
Speech, Occupational, Massage, and Physical Therapy	Сорау	\$40,795.17	N/A	\$5	N/A	\$2,400			Preventive Care	No charge	\$22,468.83	
Chiro/Acupuncture	Copary	\$10,091.58	N/A	\$1	N/A	\$2,400			Total Row		\$1,242,577.70	

	Notes:	Use this table if you are sep	corately testing outpatient	office visits and all other outpatient se	nviors.			
	Classification	Outpatient - All Other	OP-AD	1				
	Network (In/Out)	In-Network	INN	1				
	Classification Code	3b	OP-AO INN	1		N	amber of Rows	6
_	Table Name		tbl_OPACINN_P1					
	For each cast show, if it	does not apply, enter "N(A".						
Þ.	Service Description	Cost-Share Description	Plan Projected Allowed	Deductible	Copayment	Coinsurance	Out-of-	No Cost-
			Amount				Pocket Maximum (OOPM)	Share (If true,
	Laboratory Outpatient and Professional Services	Сорану	\$87,679.64	N/A	\$5	N/A	\$2,400	
	X-Rays and Diagnostic Imaging	Сорау	\$90,387.35	N/A	\$15	N/A	\$2,400	
	Advanced Imaging	Coinsurance	\$69,479.00	N/A	N/A	15%	\$2,400	
×	Outpatient Facility	Сорау	\$654,055.75	N/A	\$100	N/A	\$2,400	
	Outpatient Physician	Сорану	\$318,507.14	N/A	\$25	N/A	\$2,400	
1						au/a	NIA	

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

inancial Parity for (3a) Outpatient - Offi	ce Visits, In-Net	work (OP-OV II
Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$1.00	\$15.00	Pass
Chinesenance	N/A	Fall	Pass
COPM	\$2,400.00	\$2,400.00	Pass
Overa			Pass
tep 1 Substantially A	*If not applicable, er		efits)
Deductible	\$0.00	0.00%	Fail
	\$248,642.19	89.55%	OP-OV INN
Copayment	12.010.000		Consument
Coinsurance	\$0.00	0.00%	Fall
Coinsurance	\$0.00		Fall

Errors found: atient - Office Visits, In-Network (DP-OV INN)

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

Copayment	Allowed Claims	Portion	Predominant &	Error Checking								
plex to substantially all medical/surgical benefits in this classification. IER different copayment amounts from smallest to largest.												
wment — (Ja) Outpatient - Office Visits. In Network (OP-OV INN) Errors found: 0												

\$1.00	\$71,148.28	28.61%	\$1.00	
\$5.00	\$40,795.17	16.41%	\$5.00	
\$15.00	\$135,698.73	54.98%	\$15.00	
	\$0.00			
Total	\$248,642.19	100.00%		

Allowed Claims	Portion	Predominant &	Error Checking
	d column below.		d column below.

Applies to substantially all medical	/surgical benefits in this o	lassification.		
OOPM (3a) Outpatient - Office			Errors found:	0
Total	\$0.00	0.00%		
	\$0.00			
	\$0.00			
	\$0.00			

OOPM	Allowed Claims	Portion	Predominant &	Error Checking
\$2,400.00	\$248,642.19	100.00%	\$2,400.00	
	\$0.00			
	\$0.00			
	\$0.00			
Tetal	\$248,642.19	100.00%		

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

Cost-Share Type	MHSUD Cost Shares In Plan Design*	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$5.00		Pass
Chimanee	N/A	Fall	Pass
OOPM	\$2,400.00	\$2,400.00	Pass
Overall			Pass
	*if not opplicable, enter ally All (i.e., ≥ ¾ of a		enefits)
Deductible	\$0.00	0.00%	Fail
		92 60%	OP-AO INN Copeyment
Copayment	\$1,150,629.88	92.900	
	\$1,150,629.88	5.59%	Tal
Copayment			

Enter Footnotes (as needed) about	
MHSUD Cost Shares	
*	

	All (i.e., ≥ % of media	al/surgical be	nefits)
Deductible	\$0.00	0.00%	Fail
Copayment	\$1,150,629.88	92.60%	OP-AO INV Copayment
Coinsurance	\$69,479.00	5.59%	Fail
OOPM	\$1,220,108.87	98.19%	OP-AO INN OOPM
Total Projected	\$1,242,577.70		

Step 2 Predominant Level Deductible — (3b) Outpatient - All Other, In-Network (OP-AO INN) Errors found:

CLETE any values in the	e left-hand column below.			
Deductible	Allowed Claims	Partian	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

Copayment	Allowed Claims	Partian	Predominant & Smaller	Error Checking
\$5.00	\$87,679.64	7.62%	\$5.00	
\$15.00	\$90,387.35	7.86%	\$15.00	
\$25.00	\$318,507.14	27.68%	\$25.00	
\$100.00	\$654,055.75	56.84%	\$100.00	
Total	\$1,150,629,88	100.00%		

Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
DOPM (3b) Outpatie	nt - All Other, In-Network	DP-AO INN)	Errors found:	0
	I medical/surgical benefits i			

NTER different oopm an	nounts from smallest to larg	est		
OOPM	Allowed Claims	Partian	Predominant & Smaller	Error Checking
\$2,400.00	\$1,220,108.87	100.00%	\$2,400.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$1,220,108.87	100.00%		



HSUD Financial Requireme	ent (a.k.a. Cost Sha	re) Parit	y Testing		Workbook Info			Benefit Classification	(3a) Outpatient - Offic	ce Visits, In-Network	(OP-OV INN)	
Issuer / Market: A Market: I	Premera Blue Cross Individual				Link back to Sum User Inputs Cell P See the Example		etals.					
N INFORMATION												
Plan ID: 4	Premera Blue Cross Cascade Bronze 49831WA1940007	<cccthis auto<="" th="" will=""><th>ooaulate from summarv sheet macro populate from summary sheet macro</th><th></th><th></th><th></th><th></th><th></th><th></th><th>-</th><th></th><th></th></cccthis>	ooaulate from summarv sheet macro populate from summary sheet macro							-		
CSR Variant Description:	ASSIFICATION	coodf the plan is a	t CSR variant, identify it here. Otherwise, leav	e the field blank.				Clickoo	>> <u>Home</u>	1	Errors found:	0
Overall Result:	Pass	1	««Clickthe li	inks in the cells below to	scroll directly to the sta	ited section>>>>>		««Clickth	e links in the cells below t			
			Move to IP INN	Move to IP.OON	Move to OP INN	Move to OP-OV INN	Move to OP-AD INN	Move to IP INN	Move to IP CON	Move to OP INN		IN Move to OP-AD IN
1	Links only work for sections that are not alrea	dy hidden>>>>>	Move to OP OON	Move to OP-OV CON	Move to OP-AD DON	Move to ER	Move to RX	Move to OP OON	Move to OP-OV OON	Move to OP-AO OOF	Move to EB	Move to RX
Testing Options												
Option	Selection	1	Column Options		No Errors found?							
Out-of-Network Tier?	No		Update Columns		TRUE							
Out-of-Network Tier?	No Office Visits Separate		<u>Uodate Columns</u> Hide/Unhide All Columns		TRUE							
	No Office Visits Separate				TRUE]						
	No Office Visits Separate]]]						
Outpatient Benefit Testing	No Office Visits Separate B1. Do the MMSUD cost shares match all Medica(Sorgical cost shares in the Benefit Gasafication @n-Network)	CL. Test Required? (In-Network)		(2. Test Required? (Dut-of-Network)		By Network Tier D2. Out-of-Network	E. TestResults					
Outpatient Benefit Testing	B1. Do the MNGUD cost shares match all Medical/Surgical cost shares in the Benefit Classification?		Hide/Unhide Al Columns B2. Do the MHSUD cost shares match all Media/Surgital cost shares in the Benefit Gassification?		D1.	D2.	E. TestResults					
Outpatient Bandit Testing	B1. Do the MIGUD cost shares match all Medica(Sorgical cost shares in the Bandh Gaadhacastacion (in-Network)	(In-Network)	Hide/Unhide Al Columns B2. Do the MHSUD cost shares match all Media/Surgital cost shares in the Benefit Gassification?		Di. In-Network	D2.						
Outputer Benefit Taxing Besuits by Renefit Taxing A. Benefit Classification A. Benefit Classification Impetient Outputer Outputer Outputer Outputer A. Strates Cominsed	B1. Do the MIGUD cost shares match all Medica(Sorgical cost shares in the Bandh Gaadhacastacion (in-Network)	(In-Network)	Hide/Unhide Al Columns B2. Do the MHSUD cost shares match all Media/Surgital cost shares in the Benefit Gassification?		Di. In-Network	D2.						
Outputient Benefit Training Results By Benefit Training A. Benefit Classification Impaction Outputient Output	81. Do the MMSUD cost stores method Medicul/Sogistic cost shares in the threadt Cost and the started (in Network) Yes	(In-Network)	Hide/Unhide Al Columns B2. Do the MHSUD cost shares match all Media/Surgital cost shares in the Benefit Gassification?		Di. In-Network Pass	D2.	Pass					
Outputer Bandt Hurley Results by Bandt Gaulity all Results by Bandt Gaulity all Results by Bandt Gaulity all Results and Results and Results Outputer Clinity and	B1. Do the MISCUD cost shares method Medic(s/cgstation shares in the Benefit Genefications) (in Network) 700	(In-Network) No Yes	Hide/Unhide Al Columns B2. Do the MHSUD cost shares match all Media/Surgital cost shares in the Benefit Gassification?		D1. In-Network Pass Pass	D2.	Pass Pass					
Outputient Benefit Training Results By Benefit Training A. Benefit Classification Impaction Outputient Output	81. Do the MMSUD cost stores method Medicul/Sogistic cost shares in the threadt Cost and the started (in Network) Yes	(In-Network)	Hide/Unhide Al Columns B2. Do the MHSUD cost shares match all Media/Surgital cost shares in the Benefit Gassification?		Di. In-Network Pass	D2.	Pass					
Outputer Bandt Hurley Results by Bandt Gaulity all Results by Bandt Gaulity all Results by Bandt Gaulity all Results and Results and Results Outputer Clinity and	B1. Do the MISCUD cost shares method Medic(s/cgstation shares in the Benefit Genefications) (in Network) 700	(In-Network) No Yes	Hide/Unhide Al Columns B2. Do the MHSUD cost shares match all Media/Surgital cost shares in the Benefit Gassification?		D1. In-Network Pass Pass	D2.	Pass Pass					
Organiza Bandi Turing Bandh By Receff Camification A Bandh By Receff Camification Ingener Organization Organizion Organization Organizion Organizion	S1. Do the MHSUD cost shares match all blacks/blacks and shares in the Sandh (Britterstein) Cost of the Sandh Cost of the Sandh Cost of the Sandh Cost of the Sandh Row the Sandh Row the Sandh Cost of the Sandh all Mathematical space and what are the Sandh and Mathematical space and space and Mathematical space and what are the Sandh and Mathematical space an	(In-Network) No Yes No	InderAlabede AI (Calamon EL South MERICOLENTIAL AND AND AND AND Medical South Calamon Calamon (Sue of Research)		D1. In-Network Pass Pass	D2.	Pass Pass					

Benefit Classification (3a) Outpatient - Office Visits, in-Network (OP-OV INN) Notes: Like this toble if you are separately testing outpatient office visits and all other outpatient services.

Classification	Outpatient - Office Visibi	OP-OV					
Network (In/Out)	In-Network	INN					
Classification Code	3a	OP-OV INN			N	amber of Rows	7
Table Name		tbLOPOVININ_P1					
For each cast share, if it does not app							
Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of- Pocket Maximum	No Cost- Share (If true,
First 2 Primary Care Visit	Сорау	\$542,317.27	N/A	\$1	N/A	\$10,150	
Primary Care 3+ Visit	Сорау	\$292,015.99	N/A	\$40	N/A	\$10,150	
Specialist Office Visit	Copey	\$1,856,905.59	\$6,000	\$100	N/A	\$10,150	
Preventive Care Office Visit	No charge	\$395,619.20	\$0	N/A	N/A	N/A	
Urgent Care	Copey	\$11,070.15	N/A	\$100	N/A	\$10,150	
Speech, Occupational, Massage, and Physical Therapy	Сорау	\$557,462.32	\$6,000	N/A	42%	\$10,150	
Chiro/Acupuncture	Copay	\$137,900.57	N/A	\$40	N/A	\$10,150	
Total Boss		\$1 704 202 10					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

ver Footnotes needed) about

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	N/A	Tal	Pass
Copayment	\$40.00	\$100.00	Pass
Coinsurance	N/A	Fail	Pass
10PM	\$10,150.00	\$10,150.00	Pass
Overal			Pass

OOPM	\$10,150.00	\$10,150.00	Pass
Overal			Pass
	*If not applicable, en	ter "N/A"	
Step 1 Substantially All	(i.e., ≥ 3/4 of med	ical/surgical be	nefits)
Deductible	\$2,414,367.91	63.63N	Fail
Copayment	\$2,840,210,58	74.85%	OP-OV INN

Copayment	\$2,840,210.58	74.85N	OP-OV INN Consument
Coinsurance	\$557,462.32	14.69%	Fail
OOPM	\$3,397,672.90	89.55N	OP-OV INN OOPM
Total Projected	\$3,794,292.10		

 Step 2 Predominant Level
 Environment Level

 Deductibre — (1a) Outpatienti - Office Valits, In-Network (OP-OV INN)
 Errors found:

 Does not apply to autoantially all medically ungrical benefits in this classification.
 DELTT: any values in the left-band column below.

Deductible	Allowed Claims	Portion	Predominant& Smaller	Error Checking
	\$396,619.20	50.00%		
	\$396,619.20	50.00%		
Total	\$793,238,40	100.00%		
Coosyment (3a) Outpatient - Off			Errors found:	
Copayment (3a) Outpatient - Off Applies to substantially all medical/s ENTER different copayment amount	urgical benefits in this class	alfication.	Errors found:	
Applies to substantially all medical/s	urgical benefits in this class	alfication.	Errors found: Predominant &	Error Checking
Applies to substantially all medical/s ENTER different copayment amount	argical benefits in this clas s from smallest to largest.	affortion.		Error Checkin

 100 00
 \$1.487 977
 \$63.776
 \$100 00

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 \$1000 00

 Teal
 \$1.380,720 18
 \$200 006
 \$1000 00

 Chrossers - [24] Oxfordert - Office Vida, in National (07-07 WD)
 Errors faund.
 \$1000 00

Cons not poph to sublastrally all medically upgical bounds in this destification. DELITE any values in the left-hand column below. Gaineurance Allowed Calums Partion Predominant & Error Olecking 50.00

Total	\$0.00	0.00%	
	\$0.00		
	\$0.00		
	\$0.00		
	\$0.00		

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PBCWA Ind 2026 MHSUD Parity Calculations DUPLICATE.xlsm

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MHSUD Financial Require	ment (a.k.a. Cost Sh	nare) Par	ity Testing		Workbook In	fo		Benefit Classification (3a) Outpatient - Office Visits, In-Network (OP-OV INN)	Benefit Classification (3b) Outputient - All Other, In-Network (OP-AO INN)
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Outpatient - Office Visit		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. TestRequired?	D. Test Results						
Emergency Care Prescription Drugs	Yes	No No	Pass Dass						

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

Benefit Classification (3b) Outpatient - All Other, In-Network (OP-AO INN)

Benefit Classification Notes:	(3a) Outpatient - Off Use this table if you are			all other outpatient	ienices.		
Classification	Outpatient - Office Visit	OP-OV	1				
Network (In/Out)	In-Network	INN					
Classification Code	3a	OP-OV INN			Nu.	amber of Rows	7
Table Name		tbl_OPOVINN_P1					
or each cost share, if it does not a							
Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of- Pocket Maximum (OOEM)	No Cost- Share (If true,
First 2 Primary Care Visit	Сорау	\$548,222.64	N/A	\$15	N/A	\$8,800	
Primary Care 3+ Visit	Copey	\$295, 196.81	N/A	\$15	N/A	\$8,800	
Specialist Office Visit	Сорау	\$1,877,125.68	N/A	\$40	N/A	\$8,800	
Preventive Care Office Visit	No charge	\$400,938.04	N/A	N/A	N/A	N/A	
Urgent Care	Copary	\$11,190.69	N/A	\$35	N/A	\$8,800	
peech, Occupational, Massage, and Physical Therapy	Copary	\$563, 532.61	N/A	\$30	N/A	\$8,800	
Chiro/Acupuncture	Copary	\$139,402.19	N/A	\$15	N/A	\$8,800	
Total Row		\$3,835,608.67					

	NORE	One and radie if you are stij	eratery testing outpatient	office whits and an other outpatient se	WORK			
	Classification	Outpatient - All Other	OP-AD	1				
	Network (In/Out)	In-Network	INN					
7	Classification Code	3b	OP-AO INN			No.	mber of Rows	6
	Table Name		tbl_OPAGINN_P1					
		loes not apply, enter "N(A".						
No Cost-	Service Description	Cost-Share Description	Plan Projected Allowed	Deductible	Copayment	Coinsurance	Out-of-	No Cost-
Share (If true, enter "x")			Amount				Pocket Maximum (OOPM)	Share (If true, enter "x")
	Laboratory Outpatient and Professional Services	Сорану	\$1,211,180.92	N/A	\$30.00	N/A	\$8,800	
	X-Rays and Diagnostic Imaging	Copiny	\$1,248,584.55	N/A	\$30.00	N/A	\$8,800	
	Advanced Imaging	Deductible, then copay	\$959,762.59	\$1,900.00	\$300.00	N/A	\$8,800	
×	Outpatient Facility	Deductible, then copay	\$9,034,935.26	\$1,900.00	\$350.00	N/A	\$8,800	
	Outpatient Physician	Deductible, then copay	\$4,399,764.70	\$1,900.00	\$75.00	N/A	\$8,800	
	Preventive Care	No charge	\$310,377.84	N/A	N/A	N/A	N/A	×
	Total Row		\$17,164,605.88					

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

Financial Parity for (3a)			
Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$15.00		Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$8,800.00	\$8,800.00	Pass
Overall			Pass
	*If not applicable, e	oter "N/A"	
Step 1 Substantially All	(i.e., ≥ ¾ of med	ical/surgical ber	nefits)
Deductible	\$0.00	0.00%	Fall
Copayment	\$3,434,670.62	89.55%	OP-OV INN Coparyment
Coinsurance	\$0.00	0.00%	Fail
00114	\$3,434,670,62	80.555	OB-OV INN OORM

 Step 2 Predominant Level
 Environment Level

 Deductible ---- (Sal Datastenti V, Mab. In-Network (DP-OV INN)
 Errors found:

 Does not apply to substimitivity and medical/surgical benefits in this classification.
 EELETE any values in the left-hand column below.

\$3,835,608.67

Deductible	Allowed Claims Portion		Predominant & Smaller	Error Checkin	
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			
Copayment — (3a) Outpatient - Of	fice Visits, In-Network (O	P-OV INN)	Errors found:		
copyright - (a) outprises of			Lifer Floorie.		

Copayment	Allowed Claims	Portion	Predominant &	Error Checking
\$15.00	\$982,821.64	28.61%	\$15.00	
\$30.00	\$563,532.61	16.41%	\$30.00	
\$35.00	\$11,190.69	0.33%	\$35.00	
\$40.00	\$1,877,125.68	54.65%	\$40.00	
Total	\$3,434,670.62	100.00%		

urance — [Ja] Odgatient - Office Valts, In Network (OP-OY INN) Errors found: 0 not apply to substantially all model/subgradual basefils in this classification. TE any values in the left-hand column below.

Coinsurance	Allowed Claims	Portion	Predominant &	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
OOPM (3a) Outpatient - Office	Errors found:	0		
Applies to substantially all medicals ENTER different copm amounts fro		assification.		

OOPM	Allowed Claims	Portion	Predominant &	Error Checking
\$8,800.00	\$3,434,670.62	100.00%	\$8,800.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$3,434,670,62	100.00%		

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

	or (3b) Outpatient			_	
Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/Surgical	MHGUD Financial Parity Result		
Deductible	N/A	\$1,900.00	Pass		
Copayment	\$15.00		Pass		
Coimurance	N/A	Fall	Pass		
OOPM	\$8,800.00	\$8,800.00	Pass		
Overall			Pass		
	*If not applicable, enter	("N/A"		-	
tep 1 Substanti	ially All (i.e., ≥ ¾ of	medical/surgical b	penefits)		
Deductible	\$14,394,462.56	83.86%	OP-AD INN Deductible		
Copayment	\$16,854,228.03	98.195	OP-AO INN Copayment		
Coinsurance	\$0.00	0.00%	Fail		
00PM	\$16,854,228.03	98.195	OP-AO INN OO PM		
Total Projected	\$17,164,605.88			-	

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nent—(1b) Outpatient - All Other, In-Network (OP-AO INN) Errors found: to unbitartially all medical/surgical benefits in this classification. different copayment amounts from smallest to lagast.



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	\$0.00					
Total	\$0.00	0.00%				
OOPM (3b) Outpati	ent - All Other, In-Network	Errors found:	0			
Applies to substantially all medical/surgical benefits in this classification. ENTER different copen amounts from smallest to largest.						

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$8,800.00	\$16,854,228.03	100.00%	\$8,800.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$16 854 228 03	100.00%		

2026 MHSUD Parity Calculations DUPLICATE xism



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.
- 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) <u>or</u> both (3a)+(3b), not all three; similarly, a particular plan should address (4) <u>or</u> 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 <u>types</u> include deductibles, copayments, coinsurance, and out-ofpocket maximums but not aggregate lifetime and annual dollar limits.
 - b) A financial requirement cost share <u>level</u> 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 "<u>substantially all</u>" medical/surgical benefits in a classification if it applies to <u>at least two-thirds</u> 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 <u>than one-half</u> 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 <u>not</u> 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:	Premera Blue Cross			
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.

Mental Health and Substance Use Disorder (MHSUD) Financial Requirement Parity Certification – Submit with Plan Year 2026 ACA Individual and Small Group Market Rate Filings

- 2. For the calculations, use the OIC-developed Excel template found on our website (<u>Certification Rates -</u> 2026 Mental Health and Substance Use Disorder Financial Reg 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:

PBCWA Ind 2026 MHSUD Parity Calculations DUPLICATE.xlsx

PBCWA Ind 2026 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 Premera Blue Cross or

 \Box 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.
- \boxtimes 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 <u>and coverage unit</u>, for each type of financial requirement and each benefit classification. Parity analysis varies by coverage unit because financial requirements vary by coverage unit.

 \boxtimes 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.

 \boxtimes 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 (PBCWA Ind 2026 MHSUD Parity Calculations.pdf)) and as otherwise discussed in this rate filing.

\boxtimes 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.

\boxtimes 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).]
- \boxtimes 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.

 \boxtimes 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.
 - \Box 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.
 - oxtimes I certify that this does not apply to plans in this rate filing. The plans do not use network tiers.
 - \Box 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.
 - \boxtimes 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.
- \boxtimes 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:	M/mwan/
Title:	VP of Actuarial Services
Contact Information:	Hiu-Wan.Ko@Premera.com
Date of Attestation:	5/14/2025



Appendix B - Unique Plan Design Supporting Documentation and Justification

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

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 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): <u>Method 156.135(b)</u> (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: <u>Acumen used the data underlying</u> <u>the continuance tables in the 2026 federal AV calculator.</u>

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

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

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

1. <u>2026 standard plan designs for each metal, with the same cost sharing applied to all PCP</u> and outpatient MH/SUD services. For the expanded bronze plan design, two boundary designs were included:

(a) a design with the deductible and coinsurance cost sharing applied to all outpatient MH/SUD services; and

(b) a design with \$40 copay cost sharing applied to all PCP visits and outpatient MH/SUD services.

2. 2026 standard plan designs for each metal, with \$0 cost-sharing applied to first two PCP



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

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

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

Certification Language:

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

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

Actuary signature:

Actuary Printed Name: Ksenia Whittal, FSA, MAAA

Date: April 15, 2025



Appendix 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.

Vitta

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



Individual Market Standard Complete Gold Plan





Individual Market Standard Vital Gold Plan



indging (cr) i cr ocario) (indo)				Ş500.00						
Speech Therapy				\$30.00	N					
Occupational and Physical Therapy				\$30.00	M	×				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$30.00	>	✓				
X-rays and Diagnostic Imaging				\$30.00	✓	✓				
Skilled Nursing Facility	V			\$350.00	>	✓			2	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V			\$350.00						
Outpatient Surgery Physician/Surgical Services	Y			\$75.00	V	✓			~	
Drugs	🖌 Al	✓ AI			🖌 All	🖌 All			Al	All
Generics				\$10.00	×	✓				
Preferred Brand Drugs				\$75.00	>	✓				
Non-Preferred Brand Drugs	V			\$200.00	✓	✓			Y	
Specialty Drugs (i.e. high-cost)	Y			\$200.00	✓	✓			Y	

Specialty Drugs (i.e. high-cost)

Calculate



Plan Description: Name:

Plan HIOS ID:

Issuer HIOS ID: AVC Version: 2026_1d

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:

Status/Error Messages:

Actuarial Value

Metal Tier:

Revised Final 2026 AV Calculator

0.1523 seconds

Calculation Successful

78.06% Gold



Individual Market Standard Silver Plan



Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	•	Coinsurance, if	Copay, if	Copay applie	
	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduc	
Medical	All	II ■				✓ All			All	
Emergency Room Services	2			\$800.00	L	✓			2	
All Inpatient Hospital Services (inc. MH/SUD)	V			\$800.00	Image:	∠			7	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$20.00	✓	I				
X-rays)				-		-				
Specialist Visit				\$65.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient		_		\$30.00		~				
Services				\$50.00	✓	•				
Imaging (CT/PET Scans, MRIs)	V	•			Z					
Speech Therapy				\$40.00		2				
Occupational and Physical Therapy				\$40.00	✓	⊻				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$40.00	Image: A start of the start	✓				
X-rays and Diagnostic Imaging				\$65.00						
Skilled Nursing Facility	7			\$800.00					V	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~			\$600.00	✓	~			•	
Outpatient Surgery Physician/Surgical Services	2			\$200.00		▼			N	
Drugs	▼ All	🖌 All			🗸 All	🖌 All			All	🗌 All
Generics				\$25.00	V	>				
Preferred Brand Drugs				\$75.00	Image: A start of the start	✓				
Non-Preferred Brand Drugs	V			\$250.00	v	▼			<	
Specialty Drugs (i.e. high-cost)	Y			\$250.00	 Image: A set of the set of the	▼			Y	
Options for Additional Benefit Design Limits:		_	Plan Description:							
Set a Maximum on Specialty Rx Coinsurance Payments?		1	Name:							
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?	~		Issuer HIOS ID:							
# Days (1-10):	5]	AVC Version:	2026_1d						
Begin Primary Care Cost-Sharing After a Set Number of Visits?	~]								

Output

Metal Tier:

Calculate Status/Error Messages: Actuarial Value:

Calculation Successful. 71.33% Silver NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

0.1172 seconds

Visits (1-10):

Copays? # Copays (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of

Calculation Time: Revised Final 2026 AV Calculator



Individual Market Standard Silver, CSR 73% Plan

HSA/HRA Options

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day? ☑ Apply Skilled Nursing Facility Copay per Day?

v

Medical

MOOP (\$)

- Use Separate MOOP for Medical and Drug Spending?
- . Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 - Desired Metal Tier Silver Deductible (\$ Coinsurance (%, Insurer's Cost Share)

		is A min options					
	HSA/HRA Employ	er Contribution?					
	Annual Contribution Amount:						
]							
Tier	1 Plan Benefit De	sign					
1	Drug						
		\$2,500.00					
		70.00%					
		\$7,950.00					
_							



Tiered Network Option

Tiered Network Plan?

ACUMEN

MOOP (\$)			\$7,950.00							
MOOP if Separate (\$)							I			
lick Here for Important Instructions		Tie	er 1			TÌ	er 2		Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?		Coinsurance, if different	Copay, if separate	Copay applie deduc	
Medical	✓ All	🖌 All			All	🔽 All			All	All
Emergency Room Services	•			\$800.00	>	V			>	
All Inpatient Hospital Services (inc. MH/SUD)				\$800.00		✓			×	
rrimary Care Visit to Treat an Injury or Illness (exc. Preventive, and -rays)				\$20.00	v					
pecialist Visit				\$65.00		✓				
lental/Behavioral Health and Substance Use Disorder Outpatient ervices				\$30.00						
maging (CT/PET Scans, MRIs)	v	v			.	V				
peech Therapy				\$40.00	_	V				
Occupational and Physical Therapy				\$40.00		✓				
reventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
aboratory Outpatient and Professional Services				\$40.00	V	✓				
-rays and Diagnostic Imaging				\$65.00		I				
killed Nursing Facility	•			\$800.00	✓	✓			>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$600.00	V	⊻			V	
Outpatient Surgery Physician/Surgical Services	•			\$200.00		v			Y	
Drugs	✓ All	✓ All			All	🖌 All			All	All
enerics				\$24.00		✓				
referred Brand Drugs				\$75.00	V					
Non-Preferred Brand Drugs	~			\$250.00		✓			×	
pecialty Drugs (i.e. high-cost)	~			\$250.00	v	✓			×	
Options for Additional Benefit Design Limits:		_	Plan Description:							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:							
Specialty Rx Coinsurance Maximum:		1	Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Conay?			Issuer HIOS ID:							

Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10): Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of

> Copays? # Copays (1-10):

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

AVC Version: 2026 1d

Actuarial Value:

Output

Metal Tier:

73.49% Silver NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Status/Error Messages:

Calculation Time: Revised Final 2026 AV Calculator 0.1055 seconds

Calculate



Individual Market Standard Silver, CSR 87% Plan



Click Here for Important Instructions		Tie	er 1			Ti	ier 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	•	Coinsurance, if	Copay, if	Copay applie	
	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	deduc	
Medical	✓ All	🖌 All			🖌 Ali	🗹 All			Al	All
Emergency Room Services	v			\$425.00	I	✓			v	
All Inpatient Hospital Services (inc. MH/SUD)	~			\$425.00					~	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	_	_		\$5.00		_				_
X-rays)				\$5.00	✓	✓				
Specialist Visit				\$30.00		✓				
Mental/Behavioral Health and Substance Use Disorder Outpatient	_	_		\$10.00		_				_
Services				\$10.00		✓				
Imaging (CT/PET Scans, MRIs)					Image: A start and a start	✓				
Speech Therapy				\$20.00		Z				
		Π		\$20.00	v					
Occupational and Physical Therapy				\$20.00	-	Ľ.				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$20.00		✓				
X-rays and Diagnostic Imaging				\$40.00	✓	⊻				
Skilled Nursing Facility	✓			\$425.00	I	✓			V	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	П		\$325.00	Z					
		_ 							_ 	_
Outpatient Surgery Physician/Surgical Services	2			\$120.00		✓			_	
Drugs	✓ All	All			✓ All	✓ All			AI	All
Generics				\$12.00		✓				
Preferred Brand Drugs				\$35.00		✓				
Non-Preferred Brand Drugs				\$160.00		✓				
Specialty Drugs (i.e. high-cost)				\$160.00	v	✓				

Options for Additional Benefit Design Limits:		
Set a Maximum on Specialty Rx Coinsurance Payments?		
Specialty Rx Coinsurance Maximum:		
Set a Maximum Number of Days for Charging an IP Copay?	×	
# Days (1-10):		5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<	
# Visits (1-10):		2
Begin Primary Care Deductible/Coinsurance After a Set Number of		
Copays?		
# Copays (1-10):		

Plan Description: Name: Plan HIOS ID:

Issuer HIOS ID:

AVC Version: 2026_1d

Output

Status/Error Messages: Actuarial Value: Metal Tier:

Calculate

87.78%

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

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

2026 Standard Plans Actuarial Value Certification and Unique Plan Design Supporting Documentation and Justification

Revised Final 2026 AV Calculator



Individual Market Standard Silver, CSR 94% Plan



Click Here for Important Instructions		Tie	er 1			Ti		Tier 1	Tier 2	
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	•	Coinsurance, if	Copay, if	Copay applie	•
	Deductible?	Coinsurance?	different	separate	Deductible?		different	separate	deduc	
Medical	✓ All	🖌 Ali			🗸 All	🗸 Ali			All	All
Emergency Room Services				\$150.00		✓				
All Inpatient Hospital Services (inc. MH/SUD)				\$100.00		✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$1.00	✓	✓				
X-rays)				Ş1.00	V	V				
Specialist Visit				\$15.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient		_		\$5.00		V			_	_
Services				\$5.00	✓					
Imaging (CT/PET Scans, MRIs)					Image: A start of the start	✓				
Speech Therapy				\$5.00		⊻				
		Π		\$5.00						
Occupational and Physical Therapy				\$5.00	•	Ľ				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$5.00	Image: A start and a start	✓				
X-rays and Diagnostic Imaging				\$15.00	Image: A start and a start	✓				
Skilled Nursing Facility				\$100.00		✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		П		\$100.00						
outputient radinty ree (e.g., Ambulatory surgery center)		_		\$100.00						
Outpatient Surgery Physician/Surgical Services				\$25.00	✓	✓				
Drugs	✓ All	✓ Ali			🗸 Ali	🗸 Ali			🗌 All	All
Generics				\$5.00	✓	✓				
Preferred Brand Drugs				\$12.00	✓	✓				
Non-Preferred Brand Drugs				\$35.00	✓	✓				
Specialty Drugs (i.e. high-cost)				\$35.00		✓				
Options for Additional Benefit Design Limits:			Plan Description:							

	Options for Additional Benefit Design Limits:
	Set a Maximum on Specialty Rx Coinsurance Payments?
	Specialty Rx Coinsurance Maximum:
~	Set a Maximum Number of Days for Charging an IP Copay?
5	# Days (1-10):
	Begin Primary Care Cost-Sharing After a Set Number of Visits?
	# Visits (1-10):
	Begin Primary Care Deductible/Coinsurance After a Set Number of
	Copays?
	# Copays (1-10):

Plan Description: Name: Plan HIOS ID:

Issuer HIOS ID: AVC Version: 2026 1d

Output

Metal Tier:

Status/Error Messages: Actuarial Value:

Revised Final 2026 AV Calculator

Calculate

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

Platinum

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

Additional Notes: Calculation Time:

0.1055 seconds

2026 Standard Plans Actuarial Value Certification and Unique Plan Design Supporting Documentation and Justification



Individual Market Standard Expanded Bronze Plan



Click Here for Important Instructions	Tier 1 Tier 2						Tier 1	Tier 2		
Type of Benefit	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 applie deduct	•
Medical	✓ AI	✓ AI			All	🖌 All			All	All
Emergency Room Services	V	~			 Image: A start of the start of	✓				
All Inpatient Hospital Services (inc. MH/SUD)	V	v			Image: A start and a start	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$40.00						
Specialist Visit				\$100.00		✓				
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	V	V			V					
Imaging (CT/PET Scans, MRIs)	>				Image: A start of the start	✓				
Speech Therapy	•									
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	✓	✓			Image: A start and a start					
X-rays and Diagnostic Imaging	✓				V					
Skilled Nursing Facility	V	✓				✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V									
Outpatient Surgery Physician/Surgical Services	V				Image: A start of the start	✓				
Drugs	✓ All	✓ All			🗸 Ali	🗸 Ali			All	All
Generics				\$32.00	 Image: A set of the set of the	<				
Preferred Brand Drugs	V	~			Image: A start of the start	✓				
Non-Preferred Brand Drugs	V	•			Image: A start and a start					
Specialty Drugs (i.e. high-cost)	N	✓				>				
Options for Additional Benefit Design Limits:	-		Plan Description:							

Set a Maximum on Specialty Rx Coinsurance Payments		
Specialty Rx Coinsurance Maximum		
Set a Maximum Number of Days for Charging an IP Copay		
# Days (1-10)		
Begin Primary Care Cost-Sharing After a Set Number of Visits	< 	
# Visits (1-10)		2
Begin Primary Care Deductible/Coinsurance After a Set Number o		
Copays	,	
# Copays (1-10)		
Dutput		

Name: Plan HIOS ID: Issuer HIOS ID:

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

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

AVC Version: 2026 1d

Actuarial Value: Metal Tier:

Calculation Time:

Status/Error Messages:

Additional Notes:

Revised Final 2026 AV Calculator

0.1055 seconds

63.64%

Bronze

Calculate



Individual Market Standard Silver Plan (Adjusted)

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

✓

~

~

MOOP (\$)

MOOP if Separate (\$)

-

- 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
 - Deductible (\$) Coinsurance (%, Insurer's Cost Share)





Click Here for Important Instructions		Tie	er 1			Ti	er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies	only after
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	deducti	
Medical	✓ All	✓ All			🖌 All	🖌 All			All	🗌 All
Emergency Room Services	•			\$800.00		×			v	
All Inpatient Hospital Services (inc. MH/SUD)	•			\$800.00	 	✓			✓	
Primary Care & MHSUD Office Visits				\$20.00	~	✓				
Specialist Visit				\$65.00		>				
Mental/Behavioral Health and Substance Use Disorder Outpatient Services other than Office Visits				\$30.00						
maging (CT/PET Scans, MRIs)	I	I				~				
Speech Therapy		Π		\$40.00	_ _	_ _				
Occupational and Physical Therapy				\$40.00	V	⊻				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$40.00	✓	✓				
X-rays and Diagnostic Imaging				\$65.00	> >					
Skilled Nursing Facility	2			\$800.00	✓	_ _			Z	
Dutpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$600.00	✓	✓				
Dutpatient Surgery Physician/Surgical Services	v			\$200.00		▼			<	
Drugs	✓ All	✓ All			🖌 All	🖌 All			Al	AI
Generics				\$25.00	×	✓				
Preferred Brand Drugs				\$75.00		✓				
Non-Preferred Brand Drugs	v			\$250.00	. 	✓			v	
Specialty Drugs (i.e. high-cost)	•			\$250.00	~	▼			•	
Options for Additional Benefit Design Limits:		-	Plan Description:							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:							
Specialty Rx Coinsurance Maximum			Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?	~		Issuer HIOS ID:							
# Days (1-10)			AVC Version:	2026_1d_Coins	_Cap					
Begin Primary Care & MHSUD Office Visit Cost-Sharing After a Set	v									

Output Status/Error Messages:

Actuarial Value:

Metal Tier:

71.84% Silver NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Number of \$1 Visits? # Visits (1-10):

> Copays? # Copays (1-10):

> > Calculation Successful.

0.1133 seconds

Begin Primary Care Deductible/Coinsurance After a Set Number of

Set a Maximum on Oupatient Facility Fee Coinsurance Payments? Outpatient Facility Fee Coinsurance Maximum:

Calculation Time: WAHBE Revised Final 2026 AV Calculator

Calculate

2026 Standard Plans Actuarial Value **Certification and Unique Plan Design Supporting Documentation and Justification**



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



Click Here for Important Instructions		Tie	Tier 1 Tier 2							Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applie	
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduc	
Medical	✓ All	✓ All			🗸 All	🖌 Ali			All	All
Emergency Room Services	✓			\$800.00	> >	> >			✓	
All Inpatient Hospital Services (inc. MH/SUD)	•			\$800.00	Image: Second	✓			•	
Primary Care & MHSUD Office Visits				\$20.00	~					
Specialist Visit				\$65.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient Services other than Office Visits				\$30.00		V				
Imaging (CT/PET Scans, MRIs)	v				✓	~				
Speech Therapy				\$40.00	v					
Occupational and Physical Therapy				\$40.00	✓	⊻				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$40.00						
X-rays and Diagnostic Imaging				\$65.00	✓	✓				
Skilled Nursing Facility				\$800.00	> >	V			•	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•			\$600.00	✓	2			•	
Outpatient Surgery Physician/Surgical Services	7			\$200.00		×			V	
Drugs	🖌 All	🖌 All			🖌 All	🖌 All			🗌 All	🗌 All
Generics				\$24.00	~	~				
Preferred Brand Drugs				\$75.00						
Non-Preferred Brand Drugs	v			\$250.00					2	
Specialty Drugs (i.e. high-cost)	7			\$250.00	~	7			>	
Options for Additional Benefit Design Limits:		_	Plan Description:							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:							
Specialty Rx Coinsurance Maximum:		1	Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:							
# Days (1-10):		1	AVC Version:	2026_1d_Coins	_Cap					
Begin Primary Care & MHSUD Office Visit Cost-Sharing After a Set										
Number of \$1 Visits?										

Output Actuarial Value:

Metal Tier:

Calculate Status/Error Messages:

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).

Additional Notes:

0 1055 seconds

Visits (1-10):

Copays? #Copays (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of

Set a Maximum on Oupatient Facility Fee Coinsurance Payments? Outpatient Facility Fee Coinsurance Maximum:

Calculation Time: WAHBE Revised Final 2026 AV Calculator



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



Click Here for Important Instructions	Tier 1 Tier 2								Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies	
Type of benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduct	
Medical	✓ All	✓ All			🗸 All	🖌 All			All	All
Emergency Room Services	~			\$425.00	> >	✓			▼ ▼	
All Inpatient Hospital Services (inc. MH/SUD)	•			\$425.00	Z	✓				
Primary Care & MHSUD Office Visits				\$5.00						
Specialist Visit				\$30.00		✓				
Mental/Behavioral Health and Substance Use Disorder Outpatient Services other than Office Visits				\$10.00	V					
Imaging (CT/PET Scans, MRIs)	~	✓			v	✓				
Speech Therapy				\$20.00						
Occupational and Physical Therapy				\$20.00	V					
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$20.00						
X-rays and Diagnostic Imaging				\$40.00						
Skilled Nursing Facility	2			\$425.00	N N	Z			✓	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~			\$325.00	2					
Outpatient Surgery Physician/Surgical Services	7			\$120.00					v	
Drugs	🖌 All	🖌 All			🖌 All	🖌 All			🗌 All	🗌 All
Generics				\$12.00	>	▼				
Preferred Brand Drugs				\$35.00						
Non-Preferred Brand Drugs				\$160.00	✓	✓				
Specialty Drugs (i.e. high-cost)				\$160.00	2					
Options for Additional Benefit Design Limits:		_	Plan Description:	1						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:							
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?	~		Issuer HIOS ID:							
# Days (1-10):	5		AVC Version:	2026_1d_Coins_	Cap					
Begin Primary Care & MHSUD Office Visit Cost-Sharing After a Set	•									
Number of \$1 Visits?		1								

Output Calculate Status/Error Messages: Actuarial Value:

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

Gold

Visits (1-10):

Copays? #Copays (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of

Set a Maximum on Oupatient Facility Fee Coinsurance Payments?

Additional Notes:

Metal Tier:

0.1016 seconds

2026 Standard Plans Actuarial Value Certification and Unique Plan Design Supporting Documentation and Justification

WAHBE Revised Final 2026 AV Calculator

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



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



Click Here for Important Instructions		Tier 1 Tier 2							Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	•	Coinsurance, if	Copay, if	Copay applies	•
"	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduct	
Medical	🖌 All	🖌 Ali			🖌 All	🖌 All			🗌 All	🗌 All
Emergency Room Services				\$150.00		✓				
All Inpatient Hospital Services (inc. MH/SUD)				\$100.00	2					
Primary Care & MHSUD Office Visits				\$1.00		2				
Specialist Visit				\$15.00	Z	Z				
Mental/Behavioral Health and Substance Use Disorder Outpatient Services other than Office Visits				\$5.00	V	>				
Imaging (CT/PET Scans, MRIs)		•			Z					
Speech Therapy				\$5.00						
Occupational and Physical Therapy				\$5.00	•					
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$5.00	Z	Z				
X-rays and Diagnostic Imaging				\$15.00	Z					
Skilled Nursing Facility				\$100.00	> > > >					
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$100.00	V	⊻				
Outpatient Surgery Physician/Surgical Services				\$25.00	Z	×				
Drugs	✓ All	🖌 All			🖌 All	🖌 All			All	All
Generics				\$5.00	>	>				
Preferred Brand Drugs				\$12.00	V	Z				
Non-Preferred Brand Drugs				\$35.00	✓	✓				
Specialty Drugs (i.e. high-cost)				\$35.00		Z				
Options for Additional Benefit Design Limits:		_	Plan Description:							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:							
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?	~		Issuer HIOS ID:							
# Days (1-10):	5]	AVC Version:	2026_1d_Coins_	Cap					
Begin Primary Care & MHSUD Office Visit Cost-Sharing After a Set										
Number of \$1 Visits?										
# Visits (1-10):]								
# Days (1-10): Begin Primary Care & MHSUD Office Visit Cost-Sharing After a Set Number of \$1 Visits?	5			2026_1d_Coins_	Cap					

Actuarial Value: Metal Tier:

Status/Error Messages:

Output

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:

0.1016 seconds

Copays? #Copays (1-10):

Calculation Time: WAHBE Revised Final 2026 AV Calculator

Calculate

Begin Primary Care Deductible/Coinsurance After a Set Number of

Set a Maximum on Oupatient Facility Fee Coinsurance Payments?

0.1016 secor

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



Individual Market Standard Expanded Bronze Plan (Adjusted)



Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applie	s only after
Type of benefit	Deductible?	Coinsurance?	different	separate			different	separate	deduct	
Medical	🖌 Ali	✓ All			All	🖌 All			🗌 Ali	🗌 All
Emergency Room Services	~	~				> >				
All Inpatient Hospital Services (inc. MH/SUD)	•	v				Z				
Primary Care & MHSUD Office Visits				\$40.00						
Specialist Visit				\$100.00		7				
Mental/Behavioral Health and Substance Use Disorder Outpatient Services other than Office Visits						×				
Imaging (CT/PET Scans, MRIs)	•	v				Z				
Speech Therapy		~			▼ ▼	∨ ∨				
Occupational and Physical Therapy	•	•				2				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V									
X-rays and Diagnostic Imaging	v	Z			v	7				
Skilled Nursing Facility	2	2			Z	Z				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)										
Outpatient Surgery Physician/Surgical Services	v	v			v	v				
Drugs	✓ All	✓ All			🖌 All	🖌 Ali			All	All
Generics				\$32.00	K K	M				
Preferred Brand Drugs	v	✓				> >				
Non-Preferred Brand Drugs	v	✓								
Specialty Drugs (i.e. high-cost)	7	✓			V	>				
Options for Additional Benefit Design Limits:		-	Plan Description	:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:							
Specialty Rx Coinsurance Maximum:		1	Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:							
# Days (1-10):		1	AVC Version:	2026_1d_Coins	_Cap					
Begin Primary Care & MHSUD Office Visit Cost-Sharing After a Set		1								
Number of \$1 Visits?		1								
# Visits (1-10):		1								
Begin Primary Care Deductible/Coinsurance After a Set Number of		1								

Output

Calculate

Status/Error Messages: Actuarial Value:

Metal Tier:

Expanded Bronze Standard (56% to 65%), Calculation Successful. 64.97% Bronze NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time:

Set a Maximum on Oupatient Facility Fee Coinsurance Payments?

0.1055 seconds

Copays? # Copays (1-10):

WAHBE Revised Final 2026 AV Calculator

User Inputs for Plan Parameters								
Exhibit 5.1		HSA/HRA Options Tiered Network Option				ption		
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution?		Tiered			
Apply Skilled Nursing Facility Copay per Day?		Annual Cantail	oution Amount:		1st	Tier Utilization:	98.39%	
Use Separate MOOP for Medical and Drug Spending?		Annual Contric	bution Amount:		2nd	Tier Utilization:	1.61%	
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?								
Desired Metal Tier	Silara 🐨							
	Tie	er 1 Plan Benefit De	esign		Tier	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined		Medical	Drug	Combined	
Deductible (\$)			\$4,500.00				\$4,500.00	
Coinsurance (%, Insurer's Cost Share)			70.00%				70.00%	
MOOP (\$)			\$7,600.00				\$7,600.00	
MOOP if Separate (\$)								
			-				-	
Click Here for Important Instructions		Tier 1 Tier 2						Ī
Turn of Donalit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	ĺ
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	l
ba-dil								æ

Click Here for Important Instructions	Tier 1				Tie	Tier 1	Tier 2			
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?		Coinsurance, if different	Copay, if separate	Copay applie deduct	ible?
Medical		□ All							II All	
Emergency Room Services					9					
All Inpatient Hospital Services (inc. MH/SUD)	1									
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$25.00				\$25.00		
Specialist Visit				\$65.00				\$65.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services				\$65.00						
Imaging (CT/PET Scans, MRIs)	1									
Speech Therapy				\$40.00				\$40.00		
Occupational and Physical Therapy				\$40.00				\$40.00		
Preventive Care/Screening/Immunization			100.00%	\$0.00			100.00%	\$0.00		
Laboratory Outpatient and Professional Services										
X-rays and Diagnostic Imaging	P					P				
Skilled Nursing Facility										
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)										
Outpatient Surgery Physician/Surgical Services	2	2								
Drugs		- All							II All	
Generics				\$15.00				\$15.00		
Preferred Brand Drugs										
Non-Preferred Brand Drugs			55.00%				55.00%			
Specialty Drugs (i.e. high-cost)			50.00%				50.00%			

Specialty Drugs (i.e. high-cost)					
Options for Additional Benefit Design Limits:					
Set a Maximum on Specialty Rx Coinsurance Payments?					
Specialty Rx Coinsurance Maximum:					
Set a Maximum Number of Days for Charging an IP Copay?					
# Days (1-10):					
Begin Primary Care Cost-Sharing After a Set Number of Visits?					
# Visits (1-10):		2			
Begin Primary Care Deductible/Coinsurance After a Set Number of					
Copays?					
# Copays (1-10):					

 50.00%
 Image: Cost of WA Scenario 1

 Plan Description: Premera Blue Cross of WA Scenario 1

 Name:
 Preferred Silver

 Plan HIOS ID:
 49831WA 1940004

 Issuer HIOS ID:
 49831

 AVC Version:
 2026_1b

Calculate Status/Error Messages: Actuarial Value: Metal Tier:

Calculation Successful. 71.95% Silver NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: Final 2026 AV Calculator

0.5742 seconds

User Inputs for Plan Parameters						
Exhibit 5.1	1		HSA/HRA Options	Tiered Network Option		
Apply Inpatient Copay per Day?			HSA/HRA Employer Contribution?	Tiered Network Plan?	5	
Apply Skilled Nursing Facility Copay per Day?			Annual Contribution Amount:	1st Tier Utilization:	98.59%	
Use Separate MOOP for Medical and Drug Spending?			Annual Contribution Amount:	2nd Tier Utilization:	1.41%	
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?						
Desired Metal Tier	Silers	Ŧ				

Tier 1 Plan Benefit Design								
Medical	Drug	Combined						
		\$4,350.00						
		70.00%						
		\$6,500.00						
	Medical	Medical Drug						

Tier 2 Plan Benefit Design							
Medical	Drug	Combined					
		\$4,350.00					
		70.00%					
		\$6,500.00					

Click Here for Important Instructions	Tier 1			Tier 2				Tier 1	Tier 2	
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies	
	Deductible?	Coinsurance?	different	separate	Deductible?		different	separate	deducti	
Medical	□ All								T AI	
Emergency Room Services		2				1				
All Inpatient Hospital Services (inc. MH/SUD)		2								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$25.00				\$25.00		
Specialist Visit				\$60.00				\$60.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services				\$60.00	2					
Imaging (CT/PET Scans, MRIs)										
Speech Therapy				\$40.00				\$40.00		
Occupational and Physical Therapy				\$40.00				\$40.00		
Preventive Care/Screening/Immunization			100.00%	\$0.00			100.00%	\$0.00		
Laboratory Outpatient and Professional Services										
X-rays and Diagnostic Imaging										
Skilled Nursing Facility										
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)										
Outpatient Surgery Physician/Surgical Services	2	2							O	0
Drugs	IIA II	🗖 All							AI AI	🗖 All
Generics				\$15.00				\$15.00		
Preferred Brand Drugs						2				
Non-Preferred Brand Drugs			55.00%				55.00%			
Specialty Drugs (i.e. high-cost)			50.00%		2	2	50.00%			
Options for Additional Benefit Design Limits:		_	Plan Description:	remera Blue C	ross of WA Sce	nario 1				

Options for Additional Benefit Design Limits:			
Set a Maximum on Specialty Rx Coinsurance Payments?			
Specialty Rx Coinsurance Maximum:			
Set a Maximum Number of Days for Charging an IP Copay?			
# Days (1-10):			
Begin Primary Care Cost-Sharing After a Set Number of Visits?	5		
# Visits (1-10):		2	
Begin Primary Care Deductible/Coinsurance After a Set Number of			
Copays?			
# Copays (1-10):			

Plan Description: Premera Blue Cross of WA Name: Preferred Silver CSR 73% Plan HIOS ID: 49831WA194000404 Issuer HIOS ID: 49831 AVC Version: 2026_1b

Calculate Status/Error Messages: Actuarial Value: Metal Tier: CSR Level of 73% (200-250% FPL), Calculation Successful. 73.99% Silver NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: Final 2026 AV Calculator

0.5352 seconds
User Inputs for Plan Parameters						
Exhibit 5.1	1		HSA/HRA Options		Tiered Network Opt	on
Apply Inpatient Copay per Day?			HSA/HRA Employer Contribution?		Tiered Network Plan?	5
Apply Skilled Nursing Facility Copay per Day?			Annual Contribution Amount:		1st Tier Utilization:	98.94%
Use Separate MOOP for Medical and Drug Spending?			Annual Contribution Amount:		2nd Tier Utilization:	1.06%
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	1					
Desired Metal Tier	6-010	-				

	lier	1 Plan Benefit De	sign
	Medical	Drug	Combined
Deductible (\$)			\$600.00
Coinsurance (%, Insurer's Cost Share)			70.00%
MOOP (\$)			\$2,800.00
MOOP if Separate (\$)			

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

lick Here for Important Instructions		Tie	er 1			Т	ier 2		Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate		Subject to Coinsurance?		Copay, if separate	Copay applie deduc	tible?
Medical		🗖 All								
mergency Room Services										
All Inpatient Hospital Services (inc. MH/SUD)										
rrimary Care Visit to Treat an Injury or Illness (exc. Preventive, and (-rays)				\$10.00				\$10.00		
pecialist Visit				\$40.00				\$40.00		
Aental/Behavioral Health and Substance Use Disorder Outpatient ervices				\$40.00	2	2				
maging (CT/PET Scans, MRIs)										
peech Therapy				\$40.00				\$40.00		
Occupational and Physical Therapy				\$40.00				\$40.00		
reventive Care/Screening/Immunization			100.00%	\$0.00			100.00%	\$0.00		
aboratory Outpatient and Professional Services										
-rays and Diagnostic Imaging		2								
killed Nursing Facility										
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•									
Outpatient Surgery Physician/Surgical Services	•	2			•				0	0
Drugs		🗖 All			□ AI				🗖 AI	
Generics				\$10.00				\$10.00		
referred Brand Drugs		2								
Ion-Preferred Brand Drugs			55.00%				55.00%			
pecialty Drugs (i.e. high-cost)			50.00%			P	50.00%			

	tions for Additional Benefit Design Limits:
	Set a Maximum on Specialty Rx Coinsurance Payments?
	Specialty Rx Coinsurance Maximum:
	Set a Maximum Number of Days for Charging an IP Copay?
	# Days (1-10):
2	Begin Primary Care Cost-Sharing After a Set Number of Visits?
2	# Visits (1-10):
	egin Primary Care Deductible/Coinsurance After a Set Number of
	Copays?
	# Copays (1-10):

Plan Description: Premera Blue Cross of WA Name: Preferred Silver CSR 87% Plan HIOS ID: 49831WA194000405 Issuer HIOS ID: 49831 AVC Version: 2026_1b

CSR Level of 87% (150-200% FPL), Calculation Successful. 87.51% Gold NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Calculate Status/Error Messages: Actuarial Value: Metal Tier:

Additional Notes:

Calculation Time: Final 2026 AV Calculator

0.5469 seconds

User Inputs for Plan Parameters					
Exhibit 5.1		HSA/HRA Options	Tiered Network Option		
Apply Inpatient Copay per Day?		HSA/HRA Employer Contribution?	Tiered Network Plan?		
Apply Skilled Nursing Facility Copay per Day?		Annual Contribution Amount:	1st Tier Utilization: 99.45%		
Use Separate MOOP for Medical and Drug Spending?		Annual Contribution Amount:	2nd Tier Utilization: 0.55%		
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?					

Desired Metal Tier	eletanum 💌						
	Tier 1 Plan Benefit Design						
	Medical	Drug	Combined				
Deductible (\$)			\$300.00				
(%, Insurer's Cost Share)			70.00%				
MOOP (\$)			\$800.00				
MOOP if Separate (\$)							

		Tier 2 Plan Benefit Design							
I		Medical	Drug	Combined					
				\$300.00					
				70.00%					
				\$800.00					
	_								

Click Here for Important Instructions		Tie	er 1			Ti	er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applies	
	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deducti	
Medical	All								A	All
Emergency Room Services										
All Inpatient Hospital Services (inc. MH/SUD)						2				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$5.00		_		\$5.00	_	_
X-rays)	U	U		\$5.00	U			<i>\$5.00</i>	U	
Specialist Visit				\$30.00				\$30.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient	_	_		\$30.00		2			_	_
Services	0	U		\$30.00	(P)	(a)				U
Imaging (CT/PET Scans, MRIs)	2	2								
Speech Therapy				\$30.00				\$30.00		
		_		\$30.00		_		\$30.00		
Occupational and Physical Therapy	0	0		\$30.00	0	0		\$30.00	0	0
Preventive Care/Screening/Immunization			100.00%	\$0.00			100.00%	\$0.00		
Laboratory Outpatient and Professional Services										
X-rays and Diagnostic Imaging										
Skilled Nursing Facility						2				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)										
Outpatient Surgery Physician/Surgical Services	2	2							0	0
Drugs	II All								I Al	🗖 All
Generics				\$5.00				\$5.00		
Preferred Brand Drugs							~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
Non-Preferred Brand Drugs			55.00%				55.00%			
Specialty Drugs (i.e. high-cost)			50.00%				50.00%			
Options for Additional Benefit Design Limits:			Plan Description: F	remera Blue C	ross of WA Sce	nario 1				

		Options for Additional Benefit Design Limits.
		Set a Maximum on Specialty Rx Coinsurance Payments?
		Specialty Rx Coinsurance Maximum:
		Set a Maximum Number of Days for Charging an IP Copay?
		# Days (1-10):
2	З	Begin Primary Care Cost-Sharing After a Set Number of Visits?
2		# Visits (1-10):
		Begin Primary Care Deductible/Coinsurance After a Set Number of
		Copays?
		# Copays (1-10):

Coinsurance

Plan Description: Premera Blue Cross of WA Name: Preferred Silver CSR 94% Plan HIOS ID: 49831WA194000406 Issuer HIOS ID: 49831 AVC Version: 2026_1b

Calculate Status/Error Messages: Actuarial Value: Metal Tier: CSR Level of 94% (100-150% FPL), Calculation Successful. 94.67% Platinum NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: Final 2026 AV Calculator

0.5586 seconds

User Inputs for Plan Parameters					
Exhibit 5.1	1		HSA/HRA Options	Tiered Network Option	
Apply Inpatient Copay per Day?			HSA/HRA Employer Contribution?	Tiered Network Plan?	2
Apply Skilled Nursing Facility Copay per Day?			Annual Contribution Amount:	1st Tier Utilization:	98.27%
Use Separate MOOP for Medical and Drug Spending?			Annual Contribution Amount:	2nd Tier Utilization:	1.73%
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?					-
Desired Metal Tier	9-010	-			

	Ting	Tier 1 Plan Benefit Design						
	lier	Her I Plan Benefit Design						
	Medical	Drug	Combined					
Deductible (\$)			\$1,500.00					
Coinsurance (%, Insurer's Cost Share)			70.00%					
MOOP (\$)			\$6,800.00					
MOOP if Separate (\$)								

Tier	2 Plan Benefit 🛛	Design
Medical	Drug	Combined
		\$1,500.00
		70.00%
		\$6,800.00

Click Here for Important Instructions		Tie	er 1			Ti	er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applies	
	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deducti	
Medical	All									IIA 🗌
Emergency Room Services						2				
All Inpatient Hospital Services (inc. MH/SUD)						2				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$15.00		_		\$15.00	_	_
X-rays)		U		\$13.00	U			\$13.00		U
Specialist Visit				\$45.00				\$45.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient	_	_		\$45.00		2			_	_
Services		U		343.00		E			U	U
Imaging (CT/PET Scans, MRIs)	2									
Speech Therapy				\$45.00				\$45.00		
	_	_		\$45.00				\$45.00		
Occupational and Physical Therapy	0	0		Ş43.00	0	0		Ş45.00	0	0
Preventive Care/Screening/Immunization			100.00%	\$0.00			100.00%	\$0.00		
Laboratory Outpatient and Professional Services										
X-rays and Diagnostic Imaging					2	2				
Skilled Nursing Facility						2				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)										
Outpatient Surgery Physician/Surgical Services	2	2							0	0
Drugs	□ All									🗖 All
Generics				\$10.00				\$10.00		
Preferred Brand Drugs				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
Non-Preferred Brand Drugs		2	55.00%	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			55.00%			
Specialty Drugs (i.e. high-cost)			50.00%		2	2	50.00%			
Options for Additional Benefit Design Limits:			Plan Description:	Premera Blue 0	Cross of WA Sce	nario 1				
	-									

options for Additional Benefit Design Limits.				
Set a Maximum on Specialty Rx Coinsurance Payment	s? [
Specialty Rx Coinsurance Maximu	n:			
Set a Maximum Number of Days for Charging an IP Copa	y? [
# Days (1-10	J):			
Begin Primary Care Cost-Sharing After a Set Number of Visit	s? 🛛	3		
# Visits (1-10	J):		2	
Begin Primary Care Deductible/Coinsurance After a Set Number	of [
Сорау	s?			
# Copays (1-10	נ):			

Plan HIOS ID: 49831WA1940001 Issuer HIOS ID: 49831WA1940001 Issuer HIOS ID: 49831 AVC Version: 2026_1b

Calculate Status/Error Messages: Actuarial Value: Metal Tier:

Calculation Successful. 79.48% Gold NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: Final 2026 AV Calculator

0.8828 seconds

User Inputs for Plan Parameters						
Exhibit 5.1			ISA/HRA Options	Tier	ed Network Oj	otion
Apply Inpatient Copay per Day?		HSA/HRA Employ	er Contribution?	Tiered N	Network Plan?	2
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib		1st T	ier Utilization:	98.35%
Use Separate MOOP for Medical and Drug Spending?		Annual Contrib	ution Amount:	2nd T	ier Utilization:	1.65%
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	1	-				
Desired Metal Tier	aronge 💌					
	Tier	r 1 Plan Benefit De	sign	Tier 2	Plan Benefit D	Design
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$6,650.00			\$6,650.00
Coinsurance (%, Insurer's Cost Share)			60.00%			60.00%
MOOP (\$)			\$8,800.00			\$8,800.00
MOOP if Separate (\$)						

	Tier	1 Plan Benefit De	sign	Tier	2
	Medical	Drug	Combined	Medical	Γ
Deductible (\$)			\$6,650.00		Γ
Coinsurance (%, Insurer's Cost Share)			60.00%		
MOOP (\$)			\$8,800.00		
MOOP if Separate (\$)					ſ

MOOP if Separate (\$)										
Click Here for Important Instructions		Tie	r 1			Ti	er 2		Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?		Coinsurance, if different	Copay, if separate	Copay applie deduc	tible?
Medical	□ All									
Emergency Room Services		a				1				
All Inpatient Hospital Services (inc. MH/SUD)										
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$50.00				\$50.00		
Specialist Visit				\$100.00				\$100.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services				\$75.00						
Imaging (CT/PET Scans, MRIs)					2					
Speech Therapy				\$100.00				\$100.00		2
Occupational and Physical Therapy				\$100.00				\$100.00		
Preventive Care/Screening/Immunization			100.00%	\$0.00			100.00%	\$0.00		
Laboratory Outpatient and Professional Services						2				
X-rays and Diagnostic Imaging						2				
Skilled Nursing Facility										
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		2								

Outpatient Surgery Physician/Surgical Services	•	2				•			0
Drugs									
Generics				\$35.00				\$35.00	
Preferred Brand Drugs									
Non-Preferred Brand Drugs			55.00%				55.00%		
Specialty Drugs (i.e. high-cost)			50.00%		1		50.00%		
Options for Additional Benefit Design Limits:			Plan Description:	Premera Blue C	ross of WA Sce	nario 1			

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

		Options for Additional Benefit Design Limits:
	?	Set a Maximum on Specialty Rx Coinsurance Payments?
	:	Specialty Rx Coinsurance Maximum:
	?	Set a Maximum Number of Days for Charging an IP Copay?
	:	# Days (1-10):
2	?	Begin Primary Care Cost-Sharing After a Set Number of Visits?
2	:	# Visits (1-10):
	f	Begin Primary Care Deductible/Coinsurance After a Set Number of
	?	Copays?
	:	# Copays (1-10):

 Subora
 Premera Blue Cross of WA Scenario 1

 Name:
 Preferred Bronze

 Plan HIOS ID:
 49831WA1940003

 Issuer HIOS ID:
 49831

 AVC Version:
 2026_1b

Output Calculate

Status/Error Messages: Actuarial Value: Metal Tier: Expanded Bronze Standard (58% to 65%), Calculation Successful. 64.15% Bronze

Additional Notes:

Calculation Time: Final 2026 AV Calculator

0.8242 seconds

User Inputs for Plan Parameters										
Exhibit 5.1			HSA/HRA Option			red Network O	otion			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	2 🗆		Network Plan? Tier Utilization:	100.00%			
Apply Skilled Nursing Facility Copay per Day? Use Separate MOOP for Medical and Drug Spending?	H	Annual Contril	bution Amount:			Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?					2110	ner otnization.	0.0078			
Desired Metal Tier										
	Tie	r 1 Plan Benefit De	esign		Tier	2 Plan Benefit D	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$6,800.00							
Coinsurance (%, Insurer's Cost Share) MOOP (\$)			60.00%	4						
MOOP (\$) MOOP if Separate (\$)		1	\$8,400.00	1		1				
			-							
Click Here for Important Instructions			er 1				er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if		Subject to		Coinsurance, if	Copay, if	Copay applie	
Medical	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	deduct All	albie?
Emergency Room Services		1				2				
All Inpatient Hospital Services (inc. MH/SUD)	<u>ि</u>	হ			9 8	•			Ö	=
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and		-								
X-rays)										
Specialist Visit										
Mental/Behavioral Health and Substance Use Disorder Outpatient	1	2								
Services		2				•			Ē	
Imaging (CT/PET Scans, MRIs) Speech Therapy						•			H	
Speech metapy										
Occupational and Physical Therapy									0	
Preventive Care/Screening/Immunization			100.00%	\$0.00			100.00%	\$0.00		
Laboratory Outpatient and Professional Services					•	-				
X-rays and Diagnostic Imaging	1	र ह							8	
Skilled Nursing Facility						2				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						•			0	
Outpatient Surgery Physician/Surgical Services	2	2			2	2				
Drugs					All	All			□ AI	All
Generics	2	2 2	65.00%							
Preferred Brand Drugs Non-Preferred Brand Drugs	2 2	2 7	55.00%		8	2				
Specialty Drugs (i.e. high-cost)	2 2	1	50.00%						H	
Options for Additional Benefit Design Limits:	0	0		n: Premera Blue C					0	
Set a Maximum on Specialty Rx Coinsurance Payments?		1	Name:	Preferred Bron						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	49831WA19400	08					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	49831	L					
# Days (1-10):			AVC Version:	2026_1b						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate Status/Error Messages:		e Standard (58% t	6500 0 L L .:							
Actuarial Value:	62.79%	e Standard (58% ti	o 65%), calculatio	on successful.						
Metal Tier:	Bronze									
Additional Notes:										
Calculation Time:	0.7266 seconds									
Final 2026 AV Calculator										

Unique Plan Design—Supporting Documentation and Justification

Issuers must fill in the following information.

Health Insurance Oversight System (HIOS) Issuer ID:

49831

HIOS Product IDs: 49831WA194

Applicable HIOS Plan IDs (Standard Component): 49831WA1940001, 49831WA1940003, 49831WA1940004

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:

On the above listed plans, the unique plan designs are:

(1) 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.

(2) First two Primary Care visits at \$1 copay, then a different copay per visit for third and later visits.

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 in the development of the adjustments 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:

For unique plan design (1):

Premera 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 the above distribution was inputted in the AV calculator as the Tier 1 and Tier 2 utilization to obtained the final AV value.

(Cnt'd justifications below)

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:

HIMWark

Actuary Printed Name: Hiu-Wan Ko

Date: 05/14/2025

(Cnt'd from above)

For unique plan design (2):

For plans where the first two Primary care (PCP) visits copay is \$1 per visit and followed by a different PCP visit copay for third and more visits, an adjustment to the AV outside of the model is necessary. To determine the final AV value for this benefit the AV calculator is run with first two PCP visit at no cost sharing, then the value of these PCP visits having a \$1 copay is subtracted from the AV.

The Value of the Copay equals the average expected cost of the \$1 copay; which is the frequency of the first two PCP visits multiplied by the cost (\$1 copay). The frequency of the first two PCP visits is the frequency of all PCP visits less the frequency of greater than 2 PCP visits. [The frequency values coming from the respective metal level continuance tables at the plan's Claims Maximum Level.] This value is then divided by the AV Denominator to get the final adjustment to AV. [The AV Denominator is the Avg. Cost per Enrollee (Max'd) of the respective metal level at the Unlimited level.]

Therefore final adjustment formula is: Value of Copay = (\$1 copay * [Primary Care all visits frequency - Primary Care >2 Visits frequency]) / AV Denominator.



E	Benefit Components			Worksheet Controls							
	Company	Premera Blue Cross		Market:	Individual	Plan Year:	2026			-	
n 1	: Plan Information										
1	HIOS Plan ID	49831WA1940001		Line 1.3	Metal Level	Gold		Line 1.5	Exchange Status	On Exchange	
		Premera Blue Cross									
	Plan Name	Preferred Gold		Line 1.4	Cost-Share Reduction (CSR) Plan?			Line 1.6	New or Renewing	Renewing	
n 2	: Plan Design Information			Section 3: N	etwork and Tier Information						
1	Unique Plan Design	Yes		Line 3.1	Network Type	EPO					
	Use Integrated Medical & Drug Deductible?	Yes		Line 3.2	Network Name	Signature					
	Apply Inpatient Copay per Day?	No		Line 3.3	In-Network Tiers (#)	1					
	Apply Skilled Nursing Facility Copay per Day?	No		Line 3.4	Tier 1 Utilization	100.00%					
	Separate MOOP for Medical & Drug Spending?			Line 3.5	Tier 2 Utilization						
	Maximum Number of Days for Charging an IP Copay	N/A		Line 3.6	Tier 3 Utilization						
	Begin Primary Care Cost-Sharing After a Set Number of Visits	2		Line 3.7	Out-of-Network Benefits?	No					
-	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A									
1	HSA Plan?	No									
	HSA Employer Contribution Amount										
	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No									
	Pediatric Dental Embedded?	No									
	Includes Non-EHBs?	No									
- 4	: Cost-Share Designs										
In-	-Network Tier 1:	In Network									
		Medical	Drug	Combined							
Г	Deductible	medical	Drug		Errors/Warnings						
F	Deductible Default Coinsurance	medical	Drug	\$1,500	Errors/Warnings	_					
	Deductible Default Coinsurance MOOP	medical			Errors/Warnings						
	Default Coinsurance	medical	Drug	\$1,500 30%				Coinsurance		1	
	Default Coinsurance	Upfront Visits	Subject to	\$1,500 30%	Errors/Warnings Copays Applies	Accrues toward	Amount	Coinsurance Applies	Accrues toward	Comments	Errors/
	Default Coinsurance MOOP			\$1,500 30% \$6,800	Copays	Accrues toward Deductible?	Amount		Accrues toward Deductible?	Comments	Errors/ Warning
	Default Coinsurance MCOP Medical Benefits Emergency Room Services	Upfront Visits	Subject to	\$1,500 30% \$6,800	Copays		30%	Applies After Deductible		Comments	
	Default Coinsurance MOOP Medical Benefits Emergency Room Services Inpatient Hospital Services (e.g., Hospital Stay)	Upfront Visits or Copays? No No	Subject to Deductible? Yes Yes	\$1,500 30% \$6,800 Amount	Copays Applies	Deductible?		Applies			
	Default Consurance MOOP Medical Benefits Emergency Room Services Inpatient Hospital Services (e.g., Hospital Say) Primary Care Varito Treat an Injury or Illness	Upfront Visits or Copays? No No Yes	Subject to Deductible? Yes No	\$1,500 30% \$6,800 Amount \$ 15	Copays Applies Before and After Deductible	Deductible?	30%	Applies After Deductible		Comments Note 1	
	Defuit Consurance MOOP Medical Benefits Inpatient Hospital Services Inpatient Hospital Services (e.g., Hospital Stay) Primary Care Visit to Treat an Injury or Illness Specialist Visit	Upfront Visits or Copays? No Yes No	Subject to Deductible? Yes No No	\$1,500 30% \$6,800 Amount \$ 15 \$ 45	Copays Applies Before and After Deductible Before and After Deductible	Deductible?	30%	Applies After Deductible			
	Default Coinsurance MOOP Medical Benefits Emergency Room Services Inpatient Hospital Services (e.g., Hospital Sey) Primary Care Vario Toreta an Injary or Illenss Specialet Voit Mental Health & Substance Lie Disorder Office Visits	Upfront Visits or Copays? No No No No	Subject to Deductible? Yes No No No	\$1,500 30% \$6,800 Amount \$ 15	Copays Applies Before and After Deductible	Deductible?	30% 30%	Applies After Deductible After Deductible			
	Defuit Coloscance MOOP Medical Benefits Inpatient Hospital Services (eg., Hospital Say) Primary Care Visit to Treat an Injury or Illess Specialist Visit Mertal Health & Substance UB Disorder Office Visits Mertal Health & Substance UB Disorder Office Visits	Upfront Visits or Copays? No Yes No No No	Subject to Deductible? Yes No No No Yes	\$1,500 30% \$6,800 Amount \$ 15 \$ 45	Copays Applies Before and After Deductible Before and After Deductible	Deductible?	30% 30% 30%	Applies After Deductible After Deductible After Deductible			
	Default Consurance MGOP Medical Benefits Emergency Room Services Impattern Hospital Services (e.g., Hospital Say) Primary Care Visit To Fret an Injury of Itenes Specialist Visit Mertal Health & Substance Use Disorder All Other OP Services Imparing (CFRF Zens, MR8).	Upfront Visits or Copays? No Yes No No No No	Subject to Deductible? Yes No No No Yes Yes	\$1,500 30% \$6,800 Amount \$ 15 \$ 45 \$ 45	Copays Applies Before and After Deducible Before and After Deducible Before and After Deducible	Deductible?	30% 30%	Applies After Deductible After Deductible			
	Defail: Caloscarace MOOP Medical Benefits Inpatient Hospital Services (eg., Hospital Say) Primary Care Visit to Treat an Injury or Illess Specialist Visit Mertal Health & Substance Ue Disorder All Other OP Services Imaging (C/PET Sam, MRI) Rehabilitative Specific Hospital	Upfront Visits or Copays? No No No No No No	Subject to Deductible? Yes No No No Yes No	\$1,500 30% \$6,800 Amount \$ 15 \$ 45 \$ 45 \$ 45	Copays Applies Before and After Deductible Before and After Deductible Before and After Deductible Before and After Deductible	Deductible?	30% 30% 30%	Applies After Deductible After Deductible After Deductible			
	Default Coinsurance MGOP Medical Benefits Impactent Hospital Services (e.g., Hospital Say) Primary Care Visit To Fert an Injury or illness Specialist I Voit Mertal Health & Substance Use Disorder All Other OP Services Imparing (CFRF TSans, MRR) Rehabilitatve Scepech Therapy	Upfront Visits or Copays? No No No No No No No No	Subject to Deductible? Yes No No Yes Yes No No No	\$1,500 30% \$6,800 Amount \$ 15 \$ 45 \$ 45	Copays Applies Before and After Deducible Before and After Deducible Before and After Deducible Before and After Deducible Before and After Deducible	Deductible?	30% 30% 30%	Applies After Deductible After Deductible After Deductible			
	Default Caloscance MOOP Medical Benefits Inpatient Hooptal Services (eg., Hooptal Soy) Primary Care Visit to Treat an Inpury or Illess Specialist Visit Mertal Health & Substance Us Biosrder Office Visits Mertal Health & Substance Us Biosrder Office Visits Mertal Health & Substance Us Biosrder Al Other OP Services Imaging (C/RFT Scans, MRI) Rehabilitative Speciennig/Immunization	Upfront Visits or Copays? No No Yes No No No No No No No	Subject to Deductible? Yes No No Yes Yes No No No	\$1,500 30% \$6,800 Amount \$ 15 \$ 45 \$ 45 \$ 45	Copays Applies Before and After Deductible Before and After Deductible Before and After Deductible Before and After Deductible	Deductible?	30% 30% 30% 30%	Applies After Deductible After Deductible After Deductible After Deductible			
	Default Coinsurance MOOP Medical Benefits Impactent Hospital Services (e.g., Hospital Say) Impany Care Visit To Frat an Injury or Illness Specialart Volt Mertal Health & Substance Use Disorder All Other OP Services Impanyin (CF/RT Stars, MRIs) Rehabilitative Sopech Theragy Rehabilitative Specialitonal and Rehabilitative Physical Therapy Preventive Care/Screening/Immunization	Upfront Visits or Copays? No No No No No No No No No No No	Subject to Deductible? Yes No No Yes No No No No No Yes	\$1,500 30% \$6,800 Amount \$ 15 \$ 45 \$ 45 \$ 45	Copays Applies Before and After Deducible Before and After Deducible Before and After Deducible Before and After Deducible Before and After Deducible	Deductible?	30% 30% 30% 30% 30%	Applies After Deductible After Deductible After Deductible After Deductible After Deductible			
	Default Caloscarace MOOP Medical Benefits Inpatient Hoophal Services (e.g., Hoophal Say) Primary Care Violt to Treat an Inpury or Illeas Specialist Violt Mertai Haahth & Substance Use Disorder Office Vialis Mertai Haahtha & Substance Use Disorder Office Vialis Mertai Haahtha & Office Constant & Office Vialis Mertai Haahtha & Office Constant & Office Vialis Mertai Haahtha & Substance Use Disorder Office Vialis Mertai Haahtha & Office Constant & Office Vialis Mertai Haahtha & Office Constant & Office Vialis Mertai Haahtha & Substance Use Disorder All Other Office Vialis Mertai Haahtha & Office Vialis Mertai Haahtha & Office Vialis Mertai Haahtha & Office Vialis Mertai Haahtha & Substance Use Disorder Office Vialis Mertai Haahtha & Office Vialis Mertai Haa	Upfront Visits or Copays? No No No No No No No No No No	Subject to Deductible? Yes No No Yes No No No No Yes Yes	\$1,500 30% \$6,800 Amount \$ 15 \$ 45 \$ 45 \$ 45	Copays Applies Before and After Deducible Before and After Deducible Before and After Deducible Before and After Deducible Before and After Deducible	Deductible?	30% 30% 30% 30% 30% 30% 30% 30%	Applies After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible			
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	Default Consurance MOOP Medical Benefits Emergency Room Review Inpatient Hospital Services (e.g., Hospital Stay) Primary Care Visit Torsta in Injury of Iless Specialist Visit Mertal Health & Substance Use Disorder Office Visits Mertal Health & Substance Use Disorder Office Visits Mertal Health & Substance Use Disorder Office Visits Mertal Health & Substance Use Disorder All Other Of Services Presentise Care/ServiceIng/Immunization International Professional Services Laboratory Outpatient and Professional Services Verays and Disports (Free (g., Annichatory Surgery Center)	Upfront Visits or Copays? No No No No No No No No No No No	Subject to Deductible? Yes Yes No No No No No No No Yes Yes Yes Yes Yes	\$1,500 30% \$6,800 Amount \$ 15 \$ 45 \$ 45 \$ 45	Copays Applies Before and After Deducible Before and After Deducible Before and After Deducible Before and After Deducible Before and After Deducible	Deductible?	30% 30% 30% 30% 30% 30% 30% 30% 30%	Applies After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible			
	Default Colonsarance MOOP Medical Benefits Impactent Hospital Services (e.g., Hospital Say) Impany Care Visito Torist an Injury of Illness Specialart Visit Mertal Health & Substance Use Disorder All Other OP Services Mertal Health & Substance Use Disorder All Other Other Disorder	Upfront Visits or Copavs ² No No No No No No No No No No No No No	Subject to Deductible? Yes No No No Yes Yes No No Yes Yes Yes Yes	\$ 1.500 30% \$6,800 Amount \$ 15 \$ 45 \$ 45 \$ 45 \$ 45 \$ 45 \$	Copays Appiles Before and After Deductible Before and After Deductible	Deductible? No	30% 30% 30% 30% 30% 30% 30%	Applies After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible			
	Default Consurance MOOP Medical Benefits Emergency Room Review Inpatient Hospital Services (e.g., Hospital Stay) Primary Care Visit Torsta in Injury of Iless Specialist Visit Mertal Health & Substance Use Disorder Office Visits Mertal Health & Substance Use Disorder Office Visits Mertal Health & Substance Use Disorder Office Visits Mertal Health & Substance Use Disorder All Other Of Services Presentise Care/ServiceIng/Immunization International Professional Services Laboratory Outpatient and Professional Services Verays and Disports (Free (g., Annichatory Surgery Center)	Upfront Visits or Copays? No No No No No No No No No No No	Subject to Deductible? Yes Yes No No No No No No No Yes Yes Yes Yes Yes	\$1,500 30% \$6,800 Amount \$ 15 \$ 45 \$ 45 \$ 45	Copays Applies Before and After Deducible Before and After Deducible Before and After Deducible Before and After Deducible Before and After Deducible	Deductible?	30% 30% 30% 30% 30% 30% 30% 30% 30%	Applies After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible			
	Default Coinsurance MOOP Medical Benefits Emergency Room Services Inpatient Hospital Services (e.g., Hospital Servi Inpatient Hospital Services (e.g., Hospital Servi Primary Care Visit To Test an Injury of Illess Specialist Visit Mertal Health & Substance Use Disorder Office Visits Mertal Health & Substance Use Disorder Office Visits Mertal Health & Substance Use Disorder All Other Of Services Inaging (CF/RF Sacra, Mikit) Rehabilitative Cognotion and Rehabilitative Physical Therapy Preventes Conference and Rehabilitative Physical Therapy Preventes Conference and Rehabilitative Conference (Conference and Rehabilitative Physical Therapy Preventes Conference and Rehabilitative Conference (Conference and Rehabilitative Services) Unitative Tarletity Fe (e.g., Arribuildory Surgery Center) Outpatient Sargery Physical/Surgical Services	Upfront Visits or Copays? This No No No No No No No No No No No No	Subject to Deductible? Yes No No No Yes No No No No Yes Yes Yes Yes Yes No	\$ 1.500 30% \$6,800 Amount \$ 15 \$ 45 \$ 45 \$ 45 \$ 45 \$ 45 \$	Copays Appiles Before and After Deductible Before and After Deductible	Deductible? No	30% 30% 30% 30% 30% 30% 30% 30%	Applies After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible			
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	Default Coinsurance MOOP Medical Benefits Impairent Hospital Services (e.g., Hospital Sey) Impairent Hospital Services (e.g., Hospital Sey) Impairent Hospital Services (e.g., Hospital Sey) Primary Care Visit To Treat an Injury of Illess Speciality Visit Mertal Neath & Substance Use Disorder Office Visits Mertal Neath & Substance Use Disorder All Other OP Services Impaing (CFRF Sear, MRR) Rehubilitative Cognotional and Rehubilitative Entry International Services International Services (e.g., Monte Care Society (e.g., Monte) Disorder Use Society and Protestical Services Userpaired Testing (Fe (e.g., Ambulationy Surgery Centee) Outpairent Sargery Physical Surgical Services Userpaired Entergency Transportation Default Categories	Upfront Visits or Copays? 100 100 100 100 100 100 100 100 100 10	Subject to Deductible? Yes No No No Yes No Yes Yes Yes No Yes No Yes No	\$1500 30% \$6600 \$56600 \$515 \$545 \$45 \$45 \$45 \$545 \$545 \$545	Copays Applies Applies Before and After Deductible Before and After Deductible	No No No No No No No No No	30% 30% 30% 30% 30% 30% 30% 30%	Applies After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible			
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	Default Consurance MOOP Model	Upfront Visite or Copys? No No No No No No No No No No No No No	Subject to Deductible? Yes No No No No No No No No No No No No No	\$1500 30% 30% \$600 Amount 5 \$ 45 \$ 45 \$ 45 \$ 45 \$ 45 \$ 45 \$ 45 \$ 45 \$ 45 \$ 45 \$ 45 \$ 45 \$ 45 \$ 45 \$ 45 \$ 45 \$ 45 \$ 45	Coppys Appiles Before and After Deductible Before and After Deductible	Deductible? Deductible? No No	30% 30% 30% 30% 30% 30% 30% 30% 30% 30%	Applies After Deductible After Deductible	Deductible?	Note 1	
	Defails Coinsciance MOOP Medical Exercise Exerc	Upfront Visits or Copays? No No No No No No No No No No No No No	Subject to Deductible? No No No No No No No No No No No No No	\$1500 30% 56.800 Amount \$ 15 \$ 45 \$ 45 \$ 45 \$ 45 \$ 45 \$ 45 \$ 45	Coppys Appiles Before and After Deductible Before and After Deductible	Deductible? Deductible? No	30% 30% 30% 30% 30% 30% 30% 30% 30% 30%	Applies After Deductible After Deductible	Deductible?	Note 1	Warning
	Default Consurance MOOP Medical Benefits Emergency Room Services Inpatient Hospital Services (e.g., Hospital Servi Inpatient Hospital Services (e.g., Hospital Servi Primary Care Visit Toritat in Injury of Illenss Specialist Visit Mertal Health & Substance Use Disorder Office Visits Mertal Health & Substance Use Disorder All Other Of Services Inaging (CF/RF Services, MRR) Preventise Care Screening/Immunitation Use Care Screening/Immunitation Users Care Content (Content Services) Users Care Care Content (Content Services) Users Care Care Care Content (Content Services) Disord Services Users Care Care Care Care Content (Content Services) Non-BHB Benefits Drug Benefit Ters (cd/mdrodly descriptions an sercessary) (Generic Durs, (Ter 1) Preferred Sand Disors, (Ter 2)	Upfront Visits or Copays? No No No No No No No No No No No No No	Subject to Deductible Veta No No No No No No No No No Veta Veta Veta Veta Veta Veta Veta No No No No No No No No No No No No No	\$1500 30% 30% \$600 Amount 5 \$ 45 \$ 45 \$ 45 \$ 45 \$ 45 \$ 45 \$ 45 \$ 45 \$ 45 \$ 45 \$ 45 \$ 45 \$ 45 \$ 45 \$ 45 \$ 45 \$ 45 \$ 45	Coppy Applies Before and After Deductible Before and After Deductible	Accrues toward Deductible?	30% 30% 30% 30% 30% 30% 30% 30% 30%	Applies After Deductible	Deductible?	Note 1	Warning
	Defails Coinsciance MOOP Medical Exercise Exerc	Upfront Visits or Copays? No No No No No No No No No No No No No	Subject to Dedeutble?	\$1500 30% 30% \$600 Amount 5 \$ 45 \$ 45 \$ 45 \$ 45 \$ 45 \$ 45 \$ 45 \$ 45 \$ 45 \$ 45 \$ 45 \$ 45 \$ 45 \$ 45 \$ 45 \$ 45 \$ 45 \$ 45	Coppy Applies Before and After Deductible Before and After Deductible	Accrues toward Deductible?	30% 30% 30% 30% 30% 30% 30% 30% 30% 30%	Applies After Deductible After Deductible	Deductible?	Note 1	Warning

Benefit Components			Worksheet Controls							
Cor	npany: Premera Blue Cross		Market:	Individual	Plan Year:	2026			-	
1: Plan Information										
HIOS Plan ID	49831WA1940003	_	Line 1.3	Metal Level	Expanded Bronze		Line 1.5	Exchange Status	On Exchange	
Plan Name	Premera Blue Cross Preferred Bronze		Line 1.4	Cost-Share Reduction (CSR) Plan?			Line 1.6	New or Renewing	Renewing	
2: Plan Design Information				etwork and Tier Information						
Unique Plan Design	Yes		Line 3.1	Network Type	EPO					
Use Integrated Medical & Drug Deductible?	Yes		Line 3.2	Network Name	Signature					
Apply Inpatient Copay per Day?	No		Line 3.3	In-Network Tiers (#)	1					
Apply Skilled Nursing Facility Copay per Day?	No		Line 3.4	Tier 1 Utilization	100.00%					
Separate MOOP for Medical & Drug Spending?			Line 3.5	Tier 2 Utilization						
Maximum Number of Days for Charging an IP Copay	N/A		Line 3.6	Tier 3 Utilization		i i				
Begin Primary Care Cost-Sharing After a Set Number of	Visits 2		Line 3.7	Out-of-Network Benefits?	No					
Begin Primary Care Deductible/Coinsurance After a Set	N/A									
Number of Copays? HSA Plan?	No									
HSA Employer Contribution Amount										
Different Cost-Sharing for Virtual vs Non-Virtual Care?	No									
Pediatric Dental Embedded?	No									
Includes Non-EHBs?	No									
4: Cost-Share Designs		-								
n-Network Tier 1:	In Network									
	Medical	Drug	Combined	Errors/Warnings						
Deductible Default Coinsurance MOOP			\$6,650 40%	E for a manage	-					
Default Coinsurance			\$6,650		-		Coinsurance		1	
Default Coinsurance			\$6,650 40%	Copays	Accrues toward	Amount	Coinsurance Applies	Accrues toward	Comments	Errors
Default Coinsurance MOOP	Upfront Visits or Copays?	Subject to Deductible?	\$6,650 40% \$8,800		Accrues toward Deductible?	Amount	Coinsurance Applies	Accrues toward Deductible?	Comments	
Default Coinsurance MOOP Medical	Upfront Visits	Subject to	\$6,650 40% \$8,800	Copays		Amount 40%	Applies After Deductible		Comments	
Default Coinsurance MOOP Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	\$6,650 40% \$8,800	Copays			Applies		Comments	
Default Coinsurance MOOP Medical Benefits Emergency Room Services Inpatient Hospital Services (e.g. Hospital Stay) Primary Care Visit To Text an Injury or Illenss	Upfront Visits or Copays? No No Yes	Subject to Deductible? Yes	\$6,650 40% \$8,800	Copays Applies Before and After Deductible		40%	Applies After Deductible		Comments Note 1	
Default Coinsurance MOOP Medical Benefits Emergency Room Services Inpatient Hospital Services (eg., Hospital Stay) Primary Care Visit to Treat an Injury or Illness Specialist Visit	Upfront Visits or Copays? No No	Subject to Deductible? Yes No Yes	\$6,650 40% \$8,800 Amount \$ 50 \$ 100	Copays Applies Before and After Deductible After Deductible	Deductible?	40%	Applies After Deductible			
Default Coinsurance MOOP Medical Benefits Emergency Room Services Inpatient Hospital Services (e.g. Hospital Stay) Primary Care Visits To Text an Injury or Illness Specialist Visit Mental Health & Substance Use Disorder Office Visits	Upfront Visits or Copays? No No Yes No No	Subject to Deductible? Yes No Yes No	\$6,650 40% \$8,800 Amount \$ 50	Copays Applies Before and After Deductible	Deductible?	40%	Applies After Deductible After Deductible			
Default Coinsurance MOOP Medical Benefits Emergency Room Services Inpatient Hospital Services (e.g., Hospital Stay) Primary Care Visit to Treat an Injury or Illness Specialist Visit Mental Health & Substance Use Disorder Office Visits Mental Health & Substance Use Disorder Office Visits	Upfront Visits or Copays? No Yes No No 25 No	Subject to Deductible? Yes No Yes No Yes	\$6,650 40% \$8,800 Amount \$ 50 \$ 100	Copays Applies Before and After Deductible After Deductible	Deductible?	40%	Applies After Deductible After Deductible After Deductible			
Default Coinsurance MOOP Medical <u>Benefits</u> Impartent Hospital Services (e.g. Hospital Stay) Primary Care Visit to Trest an Injury or Illness Specialist Visit Mental Health & Substance Use Disorder Office Visits Mental Health & Substance Use Disorder Office Visits Mental Health & Substance Use Disorder Office Visits Mental Health & Substance Use Disorder Office Visits	Upfront Visits or Copays? No No Yes No No No No No No	Subject to Deductible? Yes No Yes No Yes Yes	\$6,650 40% \$8,800 Amount \$ 50 \$ 100 \$ 75	Copays Applies Before and After Deducible After Deducible Before and After Deducible	Deductible?	40%	Applies After Deductible After Deductible			
Default Coinsurance MOOP Medical Benefits Emergency Room Services (e.g., Hospital Stay) Primary Care Vialt to Treat an Injury or Illnes Specialist Vialt Mental Health & Substance Use Disorder Office Visits Mental Health & Substance Use Disorder AII Other OP Servic Imaging (CT/PET Scars, MRs) Rehabilitative Spech Therapy	Upfront Visits or Copays? No	Subject to Deductible? Yes No Yes No Yes Yes	\$6,650 40% \$8,800 Amount 5 50 5 100 5 75 5 100	Copays Applies Before and After Deductible After Deductible Before and After Deductible After Deductible	Deductible?	40%	Applies After Deductible After Deductible After Deductible			
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Be	enefit Components			Worksheet Controls							
	Company	Premera Blue Cross		Market:	Individual	Plan Year:	2026				
1:1	Plan Information										
	HIOS Plan ID	49831WA1940004	_	Line 1.3	Metal Level	Silver		Line 1.5	Exchange Status	On Exchange	
	Plan Name	Premera Blue Cross Preferred Silver		Line 1.4	Cost-Share Reduction (CSR) Plan?	No		Line 1.6	New or Renewing	Renewing	
	Plan Design Information				etwork and Tier Information						
_	Unique Plan Design	Yes		Line 3.1	Network Type	FPO					
	Use Integrated Medical & Drug Deductible?	Yes		Line 3.2	Network Name	Signature					
	Apply Inpatient Copay per Day?	No		Line 3.3	In-Network Tiers (#)	1					
	Apply Skilled Nursing Facility Copay per Day?	No		Line 3.4	Tier 1 Utilization	100.00%					
	Separate MOOP for Medical & Drug Spending?			Line 3.5	Tier 2 Utilization						
	Maximum Number of Days for Charging an IP Copay	N/A		Line 3.6	Tier 3 Utilization						
	Begin Primary Care Cost-Sharing After a Set Number of Visits	2		Line 3.7	Out-of-Network Benefits?	No					
	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A									
	HSA Plan?	No									
	HSA Employer Contribution Amount										
	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No									
	Pediatric Dental Embedded?	No									
	Includes Non-EHBs?	No									
4.	Cost-Share Designs										
	letwork Tier 1:	In Network	_								
		Medical		Combined	Errors/Warnings						
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	Default Coinsurance MOOP Medical	Upfront Visits	Subject to	\$4,500 30%		Accrues toward	Amount	Coinsurance Applies	Accrues toward	Comments	
	Default Coinsurance MOOP Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	\$4,500 30% \$7,600	Copays	Accrues toward Deductible?		Applies	Accrues toward Deductible?	Comments	
	Default Coinsurance MOOP Medical Benefits Emergency Room Services	Upfront Visits or Copays? No	Subject to Deductible? Yes	\$4,500 30% \$7,600	Copays		30%	Applies After Deductible		Comments	
	Default Coinsurance MOOP Medical Benefits Emergency Room Services Impatient Hospital Services (e.g. Hospital Stay)	Upfront Visits or Copays? No No	Subject to Deductible? Yes Yes	\$4,500 30% \$7,600 Amount	Copays Applies	Deductible?		Applies			
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	Default Colinumnce MOOP Medical Benefits Emergency Room Services (e.g. Hospital Stay) Primary Care Visit to Treat an Injury or Illness Specialist Visit	Upfront Visits or Copays? No Yes No	Subject to Deductible? Yes No No	\$4,500 30% \$7,600 Amount \$ 25 \$ 65	Copays Applies Before and After Deductible Before and After Deductible	Deductible?	30%	Applies After Deductible			
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	Default Contraumore MOOP Benefits Emergency Room Services (e.g., hospital Sany) Primary Care Visit Toreta an Injury or Illness Specialist Visit Mental Health R Substance Use Disorder Office Visits Mental Health R Substance Use Disorder AllOther OP Services Imaging (CTPE TSans, MR8) Services Inc.	Upfront Visits or Copays? No Yes No No No No	Subject to Deductible? Yes No No No Yes Yes	\$4,500 30% \$7,600 Amount \$ 25 \$ 65 \$ 65 \$ 65	Copays Applies Before and After Deductible Before and After Deductible Before and After Deductible	Deductible?	30% 30%	Applies After Deductible After Deductible			
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	Default Colonizance MOOP MoOP MooP MooR	Upfront Visits or Copay? No No No No No No No No No No No No No	Subject to Deductible? Yes No No No Yes No No No Yes Yes Yes Yes Yes Yes No No No No No No No No No No No No No	\$4,500 30% 30% \$7,600 Amount \$ \$ 25 \$ 65 \$ 40 \$ 40 \$ 65 \$ 65 \$ 65 \$ 65	Copays Applies Before and After Deductible Before and After Deductible	Deductible? Deductible? No No	30% 30% 30% 30% 30% 30% 30% 30% 30% 30%	Applies After Deductible After Deductible	Deductible?	Note 1	Warning
	Default Consumnce MOOP MoOP Model Medical Benefits Ingatient Hospital Services (e.g., hospital Sany) Primary Care Visit Toreta an Injury or Illness Specialist Visit Mental Health & Substance Use Disorder Office Visits Mental Health & Substance Use Disorder All Other OP Services Imaging (CTPET Sans, Mills) Rehabilitative Coccustional and Rehabilitative Cares Index Care Streaming Immunization Ungetter Care Temporty Transportation Definer Ref Stateportes Chiro/Acupatient Non-BHB Benefits Ding Benefit Tess	Upfront Visits or Copays? 100 100 100 100 100 100 100 100 100 10	Subject to Deductible? Yes No No No No Yes No No No No No No No No Yes Yes Yes Yes No Yes Yes No Yes	5 4500 30% 57,600 Amount 5 25 5 65 5 65 5 40 5 40 5 40 5	Copays Applies Before and After Deductible Before and After Deductible	No No No No No No No No No	30% 30% 30% 30% 30% 30% 30% 30% 30%	Applies After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible			Warning
	Default Colonizarine MOOP MoOP MooP MooP MooP MooR MooP MooR Moo	Upfront Visits or Copays? No No	Subject to Deductible Veris No No No No No Yes No Yes Yes Yes No Yes Yes Yes Subject to Deductible:	\$4,500 30% 30% \$7,600 Amount \$ \$ 25 \$ 65 \$ 40 \$ - \$ - \$ 65 \$ 65 \$ 65	Copays Applies Before and After Deductible Before and After Deductible	Deductible? Deductible? No	30% 30% 30% 30% 30% 30% 30% 30% 30% 30%	Applies After Deductible After Deductible	Deductible?	Note 1	Warning
	Default Consumnce MOOP MoOP Model Medical Benefits Inparient Hospital Services (e.g., hospital Sany) Primary Care Visit Torest an Injury or Illness Specialist Visit Mental Health & Substance Use Disorder Office Visits Mental Health & Substance Use Disorder All Other OP Services Imaging (CTPET Sans, Mills) Rehabilitative Coccustional and Rehabilitative Care Monte Care Soreening Innormatication Laboratory Outstant and Professional Geroles X-rays and Diagnostic Imaging Salled Nursing Facility Outpatient Surgery Physical/Surgery Center) Outpatient Surgery Physical/Surgery Center) Cher All Stateportes Cheiro/Acupatient Non-BHB Benefits Dong Benefit Tors (add/modify descriptions as necessary) Genet Dung (Ter 1)	Upfront Visits or Copays? No No	Subject to Deductible? Tetra No No No No No No No No No No No No Subject to Deductible?	14.500 30% 30% \$7.600 Amount 5 5 65 5 40 5 40 5 40 5 65 5 65 5 65 5 65 5 65 5 65 40 5 5 40 5 40 5 65 40 5 5 65	Copays Applies Before and After Deductible Before and After Deductible	Accrues toward Deductible?	30% 30% 30% 30% 30% 30% 30% 30% 30% 30%	Applies After Deductible After Deductible	Deductible?	Note 1	Errors/ Warning: Errors/ Warning:
	Default Colonizarine MOOP MoOP MooP MooP MooP MooP MooP MooP ModP Mod	Upfront Visits or Copays? No No	Subject to Deductible Veris No No No No No Yes No Yes Yes Yes No Yes Yes Yes Subject to Deductible:	14.500 30% 30% \$7.600 Amount 5 5 65 5 40 5 40 5 40 5 65 5 65 5 65 5 65 5 65 5 65 40 5 5 40 5 40 5 65 40 5 5 65	Copays Applies Before and After Deductible Before and After Deductible	Accrues toward Deductible?	30% 30% 30% 30% 30% 30% 30% 30% 30% 30%	Applies After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible	Deductible?	Note 1	Warning:

В	Benefit Components			Worksheet Controls							
	Company:	Premera Blue Cross		Market:	Individual	Plan Year:	2026			_	
11:	Plan Information										
	HIOS Plan ID	49831WA1940004		Line 1.3	Metal Level	Silver		Line 1.5	Exchange Status	On Exchange	
		Premera Blue Cross									
	Plan Name	Preferred Silver		Line 1.4	Cost-Share Reduction (CSR) Plan?	73% AV Level Silver Plan		Line 1.6	New or Renewing	Renewing	
12:	Plan Design Information			Section 3: N	etwork and Tier Information						
	Unique Plan Design	Yes		Line 3.1	Network Type	EPO					
	Use Integrated Medical & Drug Deductible?	Yes		Line 3.2	Network Name	Signature					
	Apply Inpatient Copay per Day?	No		Line 3.3	In-Network Tiers (#)	1					
	Apply Skilled Nursing Facility Copay per Day?	No		Line 3.4	Tier 1 Utilization	100.00%					
	Separate MOOP for Medical & Drug Spending?			Line 3.5	Tier 2 Utilization						
	Maximum Number of Days for Charging an IP Copay	N/A		Line 3.6	Tier 3 Utilization						
	Begin Primary Care Cost-Sharing After a Set Number of Visits	2		Line 3.7	Out-of-Network Benefits?	No					
	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A									
	HSA Plan?	No									
	HSA Employer Contribution Amount										
	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No									
	Pediatric Dental Embedded?	No									
	Includes Non-EHBs?	No									
۰Δ۰	: Cost-Share Designs										
			Dava	Combined							
	Deductible	Medical	Drug	\$4,350	Errors/Warnings	-					
	Deductible Default Coinsurance	Medical	Drug		Errors/Warnings	-					
		Medical		\$4,350	Errors/Warnings						
	Default Coinsurance MOOP			\$4,350 30% \$6,500	Errors/Warnings Copays			Coinsurance		1	
	Default Coinsurance MOOP Medical	Upfront Visits	Subject to	\$4,350 30%		Accrues toward	Amount	Coinsurance Applies	Accrues toward	Comments	Errors/
	Default Coinsurance MOOP Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	\$4,350 30% \$6,500	Сорауз	Accrues toward Deductible?		Applies	Accrues toward Deductible?	Comments	Errors/ Warning
	Default Coinsurance MCOP Medical Benefits Emergency Room Services	Upfront Visits or Copays? No	Subject to Deductible? Yes	\$4,350 30% \$6,500	Сорауз		30%	Applies After Deductible		Comments	
	Default Coinsurance MOOP Medical Benefits Emergency Room Services Inpatient Hospital Services (e.g., Hospital Stay)	Upfront Visits or Copays? No No	Subject to Deductible? Yes Yes	\$4,350 30% \$6,500 Amount	Copays Applies	Deductible?		Applies			
	Default Consurance MCOP Medical Benefits Emergancy Room Services Inpatient Hospital Services (e.g., Nospital Stay) Primary Care Visit To treat an Injay or Utiless	Upfront Visits or Copays? No No Yes	Subject to Deductible? Yes No	\$4,350 30% \$6,500 Amount \$ 25	Copays Applies Before and After Deductible	Deductible?	30%	Applies After Deductible		Comments Note 1	
	Default Consurance MOOP Medical Benefits Impartent Hospital Services Impatient Hospital Services (e.g. Hospital Stay) Primary Care Visit to Treat an Injury or Illness Specialist Visit	Upfront Visits or Copays? No Yes No	Subject to Deductible? Yes No No	\$4,350 30% \$6,500 Amount \$ 25 \$ 60	Copays Applies Before and After Deductible Before and After Deductible	Deductible?	30%	Applies After Deductible			
	Default Consurance MCOP MCOP Benefits Emergency Room Services Impatient Hospital Services (e.g., Hospital Stay) Primary Care Visit To Treat an Injury or Illness Specialst Visit Mercal Health & Substance Use Disorder Office Visits	Upfront Visits or Copays? No No No	Subject to Deductible? Yes No No No	\$4,350 30% \$6,500 Amount \$ 25	Copays Applies Before and After Deductible	Deductible?	30% 30%	Applies After Deductible After Deductible			
	Default Consurance MOOP Medical Benefits Impartent Hospital Services Impatient Hospital Services (e.g. Hospital Stay) Primary Care Visit to Treat an Injury or Illness Specialist Visit	Upfront Visits or Copays? No Yes No	Subject to Deductible? Yes No No	\$4,350 30% \$6,500 Amount \$ 25 \$ 60	Copays Applies Before and After Deductible Before and After Deductible	Deductible?	30%	Applies After Deductible			
	Default Consurance MOOP Medical Benefits Impartent Hospital Sevices Impartent Hospital Sevices (e.g., Hospital Stay) Primary Care Visit to Treat an Injury or Illness Specialist Visit Mettal Health & Substance Use Discorder All Other OP Services	Upfront Visits or Copays? No Yes No No No	Subject to Deductible? Yes No No No Yes	\$4,350 30% \$6,500 Amount \$ 25 \$ 60	Copays Applies Before and After Deductible Before and After Deductible	Deductible?	30% 30% 30%	Applies After Deductible After Deductible After Deductible			
	Default Consumore MOOP Medical Entercency: Room Services Impatient Hospital Services (e.g., Hospital Say) Primary Care Volt To Text an Injury or Illness Specialsr Volt Mertal Health & Substance Use Disorder Office Visits Mertal Health & Substance Use Disorder All Other OP Services Impaing (CTPET Sans, Milts) Rehabilitative Cocyational and Rehabilitative Physical Therapy	Upfront Visits or Copays? No No No No No	Subject to Deductible? Yes No No No Yes Yes	\$4.350 30% \$6.500 Amount \$ 25 \$ 60 \$ 60	Copays Applies Before and After Deducible Before and After Deducible Before and After Deducible Before and After Deducible Before and After Deducible	Deductible?	30% 30% 30%	Applies After Deductible After Deductible After Deductible			
	Default Consumore MOOP Medical Benefits Impatient Hospital Services (e.g. Hospital Stay) Primary Care Viat to Treat an Injury or Illness Specialist Viat Metral Health & Substance Use Disorder Office Viats Metral Health & Substance Use Disorder Office Viats Metral Health & Substance Use Disorder Office Viats Healthalter (Criter Stans, MRI) Rehabilitative Speciming/Immunizion	Upfront Visits or Copays? No No No No No No No No No No	Subject to Deductible? Yes No No Yes Yes No No No	\$4,350 30% \$6,500 Amount \$ 25 \$ 60 \$ 60 \$ 60 \$ 40	Coprys Applies Before and After Deductible Before and After Deductible Before and After Deductible Before and After Deductible	Deductible?	30% 30% 30% 30%	Applies After Deductible After Deductible After Deductible After Deductible			
	Default Consumore MOOP Medical Entergency: Room Services Impatient Hospital Services (e.g., hospital Say) Primary Care Volto Torsit an Injury or Illness Specialski Volt Mertal Health & Substance Use Disorder All Other OP Services Imparing (CTPET Stars, MBR) Rehabilitative Cogenonia and Rehabilitative Physical Therapy Preventive Care/Screening/Immunization	Upfront Visits or Copays? No No No No No No No No No No No	Subject to Deductible? Yes No No Yes No No No No No No Yes	\$4,350 30% \$6,500 Amount \$ 25 \$ 60 \$ 60 \$ 60 \$ 40	Copays Applies Before and After Deducible Before and After Deducible Before and After Deducible Before and After Deducible Before and After Deducible	Deductible?	30% 30% 30% 30% 30%	Applies After Deductible After Deductible After Deductible After Deductible After Deductible			
	Default Consumore MOOP Medical Benefits Impatient Hospital Services (e.g., Hospital Stay) Primary Care Viat to Treat an Injury or Illness Specialist Viat Metral Health & Substance Use Disorder Office Viats Metral Health & Substance Use Disorder Office Viats Metral Health & Substance Use Disorder Office Viats Metral Health & Substance Use Disorder Al Other OP Services Imaging (C/PET Scans, MRs) Rehabilitative Speciming/Immunizion Rehabilitative Corcupational and Rehabilitative Physical Therapy Preventive CareScore(Immgrmunizion Laboratory Outpatient and Professional Services	Upfront Visits or Copays? No No No No No No No No No No No No No	Subject to Deductible? Yes No No Yes No No No No Yes Yes	\$4,350 30% \$6,500 Amount \$ 25 \$ 60 \$ 60 \$ 60 \$ 40	Copays Applies Before and After Deducible Before and After Deducible Before and After Deducible Before and After Deducible Before and After Deducible	Deductible?	30% 30% 30% 30% 30% 30%	Applies After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible			
	Default Consurance MOOP Medical Benefas Enerotency: Room Services Impatient Hospital Services (e.g., hospital Say) Primary Care Volto Toreit an Injury or Illness Specialit Volt Mertal Health & Subdance Use Disorder AII Other OP Services Mertal Health & Subdance Use Dis	Upfront Visits or Copays? No No No No No No No No No No No No	Subject to Deductible? Ves No No Ves Yes No No Yes Yes Yes Yes	\$4,350 30% \$6,500 Amount \$ 25 \$ 60 \$ 60 \$ 60 \$ 40	Copays Applies Before and After Deducible Before and After Deducible Before and After Deducible Before and After Deducible Before and After Deducible	Deductible?	30% 30% 30% 30% 30% 30% 30%	Applies After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible			
	Default Consumme MOOP MOOP Benefats Emergancy Room Services Impatient Hospital Services (e.g., Hospital Say) Primary Care Volt Torrat an Injury or Illness Specialst Volt Mertal Health & Substance Use Disorder Office Visits Mertal Health & Substance Visits Mertal Mertal & Substance Visits Mertal Mertal Mertal & Substance Visits Mertal Mertal Mertal & Substance Visits Mertal Mertal Mertal Mertal & Substance Visits Mertal Mertal Mertal Mertal Mertal & Substance Visits Mertal Mertal Mertal Mertal Mertal & Substance Visits Mertal Mertal Mertal Mertal Mertal Mertal Mertal Mertal Substance Comparison Mertal Me	Upfront Visits or Copays? No No Yes No No No No No No No No No No	Subject to Deductible? Yes Yes No No No Yes Yes Yes Yes Yes Yes Yes	\$4,350 30% \$6,500 Amount \$ 25 \$ 60 \$ 60 \$ 60 \$ 40	Copays Applies Before and After Deducible Before and After Deducible Before and After Deducible Before and After Deducible Before and After Deducible	Deductible?	30% 30% 30% 30% 30% 30% 30% 30%	Applies After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible			
	Default Consurance MOOP MOOP Enerotency: Room Services Impatient Hospital Services (e.g., hospital Say) Primary Care Volto Toreit an Injury or Illness Specialist Volt Mertal Health & Substance Use Disorder AII Other OP Services Mertal Health & Substance Use Disorder AII Other OP Services Mertal Health & Substance Use Disorder AII Other OP Services Mertal Health & Substance Use Disorder AII Other OP Services Rehabilitative Cognotional and Rehabilitative Enysical Therapy Preventue Care/Socieming/Immunization Laboratory Outpatient and Professional Services X-raps and Diagnottic Imaging Silled Nursing Services Substances Services Model Services Mode	Upfront Visits or Copays? No No No No No No No No No No No No No	Subject to Deductible? Yes No No No No No No No No No No No Yes Yes Yes	\$4.350 30% \$6.500 Amount \$ 25 \$ 60 \$ 60 \$ 40 \$ -	Copays Appiles Before and After Deducible Before and After Deducible	Deductible?	30% 30% 30% 30% 30% 30% 30%	Applies After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible			
	Default Consurance MOOP MOOP Benefits Energency Room Services Inpartient Hospital Services (e.g., Hospital Sary) Primary Care Voit Torest an Injury or Uliness Specialer Voit Mertal Health & Substance Use Disorder Office Valts Mertal Health & Substance Use Disorder Office Valts Mertal Health & Substance Use Disorder Office Valts Mertal Health & Substance Use Disorder All Other Of Services Imparing (CFRF Sanz, Mike) Rehublicative Conscionation and Rehublicative Physical Therapy Physical Constraints (Constraints) Physical Constraints) Selled Namong Facility Outpatient Kardity Fee (g. Armbulatory Surgery Center) Outpatient Surgery Physician/Surgical Services	Upfront Visits or Copays? No No No No No No No No No No No No No	Subject to Deductible? Yes No No No Yes Yes Yes Yes Yes Yes No Yes Yes Yes No	\$4,350 30% \$6,500 Amount \$ 25 \$ 60 \$ 60 \$ 60 \$ 40	Copays Applies Before and After Deducible Before and After Deducible Before and After Deducible Before and After Deducible Before and After Deducible	Deductible?	30% 30% 30% 30% 30% 30% 30% 30% 30%	Applies After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible			
	Default Consurance MOOP Model Enversency: Room Services Inpatient Hospital Services (e.g., hospital Say) Impatient Hospital Services (e.g., hospital Say) Primary Care Volto Toret an Injury or Illness Specialist Volt Meral Health & Substance Lie Disorder All Other OP Services Meral Health & Substance Lie Disorder All Other OP Services Meral Health & Substance Lie Disorder All Other OP Services Meral Health & Substance Lie Disorder All Other OP Services Meral Health & Substance Lie Disorder All Other OP Services Meral Health & Substance Lie Disorder All Other OP Services Meral Health & Substance Lie Disorder All Other OP Services Meral Health & Substance Lie Disorder Jong Rehabilitative Cognotion and Rehabilitative Physical Therapy Preventies Care/Screening/Immunization Liboratory Outpatient and Professional Services Urgent Care Emergency Transportation	Upfront Visits or Copays? No No No No No No No No No No No No No	Subject to Deductible? Yes No No No No No No No No No No No Yes Yes Yes	\$4.350 30% \$6.500 Amount \$ 25 \$ 60 \$ 60 \$ 40 \$ -	Copays Appiles Before and After Deducible Before and After Deducible	Deductible?	30% 30% 30% 30% 30% 30% 30% 30%	Applies After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible			
	Default Consumore MOOP Medical Benefits Energency Room Services Inpatient Hospital Services (e.g., Hospital Say) Privang Care Volts Toreta in Injayo Tilhess Specialist Volt Mertal Health & Substance Use Disorder Office Visits Mertal Health & Substance Use Disorder All Other OP Services Indepatient Care Sciences (Services) Behabilistive Coccessional and Rehabilitative Physical Therapy Preventice Care Sciences (Services) Salliet Namong Facility Outpatient Karlagy Fee (e.g. Anthubatory Surgery Center) Outpatient Surgery Physical Surgical Services Umpert Care Energency Transportation Dets Ells Categories	Upfront Visits or Copays? No Y 100 Y 100 Y 100 No No No No No No No No No No No No No	Subject to Deductible? Yes No No No No Yes No No No No No No No No Yes Yes Yes Yes No Yes Yes No Yes	5 4350 30% 56,500 Amount 5 25 5 600 5 60 5 40 5 40 5	Copays Applies Before and After Deductible Before and After Deductible	Deductible? No No	30% 30% 30% 30% 30% 30% 30% 30% 30%	Applies After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible			
	Default Consumore MODP MODP Medical Benefas Impatient Hospital Services (e.g., Hospital Say) Firmary Care Volt To Frat an Injay or Illness Specialst Volt Mertal Health & Subtance Use Disorder Offer Visits Mertal Health & Subtance Use Disorder All Other OP Services Impaing (CFRT Stars, Mitt) Rehabilitative Cognotin and Rehabilitative Physical Therapy Rehabilitative Cognotion and Rehabilitative Physical Therapy Reventive Care/Society and Services X-rays and Diagnotic Imaging Stafet Tallety Fee (e.g., Ambutatory Surger, Center) Outpatient Sarging Physicalin/Surgical Services Urgent Care Emergency Transportation Other DBR Categories ChrigkLapature	Upfront Visits or Copays? No No No No No No No No No No No No No	Subject to Deductible? Yes No No No Yes Yes Yes Yes Yes Yes No Yes Yes Yes No	\$4.350 30% \$6.500 Amount \$ 25 \$ 60 \$ 60 \$ 40 \$ -	Copays Appiles Before and After Deducible Before and After Deducible	Deductible?	30% 30% 30% 30% 30% 30% 30% 30% 30%	Applies After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible			
	Default Consumore MOOP MOOP Benefats Energine, Moon Services Impatient Hospital Services (e.g., Hospital Say) Primary Care Volt Torrat an Injury or Intess Specialist Volt Mertal Health & Substance Use Disorder Office Visits Mertal Health & Substance Use Disorder All Other Of Services Integrating (CPCF Stark, Miss) Reindenberg, Stark, Miss) Reindenberg, Stark, Missi Reindenberg, Stark, Missi Laboratory Outpatient and Professional Services Laboratory Outpatient Sark, Reindenberg, Stark, Stark, Outpatient Kark, Reindenberg, Stark, Stark, Outpatient Sark, Reindenberg, Stark, Stark, Other CHargunstum ChristicAupantum	Upfront Visite or Copays? No No No No No No No No No No No No No	Subject to Deductible? Yes No No No Yes No No No Yes Yes Yes Yes Yes Yes No No No No No No No No No No No No No	54.330 30% 55.500 Amount 5 00 5 00 5 00 5 00 5 00 5 00 5 00 5 0	Coprys Applies Before and After Deductible Before and After Deductible	Deductible?	30% 30% 30% 30% 30% 30% 30% 30% 30%	Applies After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible	Deductible?	Note 1	Warning
	Default Consumore MOOP MODE Benefits Impattern Hospital Services (e.g., Hospital Say) Firmary Care Visit To Frat an Ingury or Illnes Specialst Visit Mertal Health & Substance Use Disorder Office Visits Mertal Health & Substance Use Disorder All Other OP Services Impatign (CTPET Sans, Mills) Rehabilitative Coccustional and Rehabilitative Physical Therapy Rehabilitative Coccustional and Rehabilitative Physical Therapy Reventive Care/Socienting/Immunization Laboratory Outpattern and Professional Services X-rays and Diagnostic Imaging Substance Use Disorder Strices X-rays and Diagnostic Imaging Stellen Nursing Fallby Outpattern Karghy Physical Surgices Services Urgent Care Emergency Transportation Other BHS Categories Chiro/Roupputter Non-DHB Benefits Divag Benefit Ters	Up/ront Visits or Copays? No No </td <td>Subject to Deductible? To To To To To To To To To To To To To</td> <td>5 4350 30% 56,500 Amount 5 25 5 600 5 60 5 40 5 40 5</td> <td>Copays Applies Before and After Deductible Before and After Deductible</td> <td>Deductible?</td> <td>30% 30% 30% 30% 30% 30% 30% 30% 30%</td> <td>Applies After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible</td> <td>Deductible?</td> <td></td> <td>Warning</td>	Subject to Deductible? To To To To To To To To To To To To To	5 4350 30% 56,500 Amount 5 25 5 600 5 60 5 40 5 40 5	Copays Applies Before and After Deductible Before and After Deductible	Deductible?	30% 30% 30% 30% 30% 30% 30% 30% 30%	Applies After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible	Deductible?		Warning
	Default Consumore MOOP MOOP Energency Room Services Impattent Hospital Services (e.g., Hospital Say) Primary Care Volts Toreta in Injury or Illness Specialert Volt Mertal Health & Substance Use Disorder Office Visits Mertal Health & Substance Use Disorder All Other Of Services Mertal Health & Substance Use Disorder All Other Of Services Mertal Health & Substance Use Disorder Office Visits Mertal Health & Substance Use Disorder All Other Of Services Indextore Constraints Internet Care Constraints Laboratory Charge Feel (Sambulatory Surgery Center) Outpatient Facility Feel (Sambulatory Surgery Center) Outpatient Surgery Physician Oscie Emergency Tansportation Other EMB Esenefits None Beenefit Ters (add/modelly descriptiones ancessary)	Upfront Visite or Copays? No No No No No No No No No No No No No	Subject to Deductible Veris No No No No No Yes No Yes Yes Yes No Yes Yes Yes Subject to Deductible:	54.330 30% 56.500 Amount 5 000 5 000 5 000 5 000 5 400 5 400 5 400 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Coprys Applies Before and After Deductible Before and After Deductible	Accruics toward Deductible?	30% 30% 30% 30% 30% 30% 30% 30% 30%	Applies After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible	Deductible?	Note 1	Warning
	Default Consumore MOOP Medical Benefas Emergency Rom Services Impatient Hospital Services (e.g., Hospital Say) Firmary Care Volt To test an Inglay or Illness Specialst Volt Mercal Health & Substance Use Dioxeder Offer Visits Mercal Health & Substance Use Dioxeder All Other OP Services Impaing (CTPET Sans, Mills) Rehabilitative Coursol Forder All Other OP Services Impaing Inglassional and Rehabilitative Physical Therapy Preventive Care/Societing/Immunization Laboratory Outpatient and Professional Services X-rays and Diagnostic Imaging Substance Visite Substance Use Dioxeder Offer Compatient Sarging Physicalin Surging Services Ungent Care Descriptions Mono Della Benefits Dirag Benefit Ters (add/modify descriptions as necessary) Generic Dinag (Ter 1)	Up/ront Visits or Copays? No No </td <td>Subject to Deductible? Tetra No No No No No No No No No No No No Subject to Deductible?</td> <td>54.330 30% 55.500 Amount 5 00 5 00 5 00 5 00 5 00 5 00 5 00 5 0</td> <td>Coprys Applies Before and After Deductible Before and After Deductible</td> <td>Deductible?</td> <td>30% 30% 30% 30% 30% 30% 30% 30% 30% 30%</td> <td>Applies After Deductible After Deductible</td> <td>Deductible?</td> <td>Note 1</td> <td>Warning</td>	Subject to Deductible? Tetra No No No No No No No No No No No No Subject to Deductible?	54.330 30% 55.500 Amount 5 00 5 00 5 00 5 00 5 00 5 00 5 00 5 0	Coprys Applies Before and After Deductible Before and After Deductible	Deductible?	30% 30% 30% 30% 30% 30% 30% 30% 30% 30%	Applies After Deductible After Deductible	Deductible?	Note 1	Warning
	Default Consumore MOOP MOOP Energency Room Services Impattent Hospital Services (e.g., Hospital Say) Primary Care Volts Toreta in Injury or Illness Specialert Volt Mertal Health & Substance Use Disorder Office Visits Mertal Health & Substance Use Disorder All Other Of Services Mertal Health & Substance Use Disorder All Other Of Services Mertal Health & Substance Use Disorder Office Visits Mertal Health & Substance Use Disorder All Other Of Services Indextore Constraints Internet Care Constraints Laboratory Charge Feel (Sambulatory Surgery Center) Outpatient Facility Feel (Sambulatory Surgery Center) Outpatient Surgery Physician Oscie Emergency Tansportation Other EMB Esenefits None Beenefit Ters (add/modelly descriptiones ancessary)	Up/ront Visits or Copays? No No </td <td>Subject to Deductible Veris No No No No No Yes No Yes Yes Yes No Yes Yes Yes Subject to Deductible:</td> <td>54.330 30% 56.500 Amount 5 000 5 000 5 000 5 000 5 400 5 400 5 400 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5</td> <td>Coprys Applies Before and After Deductible Before and After Deductible</td> <td>Accruics toward Deductible?</td> <td>30% 30% 30% 30% 30% 30% 30% 30% 30%</td> <td>Applies After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible</td> <td>Deductible?</td> <td>Note 1</td> <td>Warning</td>	Subject to Deductible Veris No No No No No Yes No Yes Yes Yes No Yes Yes Yes Subject to Deductible:	54.330 30% 56.500 Amount 5 000 5 000 5 000 5 000 5 400 5 400 5 400 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Coprys Applies Before and After Deductible Before and After Deductible	Accruics toward Deductible?	30% 30% 30% 30% 30% 30% 30% 30% 30%	Applies After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible	Deductible?	Note 1	Warning

Be	enefit Components			Worksheet Controls							
	Company:	Premera Blue Cross		Market:	Individual	Plan Year:	2026				
1:1	Plan Information										
	HIOS Plan ID	49831WA1940004		Line 1.3	Metal Level	Silver		Line 1.5	Exchange Status	On Exchange	
	Plan Name	Premera Blue Cross Preferred Silver		Line 1.4	Cost-Share Reduction (CSR) Plan?	87% AV Level Silver Plan		Line 1.6	New or Renewing	Renewing	
	Plan Design Information				etwork and Tier Information						
	Unique Plan Design	Yes		Line 3.1	Network Type	FPO					
	Use Integrated Medical & Drug Deductible?	Yes		Line 3.2	Network Name	Signature					
	Apply Inpatient Copay per Day?	No		Line 3.3	In-Network Tiers (#)	1					
	Apply Skilled Nursing Facility Copay per Day?	No		Line 3.4	Tier 1 Utilization	100.00%					
	Separate MOOP for Medical & Drug Spending?			Line 3.5	Tier 2 Utilization						
	Maximum Number of Days for Charging an IP Copay	N/A		Line 3.6	Tier 3 Utilization						
	Begin Primary Care Cost-Sharing After a Set Number of Visits	2		Line 3.7	Out-of-Network Benefits?	No					
	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A									
	HSA Plan?	No									
	HSA Employer Contribution Amount										
	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No									
	Pediatric Dental Embedded?	No									
	Includes Non-EHBs?	No									
4.	Cost-Share Designs										
	letwork Tier 1:	In Network	_								
		Medical	Drug	Combined	Errors/Warnings						
	Deductible Default Coinsurance	Medical	Drug	\$600 30%	Errors/Warnings	-					
		medical	Drug	\$600						-	
	Default Coinsurance MOOP			\$600 30% \$2,800	Сорауз			Coinsurance]	
	Default Coinsurance MOOP Medical	Upfront Visits	Subject to	\$600 30%		Accrues toward	Amount	Coinsurance Applies	Accrues toward	Comments	
	Default Coinsurance MOOP Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	\$600 30% \$2,800	Сорауз	Accrues toward Deductible?		Applies	Accrues toward Deductible?	Comments	
	Default Coinsurance MOOP Medical Benefits Emergency Room Services	Upfront Visits or Copays? No	Subject to Deductible? Yes	\$600 30% \$2,800	Сорауз		30%	Applies After Deductible		Comments	
	Default Coinsurance MOOP Medical Benefits Emergency Room Services Impatient Hospital Services (e.g. Hospital Stay)	Upfront Visits or Copays? No No	Subject to Deductible? Yes Yes	\$600 30% \$2,800 Amount	Copays Applies	Deductible?		Applies			
	Default Coinsurance MOOP Medical Benefits Emergency Room Services (e.g., Hooghal Stay) Ingatient Hooghal Services (e.g., Hooghal Stay) Pimary Care Visit Toreat an Injury or Ilmes.	Upfront Visits or Copays? No No Yes	Subject to Deductible? Yes Yes No	\$600 30% \$2,800 Amount \$ 10	Copays Applies Before and After Deductible	Deductible?	30%	Applies After Deductible		Comments Note 1	
	Default Colinumnce MOOP Medical Benefits Emergency Room Services Emergency Room Services (e.g. Hospital Stay) Primary Care Visit to Treat an Injury or Illness Specialist Visit	Upfront Visits or Copays? No Yes No	Subject to Deductible? Yes No No	\$600 30% \$2,800 Amount \$ 10 \$ 40	Copays Applies Before and After Deductible Before and After Deductible	Deductible?	30%	Applies After Deductible			
	Default Coinsurance MOOP Model Ingenerative Constraints (Ingenerative Constraints) Ingeritern Hooppial Services (e.g., Hooppial Stay) Finanzy Care Visit Toretan in Jingur Ollness Specialist Visit Mental Health R Substance Use Discorder Office Visits	Upfront Visits or Copays? No No No No	Subject to Deductible? Yes No No No	\$600 30% \$2,800 Amount \$ 10	Copays Applies Before and After Deductible	Deductible?	30% 30%	Applies After Deductible After Deductible			
	Default Colinurance MOOP Medical Benefits Emergency Room Services Impattent Hoopital Services (e.g., Hoopital Stay) Primary Car Visit to Treat an Injury or Illness Specialist Visit Mental Heath & Substance US bioorder Office Visits Mental Heath & Substance US bioorder Office Visits	Upfront Visits or Copays? No No Yes No No No	Subject to Deductible? Yes No No No Yes	\$600 30% \$2,800 Amount \$ 10 \$ 40	Copays Applies Before and After Deductible Before and After Deductible	Deductible?	30% 30% 30%	Applies After Deductible After Deductible			
	Medical M	Upfront Visits or Copays? No Yes No No No No	Subject to Deductible? Yes No No No Yes Yes	\$600 30% \$2,800 Amount \$ 10 \$ 40 \$ 40	Copays Applies Before and After Deducible Before and After Deducible Before and After Deducible	Deductible?	30% 30%	Applies After Deductible After Deductible			
	Default Colmurance MOOP Medical Benefits Emergency Room Services Impatient Hoopital Services (e.g., Hoopital Stay) Primary Car Visit to Treat an Injury or Illness Specialist Visit Mental Heath & Subtance Use Disorder Office Visits Mental Heath & Subtance Use Disorder Alforter OP Services Imaging (CT/PET Scans, MRs) Reabilitaties Specific Therapy	Upfront Visits or Copays? No No No No No No	Subject to Deductible? Yes No No No Yes	\$600 30% \$2,800 Amount \$ 10 \$ 40	Copays Applies Before and After Deductible Before and After Deductible	Deductible?	30% 30% 30%	Applies After Deductible After Deductible			
	Default Consumnce MOOP Medical Benefits Emergency Room Services (a, hospital Say) Primary Care Visit Darsa in nipury or illness Specialer Visit Mental Health R Substance Use Disorder Office Visits Mental Health R Substance Use Disorder All Other OP Services Imaging (CTPET Sans, Millia) Rehabilitative Sciencian and Rehabilitative Optication and and Rehabilitative Sciencian and Rehabilitative Science Interagy	Upfront Visits or Copays? No No No No No No No	Subject to Deductible? Yes Yes No No Yes Yes No No	\$600 30% \$2,800 Amount \$ 10 \$ 40 \$ 40 \$ 40 \$ 40	Copays Applies Before and After Deducible Before and After Deducible Before and After Deducible Before and After Deducible Before and After Deducible	Deductible?	30% 30% 30%	Applies After Deductible After Deductible			
	Default Colmurance MOOP Medical Benefits Emergency Room Services Impatient Hoopital Services (e.g., Hoopital Stay) Primary Car Visit to Treat an Injury or Illness Specialist Visit Mental Heath & Subtance Use Disorder Office Visits Mental Heath & Subtance Use Disorder Alforter OP Services Imaging (CT/PET Scans, MRs) Reabilitaties Specific Therapy	Upfront Visits or Copays? No No No No No No	Subject to Deductible? Yes No No No Yes No	\$600 30% \$2,800 Amount \$ 10 \$ 40 \$ 40 \$ 40 \$ 40	Coprys Applies Before and After Deductible Before and After Deductible Before and After Deductible Before and After Deductible	Deductible?	30% 30% 30%	Applies After Deductible After Deductible			
	Default Colinarance MOOP Medical Benefits Emergency Room Services Inpatient Hooptal Services (e.g., Hooptal Stay) Primary Car Visit to Treat an Injury or Illness Specialist Visit Mental Health & Substance Use Disorder Office Visits Mental Healt	Upfront Visits or Copays? No No No No No No No No No No No No	Subject to Deductible? Yes No No Yes Yes No No No No	\$600 30% \$2,800 Amount \$ 10 \$ 40 \$ 40 \$ 40 \$ 40	Copays Applies Before and After Deducible Before and After Deducible Before and After Deducible Before and After Deducible Before and After Deducible	Deductible?	30% 30% 30% 30%	Applies After Deductible After Deductible After Deductible After Deductible			
	Default Coinsurance MOOP Modical Remotence	Upfront Visits or Copays? No	Subject to Deductible? Yes No No Yes No No No No No No Yes	\$600 30% \$2,800 Amount \$ 10 \$ 40 \$ 40 \$ 40 \$ 40	Copays Applies Before and After Deducible Before and After Deducible Before and After Deducible Before and After Deducible Before and After Deducible	Deductible?	30% 30% 30% 30% 30%	Applies After Deductable After Deductable After Deductable After Deductable After Deductable			
	Default Colinarance MOOP Medical Benefits Emergency Room Services Impatient Hooptal Services (e.g., Hooptal Stay) Primary Care Visit to Treat an Injury or Illness Specialist Visit Mental Health & Substance Use Disorder Office Visits Mental Heal	Upfront Visits or Copays? No No No No No No No No No No	Subject to Deductible? Yes No No Yes No No No No Yes Yes	\$600 30% \$2,800 Amount \$ 10 \$ 40 \$ 40 \$ 40 \$ 40	Copays Applies Before and After Deducible Before and After Deducible Before and After Deducible Before and After Deducible Before and After Deducible	Deductible?	30% 30% 30% 30% 30% 30%	Applies After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible			
	Default Coinsurance MOOP Modical Benefits Emergency Room Services (e.g., Nooptal Say) Emergency Room Services (e.g., Nooptal Say) Emerger Care Visit To Testa an Injury or Illness Specialst Visit Merral Health R Subtance Use Disorder Office Visits Merral Health R Subtance Use Disorder AII Other OP Services Imaging (CTPET Sans, Mith) Rehabilitative Occurational and Rehabilitative Optimational Services Rehabilitative Occurational and Rehabilitative Optimational Services Laboratoro Usatarianal and Polesional Services X-rays and Diagnostic Imaging Sidel Naving Falthy	Upfront Visits or Copays? No No No No No No No No No No No No	Subject to Deductible? Yes No No Yes Yes Yes Yes Yes Yes	\$600 30% \$2,800 Amount \$ 10 \$ 40 \$ 40 \$ 40 \$ 40	Copays Applies Before and After Deducible Before and After Deducible Before and After Deducible Before and After Deducible Before and After Deducible	Deductible?	30% 30% 30% 30% 30% 30% 30%	Applies After Deductable After Deductable After Deductable After Deductable After Deductable After Deductable After Deductable			
	Default Consumme MOOP MOOP Mool Model Medical Benefits Impairent Noopfault Services (e.g., Noopfault Stay) Impairent Noopfault Services (e.g., Noopfault Stay) Primary Care Visit In tenta an Injury or Illiness Specialist Viait Mental Health & Substance Use Disorder Office Visits Wental Health & Substance Use Disorder Use Disorder Wental Health & Substance Use Disorder Wental Health & Substance Use Disorder Wental Health & Use Disorder Disorder Wental Health & Substance Use Disorder Wental Health & Use Disorder Use Disorder Wental Health & Substance Use Disorder Wental Health & Use Disorder Wental Health & Substance Use Disorder Wental Health & Substance Use	Upfront Vials or Copays? 100 100 100 100 100 100 100 100 100 10	Subject to Deductible? Yes No No No Yes Yes Yes Yes Yes Yes Yes Yes No	\$600 30% \$2,800 Amount \$ 10 \$ 40 \$ 40 \$ 40 \$ 40	Copays Applies Before and After Deducible Before and After Deducible Before and After Deducible Before and After Deducible Before and After Deducible	Deductible?	30% 30% 30% 30% 30% 30% 30% 30% 30%	Applies After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible			
	Default Coinsurance MOOP Medical Benefits Impatient Hospital Services (e.g., hospital Say) Impatient Hospital Services (e.g., hospital Say) Impatient Hospital Services (e.g., hospital Say) Premary Care Visit To Test an Injury or Illnes Specialst Visit Metal Health R Subtance Use Disorder Office Visits Metal Health R Subtance Use Disorder All Other OP Services Imaging (CIPET Sans, Mitti) Rehabilitative Occuration and Rehabilitative Physical Therapy Preventive Care/Screening/Immunization Laboratory Outstant and Professional Services X-rays and Diagnostic Imaging Oxpatient Sarger Physical/Surger Center) Oxpatient Sarger Physical/Surger Services Ungent Care Emergency Transportation	Upfront Visits or Copays? No No No No No No No No No No No No No	Subject to Deductible? Yes No No No No No No No Yes Yes Yes Yes Yes Yes	\$600 30% \$2,800 Amount \$ 10 \$ 40 \$ 40 \$ 40 \$	Copays Appiles Before and After Deducible Before and After Deducible	Deductible?	30% 30% 30% 30% 30% 30% 30% 30%	Applies After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible			
	Default Consumme MOOP Medical Benefits Impatient Hospital Services (e.g., Hospital Stay) Impatient Hospital Services (e.g., Hospital Stay) Finang Care Visit Toresta in flying vol Iflenes Specialist Visit Mertal Health & Substance Use Disorder Office Visits Mertal Health & Substance Use Disorder Office Visits Substance Case/Somering/Immunitation Substance Use Somering/Immunitation Substance Use Somering/Immunitation	Upfront Visits or Copays? 100 100 100 100 100 100 100 100 100 10	Subject to Deductible? Yes No No No Yes Yes Yes Yes Yes Yes Yes Yes Yes	\$600 90% \$2,800 Amount 5 10 5 40 5 40 5 40 5	Copays Applies Before and After Deductible Before and After Deductible	Deductible? No No	30% 30% 30% 30% 30% 30% 30% 30% 30%	Applies After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible			
	Default Coinsurance MOOP Medical Benefits Impatient Hospital Services (e.g., hospital Say) Impatient Hospital Services (e.g., hospital Say) Impatient Hospital Services (e.g., hospital Say) Premary Care Visit To Test an Injury or Illnes Specialst Visit Metal Health R Subtance Use Disorder Office Visits Metal Health R Subtance Use Disorder All Other OP Services Imaging (CIPET Sans, Mitti) Rehabilitative Occuration and Rehabilitative Physical Therapy Preventive Care/Screening/Immunization Laboratory Outstant and Professional Services X-rays and Diagnostic Imaging Oxpatient Sarger Physical/Surger Center) Oxpatient Sarger Physical/Surger Services Ungent Care Emergency Transportation	Upfront Vials or Copays? 100 100 100 100 100 100 100 100 100 10	Subject to Deductible? Yes No No No Yes Yes Yes Yes Yes Yes Yes Yes No	\$600 30% \$2,800 Amount \$ 10 \$ 40 \$ 40 \$ 40 \$	Copays Appiles Before and After Deducible Before and After Deducible	Deductible?	30% 30% 30% 30% 30% 30% 30% 30% 30%	Applies After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible			
	Default Consumme MOOP Medical Benefits Impatient Hospital Services (e.g., Hospital Stay) Impatient Hospital Services (e.g., Hospital Stay) Finang Care Visit Toresta in flying vol Iflenes Specialist Visit Mertal Health & Substance Use Disorder Office Visits Mertal Health & Substance Use Disorder Office Visits Substance Case/Somering/Immunitation Substance Use Somering/Immunitation Substance Use Somering/Immunitation	Upfront Visits or Copays? 100 100 100 100 100 100 100 100 100 10	Subject to Deductible? Yes No No No Yes Yes Yes Yes Yes Yes Yes Yes Yes	\$600 90% \$2,800 Amount 5 10 5 40 5 40 5 40 5	Copays Applies Before and After Deductible Before and After Deductible	Deductible? No No	30% 30% 30% 30% 30% 30% 30% 30% 30%	Applies After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible			
	Default Consumme MOOP MOOP MooD	Upfront Visits or Copay? No No No No No No No No No No No No No	Subject to Deductible? Yes No No No No No No No No No Yes Yes Yes Yes Yes Yes No No No No No No No	5:000 3:0% 52:8:00 5:0000 5:0000 5:0000 5:0000 5:0000 5:0000 5:0000 5:0000 5:0000 5:0000 5:0000 5:0000 5:0000 5:0000 5:0000 5:0000 5:0000 5:0000 5:0000 5:0000 5:00000 5:0000 5:0000 5:0000000 5:00000 5:00000000	Coprys Applies Before and After Deductible Before and After Deductible	Deductible?	30% 30% 30% 30% 30% 30% 30% 30% 30% 30%	Applies After Deductible After Deductible	Deductible?	Note 1	Warning
	Default Consumnce MOOP MOOP Model Medical Benefits Impairent Hospital Services (e.g., Hospital Sany) Primary Care Visit Toreia an rijnyr or Illness Specialist Visit Mental Health & Substance Use Disorder Office Visits Mental Health & Substance Use Disorder All Other OP Services Impaing (CTPET Sans, Millis) Rehabilitative Coccustional and Rehabilitative Consummination Heabilitative Coccustional and Rehabilitative Consummination Extensional Services (e.g., Anabulatory Surgery Center) Oxplatert Sargery Physion/Surgery Services Urgent Care Emerginor (Transportation Definer ME Categories Chiro/Acupantum Non-BHB Benefits Dong Benefit Ters	Upfront Visits or Copays? 100 100 100 100 100 100 100 100 100 10	Subject to Deductible? Yes No No No Yes Yes Yes Yes Yes Yes Yes Yes Yes	\$600 90% \$2,800 Amount 5 10 5 40 5 40 5 40 5	Copays Applies Before and After Deductible Before and After Deductible	Deductible? No No	30% 30% 30% 30% 30% 30% 30% 30% 30%	Applies After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible			Warning
	Default Consumme MOOP MOOP MooP MooP Impaired Nooplal Services (e.g., Nooplal Stay) Impaired Nooplal Services (e.g., Nooplal Stay) Pimary Care Visit To terat an Injury of Illines Specialist Visit Mental Health & Substance Use Disorder Office Visits Mental Health & Substance Use Disorder Office Visits Mental Health & Substance Use Disorder All Other Of Services Impaired (CTAF Star, NMBs) Mental Health & Substance Use Disorder All Other Office Visits Mental Health & Substance Use Disorder All Other Of Services Mental Health & Substance Use Disorder All Other Office Paravises Mental Health & Substance Use Disorder All Other Office Paravises Mental Health & Substance Use Disorder All Other Office Paravises Mental Health & Substance Use Disorder Johnson Weeks Care State State (Services Laboratory Outpatient and Professional Services Ungent Care Emergency Transportation Other EME Categories CheiroAcquiruture Non-BHB Benefits Isorder Market Mental Paravises Isorder Mental Health Services Mental Health Reservices Mental	Upfront Visits or Copays? No No	Subject to Deductible? Yes No No No No No No No Yes No No Yes No No No Yes Subject to Deductible?	5:000 3:0% 52:8:00 5:0000 5:0000 5:0000 5:0000 5:0000 5:0000 5:0000 5:0000 5:0000 5:0000 5:0000 5:0000 5:0000 5:0000 5:0000 5:0000 5:0000 5:0000 5:0000 5:0000 5:00000 5:0000 5:0000 5:00000 5:000000 5:00000 5:00000000	Coprys Applies Before and After Deductible Before and After Deductible	Deductible?	30% 30% 30% 30% 30% 30% 30% 30% 30% 30%	Applies After Deductible After Deductible	Deductible?	Note 1	Warning
	Default Consumnce MOOP Modical Benefits Impartent Hospital Services (e.g., hospital Sany) Primary Care Victo Torest an Injury or Illness Specialest Viot Mental Health & Substance Use Disorder Office Visits Mental Health & Substance Use Disorder All Other OP Services Imparging (CTPET Sans, Millia) Rehabilitathe Coccustional and Rehabilitative Office Visits Mental Health & Substance Use Disorder All Other OP Services Imparging (CTPET Sans, Millia) Rehabilitathe Coccustional and Rehabilitative Office Visits Mental Health & Substance Use Disorder All Other OP Services Imparging (CTPET Sans, Millia) Rehabilitathe Coccustional and Rehabilitative Office Visits Mental Health & Substance Use Disorder Office Visits Mental Health & Substance Use Disorder Office Visits Mental Health & Rehabilitative Office All Other OP Services Integring (Tansportation Defer Effe Lategories Chiro/Acupature Non-BHB Benefits Dong Senefit Tors (add/modify description as ancessany)	Upfront Visits or Copays? No No	Subject to Deductible? The Deductible? The The The The The The The The The The	5:000 30% 52:800 Amount 5:00 5:400 5:400 5:400 5:400 5:400 5:400 5:400 5:400 5:400 5:400 5:400 5:400 5:400 5:400 5:400 5:400 5:400	Coprys Applies Before and After Deductible Before and After Deductible	Accruics toward Deductible?	30% 30% 30% 30% 30% 30% 30% 30% 30% 30%	Applies After Deductible After Deductible	Deductible?	Note 1	Errors/ Warning: Errors/ Warning:
	Default Consumme MOOP MOOP MooP MooP Impaired Nooplal Services (e.g., Nooplal Stay) Impaired Nooplal Services (e.g., Nooplal Stay) Pimary Care Visit To terat an Injury of Illines Specialist Visit Mental Health & Substance Use Disorder Office Visits Mental Health & Substance Use Disorder Office Visits Mental Health & Substance Use Disorder All Other Of Services Impaired (CTAF Star, NMBs) Mental Health & Substance Use Disorder All Other Office Visits Mental Health & Substance Use Disorder All Other Of Services Mental Health & Substance Use Disorder All Other Office Paravises Mental Health & Substance Use Disorder All Other Office Paravises Mental Health & Substance Use Disorder All Other Office Paravises Mental Health & Substance Use Disorder Johnson Weeks Care State State (Services Laboratory Outpatient and Professional Services Ungent Care Emergency Transportation Other EME Categories CheiroAcquiruture Non-BHB Benefits Isorder Market Mental Paravises Isorder Mental Health Services Mental Health Reservices Mental	Upfront Visits or Copays? No No	Subject to Deductible? Yes No No No No No No No Yes No No Yes No No No Yes Subject to Deductible?	5:000 30% 52:800 Amount 5:00 5:400 5:400 5:400 5:400 5:400 5:400 5:400 5:400 5:400 5:400 5:400 5:400 5:400 5:400 5:400 5:400 5:400	Coprys Applies Before and After Deductible Before and After Deductible	Accruics toward Deductible?	30% 30% 30% 30% 30% 30% 30% 30% 30% 30%	Applies After Deductible After Deductible	Deductible?	Note 1	Warning:

В	enefit Components			Worksheet Controls							
	Company	Premera Blue Cross		Market:	Individual	Plan Year:	2026				
1:	Plan Information										
	HIOS Plan ID	49831WA1940004	_	Line 1.3	Metal Level	Silver		Line 1.5	Exchange Status	On Exchange	
	Plan Name	Premera Blue Cross Preferred Silver		Line 1.4	Cost-Share Reduction (CSR) Plan?	94% AV Level Silver Plan		Line 1.6	New or Renewing	Renewing	
2:	Plan Design Information		-	Section 3: N	etwork and Tier Information						
-	Unique Plan Design	Yes		Line 3.1	Network Type	FPO					
	Use Integrated Medical & Drug Deductible?	Yes		Line 3.2	Network Name	Signature					
	Apply Inpatient Copay per Day?	No		Line 3.3	In-Network Tiers (#)	1					
	Apply Skilled Nursing Facility Copay per Day?	No		Line 3.4	Tier 1 Utilization	100.00%					
	Separate MOOP for Medical & Drug Spending?			Line 3.5	Tier 2 Utilization						
	Maximum Number of Days for Charging an IP Copay	N/A		Line 3.6	Tier 3 Utilization						
	Begin Primary Care Cost-Sharing After a Set Number of Visits	2		Line 3.7	Out-of-Network Benefits?	No					
	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A									
	HSA Plan?	No									
	HSA Employer Contribution Amount										
	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No									
	Pediatric Dental Embedded?	No									
	Includes Non-EHBs?	No									
٨.	Cost-Share Designs										
	letwork Tier 1:	In Network									
	Deductible Default Coinsurance	Medical	Drug	Combined \$300 30%	Errors/Warnings	-					
		medical		\$300	Errors/Warnings						
	Default Coinsurance	medical		\$300 30%	Errors/Warnings Copays			Coinsurance		1	
	Default Coinsurance MOOP Medical	Upfront Visits	Subject to	\$300 30%		Accrues toward	Amount	Coinsurance Applies	Accrues toward	Comments	Errors/
	Default Coinsurance MOOP Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	\$300 30% \$800	Сорауз	Accrues toward Deductible?		Applies	Accrues toward Deductible?	Comments	
	Default Coinsurance MOOP Medical Benefits Emergency Room Services	Upfront Visits or Copays? No	Subject to Deductible? Yes	\$300 30% \$800	Сорауз		30%	Applies After Deductible		Comments	
	Default Coinsurance MOOP Medical Benefits Emergency Room Services Impatient Hospital Services (e.g. Hospital Stay)	Upfront Visits or Copays? No No	Subject to Deductible? Yes Yes	\$300 30% \$800	Copays Applies	Deductible?		Applies			
	Default Coinsurance MOOP Medical Benefits Emergency Room Services (e.g., hospital Stay) Inpatient Hospital Stay) Pinary Care Visit Toresa in Injury of Ilines.	Upfront Visits or Copays? No No	Subject to Deductible? Yes No	\$300 30% \$800 Amount \$ 5	Copays Applies Before and After Deductible	Deductible?	30%	Applies After Deductible		Comments Note 1	
	Default Colinumnce MOOP Medical Benefits Emergency Room Services (e.g. Hospital Stay) Primary Care Visit to Treat an Injury or Illness Specialist Visit	Upfront Visits or Copays? No No No	Subject to Deductible? Yes No No	\$300 30% \$800 Amount \$ 5 \$ 30	Copays Applies Before and After Deductible Before and After Deductible	Deductible?	30%	Applies After Deductible			
	Default Consummers MOOP MOOP Model Medical Benefits Emerogency Room Services (e.g., hospital Stay) Impairent Hospital Services (e.g., hospital Stay) Fimary Care Visit Toreta an Injey or Ilhesis Specialist Visit Merati Health R Substance Use Bisorder Office Visits	Upfront Visits or Copays? No No No No	Subject to Deductible? Yes No No No	\$300 30% \$800 Amount \$ 5	Copays Applies Before and After Deductible	Deductible?	30% 30%	Applies After Deductible After Deductible			
	Default Colinurance MOOP Medical Benefits Emergency Room Services Impattent Hoopital Services (e.g., Hoopital Stay) Primary Car Visit to Treat an Injury or Illness Specialist Visit Mental Heath & Substance USe Biosrder All Other OP Services	Upfront Visits or Copays? No No No No No	Subject to Deductible? Yes No No No Yes	\$300 30% \$800 Amount \$ 5 \$ 30	Copays Applies Before and After Deductible Before and After Deductible	Deductible?	30% 30% 30%	Applies After Deductible After Deductible After Deductible			
	Default Contraumore MOOP Benefits Emergency Room Services (e.g., hospital Sany) Primary Care Visit to Treat an ringry or illness Specialist Visit Mental Health A Substance Use Disorder Office Visits Mental Health A Substance Use Disorder AllOther OP Services Imaging (CTPE Treas, MRB) Services (e.g., MRB)	Upfront Visits or Copays? No No No No No No	Subject to Deductible? Yes No No No Yes Yes	\$300 30% \$800 Amount \$ \$ \$ \$ \$ \$ \$ 30 \$ 30	Copays Applies Before and After Deducible Before and After Deducible Before and After Deducible	Deductible?	30% 30%	Applies After Deductible After Deductible			
	Default Colimurance MOOP Medical Benefits Emergency Room Services Impatient Hooptal Services (e.g., Hooptal Skry) Primary Car Visit to Treat an Injury or Illness Specialist Visit Mental Heath & Subtance Use Disorder Office Visits Mental Heath & Subtance Use Disorder All Other OP Services Imaging (CT/PET Scans, MRs) Reabilisties Specialis Therapy	Upfront Visits or Copays? No No No No No No No	Subject to Deductible? Yes No No No Yes Yes No	\$300 30% \$800 Amount \$ \$ \$ \$ 30 \$ 30 \$ \$ 30 \$ \$ 30	Coprys Applies Before and After Deductible Before and After Deductible Before and After Deductible Before and After Deductible	Deductible?	30% 30% 30%	Applies After Deductible After Deductible After Deductible			
	Default Consumnce MOOP Medical Benefits Emergency Room Services (e.g., hospital Sany) Primary Care Visit Toreta an Injury or Illness Specialist Visit Mertal Health & Substance Use Disorder Office Visits Mertal Health & Substance Use Disorder All Other OP Services Imaging (CTPET Sans, Milki) Rehabilitative Sciencian and Rehabilitative Spreach Therapy	Upfront Visits or Copays? No No No No No No No No	Subject to Deductible? Yes Yes No No Yes Yes No No	\$300 30% \$800 Amount \$ \$ \$ \$ \$ \$ \$ 30 \$ 30	Copays Applies Before and After Deducible Before and After Deducible Before and After Deducible Before and After Deducible Before and After Deducible	Deductible?	30% 30% 30%	Applies After Deductible After Deductible After Deductible			
	Default Colinarance MOOP Medical Benefits Emergency Room Services Inpatient Hooptal Services (e.g., Hooptal Stay) Primary Car Visit to Treat an Injury or Illness Specialist Visit Mental Health & Substance Use Disorder Office Visits Mental Health & Substance Use Disorder All Other OP Services Imaging (CT/PET Scans, MRis) Rehabilitative Specine Illnergy Rehabilitative Occupational and Behabilitative Physical Therapy Preventive Care/Screening Immunitation	Upfront Visits or Copays? No No No No No No No No No No No No	Subject to Deductible? Yes No No Yes Yes No No No	\$300 30% \$800 Amount \$ \$ \$ \$ 30 \$ 30 \$ \$ 30 \$ \$ 30	Coprys Applies Before and After Deductible Before and After Deductible Before and After Deductible Before and After Deductible	Deductible?	30% 30% 30% 30%	Applies After Deductible After Deductible After Deductible After Deductible			
	Default Coinsurance MOOP Modify MooP Medical Emergency Room Services (e.g., hospital Sany) Primary Care Visit To Tera an nipury or illness Specialet Visit Merall Health & Substance Use Disorder Office Visits Merall Health & Substance Use Disorder All Other OP Services Imaging (CTPET Sans, Milki) Rehabilitative Occurational and Rehabilitative Physical Therapy Preventic Care/SoreningImmunization Laboratrov Outstatent and Professional Services Meral Health All Provident and Professional Services	Upfront Visits or Copays? No No No No No No No No	Subject to Deductible? Yes Yes No No Yes Yes No No	\$300 30% \$800 Amount \$ \$ \$ \$ 30 \$ 30 \$ \$ 30 \$ \$ 30	Copays Applies Before and After Deducible Before and After Deducible Before and After Deducible Before and After Deducible Before and After Deducible	Deductible?	30% 30% 30%	Applies After Deductible After Deductible After Deductible			
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	Benefit Components			Controls							
	Company	Premera Blue Cross		Market:	Individual	Plan Year:	2026				
tion	1: Plan Information										
1.1	HIOS Plan ID	49831WA1940005		Line 1.3	Metal Level	Gold	Line	1.5	Exchange Status	On Exchange	
		Premera Blue Cross									
		Cascade Complete									
1.2	Plan Name	Gold		Line 1.4	Cost-Share Reduction (CSR) Plan?		Line	1.6	New or Renewing	Renewing	
tion	2: Plan Design Information			Section 3: Ne	twork and Tier Information						
2.1	Unique Plan Design	No		Line 3.1	Network Type	EPO					
2.2	Use Integrated Medical & Drug Deductible?	Yes		Line 3.2	Network Name	Signature					
2.3	Apply Inpatient Copay per Day?	Yes		Line 3.3	In-Network Tiers (#)	1					
2.4	Apply Skilled Nursing Facility Copay per Day?	Yes		Line 3.4	Tier 1 Utilization	100.00%					
2.5	Separate MOOP for Medical & Drug Spending?			Line 3.5	Tier 2 Utilization						
2.6	Maximum Number of Days for Charging an IP Copay	5		Line 3.6	Tier 3 Utilization						
2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A		Line 3.7	Out-of-Network Benefits?	No					
2.8	Begin Primary Care Deductible/Coinsurance After a Set	N/A		I							
2.9	Number of Copays? HSA Plan?	No									
2.9	HSA Employer Contribution Amount										
2.10	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No									
2.12	Pediatric Dental Embedded?	No									
2.13	Includes Non-EHBs?	No									
	4: Cost-Share Designs										
4.1 I	n-Network Tier 1:	In Network									
		Medical	Drug	Combined	Errors/Warnings						
p	Deductible	Medical	Drug	\$1,000	Errors/Warnings						
Ē	Default Coinsurance	Medical	Drug	\$1,000 20%	Errors/Warnings						
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	Default Coinsurance MOOP			\$1,000 20% \$7,000	Copays			Coinsurance		<u> </u>	
Ē	Default Coinsurance MOOP Medical	Upfront Visits	Subject to	\$1,000 20%		Accrues toward	Amount	Coinsurance Applies	Accrues toward	Comments	Errors
	Default Coinsurance MOOP Medical Benefits		Subject to Deductible?	\$1,000 20% \$7,000 Amount	Copays Applies	Accrues toward Deductible?	Amount		Accrues toward Deductible?	Comments	Errors
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	Default Coinsurance MOOP Medical Emergency Room Services Inpatient Hospital Services (e.g., Hospital Stay)	Upfront Visits	Subject to Deductible? Yes No	\$1,000 20% \$7,000 Amount \$ 450 \$ 525	Copays Applies After Deductible Before and After Deductible	Deductible?	Amount			Comments	
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	Default Coinsurance MoOP MoOP MoDP Emergency Room Services Instatent Hospital Services (e.g., Hospital Stav) Primary Care Visit to Tetta at Injury or Illess Specialist Visit Mental Health & Substance Use Disorder All Other OP Services Imaging (CPCF) Scam, Millio Mental Health & Substance Use Disorder All Other OP Services Imaging (CPCF) Scam, Millio Mental Health & Substance Use Disorder All Other OP Services Imaging (CPCF) Scam, Millio Mental Health & Substance Use Disorder All Other OP Services Perhabilitative Coccaptional and Rehabilitateve Physical Therapy Perhabilitative Coccaptional and Professional Services X-tray and Danotic Imaging Skilled Nursing Facility Outpatient Sarogery Physicaln/Surgical Services Unget Care Emergency Tansportation Other TMR Categories Chiro/Acoputate	Upfront Visits or Copays?	Subject to Deductible? Yes No No No No No No No No No No No No No	51:000 20% 20% 57:000 Amount 5 450 5 452 5 410 5 450 5 415 5 300 5 225 5 22 5 20 5 20 5 235 5 350 5 350 5 350 5 350 5 325 5 315 5 315	Coprys Argulas Anter Deskatalie Before and After Deckatalie Before and After Deckatalie After Deckatalie After Deckatalie After Deckatalie Before and After Deckatalie	Deductible? No		Applies	Deductible?		Warnin
	Default Coinsurance MOOP MODP Medical Exercition Energency Room Services Inpatient Hospital Services (e.g., Hospital Say) Primary Care Visito Trent an Injury or Illness Specialist Visit Mental Health & Substance Use Disorder Al Other OP Services Imaging (CTPR'S Gauss, MRs) Rehabilitative Speech Therapy Rehabilitative Speech Therapy Rehabilitative Soccentrol Rehabilitative Physical Therapy Preventive Care/Screening/Immunization Laboratory Outpatient and Professional Services X-ray; and Diagnostic Imaging Salied Nursing Facility Outpatient Rogrep Physical Services Urgent Care Emergency Transportation Other NB Categories Other NB Categories Other NB Categories Drug Benefits Drug Benefits	Upfront Visits or Copays?	Subject to Deductible? No No No No No No No No No No No No No	\$1,000 20% \$7,000 \$7,000 \$ 450 \$ 525 \$ 15 \$ 450 \$ 15 \$ 15 \$ 15 \$ 15 \$ 15 \$ 15 \$ 15 \$ 15	Coprys Applies After Deductible Befora and After Deductible After Deductible After Deductible Befora and After Deductible Befora and After Deductible Befora and After Deductible Befora and After Deductible	Deductible? No No No No No No No No No No No No No	Amount Participation (Construction)		Deductible?	Comments	Warnin
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	Delaut Coinsurance MOOP MOOP Medical Exercition Energency Room Services Innatent Hospital Services (e.g., Hospital Say) Primary Care Visito Trent an Injury or Illenss Specialist Visit Mental Health & Substance Use Disorder Al Other OP Services Imanipa (CTPET Scams, Miss) Rehabilitative Speech Therapy Rehabilitative Soccentrol Rehabilitative Physical Therapy Preventhe Care/Screening/Immunization Laborator Outspatient and Professional Services X-ray, and Diagnostic Imaging Salied Nursing Falley Outpatient Rayper Physical Services Ungent Care Emergency Transportation Other HB Categories Chiro/Acquintum Non-EHB Benefits Drug Benefit Tens (add/modify descriptions as necessary) Generic Drugs (Ten 1)	Upfront Visits or Copays?	Subject to Deductible? No No No No No No No No No No No No No	51000 20% 20% 5,000 Anount 5 450 5 40 5 40 5 40 5 300 5 300 5 300 5 300 5 300 5 300 5 300 5 300 5 300 5 300 5 300 5 300 5 300 5 300 5 300 5 300 5 300 5 300 5 300 6 300 7 35 6 30 7 35 4 30 6 30 7 30	Legays Applies After Deductible Before and After Deductible	Deductble? No		Applies	Deductible?		Warnin
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Notes

В	enefit Components			Worksheet Controls							
	Company:	Premera Blue Cross		Market:	Individual	Plan Year:	2026			_	
n 1:	Plan Information										
1	HIOS Plan ID	49831WA1940006		Line 1.3	Metal Level	Silver	L	ine 1.5	Exchange Status	On Exchange	
		Premera Blue Cross									
	Plan Name	Cascade Silver		Line 1.4	Cost-Share Reduction (CSR) Plan?	No	L	ine 1.6	New or Renewing	Renewing	
1 2:	Plan Design Information			Section 3: N	etwork and Tier Information						
	Unique Plan Design	Yes		Line 3.1	Network Type	EPO					
	Use Integrated Medical & Drug Deductible?	Yes		Line 3.2	Network Name	Signature					
	Apply Inpatient Copay per Day?	Yes		Line 3.3	In-Network Tiers (#)	1					
	Apply Skilled Nursing Facility Copay per Day?	Yes		Line 3.4	Tier 1 Utilization	100.00%					
	Separate MOOP for Medical & Drug Spending?			Line 3.5	Tier 2 Utilization						
	Maximum Number of Days for Charging an IP Copay	5		Line 3.6	Tier 3 Utilization						
	Begin Primary Care Cost-Sharing After a Set Number of Visits	2		Line 3.7	Out-of-Network Benefits?	No					
-	Begin Primary Care Deductible/Coinsurance After a Set	N/A									
-	Number of Copays? HSA Plan?	No	-								
1	HSA Employer Contribution Amount										
	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No									
	Pediatric Dental Embedded?	No									
	Includes Non-EHBs?	No									
	Cont Share David		-								
	: Cost-Share Designs Network Tier 1:	In Network									
	Deductible Default Coinsurance	Medical	Drug	Combined \$2,500 30%	Errors/Warnings						
		medical		\$2,500	Errors/ warnings						
	Default Coinsurance MOOP			\$2,500 30% \$9,750	Copays			Coinsurance		1	
	Default Coinsurance MOOP Medical	Upfront Visits	Subject to	\$2,500 30%	-	Accrues toward	Amount	Coinsurance Applies	Accrues toward	Comments	Errors/
	Default Coinsurance MOOP Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	\$2,500 30% \$9,750 Amount	Copays Applies	Accrues toward Deductible?	Amount		Accrues toward Deductible?	Comments	Errors/ Warnings
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	Default Coinsurance MOOP Medical Benefits Emergency Room Services Inpatient Hospital Services (e.g., Hospital Stay)	Upfront Visits or Copays? No No	Subject to Deductible? Yes Yes	\$2,500 30% \$9,750 Amount \$ 800 \$ 800	Copays Applies After Deductible After Deductible	Deductible?	Amount				
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	Default Consumore MCOP Benefits Emergency Room Services (e.g., hospital Stay) Impatient Hospital Services (e.g., hospital Stay) Primary Care Visit Toreta in Injey or Ulines Specialist Visit Mental Health & Substance Use Disorder Office Visits	Upfront Visits or Copays? No No Yes No Yes	Subject to Deductible? Yes No No No	\$2,500 30% \$9,750 Amount \$ 800 \$ 800 \$ 20	Copays Applies After Deductible After Deductible Before and After Deductible	Deductible?	Amount				
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	Default Consurance MOOP Medical Benefits Emergency Room Services Inpartent Hospital Services (a, Hospital Stay) Primary Care Violt to Treat an Injury or Illness Specialst Viol Mertal Health & Substance Use Disorder Office Vists Mertal Health & Substance Use Disorder All Other OP Services Imaging (CT/RET Scans, MRis) Rehabilistive Specific Therapy	Upfront Visits or Copays? No Yes No Yes No	Subject to Deductible? Yes No No No No	\$2,500 30% \$9,750 Amount \$ 800 \$ 800 \$ 20 \$ 65 \$ 20	Copays Applies After Deductible After Deductible Before and After Deductible Before and After Deductible Before and After Deductible	Deductible?		Applies		Note 1	
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	Default Consurance MOOP Medical Benefits Emergency Room Services Impatient Hoxpatal Services (a., Hoxpatal Stay) Primary Care Vaits to Treat an Injury of Illness Specialist Vait Mental Health & Substance Use Disorder Office Vaits Mental Health & Substance Use Disorder Office Vaits Mental Health & Substance Use Disorder Office Vaits Imaging C/TPET Scans. MBI(s) Rehabilitative Specient Therapy Rehabilitative Coccenting Immunization	Upfront Visits or Copays? No No Yes No No No No No No	Subject to Deductible? Yes No No No No No No No	\$2,500 30% \$9,750 Amount \$ 800 \$ 800 \$ 200 \$ 200 \$ 200 \$ 200 \$ 200 \$ 300 \$ 200 \$ 300 \$ 300 \$ 300 \$ 5,20 \$ 5,200 \$	Copays Applies Alter Deductible Alter Deductible Before and Alter Deductible	Deductible?		Applies		Note 1	
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	Default Consumme MOOP MOOP Medical Benefits Emergency Room Services Impatient Hospital Services (e.g., Hospital Stay) Primary Care Voit Direct an Injury Offines Specialer Voit. Metral Health & Substance Use Disorder Office Voits Metral Health & Substance Use Disorder Office Voits Health Metral Health & Substance Use Disorder Holdstory Outpatient and Professional Services User Care Emergency Tantportation Defar Elf Clasgories DisordAcoputure	Upfront Visite or Copays? No No No No No No No No No No No No No	Subject to Deductible? Yes: No No No No No No No No No No No No No	\$2500 30% 59.750 Amount \$ 800 \$ 200 \$ 5 200 \$ 400 \$ 400 \$ 65 \$ 65 \$ 600 \$ 5 400 \$ 5 400 \$ 65 \$ 200 \$ 400 \$ 5 400 \$ 5 20 \$ 400 \$ 5 400 \$ 400 \$ 5 200 \$ 400 \$ 5 200 \$ 200 \$ 5 200 \$ 200 \$ 5 200 \$ 200 \$ 5 400 \$ 5 200 \$ 5 2000\$ \$ 5 200 \$ 5	Coprys Applies Applies Antro Deductible Before and Atter Deductible Atter Deductible Atter Deductible Atter Deductible Before and Atter Deductible	Deductible? Deductible? No No <td>30%</td> <td>Apples</td> <td>Deductible?</td> <td>Note 1</td> <td>Warning</td>	30%	Apples	Deductible?	Note 1	Warning
	Default Consumore MOCP Medical Benefits Impatient Hospital Services (e.g., Hospital Sany) Primary Care Visit O Tenat an Injuy or Illness Specialst Visit Mertal Health & Substance Use Disorder Office Visits Mertal Health & Substance Use Disorder All Other OP Services Impaing (CTPE Sans, Mills) Rehabilitative Coccustional and Rehabilitative Physical Therapy Preventice Care/Scienceinal Consultational Services X-rays and Diagnostic Imaging Stelles Nursing Foldy Outpatient Radity Fee (e.g., Andukatory Surgery Center) Outpatient Sargery Physical/Surgicel Services Urgent Care Emergency Transportation Other DME Stationets Chirol/Augustime Nano-BHE Benefits Diag Benefits	Up/ront Visits or Copays? No No Yes No No <	Subject to Deductible? Yes No No No No No No No No No No No No No	\$2,500 30% \$9,750 \$8,750 \$800 \$200 \$200 \$200 \$200 \$400 \$400 \$400 \$500 \$500 \$500 \$500 \$5	Copays Applies Anter Deductible Anter Deductible Befors and After Deductible After Deductible After Deductible Befors and After Deductible	Deductible?		Applies	Deductible?	Note 1	Warning
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	Default Consume MOOP Medical Benefits Emergency Room Services Inspatient Hospital Services (e.g., Hospital Stay) Primary Care Voit To Test an Injury Offines Specialart Voit Metral Health & Substance Use Disorder Office Voits	Up/ront Visits or Copays? No No Yes No No <	Subject to Deductible? Yes: No No No No No No No Yes: Yes: No No No No Subject to Deductible?	12:500 30% 30% 59:750 Amount 5 5 000 5 20 5 30% 5 200 5 5 400 5 400 5 5 600 5 5 5 5 5 200 5 5 5 200 5 5 5 200 6 5 200 6 5 200 6 5 200 5 5 200 6 5 200 6 <td< td=""><td>Coprys Applies Applies Amer Deductible Merro bracktible Before and After Deductible Before and After Deductible</td><td>Deductible? Deductible? No Accruss toward Deductible?</td><td>30%</td><td>Apples</td><td>Deductible?</td><td>Note 1</td><td>Warning</td></td<>	Coprys Applies Applies Amer Deductible Merro bracktible Before and After Deductible Before and After Deductible	Deductible? Deductible? No Accruss toward Deductible?	30%	Apples	Deductible?	Note 1	Warning

В	enefit Components			Worksheet Controls							
	Company	Premera Blue Cross		Market:	Individual	Plan Year: 2	2026			_	
n 1:	Plan Information										
	HIOS Plan ID	49831WA1940006		Line 1.3	Metal Level	Silver	L	ine 1.5	Exchange Status	On Exchange	
		Premera Blue Cross							-		
	Plan Name	Cascade Silver		Line 1.4	Cost-Share Reduction (CSR) Plan?	73% AV Level Silver Plan	L	ine 1.6	New or Renewing	Renewing	
1 2:	Plan Design Information			Section 3: N	etwork and Tier Information						
1	Unique Plan Design	Yes		Line 3.1	Network Type	EPO					
	Use Integrated Medical & Drug Deductible?	Yes		Line 3.2	Network Name	Signature					
	Apply Inpatient Copay per Day?	Yes		Line 3.3	In-Network Tiers (#)	1					
	Apply Skilled Nursing Facility Copay per Day?	Yes		Line 3.4	Tier 1 Utilization	100.00%					
	Separate MOOP for Medical & Drug Spending?			Line 3.5	Tier 2 Utilization						
	Maximum Number of Days for Charging an IP Copay	5		Line 3.6	Tier 3 Utilization						
	Begin Primary Care Cost-Sharing After a Set Number of Visits	2		Line 3.7	Out-of-Network Benefits?	No					
	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A									
1	HSA Plan?	No									
	HSA Employer Contribution Amount										
	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No									
	Pediatric Dental Embedded?	No									
	Includes Non-EHBs?	No									
. 4	Cost-Share Designs										
	Network Tier 1:	In Network									
	Deductible Default Coinsurance			\$2,500 30% \$7,950		-					
								6 Innum		7	
	Default Coinsurance MOOP	Unfront Visits	Subject to	30% \$7,950	Copays	Accrues toward	Amount	Coinsurance	Accrues toward	Comments	From/
	Default Coinsurance	Upfront Visits or Copays?	Subject to Deductible?	30%	Copays Applies	Accrues toward Deductible?	Amount	Coinsurance Applies	Accrues toward Deductible?	Comments	Errors/ Warnings
	Default Coinsurance MOOP Medical	Upfront Visits or Copays? No	Subject to Deductible? Yes	30% \$7,950		Accrues toward Deductible?	Amount			Comments	
	Default Coinsurance MOOP Medical Benefits	or Copays?	Deductible?	30% \$7,950 Amount	Applies		Amount			Comments	
	Default Consumore MCOP Medical Benefits Emergency Room Services Inpatient Hospital Services (e.g., Hospital Stay) Primary Care Visit To retar an Injury or Ilines.	No No Yes	Deductible? Yes Yes No	30% \$7,950 Amount \$ 800 \$ 800 \$ 20	Applies After Deductible After Deductible Before and After Deductible	Deductible?	Amount			Comments Note 1	
	Default Consumance MOOP Medical Benefits Inpatient Hospital Services (e.g. Hospital Stay) Primary Care Visit to Treat an Injury or Illness Specialist Visit	or Copays? No No	Deductible? Yes No No	30% \$7,950 Amount \$ 800 \$ 800 \$ 20 \$ 65	Applies After Deductible After Deductible Before and After Deductible Before and After Deductible	Deductible? No No	Amount			Note 1	
	Default Consumance MCOP Medical Benefits Emergency Room Services (e.g., hospital Stay) Finang Care Visito Treat an Injury or Ilmess Specialsri Visit Mental Health & Substance Use Disorder Office Visits	or Copays? No No Yes No Yes	Deductible? Yes No No No	30% \$7,950 Amount \$ 800 \$ 800 \$ 20 \$ 65 \$ 20	Applies After Deductible After Deductible Before and After Deductible Before and After Deductible Before and After Deductible	Deductible?	Amount				
	Default Consurance MOOP Medical Benefits Emergency Room Services Inparient Hoopptal Services (a, Hooptal Stay) Primary Care Violt to Treat an Injury or Illness Specialst Violi Mental Health & Substance Use Disorder Office Violis Mental Health & Substance Use Disorder Office Violis	or Copays? No No Yes No Yes No	Deductible? Yes No No No No	30% \$7,950 Amount \$ 800 \$ 800 \$ 20 \$ 65	Applies After Deductible After Deductible Before and After Deductible Before and After Deductible	Deductible? No No		Applies		Note 1	
	Default Consurance MCOP Medical Benefas Emergency Room Services Impatient Hospital Services (e.g., hospital Say) Pimany Care Voit to Treat an Injury or Timess Specialsr Voit Mertal Health & Substance Use Disorder All Other OP Services Impaing (CTPET Sans, Milks)	or Copays? No No Yes No Yes No No	Deductible? Yes No No No No Yes	30% \$7,950 Amount \$ 800 \$ 800 \$ 20 \$ 65 \$ 20 \$ 65 \$ 20 \$ 30	Applies After Deductible After Deductible Before and After Deductible Before and After Deductible Before and After Deductible Before and After Deductible	Deductible?	Amount 30%			Note 1	
	Default Consurance MOOP Medical Benefits Emergency Room Services Impartent Hospital Services (e.g., Hospital Stay) Primary Care Violt to Treat an Injury or Illness Specialst Violt Mertal Health & Substance Use Disorder Al Other OP Services Imaging (CT/PET Scans, MBI) Rehabilitative Specials Therapy	or Copays? No Yes No Yes No No No	Deductible? Yes No No No No Yes No	30% \$7,950 Amount \$ 800 \$ 20 \$ 65 \$ 20 \$ 5 \$ 20 \$ 30 \$ 30 \$ 5 \$ 40	Applies After Deductible After Deductible Before and After Deductible	Deductible? No		Applies		Note 1	
	Default Consumore MOOP Medical Benergency Room Services Inpatient Hospital Services (e.g., Hospital Say) Primary Care Visit O treat an Injury or Times Specialst Visit Mertal Health & Substance Use Disorder Office Visits Mertal Health & Substance Use Disorder All Other OP Services Impaing (CTPET Sans, Milko) Rehabilitative Sociation and Rehabilitative Physical Therapy	or Copays? No No Yes No No No No	Deductible? Yes No No No Yes No No	30% \$7,950 Amount \$ 800 \$ 800 \$ 20 \$ 65 \$ 20 \$ 65 \$ 20 \$ 30	Applies After Deductible After Deductible Before and After Deductible	Deductible?		Applies		Note 1	
	Default Consurance MOOP Model Emergency Room Services Impatient Hospital Services (e.g., Hospital Stay) Primary Care Viat to Treat an Injury or Illness Specialist Viat Mental Health & Substance Use Disorder Office Vials Mental Health & Substance Use Disorder Al Other OP Services Imaging C/TPET Scans. MBI() Rehabilitative Specient Ibreapy Rehabilitative Coccapational and Rehabilitative Physical Therapy Preventive CareSoreeing/Immunization	or Copays? No No Yes No Yes No	Deductible? Yes No No No Yes No No No	30% \$7,950 Amount \$ 800 \$ 800 \$ 800 \$ 800 \$ 20 \$ 65 \$ 20 \$ 30 \$ 5 \$ 40 \$ 40 \$ -	Applies After Deductible After Deductible Before and After Deductible	Deductible? No No No No No No		Applies		Note 1	
	Default Consumme MCOP MCOP Emergency Room Services Impatient Hospital Services (e.g., hospital Say) Primary Care Volto Torest an tripicy or illness Specials' Volt Metral Health & Substance Use Disorder Office Visits Metral Health & Substance Use Disorder All Other OP Services Impaing (CTPET Sears, Mills) Rehabilitative Cognotion and Rehabilitative Physical Therapy Preventic Care/Society and Provide Social Services	or Copays? No No Yes No Yes No	Deductible? Yes No	30% \$7,950 Amount \$ 800 \$ 800 \$ 20 \$ 20 \$ 20 \$ 20 \$ 20 \$ 30 \$ 20 \$ 30 \$ 20 \$ 20 \$ 20 \$ 20 \$ 20 \$ 20 \$ 20 \$ 2	Applies After Deductible After Deductible Before and After Deductible	Deductible? No		Applies		Note 1	
	Default Consurance MOOP Medical Benefits Impatient Hospital Services (e.g., Hospital Stay) Primary Care Viot to Treat an Injury or Illness Specialist Viot Metral Health & Substance Use Disorder Office Vists Metral Health & Substance Use Disorder Office Vists Metral Health & Substance Use Disorder Office Vists Metral Health & Substance Use Disorder Office Vists Imaging (C/PET Scans, MRg) Rehabilitative Species (Thermanization Rehabilitative Coccupational and Rehabilitative Physical Therapy Preventive CareScoreing/Immunization Laboratory Outpatient and Professional Services	or Copays? No No Yes No Yes No	Deductible? Yes Yes No No Yo No	30% \$7,950 Amount \$ 800 \$ 800 \$ 200 \$ 65 \$ 20 \$ 30 \$ 30 \$ 40 \$ 40 \$ 40 \$ 40 \$ 5	Applies After Deductible After Deductible Before and After Deductible	Deductible? No No No No No No No		Applies		Note 1	
	Default Consurance MOOP Medical Energency Room Services Inpatient Hospital Gervices (e.g., hospital Say) Primary Care Visit to Tent an Injury or Illness Specialit Visit Mertal Health & Subdance Use Disorder Office Visits Mertal Health & Subdance Use Disorder AI Other OP Services Imaging (CTPET Search, MR9) Rehabilitative Cognotin and Rehabilitative Physical Therapy Prevente Care/Screening/Immunization Laboratory Outpatient and Professional Services X-rays and Diagnostic Imaging	or Copays? No No Yes No Yes No	Deductible? Yes No	30% \$7,950 Amount \$ 800 \$ 800 \$ 20 \$ 20 \$ 20 \$ 20 \$ 20 \$ 30 \$ 20 \$ 30 \$ 20 \$ 20 \$ 20 \$ 20 \$ 20 \$ 20 \$ 20 \$ 2	Applies After Deductible After Deductible Before and After Deductible	Deductible? No No No No No No No		Applies		Note 1	
	Default Consurance MOOP Medical Benefits Impatient Hospital Services (e.g., Hospital Stay) Primary Care Viot to Treat an Injury or Illness Specialist Viot Metral Health & Substance Use Disorder Office Vists Metral Health & Substance Use Disorder Office Vists Metral Health & Substance Use Disorder Office Vists Metral Health & Substance Use Disorder Office Vists Imaging (C/PET Scans, MRg) Rehabilitative Species (Thermanization Rehabilitative Coccupational and Rehabilitative Physical Therapy Preventive CareScoreing/Immunization Laboratory Outpatient and Professional Services	or Copays? No No Yes No Yes No	Deductible? Yes Yes No No No Yes No Yes	30% \$7,950 Amount \$ 800 \$ 20 \$ 800 \$ 20 \$ 5 \$ 20 \$ 30 \$ 40 \$ - \$ 40 \$ - \$ 40 \$ 5 \$ 800	Applies After Deductible After Deductible Before and After Deductible	Deductible? No No No No No No No		Applies		Note 1	
	Default Consumore MOOP Medical Benefits Emergency Room Services Inspatient Hospital Services (e.g., Hospital Say) Promary Care Volts Torest an Injury or Tilness Specialart Volt Metral Health & Substance Use Disorder Office Volts Metral Health & Substance Use Disorder Office Volts Metral Health & Substance Use Disorder Office Volts Metral Health & Substance Use Disorder All Other Of Services Imaging (CTPE Status, Metra) Rehabilitative Conscionation and Rehabilitative Physical Therapy Profestioner, Office Services Very and Disport Reing, Services State Services (English) State Naming Tadity Ourpatient Radity Fee (g., Ambulatory Surgery Center) Ourpatient Surgery Physican/Surgical Services	or Copays? No No Yes No Yes No	Deductible? Yes Yes No No No Yes No No No No No No No No No Yes Yes Yes No No	30% \$7,950 Amount \$ 800 \$ 20 \$ 20 \$ 20 \$ 20 \$ 20 \$ 20 \$ 20 \$ 20 \$ 40 \$ 40 \$ 40 \$ 40 \$ 40 \$ 5 \$ 20 \$ 30 \$ 5 \$ 20 \$ 5 \$ 5 \$ 200 \$ 5 \$ 5 \$ 200 \$ 5 \$ 5 \$ 200 \$ 5 \$ 5 \$ 200 \$ 5 \$ 5 \$ 5 \$ 200 \$ 5 \$ 5 \$ 200 \$ 5 \$ 5 \$ 200 \$ 5 \$ 5 \$ 200 \$ 5 \$ 5 \$ 5 \$ 5 \$ 200 \$ 5 \$ 5 \$ 5 \$ 5 \$ 200 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5	Applies After Deductible After Deductible Before and After Deductible After Deductible After Deductible After Deductible Before and After Deductible Before and After Deductible After Deductible Before and After Deductible	Deductible?		Applies		Note 1	Errors/ Warnings
	Default Consumore MOOP Model Energency Room Services Inpatient Hospital Services (e.g., hospital Say) Finang Care Visito Tenet an Injury or Illness Sectiant Visit Metal Health & Schotanore Lie Disorder All Other OP Services Metal Health & Schotanore Lie Disorder All Other OP Services Metal Health & Schotanore Lie Disorder All Other OP Services Metal Health & Schotanore Lie Disorder All Other OP Services Metal Health & Schotanore Lie Disorder All Other OP Services Metal Health & Schotanore Lie Disorder All Other OP Services Metal Health & Schotanore Lie Disorder All Other OP Services Metal Health & Schotanore Lie Disorder All Other OP Services Metal Health & Schotanore Lie Disorder All Other OP Services Metal Health & Schotanore Lie Disorder All Other OP Services X-rays and Diagnostic Imaging Stilled Nursing Fallby Curpatent Sargery Physical/Surgery Center) Curpatent Sargery Physical/Surgery Lentery Urgent Care Emergency Transportation	or Copays? No No Yes No Yes No	Deductible? Yes Yes No Yes Yes Yes	30% \$7,950 Amount \$ 800 \$ 200 \$ 200 \$ 200 \$ 200 \$ 200 \$ 200 \$ 400 \$ - \$ 400 \$ - \$ 800 \$ 200 \$ 20	Applies After Deductible After Deductible Before and After Deductible After Deductible After Deductible After Deductible	Deductible?		Applies		Note 1	
	Default Consumore MOOP Medical Benefits Emergency Room Services Inpatient Hospital Services (e.g., Hospital Say) Premary Care Volts Torest an Injury or Ithess Specialst Visit Mertal Health & Substance Use Disorder Office Visits Mertal Health & Substance Use Disorder Office Visits Use Disorder Office Visits Mertal Health & Substance Use Disorder Office Visits Mertal Health & Substance Use Disorder Office Visits Disorder Office Visits Mertal Health & Substance Use Disorder Office Visits Mertal Health & Substance Use	or Copays? No No Yes No No	Deductible? Yes Yes No No No Yes No Yes Yes Yes No No	30% \$7,950 Amount \$ 800 \$ 800 \$ 200 \$ 200 \$ 200 \$ 200 \$ 200 \$ 200 \$ 200 \$ 200 \$ 400 \$ 400 \$ 5 400 \$ 5 65 \$ 600 \$ 5 65 \$ 5 800 \$ 5 600 \$ 5 65 \$ 5 800 \$ 800 \$ 800 \$ 900 \$ 5 65 \$ 900 \$ 5 650 \$ 900 \$ 5 650 \$ 900 \$	Applies After Deductible After Deductible Before and After	Deductble? No No		Applies		Note 1	
	Default Consumore MOOP Benefas Impatient Hospital Services (e.g., hospital Say) Primary Care Vato To Frast an Injury or Illness Specialst Vati Metal Health & Substance Use Disorder Office Visits Metal Health & Substance Use Disorder All Other OP Services Impaging (CTPET Sans, Mittig Rehabilitative Cospects) Therapy Rehabilitative Cospects Therapy Rehabilitative Cospects Therapy Preventice Care/Society of Therapy Preventice Care/Society of Services X-rays and Diagnostic Imaging Subdet Aurning Falty Outpatient Sarging Physician/Surgical Services Urgent Care Emergency Transportation Deter EMB Categories Chiro/Acupanture	or Copays? No No Yes No Yes No	Deductible? Yes Yes No No No Yes No No No No No No No No No Yes Yes Yes No No	30% \$7,950 Amount \$ 800 \$ 20 \$ 20 \$ 20 \$ 20 \$ 20 \$ 20 \$ 20 \$ 300 \$ 40 \$ 40 \$ 40 \$ 40 \$ 5 \$ 20 \$ 30 \$ 5 \$ 20 \$ 5 \$ 5 \$ 200 \$ 5 \$ 5 \$ 5 \$ 5 \$ 200 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5	Applies After Deductible After Deductible Before and After Deductible After Deductible After Deductible After Deductible Before and After Deductible Before and After Deductible After Deductible Before and After Deductible	Deductible?		Applies		Note 1	
	Default Consumme MOOP MOOP Medical Benefits Emergency Room Services Impatient Hospital Services (e.g., Hospital Stay) Primary Care Voit to Terat an Injury or Unless Specialer Voit Metral Health & Substance Use Disorder Office Visits Metral Health & Substance Use Disorder Office Visits Health Metral Health & Substance Use Disorder Office Visits Liboratory Chargher Reing/Immunization Substance Targing Previous/Surgicit Services User Care Emergency Transportation Define Ell Clasgories DisordAcoputure	or Copays? No No Yes No No	Deductible? Yes Yes No No No Yes No Yes Yes Yes No No	30% \$7,950 Amount \$ 800 \$ 800 \$ 200 \$ 200 \$ 200 \$ 200 \$ 200 \$ 200 \$ 200 \$ 200 \$ 400 \$ 400 \$ 5 400 \$ 5 65 \$ 600 \$ 5 65 \$ 5 800 \$ 5 65 \$ 5 800 \$ 5 20 \$ 5 40 \$ 5 40 \$ 5 65 \$ 5 20 \$ 5 40 \$ 5 40 \$ 5 65 \$ 5 20 \$ 5 40 \$ 5 65 \$ 5 20 \$ 5 40 \$ 5 65 \$ 5 20 \$ 5 65 \$ 5 20 \$ 5 40 \$ 5 65 \$ 5 20 \$ 5 20 \$ 5 20 \$ 5 20 \$ 5 20 \$ 5 20 \$ 5 5 20 \$ 5 5 5 20 \$ 5 5 5 5 5 20 \$ 5 5 5 5 20 \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Applies After Deductible After Deductible Before and After	Deductble? No No		Applies		Note 1	
	Default Consumore MOOP Benefas Impatient Hospital Services (e.g., hospital Say) Primary Care Vato To Frast an Injury or Illness Specialst Vati Metal Health & Substance Use Disorder Office Visits Metal Health & Substance Use Disorder All Other OP Services Impaging (CTPET Sans, Mittig Rehabilitative Cospects) Therapy Rehabilitative Cospects Therapy Rehabilitative Cospects Therapy Preventice Care/Society of Therapy Preventice Care/Society of Services X-rays and Diagnostic Imaging Subdet Aurning Falty Outpatient Sarging Physician/Surgical Services Urgent Care Emergency Transportation Deter EMB Categories Chiro/Acupanture	or Copays? No No Yes No No	Deductible? Yes Yes No No No Yes No Yes Yes Yes No No	30% \$7,950 Amount \$ 800 \$ 800 \$ 200 \$ 200 \$ 200 \$ 200 \$ 200 \$ 200 \$ 200 \$ 200 \$ 400 \$ 400 \$ 5 400 \$ 5 65 \$ 600 \$ 5 65 \$ 5 800 \$ 5 65 \$ 5 800 \$ 5 20 \$ 5 40 \$ 5 40 \$ 5 65 \$ 5 20 \$ 5 40 \$ 5 40 \$ 5 65 \$ 5 20 \$ 5 40 \$ 5 65 \$ 5 20 \$ 5 40 \$ 5 65 \$ 5 20 \$ 5 65 \$ 5 20 \$ 5 40 \$ 5 65 \$ 5 20 \$ 5 20 \$ 5 20 \$ 5 20 \$ 5 20 \$ 5 20 \$ 5 5 20 \$ 5 5 5 20 \$ 5 5 5 5 5 20 \$ 5 5 5 5 20 \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Applies After Deductible After Deductible Before and After	Deductble? No No		Applies		Note 1	
	Default Consume MOOP MOOP MOOP MOOP Emergency Room Services Impattent Hospital Services (e.g., Hospital Say) Primary Care Visit To rest an Injury or Illness Specialer Visit Mettal Health & Substance Use Disorder Office Visits Mettal Health & Substance Use Disorder All Other Of Services Industriets Consumer Services Mettal Health & Substance Use Disorder Office Visits Mettal Health & Substance Use Disorder All Other Of Services Industriets Search Theory Rehabilistic Consumod Information Rehabilistic Consumod Information Rehabilistic Consumod Information Rehabilistic Consumer Services Laboratory Ottantent and Policissonal Services Unpatient Karly Physician Surgical Services Unpert Care Emergency Transportation Other Bit Banefits Drug Benefit Tiers (add/modify descriptions as necessary)	or Copays? No No Yes No Yes No No No No No No No No No No No No No	Deductible? Yes Yes No No	30% 37,95 \$7,95 37,95 \$ 40,00 5 800 \$ 500 5 20 \$ 65 30 5 40 \$ 300 5 40 5 40 \$ 40 5 40 5 40 5 5 20 5 5 20 5 40 5 40 5 40 5 6 5 5 5 5 5 5 5 5 5 5 5 5 6 5 5 6 5 5 6 5 6 5 6 5 6 5 6 5 6 6 5 20 5 6 6 5 20 5 6 6 5 20 5 6 6 5 20 5 6 6 5 20 20 20 20 20 20 20 20 20 <td>Applies After Deductible After Deductible Before and After Deductible After Deductible After Deductible After Deductible Before and After Dedu</td> <td>Deductible?</td> <td>30%</td> <td>Applies After Deductible</td> <td>Deductible?</td> <td>Note 1</td> <td>Warnings</td>	Applies After Deductible After Deductible Before and After Deductible After Deductible After Deductible After Deductible Before and After Dedu	Deductible?	30%	Applies After Deductible	Deductible?	Note 1	Warnings
	Default Consumore MOOP Medical Benefas Impatient Hospital Services (e.g., hospital Say) Finany Care Visit Densi an Injury or Illness Specialst Visit Mertal Health & Substance Use Disorder Office Visits Mertal Health & Substance Use Disorder All Other OP Services Impaign (CTPET Sans, Mills) Rehabilitative Cospects Therapy Rehabilitative Cospects Therapy Rehabilitative Cospects Therapy Reventive CareScoreering Immunization Laboratory Outpatient and Professional Services X-rays and Diagnostic Imaging Substance Use Disorder Office Visits Mertal Health & Substance Use Disorder Office Visits Used Staring Test (e.g., Ambulatory Surger, Center) Outpatient Sarger Projectan/Surger Services Urgent Care Emergency Transportation MonoPHB Benefits Drag Benefit Ters (add/modify descriptions as necessary) Generic Drugs (Ter 1)	or Copays2 No No No No No No No No No No No No No	Deductible? Yes Yes No	30% 37.950 Amount 5 8000 5 200 5 200 5 200 5 400 5 400 5 400 5 400 5 400 5 400 5 5 20 5 200 5 200 5 220 Amount 5 224	Applies After Deductible Merr Deductible Before and After Deductible After Deductible After Deductible Before and After Deductible	Deductible?	30%	Applies After Deductible	Deductible?	Note 1	Warning
	Default Consume MOOP MOOP MOOP Inspection Inspatient Hospital Services (e.g., hospital Say) Permany Care Visit Torest an Injury or Tilness Specialart Visit Metral Health & Substance Use Disorder Office Visits Metral Health & Substance Use Disorder Office Visits Metral Health & Substance Use Disorder All Other Of Services Inspatient Facility and Default Says Metral Health & Substance Use Disorder All Other Of Services Inspatient Care Visits Metral Health & Substance Use Disorder Office Visits Metral Health & Substance Use Disorder All Other Of Services Inspatient Care Visits Metral Health & Substance Use Disorder All Other Of Services User Care Sciences (Inspatient Says) Siller Naming Tacity Outpatient Karloy Fe (e.g., Ambulatory Surgery Center) Outpatient Says Physician/Surgical Services Unpert Care CheiroAcoputure Non-BHB Benefits Drug Benefit Tiers (Idd/Mondfy descriptions as nocesany) (effert Care J) Perfered Band Duos (Tile 2)	or Copays2 No No No No No No No No No No No No No	Deductible? Yes No Deductible? No	30% 37950 Amount 5 800 5 200 5 200 5 200 5 420 5 420 5 420 5 400 5 200 5 5 5 300 5 400 5 200 5 400 5 700 5 7000 5 7000 5 7000 5 7000 5 7000 5 7000 5 7000 5 700000000000000	Applies After Deductible After Deductible Before and After	Deductible?	30%	Applies After Deductible	Deductible?	Note 1	Warnings
	Default Consumore MOOP Medical Benefas Impatient Hospital Services (e.g., hospital Say) Finany Care Visit Densi an Injury or Illness Specialst Visit Mertal Health & Substance Use Disorder Office Visits Mertal Health & Substance Use Disorder All Other OP Services Impaign (CTPET Sans, Mills) Rehabilitative Cospects Therapy Rehabilitative Cospects Therapy Rehabilitative Cospects Therapy Reventive CareScoreering Immunization Laboratory Outpatient and Professional Services X-rays and Diagnostic Imaging Substance Use Disorder Office Visits Mertal Health & Substance Use Disorder Office Visits Used Staring Test (e.g., Ambulatory Surger, Center) Outpatient Sarger Projectan/Surger Services Urgent Care Emergency Transportation MonoPHB Benefits Drag Benefit Ters (add/modify descriptions as necessary) Generic Drugs (Ter 1)	or Copays2 No No No No No No No No No No No No No	Deductible? Yes Yes No	30% 37.950 Amount 5 8000 5 200 5 200 5 200 5 400 5 400 5 400 5 400 5 400 5 400 5 5 20 5 200 5 200 5 220 Amount 5 224	Applies After Deductible Merr Deductible Before and After Deductible	Deductible?	30%	Applies After Deductible	Deductible?	Note 1	Warnings

Benefit Components			Worksheet Controls							
Compa	ny: Premera Blue Cross		Market:	Individual	Plan Year:	2026			-	
1: Plan Information										
HIOS Plan ID	49831WA1940006		Line 1.3	Metal Level	Silver	1	ine 1.5	Exchange Status	On Exchange	
Plan Name	Premera Blue Cross Cascade Silver		Line 1.4	Cost-Share Reduction (CSR) Plan?	87% AV Level Silver Plan		ine 1.6	New or Renewing	Renewing	
2: Plan Design Information				etwork and Tier Information		-				
Unique Plan Design	Yes		Line 3.1	Network Type	EPO					
Use Integrated Medical & Drug Deductible?	Yes		Line 3.2	Network Name	Signature					
Apply Inpatient Copay per Day?	Yes		Line 3.3	In-Network Tiers (#)	1					
Apply Skilled Nursing Facility Copay per Day?	Yes		Line 3.4	Tier 1 Utilization	100.00%					
Separate MOOP for Medical & Drug Spending?			Line 3.5	Tier 2 Utilization						
Maximum Number of Days for Charging an IP Copay	5		Line 3.6	Tier 3 Utilization						
Begin Primary Care Cost-Sharing After a Set Number of Vis	ts 2		Line 3.7	Out-of-Network Benefits?	No					
Begin Primary Care Deductible/Coinsurance After a Set	N/A									
Number of Copays? HSA Plan?	No	-								
HSA Employer Contribution Amount										
Different Cost-Sharing for Virtual vs Non-Virtual Care?	No									
Pediatric Dental Embedded?	No									
Includes Non-EHBs?	No									
I: Cost-Share Designs		-								
-Network Tier 1:	In Network									
Deductible Default Coinsurance	Medical	Drug	Combined \$750 20%	Errors/Warnings	-					
	Medical	Drug	\$750	Errors/Warnings						
Default Coinsurance MOOP			\$750 20% \$2,850	Copays			Coinsurance		1	
Default Coinsurance MOOP Medical	Upfront Visits	Subject to	\$750 20%		Accrues toward	Amount	Coinsurance Applies	Accrues toward	Comments	
Default Coinsurance MOOP Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	\$750 20% \$2,850 Amount	Copays Applies	Accrues toward Deductible?	Amount		Accrues toward Deductible?	Comments	
Default Coinsurance MOOP Medical Benefits Emergency Room Services	Upfront Visits or Copays? No	Subject to Deductible? Yes	\$750 20% \$2,850 Amount \$ 425	Copays Applies After Deductible		Amount			Comments	
Default Coinsurance MOOP Medical Benefits Emergency Room Services Inpatient Hospital Services (e.g. Hospital Stay)	Upfront Visits or Copays? No No	Subject to Deductible? Yes Yes	\$750 20% \$2,850 Amount \$ 425 \$ 425	Copays Applies After Deductible After Deductible	Deductible?	Amount				
Default Coinsurance MOOP Medical Benefits Emergency Room Services Inpattent Hospital Services (co., Hospital Say) Primary Care Visito Torta an Injayo (Illines	Upfront Visits or Copays? No No Yes	Subject to Deductible? Yes No	\$750 20% \$2,850 Amount \$ 425 \$ 425 \$ 5	Copays Applies After Deductible After Deductible Before and After Deductible	Deductible?	Amount			Comments Note 1	
Default Coinsurance MOOP Medical Benefits Emergency Room Services Inpatient Hospital Services (e.g. Hospital Stay) Primary Care Visit to Treat an Injury or Illness Specialist Visit	Upfront Visits or Copays? No No	Subject to Deductible? Yes No No	\$750 20% \$2,850 Amount \$ 425 \$ 425	Copays Applies After Deductible After Deductible Before and After Deductible Before and After Deductible	Deductible?	Amount			Note 1	
Default Consurance MOOP Medical Benefits Emergency Room Services Ingattern Hospital Services (e.g., Hospital Stay) Primary Care Visits Torta an Injugy or Offices Visits Specialist Visit Mental Health & Substance Use Diorder Office Visits	Upfront Visits or Copays? No No Yes No Yes	Subject to Deductible? Yes No No No	\$750 20% \$2,850 Amount \$ 425 \$ 425 \$ 5	Copays Applies After Deductible After Deductible Befora and After Deductible Befora and After Deductible Befora and After Deductible	No No No	Amount				
Default Coinsurance MOOP Medical Benefits Impatient Hospital Services (e.g., Hospital Stay) Primary Care Visit to Treat an Injary or Illness Specialist Visit Mental Health & Substance Use Disorder Office Visits Mental Health & Substance Use Disorder All Other OP Services	Upfront Visits or Copays? No No Yes No	Subject to Deductible? Yes No No	\$750 20% \$2,850 Amount \$ 425 \$ 425 \$ 5 \$ 300 \$ 5	Copays Applies After Deductible After Deductible Before and After Deductible Before and After Deductible	Deductible?	Amount 20%			Note 1	
Default Consurance MOOP Medical Benefits Imargency Room Services Inpatient Hospital Services (e.g., Hospital Stay) Primary Care Visit to Trast an Injury or Illiness Specialist Visit Mertal Health & Substance Use Disorder Office Visits Mertal Health & Substance Verberger All Other OP Services Imaging (CT/PET Scans, MRis) Rehabilitative Search Therapy	Upfront Visits or Copays? No Yes No Yes No	Subject to Deductible? Yes No No No No	\$750 20% \$2,850 Amount \$ 425 \$ 425 \$ 5 \$ 300 \$ 5	Copays Applies After Deductible After Deductible Befora and After Deductible Befora and After Deductible Befora and After Deductible	No No No		Applies		Note 1	
Default Consurance MOOP Medical Benefits Emergency Room Services Inpattent Hospital Services (e.g., Hospital Savy) Primary Care Visits Torest an Injury or Illness Specialise Visit Mental Health & Substance Use Disorder All Other OP Services Imaging (CTRPE Sans, MI83)	Upfront Visits or Copays? No Yes No Yes No No	Subject to Deductible? Yes No No No No Yes	\$750 20% \$2,850 Amount \$ 425 \$ 425 \$ 425 \$ 5 \$ 5 \$ 30 \$ 5 \$ 10	Copays Applies After Deductible After Deductible Before and After Deductible Before and After Deductible Before and After Deductible	Deductible?		Applies		Note 1	
Default Consurance MOOP Medical Benefits Impatient Hospital Services (e.g., Hospital Stay) Primary Care Visit to Trast an Injury or Illness Specialist Visit Mertal Hoshit & Substance Use Disorder Office Visis Mertal Hoshit & Substance Use Disorder Al Other OP Services Imaging (CT/PET Sans, MBI) Rehabilitative Speent Therapy Rehabilitative Decopational and Rehabilitative Physical Therapy	Upfront Visits or Copays? No Yes No No No No	Subject to Deductible? Yes No No No No No No No	\$750 20% \$2,850 Amount \$ 425 \$ 425 \$ 425 \$ 30 \$ 5 \$ 30 \$ 5 \$ 10 \$ 20	Copays Applies Alter Deductible Alter Deductible Before and Alter Deductible	Deductible?		Applies		Note 1	
Default Consurance MOOP Medical Benefits Envergency Room Services Inguiternt Hospital Services (e.g., Hospital Sary) Primary Care Visit to Treat an Injury or Illness Specialise Visit Mental Heahth & Subtance Use Disorder Office Visits Mental Heahth & Subtance Use Disorder All Other OP Services Imaging (CTPET Sans, Millis) Rehabilitative Specht Therapy Prevente Care,Greeningfimmunization Laboratory Orgunitation and Services	Upfront Visits or Copays? No Yes No Yes No	Subject to Deductible? Yes No No No No No No No No No	\$750 20% \$2,850 Amount \$ 425 \$ 5 \$ 300 \$ 5 \$ 10 \$ 200 \$ 200 \$ 200 \$ 200 \$ 200 \$ 200 \$ 200 \$ 200	Cepays Applies After Deductible After Deductible Befora and After Deductible	Deductible? No No No No No No No		Applies		Note 1	
Default Coinsurance MOOP Imargancy Room Services Impatient Hospital Services (cg., Hospital Say) Privary Care Wills Torst an Injay or Ullness Specialist Visit Mental Health & Substance Use Disorder All Other O' Services Imaging (CT/R Scons, Mink) Mental Health & Substance Use Disorder All Other O' Services Imaging (CT/R Scons, Mink) Mental Health & Substance Use Disorder All Other O' Services Imaging (CT/R Scons, Mink) Mental Health & Scons, Mink) Mental Health & Scons, Mink) Behabilitative Orugational and Rehabilitative Physical Therapy Preventive Care, Screening Immunication Laboratory Outpatient and Professional Services X-rays and Dagnostic Imaging	Upfront Visits or Copays? No No No No No No No No No	Subject to Deductible? Yes No No No No No No No No	\$750 20% \$2,850 Amount \$ 425 \$ 425 \$ 5 \$ 5 \$ 10 \$ 20 \$ 20 \$ 20 \$ 20 \$ 20 \$ 20 \$ 40 \$ 40 \$ 20 \$ 40 \$ 20 \$ 40 \$ 10 \$ 10 \$ 10 \$ 10 \$ 10 \$ 10 \$ 10 \$ 1	Copays Applies Anter Deductible Anter Deductible Befora and After Deductible	Deductible? No No No No No No		Applies		Note 1	
Default Consurance MOOP Medical Benefits Emergency Room Services Inpatient Hospital Services (e.g., Hospital Say) Primary Care Visit to Troat an Injury or Illness Specialise Visit Mental Health & Subtance Use Disorder Office Visits Mental Health & Subtance Use Disorder All Other OP Services Imaging (CTRPE Sans, Millis) Rehabilitative Spech: Theragy Perenthe Care/Greening/Immunization Laboratory Outputient and Professional Services X-rays and Diagnostic Imaging Subor Subor San Diagnostic Imaging Subor Subor Subor Services X-rays and Diagnostic Imaging	Upfront Visits or Copay? No	Subject to Deductible? Yes No No No No No No No No No No No Yes	\$750 20% \$2,850 Amount \$ 425 \$ 425 \$ 300 \$ 5 \$ 300 \$ 5 \$ 10 \$ 200 \$ 200	Cepays Applies After Deductible After Deductible Befora and After Deductible	Deductible? No No No No No No No		Applies		Note 1	
Default Coinsurance MOOP Medical Benefits Emergency Room Services Inpatient Hospital Services (e.g., Hospital Say) Primary Care With To Trat an Injayor Offices Specialist Volt Mental Health & Substance Use Disorder Office Visits Mental Health & Substance Use Disorder All Other OP Services Impaing (CTPE Scans, Mills) Mental Metalth & Substance Use Disorder All Other OP Services Installicitative Specialist Constraints Mental Health & Substance Use Disorder All Other OP Services Preventive Care, Sortemong Immunization Laboratory Outpatient And Professional Services X-rays and Disposite Imaging Silide Ansring Facility Outpatient Facility Fee (e.g., Antohatory Surgery Center)	Upfont Visits or Copays? No	Subject to Deductible? Yes No No No No No No No No No No No Yes	\$750 20% \$2,850 Amount \$ 425 \$ 425 \$ 5 \$ 5 \$ 5 \$ 10 \$ 20 \$ 20 \$ 20 \$ 20 \$ 20 \$ 20 \$ 425 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 20 \$ 425 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$	Copays Applies Alter Deductible Alter Deductible Before and After Deductible After Deductible After Deductible	Deductible? No No No No No No No		Applies		Note 1	
Default Coinsurance MOOP Medical Benefits Emergancy Room Services Inpatient Hoopital Services (e.g., Hoopital Say) Primary Care Visits Amand Least to Treat an Injury or Illness Specialse Visit Mental Health & Subtance Use Disorder Office Visits Mental Health & Subtance Use Disorder Office Visits Mental Health & Subtance Use Disorder All Other OP Services Imaging (CT/PET Sans, Mills) Rehabilitative Opench Theragy Pre-terties Care,Streening/Immunization Laboratory Orgunitation and Pachabilitative Physical Therapy Pre-terties Care,Streening/Immunization Laboratory Orgunitation and Policiosal Services X-rays and Diagnostic Imaging Stilled Nursing Facility Outpatient Facility Fee (e.g., Ambulatory Surgery Center) Outpatient Facility Fee (seg.)	Upfront Visits or Copays? No	Subject to Deductible? Yes No No No No No No No No No No No Yes Yes Yes	\$750 20% \$2,850 Amount \$ 425 \$ 425 \$ 30 \$ 5 \$ 30 \$ 5 \$ 30 \$ 20 \$ 20 \$ 20 \$ 20 \$ 20 \$ 20 \$ 20 \$ 2	Copays Applies Applies After Deductible Metro Deductible Befora and After Deductible After Deductible After Deductible After Deductible	Deductible?		Applies		Note 1	
Default Coinsurance MOOP MoDA MoDA MoDA Modical Benefits Emergency Room Services Impattent Hospital Services (e.g., Hospital Stay) Primary Care Visits Torts an Injay: or Ullness Specialst Visit Mertal Health & Substance Use Disorder Office Visits Mertal Health & Substance Use Disorder AII Other OP Services Imaging (CTRF2 Sons, Mills) Rehabilitative Occupational and Rehabilitative Physical Therapy Presentive Cate/Optentional Services Knorg and Disposition Impairs Salide Nursing Facility Salide Nursing Facility Salide Nursing Facility Outpatient Targing Fee (bag, Anbiotatory Surgery Center) Outpatient Surgery Physicin/Surgical Services	Upfront Visits 0 No No No	Subject to Deductible? Yes No No No No No No No No No No No No No	\$750 20% \$2,850 Amount \$ 425 \$ 5 \$ 425 \$ 5 \$ 30 \$ 5 \$ 10 \$ 20 \$ 20 \$ 20 \$ 20 \$ 20 \$ 20 \$ 20 \$ 2	Logays Applies Anter Deskuttible Anter Deskuttible Befors and After Deskuttible After Deskuttible After Deskuttible Befors and After Deskuttible Befors and After Deskuttible	Deductible? No		Applies		Note 1	
Default Consurance MOOP Medical Benefits Emergancy Room Services Inpatient Hoopital Services (e.g., Hoopital Say) Primary Care Visits Amand Health & Subtance Use Disorder Office Visits Mertal Health & Subtance Use Disorder All Other OP Services Imaging (CT/RET Sans, Mills) Rehabilitative Occupational and Rehabilitative Physical Therapy Pre-tertive Care,Greening/Immunization Laboratory Ortputent and Professional Services X-rays and Diagnostic Imaging Sailed Nursing Facility Outpatient Facility Fee (e.g., Ambulatory Surgery Center) Outpatient Facility Physialn/Turgical Services Urgent Care Emergency Transportation	Upfront Visits or Copays? No	Subject to Deductible? Yes No No No No No No No No No No No Yes Yes Yes	\$750 20% \$2,850 Amount \$ 425 \$ 425 \$ 30 \$ 5 \$ 30 \$ 5 \$ 30 \$ 20 \$ 20 \$ 20 \$ 20 \$ 20 \$ 20 \$ 20 \$ 2	Copays Applies Applies After Deductible Metro Deductible Befora and After Deductible After Deductible After Deductible After Deductible	Deductible?		Applies		Note 1	
Default Coinsurance MOOP MoDA Exercise Exercise Impattent Hospital Services (e.g., Hospital Say) Primary Care Visito Torst an Injayo Ullhess Specialst Visit Mertal Health & Substance Use Disorder All Other OP Services Impangi (CF/RF Stans, Mills) Rehabilitative Operch Therayy Presentive Care, Science Use Disorder All Other OP Services Impangi Control Stans, Mills) Rehabilitative Operch Therayy Presentive Care, Science Handbiltetive Physical Therapy Presentive Care, Science Ingring Statistical Nursies Facility Outpatient Facility Fee (e.g., Ambalatory Surgery Center) Outpatient Sargery Physicaln/Surgers Services United Care Emergency Transportation Other EHE Categories	Upfront Visits or Copays? No	Subject to Deductible? Yes No Yes No No No No No	\$750 20% \$2,850 Amount \$ 425 \$ 5 \$ 425 \$ 5 \$ 30 \$ 5 \$ 10 \$ 20 \$ 20 \$ 20 \$ 20 \$ 20 \$ 20 \$ 20 \$ 2	Copays Applies Anter Deductible Anter Deductible Befors and After Deductible After Deductible After Deductible Befors and After Deductible	Deductible? No No		Applies		Note 1	
Default Coinsurance MOOP Modical Benefits Energiency Room Services Inpatient Hospital Services (e.g., Hospital Sary) Primary Care Visit to Treat an Injury or Illness Specialist Visit Mental Health & Substance Use Disorder Office Visits Mental Health & Substance Use Disorder Office Visits Mental Health & Substance Use Disorder Office Visits Mental Health & Substance Use Disorder All Other OP Services Imaging (CTRPET Sans, Millis) Rehabilitative Occupational and Rehabilitative Physical Therapy Preventive Care/Screening/Immunization Laborator-Outputient and Professional Services X-rays and Diagnostic Imaging Salied Auxing Foldily Outpatient Facility Fee (e.g., Ambulatory Surgery Center) Outpatient Sargery Physicalin/Surgical Services Urgent Care Emergency Transportation Other EHB Categories	Upfront Visits 0 No No No	Subject to Deductible? Yes No No No No No No No No No No No No No	\$750 20% \$2,850 Amount \$ 425 \$ 5 \$ 425 \$ 5 \$ 30 \$ 5 \$ 10 \$ 20 \$ 20 \$ 20 \$ 20 \$ 20 \$ 20 \$ 20 \$ 2	Logays Applies Anter Deskuttible Anter Deskuttible Befors and After Deskuttible After Deskuttible After Deskuttible Befors and After Deskuttible Befors and After Deskuttible	Deductible? No		Applies		Note 1	
Default Coinsurance MOOP MOOP Imergency Room Services Inpatient Hospital Services (e.g., Hospital Say) Primary Care Wist to Treat an Injury of Illness Specialist Volt Mental Health & Substance Use Disorder Office Visits Mental Health & Substance Use Disorder AI Other OP Services Imaging (CTPE Scans, Mills) Healtholitables Special Use Disorder AI Other OP Services Imaging Control Second Mills (Second AI) Preventive Care Screening Immunication Laboratory Outpatient And Professional Services V-rays and Disports (Emaing) Stilled Nursing Facility Outpatient Surgery Physician/Surgery Center) Outpatient Surgery Physician/Surgery Center)	Upfront Visits or Coppys? No Yes No Yes No No	Subject to Deductible? Yes Vies No No No	3750 20% 20% 5 405 5 425 6 5 6 5 5 6 7 5 6 7 7 7 7 7 7 7 7 7 7 7 7 <t< td=""><td>Coprys Applies Applies Applies Before and Atter Deductible Before and Atter Deductible Atter Deductible Atter Deductible Atter Deductible Before and Atter Deductible</td><td>Deductible?</td><td>20%</td><td>Apples After Deductible</td><td>Deductible?</td><td>Note 1</td><td>Warnin</td></t<>	Coprys Applies Applies Applies Before and Atter Deductible Before and Atter Deductible Atter Deductible Atter Deductible Atter Deductible Before and Atter Deductible	Deductible?	20%	Apples After Deductible	Deductible?	Note 1	Warnin
Default Coinsurance MOOP MoDP Energiency Room Services Impattent Hospital Services (e.g., Hospital Sany) Primary Care Visit Torest an Injury or Illness Specialist Visit Mental Health & Substance Use Disorder All Other OP Services Imaging (CTRPE Sans, MR8) Rehabilistive Speech Theragy Rehabilistive Speech Theragy Rehabilistive Speech Theragy Rehabilistive Speech Theragy Preventive Care/Screening/Immunization Laboratory Outpatient and Profesional Services X-rays and Diagnostic Imaging Suited Aurinis Foldity Outpatient Facility Flocklin/Surgical Services Unsert Care Emergency Transportation Other Hills Categories ChirolAcogunture Non-BH Benefits Drug Benefits Tes	Upfront Visits or Copays? No No Yes No Yes No Yes No No	Subject to Deductible? No No No No No No No No No No No No No	\$750 20% \$2,850 Amount \$ 425 \$ 5 \$ 425 \$ 5 \$ 30 \$ 5 \$ 10 \$ 20 \$ 20 \$ 20 \$ 20 \$ 20 \$ 20 \$ 20 \$ 2	Copays Applies Anter Deductible Anter Deductible Befors and After Deductible After Deductible After Deductible Befors and After Deductible	Deductible? No No		Applies		Note 1	Warnin
Default Coinsurance MOOP MOOP Exercises Impattent Hospital Services (e.g., Hospital Say) Primary Care Wist to Trat an Injuy or Ullness Specialist Volt Mental Health & Substance Use Disorder Office Visits Mental Health & Substance Use Disorder AID Other OP Services Impaign (CT/RET Scans, Mills) Mental Health & Substance Use Disorder AID Other OP Services Impaign (CT/RET Scans, Mills) Mental Mealth & Substance Use Disorder AID Other OP Services Impaign (CT/RET Scans, Mills) Mental Mealth & Substance Use Disorder AID Other OP Services Mental Health & Substance Use Disorder AID Other OP Services Interface Anti-Stranger Mental Anti-Stranger Privertitive Care Screening Immunication Laboratory Outpatient Andry Services Varyat AID Agenetic Imaging Stilled Nursing Facility Outpatient Surgery Physician/Surgeria/Services Urgent Care Emergency Transportation Other EHE Categories Chine/Augunture Non-EHE Benefits Drug Benefit Tires (add/modify descriptions as necessary)	Upfront Visits or Coppys? No Yes No Yes No No	Subject to Deductible Yesi No No No No No No No Yesi Yesi No No No No No Subject to Deductible?	3750 20% 20% 5 405 5 425 6 5 6 5 5 6 7 5 6 7 7 7 7 7 7 7 7 7 7 7 7 <t< td=""><td>Coprys Applies Applies Amer Deductible Merro bracktible Before and After Deductible Before and After Deductible</td><td>Deductible?</td><td>20%</td><td>Apples After Deductible</td><td>Deductible?</td><td>Note 1</td><td>Warnin</td></t<>	Coprys Applies Applies Amer Deductible Merro bracktible Before and After Deductible Before and After Deductible	Deductible?	20%	Apples After Deductible	Deductible?	Note 1	Warnin
Default Coinsurance MOOP MoDP Energiency Room Services Impattent Hospital Services (e.g., Hospital Sany) Primary Care Visit Torest an Injury or Illness Specialist Visit Mental Health & Substance Use Disorder All Other OP Services Imaging (CTRPE Sans, MR8) Rehabilistive Speech Theragy Rehabilistive Speech Theragy Rehabilistive Speech Theragy Rehabilistive Speech Theragy Preventive Care/Screening/Immunization Laboratory Outpatient and Profesional Services X-rays and Diagnostic Imaging Suited Aurinis Foldity Outpatient Facility Flocklin/Surgical Services Unsert Care Emergency Transportation Other Hills Categories ChirolAcogunture Non-BH Benefits Drug Benefits Tes	Upfront Visits or Copays? No No Yes No Yes No Yes No No	Subject to Deductible? No No No No No No No No No No No No No	3750 20% 20% 20% 20% 425.5 425.5 5 425.5 6 7 6 7 6 7 6 7 6 7 <tr< td=""><td>Coprys Applies Applies Applies Before and Atter Deductible Before and Atter Deductible Atter Deductible Atter Deductible Atter Deductible Before and Atter Deductible</td><td>Deductible?</td><td>20%</td><td>Apples After Deductible</td><td>Deductible?</td><td>Note 1</td><td>Warning</td></tr<>	Coprys Applies Applies Applies Before and Atter Deductible Before and Atter Deductible Atter Deductible Atter Deductible Atter Deductible Before and Atter Deductible	Deductible?	20%	Apples After Deductible	Deductible?	Note 1	Warning
Default Coinsurance MOOP Model Energiency Construction Ingatent Hospital Services (e.g., Hospital Sany) Primary Care Visit Torest an Injury or Illness Specialist Visit Mental Health & Substance Use Disorder Office Visits Mental Health & Substance Use Disorder All Other OP Services Imaging (CTRPE Stans, MR8) Rehabilitative Speech Theragy Rehabilitative Speech Theragy Rehabilitative Speech Theragy Rehabilitative Speech Theragy Rehabilitative Speech Theragy Rehabilitative Speech Theragy Rehabilitative Speech Theragy Outpatient Facility, Folding January Center, Outpatient Spreeg Physicaln/Surgical Services Ungent Care Emergency Transportation Other 5HB Categories ChirolAcognature Non-DHB Benefits Drug Benefit Tors (add/modify descriptions as necessary) Gerenic Drug; (for 1)	Upfront Visits or Copays? No No Yes No Yes No Yes No No	Subject to Deductible? 76 76 76 76 76 76 76 76 76 76 76 76 76	5750 20% 20% 20% 20% 4255 425 5 425 5 425 5 5 5 5 5 5 5 5 5 5 5 20% 5 20% 5 20% 5 20% 5 20% 5 20% 5 20% 5 20% 5 20% 5 20% 5 20% 5 20% 5 5 5 6 70% 70% 70% <	Cogays Applies And the Deductable After Deductable Before and After Deductable	Deductible?	20%	Apples After Deductible	Deductible?	Note 1	Errors/ Warning

	enefit Components			Worksheet Controls							
	Company:	Premera Blue Cross		Market:	Individual	Plan Year:	2026				
11: ⁻	Plan Information										
	HIOS Plan ID	49831WA1940006		Line 1.3	Metal Level	Silver		Line 1.5	Exchange Status	On Exchange	
	Plan Name	Premera Blue Cross Cascade Silver		Line 1.4	Cost-Share Reduction (CSR) Plan?	94% AV Level Silver Plan		Line 1.6	New or Renewing	Renewing	
2.	Plan Design Information		-	Section 3: N	etwork and Tier Information						
	Unique Plan Design	Yes		Line 3.1	Network Type	EPO					
-	Use Integrated Medical & Drug Deductible?	Yes		Line 3.2	Network Name	Signature					
	Apply Inpatient Copay per Day?	Yes		Line 3.3	In-Network Tiers (#)	1					
	Apply Skilled Nursing Facility Copay per Day?	Yes		Line 3.4	Tier 1 Utilization	100.00%					
	Separate MOOP for Medical & Drug Spending?			Line 3.5	Tier 2 Utilization						
	Maximum Number of Days for Charging an IP Copay	5		Line 3.6	Tier 3 Utilization						
	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A		Line 3.7	Out-of-Network Benefits?	No					
	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A									
	HSA Plan?	No									
	HSA Employer Contribution Amount										
	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No									
	Pediatric Dental Embedded?	No									
	Includes Non-EHBs?	No									
4:	Cost-Share Designs										
	Deductible Default Coinsurance			\$0 15%							
_	MOOP			\$2,400							
_					Copays	_		Coinsurance		-	-
	Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors Warnin
-	Emergency Room Services	or copays:	No	\$ 150	Before and After Deductible	No			Deddctible:		warrin
	Inpatient Hospital Services (e.g., Hospital Stav)		No	\$ 100	Before and After Deductible	No					
	Primary Care Visit to Treat an Injury or Illness		No	\$ 1	Before and After Deductible	No					
	Specialist Visit		No	\$ 15	Before and After Deductible	No					
	Mental Health & Substance Use Disorder Office Visits		No	\$ 1	Before and After Deductible	No					
	Mental Health & Substance Use Disorder All Other OP Services		No	\$ 5	Before and After Deductible	No					
	Imaging (CT/PET Scans, MRIs)		No				15%	Before and After Deductible	No		
	Rehabilitative Speech Therapy		No	\$ 5	Before and After Deductible	No					
	Rehabilitative Occupational and Rehabilitative Physical Therapy		No No	\$ 5	Before and After Deductible Before and After Deductible	No					
	Preventive Care/Screening/Immunization Laboratory Outpatient and Professional Services		No	· ·	Before and After Deductible Before and After Deductible	No					
	X-rays and Diagnostic Imaging		No	\$ 15	Before and After Deductible 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										
			No	\$ 1	Before and After Deductible	No					
	Chiro/Acupunture		INO								
	Chiro/Acupunture Non-EHB Benefits										
	Chiro/Acupunture Non-EHB Benefits Drug Benefit Tiers	Maximum	Subject to	Amount	Applies	Accrues toward	Amount	Applies	Accrues toward	Comments	
	Chiro/Acupunture Non-EHB Benefits Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?			Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	
	Chiro/Acupunture Non-EHB Benefits Drug Benefit Tiers (add/modify descriptions as necessary) Generic Drugs (Tier 1)		Subject to Deductible?	\$ 5	Before and After Deductible	Deductible? No	Amount	Applies		Comments	
	Chiro/Acupunture Non-EHB Benefits Drug Benefit Tiers (add/modify descriptions as necessary)		Subject to Deductible?			Deductible?	Amount	Applies		Comments	Errors Warnin

Notes

Be	enefit Components			Worksheet Controls							
	Company	Premera Blue Cross		Market:	Individual	Plan Year:	2026				
1:1	Plan Information										
	HIOS Plan ID	49831WA1940007		Line 1.3	Metal Level	Expanded Bronze		Line 1.5	Exchange Status	On Exchange	
	Plan Name	Premera Blue Cross Cascade Bronze		Line 1.4	Cost-Share Reduction (CSR) Plan?			Line 1.6	New or Renewing	Renewing	
2:1	Plan Design Information		-	Section 3: N	etwork and Tier Information						
	Unique Plan Design	Yes		Line 3.1	Network Type	FPO					
	Use Integrated Medical & Drug Deductible?	Yes		Line 3.2	Network Name	Signature					
	Apply Inpatient Copay per Day?	No		Line 3.3	In-Network Tiers (#)	1					
	Apply Skilled Nursing Facility Copay per Day?	No		Line 3.4	Tier 1 Utilization	100.00%					
	Separate MOOP for Medical & Drug Spending?			Line 3.5	Tier 2 Utilization						
	Maximum Number of Days for Charging an IP Copay	N/A		Line 3.6	Tier 3 Utilization						
	Begin Primary Care Cost-Sharing After a Set Number of Visits	2		Line 3.7	Out-of-Network Benefits?	No					
	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A									
	HSA Plan?	No									
	HSA Employer Contribution Amount										
	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No									
	Pediatric Dental Embedded?	No									
	Includes Non-EHBs?	No									
	Cost-Share Designs										
	etwork Tier 1:	In Network	_								
		Medical	Drug	Combined	Errors/Warnings						
	Deductible			\$6,000	Errors, Warnings	-					
	Deductible Default Coinsurance					_					
				\$6,000		-					
	Default Coinsurance			\$6,000 40%	Copays			Coinsurance		1	
	Default Coinsurance MOOP Medical	Upfront Visits	Subject to	\$6,000 40%		Accrues toward	Amount	Coinsurance Applies	Accrues toward	Comments	Errors/
	Default Coinsurance MOOP Medical Benefits	Upfront Visits or Copays?		\$6,000 40% \$10,150	Сорауз	Accrues toward Deductible?		Applies	Accrues toward Deductible?	Comments	
	Default Coinsurance MOOP Medical Benefits Emergency Room Services	or Copays?	Subject to Deductible? Yes	\$6,000 40% \$10,150	Сорауз		40%	Applies After Deductible		Comments	
	Default Coinsurance MOOP Medical Benefits Impatient Hospital Services (e.g., Hospital Stay)	No No	Subject to Deductible? Yes Yes	\$6,000 40% \$10,150 Amount	Copays Applies	Deductible?		Applies			
	Default Coinsurance MOOP Medical Benefits Emercency Room Services (a.g., Hospital Stay) Impatient Mospital Services (a.g., Hospital Stay) Primary Care Visit to Treat an Injury or Ilmes.	or Copays? No No Yes	Subject to Deductible? Yes No	\$6,000 40% \$10,150 Amount \$ 40	Copays Applies Before and After Deductible	Deductible?	40%	Applies After Deductible		Comments Note 1	
	Default Coinsurance MOOP Medical Benefits Emergency Room Services Inpatient Hospital Services (e.g., Hospital Stay) Primary Care Visit to Treat an Injury or Illness Specialist Visit	or Copays? No No Yes No	Subject to Deductible? Yes No No	\$6,000 40% \$10,150 Amount \$ 40 \$ 100	Copays Applies Before and After Deductible Before and After Deductible	Deductible?	40%	Applies After Deductible		Note 1	
	ModP ModP Medical Medical Benefits Emercency Room Services (a, Hospital Stay) Primary Care Visit Toretan in Injury or Illness Specialist Viait Mental Health S Substance Use Disorder Office Visits	or Copays? No No Yes No Yes	Subject to Deductible? Yes No No No	\$6,000 40% \$10,150 Amount \$ 40	Copays Applies Before and After Deductible	Deductible?	40% 40%	Applies After Deductible After Deductible			
	Default Coinsurance MOOP Medical Benefits Emergency Room Services Inpatient Hospital Services (e.g., Hospital Stay) Primary Care Visit to Treat an Injury or Illness Specialist Visit Mental Health & Substance Use Disorder Office Visits Mental Health & Substance Use Disorder Office Visits	or Copays? No No Yes No Yes No	Subject to Deductible? Yes No No No Yes	\$6,000 40% \$10,150 Amount \$ 40 \$ 100	Copays Applies Before and After Deductible Before and After Deductible	Deductible?	40% 40% 40%	Applies After Deductible After Deductible After Deductible		Note 1	
	Medical M	or Copays? No Yes No Yes No No	Subject to Deductible? Yes No No No Yes Yes	\$6,000 40% \$10,150 Amount \$ 40 \$ 100	Copays Applies Before and After Deductible Before and After Deductible	Deductible?	40% 40% 40% 40%	Applies After Deductible After Deductible After Deductible After Deductible After Deductible		Note 1	
	Default Coinsurance MOOP Medical Benefits Emergency Room Services Ingatient Hooptal Services (e.g., Hooptal Stay) Primary Care Voit to Treat an Injury or Illness Specialist Viai Mental Health & Subtance Use Disorder Office Viats Mental Health & Subtance Use Disorder All Other OP Services Imaging (C/DET Scans, MRs) Rehabilitates Specific Therapy	or Copays? No No Yes No No No No	Subject to Deductible? Yes No No No Yes Yes Yes	\$6,000 40% \$10,150 Amount \$ 40 \$ 100	Copays Applies Before and After Deductible Before and After Deductible	Deductible?	40% 40% 40% 40% 40%	Applies After Deductible After Deductible After Deductible After Deductible After Deductible		Note 1	
	Medical Medical MooP Medical Medical Monore Mono	or Copays? No No Yes No Yes No	Subject to Deductible? Yes Yes No No No Yes Yes Yes Yes	\$6,000 40% \$10,150 Amount \$ 40 \$ 100	Copays Applies Before and After Deducible Before and After Deducible Before and After Deducible	Deductible?	40% 40% 40% 40%	Applies After Deductible After Deductible After Deductible After Deductible After Deductible		Note 1	
	Default Coinsurance MOOP Model Exercise Ingatient Hospital Services Ingatient Hospital Services (e.g., Hospital Stay) Primary Care Valt to Treat an Ingary or Illness Specialist Valt Mental Health & Substance Use Disorder Office Valts Mental Health & Substance Use Disorder Disor	or Copays? No Yes No Yes No Yes No	Subject to Deductible? Yes No No Yes Yes Yes Yes No	\$6,000 40% \$10,150 Amount \$ 40 \$ 100	Copays Applies Before and After Deductible Before and After Deductible	Deductible?	40% 40% 40% 40% 40% 40%	Applies After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible		Note 1	
	Default Coinsurance MAOOP MAOOP Moore Moore Medical Benefits Emeraency Room Services: (a, hooptal Sany) Primary Care Visit Darsan in Irigery or Illness Specialed Visit Mernal Health & Substance Use Disorder Office Visits Mernal Health & Substance Use Disorder All Other OP Services Mernal Health & Substance Use Disorder All Other OP Services Mernal Health & Substance Use Disorder All Other OP Services Mernal Health & Substance Use Disorder All Other OP Services Mernal Health & Substance Use Disorder All Other OP Services Mernal Health & Substance Use Disorder All Other OP Services Mernal Health & Substance Use Disorder All Other OP Services Mernal Health & Societania and Rehabilitative Operational and Rehabilitative Coursels Mernetter and Professional Services	or Copays? No No Yes No Yes No No No No No No	Subject to Deductible? Yes No No Yes Yes Yes Yes No Yes	\$6,000 40% \$10,150 Amount \$ 40 \$ 100	Copays Applies Before and After Deducible Before and After Deducible Before and After Deducible	Deductible?	40% 40% 40% 40% 40% 40%	Applies After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible		Note 1	
	Default Consurance MOOP Model Exercise Ingatient Hospital Services Ingatient Hospital Services (e.g., Hospital Stay) Primary Care Valit to Treat an Injery or Illness Specialist Valit Mental Health & Substance Use Disorder Office Valits Mental Health & Substance Use Disorder Office Valits Mental Health & Substance Use Disorder Al Other OP Services Imaging (CT/PET Sans, MRB) Rehabilitative Occupational and Rehabilitative Physical Therapy Preventive Care/Serving/Immunization Laboratory Outpatient and Professional Services Xerys and Dagnostic Imaging	or Copays? No No Yes No Yes No	Subject to Deductible? Yes No No Yes Yes Yes Yes Yes Yes Yes Yes	\$6,000 40% \$10,150 Amount \$ 40 \$ 100	Copays Applies Before and After Deducible Before and After Deducible Before and After Deducible	Deductible?	40% 40% 40% 40% 40% 40% 40% 40%	Applies After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible		Note 1	
	Default Coinsurance MAOOP MAOOP MAOOP Monop Medical Benefits Emeraneur Room Services (a.g., Nooghal Say) Formary Care Visit To Treat an rilpsy or Illness Specialar Visit Mental Health & Substance Use Disorder Office Visits Mental Health & Substance Use Disorder AII Other OP Services Mental Health & Substance Use Disorder AII Other OP Services Mental Health & Substance Use Disorder AII Other OP Services Mental Health & Substance Use Disorder AII Other OP Services Mental Health & Substance Use Disorder AII Other OP Services Mental Health & Substance Use Disorder AII Other OP Services Mental Health & Substance Use Disorder AII Other OP Services Mental Health & Substance Use Disorder Office Visits Mental Health & Substance Use Disorder Office Mental Health & Substance Use Disorder Mental Health & Substance Use Diso	or Copays? No No Yes No Yes No	Subject to Deductible? Ves Ves No No Yes Yes Yes Yes Yes Yes Yes Yes	\$6,000 40% \$10,150 Amount \$ 40 \$ 100	Copays Applies Before and After Deducible Before and After Deducible Before and After Deducible	Deductible?	40% 40% 40% 40% 40% 40% 40% 40%	Applies After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible		Note 1	
	Default Coinsurance MOOP Medical Benefits Immerancy Room Services Impatient Noopalul Services (e.g., Mospital Stay) Primary Care Viols Torat an Injayor Ulfiness Specialist Viol Mental Health & Substance Use Disorder Office Visits Mental Health & Comparison And Behabilitate Physical Therapy Substance Comparison And Behabilitate Physical Mental Substance Visits Mental Health & Comparison And Behabilitate Physical Disorder Visits Mental Health & Comparison And Behabilitate Physical Disorder Visits Mental Health & Comparison And Behabilitate Physical Disorder Visits Mental Health & Comparison And Behabilitate Physical Disorder Visits Mental Health & Comparison And Behabilitate Physical Disorder Visits Mental Healt	or Copays? No No Yes No Yes No	Subject to Deductible? Yes Yes No Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	\$6,000 40% \$10,150 Amount \$ 40 \$ 100	Copays Applies Before and After Deducible Before and After Deducible Before and After Deducible	Deductible?	40% 40% 40% 40% 40% 40% 40% 40% 40%	Applies After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible		Note 1	
	Default Conversions MACOP MACOP Benefits Impatient Hospital Services (e.g., Nooptal Say) Finang Care Visit Darsta in Injury or Illness Specials Visit Merral Health & Salotance Use Disorder Office Visits Merral Health & Salotance Use Disorder AII Other OP Services Merral Health & Salotance Use Disorder AII Other OP Services Merral Health & Salotance Use Disorder AII Other OP Services Merral Health & Salotance Use Disorder AII Other OP Services Merral Health & Salotance Use Disorder AII Other OP Services Merral Health Salotance (Salotance Health Services) Rehabilitative Courcional and Rehabilitative Physical Therapy Preventive Care/Screening Immunization Laboratory Outpatient and Professional Services X-rays and Dagnostic Imaging Salida Naring Facility Outpatient Facility Physician/Surging Services	or Copays? No No Ves No Ves No	Subject to Deductible? Yes No No Yes Yes Yes No Yes Yes Yes Yes Yes	\$6.000 40% \$10,150 Amount \$ 40 \$ 100 \$ 40 \$ 2 \$ 40 \$ 2 \$ 40 \$ 100 \$ 40 \$ 100 \$ 40 \$ 100 \$ 40 \$ 100 \$ 1	Copays Appiles Before and After Deducible Before and After Deducible Before and After Deducible Before and After Deducible	No No No	40% 40% 40% 40% 40% 40% 40% 40%	Applies After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible		Note 1	
	Default Consurance MOOP Medical Benefits Impairent Noopilal Services (e.g., Noopilal Say) Primary Care Viol to Treat an Injayo of Illensa Specialist Viol Mental Health & Substance Use Disorder Office Vists Mental Health & Substance Use Disorder Uses Vistance Constrained Internation Starter Starter Vist Press Starter Starter Viste (e.g., Ambulatory Surgery Center) Outpatient Failty Pre Eig, Ambulatory Surgery Center) Outpatient	or Copays? No No Yes No Yes No	Subject to Deductible? Yes No No No Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	\$6,000 40% \$10,150 Amount \$ 40 \$ 100	Copays Applies Before and After Deducible Before and After Deducible Before and After Deducible	Deductible?	40% 40% 40% 40% 40% 40% 40% 40% 40% 40%	Applies After Deductible After Deductible		Note 1	
	Default Consurance MOOP Modical Benefits Impatient Hospital Services (e.g., Nooptal Say) Finany Care Visit To treat an Injury or Illness Specialst Visit Mental Health & Substance Use Disorder Office Visits Mental Health & Substance Use Disorder All Other OP Services Impaging (CT/PE Sans, Mitig) Reliabilitative Occurring Immunization Reliabilitative Occurring Immunization Reliabilitative Occurring Immunization Exhibition Currige Testing Free (e.g., Ambulatory Surgery Center) Outpatient Facility Fee (e.g., Ambulatory Surgery Center) Outpatient Surgery Physion/Surgical Services Urgent Care Emergency Tansportation	or Copays? No No Ves No Ves No	Subject to Deductible? Yes No No Yes Yes Yes No Yes Yes Yes Yes Yes	\$6.000 40% \$10,150 Amount \$ 40 \$ 100 \$ 40 \$ 2 \$ 40 \$ 2 \$ 40 \$ 100 \$ 40 \$ 100 \$ 40 \$ 100 \$ 40 \$ 100 \$ 1	Copays Appiles Before and After Deducible Before and After Deducible Before and After Deducible Before and After Deducible	No No No	40% 40% 40% 40% 40% 40% 40% 40% 40%	Applies After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible		Note 1	
	Default Coinsurance MOOP Medical Benefits Impatient Hooptal Services (e.g., Hooptal Stay) Impatient Hooptal Services (e.g., Hooptal Stay) Specialst Viai Mental Health & Substance Use Disorder Office Viats Mental Health & Constance Use Disorder Office Mental Health & Constance	or Copays? No No Yes No Yes No	Subject to Deductible? Yes No No No Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	\$6.000 40% \$10,150 Amount \$ 40 \$ 100 \$ 40 \$ 2 \$ 40 \$ 2 \$ 40 \$ 100 \$ 40 \$ 100 \$ 40 \$ 100 \$ 40 \$ 100 \$ 1	Copays Appiles Before and After Deducible Before and After Deducible Before and After Deducible Before and After Deducible	No No No	40% 40% 40% 40% 40% 40% 40% 40% 40% 40%	Applies After Deductible After Deductible		Note 1	
	Default Consurance MOOP Modical Benefits Impatient Hospital Services (e.g., Nooptal Say) Finany Care Visit To treat an Injury or Illness Specialst Visit Mental Health & Substance Use Disorder Office Visits Mental Health & Substance Use Disorder All Other OP Services Impaging (CT/PE Sans, Mitig) Reliabilitative Occurring Immunization Reliabilitative Occurring Immunization Reliabilitative Occurring Immunization Exhibition Currige Testing Free (e.g., Ambulatory Surgery Center) Outpatient Facility Fee (e.g., Ambulatory Surgery Center) Outpatient Surgery Physion/Surgical Services Urgent Care Emergency Tansportation	or Copava No	Subject to Deductible? Yes No No No Yes Yes Yes Yes Yes Yes Yes Yes	5.000 40% 510,150 5.400 5.400 5.400 5.400 5.400 5.400 5.400 5.400	Copays Applies Before and After Deductible Before and After Deductible Before and After Deductible Before and After Deductible Before and After Deductible	No No No	40% 40% 40% 40% 40% 40% 40% 40% 40% 40%	Applies After Deductible After Deductible		Note 1	
	Default Coinsurance MOOP Medical Benefits Immergency Room Services Impatient Noopalla Services (e.g., Mospital Stay) Primary Care Visit to Texta an Injury or Utimess Specialst Visit Mental Health & Substance Use Disorder Office Visits Mental Health & Substance Use Disorder Office Visits Mental Health & Substance Use Disorder Office Visits Mental Health & Substance Use Disorder All Other Of Services Mental Health & Substance Use Disorder Office Visits Mental Health & Substance Use Disorder All Other Of Services Mental Health & Substance Use Disorder All Other Of Services Mental Health & Substance Use Disorder All Other Of Services Mental Health & Substance Use Disorder All Other Of Services Mental Health & Services Mental Health & Services Disorder Services Disorder Services Disorder Services Non-CH8 Benefits	or Copays? NG NG	Subject to Deductible? Yes No No Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	55.000 40%, 510,150 Amount 5 400 5 400 5 40 5 40 5 40	Coprys Applies Before and After Deductible Before and After Deductible	Deductible? No	40% 40% 40% 40% 40% 40% 40% 40% 40% 40%	Applies After Deductible After Deductible	Deductible?	Note 1	Warning
	Default Coinsurance MOOP MoOP MooP MooP MooP MooP Model Mo	or Copays? No	Subject to Deductible? 700 700 700 700 700 700 700 700 700 70	5.000 40% 510,150 5.400 5.400 5.400 5.400 5.400 5.400 5.400 5.400	Copays Applies Before and After Deductible Before and After Deductible Before and After Deductible Before and After Deductible Before and After Deductible	Deductible? Deductible? No No No No No No Accrues toward	40% 40% 40% 40% 40% 40% 40% 40% 40% 40%	Applies After Deductible After Deductible	Deductible?	Note 1	Warning
	Default Consurance MOOP Medical Benefis Imergency Room Services Impatient Nooplal Services (e.g., Mospital Stay) Primary Care Visit to Text an Injayor Ulless Specialist Visit Mental Health & Substance Use Disorder Office Visits Mental Health & Substance Use Disorder Office Visits Mental Health & Substance Use Disorder Office Visits Mental Health & Substance Use Disorder All Other Of Services Mental Health & Substance Use Disorder All Other Of Services Mental Health & Substance Use Disorder All Other Of Services Mental Health & Substance Use Disorder All Other Of Services Mental Health & Substance Use Disorder All Other Of Services Mental Health & Services Mental Health & Services Mental Health & Services Mental Health & Services Uservice Care Greening Immunication Disorder Care Other Services Mental Health & Services Mental Health & Services Drug Benefits Drug Benefits Isse	or Copays? NG NG	Subject to Deductible Veris No No No Yers Yers Yers Yers Yers Yers Yers Yers	55.000 40% 510,150 Amount 5 40 5 40 5 40 5 40 5 40 5 40 5 40 5 40	Coprys Applies Before and After Deductible Before and After Deductible	Deductble? Deductble? No No	40% 40% 40% 40% 40% 40% 40% 40% 40% 40%	Applies After Deductible After Deductible	Deductible?	Note 1	Warning
	Default Consumme MOOP MoOP MooP MooP MooP MooP Model	or Copays? No	Subject to Deductible? Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	55.000 40%, 510,150 Amount 5 400 5 400 5 40 5 40 5 40	Coprys Applies Before and After Deductible Before and After Deductible	Deductible? Deductible? No No No No No No Accrues toward	40% 40% 40% 40% 40% 40% 40% 40% 40% 40%	Applies After Deductible After Deductible	Deductible?	Note 1	Errors/ Warning: Errors/ Warning:
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	Benefit Components										
	Compan	y: Premera Blue Cross		Market:	Individual	Plan Year:	2026				
tion	1: Plan Information										
1.1	HIOS Plan ID	49831WA1940008		Line 1.3	Metal Level	Expanded Bronze	L	ine 1.5	Exchange Status	On Exchange	
		Premera Blue Cross									
		Preferred Bronze HSA									
1.2	Plan Name	HSA		Line 1.4	Cost-Share Reduction (CSR) Plan?		L _	ine 1.6	New or Renewing	Kenewing	
tion	2: Plan Design Information			Section 3: N	etwork and Tier Information						
.1	Unique Plan Design	No		Line 3.1	Network Type	EPO					
2.2	Use Integrated Medical & Drug Deductible?	Yes		Line 3.2	Network Name	Signature					
2.3	Apply Inpatient Copay per Day?	No		Line 3.3	In-Network Tiers (#)	1					
2.4	Apply Skilled Nursing Facility Copay per Day?	No		Line 3.4	Tier 1 Utilization	100.00%					
2.5	Separate MOOP for Medical & Drug Spending?			Line 3.5	Tier 2 Utilization						
2.6	Maximum Number of Days for Charging an IP Copay	N/A N/A		Line 3.6	Tier 3 Utilization	No					
2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits			Line 3.7	Out-of-Network Benefits?	No					
2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A									
2.9	HSA Plan?	Yes									
2.10	HSA Employer Contribution Amount										
2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No									
2.12	Pediatric Dental Embedded?	No									
2.13	Includes Non-EHBs?	No									
tion	4: Cost-Share Designs										
		In Network									
4.1 1	In-Network Tier 1:	In Network									
4.1 1	In-Network Tier 1:	In Network Medical	Drug	Combined	Errors/Warnings						
4.1 1	Deductible		Drug	\$6,800	Errors/Warnings						
4.1	Deductible Default Coinsurance		Drug	\$6,800 40%	Errors/Warnings						
4.1	Deductible		Drug	\$6,800		_				_	
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	Deductible Default Consurance MOOP Medical	Medical Upfront Visits	Subject to	\$6,800 40%		Accrues toward	Amount	Coinsurance Applies	Accrues toward	Comments	Errors/
	Deductible Default Coinsurance MOOP Medical Benefits	Medical	Subject to Deductible?	\$6,800 40% \$8,400	Copays	Accrues toward Deductible?		Applies	Accrues toward Deductible?	Comments	Errors/ Warning
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	Deductible Default Coinsurance MOOP Medical Benefits Emergency Room Services Instremt Hoppital Services (e.g. Hoppital Star)	Medical Upfront Visits	Subject to Deductible?	\$6,800 40% \$8,400	Copays			Applies		Comments	
	Defunt ble Defunt Coinurance MOOP Medical Benefits Emergency Room Services	Medical Upfront Visits	Subject to Deductible? Yes Yes	\$6,800 40% \$8,400	Copays		40% 40%	Applies After Deductible After Deductible		Comments	
	Dedurt ble Default Cleinurance MOOP Medical Benefits Emergency Room Services Instattent Hospital Services (e.g., Hospital Sav) Primary Care Visito Treat an Injuny or Illess Specialist Visit Mertal Health & Substance Use Disorder Office Visits	Medical Upfront Visits	Subject to Deductible? Yes Yes Yes Yes	\$6,800 40% \$8,400	Copays		40% 40% 40% 40%	Applies After Deductible After Deductible After Deductible After Deductible After Deductible		Comments	
	Deducible Default Coinsurance MOOP Medical Benefis Emergency Room Services Ingatient Hooping Services (e.g., Hooping Sarvices) Primary Care Visits Tortat an Injury or Illness Specialist Visit Mental Health & Substance Use Disorder Office Visits Mental Health & Substance Use Disorder Al Other Of Services	Medical Upfront Visits	Subject to Deductible? Yes Yes Yes Yes Yes	\$6,800 40% \$8,400	Copays		40% 40% 40% 40% 40%	Applies After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible		Comments	
	Deductible Deduct Consume MoOP Medical Benefits Emergency Room Services Instatent Hospital Services (e.g., Hospital Sav) Primary Care Visits Torst an Injoy of Illess Specialist Visit Mental Health & Substance Use Disorder All Other OP Services Imaging (CIPPET Sam, Mikk)	Medical Upfront Visits	Subject to Deductible? Yes Yes Yes Yes Yes Yes	\$6,800 40% \$8,400	Copays		40% 40% 40% 40% 40%	Applies After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible		Comments	
4.1	Deductible Default Coinsurance MOOP Medical Benefits Emergency Room Services Inaritent Honola Services (e.g. Hospital Say) Primary Care Visits Torteat an Injury or Illness Specialist Visit Mental Health & Substance Use Disorder Office Visits Mental Health & Substance Use Disorder Al Other OP Services Imaging (CT/PET Sans, MRis) Renabilitative Specialist Visits	Medical Upfront Visits	Subject to Deductible? Yes Yes Yes Yes Yes Yes Yes	\$6,800 40% \$8,400	Copays		40% 40% 40% 40% 40% 40% 40%	Applies After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible		Comments	
	Deductible Deduct Colorumice MOOP Medical Benefits Emergency Room Services Inpatient Hospital Services (e.g., Hospital Stay) Primary Care Visit To Trast an Injury on Illness Specialist Visit Mental Health & Substance Use Disorder All Other OP Services Impating (CLIPPE Tans, MRI) Rehabilitative Specific Trangy Rehabilitative Specific Theragy	Medical Upfront Visits	Subject to Deductible? Yes Yes Yes Yes Yes Yes Yes Yes	\$6,800 40% \$8,400	Copays Applies		40% 40% 40% 40% 40%	Applies After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible		Comments	
	Deductible Default Coinsurance MOOP Medical Benefits Emergency Room Services Imaginet Hospital Services (e.g. Accopatal Say) Primary Care Visita Torteat an Injury or Illness Specialist Visit Mental Health & Substance Use Disorder Office Visits Mental Health & Substance Use Disorder Office Visits Mental Health & Substance Use Disorder J Office Visits Mental Health & Substance Use Disorder J Office Visits Mental Health & Substance Use Disorder J Office Visits Mental Health & Substance Use Disorder J Office Visits Mental Health & Substance Use Disorder J Office Visits Mental Health & Substance Use Disorder J Office Visits Mental Health & Substance Use Disorder J Office Visits Mental Realth Scherch Therapy Preventive Care, Sorening Timmuration	Medical Upfront Visits	Subject to Deductible? Yes Yes Yes Yes Yes Yes Yes No	\$6,800 40% \$8,400	Copays		40% 40% 40% 40% 40% 40% 40% 40%	Applies After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible		Comments 	
	Deductible Default Coinsurance MOOP Medical Benefits Emergency Room Services (e.g., Hospital Star) Instatient Hospital Star) Primary Care Valit to Trata an Irguny or Illness Specialist Valit Primary Care Valit to Trata an Irguny or Illness Specialist Valit Moral Health & Substance Use Disorder All Other OP Services Imarging (CIPET Sams Millis) Rehabilitative Specific Trangy Rehabilitative Specific Thrangy Preventive Cand/Sameing Mathematica Services Laboratory Outcastient and Professional Services	Medical Upfront Visits	Subject to Deductible? Yes Yes Yes Yes Yes Yes Yes No Yes	\$6,800 40% \$8,400	Copays Applies		40% 40% 40% 40% 40% 40% 40%	Applies After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible After Deductible		Comments	
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	Deductible Deduct Coinsurance MOOP Medical Benefits Emergency Room Services Impartient Roops Services Emergency Room Services	Medical Upfront Visits	Subject to Deductible? Yes Yes Yes Yes Yes Yes No Yes Yes Yes Yes Yes	\$6,800 40% \$8,400	Copays Applies		40% 40% 40% 40% 40% 40% 40% 40% 40% 40%	Applies After Deductible After Deductible		Comments	
	Deductible Default Coinsurance MOOP Medical Benefits Emergency Room Services Impairent Hospital Services (e.g. Hospital Star) Primary Care Visit to Treat an Injury or Illness Specialist Visit Mental Health & Substance Use Disorder Office Visits Mental Health & Substance Use Disorder Office Visits Mental Health & Substance Use Disorder Al Other OP Services Imaging (CI/PET Sans, MRIs) Rehabilitative Specialth Treaty Preventive Care, Soreinity Thromation and Rehabilitative Progread Therapy Rehabilitative Specing/Immunization Laboratory Outpatient and Pofessional Services X-ray and Daparotic Imaging	Medical Upfront Visits	Subject to Deductible? Yes Yes Yes Yes Yes Yes No Yes Yes Yes	\$6,800 40% \$8,400	Copays Applies		40% 40% 40% 40% 40% 40% 40% 40% 40%	Applies After Deductible After Deductible		Comments	
	Deductible Default Coinsurance MOOP Medical Benefits Emergency Roon Services Instatect Hoopstan Services is 4. Hoopstal Star) Primary Care Visit to Trata in righty or Illness Specialst Visit Merat Health & Substance Use Doorder Office Visits Merat Health & Substance Use Doorder J Office Visits Merat Merath Second The Argent And The Meration Merat Merath Second The Argent And The Meration Merath Comparison of Argent And The Meration Laborator Outpatient and Prefessional Services X-ray and Banatic Kee Leg., Ambutatory Surgery Center) Outpatient Surgery Physician/Surgical Services Ungert Care	Medical Upfront Visits	Subject to Deductible? Yes Yes Yes Yes Yes Yes No Yes Yes Yes Yes Yes Yes Yes	\$6,800 40% \$8,400	Copays Applies		40% 40% 40% 40% 40% 40% 40% 40% 40% 40%	Applies After Deductible After Deductible		Comments	
	Deductible Default Coinsurance MOOP Medical Benefits Emergency Room Services Instatient Hoppils Services (a.g. Hospital Sav) Primary Care Visit to Trata an Injary or Illness Specialist Visit Mental Health & Substance Use Disorder AI Other Office Visits Mental Health & Substance Use Disorder Office Visits Mental Health & Substance Use Disorder Office Visits Mental Health & Substance Use Disorder AI Other Office Visits Mental Health & Substance Use Disorder Office Visits Mental Health & Substance Use Disorder Office Visits Mental Health & Substance Use Disorder AI Other Office Visits Mental Health & Substance Use Disorder AI Other Office Visits Mental Health & Substance Use Disorder Jack Disorder AI Other Office Visits Mental Nettin Kenning Immunization Visited Narrisp Facility Visited Narrisp Facility Outpatient Facility Fee (a.g. Ambalatory Surgey Center) Outpatient Facility Fee (a.g. Ambalatory Surgey Center) Outpatient Facility Fee (a.g. Ambalatory Surgey Center) User Care Emergency Transportation	Medical Upfront Visits	Subject to Deductible? Ves Yes Yes Yes Yes No Yes Yes Yes Yes Yes Yes Yes	\$6,800 40% \$8,400	Copays Applies		40% 40% 40% 40% 40% 40% 40% 40% 40% 40%	Applies After Deductible After Deductible		Comments	
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Notes

Benefit Components			Worksheet Controls							
	ompany: Premera Blue Cross		Market:	ndividual	Plan Year:	2026				
1: Plan Information										
HIOS Plan ID	49831WA1940009		Line 1.3	Metal Level	Gold	Li	ine 1.5	Exchange Status	On Exchange	
Plan Name	Premera Blue Cross Cascade Vital Gold		Line 1.4	Cost-Share Reduction (CSR) Plan?			ine 1.6	New or Renewing	New	
2: Plan Design Information	cuscuse vita colo			twork and Tier Information				new or nenewing		
5			Line 3.1		EPO					
Unique Plan Design Use Integrated Medical & Drug Deductible?	No Yes		Line 3.1 Line 3.2	Network Type Network Name	Signature					
Apply Inpatient Copay per Day?	Yes		Line 3.3	In-Network Tiers (#)	1					
Apply Skilled Nursing Facility Copay per Day?	Yes		Line 3.4	Tier 1 Utilization	100.00%					
Separate MOOP for Medical & Drug Spending?			Line 3.5	Tier 2 Utilization						
Maximum Number of Days for Charging an IP Copay	5		Line 3.6	Tier 3 Utilization						
Begin Primary Care Cost-Sharing After a Set Number of	of Visits N/A		Line 3.7	Out-of-Network Benefits?	No					
Begin Primary Care Deductible/Coinsurance After a Se Number of Copays?	t N/A									
HSA Plan?	No									
HSA Employer Contribution Amount										
Different Cost-Sharing for Virtual vs Non-Virtual Care?	No									
Pediatric Dental Embedded?	No									
Includes Non-EHBs?	No									
4: Cost-Share Designs										
	Medical	Drug	Combined	Errors/Warnings						
Deductible			\$1,900							
Default Coinsurance			20%							
									_	
Default Coinsurance MOOP			20% \$8,800	Copays			Coinsurance		1	_
Default Coinsurance MOOP Medical	Upfront Visits	Subject to	20%		Accrues toward	Amount	Coinsurance Applies	Accrues toward	Comments	Errors
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Notes



I hereby certify that, to the best of my knowledge, the commission documentation provided with this letter includes all proposed Premera Blue Cross commission schedules for this block of business for the 2026 plan year as of April 29, 2025.

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,

Ancadour

Kristin Meadows General Manager & Vice President Individual Market, Premera Blue Cross



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 <u>all</u> **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 <u>here</u>.

Response Information:

General Informat	General Information					
Issuer Name:	Premera Blue Cross					
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?

 \Box Yes \boxtimes 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 Premera Blue Cross 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 <u>average annual members</u> 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
7,978	1,035	0	195	163	122	0	0	0

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
7,950	1,031	0	190	158	119	0	0	0

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.

Premera Blue Cross	Premera Blue Cross	Premera Blue Cross	Premera Blue Cross Cascade		Premera Blue Cross	Premera Blue Cross	Premera Blue Cross
Preferred Gold	Preferred	Preferred	Complete	Cascade	Cascade	Preferred	Cascade
	Bronze	Silver	Gold	Silver	Bronze	Bronze HSA	Vital Gold

With-Waiver	1,053	1,895	126	974	514	1,944	1,023	1,965
Without-Waiver	1,053	1,895	126	952	492	1,944	1,022	1,965

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
\$109,571,081	\$16,422,856	\$ O	\$2,523,184	\$2,226,239	\$1,544,106	\$ O	\$ O	\$ O

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
\$109,111,485	\$16,334,844	\$ O	\$2,449,023	\$2,154,981	\$1,497,825	\$ O	\$ O	\$ O

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?

 \Box Yes \boxtimes 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
\$165,533,938	\$24,731,485	\$ O	\$3,816,614	\$3,370,908	\$2,337,932	\$ O	\$ O	\$ O

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.

Regior	1 Regio	n 2 Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9
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\$164,826,471 \$2	24,595,653 \$ 0	\$3,702,650	\$3,261,621	\$2,266,850	\$ O	\$ 0	\$ O
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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 <u>following information to CMS</u> 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-yearold non-smoker) in each rating area or service area (if premiums vary by geographies smaller than rating areas) for the applicable plan year that are actuarially certified. Also include the actuarial memoranda;
- (b) The estimate of what the final SLCSP rates for individual health insurance coverage for a representative individual in each rating area or service area (if premiums vary by geographies smaller than rating areas) would have been absent approval of this waiver for the applicable plan year, that are actuarially certified. The state must include with this information the methods and assumptions the state used to estimate the final SLCSP rates and state's estimate of what the final SLCSP rates would have been absent approval of the waiver for each rating area or service area absent approval of this waiver. Also include the actuarial memoranda;
- (c) From each issuer, the estimate of the total amount of all premiums expected to be paid for individual health insurance coverage for the applicable plan year;
- (d) From each issuer, the estimate of the total premiums that would have been expected to be paid for individual health insurance coverage for the applicable plan year without the waiver;
- (e) From each issuer, the estimate of the total amount of all medical spending expected to be paid for individual health insurance enrollees for the applicable plan year, along with any underlying analyses;
- (f) From each issuer, the estimate of the total amount of all medical spending that would have been expected to be paid for individual health insurance enrollees for applicable plan year without the waiver, along with any underlying analyses;
- (g) The state specific age curve premium variation for the current and upcoming plan year;
- (h) Reports of the estimated total state subsidy program reimbursements for the upcoming plan year;
- (i) Reports of the total enrollment estimates for individual health insurance coverage, both with and without the waiver for the upcoming plan year;
- (j) An explanation of why the experience for the upcoming plan year may vary from previous estimates and how assumptions used to estimate the impact have changed. This includes an explanation of changes in the estimated impact of the waiver on aggregate premiums, the estimated impact to the SLCSP rates, and the estimated impact on enrollment. The state should also explain changes to the estimated state subsidy program estimates relative to prior estimates.

Plan Information

Premera Blue Cross Preferred Gold
49831WA1940001
1/1/2026
Individual
In the exchange
Gold
Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Grays Harbor, Kitsap, Pacific
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Pierce
6	Yes	Franklin, Yakima
7	No	
8	No	
9	No	

Ano				Nor	n-Smoker Ra	tor								moker Rate	<i></i>			
Age Band	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	540.48	588.09	Alea 5	511.40	567.23	524.15	Alea /	Alea o	Alea 3	540.48	588.09	Aled 5	511.40	567.23	524.15	Alea /	Alea o	Alea 5
15	588.52	640.37		556.86	617.65	570.74				588.52	640.37		556.86	617.65	570.74			
16	606.89	660.35		574.24	636.93	588.56				606.89	660.35		574.24		588.56			
10	625.26	680.34		591.62	656.21	606.37				625.26	680.33		591.62	656.21	606.37			
17	645.04	701.87		610.34	676.97	625.56				645.04	701.87		610.34	676.97	625.56			
18	664.82	723.39		629.05	697.73	644.74				664.82	723.39		629.05	697.73	644.74			
20	685.31	745.68		648.44	719.23	664.61				685.31	723.39		648.44	719.23	664.61			
20	706.50	768.75		668.49	741.48	685.17				706.50	743.08		668.49	719.23	685.17			
21	706.50	768.75		668.49	741.48	685.17				706.50	768.75		668.49	741.48	685.17			
22	706.50	768.75		668.49	741.48	685.17				706.50	768.75		668.49	741.48	685.17			
23	706.50	768.75		668.49	741.48	685.17				706.50	768.75		668.49	741.48	685.17			
24	706.50	768.75		671.17	741.48	685.17				706.50	768.75		671.17	741.48	687.91			
25	709.33			684.54	744.44	701.61				709.33	787.20		671.17	744.44	701.61			
20		787.20																
	740.42	805.65		700.58	777.07	718.06				740.42	805.65		700.58	777.07	718.06			
28 29	767.97	835.63		726.65	805.98	744.78				767.97	835.63		726.65	805.98	744.78			
-	790.58	860.23		748.05	829.71	766.70				790.58	860.23		748.05	829.71	766.70			
30	801.88	872.53		758.74	841.58	777.67				801.88	872.53		758.74	841.58	777.67			
31	818.84	890.98		774.78	859.37	794.11				818.84	890.98		774.78	859.37	794.11			
32	835.79	909.43		790.83	877.17	810.55				835.79	909.43		790.83	877.17	810.55			
33	846.39	920.96		800.86	888.29	820.83				846.39	920.96		800.86	888.29	820.83			
34	857.70	933.26		811.55	900.15	831.79				857.70	933.26		811.55	900.15	831.79			
35	863.35	939.41		816.90	906.08	837.28				863.35	939.41		816.90	906.08	837.28			
36	869.00	945.56		822.25	912.02	842.76				869.00	945.56		822.25	912.02	842.76			
37	874.65	951.71		827.60	917.95	848.24				874.65	951.71		827.60	917.95	848.24			
38	880.30	957.86		832.94	923.88	853.72				880.30	957.86		832.94	923.88	853.72			
39	891.61	970.16		843.64	935.74	864.68				891.61	970.16		843.64	935.74	864.68			
40	902.91	982.46		854.34	947.61	875.64				902.91	982.46		854.34	947.61	875.64			
41	919.87	1000.91		870.38	965.40	892.09				919.87	1000.91		870.38	965.40	892.09			
42	936.12	1018.59		885.75	982.46	907.85				936.12	1018.59		885.75	982.46	907.85			
43	958.73	1043.19		907.15	1006.18	929.77				958.73	1043.19		907.15	1006.18	929.77			
44	986.99	1073.94		933.89	1035.84	957.18				986.99	1073.94		933.89	1035.84	957.18			
45	1020.19	1110.07		965.31	1070.69	989.38				1020.19	1110.07		965.31	1070.69	989.38			
46	1059.76	1153.12		1002.74	1112.21	1027.75				1059.76	1153.12		1002.74	1112.21	1027.75			
47	1104.27	1201.55		1044.86	1158.93	1070.92				1104.27	1201.55		1044.86	1158.93	1070.92			
48	1155.13	1256.90		1092.99	1212.31	1120.25				1155.13	1256.90		1092.99	1212.31	1120.25			
49	1205.30	1311.48		1140.45	1264.96	1168.90				1205.30	1311.48		1140.45	1264.96	1168.90			
50	1261.82	1372.98		1193.93	1324.28	1223.71				1261.82	1372.98		1193.93	1324.28	1223.71			
51	1317.63	1433.71		1246.74	1382.85	1277.84				1317.63	1433.71		1246.74	1382.85	1277.84			
52	1379.10	1500.59		1304.90	1447.36	1337.45				1379.10	1500.59		1304.90	1447.36	1337.45			
53	1441.27	1568.24		1363.73	1512.61	1397.74				1441.27	1568.24		1363.73	1512.61	1397.74			
54	1508.39	1641.28		1427.24	1583.05	1462.83				1508.39	1641.28		1427.24	1583.05	1462.83			
55	1575.50	1714.31		1490.74	1653.49	1527.92				1575.50	1714.31		1490.74	1653.49	1527.92			
56	1648.27	1793.49		1559.60	1729.86	1598.50				1648.27	1793.49		1559.60	1729.86	1598.50			
57	1721.75	1873.44		1629.12	1806.98	1669.75				1721.75	1873.44		1629.12	1806.98	1669.75			
58	1800.17	1958.77		1703.32	1889.28	1745.81				1800.17	1958.77		1703.32	1889.28	1745.81			
59	1839.03	2001.05		1740.09	1930.06	1783.49				1839.03	2001.05		1740.09	1930.06	1783.49			
60	1917.45	2086.38		1814.29	2012.37	1859.55				1917.45	2086.38		1814.29	2012.37	1859.55			
61	1985.28	2160.18		1878.47	2083.55	1925.32				1985.28	2160.18		1878.47	2083.55	1925.32			
62	2029.79	2208.61		1920.58	2130.26	1968.49				2029.79	2208.61		1920.58	2130.26	1968.49			
63	2085.60	2269.34		1973.40	2188.84	2022.62				2085.60	2269.34		1973.40	2188.84	2022.62			
64 and over	2119.50	2306.24		2005.47	2224.43	2055.50				2119.50	2306.24		2005.47	2224.43	2055.50			

Plan Information

Plan Name:	Premera Blue Cross Preferred Bronze
HIOS Plan ID:	49831WA1940003
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	Grays Harbor, Kitsap, Pacific
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Pierce
6	Yes	Franklin, Yakima
7	No	
8	No	
9	No	

A no				No	n-Smoker Ra	tor								moker Rate				
Age Band	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	427.46	465.12	Alea 5	404.46	448.62	414.55	Alea /	Alea o	Alea 3	427.46	465.12	Aled 5	404.46	448.62	414.55	Aled 7	Alea o	Alea 5
15	427.46	506.46		404.40	448.50	414.55				427.46	506.46		404.48	448.50	414.33			
16	403.40	522.27		440.41	503.74	451.40				403.40	522.27		440.41	503.74	451.40			
10	475.58	538.08		454.10	518.99	403.49				479.98	538.08		454.10	518.99	403.49			
17	510.16	555.10		482.71	535.41	475.58				510.16	555.10		487.51	535.41	475.38			
18	525.80	572.13		482.71 497.51	535.41	509.92				525.80	572.13		482.71 497.51	535.41	494.75			
20	525.80	572.13		497.51 512.85	568.84	509.92				542.01	572.13		497.51 512.85	568.84	525.64			
20	542.01	608.00		512.85	586.43	525.64				542.01	608.00		512.85	586.43	525.64			
21	558.77	608.00		528.71	586.43	541.89				558.77	608.00		528.71	586.43	541.89			
22	558.77	608.00		528.71	586.43	541.89				558.77	608.00		528.71	586.43	541.89			
23	558.77	608.00		528.71	586.43	541.89				558.77	608.00		528.71	586.43	541.89			
24																		
25	561.00	610.43		530.82	588.77	544.06				561.00	610.43		530.82	588.77	544.06			
	572.18	622.59		541.40	600.50	554.90				572.18	622.59		541.40		554.90			,
27	585.59	637.18		554.09	614.58	567.91				585.59	637.18		554.09	614.58	567.91			
28	607.38	660.89		574.71	637.45	589.04				607.38	660.89		574.71	637.45	589.04			
29	625.26	680.35		591.62	656.21	606.38				625.26	680.35		591.62	656.21	606.38			
30	634.20	690.08		600.08	665.60	615.05				634.20	690.08		600.08	665.60	615.05			
31	647.61	704.67		612.77	679.67	628.06				647.61	704.67		612.77	679.67	628.06			
32	661.02	719.26		625.46	693.75	641.06				661.02	719.26		625.46	693.75	641.06			
33	669.41	728.38		633.39	702.54	649.19				669.41	728.38		633.39	702.54	649.19			
34	678.35	738.11		641.85	711.92	657.86				678.35	738.11		641.85	711.92	657.86			
35	682.82	742.97		646.08	716.62	662.20				682.82	742.97		646.08	716.62	662.20			
36	687.29	747.84		650.31	721.31	666.53				687.29	747.84		650.31	721.31	666.53			
37	691.76	752.70		654.54	726.00	670.87				691.76	752.70		654.54	726.00	670.87			
38	696.23	757.56		658.77	730.69	675.20				696.23	757.56		658.77	730.69	675.20			
39	705.17	767.29		667.23	740.07	683.87				705.17	767.29		667.23	740.07	683.87			
40	714.11	777.02		675.69	749.46	692.54				714.11	777.02		675.69	749.46	692.54			
41	727.52	791.61		688.38	763.53	705.55				727.52	791.61		688.38	763.53	705.55			
42	740.37	805.60		700.54	777.02	718.01				740.37	805.60		700.54	777.02	718.01			
43	758.25	825.05		717.46	795.78	735.35				758.25	825.05		717.46	795.78	735.35			
44	780.60	849.37		738.61	819.24	757.03				780.60	849.37		738.61	819.24	757.03			
45	806.86	877.95		763.45	846.80	782.50				806.86	877.95		763.45	846.80	782.50			
46	838.15	912.00		793.06	879.64	812.84				838.15	912.00		793.06	879.64	812.84			
47	873.36	950.30		826.37	916.59	846.98				873.36	950.30		826.37	916.59	846.98			
48	913.59	994.08		864.44	958.81	886.00				913.59	994.08		864.44	958.81	886.00			
49	953.26	1037.24		901.98	1000.45	924.47				953.26	1037.24		901.98	1000.45	924.47			J
50	997.96	1085.88		944.27	1047.36	967.82				997.96	1085.88		944.27	1047.36	967.82			
51	1042.11	1133.92		986.04	1093.69	1010.63				1042.11	1133.92		986.04	1093.69	1010.63			
52	1090.72	1186.81		1032.04	1144.71	1057.78				1090.72	1186.81		1032.04	1144.71	1057.78			
53	1139.89	1240.31		1078.56	1196.31	1105.47				1139.89	1240.31		1078.56	1196.31	1105.47			
54	1192.97	1298.07		1128.79	1252.03	1156.95				1192.97	1298.07		1128.79	1252.03	1156.95			
55	1246.06	1355.83		1179.02	1307.74	1208.43				1246.06	1355.83		1179.02	1307.74	1208.43			
56	1303.61	1418.46		1233.48	1368.14	1264.24				1303.61	1418.46		1233.48	1368.14	1264.24			
57	1361.72	1481.69		1288.46	1429.13	1320.60				1361.72	1481.69		1288.46	1429.13	1320.60			
58	1423.75	1549.18		1347.15	1494.22	1380.75				1423.75	1549.18		1347.15	1494.22	1380.75			
59	1454.48	1582.62		1376.23	1526.47	1410.55				1454.48	1582.62		1376.23	1526.47	1410.55			
60	1516.50	1650.11		1434.91	1591.57	1470.70				1516.50	1650.11		1434.91	1591.57	1470.70			
61	1570.14	1708.47		1485.67	1647.87	1522.72				1570.14	1708.47		1485.67	1647.87	1522.72			
62	1605.35	1746.78		1518.98	1684.81	1556.86				1605.35	1746.78		1518.98	1684.81	1556.86			
63	1649.49	1794.81		1560.75	1731.14	1599.67				1649.49	1794.81		1560.75	1731.14	1599.67	_		
64 and over	1676.31	1823.99		1586.12	1759.29	1625.67				1676.31	1823.99		1586.12	1759.29	1625.67	_		
-					-													

Premera Blue Cross RATE SCHEDULE

Plan Information

Plan Name:	Premera Blue Cross Preferred Silver
HIOS Plan ID:	49831WA1940004
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	Grays Harbor, Kitsap, Pacific
з	No	
4	Yes	Lincoln, Spokane
5	Yes	Pierce
6	Yes	Franklin, Yakima
7	No	
8	No	
9	No	
	Area Number 1 2 3 4 5 6 7 8	Number in area? 1 Yes 2 Yes 3 No 4 Yes 5 Yes

Age				No	n-Smoker Ra	tes							5	moker Rate				-
Band	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	667.21	725.99		631.32	700.24	647.06				667.21	725.99		631.32	700.24	647.06			
15	726.52	790.53		687.43	762.48	704.58				726.52	790.53		687.43	762.48	704.58			
16	749.20	815.20		708.89	786.28	726.57				749.20	815.20		708.89	786.28	726.57			
17	771.87	839.87		730.35	810.08	748.56				771.87	839.87		730.35	810.08	748.56			
18	796.29	866.45		753.45	835.71	772.25				796.29	866.45		753.45	835.71	772.25			
19	820.71	893.02		776.56	861.34	795.93				820.71	893.02		776.56	861.34	795.93			1
20	846.01	920.54		800.49	887.88	820.46				846.01	920.54		800.49	887.88	820.46			1
21	872.17	949.01		825.25	915.35	845.83				872.17	949.01		825.25	915.35	845.83			
22	872.17	949.01		825.25	915.35	845.83				872.17	949.01		825.25	915.35	845.83			
23	872.17	949.01		825.25	915.35	845.83				872.17	949.01		825.25	915.35	845.83			
24	872.17	949.01		825.25	915.35	845.83				872.17	949.01		825.25	915.35	845.83			
25	875.66	952.81		828.55	919.01	849.22				875.66	952.81		828.55	919.01	849.22			
26	893.10	971.79		845.06	937.31	866.13				893.10	971.79		845.06	937.31	866.13			
27	914.04	994.56		864.86	959.28	886.43				914.04	994.56		864.86	959.28	886.43			
28	948.05	1031.58		897.05	994.98	919.42				948.05	1031.58		897.05	994.98	919.42			1
29	975.96	1061.94		923.45	1024.27	946.49				975.96	1061.94		923.45	1024.27	946.49			
30	989.92	1077.13		936.66	1038.92	960.02				989.92	1077.13		936.66	1038.92	960.02			
31	1010.85	1099.90		956.46	1060.89	980.32				1010.85	1099.90		956.46	1060.89	980.32			
32	1031.78	1122.68		976.27	1082.85	1000.62				1031.78	1122.68		976.27	1082.85	1000.62			
33	1044.86	1136.92		988.65	1096.58	1013.31				1044.86	1136.92		988.65	1096.58	1013.31			
34	1058.82	1152.10		1001.85	1111.23	1026.84				1058.82	1152.10		1001.85	1111.23	1026.84			
35	1065.80	1159.69		1008.46	1118.55	1033.61				1065.80	1159.69		1008.46	1118.55	1033.61			
36	1072.77	1167.28		1015.06	1125.87	1040.37				1072.77	1167.28		1015.06	1125.87	1040.37			
37	1079.75	1174.88		1021.66	1133.20	1047.14				1079.75	1174.88		1021.66	1133.20	1047.14			
38	1086.73	1182.47		1028.26	1140.52	1053.91				1086.73	1182.47		1028.26	1140.52	1053.91			
39	1100.68	1197.65		1041.47	1155.17	1067.44				1100.68	1197.65		1041.47	1155.17	1067.44			
40	1114.64	1212.84		1054.67	1169.81	1080.97				1114.64	1212.84		1054.67	1169.81	1080.97			
41	1135.57	1235.61		1074.48	1191.78	1101.27				1135.57	1235.61		1074.48	1191.78	1101.27			
42	1155.63	1257.44		1093.46	1212.83	1120.73				1155.63	1257.44		1093.46	1212.83	1120.73			
43	1183.54	1287.81		1119.86	1242.12	1147.80				1183.54	1287.81		1119.86	1242.12	1147.80			
44	1218.43	1325.77		1152.87	1278.74	1181.63				1218.43	1325.77		1152.87	1278.74	1181.63			
45	1259.42	1370.37		1191.66	1321.76	1221.38				1259.42	1370.37		1191.66	1321.76	1221.38			
46	1308.26	1423.52		1237.87	1373.02	1268.75				1308.26	1423.52		1237.87	1373.02	1268.75			
47	1363.21	1483.30		1289.87	1430.68	1322.04				1363.21	1483.30		1289.87	1430.68	1322.04			
48	1426.00	1551.63		1349.28	1496.59	1382.94				1426.00	1551.63		1349.28	1496.59	1382.94			
49	1487.93	1619.01		1407.88	1561.58	1442.99				1487.93	1619.01		1407.88	1561.58	1442.99			
50	1557.70	1694.93		1473.90	1634.81	1510.66				1557.70	1694.93		1473.90	1634.81	1510.66			
51	1626.60	1769.91		1539.09	1707.12	1577.48				1626.60	1769.91		1539.09	1707.12	1577.48			
52	1702.48	1852.47		1610.89	1786.75	1651.07				1702.48	1852.47		1610.89	1786.75	1651.07			
53	1779.23	1935.98		1683.51	1867.30	1725.50				1779.23	1935.98		1683.51	1867.30	1725.50			
54	1862.09	2026.14		1761.91	1954.26	1805.85				1862.09	2026.14		1761.91	1954.26	1805.85			
55	1944.95	2116.30		1840.31	2041.22	1886.21				1944.95	2116.30		1840.31	2041.22	1886.21			
56	2034.78	2214.04		1925.31	2135.50	1973.33				2034.78	2214.04		1925.31	2135.50	1973.33			
57	2125.49	2312.74		2011.13	2230.70	2061.30				2125.49	2312.74		2011.13	2230.70	2061.30			
58	2222.30	2418.08		2102.74	2332.30	2155.18				2222.30	2418.08		2102.74	2332.30	2155.18			
59	2270.27	2470.28		2148.13	2382.64	2201.70				2270.27	2470.28		2148.13	2382.64	2201.70			
60	2367.08	2575.62		2239.73	2484.25	2295.59				2367.08	2575.62		2239.73	2484.25	2295.59			
61	2450.81	2666.72		2318.95	2572.12	2376.79				2450.81	2666.72		2318.95	2572.12	2376.79			
62	2505.75	2726.51		2370.94	2629.79	2430.08				2505.75	2726.51		2370.94	2629.79	2430.08			
63	2574.65	2801.48		2436.14	2702.10	2496.90				2574.65	2801.48		2436.14	2702.10	2496.90			
64 and over	2616.51	2847.03		2475.75	2746.04	2537.49				2616.51	2847.03		2475.75	2746.04	2537.49			

Plan Information

Premera Blue Cross Cascade Complete Gold
49831WA1940005
1/1/2026
Individual
In the exchange
Gold
Standardized Non-Public Option Plan

Plan Geographic Availability

Area	Available	Counties where this plan is available
Number	in area?	
1	Yes	King
2	Yes	Grays Harbor, Kitsap, Pacific
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Pierce
6	Yes	Franklin, Yakima
7	No	
8	No	
9	No	

Age				Non-Smoker Rates							Smoker Rates								
Band	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	592.17	644.34		560.31	621.49	574.29				592.17	644.34		560.31	621.49	574.29				
15	644.81	701.62		610.12	676.73	625.34				644.81	701.62		610.12	676.73	625.34				
16	664.94	723.52		629.16	697.85	644.86				664.94	723.52		629.16	697.85	644.86				
17	685.06	745.42		648.21	718.97	664.37				685.06	745.42		648.21	718.97	664.37			1	
18	706.74	769.00		668.71	741.72	685.39				706.74	769.00		668.71	741.72	685.39				
19	728.41	792.58		689.22	764.47	706.41				728.41	792.58		689.22	764.47	706.41				
20	750.86	817.01		710.46	788.03	728.18				750.86	817.01		710.46	788.03	728.18				
21	774.08	842.28		732.44	812.40	750.70				774.08	842.28		732.44	812.40	750.70				
22	774.08	842.28		732.44	812.40	750.70				774.08	842.28		732.44	812.40	750.70				
23	774.08	842.28		732.44	812.40	750.70				774.08	842.28		732.44	812.40	750.70			J	
24	774.08	842.28		732.44	812.40	750.70				774.08	842.28		732.44	812.40	750.70			J	
25	777.18	845.65		735.37	815.65	753.71				777.18	845.65		735.37	815.65	753.71			J	
26	792.66	862.49		750.01	831.90	768.72				792.66	862.49		750.01	831.90	768.72			J	
27	811.24	882.71		767.59	851.39	786.74				811.24	882.71		767.59	851.39	786.74				
28	841.43	915.56		796.16	883.08	816.02				841.43	915.56		796.16	883.08	816.02				
29	866.20	942.51		819.60	909.07	840.04				866.20	942.51		819.60	909.07	840.04				
30	878.58	955.99		831.32	922.07	852.05				878.58	955.99		831.32	922.07	852.05				
31	897.16	976.20		848.89	941.57	870.07				897.16	976.20		848.89	941.57	870.07				
32	915.74	996.42		866.47	961.07	888.08				915.74	996.42		866.47	961.07	888.08				
33	927.35	1009.05		877.46	973.25	899.34				927.35	1009.05		877.46	973.25	899.34				
34	939.74	1022.53		889.18	986.25	911.36				939.74	1022.53		889.18	986.25	911.36				
35	945.93	1029.26		895.04	992.75	917.36				945.93	1029.26		895.04	992.75	917.36				
36	952.12	1036.00		900.90	999.25	923.37				952.12	1036.00		900.90	999.25	923.37				
37	958.31	1042.74		906.76	1005.75	929.37				958.31	1042.74		906.76	1005.75	929.37				
38	964.51	1049.48		912.62	1012.25	935.38				964.51	1049.48		912.62	1012.25	935.38				
39	976.89	1062.96		924.33	1025.25	947.39				976.89	1062.96		924.33	1025.25	947.39				
40	989.28	1076.43		936.05	1038.25	959.40				989.28	1076.43		936.05	1038.25	959.40				
41	1007.85	1096.65		953.63	1057.74	977.42				1007.85	1096.65		953.63	1057.74	977.42				
42	1025.66	1116.02		970.48	1076.43	994.68				1025.66	1116.02		970.48	1076.43	994.68				
43	1050.43	1142.97		993.92	1102.43	1018.71				1050.43	1142.97		993.92	1102.43	1018.71				
44	1081.39	1176.66		1023.21	1134.92	1048.73				1081.39	1176.66		1023.21	1134.92	1048.73				
45	1117.77	1216.25		1057.64	1173.10	1084.02				1117.77	1216.25		1057.64	1173.10	1084.02				
46	1161.12	1263.42		1098.65	1218.60	1126.06				1161.12	1263.42		1098.65	1218.60	1126.06				
47	1209.89	1316.48		1144.80	1269.78	1173.35				1209.89	1316.48		1144.80	1269.78	1173.35				
	1265.62	1377.13		1197.53	1328.27	1227.40				1265.62	1377.13		1197.53	1328.27	1227.40				
49 50	1320.58	1436.93		1249.54	1385.95	1280.70				1320.58	1436.93		1249.54	1385.95	1280.70				
50	1382.51 1443.66	1504.31		1308.13	1450.94	1340.76 1400.06				1382.51 1443.66	1504.31		1308.13	1450.94	1340.76				
52	1443.66	1570.85 1644.13		1365.99 1429.72	1515.12 1585.80	1400.06				1443.66	1570.85 1644.13		1365.99 1429.72	1515.12 1585.80	1400.06 1465.38				
52	1511.01	1644.13		1429.72	1585.80	1465.38				1511.01	1644.13		1429.72	1657.29	1465.38				
55	1652.67	1718.25		1494.17	1734.47	1531.44				1652.67	1718.25		1494.17	1734.47	1531.44				
55	1726.20	1/98.27		1633.33	1/34.47 1811.65	1602.75				1726.20	1/98.27		1633.33	1/34.47	1602.75				
56	1726.20	1965.04		1633.33	1811.65	1674.07					1965.04		1633.33	1811.65	1674.07				
50	1805.93	2052.63		1708.77	1895.33	1/51.39 1829.47				1805.93 1886.44	2052.63		1708.77	1895.33 1979.82	1/51.39 1829.47				
58	1886.44	2052.63		1784.95	2069.99	1912.80				1886.44	2052.63		1784.95	2069.99	1912.80				
59	2014.94	2146.13		1866.25	2069.99	1912.80				2014.94	2146.13		1866.25	2069.99 2114.68	1912.80				
60	2100.86	2192.43		1900.33	2204.85	2037.41				2100.86	2192.43		1908.33	2204.85	2037.41				
61	2105.00	2366.80		2058.15	2282.84	2109.48				2100.00	2366.80		2058.15	2282.84	2109.48				
62	2223.94	2300.80		2104.29	2334.02	2109.48				2223.94	2300.80		2104.29	2334.02	2109.48				
63	2285.09	2415.87		2162.15	2398.20	2136.08				2225.09	2415.87		2164.25	2398.20	2216.08				
64 and over	2322.24	2526.84		2102.13	2437.20	2252.10				2322.24	2526.84		2102.15	2437.20	2252.10				
2 . and over	2322.24	2020.04		1 2107.01	2437.20	2232.10				LJLL.24	2020.04		2107.01	2437.20	1101.10				

Plan Information

Plan Name:	Premera Blue Cross Cascade Silver
HIOS Plan ID:	49831WA1940006
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	Available	Counties where this plan is available
Number	in area?	
1	Yes	King
2	Yes	Grays Harbor, Kitsap, Pacific
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Pierce
6	Yes	Franklin, Yakima
7	No	
8	No	
9	No	

Age		Non-Smoker Rates									Smoker Rates									
Band	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	709.60	772.11		671.42	744.72	688.17				709.60	772.11		671.42	744.72	688.17					
15	772.67	840.75		731.10	810.92	749.34				772.67	840.75		731.10	810.92	749.34					
16	796.79	866.99		753.92	836.23	772.73				796.79	866.99		753.92	836.23	772.73					
17	820.91	893.23		776.74	861.54	796.12				820.91	893.23		776.74	861.54	796.12					
18	846.88	921.49		801.32	888.80	821.31				846.88	921.49		801.32	888.80	821.31					
19	872.85	949.75		825.89	916.06	846.49				872.85	949.75		825.89	916.06	846.49					
20	899.75	979.02		851.35	944.29	872.58				899.75	979.02		851.35	944.29	872.58					
21	927.58	1009.30		877.68	973.50	899.57				927.58	1009.30		877.68	973.50	899.57					
22	927.58	1009.30		877.68	973.50	899.57				927.58	1009.30		877.68	973.50	899.57					
23	927.58	1009.30		877.68	973.50	899.57				927.58	1009.30		877.68	973.50	899.57					
24	927.58	1009.30		877.68	973.50	899.57				927.58	1009.30		877.68	973.50	899.57					
25	931.29	1013.34		881.19	977.39	903.17				931.29	1013.34		881.19	977.39	903.17					
26	949.84	1033.52		898.74	996.86	921.16				949.84	1033.52		898.74	996.86	921.16					
27	972.10	1057.75		919.81	1020.22	942.75				972.10	1057.75		919.81	1020.22	942.75					
28	1008.28	1097.11		954.03	1058.19	977.83				1008.28	1097.11		954.03	1058.19	977.83					
29	1037.96	1129.41		982.12	1089.34	1006.62				1037.96	1129.41		982.12	1089.34	1006.62					
30	1052.80	1145.56		996.16	1104.92	1021.01				1052.80	1145.56		996.16	1104.92	1021.01					
31	1075.07	1169.78		1017.23	1128.28	1042.60				1075.07	1169.78		1017.23	1128.28	1042.60					
32	1097.33	1194.00		1038.29	1151.65	1064.19				1097.33	1194.00		1038.29	1151.65	1064.19					
33	1111.24	1209.14		1051.46	1166.25	1077.68				1111.24	1209.14		1051.46	1166.25	1077.68					
34	1126.08	1225.29		1065.50	1181.82	1092.08				1126.08	1225.29		1065.50	1181.82	1092.08					
35	1133.50	1233.37		1072.52	1189.61	1099.27				1133.50	1233.37		1072.52	1189.61	1099.27					
36	1140.92	1241.44		1079.54	1197.40	1106.47				1140.92	1241.44		1079.54	1197.40	1106.47					
37	1148.35	1249.51		1086.56	1205.19	1113.66				1148.35	1249.51		1086.56	1205.19	1113.66					
38	1155.77	1257.59		1093.59	1212.98	1120.86				1155.77	1257.59		1093.59	1212.98	1120.86					
39	1170.61	1273.74		1107.63	1228.55	1135.25				1170.61	1273.74		1107.63	1228.55	1135.25					
40	1185.45	1289.89		1121.67	1244.13	1149.65				1185.45	1289.89		1121.67	1244.13	1149.65					
41	1207.71	1314.11		1142.74	1267.49	1171.24				1207.71	1314.11		1142.74	1267.49	1171.24					
42	1229.04	1337.32		1162.92	1289.88	1191.93				1229.04	1337.32		1162.92	1289.88	1191.93					
43	1258.73	1369.62		1191.01	1321.03	1220.71				1258.73	1369.62		1191.01	1321.03	1220.71					
44	1295.83	1409.99		1226.11	1359.97	1256.70				1295.83	1409.99		1226.11	1359.97	1256.70					
45	1339.43	1457.43		1267.37	1405.73	1298.98				1339.43	1457.43		1267.37	1405.73	1298.98					
46	1391.37	1513.95		1316.52	1460.24	1349.35				1391.37	1513.95		1316.52	1460.24	1349.35					
47	1449.81	1577.54		1371.81	1521.57	1406.02				1449.81	1577.54		1371.81	1521.57	1406.02					
48	1516.59	1650.21		1435.00	1591.67	1470.79				1516.59	1650.21		1435.00	1591.67	1470.79					
49	1582.45	1721.87		1497.32	1660.78	1534.66				1582.45	1721.87		1497.32	1660.78	1534.66					
50	1656.66	1802.61		1567.53	1738.66	1606.63				1656.66	1802.61		1567.53	1738.66	1606.63					
51	1729.94	1882.35		1636.87	1815.57	1677.69				1729.94	1882.35		1636.87	1815.57	1677.69					
52	1810.64	1970.15		1713.23	1900.26	1755.96				1810.64	1970.15		1713.23	1900.26	1755.96					
53	1892.26	2058.97		1790.46	1985.93	1835.12				1892.26	2058.97		1790.46	1985.93	1835.12					
54	1980.38	2154.86		1873.84	2078.41	1920.58				1980.38	2154.86		1873.84	2078.41	1920.58					
55	2068.51	2250.74		1957.22	2170.90	2006.04				2068.51	2250.74		1957.22	2170.90	2006.04					
56	2164.05	2354.70		2047.62	2271.17	2098.69				2164.05	2354.70		2047.62	2271.17	2098.69					
57	2260.51	2459.67		2138.90	2372.41	2192.25				2260.51	2459.67		2138.90	2372.41	2192.25					
58	2363.48	2571.70		2236.32	2480.47	2292.10				2363.48	2571.70		2236.32	2480.47	2292.10					
59	2414.49	2627.21		2284.59	2534.01	2341.58				2414.49	2627.21		2284.59	2534.01	2341.58					
60	2517.45	2739.24		2382.02	2642.07	2441.43				2517.45	2739.24		2382.02	2642.07	2441.43					
61	2606.50	2836.13		2466.27	2735.52	2527.79				2606.50	2836.13		2466.27	2735.52	2527.79					
62	2664.94	2899.72		2521.57	2796.85	2584.46				2664.94	2899.72		2521.57	2796.85	2584.46					
63	2738.22	2979.46		2590.90	2873.76	2655.52				2738.22	2979.46		2590.90	2873.76	2655.52					
64 and over	2782.74	3027.90		2633.03	2920.49	2698.70				2782.74	3027.90		2633.03	2920.49	2698.70					

Plan Information

Premera Blue Cross Cascade Bronze
49831WA1940007
1/1/2026
Individual
In the exchange
Bronze
Standardized Non-Public Option Plan

Plan Geographic Availability

Area	Available	Counties where this plan is available									
Number	in area?	contract and pain is bruindle									
1	Yes	King									
2	Yes	Grays Harbor, Kitsap, Pacific									
3	No										
4	Yes	Lincoln, Spokane									
5	Yes	Pierce									
6	Yes	Franklin, Yakima									
7	No										
8	No										
9	No										

Age				No	n-Smoker Rat	tes				Smoker Rates									
Band	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	426.60	464.18		403.65	447.71	413.71				426.60	464.18		403.65	447.71	413.71				
15	464.52	505.44		439.53	487.51	450.49				464.52	505.44		439.53	487.51	450.49				
16	479.02	521.22		453.25	502.73	464.55				479.02	521.22		453.25	502.73	464.55				
17	493.52	536.99		466.96	517.94	478.61				493.52	536.99		466.96	517.94	478.61				
18	509.13	553.98		481.74	534.33	493.75				509.13	553.98		481.74	534.33	493.75				
19	524.74	570.97		496.51	550.72	508.90				524.74	570.97		496.51	550.72	508.90				
20	540.91	588.57		511.81	567.69	524.58				540.91	588.57		511.81	567.69	524.58				
21	557.64	606.77		527.64	585.25	540.80				557.64	606.77		527.64	585.25	540.80				
22	557.64	606.77		527.64	585.25	540.80				557.64	606.77		527.64	585.25	540.80				
23	557.64	606.77		527.64	585.25	540.80				557.64	606.77		527.64	585.25	540.80				
24	557.64	606.77		527.64	585.25	540.80				557.64	606.77		527.64	585.25	540.80				
25	559.87	609.20		529.75	587.59	542.97				559.87	609.20		529.75	587.59	542.97				
26	571.03	621.34		540.31	599.29	553.78				571.03	621.34		540.31	599.29	553.78				
27	584.41	635.90		552.97	613.34	566.76				584.41	635.90		552.97	613.34	566.76				
28	606.16	659.56		573.55	636.16	587.85				606.16	659.56		573.55	636.16	587.85				
29	624.00	678.98		590.43	654.89	605.16				624.00	678.98		590.43	654.89	605.16			1	
30	632.93	688.69		598.87	664.26	613.81				632.93	688.69		598.87	664.26	613.81				
31	646.31	703.25		611.54	678.30	626.79				646.31	703.25		611.54	678.30	626.79				
32	659.69	717.81		624.20	692.35	639.77				659.69	717.81		624.20	692.35	639.77			1	
33	668.06	726.91		632.12	701.13	647.88				668.06	726.91		632.12	701.13	647.88				
34	676.98	736.62		640.56	710.49	656.54				676.98	736.62		640.56	710.49	656.54				
35	681.44	741.48		644.78	715.17	660.86				681.44	741.48		644.78	715.17	660.86				
36	685.90	746.33		649.00	719.85	665.19				685.90	746.33		649.00	719.85	665.19				
37	690.36	751.18		653.22	724.54	669.51				690.36	751.18		653.22	724.54	669.51				
38	694.82	756.04		657.44	729.22	673.84				694.82	756.04		657.44	729.22	673.84				
39	703.75	765.75		665.89	738.58	682.49				703.75	765.75		665.89	738.58	682.49				
40	712.67	775.46		674.33	747.95	691.15				712.67	775.46		674.33	747.95	691.15				
41	726.05	790.02		686.99	761.99	704.13				726.05	790.02		686.99	761.99	704.13				
42	738.88	803.97		699.13	775.45	716.56				738.88	803.97		699.13	775.45	716.56				
43	756.72	823.39		716.01	794.18	733.87				756.72	823.39		716.01	794.18	733.87				
44	779.03	847.66		737.12	817.59	755.50				779.03	847.66		737.12	817.59	755.50				
45	805.24	876.18		761.92	845.10	780.92				805.24	876.18		761.92	845.10	780.92				
46	836.47	910.16		791.46	877.87	811.20				836.47	910.16		791.46	877.87	811.20				
47	871.60	948.39		824.71	914.74	845.28				871.60	948.39		824.71	914.74	845.28				
48	911.75	992.07		862.70	956.88	884.21				911.75	992.07		862.70	956.88	884.21				
49	951.34	1035.15		900.16	998.43	922.61				951.34	1035.15		900.16	998.43	922.61				
50	995.95	1083.70		942.37	1045.25	965.87				995.95	1083.70		942.37	1045.25	965.87			1	
51	1040.01	1131.63		984.05	1091.49	1008.60				1040.01	1131.63		984.05	1091.49	1008.60			1	
52	1088.52	1184.42		1029.96	1142.40	1055.65				1088.52	1184.42		1029.96	1142.40	1055.65				
53	1137.59	1237.82		1076.39	1193.90	1103.24				1137.59	1237.82		1076.39	1193.90	1103.24			1	
54	1190.57	1295.46		1126.52	1249.50	1154.61				1190.57	1295.46		1126.52	1249.50	1154.61				
55	1243.55	1353.10		1176.64	1305.10	1205.99				1243.55	1353.10		1176.64	1305.10	1205.99				
56	1300.98	1415.60		1230.99	1365.38	1261.69				1300.98	1415.60		1230.99	1365.38	1261.69				
57	1358.98	1478.70		1285.87	1426.25	1317.94				1358.98	1478.70		1285.87	1426.25	1317.94				
58	1420.88	1546.06		1344.43	1491.21	1377.97				1420.88	1546.06		1344.43	1491.21	1377.97				
59	1451.55	1579.43		1373.45	1523.40	1407.71				1451.55	1579.43		1373.45	1523.40	1407.71				
60	1513.45	1646.78		1432.02	1588.36	1467.74				1513.45	1646.78		1432.02	1588.36	1467.74				
61	1566.98	1705.03		1482.68	1644.55	1519.66				1566.98	1705.03		1482.68	1644.55	1519.66				
62	1602.11	1743.26		1515.92	1681.42	1553.73				1602.11	1743.26		1515.92	1681.42	1553.73				
63	1646.17	1791.19		1557.60	1727.65	1596.45				1646.17	1791.19		1557.60	1727.65	1596.45				
64 and over	1672.92	1820.31		1582.92	1755.74	1622.40				1672.92	1820.31		1582.92	1755.74	1622.40				
																		-	

Plan Information

Plan Name:	Premera Blue Cross Preferred Bronze HSA
HIOS Plan ID:	49831WA1940008
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	Available	Counties where this plan is available		
Number	in area?			
1	Yes	King		
2	Yes	Grays Harbor, Kitsap, Pacific		
з	No			
4	Yes	Lincoln, Spokane		
5	Yes	Pierce		
6	Yes	Franklin, Yakima		
7	No			
8	No			
9	No			

riali Kates				Na	n-Smoker Ra	4.0.0								moker Rate												
Age	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								
Band 0-14			Area 5				Ared 7	Area o	Area 9			Area 5		434.81		Area 7	Area o	Area 9								
15	414.30	450.80		392.01	434.81 473.46	401.79				414.30	450.80		392.01		401.79											
16	451.13 465.21	490.87 506.19		426.85 440.18	473.46	437.50 451.16				451.13 465.21	490.87 506.19		426.85 440.18	473.46 488.23	437.50 451.16											
17		506.19		440.18	488.23	451.16																				
17	479.29 494.45	521.51		453.50	518.93	464.81				479.29 494.45	521.51 538.01		453.50 467.85	503.01 518.93	464.81 479.52			-								
18																										
20	509.61 525.32	554.51 571.60		482.20	534.84 551.32	494.22 509.46				509.61 525.32	554.51 571.60		482.20	534.84	494.22 509.46											
20	525.32	571.60		497.06		525.21				525.32	589.28		497.06	551.32 568.37	525.21			-								
22	541.57	589.28		512.43	568.37	525.21				541.57	589.28		512.43	568.37	525.21											
23	541.57	589.28		512.43	568.37	525.21				541.57	589.28		512.43	568.37	525.21											
23	541.57	589.28		512.43	568.37	525.21				541.57	589.28		512.43	568.37	525.21											
24	543.73	591.64		514.48	570.65	523.21				543.73	591.64		514.48	570.65	527.31											
26	554.56	603.42		524.73	582.02	537.82				554.56	603.42		524.73	582.02	537.82											
20	567.56	617.56		537.03	595.66	550.42				567.56	617.56		537.03	595.66	550.42											
27	588.68	640.55		557.03	617.82	570.91				588.68	640.55		537.03	617.82	570.91											
28	588.68	659.40		573.41	636.01	587.71				606.01	659.40		557.01	636.01	587.71											
30	614.68	668.83		573.41 581.61	645.11	596.12				614.68	668.83		573.41 581.61	645.11	596.12											
31				581.61	658.75	608.72				627.68	682.97		593.91													
31	627.68 640.67	682.97 697.12		606.21	672.39	621.33				640.67	697.12		606.21	658.75 672.39	608.72 621.33											
33				613.89	680.91						705.96															
34	648.80 657.46	705.96		613.89	690.01	629.20 637.61				648.80 657.46	705.96		613.89 622.09	680.91 690.01	629.20 637.61											
34	661.80	713.38		626.19	694.55	641.81				661.80	720.10		626.19	694.55	641.81											
36	666.13	720.10		630.29	694.55	646.01				666.13	720.10		630.29	694.55	646.01											
30	670.46	724.81		630.29	703.65	650.21				670.46	724.81		630.29	703.65	650.21											
38	670.46	729.53		634.39	703.65	654.41				670.46	729.53		638.49	703.65	654.41											
39	674.79	734.24		646.69	708.19	662.82				683.46	743.67		646.69	708.19	662.82											
40	692.12	753.10		654.89	726.38	671.22				692.12	753.10		654.89	726.38	671.22											
40	705.12	753.10		667.18	726.38	683.83				705.12	753.10		667.18	726.38	683.83											
41	703.12	780.79		678.97	740.02	695.91				703.12	780.79		678.97	740.02	695.91											
42	734.91	799.65		695.37	733.10	712.71				734.91	799.65		695.37	733.10	712.71											
43	756.57	823.22		715.87	794.02	733.72				756.57	823.22		715.87	794.02	733.72											
44	756.57	823.22 850.92		739.95	820.73	758.41				782.02	823.22		739.95	794.02 820.73	758.41											
45	782.02 812.35	883.92		739.95	820.73	787.82				812.35	850.92		739.95	820.73	758.41											
40	846.47	921.04		800.93	888.37	820.91				846.47	921.04		800.93	888.37	820.91											
48	885.46	963.47		837.82	929.29	858.72				885.46	963.47		837.82	929.29	858.72											
49	923.91	1005.31		874.21	969.65	896.01				923.91	1005.31		874.21	969.65	896.01											
50	967.24	1052.45		915.20	1015.12	938.03				967.24	1052.45		915.20	1015.12	938.03											
50	1010.02	1099.01		955.68	1015.12	979.52				1010.02	1099.01		955.68	1060.02	979.52											
52	1010.02	1150.27		1000.27	1109.47	1025.21				1010.02	1150.27		1000.27	1109.47	1025.21											
53	1104.80	1202.13		1045.36	1159.48	1023.21				1104.80	1202.13		1045.36	1159.48	1025.21											
54	1156.25	1258.11		1094.04	1213.48	1121.33				1156.25	1258.11		1045.50	1213.48	1121.33											
55	1207.69	1314.09		1142.72	1213.48	1171.22				1207.69	1314.09		1142.72	1213.48	1171.22											
56	1263.48	1374.79		1142.72	1326.02	1225.32				1263.48	1314.09		1142.72	1326.02	1225.32											
57	1319.80	1436.07		1248.79	1326.02	1223.32				1319.80	1436.07		1195.50	1326.02	1223.32											
58	1319.80	1430.07		1248.75	1448.22	1338.24				1319.80	1430.07		1248.75	1448.22	1338.24											
59	1409.70	1533.89		1333.86	1448.22	1358.24				1409.70	1533.89		1333.86	1448.22	1358.24											
60	1409.70	1533.89		1333.86	1479.48	1425.42				1409.70	1533.89		1333.86	1479.48	1367.13											
61	1521.80	1655.87		1439.93	1597.13	1425.42				1521.80	1655.87		1439.93	1597.13	1425.42	_										
62	1555.92	1693.00		1433.33	1632.94	1508.93				1555.92	1693.00		1433.33	1632.94	1508.93											
63	1598.71	1739.55		1472.21	1677.84	1550.43				1553.92	1739.55		1472.21	1677.84	1550.43											
64 and over	1624.70	1759.33		1537.29	1705.11	1575.63				1624.70	1755.55		1512.70	1705.11	1575.63											
o i and over	1024.70	1/0/.04		1337.23	1/05.11	10/0.00				1324.70	1/07.84		1337.23	1/05.11	1373.05											
Premera Blue Cross RATE SCHEDULE

Plan Information

Premera Blue Cross Cascade Vital Gold
49831WA1940009
1/1/2026
Individual
In the exchange
Gold
Standardized Non-Public Option Plan

Plan Geographic Availability

Area	Available	Counties where this plan is available
Number	in area?	
1	Yes	King
2	Yes	Grays Harbor, Kitsap, Pacific
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Pierce
6	Yes	Franklin, Yakima
7	No	
8	No	
9	No	

Plan Rates

Age				No	n-Smoker Ra	tes							s	moker Rate	s			
Band	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	563.49	613.13		533.17	591.38	546.47				563.49	613.13		533.17	591.38	546.47			
15	613.58	667.63		580.57	643.95	595.05				613.58	667.63		580.57	643.95	595.05			
16	632.73	688.47		598.69	664.05	613.62				632.73	688.47		598.69	664.05	613.62			
17	651.88	709.31		616.81	684.15	632.19				651.88	709.31		616.81	684.15	632.19			
18	672.50	731.75		636.32	705.79	652.19				672.50	731.75		636.32	705.79	652.19			
19	693.13	754.19		655.84	727.44	672.19				693.13	754.19		655.84	727.44	672.19			
20	714.49	777.43		676.05	749.85	692.91				714.49	777.43		676.05	749.85	692.91			
21	736.59	801.48		696.96	773.05	714.34				736.59	801.48		696.96	773.05	714.34			
22	736.59	801.48		696.96	773.05	714.34				736.59	801.48		696.96	773.05	714.34			
23	736.59	801.48		696.96	773.05	714.34				736.59	801.48		696.96	773.05	714.34			
24	736.59	801.48		696.96	773.05	714.34				736.59	801.48		696.96	773.05	714.34			
25	739.53	804.68		699.74	776.14	717.20				739.53	804.68		699.74	776.14	717.20			
26	754.26	820.71		713.68	791.60	731.48				754.26	820.71		713.68	791.60	731.48			
27	771.94	839.95		730.41	810.15	748.63				771.94	839.95		730.41	810.15	748.63			
28	800.67	871.21		757.59	840.30	776.49				800.67	871.21		757.59	840.30	776.49			
29	824.24	896.85		779.89	865.04	799.35				824.24	896.85		779.89	865.04	799.35			
30	836.02	909.68		791.05	877.41	810.78				836.02	909.68		791.05	877.41	810.78			
31	853.70	928.91		807.77	895.96	827.92				853.70	928.91		807.77	895.96	827.92			
32	871.38	948.15		824.50	914.51	845.06				871.38	948.15		824.50	914.51	845.06			
33	882.43	960.17		834.95	926.11	855.78				882.43	960.17		834.95	926.11	855.78			
34	894.21	972.99		846.11	938.48	867.21				894.21	972.99		846.11	938.48	867.21			
35	900.11	979.41		851.68	944.66	872.92				900.11	979.41		851.68	944.66	872.92			
36	906.00	985.82		857.26	950.85	878.64				906.00	985.82		857.26	950.85	878.64			
37	911.89	992.23		862.83	957.03	884.35				911.89	992.23		862.83	957.03	884.35			
38	917.79	998.64		868.41	963.22	890.07				917.79	998.64		868.41	963.22	890.07			
39	929.57	1011.47		879.56	975.58	901.50				929.57	1011.47		879.56	975.58	901.50			
40	941.36	1024.29		890.71	987.95	912.93				941.36	1024.29		890.71	987.95	912.93			
41	959.03	1043.52		907.44	1006.51	930.07				959.03	1043.52		907.44	1006.51	930.07			
42	975.98	1061.96		923.47	1024.29	946.50				975.98	1061.96		923.47	1024.29	946.50			
43	999.55	1087.61		945.77	1049.02	969.36				999.55	1087.61		945.77	1049.02	969.36			
44	1029.01	1119.67		973.65	1079.95	997.93				1029.01	1119.67		973.65	1079.95	997.93			
45	1063.63	1157.33		1006.41	1116.28	1031.51				1063.63	1157.33		1006.41	1116.28	1031.51			
46	1104.88	1202.22		1045.44	1159.57	1071.51				1104.88	1202.22		1045.44	1159.57	1071.51			
47	1151.28	1252.71		1089.34	1208.27	1116.51				1151.28	1252.71		1089.34	1208.27	1116.51			
48	1204.32	1310.42		1139.52	1263.93	1167.95				1204.32	1310.42		1139.52	1263.93	1167.95			
49	1256.61	1367.32		1189.01	1318.82	1218.66				1256.61	1367.32		1189.01	1318.82	1218.66			
50	1315.54	1431.44		1244.77	1380.66	1275.81				1315.54	1431.44		1244.77	1380.66	1275.81			
51	1373.73	1494.76		1299.82	1441.73	1332.24				1373.73	1494.76		1299.82	1441.73	1332.24			
52	1437.81	1564.49		1360.46	1508.99	1394.39				1437.81	1564.49		1360.46	1508.99	1394.39			
53	1502.63	1635.02		1421.79	1577.01	1457.25				1502.63	1635.02		1421.79	1577.01	1457.25			
54	1572.61	1711.16		1488.00	1650.45	1525.12				1572.61	1711.16		1488.00	1650.45	1525.12			
55	1642.59	1787.30		1554.21	1723.89	1592.98				1642.59	1787.30		1554.21	1723.89	1592.98			
56	1718.45	1869.85		1626.00	1803.52	1666.56				1718.45	1869.85		1626.00	1803.52	1666.56			
57	1795.06	1953.20		1698.48	1883.91	1740.85				1795.06	1953.20		1698.48	1883.91	1740.85			
58	1876.82	2042.17		1775.85	1969.72	1820.14				1876.82	2042.17		1775.85	1969.72	1820.14			
59	1917.33	2086.25		1814.18	2012.24	1859.43				1917.33	2086.25		1814.18	2012.24	1859.43			
60	1999.09	2175.21		1891.54	2098.05	1938.72				1999.09	2175.21		1891.54	2098.05	1938.72			
61	2069.80	2252.15		1958.45	2172.26	2007.30				2069.80	2252.15		1958.45	2172.26	2007.30			
62	2116.21	2302.65		2002.36	2220.96	2052.30				2116.21	2302.65		2002.36	2220.96	2052.30			
63	2174.40	2365.96		2057.42	2282.03	2108.73				2174.40	2365.96		2057.42	2282.03	2108.73			
64 and over	2209.76	2404.44		2090.87	2319.14	2143.02				2209.76	2404.44		2090.87	2319.14	2143.02			

A	В	C	D	E	F	G	н	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.
2									To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.
2	Company Legal Name:	Premera Blue Cross						1	To validate, select the Validate button or Ctrl + Shift + I.
5	Company Legal Name.		Ch	WA					
4	HIOS Issuer ID:		State:	Individual					To finalize, select the Finalize button or Ctrl + Shift + F.
5	Effective Date of Rate Change(s):	1/1/2026	Market:	Individual					
6									
7	Manhad Lovel Calculations (Comp for all								
8	Market Level Calculations (Same for al	i Plans)							
10									
11	Section I: Experience Period Data								
12	Experience Period:		1/1/2024	to	12/31/2024				
13		·		Total	PMPM				
14	Allowed Claims			\$157,828,148.92	\$1,252.08				
15	Reinsurance			\$0.00	\$0.00				
16	Incurred Claims in Experience Period			\$132,656,581.78	\$1,052.39				
17	Risk Adjustment			\$41,526,451.35	\$329.44				
18	Experience Period Premium			\$112,880,956.53	\$895.50				
19	Experience Period Member Months			126,053					
20	Section II: Projections								
22	<u>Section n. Projections</u>		Year 1	Trend	Year 2 Tr	end		1	
		Experience Period Index	i cui i	nena	1001211	cita	Trended EHB Allowed Claims		
23	Benefit Category	Rate PMPM	Cost	Utilization	Cost	Utilization	PMPM		
24	Inpatient Hospital	\$179.77	1.066	1.040	1.066	1.040	\$221.12		
25	Outpatient Hospital	\$356.66	1.066	1.040	1.066	1.040	\$438.69		
26	Professional	\$382.30	1.066	1.040	1.066	1.040	\$470.23		
27	Other Medical	\$40.40	1.066	1.040	1.066	1.040	\$49.69		
28	Capitation Prescription Drug	\$0.00 \$292.95	1.066	1.040	1.066	1.040	\$0.00 <u>\$352.87</u>		
29	Total	\$1,252.08	1.076	1.020	1.076	1.020	\$1,532.61		
31	Total	Ş1,252.00					\$1,552.01	8	
32	Morbidity Adjustment				1.000				
33	Demographic Shift				1.091				
34	Plan Design Changes				1.000				
35	Other				1.231				
36	Adjusted Trended EHB Allowed Claims	PMPM for	1/1/2026		\$2,059.08				
37	· · · · · · · · · · · · · · · · · · ·								
38	Manual EHB Allowed Claims PMPM Applied Credibility %				\$0.00 100.00%				
40	Applied credibility %				100.00%				
A 1 1 1 1 1 1 1 1 1 1 1 1 1						Projected Period Totals			
42	Projected Index Rate for		1/1/2026		\$2,059.08	\$234,555,980.04			
43	Reinsurance				\$0.00	\$0.00			
44	Risk Adjustment Payment/Charge				\$595.75	\$67,864,234.33			
45	Exchange User Fees				<u>0.48%</u>	<u>\$803,979.48</u>			
46	Market Adjusted Index Rate				\$1,470.38	\$167,495,725.20			
47					п				
48	Projected Member Months				113,913				
49									
		the the laws A sub-science of the state	This information has not '	Barth, disclosed and services 1.2			- discontinues d'altabilitat (
50	information Not Releasable to the Pub	blic Unless Authorized by Law	i mis mormation has not been pul	incany disclosed and may be privilego	ed and confidential. It is for internal go to the full exte		be disseminated, distributed, or ci	opieu to persons not authorize	d to receive the information. Unauthorized disclosure may result in prosecution
50 51					to the full exte	and of the ldw.			
211									

Product-Plan Data Collection

Company Legal Name:	Premera Blue	Lross
HIOS Issuer ID:	49831	State:
Effective Date of Rate Change(s):	1/1/2026	Market:

Product/Plan Level Calculations

Field # Section I: General Product and Plan Information											
1.1 Product Name	Preferred HSA EPO	eferred HSA EPO Preferred EPO									
1.2 Product ID	49831WA193	9831WA193 49831WA194									
1.3 Plan Name	Premera Blue	Premera Blue	Premera Blue	Premera Blue	Premera Blue	Premera Blue	Premera Blue	Premera Blue	Premera Blue		
1.4 Plan ID (Standard Component ID)	49831WA1930002	49831WA1940001	49831WA1940003	49831WA1940004	49831WA1940005	49831WA1940006	49831WA1940007	49831WA1940008	49831WA1940009		
1.5 Metal	Bronze	Gold	Bronze	Silver	Gold	Silver	Bronze	Bronze	Gold		
1.6 AV Metal Value	0.647	0.795	0.642	0.719	0.818	0.718	0.650	0.628	0.781		
1.7 Plan Category	Terminated	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	New		
1.8 Plan Type	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO		
1.9 Exchange Plan?	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
1.10 Effective Date of Proposed Rates	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026		
1.11 Cumulative Rate Change % (over 12 mos prior)	0.00%	-3.58%	19.52%	36.89%	-6.58%	41.22%	16.11%	15.99%	0.00%		
1.12 Product Rate Increase %	0.00%	00% 18.24%									
1.13 Submission Level Rate Increase %					18.24%		-		_		

WA Individual

Worksheet 1 Totals	Section II: Experience Period and Current Plan Leve	I Information									
	2.1 Plan ID (Standard Component ID)	Total	49831WA1930002	49831WA1940001	49831WA1940003	49831WA1940004	49831WA1940005	49831WA1940006	49831WA1940007	49831WA1940008	49831WA1940009
\$157,828,149	2.2 Allowed Claims	\$157,828,149	\$9,883,782	\$29,843,675	\$22,765,978	\$20,793,466	\$28,423,251	\$30,112,981	\$16,005,015	\$0	\$0
\$0	2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	2.4 Member Cost Sharing	\$25,171,567	\$2,684,257	\$3,628,701	\$5,714,386	\$2,341,696	\$2,209,095	\$4,205,773	\$4,387,660	\$0	\$0
	2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$132,656,582	2.6 Incurred Claims	\$132,656,582	\$7,199,525	\$26,214,975	\$17,051,592	\$18,451,770	\$26,214,156	\$25,907,209	\$11,617,355	\$0	\$0
\$41,526,451	2.7 Risk Adjustment Transfer Amount	\$41,526,451	\$917,228	\$9,493,448	\$2,572,627	\$5,646,339	\$10,906,311	\$9,975,517	\$2,014,981	\$0	\$0
\$112,880,957	2.8 Premium	\$112,880,957	\$9,727,226	\$17,685,807	\$21,490,523	\$11,998,425	\$13,639,238	\$22,271,236	\$16,068,501	\$0	\$0
126,053	2.9 Experience Period Member Months	126,053	12,272	16,558	26,464	11,475	12,652	23,647	22,985	0	0
	2.10 Current Enrollment	9,460		1,055	1,891	731	970	1,858	1,937		
	2.11 Current Premium PMPM	\$1,020.85	\$0.00	\$1,264.51	\$925.36	\$1,184.81	\$1,250.11	\$1,081.61	\$826.80	\$867.83	\$0.00
	2.12 Loss Ratio	85.91%	67.64%	96.45%	70.86%	104.57%	106.80%	80.34%	64.24%	#DIV/0!	#DIV/0!
	Per Member Per Month										
	2.13 Allowed Claims	\$1,252.08	\$805.39	\$1,802.37	\$860.26	\$1,812.07	\$2,246.54	\$1,273.44	\$696.32	#DIV/0!	#DIV/0!
	2.14 Reinsurance	\$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	\$199.69	\$218.73	\$219.15	\$215.93	\$204.07	\$174.60	\$177.86	\$190.89	#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	#DIV/0!	#DIV/0!
	2.17 Incurred Claims	\$1,052.39	\$586.66	\$1,583.22	\$644.33	\$1,608.00	\$2,071.94	\$1,095.58	\$505.43	#DIV/0!	#DIV/0!
	2.18 Risk Adjustment Transfer Amount	\$329.44	\$74.74	\$573.35	\$97.21	\$492.06	\$862.02	\$421.85	\$87.67	#DIV/0!	#DIV/0!
	2.19 Premium	\$895.50	\$792.64	\$1,068.11	\$812.07	\$1,045.61	\$1,078.03	\$941.82	\$699.09	#DIV/0!	#DIV/0!

Section III: Plan Adjustment Factors										
3.1 Plan ID (Standard Component ID)		49831WA1930002	49831WA1940001	49831WA1940003	49831WA1940004	49831WA1940005	49831WA1940006	49831WA1940007	49831WA1940008	49831WA1940009
3.2 Market Adjusted Index Rate						\$1,470.38				
3.3 AV and Cost Sharing Design of Plan		0.0000	0.7896	0.6120	0.9888	0.8708	1.0553	0.6107	0.5914	0.8257
3.4 Provider Network Adjustment		0.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.5 Benefits in Addition to EHB		0.0000	1.0008	1.0010	1.0006	1.0007	1.0006	1.0010	1.0010	1.0008
Administrative Costs	Administrative Costs									
3.6 Administrative Expense		0.00%	6.88%	8.70%	5.57%	6.28%	5.24%	8.71%	8.97%	6.60%
3.7 Taxes and Fees		0.00%	2.14%	2.16%	2.13%	2.14%	2.13%	2.16%	2.16%	2.14%
3.8 Profit & Risk Load		0.00%	-1.93%	-1.93%	-1.93%	-1.93%	-1.93%	-1.93%	-1.93%	-1.93%
3.9 Catastrophic Adjustment		0.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate		\$0.00	\$1,250.61	\$989.10	\$1,543.87	\$1,370.23	\$1,641.95	\$987.11	\$958.65	\$1,303.86
3.11 Age Calibration Factor	0.5700					0.5700				
3.12 Geographic Calibration Factor	0.9911	0.9911								
3.13 Tobacco Calibration Factor	1.0000	1.0000								
3.14 Calibrated Plan Adjusted Index Rate		\$0.00	\$706.50	\$558.77	\$872.17	\$774.08	\$927.58	\$557.64	\$541.57	\$736.59

Section IV: Projected Plan Level Information										
4.1 Plan ID (Standard Component ID)	Total	49831WA1930002	49831WA1940001	49831WA1940003	49831WA1940004	49831WA1940005	49831WA1940006	49831WA1940007	49831WA1940008	49831WA1940009
4.2 Allowed Claims	\$198,820,469	\$0	\$22,447,437	\$36,152,830	\$3,594,164	\$22,060,806	\$15,149,883	\$37,055,419	\$19,326,265	\$43,033,665
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$27,689,089	\$0	\$1,893,275	\$7,463,159	\$522,006	\$1,097,976	\$1,741,277	\$7,694,105	\$4,365,998	\$2,911,293
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$171,131,380	\$0	\$20,554,162	\$28,689,671	\$3,072,158	\$20,962,830	\$13,408,605	\$29,361,314	\$14,960,267	\$40,122,372
4.7 Risk Adjustment Transfer Amount	\$49,513,553	\$0	\$5,946,949	\$8,300,801	\$888,869	\$6,065,189	\$3,879,520	\$8,495,128	\$4,328,464	\$11,608,632
4.8 Premium	\$132,292,122	\$0	\$15,797,724	\$22,496,111	\$2,328,153	\$16,008,442	\$10,125,894	\$23,025,287	\$11,765,509	\$30,745,001
4.9 Projected Member Months	113,913	0	12,632	22,744	1,508	11,683	6,167	23,326	12,273	23,580
4.10 Loss Ratio	94.13%	#DIV/0!	94.53%	93.16%	95.50%	94.97%	95.74%	93.15%	92.96%	94.73%
Per Member Per Month										
4.11 Allowed Claims	\$1,745.37	#DIV/0!	\$1,777.03	\$1,589.55	\$2,383.40	\$1,888.28	\$2,456.60	\$1,588.59	\$1,574.70	\$1,825.01
4.12 Reinsurance	\$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	\$243.07	#DIV/0!	\$149.88	\$328.14	\$346.16	\$93.98	\$282.35	\$329.85	\$355.74	\$123.46
4.14 Cost Sharing Reduction	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.15 Incurred Claims	\$1,502.30	#DIV/0!	\$1,627.15	\$1,261.42	\$2,037.24	\$1,794.30	\$2,174.25	\$1,258.74	\$1,218.96	\$1,701.54
4.16 Risk Adjustment Transfer Amount	\$434.66	#DIV/0!	\$470.78	\$364.97	\$589.44	\$519.15	\$629.08	\$364.19	\$352.68	\$492.31
4.17 Premium	\$1,161.34	#DIV/0!	\$1,250.61	\$989.10	\$1,543.87	\$1,370.23	\$1,641.95	\$987.11	\$958.65	\$1,303.86

To add a product to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctri + Shift + P. To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctri + Shift + L. To validate, select the Validate button ar Ctri + Shift + F. To femouse paroduct, navigate to the corresponding Plankman Product Difeld and select the Remove Product button or Ctri + Shift + Q. To remove paro unsights to the corresponding Plankman(Plan Di Feld and select the Remove Plan button or Ctri + Shift + Q.

Rating Area Data Collection

Rating Area	Rating Factor
Rating Area 1	1.0000
Rating Area 2	1.0881
Rating Area 4	0.9462
Rating Area 5	1.0495
Rating Area 6	0.9698

Contents General Information	
Scope and Purpose	
Rate Increase Summary	
Proposed Rate Increase	
' Reason for Rate Increase(s)	
Experience Period Premium and Claims	
· Experience period	
Actual vs Projected Experience	5
Commercial Reinsurance	
Benefit Categories	5
Market, Plan, and Calibrated Plan Adjusted Index Rate	5
Projection Factors	6
Trend Factors	6
Morbidity Adjustment	7
Demographic Shift	7
Plan Design Changes	8
Other Adjustments	8
Credibility Manual Rate Development	8
Credibility of Experience	8
Risk Adjustment Transfer (Appendix 2.4)	9
Market to Plan Factors	10
AV & Cost Sharing Adjustment (Appendix 2.5 & 2.5a)	10
Provider Network Adjustment	11
Calibration Factors	11
Non-Benefit Expense	11
Administrative Expense Load (Appendix 2.5b)	11
Contribution to Surplus & Risk Margin (C&R) (Appendix 2.5b)	11
Taxes and Fees (Appendix 2.5b)	12
Non-EHB Benefits (Appendix 2.5)	12
Exchange Fees (Appendix 2.5b)	12

Projected Loss Ratio	13
AV Metal Values	13
Membership Projections (Appendix 2.5)	13
Terminated Products	14
Plan Type	14
Washington State Required Appendixes	14

General Information

Company Legal Name	Premera Blue Cross
State	Washington
HIOS Issuer ID	49831
Market	Individual (In Exchange)
Effective Date	January 1, 2026
Company Contact	Hiu-Wan Ko, FSA, MAAA VP of Actuarial Services 425-918-4917 <u>Hiu-Wan.Ko@premera.com</u>

1/1/2026 Plans in the Exchange

Premera Blue Cross Preferred Gold Premera Blue Cross Preferred Bronze Premera Blue Cross Preferred Silver Premera Blue Cross Cascade Complete Gold Premera Blue Cross Cascade Silver Premera Blue Cross Cascade Bronze Premera Blue Cross Preferred Bronze HSA Premera Blue Cross Cascade Vital Gold 49831WA1940001 49831WA1940003 49831WA1940004 49831WA1940005 49831WA1940006 49831WA1940007 49831WA1940007 49831WA1930008 49831WA1940009

Scope and Purpose

The purpose of this filing is to present the development of premium rates for Premera Blue Cross non-grandfathered individual plans offered inside 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.

Rate Increase Summary

Proposed Rate Increase

The average rate change for 1/1/2026 is 18.8%.

The average experience increase is 19.7% with a benefit change of 0.0% and cost share change of -0.7%.

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 the 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 Premera. 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: 6.9%
- Increased utilization: 3.5%
- Cost share change: -0.7%
- Change in population: 0.0%
- Risk adjustment: -17.3%

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 the prior year. Premera has already had to agree to significant rate increases. As more provider contracting information becomes available, Premera 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.

Experience Period Premium and Claims

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

Member Months Premiums 126,053 \$112,880,957

Allowed claims	\$157,828,149
Incurred claims	\$132,656,582
Processed in system	\$2,471,284
Incurred but not paid	\$130,185,298

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 set based on expected 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 variance in actual vs projected experience is mostly tied to a change in membership. Premera had lower membership than projected due to competition in the marketplace. The actual vs projected PMPMs are fairly close and are consistent with the lower membership. The profit margin was higher than expected, primarily due to an increase in risk adjustment transfer amounts.

Commercial Reinsurance

Premera Blue Cross 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 \$0.00 PMPM and the charge was \$0.63 PMPM. The reimbursement amount is incorporated into the rate development though the Other Adjustment in worksheet 1 section II of the URRT. The projected 2026 charge is included in the administrative expense line of worksheet 2 section III of the URRT.

Benefit Categories

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 rate is \$2,059.08 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 explanation in Risk Adjustment section below. The Market Adjusted Index Rate PMPM is \$1,470.38 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

The development of 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 is expected to increase 6.9% 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 6.6% 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 6.9%.
- Utilization The utilization increase is expected to be 3.5% annually The utilization increase represents the change in the number of medical services and prescriptions members seek.
 - Medical utilization trend is 4.0% based on the change in the number of medical services members per 1000 members per year.
 - Pharmacy utilization trend is 2.0%. based on the change in the number of prescriptions per 1000 members per year.
 - Utilization trend in the prior year filing was 6.9%.
- Leveraging Leveraging is expected to be 0.4% 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.
 - \circ The leveraging trend in the prior year filing was 0.4%, as shown in Appendix 2.1.

The proposed rating trend for incurred claims including leveraging is 11.1% 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.

The demographic shift adjustment shown is 1.091, and development is shown in more detail in Appendix 2.2. This includes the impact of expanding into Lincoln County. Last year's adjustment factor was 1.138.

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

- a) 2023 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) New 2026 members

- 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), Premera assumed they will be similar to the members in (a) and (b) after adjusting for age, metal level mix, and applying a new members claims 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, Premera assumed this population would resemble the rest of the projected pool.

Plan Design Changes

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

Other Adjustments

Premera is using an Other Adjustment factor of 1.231 for 2026.

This factor is a combination of 1) the projected paid to allowed vs AV & cost sharing adjustment and 2) the impact of the new rule on the silver CSR loading.

- 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 1.180 is shown in Appendix 2.3a.
- 2) With the new uniform silver loading rule, we expect deterioration of our experience as heathy people exit the market or purchase less expensive plans. To determine this adjustment, Premera projected the contribution margin before and after these changes by looking who would likely leave Premera or migrate to a different Premera 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 1.044 is shown in Appendix 2.3b.

The Other adjustment in prior years filing was 1.000 as shown in Appendix 1.1.

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)

Premera is expecting to receive \$3.7 million in risk transfer payments including recovery for high cost enrollees for its 2024 individual population.

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

Premera split the projected 2026 membership by metal level into 2024 membership 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 2026 calibrated model factors.
- For 2024 members expected to persist into 2026, Premera used 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.
- 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) Premera 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 as well as the new members claims factor.
 - b) Premera assumed the cohort's 2026 calibrated model factors would be similar to that of the "2024 members expected to persist into 2026" by metal level after adjusting for the difference in geography and age of the populations.
- For 2026 new members: Premera 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 populations by metal level.

Premera 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 categories and metallic levels. Based on the above assumptions, Premera estimated the 2026 risk adjustment transfer to be \$406.08 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 \$279.76 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 \$32.71 PMPM based on historical large claims experience. The administrative cost of this program is projected to be 0.4% of Premera's expected total premiums, or approximately \$4.13 PMPM.

In order to add the projected risk adjustment PMPM into the Market Adjusted Index Rate, projected risk adjustment transfer plus high-cost risk pool reimbursement less high-cost risk pool administrative cost was converted to an allowed amount by dividing the projected paid to allowed (as shown on Appendix 2.4). The result is an allowed PMPM estimate of \$595.76 (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 & Cost Sharing 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.

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 \$1,929,775, which represented 3.6% of total silver claims. For 2026, the projected CSR payment is \$0 due to higher concentration of CSR 87% and CSR 94%.

Provider Network Adjustment

Only one Provider Network is available, therefore no adjustment is made.

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 50. The average age of the projection period was determined as the closest age factor to the average age factor.
- **Geographic** The Geographic factors remain the same as 2024. The geographic factors were updated in the 2024 filing, and there are no major changes in providers or service area for 2026.
- **Tobacco Use** The tobacco use factor is removed for 2026. This was done to comply with the new rules issued by WAHBE to provide Cascade Care Subsidies to members enrolling on plans that have tobacco use factors. Prior filings had the tobacco use load at 7.5%.

Non-Benefit Expense

Administrative Expense Load (Appendix 2.5b)

Net operating expenses for the rating period is \$84.35 PMPM, compared with \$76.34 PMPM from the prior year filing.

Commissions of \$6.46 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. Commission was \$7.35 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 -\$5.47 PMPM was calculated based on the yield rate.

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

Premera Blue Cross is filing for -1.9% Contingency and Risk (C&R).

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, Premera determined that a C&R charge of 10-12.0% is needed.

Premera is proposing a one-time transitioning C&R charge of -1.9% 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. Premera 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.

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

Taxes and Fees (Appendix 2.5b)

Regulatory & Insurance Fraud Surcharge – The combined regulatory and insurance fraud surcharge is 0.1% of premium.

Federal Income Tax – Premera, as a not-for-profit organization, does not pay federal income tax. Therefore, the federal income tax is 0.00% of premium.

WSHIP assessment – The Washington State Health Insurance Pool is anticipating 9 million in total assessments for 2026. Based on our projected market share, we assumed the 2026 projected fee to be \$0.19 PMPM.

Premium tax –Washington state premium tax is 0.0%. This amount has not changed from prior year filing.

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

Patient Centered Outcomes Research Fee – 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, Premera applied one year's worth of National Expenditures rate which is 5% to the most recent PCORI to predict 2026 expected PCORI fee PMPM.

Risk adjustment program administrative fee – The fee per 2026 Benefit and Payment Parameters is \$0.20 PMPM.

Non-EHB Benefits (Appendix 2.5)

Premera 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.

Premera 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 0.5%. 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

The projected loss ratio is 94.1% (Appendix 1.2 Section IV). This was determined by dividing the projected incurred claims of \$1,502.30 (Appendix 1.2 Section IV) by the projected premium and risk adjustment transfer of \$1,596.00 (Appendix 1.2 Section IV).

The projected federal medical loss ratio for 2026 is 94.4% (Appendix 3.2), which exceeds the federal minimum loss ratio requirement of 80.0%.

AV Metal Values

- The HSA qualified plans AV metal values were from the 2026 final AV calculator (AVC).
- Cascade Plans: AV metal values were provided by Wakely and the Washington Health Board Exchange to Premera Blue Cross 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) and have \$1 copay for first 2 Primary Care office visits followed by standard Primary care copay.
 - 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 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.
 - Additionally, the AV Calculator cannot handle Primary care cost shares being one copay for first x visits, then a different copay for third plus visits. As such the benefits were entered into the AV Calculator as first 2 visits at no cost sharing and the value of the \$1 copay for the first 2 Primary Care visits is subtracted from the AV calculator value. The continuance tables of each metallic level from the AV model and each plan's claims maximum were used to determine value. See Appendix 5 for calculations.

Membership Projections (Appendix 2.5)

The membership projection for Premera in 2026 is 113,913 member months.

Premera is projecting 7,675 member months on silver plans in 2026. Of these, 5,160 are on an 87% CSR, and 2,509 are on a 94% CSR plan.

The 2026 membership was projected from the March 2025 membership (9,460 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 8,542 members will choose to renew in 2026.
- 3) Assumes that Premera will gain 951 new members in 2026.

The projected period member months are based on assuming 12 months of membership for the projected 9,493 members.

Terminated Products

No terminated plans for 2026.

Plan Type

The plans included in this filing are EPO plans.

Washington State Required Appendixes

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: Risk Adjustment Experience by Plan Appendix 3.3b: HCRP Actual vs Projected 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: Actuarial Values for Non-Cascade plans Appendix 6: Rate/Rule Schedule tab of SERFF rate filing support/source

Signed Actuarial Certification Here

PREMERA BLUE CROSS Page 15 of 15