

State: Washington **Filing Company:** Kaiser Foundation Health Plan of the Northwest
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: 2026 Nongrandfathered Individual Rate Filing - Health
Project Name/Number: 2026 Nongrandfathered Individual Rate Filing - Health/EWIDTRADOVVX0126

Filing at a Glance

Company: Kaiser Foundation Health Plan of the Northwest
Product Name: 2026 Nongrandfathered Individual Rate Filing - Health
State: Washington
TOI: H16I Individual Health - Major Medical
Sub-TOI: H16I.005C Individual - Other
Filing Type: Rate
Date Submitted: 05/13/2025
SERFF Tr Num: KFNW-134528059
SERFF Status: Pending Industry Response
State Tr Num: 484513
State Status: Active Suspense
Co Tr Num: EWIDTRADOVVX0126, EWIDDEDOVVX0126, EWIDDED0126, EWIDHDHP0126,
EWIDTRADDNTOVVX0126, EWIDDEDDNTOVVX0126, EWIDDEDDNT0126,
EWIDHDHPDNT0126, EWIDDEDSTD0126

Effective 01/01/2026
Date Requested:
Author(s): Luke Hampton, David Liebert, Annunziata Johnson, Jennifer Battaglini, Norma Espinoza, Kitty
Yang, Marcella Lopez
Reviewer(s): Jeff Oberle (primary), Ben Driver
Disposition Date:
Disposition Status:
Effective Date:
Destruction Date:

State Filing Description:

State: Washington **Filing Company:** Kaiser Foundation Health Plan of the Northwest
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General Information

Project Name: 2026 Nongrandfathered Individual Rate Filing - Status of Filing in Domicile: Pending Health

Project Number: EWIDTRADOVVX0126

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact: 11.36%

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type: Individual

Filing Status Changed: 05/21/2025

State Status Changed: 05/21/2025

Deemer Date:

Created By: David Liebert

Submitted By: David Liebert

Corresponding Filing Tracking Number: KFNW-WA26-125120397,KFNW-134489905,KFNW-134489860,KFNW-134489886,KFNW-134489895,KFNW-134489900

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Exchange Intentions:

Exchange and Outside Market

Filing Description:

Filing is prepared with the intention of following the Speed to Market tools

Company and Contact

Filing Contact Information

David Liebert, Actuarial Manager
500 NE Multnomah St.
Portland, OR 97232

david.m.liebert@kp.org
503-593-8851 [Phone]

Filing Company Information

Kaiser Foundation Health Plan of the Northwest
500 NE Multnomah St.
Suite 100
Portland, OR 97232
(503) 813-4146 ext. [Phone]

CoCode: 95540
Group Code:
Group Name:
FEIN Number: 93-0798039

State of Domicile: Oregon
Company Type: HCSC
State ID Number: 702

State:	Washington	Filing Company:	Kaiser Foundation Health Plan of the Northwest
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Filing Fees

State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State Specific

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

Yes

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

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

State:

Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TOI/Sub-TOI:

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Correspondence Summary

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Active Suspense	Jeff Oberle	05/21/2025	05/21/2025

Response Letters

Responded By	Created On	Date Submitted
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Filing Notes

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

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
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Objection Letter

Objection Letter Status	Active Suspense
Objection Letter Date	05/21/2025
Submitted Date	05/21/2025
Respond By Date	05/30/2025

Dear David Liebert,

Introduction:

Thank you for your filing submission. To allow our continued review of this filing, please reply on or before the Respond By Date.

The filing is being placed in an Active Suspense status, pending your response. Please note review of this rate filing is ongoing. Response letters not submitted with complete responses to the objections and in a timely manner [WAC 284-44A-090 (HCSC), WAC 284-46A-090 (HMO)] will be subject to disapproval. Additional objections may be forthcoming.

The following are based on a preliminary review.

Objection 1

- Rate Schedule, [EWIDTRADOVVX0126, EWIDDEDOVVX0126, EWIDDED0126, EWIDHDHP0126, EWIDTRADDNTOVVX0126, EWIDDEDDNTOVVX0126, EWIDDEDDNT0126, EWIDHDHPDNT0126, EWIDDEDDSTD0126] (Rate)
 - With ARPA Extension (Supporting Document)

Comments: Please revise default and EAPA Extension rate manuals to include Smoker Rates and revise the company name in the documents to change NorthWest to Northwest.

Objection 2

- Actuarial Value Screen-Shots, Benefit Components and Unique Plan Designs (Supporting Document)

Comments: Please revise the formatting of the Company Name and the Plan Name in the Benefit Components so that the information is not cut off in the PDF version.

Objection 3

- MHSUD Parity (Supporting Document)

Comments: Please revise the Summary tab in the MHSUD Parity spreadsheet to select the Market.

Objection 4

- Rate Schedule, [EWIDTRADOVVX0126, EWIDDEDOVVX0126, EWIDDED0126, EWIDHDHP0126, EWIDTRADDNTOVVX0126, EWIDDEDDNTOVVX0126, EWIDDEDDNT0126, EWIDHDHPDNT0126, EWIDDEDDSTD0126] (Rate)

- Unified Rate Review Template (URRT)

- Actuarial Memorandum (URRT)

- Actuarial Memorandum - Redacted (URRT)

- Consumer Justification Narrative (URRT)

- Other Supporting Documents (URRT)

- Written Description Justifying the Rate Increase (Supporting Document)

- Part III Exhibits DUPLICATE and WA Standard Exhibits (Supporting Document)

- Uniform Product Modification Justification (Supporting Document)

- WAC 284-43-6660 (Supporting Document)

- Actuarial Value Screen-Shots, Benefit Components and Unique Plan Designs (Supporting Document)

- MHSUD Parity (Supporting Document)

- Washington Specific Documents (Supporting Document)

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- Objection Responses (Supporting Document)
- With ARPA Extension (Supporting Document)

Comments: Upon preliminary review, we found that the plan-mapping assumptions in your rate filing do not appear to align with the Washington Health Benefit Exchange (WAHBE) mapping procedures established for plan year 2026.

WAHBE mapping rules will automatically map certain 2025 Exchange silver-plan enrollees to the issuers standardized Cascade Vital Gold plan for 2026 if:

the renewing member does not qualify for cost-sharing reductions (CSR), or
the member qualifies for the 73% CSR silver variant.

For these members, the Vital Gold Plan is expected to offer lower premiums and richer benefits than 2026 silver plans that include CSR silver loaded premiums. Although these members may choose to shop for another plan, rather than accept automatic mapping to the Vital Gold plan, we believe they are unlikely to remain in the Exchange silver plan in 2026. Note that all other members are expected to renew in the same 2025 plan (if still offered in 2026) or follow standard plan-mapping rules.

In response to this objection, please do the following:

i. If you expect members to reject the automatic mapping rules to the gold plan, provide justification for this assumption, including detailed qualitative reasoning and quantitative actuarial support. Ensure that you update your actuarial memo to identify this assumption.

ii. If you agree that the members mapped to the Vital Gold plan will accept that mapping, update the rate filing to reflect the Exchange mapping assumptions:

--a. Update the actuarial memorandum to clearly state the mapping logic and its impact on rate development, projection factors, and morbidity adjustments.

--b. Update the projected membership distribution and downstream components of the rate development to account for this assumption.

--c. Revise the Uniform Product Modification Justification document (Sheet UPMJ Q5) to reflect the mapping procedures by splitting the exchange silver plan membership listed in UPMJ Q1 into two separate rows in UPMJ Q5 (one row for membership renewed in the silver plan and one for exchange silver plan membership mapping to the Cascade Vital Gold plan).

--d. Do not submit a post-submission update to revise the Company Rate Information and the Rate Review Details on the Rate/Rule Schedule tab in SERFF.

Objection 5

- With ARPA Extension (Supporting Document)

Comments: Please revise the ARPA Extension documents to show a rate difference from the default documents or submit justification for assuming no change in rates and projections. Based on the 2024 member months listed in Standard WA Exhibit #8, 15.7% of the membership was enrolled in subsidized silver plan variants. This appears large enough to have an impact on the rates if the subsidies are extended.

Conclusion:

Sincerely,
Jeff Oberle

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Note To Filer

Created By:

Jeff Oberle on 05/19/2025 06:19 PM

Last Edited By:

Gail Jones

Submitted On:

05/27/2025 11:44 AM

Subject:

Notice for Second Set of Rates Review Process

Comments:

We are sending this note to clarify when you should update the second set of rate documents included in your rate filing.

Do NOT update the second set of rate documents submitted under the Supporting Documentation tab in SERFF during the normal objection-and-response process, unless an objection specifically instructs you to do so.

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

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

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

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Reviewer Note

Created By:

Kelli Armfield on 05/27/2025 11:43 AM

Last Edited By:

Gail Jones

Submitted On:

05/27/2025 11:44 AM

Subject:

Rate Request Summary

Comments:

See attached

Kaiser Foundation Health Plan of the Northwest – 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:	11.36% <i>average</i> *
Requested effective date:	Jan. 1, 2026
Plans impacted:	Kaiser Foundation Health Plan of the Northwest's Individual plans
People impacted:	7,000
Counties:	Clark and Cowlitz

Key information used to develop the rate request

(Jan. 2024 - Dec. 2024)

Premiums	\$54,986,655
Claims	\$42,645,246
Administrative expenses	\$6,871,249
Risk adjustment	\$122,624
Company made	\$5,592,784

The company expects its annual medical costs to increase 6.66%.

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:	85.50%
Administration:	11.50%
Profit:	3.00%

Are there any benefit changes?

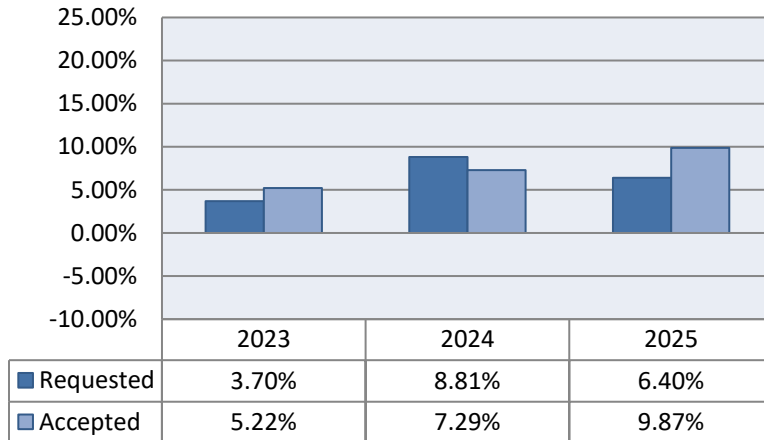
Yes. To see a description of the changes, look for the attachment called "Uniform Product Modification Justification" in the 'initial request'.

**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.*

Rate request summary #KFNW-134528059

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

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



Need Help?

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

Glossary

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

State:

Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TOI/Sub-TOI:

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

Product Name:

2026 Nongrandfathered Individual Rate Filing - Health

Project Name/Number:

2026 Nongrandfathered Individual Rate Filing - Health/EWIDTRADOVVX0126

Rate Information

Rate data applies to filing.

Filing Method:

SERFF

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

9.870%

Effective Date of Last Rate Revision:

01/01/2025

Filing Method of Last Filing:

SERFF

SERFF Tracking Number of Last Filing:

KFNW-134059088

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Kaiser Foundation Health Plan of the Northwest	Increase	11.360%	11.360%	\$6,829,878	4,795	\$60,119,802	26.910%	-3.560%

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Rate Review Detail

COMPANY:

Company Name: Kaiser Foundation Health Plan of the Northwest
HHS Issuer Id: 23371

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
Base Medical	23371WA178		966
Base Medical w/ Pedi Dental	23371WA179		1008
Base Medical w/ Vision	23371WA176		1324
Base Medical w/ Vision & Pedi Dental	23371WA177		871
Standard Individual Gold, Silver, Bronze	23371WA194		2831

Trend Factors: 6.66% medical expense annual trend
3.33% administrative annual trend

FORMS:

New Policy Forms:

Affected Forms:

Other Affected Forms: EWIDTRADOVVX0126, EWIDDEDOVVX0126, EWIDDED0126, EWIDHDHP0126,
EWIDTRADDNTOVVX0126, EWIDDEDDNTOVVX0126, EWIDDEDDNT0126,
EWIDHDHPDNT0126, EWIDDEDSTD0126

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
Member Months: 80,812
Benefit Change: Increase
Percent Change Requested: Min: -3.56 Max: 26.91 Avg: 11.36

PRIOR RATE:

Total Earned Premium: 60,119,802.00
Total Incurred Claims: 49,477,145.00
Annual \$: Min: 252.97 Max: 1,567.61 Avg: 715.71

REQUESTED RATE:

Projected Earned Premium: 66,949,505.00
Projected Incurred Claims: 54,626,707.00
Annual \$: Min: 289.82 Max: 1,847.60 Avg: 797.02

State:	Washington	Filing Company:	Kaiser Foundation Health Plan of the Northwest
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Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Schedule	EWIDTRADOVVX0126, EWIDDEDOVVX0126, EWIDDED0126, EWIDHDHP0126, EWIDTRADDNTOVVX0126, EWIDDEDDNTOVVX0126, EWIDDEDDNT0126, EWIDHDHPDNT0126, EWIDDEDDSTD0126	Revised	Previous State Filing Number: KFNW-134059088 Percent Rate Change Request: 9.87	Illustrative Rate Calculation.pdf, Illustrative Rate Calculation DUPLICATE.xlsx, Rate Schedule.pdf, Rate Schedule DUPLICATE.xlsm,

**Kaiser Foundation Health Plan of the Northwest
State of Washington - 2026 Individual Medical Plans Rate Filing**

Illustrative Rate Calculation

Example of Rate Calculation - KP WA Bronze HSA 7100 - 23371WA1780004			
(1)	Tobacco Status**	Tobacco Non-User unless noted	
(2)	Area	3	
(3)	Member Age - Adult #1	46	\$578.67
		Tobacco User	
(4)	Member Age - Adult #2	44	\$538.93
(5)	Member Age - Child #1	19	\$363.02
(6)	Member Age - Child #2	16	\$331.38
(7)	Member Age - Child #3	15	\$321.35
(8)	Member Age - Child #4*	9	\$0.00
(9)	Total Family Rate	(3) + (4) + (5) + (6) + (7) + (8)	\$2,133.35

* Rates are charged to no more than the three oldest covered children under 21 for a family coverage

** Applies only to members age 21 and older

May 13, 2025

**Kaiser Foundation Health Plan of the NorthWest
RATE SCHEDULE**

Plan Information

Plan Name: KP WA Gold 0
HIOS Plan ID: 23371WA1760003
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: In the exchange
Metal Level: Gold
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		388.40	360.90															
15		422.92	402.78															
16		436.12	415.35															
17		449.32	427.93															
18		463.54	441.47															
19		477.75	455.00															
20		492.48	469.03															
21		507.71	483.53															
22		507.71	483.53															
23		507.71	483.53															
24		507.71	483.53															
25		509.74	485.47															
26		519.89	495.14															
27		532.08	506.74															
28		551.88	525.60															
29		568.13	541.07															
30		576.25	548.81															
31		588.43	560.41															
32		600.62	572.02															
33		608.24	579.27															
34		616.36	587.01															
35		620.42	590.88															
36		624.48	594.75															
37		628.54	598.61															
38		632.61	602.48															
39		640.73	610.22															
40		648.85	617.95															
41		661.04	629.56															
42		672.71	640.68															
43		688.96	656.15															
44		709.27	675.49															
45		733.13	698.22															
46		761.56	725.30															
47		793.55	755.76															
48		830.10	790.58															
49		866.15	824.91															
50		906.77	863.59															
51		946.88	901.79															
52		991.05	943.86															
53		1035.73	986.41															
54		1083.96	1032.34															
55		1132.19	1078.28															
56		1184.49	1128.08															
57		1237.29	1178.37															
58		1293.64	1232.04															
59		1321.57	1258.64															
60		1377.92	1312.31															
61		1426.66	1358.73															
62		1458.65	1389.19															
63		1498.76	1427.39															
64 and over		1523.13	1450.59															

**Kaiser Foundation Health Plan of the NorthWest
RATE SCHEDULE**

Plan Information

Plan Name: KP WA Gold 1750
HIOS Plan ID: 23371WA1760001
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: In the exchange
Metal Level: Gold
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		370.23	352.60															
15		403.14	383.94															
16		415.72	395.93															
17		428.31	407.91															
18		441.86	420.82															
19		455.41	433.72															
20		469.44	447.09															
21		483.96	460.92															
22		483.96	460.92															
23		483.96	460.92															
24		483.96	460.92															
25		485.90	462.76															
26		495.58	471.98															
27		507.19	483.04															
28		526.07	501.02															
29		541.55	515.76															
30		549.30	523.14															
31		560.91	534.20															
32		572.53	545.26															
33		579.79	552.18															
34		587.53	559.55															
35		591.40	563.24															
36		595.27	566.93															
37		599.14	570.61															
38		603.02	574.30															
39		610.76	581.68															
40		618.50	589.05															
41		630.12	600.11															
42		641.25	610.71															
43		656.74	625.46															
44		676.09	643.90															
45		698.84	665.56															
46		725.94	691.37															
47		756.43	720.41															
48		791.28	753.60															
49		825.64	786.32															
50		864.36	823.20															
51		902.59	859.61															
52		944.69	899.71															
53		987.28	940.27															
54		1033.26	984.06															
55		1079.23	1027.84															
56		1129.08	1075.32															
57		1179.41	1123.25															
58		1233.13	1174.41															
59		1259.75	1199.76															
60		1313.47	1250.93															
61		1359.93	1295.17															
62		1390.42	1324.21															
63		1428.65	1360.62															
64 and over		1451.88	1382.76															

**Kaiser Foundation Health Plan of the NorthWest
RATE SCHEDULE**

Plan Information

Plan Name: KP Cascade Complete Gold
HIOS Plan ID: 23371WA1940001
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: In the exchange
Metal Level: Gold
Plan Type: Standardized Non-Public Option Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		385.53	367.17															
15		419.80	399.81															
16		432.90	412.28															
17		446.00	424.76															
18		460.11	438.20															
19		474.22	451.64															
20		488.84	465.56															
21		503.96	479.96															
22		503.96	479.96															
23		503.96	479.96															
24		503.96	479.96															
25		505.97	481.88															
26		516.05	491.48															
27		528.15	503.00															
28		547.80	521.72															
29		563.93	537.07															
30		571.99	544.75															
31		584.09	556.27															
32		596.18	567.79															
33		603.74	574.99															
34		611.80	582.67															
35		615.84	586.51															
36		619.87	590.35															
37		623.90	594.19															
38		627.93	598.03															
39		635.99	605.71															
40		644.06	613.39															
41		656.15	624.91															
42		667.74	635.95															
43		683.87	651.30															
44		704.03	670.50															
45		727.71	693.06															
46		755.94	719.94															
47		787.68	750.18															
48		823.97	784.73															
49		859.75	818.81															
50		900.07	857.21															
51		939.88	895.12															
52		983.72	936.88															
53		1028.07	979.12															
54		1075.95	1024.71															
55		1123.82	1070.31															
56		1175.73	1119.74															
57		1228.14	1169.66															
58		1284.08	1222.94															
59		1311.80	1249.33															
60		1367.74	1302.61															
61		1416.12	1348.69															
62		1447.87	1378.92															
63		1487.68	1416.84															
64 and over		1511.87	1439.88															

**Kaiser Foundation Health Plan of the NorthWest
RATE SCHEDULE**

Plan Information

Plan Name: KP WA Silver 1000
HIOS Plan ID: 23371WA1760002
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	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		471.14	448.70															
15		513.02	488.59															
16		529.03	503.84															
17		545.04	519.09															
18		562.29	535.51															
19		579.53	551.93															
20		597.39	568.94															
21		615.87	586.54															
22		615.87	586.54															
23		615.87	586.54															
24		615.87	586.54															
25		618.33	588.89															
26		630.65	600.62															
27		645.43	614.69															
28		669.45	637.57															
29		689.15	656.34															
30		699.01	665.72															
31		713.79	679.80															
32		728.57	693.88															
33		737.81	702.67															
34		747.66	712.06															
35		752.59	716.75															
36		757.52	721.44															
37		762.44	726.14															
38		767.37	730.83															
39		777.22	740.21															
40		787.08	749.60															
41		801.86	763.67															
42		816.02	777.16															
43		835.73	795.93															
44		860.37	819.40															
45		889.31	846.96															
46		923.80	879.81															
47		962.60	916.76															
48		1006.94	958.99															
49		1050.67	1000.64															
50		1099.94	1047.56															
51		1148.59	1093.90															
52		1202.17	1144.92															
53		1256.37	1196.54															
54		1314.87	1252.26															
55		1373.38	1307.98															
56		1436.82	1368.40															
57		1500.87	1429.40															
58		1569.23	1494.50															
59		1603.10	1526.76															
60		1671.46	1591.87															
61		1730.58	1648.18															
62		1769.38	1685.13															
63		1818.04	1731.46															
64 and over		1847.60	1759.62															

**Kaiser Foundation Health Plan of the NorthWest
RATE SCHEDULE**

Plan Information

Plan Name: KP Cascade Silver
HIOS Plan ID: 23371WA1940002
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: In the exchange
Metal Level: Silver
Plan Type: Standardized Non-Public Option Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		468.92	446.59															
15		510.60	486.29															
16		526.54	501.47															
17		542.48	516.64															
18		559.64	532.99															
19		576.80	549.34															
20		594.58	566.27															
21		612.97	583.78															
22		612.97	583.78															
23		612.97	583.78															
24		612.97	583.78															
25		615.42	586.11															
26		627.68	597.79															
27		642.39	611.80															
28		666.30	634.57															
29		685.91	653.25															
30		695.72	662.59															
31		710.43	676.60															
32		725.14	690.61															
33		734.34	699.37															
34		744.14	708.71															
35		749.05	713.38															
36		753.95	718.05															
37		758.85	722.72															
38		763.76	727.39															
39		773.57	736.73															
40		783.37	746.07															
41		798.08	760.08															
42		812.18	773.51															
43		831.80	792.19															
44		856.32	815.54															
45		885.13	842.98															
46		919.45	875.67															
47		958.07	912.45															
48		1002.20	954.48															
49		1045.72	995.93															
50		1094.76	1042.63															
51		1143.19	1088.75															
52		1196.51	1139.54															
53		1250.46	1190.91															
54		1308.69	1246.37															
55		1366.92	1301.83															
56		1430.06	1361.96															
57		1493.80	1422.67															
58		1561.84	1487.47															
59		1595.56	1519.58															
60		1663.60	1584.38															
61		1722.44	1640.42															
62		1761.06	1677.20															
63		1809.48	1723.32															
64 and over		1838.91	1751.34															

**Kaiser Foundation Health Plan of the NorthWest
RATE SCHEDULE**

Plan Information

Plan Name: KP WA Bronze 9100
HIOS Plan ID: 23371WA1780003
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	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		304.32	289.82															
15		331.37	315.59															
16		341.71	325.44															
17		352.05	335.29															
18		363.19	345.90															
19		374.33	356.50															
20		385.86	367.49															
21		397.80	378.86															
22		397.80	378.86															
23		397.80	378.86															
24		397.80	378.86															
25		399.39	380.37															
26		407.35	387.95															
27		416.89	397.04															
28		432.41	411.82															
29		445.14	423.94															
30		451.50	430.00															
31		461.05	439.09															
32		470.60	448.19															
33		476.56	453.87															
34		482.93	459.93															
35		486.11	462.96															
36		489.29	465.99															
37		492.48	469.02															
38		495.66	472.05															
39		502.02	478.12															
40		508.39	484.18															
41		517.93	493.27															
42		527.08	501.98															
43		539.81	514.11															
44		555.73	529.26															
45		574.42	547.07															
46		596.70	568.28															
47		621.76	592.15															
48		650.40	619.43															
49		678.64	646.33															
50		710.47	676.64															
51		741.89	706.57															
52		776.50	739.53															
53		811.51	772.87															
54		849.30	808.86															
55		887.09	844.85															
56		928.06	883.87															
57		969.44	923.27															
58		1013.59	965.33															
59		1035.47	986.16															
60		1079.63	1028.22															
61		1117.81	1064.59															
62		1142.88	1088.45															
63		1174.30	1118.38															
64 and over		1193.40	1136.58															

**Kaiser Foundation Health Plan of the NorthWest
RATE SCHEDULE**

Plan Information

Plan Name: KP WA Bronze HSA 7100
HIOS Plan ID: 23371WA1780004
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	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		309.92	295.16															
15		337.47	321.40															
16		348.00	331.43															
17		358.54	341.46															
18		369.88	352.27															
19		381.22	363.07															
20		392.97	374.26															
21		405.12	385.83															
22		405.12	385.83															
23		405.12	385.83															
24		405.12	385.83															
25		406.74	387.38															
26		414.85	395.09															
27		424.57	404.35															
28		440.37	419.40															
29		453.33	431.75															
30		459.82	437.92															
31		469.54	447.18															
32		479.26	456.44															
33		485.34	462.23															
34		491.82	468.40															
35		495.06	471.49															
36		498.30	474.57															
37		501.54	477.66															
38		504.78	480.75															
39		511.27	486.92															
40		517.75	493.09															
41		527.47	502.35															
42		536.79	511.23															
43		549.75	523.57															
44		565.96	539.01															
45		585.00	557.14															
46		607.69	578.75															
47		633.21	603.06															
48		662.38	630.84															
49		691.14	658.23															
50		723.55	689.10															
51		755.56	719.58															
52		790.80	753.15															
53		826.45	787.10															
54		864.94	823.75															
55		903.43	860.41															
56		945.16	900.15															
57		987.29	940.27															
58		1032.26	983.10															
59		1054.54	1004.32															
60		1099.51	1047.15															
61		1138.40	1084.19															
62		1163.92	1108.50															
63		1195.93	1138.98															
64 and over		1215.36	1157.49															

**Kaiser Foundation Health Plan of the NorthWest
RATE SCHEDULE**

Plan Information

Plan Name: KP Cascade Bronze
HIOS Plan ID: 23371WA1940003
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: In the exchange
Metal Level: Bronze
Plan Type: Standardized Non-Public Option Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		309.90	295.14															
15		337.45	321.38															
16		347.98	331.41															
17		358.51	341.44															
18		369.85	352.24															
19		381.20	363.04															
20		392.94	374.23															
21		405.10	385.81															
22		405.10	385.81															
23		405.10	385.81															
24		405.10	385.81															
25		406.72	387.35															
26		414.82	395.07															
27		424.54	404.33															
28		440.34	419.37															
29		453.30	431.72															
30		459.79	437.89															
31		469.51	447.15															
32		479.23	456.41															
33		485.31	462.20															
34		491.79	468.37															
35		495.03	471.46															
36		498.27	474.54															
37		501.51	477.63															
38		504.75	480.72															
39		511.23	486.89															
40		517.71	493.06															
41		527.44	502.32															
42		536.75	511.19															
43		549.72	523.54															
44		565.92	538.97															
45		584.96	557.11															
46		607.65	578.71															
47		633.17	603.02															
48		662.33	630.79															
49		691.10	658.19															
50		723.50	689.05															
51		755.51	719.53															
52		790.75	753.09															
53		826.40	787.05															
54		864.88	823.70															
55		903.37	860.35															
56		945.09	900.09															
57		987.22	940.21															
58		1032.19	983.04															
59		1054.47	1004.26															
60		1099.43	1047.08															
61		1138.32	1084.12															
62		1163.84	1108.42															
63		1195.85	1138.90															
64 and over		1215.29	1157.43															

**Kaiser Foundation Health Plan of the NorthWest
RATE SCHEDULE**

Plan Information

Plan Name: KP WA Gold 0 with Pediatric Dental
HIOS Plan ID: 23371WA1770003
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Outside the exchange
Metal Level: Gold
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		392.02	373.36															
15		426.87	406.54															
16		440.19	419.23															
17		453.52	431.92															
18		467.87	445.59															
19		482.21	459.25															
20		497.08	473.40															
21		512.45	488.05															
22		512.45	488.05															
23		512.45	488.05															
24		512.45	488.05															
25		514.50	490.00															
26		524.75	499.76															
27		537.05	511.47															
28		557.03	530.51															
29		573.43	546.12															
30		581.63	553.93															
31		593.93	565.65															
32		606.23	577.36															
33		613.91	584.68															
34		622.11	592.49															
35		626.21	596.39															
36		630.31	600.30															
37		634.41	604.20															
38		638.51	608.11															
39		646.71	615.91															
40		654.91	623.72															
41		667.21	635.44															
42		678.99	646.66															
43		695.39	662.28															
44		715.89	681.80															
45		739.98	704.74															
46		768.67	732.07															
47		800.96	762.82															
48		837.85	797.96															
49		874.24	832.61															
50		915.23	871.65															
51		955.72	910.21															
52		1000.30	952.67															
53		1045.40	995.61															
54		1094.08	1041.98															
55		1142.76	1088.34															
56		1195.54	1138.61															
57		1248.84	1189.37															
58		1305.72	1243.54															
59		1333.90	1270.38															
60		1390.79	1324.56															
61		1439.98	1371.41															
62		1472.27	1402.16															
63		1512.75	1440.71															
64 and over		1537.35	1464.15															

**Kaiser Foundation Health Plan of the NorthWest
RATE SCHEDULE**

Plan Information

Plan Name: KP WA Gold 1750 with Pediatric Dental
HIOS Plan ID: 23371WA1770001
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Outside the exchange
Metal Level: Gold
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		373.80	356.00															
15		407.03	387.65															
16		419.73	399.74															
17		432.44	411.84															
18		446.12	424.87															
19		459.80	437.90															
20		473.97	451.40															
21		488.63	465.36															
22		488.63	465.36															
23		488.63	465.36															
24		488.63	465.36															
25		490.58	467.22															
26		500.36	476.53															
27		512.08	487.70															
28		531.14	505.85															
29		546.77	520.74															
30		554.59	528.18															
31		566.32	539.35															
32		578.05	550.52															
33		585.38	557.50															
34		593.19	564.95															
35		597.10	568.67															
36		601.01	572.39															
37		604.92	576.12															
38		608.83	579.84															
39		616.65	587.28															
40		624.47	594.73															
41		636.19	605.90															
42		647.43	616.60															
43		663.07	631.49															
44		682.61	650.11															
45		705.58	671.98															
46		732.94	698.04															
47		763.73	727.36															
48		798.91	760.86															
49		833.60	793.90															
50		872.69	831.13															
51		911.29	867.90															
52		953.80	908.38															
53		996.80	949.33															
54		1043.22	993.54															
55		1089.64	1037.75															
56		1139.97	1085.69															
57		1190.79	1134.08															
58		1245.02	1185.74															
59		1271.90	1211.33															
60		1326.14	1262.99															
61		1373.05	1307.66															
62		1403.83	1336.98															
63		1442.43	1373.74															
64 and over		1465.88	1396.08															

**Kaiser Foundation Health Plan of the NorthWest
RATE SCHEDULE**

Plan Information

Plan Name: KP WA Silver 1000 with Pediatric Dental
HIOS Plan ID: 23371WA1770002
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Outside the exchange
Metal Level: Silver
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		342.39	326.09															
15		372.83	355.07															
16		384.46	366.16															
17		396.10	377.24															
18		408.63	389.17															
19		421.16	401.11															
20		434.14	413.47															
21		447.57	426.26															
22		447.57	426.26															
23		447.57	426.26															
24		447.57	426.26															
25		449.36	427.96															
26		458.31	436.49															
27		469.05	446.72															
28		486.51	463.34															
29		500.83	476.98															
30		507.99	483.80															
31		518.73	494.03															
32		529.48	504.26															
33		536.19	510.66															
34		543.35	517.48															
35		546.93	520.89															
36		550.51	524.30															
37		554.09	527.71															
38		557.67	531.12															
39		564.83	537.94															
40		572.00	544.76															
41		582.74	554.99															
42		593.03	564.79															
43		607.35	578.43															
44		625.26	595.48															
45		646.29	615.52															
46		671.36	639.39															
47		699.55	666.24															
48		731.78	696.93															
49		763.56	727.20															
50		799.36	761.30															
51		834.72	794.97															
52		873.66	832.06															
53		913.04	869.57															
54		955.56	910.06															
55		998.08	950.56															
56		1044.18	994.46															
57		1090.73	1038.79															
58		1140.41	1086.11															
59		1165.03	1109.55															
60		1214.71	1156.86															
61		1257.67	1197.79															
62		1285.87	1224.64															
63		1321.23	1258.31															
64 and over		1342.71	1278.78															

**Kaiser Foundation Health Plan of the NorthWest
RATE SCHEDULE**

Plan Information

Plan Name: KP WA Silver 5500 with Pediatric Dental
HIOS Plan ID: 23371WA1790001
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Outside the exchange
Metal Level: Silver
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		320.98	305.70															
15		349.52	332.87															
16		360.42	343.26															
17		371.33	353.65															
18		383.08	364.84															
19		394.83	376.03															
20		407.00	387.62															
21		419.59	399.61															
22		419.59	399.61															
23		419.59	399.61															
24		419.59	399.61															
25		421.26	401.20															
26		429.66	409.20															
27		439.73	418.79															
28		456.09	434.37															
29		469.52	447.16															
30		476.23	453.55															
31		486.30	463.14															
32		496.37	472.73															
33		502.66	478.73															
34		509.38	485.12															
35		512.73	488.32															
36		516.09	491.51															
37		519.45	494.71															
38		522.80	497.91															
39		529.52	504.30															
40		536.23	510.70															
41		546.30	520.29															
42		555.95	529.48															
43		569.38	542.26															
44		586.16	558.25															
45		605.88	577.03															
46		629.38	599.41															
47		655.81	624.58															
48		686.02	653.36															
49		715.81	681.73															
50		749.38	713.70															
51		782.53	745.26															
52		819.03	780.03															
53		855.96	815.20															
54		895.82	853.16															
55		935.68	891.12															
56		978.89	932.28															
57		1022.53	973.84															
58		1069.11	1018.20															
59		1092.18	1040.17															
60		1138.76	1084.53															
61		1179.04	1122.89															
62		1205.47	1148.07															
63		1238.62	1179.64															
64 and over		1258.76	1198.83															

**Kaiser Foundation Health Plan of the NorthWest
RATE SCHEDULE**

Plan Information

Plan Name: KP WA Silver HSA 3600 with Pediatric Dental
HIOS Plan ID: 23371WA1790004
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Outside the exchange
Metal Level: Silver
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		325.72	310.21															
15		354.67	337.78															
16		365.74	348.33															
17		376.81	358.87															
18		388.74	370.23															
19		400.66	381.58															
20		413.01	393.34															
21		425.78	405.50															
22		425.78	405.50															
23		425.78	405.50															
24		425.78	405.50															
25		427.48	407.13															
26		436.00	415.24															
27		446.22	424.97															
28		462.82	440.78															
29		476.45	453.76															
30		483.26	460.25															
31		493.48	469.98															
32		503.70	479.71															
33		510.08	485.79															
34		516.90	492.28															
35		520.30	495.53															
36		523.71	498.77															
37		527.11	502.01															
38		530.52	505.26															
39		537.33	511.75															
40		544.15	518.23															
41		554.36	527.97															
42		564.16	537.29															
43		577.78	550.27															
44		594.81	566.49															
45		614.83	585.55															
46		638.67	608.26															
47		665.49	633.80															
48		696.15	663.00															
49		726.38	691.79															
50		760.44	724.23															
51		794.08	756.27															
52		831.12	791.54															
53		868.59	827.23															
54		909.04	865.75															
55		949.49	904.27															
56		993.34	946.04															
57		1037.62	988.21															
58		1084.89	1033.22															
59		1108.30	1055.53															
60		1155.57	1100.54															
61		1196.44	1139.47															
62		1223.26	1165.01															
63		1256.90	1197.05															
64 and over		1277.34	1216.50															

**Kaiser Foundation Health Plan of the NorthWest
RATE SCHEDULE**

Plan Information

Plan Name: KP WA Bronze 6000 with Pediatric Dental
HIOS Plan ID: 23371WA1790002
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Outside the exchange
Metal Level: Bronze
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		308.92	294.21															
15		336.38	320.36															
16		346.88	330.36															
17		357.38	340.36															
18		368.68	351.13															
19		379.99	361.89															
20		391.70	373.05															
21		403.81	384.58															
22		403.81	384.58															
23		403.81	384.58															
24		403.81	384.58															
25		405.43	386.12															
26		413.51	393.81															
27		423.20	403.05															
28		438.95	418.04															
29		451.87	430.35															
30		458.33	436.50															
31		468.02	445.73															
32		477.71	454.96															
33		483.77	460.73															
34		490.23	466.89															
35		493.46	469.96															
36		496.69	473.04															
37		499.92	476.12															
38		503.15	479.19															
39		509.61	485.35															
40		516.07	491.50															
41		525.77	500.73															
42		535.05	509.58															
43		547.98	521.88															
44		564.13	537.27															
45		583.11	555.34															
46		605.72	576.88															
47		631.16	601.11															
48		660.24	628.80															
49		688.91	656.10															
50		721.21	686.87															
51		753.11	717.25															
52		788.25	750.71															
53		823.78	784.55															
54		862.14	821.09															
55		900.51	857.62															
56		942.10	897.24															
57		984.10	937.23															
58		1028.92	979.92															
59		1051.13	1001.07															
60		1095.95	1043.76															
61		1134.72	1080.68															
62		1160.16	1104.91															
63		1192.06	1135.29															
64 and over		1211.43	1153.74															

**Kaiser Foundation Health Plan of the NorthWest
RATE SCHEDULE**

Plan Information

Plan Name: KP WA Bronze 9100 with Pediatric Dental
HIOS Plan ID: 23371WA1790003
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Outside the exchange
Metal Level: Bronze
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		307.72	293.07															
15		335.07	319.12															
16		345.53	329.08															
17		355.99	339.04															
18		367.25	349.76															
19		378.51	360.49															
20		390.18	371.60															
21		402.25	383.09															
22		402.25	383.09															
23		402.25	383.09															
24		402.25	383.09															
25		403.86	384.62															
26		411.90	392.29															
27		421.55	401.48															
28		437.24	416.42															
29		450.11	428.68															
30		456.55	434.81															
31		466.20	444.00															
32		475.86	453.20															
33		481.89	458.94															
34		488.33	465.07															
35		491.55	468.14															
36		494.76	471.20															
37		497.98	474.27															
38		501.20	477.33															
39		507.63	483.46															
40		514.07	489.59															
41		523.72	498.79															
42		532.98	507.60															
43		545.85	519.86															
44		561.94	535.18															
45		580.84	553.18															
46		603.37	574.64															
47		628.71	598.77															
48		657.67	626.36															
49		686.23	653.55															
50		718.41	684.20															
51		750.19	714.47															
52		785.18	747.80															
53		820.58	781.51															
54		858.80	817.90															
55		897.01	854.29															
56		938.44	893.75															
57		980.27	933.59															
58		1024.92	976.12															
59		1047.05	997.19															
60		1091.70	1039.71															
61		1130.31	1076.49															
62		1155.65	1100.62															
63		1187.43	1130.89															
64 and over		1206.74	1149.27															

**Kaiser Foundation Health Plan of the NorthWest
RATE SCHEDULE**

Plan Information

Plan Name: KP WA Bronze HSA 7100 with Pediatric Dental
HIOS Plan ID: 23371WA1790005
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Outside the exchange
Metal Level: Bronze
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		313.33	298.41															
15		341.19	324.94															
16		351.84	335.08															
17		362.49	345.22															
18		373.95	356.15															
19		385.42	367.07															
20		397.30	378.38															
21		409.59	390.08															
22		409.59	390.08															
23		409.59	390.08															
24		409.59	390.08															
25		411.23	391.64															
26		419.42	399.45															
27		429.25	408.81															
28		445.22	424.02															
29		458.33	436.50															
30		464.88	442.74															
31		474.71	452.11															
32		484.54	461.47															
33		490.69	467.32															
34		497.24	473.56															
35		500.52	476.68															
36		503.79	479.80															
37		507.07	482.92															
38		510.35	486.04															
39		516.90	492.29															
40		523.45	498.53															
41		533.28	507.89															
42		542.70	516.86															
43		555.81	529.34															
44		572.19	544.95															
45		591.44	563.28															
46		614.38	585.13															
47		640.19	609.70															
48		669.68	637.79															
49		698.76	665.48															
50		731.52	696.69															
51		763.88	727.51															
52		799.52	761.44															
53		835.56	795.77															
54		874.47	832.83															
55		913.38	869.89															
56		955.57	910.06															
57		998.17	950.63															
58		1043.63	993.93															
59		1066.16	1015.39															
60		1111.62	1058.69															
61		1150.94	1096.13															
62		1176.75	1120.71															
63		1209.10	1151.53															
64 and over		1228.76	1170.24															

**Kaiser Foundation Health Plan of the NorthWest
RATE SCHEDULE**

Plan Information

Plan Name: KP WA Gold HSA 2100 with Pediatric Dental
HIOS Plan ID: 23371WA1790006
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Outside the exchange
Metal Level: Gold
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		366.09	348.66															
15		398.63	379.65															
16		411.08	391.50															
17		423.52	403.35															
18		436.92	416.11															
19		450.32	428.87															
20		464.19	442.09															
21		478.55	455.76															
22		478.55	455.76															
23		478.55	455.76															
24		478.55	455.76															
25		480.47	457.59															
26		490.04	466.70															
27		501.52	477.64															
28		520.19	495.41															
29		535.50	510.00															
30		543.16	517.29															
31		554.64	528.23															
32		566.13	539.17															
33		573.30	546.00															
34		580.96	553.30															
35		584.79	556.94															
36		588.62	560.59															
37		592.45	564.23															
38		596.27	567.88															
39		603.93	575.17															
40		611.59	582.47															
41		623.07	593.40															
42		634.08	603.89															
43		649.39	618.47															
44		668.54	636.70															
45		691.03	658.12															
46		717.83	683.64															
47		747.98	712.36															
48		782.43	745.17															
49		816.41	777.53															
50		854.69	813.99															
51		892.50	850.00															
52		934.13	889.65															
53		976.24	929.76															
54		1021.71	973.05															
55		1067.17	1016.35															
56		1116.46	1063.30															
57		1166.23	1110.69															
58		1219.35	1161.28															
59		1245.67	1186.35															
60		1298.79	1236.94															
61		1344.73	1280.69															
62		1374.88	1309.41															
63		1412.68	1345.41															
64 and over		1435.65	1367.28															

**Kaiser Foundation Health Plan of the NorthWest
RATE SCHEDULE**

Plan Information

Plan Name: KP Cascade Vital Gold
HIOS Plan ID: 23371WA1940004
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: In the exchange
Metal Level: Gold
Plan Type: Standardized Non-Public Option Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		362.47	345.20															
15		394.68	375.89															
16		407.00	387.62															
17		419.32	399.35															
18		432.59	411.99															
19		445.86	424.62															
20		459.60	437.71															
21		473.81	451.25															
22		473.81	451.25															
23		473.81	451.25															
24		473.81	451.25															
25		475.71	453.05															
26		485.18	462.08															
27		496.55	472.91															
28		515.03	490.51															
29		530.19	504.95															
30		537.78	512.17															
31		549.15	523.00															
32		560.52	533.83															
33		567.63	540.60															
34		575.21	547.82															
35		579.00	551.43															
36		582.79	555.04															
37		586.58	558.65															
38		590.37	562.26															
39		597.95	569.48															
40		605.53	576.70															
41		616.90	587.53															
42		627.80	597.90															
43		642.96	612.34															
44		661.91	630.39															
45		684.18	651.60															
46		710.72	676.87															
47		740.57	705.30															
48		774.68	737.79															
49		808.32	769.83															
50		846.23	805.93															
51		883.66	841.58															
52		924.88	880.84															
53		966.57	920.55															
54		1011.59	963.42															
55		1056.60	1006.28															
56		1105.40	1052.76															
57		1154.68	1099.69															
58		1207.27	1149.78															
59		1233.33	1174.60															
60		1285.92	1224.69															
61		1331.41	1268.01															
62		1361.26	1296.44															
63		1398.69	1332.09															
64 and over		1421.43	1353.75															

SERFF Tracking #:	KFNW-134528059	State Tracking #:	484513	Company Tracking #:	EWIDTRADOVVX0126, EWIDDEDOVVX0126, EWIDD...
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State:	Washington	Filing Company:	Kaiser Foundation Health Plan of the Northwest
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	2026 Nongrandfathered Individual Rate Filing - Health		
Project Name/Number:	2026 Nongrandfathered Individual Rate Filing - Health/EWIDTRADOVVX0126		

URRT

State Determination

Review Status:	Incomplete
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SERFF Tracking #:	KFNW-134528059	State Tracking #:	484513	Company Tracking #:	EWIDTRADOVVX0126, EWIDDEDOVVX0126, EWIDD...
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State:	Washington	Filing Company:	Kaiser Foundation Health Plan of the Northwest
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	2026 Nongrandfathered Individual Rate Filing - Health		
Project Name/Number:	2026 Nongrandfathered Individual Rate Filing - Health/EWIDTRADOVVX0126		

URRT Items

Item Name	Attachment(s)
Unified Rate Review Template	<i>Part_I_Unified_Rate_Review_Template_DUPLICATE.xml</i>
Actuarial Memorandum	<i>Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf</i>
Actuarial Memorandum - Redacted	<i>Part_III_Rate_Filing_Documentation_and_Actuarial_MemorandumR.pdf</i>
Consumer Justification Narrative	<i>Part_II_Written_Description_Justifying_the_Rate_Increase.pdf</i>
Other Supporting Documents	<i>Part_III_Rate_Filing_Memorandum_Exhibits.pdf, Part_I_Unified_Rate_Review_Template_.pdf</i>

Kaiser Foundation Health Plan of the Northwest

**State of Washington
2026 Individual Medical Rate Filing
Rates Effective January 1, 2026
HIOS Issuer ID 23371**

Part III – Actuarial Memorandum and Certification

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**Kaiser Foundation Health Plan of the Northwest
State of Washington - 2026 Individual Medical Rate Filing
Part III – Actuarial Memorandum and Certification**

1 Purpose

This document contains the **Part III Rate Filing Documentation and Actuarial Memorandum** (Memorandum) for **Kaiser Foundation Health Plan of the Northwest's (KFHP) Affordable Care Act (ACA)** compliant individual business in the State of Washington, with an effective date on or after January 1, 2026. These individual **premium rates** (rates) are guaranteed through December 31, 2026. Products and plans offered on and off the **Washington Health Benefit Exchange marketplace** (Exchange) are represented with this filing. This Memorandum is submitted in conjunction with the **Part I Unified Rate Review Template (URRT)**. The purpose of the Actuarial Memorandum is to provide certain information related to the submission of premium rate filings, including support for the values entered in the URRT. Further support for this document and the URRT can be found in **Part III Rate Filing Memorandum Exhibits** (Exhibit) and the **Standardized Rate Filing Exhibits** (Std Exhibit). A summary of inputs to the URRT, along with their source references, can be found in Exhibits 1, 2, 3, 4, 5 and 6. This document may not be appropriate for other purposes. The plans within scope of this filing are listed in Exhibit 22.

The state of Washington has implemented a **1332 Waiver** (1332) which allows formerly ineligible residents access to state funded premium subsidies when enrolled in the Cascade Gold or Cascade Silver On-Exchange plans. The projected impact on membership can be seen in Exhibit 7 with financial impacts in Exhibit 36 and is consistent with the total market growth projections demonstrated in the state's 1332 application.

This rate filing assumes that the Individual Mandate will continue to be powerless with no replacement provision for the 2026 plan year. Additionally, this rate filing assumes that the additional premium subsidies of the American Rescue Plan Act with sunset at the end of 2025 and Cost Share Reduction Subsidies will continue to be un-funded for the 2026 plan year, and additional plan paid claims costs will be applied only to the On-Exchange Silver tier plans.

This rate filing and the associated rates reflect the Washington State and Federal statutes, rules, regulations and guidance as of May 12, 2025. Changes to the applicable regulations, including but not limited to changes to mandated benefits, Cost Share Reduction Subsidies, Advanced Premium Tax Credits, Risk Stabilization programs or the Individual Mandate could have a significant impact on rate development. Subsequent changes to these statutes, rules and regulations may make these rates deficient.

2 General Information Section

Company Identifying Information

Company Legal Name:	Kaiser Foundation Health Plan of the Northwest
State:	Washington
HIOS Issuer ID:	23371
Market:	Individual and Family Medical On and Off Exchange
Effective Date:	January 1, 2026

**Kaiser Foundation Health Plan of the Northwest
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Company Contact Information

Contact Name: David Liebert, ASA, MAAA
Contact Email Address: David.M.Liebert@kp.org

3 Proposed Rate Increases

The eighteen plans represented by this rate filing include sixteen renewals and modifications of plans effective for the 2025 plan year as well as two new plans. The 2024 experience period data includes no plans that will be terminated for the 2026 plan year. The proposed average rate change for the sixteen renewing plans as well as the rate changes by plan are shown on the UPMJ Question 5. The rate changes shown are primarily driven by the claims experience of the single risk pool, medical inflation and the mandated change in Silver Load for the on-Exchange Silver tier plans.

The average rate change does not indicate that every member's rate will change by this amount, as rates are affected by the ages of those covered, county of residence, tobacco usage, family composition and plan choice.

The average rate change shown on the UPMJ Question 5 may not precisely match the average rate change shown in the URRT Worksheet 2 Field 1.13 due to differences in calculation methodologies that are not under the control of KFHP. The UPMJ calculates the average rate change based on membership weighting, while the URRT utilizes premium weighting.

4 Market Experience

4.1 Experience Period Premium and Claims

The experience period premium and claims for the single risk pool including the American Indian/Alaska Native (AIAN) population are shown in Exhibits 1 and 4. Data has been reviewed for reasonableness and consistency by the certifying actuary against internal financial reports by line of business which have been in-turn internally reviewed and reconciled against monthly accounting reports of operations. The experience period claims, membership and premiums have been found to be consistent with the monthly line of business reports. This data relies on other KFHP departments which perform the cost-allocation process discussed below as well as monthly reviews.

The premium earned during the experience period for the renewing ACA plans has been developed based upon earned premium data from our internal billing systems. The best estimate of MLR rebates for the experience period have been developed based upon the federal MLR templates. The earned premium has not been adjusted by the expected MLR rebates to develop the Premiums (net of MLR rebates) in the experience period. No MLR rebates are expected for the experience or projection periods.

Experience Period Paid Claims Development: Paid claims are developed by allocating internal expenses from the general ledger to the line of business level and adding them to the net external paid claims. The allocation is based on membership and utilization. The internal member cost share is then subtracted from the allocated cost to develop the net internal and external paid claims.

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Our allocation methodology is reviewed on an annual basis and senior management does not have ad-hoc discretion to change the allocation methodology. It should also be noted that our allocation methodology is the same between Oregon and Washington.

When comparing claims across reports, it is important to note that cost sharing and paid claims in this filing are on a GAAP basis while claims in the MLR calculation are on a statutory basis. It should also be noted that diagnoses and not dollars are used by the **Department of Health and Human Services (HHS)** for risk score calculations, leading to a loose correlation between claims amounts and risk scores.

Experience Claims Data: The **incurred** (paid) claims for the renewing ACA plans are developed by accumulating the net medical expenses for the ACA compliant, non-grandfathered individual line of business. The data is for the incurred period January 2024 through December 2024 with **incurred but not reported (IBNR)** estimates updated with data through March 2025. Net cost data from internal cost systems (i.e., the cost for medical services delivered within our integrated delivery system), fee for service claims through external delivery systems, prescription drug claims, **cost share reduction (CSR)** payments and prescription drug rebates are aggregated to determine paid claims. All cost shares collected, whether from members or CSR payments, for services delivered in the Individual risk pool are adequately accounted for in the experience data.

The 2024 experience period allowed claims are the summation of the paid claims for each of the experience period plans, divided by the 2024 plan specific paid-to-allowed ratios. The paid-to-allowed ratio for each 2024 plan was calculated using the **HHS Actuarial Value Calculator** model (HHS-AVC).

KFHP has chosen to use paid claims experience as the basis for this rate development as it is consistent with proven actuarial practices and provides a more complete data source than allowed claims or member cost shares.

IBNR estimates were developed using the completion factor method. The completion factors were developed from the expenses incurred between January 2024 and December 2024 and paid through March 2025, represent KFHP's best estimates and do not include any additional margin. Any reserve needs are in addition to the incurred and paid claims from the experience period, and as seen in Exhibit 2, are used to increase the estimate of total incurred claims for the experience period. Reserve needs from the year prior to the experience period have no impact on the experience period claims data.

Investment Gain/Loss: Investment gains and losses are not factored into the rate filing data. Any gains or losses are pooled across all KFHP lines of business, with gains reinvested in the infrastructure and losses offset by future gains. Explicitly accounting for gains and losses in the projection of rates would lead to increased rate volatility.

Additional Data Statement: A full reconciliation of the Additional Data Statement (ADS) and the values used in the URRT is not possible at this time, but a comparison can be seen in Exhibit 33. There are numerous issues with the comparison, starting with the accounting method; the basis for the rate development is GAAP while the ADS is based on Statutory accounting. The 2024 GAAP to Statutory differences are driven primarily by Statutory accounting standards that will

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gradually bring overall Statutory pension and postretirement benefit obligations closer to amounts currently reported under the GAAP method. These expenses have previously been reported under GAAP and included in prior rate filing submissions.

Many differences are a result of KFHP's status as an integrated delivery system, which means that the ADS classifies certain items as medical costs that the rate filing/URRT data classifies as administrative expenses.

Beyond the Statutory versus GAAP differences, much of the amount is explainable through the differences in allocation methodology discussed below. The two allocation processes vary in the way they establish the data most appropriate for their intended use.

For the Additional Data Statement, expense and revenue amounts are converted from a GAAP accounting view to a Statutory accounting view, and this forms the basis for the costs in the Annual Statement. Annual Statement costs are shown grouped together into major categories, such as "Hospital/Medical Services" and "Other Professional Services". Then these results are multiplied by an additional allocation factor based on prior experience that distributes the expense by line of business. This represents a "top down" approach.

For the experience included in the rate filing, a highly granular, cost allocation approach is used. Each individual cost center is assigned an allocation rule that allocates the amounts not only between medical and administrative costs, but also across each member of the health plan. The expenses assigned to each member are then summarized up to the total for the line of business. This represents a "bottom-up" approach and is consistent with materials provided in previous Kaiser Permanente rate filings.

For the ADS, non-care delivery expenses are spread somewhat evenly across the lines of business whereas the allocation for rate filing data attempts to more accurately reflect the time and resources devoted to the Individual line of business. The individual line of business is relatively time consuming leading to higher than average expense loads.

4.2 Benefit Categories

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

Benefit Category	Services
Inpatient Hospital	Inpatient Facility, Inpatient Visits, Inpatient Surgery, Maternity
Outpatient Hospital	Outpatient Facility, Emergency/Urgent Care, Outpatient Surgery
Professional	Diagnostic Services, Office Visits, Cardiovascular, Dialysis, PT/OT/ST
Other Medical	Other Services
Capitation	None
Prescription Drug	Pharmacy

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4.3 Projection Factors

Changes in Morbidity of the Insured Population: The morbidity adjustment reflects the change in the expected health risk of the KFHP membership between the experience period and the single risk pool projection period, independent of underlying demographic changes. The overall morbidity is expected to increase as shown in Exhibit 8. Morbidity changes are expected to remain consistent across the statewide market, equally impacting both KFHP and the statewide market. The federal risk score model is based on a limited set of medical condition diagnosis, not actual claims costs, and as an integrated health care provider, a large portion of KFHP's expenses are the fixed costs associated with providing medical care through Kaiser owned facilities. Therefore, the projected costs are not directly correlated with the risk scores of the membership, nor do they necessarily change with fluctuations in risk scores.

Changes in morbidity can impact both utilization and cost trends, which are not separated out in this rate filing. There are other factors that can cause changes to utilization such as the introduction of new technologies and changes in induced utilization caused by plan design changes. No major medical care advancements are anticipated for 2026, and changes to plan designs are treated independently from changes in morbidity. See the Plan Design Changes section below.

Changes in Benefits: For the 2026 plan year all plans will see enhanced hearing benefits as well as artificial insemination benefits.

Plan Design Changes: In the absence of member cost sharing (100% of allowed claims are paid by the carrier), the member would have no financial incentive to refrain from service utilization. As member cost sharing for services increases, the propensity of any given member to utilize fewer and less costly services increases, leading to lower overall allowed claims. Each plan design has a plan specific utilization factor (Exhibit 23) which follow the mandated development methodology and represent the reduction in expected utilization and therefor allowed claims due to the member cost sharing. Many of the renewing plans have cost sharing changes for 2026 which generate different utilization factors when compared with the experience period plans. The net impact is reflected as the change in average utilization in Exhibit 10 and is necessary to put the projected allowed claims in terms of the 2026 plan portfolio. This is calculated by dividing the average utilization in the projection period, as determined by the pricing model described below under **AV Pricing Values**, by the experience period average utilization in Exhibit 10. This projected change in utilization assumes a consistent membership with no changes in morbidity or demographics, maintaining independence from those impacts.

Changes in Demographics: Base period claims experience is adjusted for the average mix of population by age in the experience period membership. The average age factor is developed by applying the standard HHS age curve (Exhibit 9) to the 2024 monthly membership. The same calculation is performed for the projected 2026 membership, which is based upon actual KFHP enrolled members as of March 2025. The projected allowed claims are then multiplied by the change in the average age factor between 2024 and 2026. The development of the average age factor is shown in Exhibit 9.

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The average mix of population by gender and region (Exhibit 11) is not anticipated to change between 2024 and 2026, making adjustments for these factors unnecessary.

For the 2026 plan year KFHP has decided to eliminate the tobacco user loads of prior plan years as shown in Exhibit 12.

COVID-19 Pandemic Adjustments: No adjustments to account for the COVID-19 pandemic have been used to project the experience period allowed claims to the projection period.

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

Trend Factors: The projected allowed claims trend factors are based on a mixture of expected expense trends, future fixed costs, and expected internalization of services (i.e., movement of medical care delivery from contracted external providers to our integrated delivery system). As an integrated health care provider, a large portion of KFHP's expenses are the fixed costs associated with providing medical care through Kaiser owned facilities. Therefore, the projected “claims” costs are based on the allocation of medical expenses that are included in our total revenue requirement, which is largely based on budgeting, and allocated based on utilization across all lines of business. For traditional carriers, projected claims trends are developed to project expected costs. However, given KFHP's fixed cost structure, KFHP's projected claims trends stem from the development of projected budgeted costs. For 2024 to 2026, our projected total annual medical expense trend for the ACA markets is shown in Exhibit 1, along with a comparison to the trend used in the prior rate filing. This trend has been developed with the cooperation of the KFHP finance and actuarial departments, including the opening actuary. KFHP does not project expense trends by major service category, but rather for the line of business. For use in the URRT, cost and utilization trends have been estimated by service category and balance back to the overall expense trend.

A historical trend exhibit is provided in Exhibit 14. This exhibit shows that allowed claims trends are down from 2023 to 2024 and are expected to remain similar through 2026. This historic trend study shows the allowed claims costs, utilization and service cost by URRT service category for the three years ending 2024. This is not representative of our expectations of the future claims costs due to the large changes that have occurred in the ACA market during this time frame, including but not limited to the COVID-19 pandemic and were not used in determining projected trend for the rate filing. The exhibit reflects that the KFHP rate filings are developed on an allowed basis.

The non-EHB Adult Vision allowed trends follow the Professional trends as established in Exhibit 14. The non-EHB Adult Vision utilization trends are assumed to be flat for members with access to the benefit and produce a non-zero trend when spread across all members.

The EHB Pediatric Dental allowed trends can be seen in Exhibit 28 and have been chosen to be similar to the total professional medical allowed trends. Dental faces many of the same cost and

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utilization pressures of medical. Despite the limited benefits of the EHB Pediatric Dental plan utilization is expected to increase as access to services has increased at KFHP clinics.

4.4 Credibility Manual Rate Development

Please see the **Credibility of Experience**, Section 4.5 below. KFHP considers the experience period data to be fully credible, and has not employed the use of additional, external claims data to develop a manual rate.

4.5 Credibility of Experience

KFHP evaluated the credibility of the experience period data through the guidelines established by HHS for use with Medicare. See Exhibit 34, the analysis indicates that the KFHP experience period member months is more than 200% the necessary to meet full credibility.

The Medicare credibility formula relies on a principle applicable to any insured block: that if each insured has an independent and identically distributed annual claims amount, then the sum of those claims amounts for a block of business approaches a normal probability function as the number of insureds increases (also known as the Central Limit Theorem). From this, the Medicare formula to determine credibility is calculated as the 95% probability that the observed mean claims amount is within +/-10% of the actual mean claims amount using a normal probability curve. We choose to apply the same principles in determining full credibility for this Individual rate filing.

4.6 Paid to Allowed Ratio

The projected 2026 paid to allowed ratio, see Exhibit 24, is calculated as the average AV Pricing Value. The average benefit relativity accounts for the projected member distribution across the available plans. The development of the benefit relativities is discussed under the **AV Pricing Values**, Section 7.2 later in this document. The same methodology is used to calculate the 2024 experience period paid to allowed ratio.

4.7 Risk Adjustment

Risk Adjustment: Final Risk Adjustment transfers are not yet available and are expected with the **Summary Report on Permanent Risk Adjustment Transfers for the 2024 Benefit Year** with an anticipated release by HHS in July 2025. Preliminary 2024 risk adjustment estimates are based on a market-wide study by Wakely. Note that the billable member months in that report are based on a formula that is slightly different from the one used in the rate filing, and therefore the member months shown do not exactly match Exhibit 7. Similarly, the Total Issuer Premium is a calculated field that represents the theoretical total premium that would be collected if all members paid their full premium cost. It is higher than the premiums shown in the rate filing, which are representative of actual dollars collected.

Experience Period Risk Adjustment and Reinsurance Adjustments PMPM

Risk Adjustment: Based on the Wakely study, KFHP expects a Risk Adjustment transfer for the 2024 benefit year as shown in Exhibit 17. This includes the metallic plans only as KFHP no longer offers a Catastrophic plan and has not been adjusted for fees or assessments.

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Reinsurance: The Federal Reinsurance program sunsetted at the end of the 2016 plan year. KFHP does not carry additional commercial reinsurance on this line of business.

Projected Risk Adjustments PMPM: See Exhibits 17 and 18. The HHS risk adjustment formula, as follows, was used to estimate the risk adjustment transfers for the projection period. Due to delays in HHS submissions and reporting, all experience period components of this formula have been estimated based on third party studies.

$$T = \left[\frac{PLRS \times IDF \times GCF}{\sum_i (s_i \times PLRS_i \times IDF_i \times GCF_i)} - \frac{AV \times ARF \times IDF \times GCF}{\sum_i (s_i \times AV_i \times ARF_i \times IDF_i \times GCF_i)} \right] \bar{P}$$

The market average risk based premium factor, $\sum_i (s_i \times PLRS_i \times IDF_i \times GCF_i)$, is trended forward to account for estimated impacts of HHS Risk Adjustment model. The trend applied to the market does not vary from the trend for KFHP.

The market average rating factor, $\sum_i (s_i \times AV_i \times ARF_i \times IDF_i \times GCF_i)$, is estimated to not change from the experience period to the projection period.

The market average premium (\bar{P}) is trended forward based on estimated 2025 and 2026 rate changes as provided by the Washington OIC and estimated membership distributions across the whole market. The projected market average premiums are projected to be higher than the average approved rate change in 2025 due to increased subsidies from the American Rescue Plan Act (ARPA) while the 2026 projected market average premiums are projected to be lower than the average filed rate change. Exhibit 19 shows historic filed, approved and actual premium rate changes between the plan years 2018 through 2024 which support market average premiums lower than filed or approved, but do not account for the ARPA.

Given the state of the market, the anticipated price and plan position and conditions within the Small Group and Large Group markets, KFHP anticipates the morbidity and risk scores within KFHP and the market will remain unchanged between the experience period and the projection period.

The KFHP non-risk based premium factor ($AV \times ARF \times IDF \times GCF$) is based on 2026 projected distribution by plan, and demographic (age) changes of the KFHP membership.

The development of these two KFHP factors is shown by metallic tier in Exhibit 18. Within each metallic tier, the IDF (Induced Demand Factor is fixed for each metallic tier), AV (Actuarial Value is fixed for each metallic tier) and GCF (Geographic Cost Factor is calculated at the market level for each geographic region) are not projected to change between 2024 and 2026.

The PLRS and ARF (Allowed Rating Factor is based on the average age of the membership) for each metallic tier are projected to change at uniform rates as shown in Exhibit 18. The projected changes in age of the members, Exhibit 9, also impacts the PLRS trending.

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Risk Adjustment Data Validation: Transfers due to RADV are not predictable or consistent and are considered non-repeatable one-time events when they do occur. No impact has been forecasted due to RADV transfers in prior years.

High-Cost Risk Pool: KFHP does not anticipate any receivables from the HCRP program for the projection year. Anticipated assessments are based on the 2024 results as published by HHS and KFHP projections as seen in Exhibit 17.

4.8 Non-Benefit Expenses and Profit & Risk

Administrative Expense Load: Administrative Expense includes broker commissions, medical management costs, and health plan operating expenses. See Std Exhibit 11 for the development of the administrative expenses. Additional support can be found in Exhibits 20 and 21.

Experience period administrative expenses turned out higher than projected in the 2024 rate filing due to inflation as well as increased member utilization of brokers.

Profit & Risk Margin: The 2026 plans are priced to provide a projected risk margin as shown in Std Exhibit 11, which is an increase from the projected 2025 margin, also shown in Std Exhibit 11. A positive projected risk margin has been maintained for 2026 and is necessary to maintain KFHP's viability in the market, while the precise value of the projected risk margin was chosen to achieve a desired rate change. Historically, KFHP has targeted a 3% risk margin, which matches the projected 2026 risk margin. The risk margin assumption is applied uniformly as a percentage of premiums across all plans represented by this filing.

The experience unpaid claims liability estimate does not include any margin and reflects our best estimates and no other rating assumptions include their own margin provisions.

The 2024 KFHP Risk Based Capital ratio as shown in Exhibit 33 is neither insufficient or excessive, so the capital and surplus are not considered in this filing. The rates as developed are intended to neither subsidize or be subsidized by any other line of business but rather be sufficient and sustainable on their own merit.

Taxes and Fees: Total retention has been adjusted to reflect the required taxes and fees that will apply in 2026 (Std Exhibit 11). Worksheet II of the URRT considers the Marketplace User Fee as an applicable tax and fee. Conversely, the Exchange User Fee, calculated in Exhibit 20, is applied in the development of the Market Adjusted Index Rate, where it is a market wide adjustment, and is not included in the administrative load when developing the Plan Adjusted Index Rates.

5 Projected Loss Ratio

The 2026 **Medical Loss Ratio (MLR)**, based on the federally prescribed methodology, is projected to be at least 80%. Exhibit 18 provides a demonstration of the MLR calculation based upon assumptions in this rate filing. The Federal MLR (ACA MLR) would be expected to be substantially higher than the standard loss ratio due to the allowed adjustments to both claims

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and premium in the federally prescribed methodology. A traditional loss ratio is the portion of premiums spent of claims costs. For the Federal MLR, claims are adjusted for both quality improvement costs and risk adjustment, while premium is reduced for taxes and fees.

Any prescription drug rebates and price concessions are included within the projected claims expenses. Expenses for services by outside providers are treated the same as expenses for internal providers. Wellness incentives are not part of the individual market for KFHP at this time and are therefore not accounted for in the forecasted MLR.

6 Application of Market Reform Rating Rules

6.1 Single Risk Pool

The projection period reflects the experience of policies that we anticipate will be enrolled in the Single Risk Pool. The Single Risk Pool reflects all covered lives for every non-grandfathered product/plan combination for KFHP in the Washington Individual market.

6.2 Index Rate

The Experience Period Index Rate and the Projected Index Rate (Index Rate) are shown in Exhibit 1. Covered benefits in excess of the EHBs are excluded.

The differences in the total allowed claims PMPM on Worksheet 1 of the URRT and the Index Rate is covered benefits in excess of essential health benefits, as described below as Non-EHBs.

6.3 Market Adjusted Index Rate

The Market Adjusted Index Rate for the projection period is shown in Exhibit 2. The calculation of the market adjusted index rate is the compilation of the Index Rate and the market-wide adjustments, which includes the projected Risk Adjustment transfers and Exchange fees (Marketplace User fee).

6.4 Plan Adjusted Index Rates

The Plan Adjusted Index Rates are calculated as the product of the Market Adjusted Index Rate, the plan specific AV Pricing Values (utilization and cost-sharing adjustment), the non-EHB Adjustments for covered benefits in excess of the EHB requirement, a Catastrophic Factor (Impact of Eligible Population) if applicable, and an adjustment for Administrative Expenses. The calculations are provided in Exhibit 5. A year-over-year comparison of key factors in the development of the Plan Adjusted Index Rate is found in Exhibit 31.

AV Pricing Value Adjustment: The development of the AV Pricing Values is discussed in Section 7.2. All plans vary from the Market Adjusted Index Rate based on differences in cost sharing and covered benefits. For the Silver On-Exchange plans, the CSR loading is accomplished through the AV Pricing Values. For plans offered Off-Exchange only, the pediatric dental EHB is a covered benefit.

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As seen below, the URRT rules require a different non-EHB adjustment than is used in the pricing development in Exhibit 5. The AV Pricing Values as used in the URRT have been adjusted to offset the changes in non-EHB adjustment and can be found in Exhibit 25.

Non-EHB Adjustment: An adjustment has been made to the base period allowed amount to remove the Non-EHB covered benefits from the base rates. This multiplier is calculated by summing the allowed amount for Non-EHB covered benefits in the base period and dividing by total allowed.

2026 plan specific multipliers are used to add back non-EHB covered benefits when calculating the Plan Adjusted Index Rate for each plan. For a subset of the 2026 benefit plans, Adult Vision will be a covered benefit provided in excess of the EHB requirement. See Exhibit 31. The non-EHB experience period utilization and unit costs have been trended to the projection period with the Professional trends developed in Exhibit 13. Utilization by plan of the non-EHB benefits is assumed the utilization pattern assumptions as shown in Exhibit 23. The paid-to-allowed ratio for the non-EHB benefits is assumed to be the same for the experience and projection periods. The non-EHB factor has changed from 2025 due to changes in projected allowed claims, both EHB and non-EHB.

The URRT rules require the non-EHB adjustment for On-Exchange plans to include \$1 pmpm for non-Hyde abortions, even if they are covered as a state EHB, and to be reflected on the URRT Page 2, Line 3.5 Benefits in Addition to EHB. The URRT Page 2, Line 3.5 is adjusted upward for On-Exchange plans to add the \$1 to the value of true non-EHB benefits, and the Line 3.3 AV and Cost Sharing Design of Plan is adjusted downward to create an overall neutral adjustment. The URRT Benefits in Addition to EHB factor development can be found in Exhibit 35-2 and the URRT AV and Cost Sharing Design of Plan adjustments can be found in Exhibit 25.

The differences between AV Pricing Values and Non-EHB Adjustments used in pricing development and the URRT cause a minor difference between the Plan Adjusted Index Rates as shown in the URRT and Exhibit 5. The Plan Adjusted Index Rates in Exhibit 5 are the basis for the rates in the Rate Schedule.

Catastrophic Factor: KFHP will not offer a Catastrophic plan for the 2026 plan year.

Administrative Expenses: Administrative expenses are applied uniformly to all plans, on and off the Exchange, in the calculation of the Plan Adjusted Index Rates as shown in Exhibit 21. Administrative expenses change year over year with changes in internal administrative costs, commissions and state and federal fees and taxes.

Provider Networks: All plans in this filing are serviced by the same provider network and utilization management practices, leading to no plan specific rating differences. Two networks are utilized for these plans: **Classic** serves all On-Exchange plans while **Classic Complete** serves the Off-Exchange plans and is identical to **Classic**, with the addition of dental providers in order to serve the Pediatric Dental benefits on the Off-Exchange plans.

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6.5 Calibration

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

Age Curve Calibration: The weighted average age, rounded to a whole number, for the projected single risk pool is shown on Exhibit 9.

The determination of the calibration factor is based upon the 2026 HHS Standard Age Curve and KFHP internal enrollment data for March 2025. A weighted average age factor is calculated as the product of the enrollment by age and the unadjusted HHS age factors. The Plan Adjusted Index Rates are then divided by this factor to adjust to an individual aged 21, for which the age factor is 1.00. The development of the average age factor is shown in Exhibit 9.

Geographic Factor Calibration: Plan Adjusted Index Rates reflect the anticipated geographic area mix, based on the distribution of members by geographic area. The geographic calibration factor is derived by applying 2026 projected member months to the geographic area factors. The Plan Adjusted Index Rates are then divided by the geographic calibration factor to adjust to an individual in Rating Area 3 (Clark County), where the geographic area factor is 1.00. The development of the geographic calibration factor is shown in Exhibit 11.

Tobacco Use Rating Factor Calibration: KFHP has eliminated the tobacco use factor for 2026.

6.6 Consumer Adjusted Premium Rate Development

Age Factors: The age factor table (Exhibit 6) used to develop age specific rates is consistent with the HHS Standard Age Curve.

Area Factors: Area adjustment factors are used to differentiate between the geographic locations of Clark and Cowlitz County. The factors are shown in Exhibit 7. Most services are provided by Kaiser Permanente facilities and providers. For those services for which non-Kaiser Permanente facilities and providers are contracted, as with other carriers, KFHP contracts vary. Provider contracts in Area 2 are less favorable than in Area 3.

The area factors are evaluated every year for significant changes in provider contracting and are based on corporate wide expected expense structures. Differences in area factors are not based on:

- (i) Health status of enrollees or the population in an area;
- (ii) Medical condition of enrollees or the population in an area, including physical, mental and behavioral health conditions;
- (iii) Claims experience;
- (iv) Health services utilization in the area;
- (v) Medical history of enrollees or the population in an area;
- (vi) Genetic information of enrollees or the population in an area;

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- (vii) Disability status of enrollees or the population in an area;
- (viii) Other evidence of insurability applicable in the area.

Summary Rate Calculation: **Illustrative Rate Calculation** provides a sample calculation of a Consumer Adjusted Premium Rate. Rates are charged for no more than the three oldest covered dependent children under age 21 when enrolled on a family plan.

7 Plan Product Information

7.1 AV Metal Values

The AV Metal Values for non-Cascade standard plans as used in Worksheet 2 of the URRT are entirely based on the final 2026 HHS-AVC. Many plans are considered Unique Plan Designs based on the instructions for the HHS-AVC. The Kaiser Permanente at Home™ program (Program) has \$0 cost share for services that would otherwise have fallen under the inpatient cost share. For single tier plans we used the Tier 2 in the HHS-AVC to reflect cost shares for the Program and the Tier 1 with standard inpatient cost shares. A 95% weight is used on Tier 1 and a 5% is used on Tier 2 providing a method consistent with 45 CFR §156.135(b)(2). The resulting AV Metal Values can be found in Exhibit 11 and **Actuarial Value Screen Shots.pdf**.

Other than the Cascade plans and H.S.A. compatible plans, all plans have copays on outpatient mental health office visits that match primary care office visit copays. Plans do not include mental health specific outpatient benefits that are considered non-office visits.

For the mandated standard plans, KP Cascade Complete Gold, KP Cascade Vital Gold, KP Cascade Silver and KP Cascade Bronze, AV Metal Values and Unique Plan Design certification have been provided by Wakely Consulting, by way of the **Washington Health Benefit Exchange (WAHBE)**, in accordance with 45 CFR §156.135(b)(3). See **Wakely - WAHBE 2026 Medical AV Certification.pdf**.

7.2 AV Pricing Values

The AV pricing values, see Exhibit 23, include plan specific adjustment factors for both utilization and effective plan design. The pricing AV's consist of multiple parts: paid to allowed value (AV Pricing Value AVPV) and utilization factor (Induced Demand Factor IDF) for each of EHB's covered by the HHS-AVC, EHB's not covered by the HHS-AVC and non-EHB's. Silver On-Exchange plans have an additional factor for CSR Loading.

For the EHB's covered by the HHS-AVC, there are new-for-2026 state mandates that for each plan the AVPV is within +/-2% of the HHS-AVC results, and the IDF is calculated from the paid to allowed factor using a prescribed formula:

$$IDF = ACPV^2 - AVPV + 1.24$$

KFHP has determined that the pricing model that has been in use for many rate development cycles cannot be forced into compliance with the +/-2% restriction in an actuarially sound method that is also compliant with federal single risk pool regulations. The model was used however to determine the directional differences with the HHS-AVC, and then offsets were defined by metal tier consistent with those directional differences between the rating model and the HHS-AVC.

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Paid and allowed values are developed by plan for the EHB's not covered by the HHS-AVC (Exhibit 28) and non-EHB's (Exhibit 27) and combined with the EHB's covered by the HHS-AVC values in Exhibits 23 and 24. The CSR Load, consistent with state mandate, is accounted for in Exhibit 23.

7.3 Membership Projections

The total membership projection for 2026 includes retention assumptions as shown in Exhibit 7 for the KFHP March 2025 ACA members enrolling on the 2026 plans.

The projected allocation of members by plan follows the emerging distribution of members for March 2025 with modifications to account for two new plans as well as implications of the increased CSR load and restrictions that will only allow 87% and 94% CSR members to enroll in Silver On-Exchange plans. Overall participation in the Individual market continues to be volatile, as price sensitivity and the weakening of the Individual Mandate continue to cause member movement between carriers as well as an overall reduction in market participation. The expiration of ARPA subsidies is heavily offset by increases in the CSR load, so KFHP is not projecting any market contraction for 2026.

7.4 Terminated Plans and Products

No plans are being discontinued for the 2026 plan year, and no discontinued plans are represented in the experience period data..

7.5 Plan Type

Only standard plan types have been used on Worksheet 2, Section 1 of the URRT.

7.6 Mental Health and Substance Use Disorder Parity

KFHP benefit plans are designed to meet all **Mental Health and Substance Use Disorder Parity (MH/SUD)** requirements. For all plans, member financial requirements for MH/SUD benefits are no more restrictive than for comparable **Medical and Surgical (Med/Surg)** benefits.

All KFHP plans operate with a single provider network, with emergency services available out of network in compliance with federal and state regulations.

The claims data utilized in the testing is based on the experience period claims expenses for this single risk pool and does not utilize additional data from other markets or books of business. The paid claims expenses plus member cost sharing is projected to the rating year consistent with the development of the projected allowed claims in the URRT. The projected allowed claims for each plan in the MHSUD Calculations document is consistent with the respective plan specific induced utilization and projected membership from Exhibit 23.

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8 Miscellaneous

8.1 Effective Rate Review Information

Additional information has been provided consistent with reviewer requests from prior filings.

8.2 Cascade Care Plans

The Cascade Care plan designs are controlled by WAHBE, and for many benefits the cost shares are not explicitly defined. KFHP has received approval from WAHBE to set the Hospice benefit at no cost sharing in order to be more consistent with KFHP standard practices.

8.3 Reliance

All data and assumptions were prepared by a team of KFHP employees which includes the certifying actuary, except for the following:

- The experience period claims, membership and premium data was extracted from databases developed and maintained by a KFHP data analysis team and reviewed for consistency and reasonableness by the certifying actuary.
- The total projected membership was provided by a KFHP Strategic Market Planning team. Membership breakdown forecast is projected by the certifying actuary.
- An automated process within the KFHP data warehouse assigned the benefit categories to claims as used in the URRT and Exhibits 9, 9-1 and 9-2.
- Federal AV's were developed using a model provided by HHS.
- Pricing AV's were partially developed using the Milliman Health Cost Guidelines pricing model, which has been reviewed for understanding and reasonableness. State mandate requires Pricing AV's be within +/-2% of Federal AV's which requires dependence on the HHS-AVC which does not reflect KFHP standard practices.
- Induced Demand Factors were developed using a state mandated formula and do not reflect KFHP standard practices.
- CSR Loads were set to 43.5% consistent with state mandate and does not reflect KFHP standard practices.
- For the mandated standard plans, KP Cascade Complete Gold, KP Cascade Vital Gold, KP Cascade Silver and KP Cascade Bronze, AV Metal Values and Unique Plan Design certification have been provided by Ksenia Whittall, FSA, MAAA of Wakely Consulting, by way of the Washington Health Benefit Exchange. Values and methodology were reviewed for reasonableness.

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8.4 Actuarial Certification

I, David Liebert, Senior Director, Actuarial Services for Kaiser Foundation Health Plan of the Northwest (KFHP) am a member in good standing of the American Academy of Actuaries. I meet the qualification standards for certifying Regulatory Filings for Rates and Financial Projections for Health Plans.

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

- The index rate is in compliance with all applicable Washington State and Federal Statutes and Regulations, including 45 CFR part 156, §156.80(d)(1) and 45 CFR part 147.102.
- The rating methodologies produce premiums that are reasonable in relation to benefits being provided and the populations being covered and are based on generally accepted actuarial rating principles for rating blocks of business and are neither excessive nor deficient.
- The index rate and only the allowable modifiers as described in 45 CFR part 156, §156.80(d)(1) and 45 CFR part 156, §156.80(d)(2) were used to generate plan level rates.
- The final 2026 HHS Actuarial Value Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans. For non-standard plans, all KFHP are either: 1) non-unique plan designs and AV Metal Values were determined with the 2026 HHS-AVC without adjustments, or 2) unique plan designs with adjustments to the plans designs entered in the 2026 HHS-AVC in compliance with 45 CFR §156.135(b)(2). See Section 7.1 of this document for further description of how these unique plan designs were entered into the 2026 HHS-AVC. AV Metal Values for standard plans were provided as documented in the Reliance section of this memorandum and have reviewed for reasonableness.
- The allocation of the essential health benefit portion of the premium amounts, including the total premium that represents essential health benefits included in Worksheet 2, Sections III and IV is appropriate for the calculation of advanced payment of premium tax credits (APTCs) and was calculated in accordance with Actuarial Standards of Practice.
- This filing is in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8.
- This filing is consistent with KFHP's internal business plans.
- The adjusted community rate charged can be reasonably expected to result in a loss ratio that meets or exceeds the loss ratio standard of eighty percent.
- The geographic rating factors reflect only differences in the costs of delivery (which can include unit cost and provider practice pattern differences) and do not include differences for population morbidity by geographic area.

All rates, calculations and values were developed accordance with generally accepted actuarial principles and methodologies and in accordance with the Code of Professional Conduct and the following Actuarial Standards of Practice:

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- ASOP No. 5, Incurred Health and Disability Claims
- ASOP No. 8, Regulatory Filings for Health Plan Entities
- ASOP No. 11, Financial Statement Treatment of Reinsurance Transactions Involving Life or Health Insurance
- ASOP No. 12, Risk Classification
- ASOP No. 23, Data Quality
- ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
- ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans
- ASOP No. 41, Actuarial Communications
- ASOP No. 45, The Use of Health Status Based Risk Adjustment Methodologies
- ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act
- ASOP No. 56, Modeling

This actuarial opinion is qualified such that the information contained within this filing reflects the Washington State and Federal statutes, rules, regulations and guidance as of May 12, 2025. Changes to the applicable regulations, including but not limited to changes to mandated benefits, Cost Share Reduction Subsidies, Advanced Premium Tax Credits, Risk Stabilization programs or the Individual Mandate could have a significant impact on rate development. Subsequent changes to these statutes, rules and regulations may make these rates deficient.

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



David Liebert, ASA, MAAA
Senior Director, Actuarial Services
Kaiser Foundation Health Plan of the Northwest
May 13, 2025

Kaiser Foundation Health Plan of the Northwest

**State of Washington
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Rates Effective January 1, 2026
HIOS Issuer ID 23371**

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1 Purpose

This document contains the **Part III Rate Filing Documentation and Actuarial Memorandum** (Memorandum) for **Kaiser Foundation Health Plan of the Northwest's (KFHP) Affordable Care Act (ACA)** compliant individual business in the State of Washington, with an effective date on or after January 1, 2026. These individual **premium rates** (rates) are guaranteed through December 31, 2026. Products and plans offered on and off the **Washington Health Benefit Exchange marketplace** (Exchange) are represented with this filing. This Memorandum is submitted in conjunction with the **Part I Unified Rate Review Template (URRT)**. The purpose of the Actuarial Memorandum is to provide certain information related to the submission of premium rate filings, including support for the values entered in the URRT. Further support for this document and the URRT can be found in **Part III Rate Filing Memorandum Exhibits** (Exhibit) and the **Standardized Rate Filing Exhibits** (Std Exhibit). A summary of inputs to the URRT, along with their source references, can be found in Exhibits 1, 2, 3, 4, 5 and 6. This document may not be appropriate for other purposes. The plans within scope of this filing are listed in Exhibit 22.

The state of Washington has implemented a **1332 Waiver** (1332) which allows formerly ineligible residents access to state funded premium subsidies when enrolled in the Cascade Gold or Cascade Silver On-Exchange plans. The projected impact on membership can be seen in Exhibit 7 with financial impacts in Exhibit 36 and is consistent with the total market growth projections demonstrated in the state's 1332 application.

This rate filing assumes that the Individual Mandate will continue to be powerless with no replacement provision for the 2026 plan year. Additionally, this rate filing assumes that the additional premium subsidies of the American Rescue Plan Act with sunset at the end of 2025 and Cost Share Reduction Subsidies will continue to be un-funded for the 2026 plan year, and additional plan paid claims costs will be applied only to the On-Exchange Silver tier plans.

This rate filing and the associated rates reflect the Washington State and Federal statutes, rules, regulations and guidance as of May 12, 2025. Changes to the applicable regulations, including but not limited to changes to mandated benefits, Cost Share Reduction Subsidies, Advanced Premium Tax Credits, Risk Stabilization programs or the Individual Mandate could have a significant impact on rate development. Subsequent changes to these statutes, rules and regulations may make these rates deficient.

2 General Information Section

Company Identifying Information

Company Legal Name:	Kaiser Foundation Health Plan of the Northwest
State:	Washington
HIOS Issuer ID:	23371
Market:	Individual and Family Medical On and Off Exchange
Effective Date:	January 1, 2026

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Company Contact Information

Contact Name: David Liebert, ASA, MAAA
Contact Email Address: David.M.Liebert@kp.org

3 Proposed Rate Increases

The eighteen plans represented by this rate filing include sixteen renewals and modifications of plans effective for the 2025 plan year as well as two new plans. The 2024 experience period data includes no plans that will be terminated for the 2026 plan year. The proposed average rate change for the sixteen renewing plans as well as the rate changes by plan are shown on the UPMJ Question 5. The rate changes shown are primarily driven by the claims experience of the single risk pool, medical inflation and the mandated change in Silver Load for the on-Exchange Silver tier plans.

The average rate change does not indicate that every member's rate will change by this amount, as rates are affected by the ages of those covered, county of residence, tobacco usage, family composition and plan choice.

The average rate change shown on the UPMJ Question 5 may not precisely match the average rate change shown in the URRT Worksheet 2 Field 1.13 due to differences in calculation methodologies that are not under the control of KFHP. The UPMJ calculates the average rate change based on membership weighting, while the URRT utilizes premium weighting.

4 Market Experience

4.1 Experience Period Premium and Claims

The experience period premium and claims for the single risk pool including the American Indian/Alaska Native (AIAN) population are shown in Exhibits 1 and 4. Data has been reviewed for reasonableness and consistency by the certifying actuary against internal financial reports by line of business which have been in-turn internally reviewed and reconciled against monthly accounting reports of operations. The experience period claims, membership and premiums have been found to be consistent with the monthly line of business reports. This data relies on other KFHP departments which perform the cost-allocation process discussed below as well as monthly reviews.

The premium earned during the experience period for the renewing ACA plans has been developed based upon earned premium data from our internal billing systems. The best estimate of MLR rebates for the experience period have been developed based upon the federal MLR templates. The earned premium has not been adjusted by the expected MLR rebates to develop the Premiums (net of MLR rebates) in the experience period. No MLR rebates are expected for the experience or projection periods.

Experience Period Paid Claims Development: Paid claims are developed by allocating internal expenses from the general ledger to the line of business level and adding them to the net external paid claims. The allocation is based on membership and utilization. The internal member cost share is then subtracted from the allocated cost to develop the net internal and external paid claims.

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Our allocation methodology is reviewed on an annual basis and senior management does not have ad-hoc discretion to change the allocation methodology. It should also be noted that our allocation methodology is the same between Oregon and Washington.

When comparing claims across reports, it is important to note that cost sharing and paid claims in this filing are on a GAAP basis while claims in the MLR calculation are on a statutory basis. It should also be noted that diagnoses and not dollars are used by the **Department of Health and Human Services (HHS)** for risk score calculations, leading to a loose correlation between claims amounts and risk scores.

Experience Claims Data: The **incurred** (paid) claims for the renewing ACA plans are developed by accumulating the net medical expenses for the ACA compliant, non-grandfathered individual line of business. The data is for the incurred period January 2024 through December 2024 with **incurred but not reported (IBNR)** estimates updated with data through March 2025. Net cost data from internal cost systems (i.e., the cost for medical services delivered within our integrated delivery system), fee for service claims through external delivery systems, prescription drug claims, **cost share reduction (CSR)** payments and prescription drug rebates are aggregated to determine paid claims. All cost shares collected, whether from members or CSR payments, for services delivered in the Individual risk pool are adequately accounted for in the experience data.

The 2024 experience period allowed claims are the summation of the paid claims for each of the experience period plans, divided by the 2024 plan specific paid-to-allowed ratios. The paid-to-allowed ratio for each 2024 plan was calculated using the **HHS Actuarial Value Calculator** model (HHS-AVC).

KFHP has chosen to use paid claims experience as the basis for this rate development as it is consistent with proven actuarial practices and provides a more complete data source than allowed claims or member cost shares.

IBNR estimates were developed using the completion factor method. The completion factors were developed from the expenses incurred between January 2024 and December 2024 and paid through March 2025, represent KFHP's best estimates and do not include any additional margin. Any reserve needs are in addition to the incurred and paid claims from the experience period, and as seen in Exhibit 2, are used to increase the estimate of total incurred claims for the experience period. Reserve needs from the year prior to the experience period have no impact on the experience period claims data.

Investment Gain/Loss: Investment gains and losses are not factored into the rate filing data. Any gains or losses are pooled across all KFHP lines of business, with gains reinvested in the infrastructure and losses offset by future gains. Explicitly accounting for gains and losses in the projection of rates would lead to increased rate volatility.

Additional Data Statement: A full reconciliation of the Additional Data Statement (ADS) and the values used in the URRT is not possible at this time, but a comparison can be seen in Exhibit 33. There are numerous issues with the comparison, starting with the accounting method; the basis for the rate development is GAAP while the ADS is based on Statutory accounting. The 2024 GAAP to Statutory differences are driven primarily by Statutory accounting standards that will

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gradually bring overall Statutory pension and postretirement benefit obligations closer to amounts currently reported under the GAAP method. These expenses have previously been reported under GAAP and included in prior rate filing submissions.

Many differences are a result of KFHP's status as an integrated delivery system, which means that the ADS classifies certain items as medical costs that the rate filing/URRT data classifies as administrative expenses.

Beyond the Statutory versus GAAP differences, much of the amount is explainable through the differences in allocation methodology discussed below. The two allocation processes vary in the way they establish the data most appropriate for their intended use.

For the Additional Data Statement, expense and revenue amounts are converted from a GAAP accounting view to a Statutory accounting view, and this forms the basis for the costs in the Annual Statement. Annual Statement costs are shown grouped together into major categories, such as "Hospital/Medical Services" and "Other Professional Services". Then these results are multiplied by an additional allocation factor based on prior experience that distributes the expense by line of business. This represents a "top down" approach.

For the experience included in the rate filing, a highly granular, cost allocation approach is used. Each individual cost center is assigned an allocation rule that allocates the amounts not only between medical and administrative costs, but also across each member of the health plan. The expenses assigned to each member are then summarized up to the total for the line of business. This represents a "bottom-up" approach and is consistent with materials provided in previous Kaiser Permanente rate filings.

For the ADS, non-care delivery expenses are spread somewhat evenly across the lines of business whereas the allocation for rate filing data attempts to more accurately reflect the time and resources devoted to the Individual line of business. The individual line of business is relatively time consuming leading to higher than average expense loads.

4.2 Benefit Categories

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

Benefit Category	Services
Inpatient Hospital	Inpatient Facility, Inpatient Visits, Inpatient Surgery, Maternity
Outpatient Hospital	Outpatient Facility, Emergency/Urgent Care, Outpatient Surgery
Professional	Diagnostic Services, Office Visits, Cardiovascular, Dialysis, PT/OT/ST
Other Medical	Other Services
Capitation	None
Prescription Drug	Pharmacy

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4.3 Projection Factors

Changes in Morbidity of the Insured Population: The morbidity adjustment reflects the change in the expected health risk of the KFHP membership between the experience period and the single risk pool projection period, independent of underlying demographic changes. The overall morbidity is expected to increase as shown in Exhibit 8. Morbidity changes are expected to remain consistent across the statewide market, equally impacting both KFHP and the statewide market. The federal risk score model is based on a limited set of medical condition diagnosis, not actual claims costs, and as an integrated health care provider, a large portion of KFHP's expenses are the fixed costs associated with providing medical care through Kaiser owned facilities. Therefore, the projected costs are not directly correlated with the risk scores of the membership, nor do they necessarily change with fluctuations in risk scores.

Changes in morbidity can impact both utilization and cost trends, which are not separated out in this rate filing. There are other factors that can cause changes to utilization such as the introduction of new technologies and changes in induced utilization caused by plan design changes. No major medical care advancements are anticipated for 2026, and changes to plan designs are treated independently from changes in morbidity. See the Plan Design Changes section below.

Changes in Benefits: For the 2026 plan year all plans will see enhanced hearing benefits as well as artificial insemination benefits.

Plan Design Changes: In the absence of member cost sharing (100% of allowed claims are paid by the carrier), the member would have no financial incentive to refrain from service utilization. As member cost sharing for services increases, the propensity of any given member to utilize fewer and less costly services increases, leading to lower overall allowed claims. Each plan design has a plan specific utilization factor (Exhibit 23) which follow the mandated development methodology and represent the reduction in expected utilization and therefor allowed claims due to the member cost sharing. Many of the renewing plans have cost sharing changes for 2026 which generate different utilization factors when compared with the experience period plans. The net impact is reflected as the change in average utilization in Exhibit 10 and is necessary to put the projected allowed claims in terms of the 2026 plan portfolio. This is calculated by dividing the average utilization in the projection period, as determined by the pricing model described below under **AV Pricing Values**, by the experience period average utilization in Exhibit 10. This projected change in utilization assumes a consistent membership with no changes in morbidity or demographics, maintaining independence from those impacts.

Changes in Demographics: Base period claims experience is adjusted for the average mix of population by age in the experience period membership. The average age factor is developed by applying the standard HHS age curve (Exhibit 9) to the 2024 monthly membership. The same calculation is performed for the projected 2026 membership, which is based upon actual KFHP enrolled members as of March 2025. The projected allowed claims are then multiplied by the change in the average age factor between 2024 and 2026. The development of the average age factor is shown in Exhibit 9.

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The average mix of population by gender and region (Exhibit 11) is not anticipated to change between 2024 and 2026, making adjustments for these factors unnecessary.

For the 2026 plan year KFHP has decided to eliminate the tobacco user loads of prior plan years as shown in Exhibit 12.

COVID-19 Pandemic Adjustments: No adjustments to account for the COVID-19 pandemic have been used to project the experience period allowed claims to the projection period.

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

Trend Factors: The projected allowed claims trend factors are based on a mixture of expected expense trends, future fixed costs, and expected internalization of services (i.e., movement of medical care delivery from contracted external providers to our integrated delivery system). As an integrated health care provider, a large portion of KFHP's expenses are the fixed costs associated with providing medical care through Kaiser owned facilities. Therefore, the projected “claims” costs are based on the allocation of medical expenses that are included in our total revenue requirement, which is largely based on budgeting, and allocated based on utilization across all lines of business. For traditional carriers, projected claims trends are developed to project expected costs. However, given KFHP's fixed cost structure, KFHP's projected claims trends stem from the development of projected budgeted costs. For 2024 to 2026, our projected total annual medical expense trend for the ACA markets is shown in Exhibit 1, along with a comparison to the trend used in the prior rate filing. This trend has been developed with the cooperation of the KFHP finance and actuarial departments, including the opening actuary. KFHP does not project expense trends by major service category, but rather for the line of business. For use in the URRT, cost and utilization trends have been estimated by service category and balance back to the overall expense trend.

A historical trend exhibit is provided in Exhibit 14. This exhibit shows that allowed claims trends are down from 2023 to 2024 and are expected to remain similar through 2026. This historic trend study shows the allowed claims costs, utilization and service cost by URRT service category for the three years ending 2024. This is not representative of our expectations of the future claims costs due to the large changes that have occurred in the ACA market during this time frame, including but not limited to the COVID-19 pandemic and were not used in determining projected trend for the rate filing. The exhibit reflects that the KFHP rate filings are developed on an allowed basis.

The non-EHB Adult Vision allowed trends follow the Professional trends as established in Exhibit 14. The non-EHB Adult Vision utilization trends are assumed to be flat for members with access to the benefit and produce a non-zero trend when spread across all members.

The EHB Pediatric Dental allowed trends can be seen in Exhibit 28 and have been chosen to be similar to the total professional medical allowed trends. Dental faces many of the same cost and

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utilization pressures of medical. Despite the limited benefits of the EHB Pediatric Dental plan utilization is expected to increase as access to services has increased at KFHP clinics.

4.4 Credibility Manual Rate Development

Please see the **Credibility of Experience**, Section 4.5 below. KFHP considers the experience period data to be fully credible, and has not employed the use of additional, external claims data to develop a manual rate.

4.5 Credibility of Experience

KFHP evaluated the credibility of the experience period data through the guidelines established by HHS for use with Medicare. See Exhibit 34, the analysis indicates that the KFHP experience period member months is more than 200% the necessary to meet full credibility.

The Medicare credibility formula relies on a principle applicable to any insured block: that if each insured has an independent and identically distributed annual claims amount, then the sum of those claims amounts for a block of business approaches a normal probability function as the number of insureds increases (also known as the Central Limit Theorem). From this, the Medicare formula to determine credibility is calculated as the 95% probability that the observed mean claims amount is within +/-10% of the actual mean claims amount using a normal probability curve. We choose to apply the same principles in determining full credibility for this Individual rate filing.

4.6 Paid to Allowed Ratio

The projected 2026 paid to allowed ratio, see Exhibit 24, is calculated as the average AV Pricing Value. The average benefit relativity accounts for the projected member distribution across the available plans. The development of the benefit relativities is discussed under the **AV Pricing Values**, Section 7.2 later in this document. The same methodology is used to calculate the 2024 experience period paid to allowed ratio.

4.7 Risk Adjustment

Risk Adjustment: Final Risk Adjustment transfers are not yet available and are expected with the **Summary Report on Permanent Risk Adjustment Transfers for the 2024 Benefit Year** with an anticipated release by HHS in July 2025. Preliminary 2024 risk adjustment estimates are based on a market-wide study by Wakely. Note that the billable member months in that report are based on a formula that is slightly different from the one used in the rate filing, and therefore the member months shown do not exactly match Exhibit 7. Similarly, the Total Issuer Premium is a calculated field that represents the theoretical total premium that would be collected if all members paid their full premium cost. It is higher than the premiums shown in the rate filing, which are representative of actual dollars collected.

Experience Period Risk Adjustment and Reinsurance Adjustments PMPM

Risk Adjustment: Based on the Wakely study, KFHP expects a Risk Adjustment transfer for the 2024 benefit year as shown in Exhibit 17. This includes the metallic plans only as KFHP no longer offers a Catastrophic plan and has not been adjusted for fees or assessments.

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Reinsurance: The Federal Reinsurance program sunsetted at the end of the 2016 plan year. KFHP does not carry additional commercial reinsurance on this line of business.

Projected Risk Adjustments PMPM: See Exhibits 17 and 18. The HHS risk adjustment formula, as follows, was used to estimate the risk adjustment transfers for the projection period. Due to delays in HHS submissions and reporting, all experience period components of this formula have been estimated based on third party studies.

$$T = \left[\frac{PLRS \times IDF \times GCF}{\sum_i (s_i \times PLRS_i \times IDF_i \times GCF_i)} - \frac{AV \times ARF \times IDF \times GCF}{\sum_i (s_i \times AV_i \times ARF_i \times IDF_i \times GCF_i)} \right] \bar{P}$$

The market average risk based premium factor, $\sum_i (s_i \times PLRS_i \times IDF_i \times GCF_i)$, is trended forward to account for estimated impacts of HHS Risk Adjustment model. The trend applied to the market does not vary from the trend for KFHP.

The market average rating factor, $\sum_i (s_i \times AV_i \times ARF_i \times IDF_i \times GCF_i)$, is estimated to not change from the experience period to the projection period.

The market average premium (\bar{P}) is trended forward based on estimated 2025 and 2026 rate changes as provided by the Washington OIC and estimated membership distributions across the whole market. The projected market average premiums are projected to be higher than the average approved rate change in 2025 due to increased subsidies from the American Rescue Plan Act (ARPA) while the 2026 projected market average premiums are projected to be lower than the average filed rate change. Exhibit 19 shows historic filed, approved and actual premium rate changes between the plan years 2018 through 2024 which support market average premiums lower than filed or approved, but do not account for the ARPA.

Given the state of the market, the anticipated price and plan position and conditions within the Small Group and Large Group markets, KFHP anticipates the morbidity and risk scores within KFHP and the market will remain unchanged between the experience period and the projection period.

The KFHP non-risk based premium factor ($AV \times ARF \times IDF \times GCF$) is based on 2026 projected distribution by plan, and demographic (age) changes of the KFHP membership.

The development of these two KFHP factors is shown by metallic tier in Exhibit 18. Within each metallic tier, the IDF (Induced Demand Factor is fixed for each metallic tier), AV (Actuarial Value is fixed for each metallic tier) and GCF (Geographic Cost Factor is calculated at the market level for each geographic region) are not projected to change between 2024 and 2026.

The PLRS and ARF (Allowed Rating Factor is based on the average age of the membership) for each metallic tier are projected to change at uniform rates as shown in Exhibit 18. The projected changes in age of the members, Exhibit 9, also impacts the PLRS trending.

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Risk Adjustment Data Validation: Transfers due to RADV are not predictable or consistent and are considered non-repeatable one-time events when they do occur. No impact has been forecasted due to RADV transfers in prior years.

High-Cost Risk Pool: KFHP does not anticipate any receivables from the HCRP program for the projection year. Anticipated assessments are based on the 2024 results as published by HHS and KFHP projections as seen in Exhibit 17.

4.8 Non-Benefit Expenses and Profit & Risk

Administrative Expense Load: Administrative Expense includes broker commissions, medical management costs, and health plan operating expenses. See Std Exhibit 11 for the development of the administrative expenses. Additional support can be found in Exhibits 20 and 21.

Experience period administrative expenses turned out higher than projected in the 2024 rate filing due to inflation as well as increased member utilization of brokers.

Profit & Risk Margin: The 2026 plans are priced to provide a projected risk margin as shown in Std Exhibit 11, which is an increase from the projected 2025 margin, also shown in Std Exhibit 11. A positive projected risk margin has been maintained for 2026 and is necessary to maintain KFHP's viability in the market, while the precise value of the projected risk margin was chosen to achieve a desired rate change. Historically, KFHP has targeted a 3% risk margin, which matches the projected 2026 risk margin. The risk margin assumption is applied uniformly as a percentage of premiums across all plans represented by this filing.

The experience unpaid claims liability estimate does not include any margin and reflects our best estimates and no other rating assumptions include their own margin provisions.

The 2024 KFHP Risk Based Capital ratio as shown in Exhibit 33 is neither insufficient or excessive, so the capital and surplus are not considered in this filing. The rates as developed are intended to neither subsidize or be subsidized by any other line of business but rather be sufficient and sustainable on their own merit.

Taxes and Fees: Total retention has been adjusted to reflect the required taxes and fees that will apply in 2026 (Std Exhibit 11). Worksheet II of the URRT considers the Marketplace User Fee as an applicable tax and fee. Conversely, the Exchange User Fee, calculated in Exhibit 20, is applied in the development of the Market Adjusted Index Rate, where it is a market wide adjustment, and is not included in the administrative load when developing the Plan Adjusted Index Rates.

5 Projected Loss Ratio

The 2026 **Medical Loss Ratio (MLR)**, based on the federally prescribed methodology, is projected to be at least 80%. Exhibit 18 provides a demonstration of the MLR calculation based upon assumptions in this rate filing. The Federal MLR (ACA MLR) would be expected to be substantially higher than the standard loss ratio due to the allowed adjustments to both claims

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and premium in the federally prescribed methodology. A traditional loss ratio is the portion of premiums spent of claims costs. For the Federal MLR, claims are adjusted for both quality improvement costs and risk adjustment, while premium is reduced for taxes and fees.

Any prescription drug rebates and price concessions are included within the projected claims expenses. Expenses for services by outside providers are treated the same as expenses for internal providers. Wellness incentives are not part of the individual market for KFHP at this time and are therefore not accounted for in the forecasted MLR.

6 Application of Market Reform Rating Rules

6.1 Single Risk Pool

The projection period reflects the experience of policies that we anticipate will be enrolled in the Single Risk Pool. The Single Risk Pool reflects all covered lives for every non-grandfathered product/plan combination for KFHP in the Washington Individual market.

6.2 Index Rate

The Experience Period Index Rate and the Projected Index Rate (Index Rate) are shown in Exhibit 1. Covered benefits in excess of the EHBs are excluded.

The differences in the total allowed claims PMPM on Worksheet 1 of the URRT and the Index Rate is covered benefits in excess of essential health benefits, as described below as Non-EHBs.

6.3 Market Adjusted Index Rate

The Market Adjusted Index Rate for the projection period is shown in Exhibit 2. The calculation of the market adjusted index rate is the compilation of the Index Rate and the market-wide adjustments, which includes the projected Risk Adjustment transfers and Exchange fees (Marketplace User fee).

6.4 Plan Adjusted Index Rates

The Plan Adjusted Index Rates are calculated as the product of the Market Adjusted Index Rate, the plan specific AV Pricing Values (utilization and cost-sharing adjustment), the non-EHB Adjustments for covered benefits in excess of the EHB requirement, a Catastrophic Factor (Impact of Eligible Population) if applicable, and an adjustment for Administrative Expenses. The calculations are provided in Exhibit 5. A year-over-year comparison of key factors in the development of the Plan Adjusted Index Rate is found in Exhibit 31.

AV Pricing Value Adjustment: The development of the AV Pricing Values is discussed in Section 7.2. All plans vary from the Market Adjusted Index Rate based on differences in cost sharing and covered benefits. For the Silver On-Exchange plans, the CSR loading is accomplished through the AV Pricing Values. For plans offered Off-Exchange only, the pediatric dental EHB is a covered benefit.

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As seen below, the URRT rules require a different non-EHB adjustment than is used in the pricing development in Exhibit 5. The AV Pricing Values as used in the URRT have been adjusted to offset the changes in non-EHB adjustment and can be found in Exhibit 25.

Non-EHB Adjustment: An adjustment has been made to the base period allowed amount to remove the Non-EHB covered benefits from the base rates. This multiplier is calculated by summing the allowed amount for Non-EHB covered benefits in the base period and dividing by total allowed.

2026 plan specific multipliers are used to add back non-EHB covered benefits when calculating the Plan Adjusted Index Rate for each plan. For a subset of the 2026 benefit plans, Adult Vision will be a covered benefit provided in excess of the EHB requirement. See Exhibit 31. The non-EHB experience period utilization and unit costs have been trended to the projection period with the Professional trends developed in Exhibit 13. Utilization by plan of the non-EHB benefits is assumed the utilization pattern assumptions as shown in Exhibit 23. The paid-to-allowed ratio for the non-EHB benefits is assumed to be the same for the experience and projection periods. The non-EHB factor has changed from 2025 due to changes in projected allowed claims, both EHB and non-EHB.

The URRT rules require the non-EHB adjustment for On-Exchange plans to include \$1 pmpm for non-Hyde abortions, even if they are covered as a state EHB, and to be reflected on the URRT Page 2, Line 3.5 Benefits in Addition to EHB. The URRT Page 2, Line 3.5 is adjusted upward for On-Exchange plans to add the \$1 to the value of true non-EHB benefits, and the Line 3.3 AV and Cost Sharing Design of Plan is adjusted downward to create an overall neutral adjustment. The URRT Benefits in Addition to EHB factor development can be found in Exhibit 35-2 and the URRT AV and Cost Sharing Design of Plan adjustments can be found in Exhibit 25.

The differences between AV Pricing Values and Non-EHB Adjustments used in pricing development and the URRT cause a minor difference between the Plan Adjusted Index Rates as shown in the URRT and Exhibit 5. The Plan Adjusted Index Rates in Exhibit 5 are the basis for the rates in the Rate Schedule.

Catastrophic Factor: KFHP will not offer a Catastrophic plan for the 2026 plan year.

Administrative Expenses: Administrative expenses are applied uniformly to all plans, on and off the Exchange, in the calculation of the Plan Adjusted Index Rates as shown in Exhibit 21. Administrative expenses change year over year with changes in internal administrative costs, commissions and state and federal fees and taxes.

Provider Networks: All plans in this filing are serviced by the same provider network and utilization management practices, leading to no plan specific rating differences. Two networks are utilized for these plans: **Classic** serves all On-Exchange plans while **Classic Complete** serves the Off-Exchange plans and is identical to **Classic**, with the addition of dental providers in order to serve the Pediatric Dental benefits on the Off-Exchange plans.

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6.5 Calibration

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

Age Curve Calibration: The weighted average age, rounded to a whole number, for the projected single risk pool is shown on Exhibit 9.

The determination of the calibration factor is based upon the 2026 HHS Standard Age Curve and KFHP internal enrollment data for March 2025. A weighted average age factor is calculated as the product of the enrollment by age and the unadjusted HHS age factors. The Plan Adjusted Index Rates are then divided by this factor to adjust to an individual aged 21, for which the age factor is 1.00. The development of the average age factor is shown in Exhibit 9.

Geographic Factor Calibration: Plan Adjusted Index Rates reflect the anticipated geographic area mix, based on the distribution of members by geographic area. The geographic calibration factor is derived by applying 2026 projected member months to the geographic area factors. The Plan Adjusted Index Rates are then divided by the geographic calibration factor to adjust to an individual in Rating Area 3 (Clark County), where the geographic area factor is 1.00. The development of the geographic calibration factor is shown in Exhibit 11.

Tobacco Use Rating Factor Calibration: KFHP has eliminated the tobacco use factor for 2026.

6.6 Consumer Adjusted Premium Rate Development

Age Factors: The age factor table (Exhibit 6) used to develop age specific rates is consistent with the HHS Standard Age Curve.

Area Factors: Area adjustment factors are used to differentiate between the geographic locations of Clark and Cowlitz County. The factors are shown in Exhibit 7. Most services are provided by Kaiser Permanente facilities and providers. For those services for which non-Kaiser Permanente facilities and providers are contracted, as with other carriers, KFHP contracts vary. Provider contracts in Area 2 are less favorable than in Area 3.

The area factors are evaluated every year for significant changes in provider contracting and are based on corporate wide expected expense structures. Differences in area factors are not based on:

- (i) Health status of enrollees or the population in an area;
- (ii) Medical condition of enrollees or the population in an area, including physical, mental and behavioral health conditions;
- (iii) Claims experience;
- (iv) Health services utilization in the area;
- (v) Medical history of enrollees or the population in an area;
- (vi) Genetic information of enrollees or the population in an area;

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- (vii) Disability status of enrollees or the population in an area;
- (viii) Other evidence of insurability applicable in the area.

Summary Rate Calculation: **Illustrative Rate Calculation** provides a sample calculation of a Consumer Adjusted Premium Rate. Rates are charged for no more than the three oldest covered dependent children under age 21 when enrolled on a family plan.

7 Plan Product Information

7.1 AV Metal Values

The AV Metal Values for non-Cascade standard plans as used in Worksheet 2 of the URRT are entirely based on the final 2026 HHS-AVC. Many plans are considered Unique Plan Designs based on the instructions for the HHS-AVC. The Kaiser Permanente at Home™ program (Program) has \$0 cost share for services that would otherwise have fallen under the inpatient cost share. For single tier plans we used the Tier 2 in the HHS-AVC to reflect cost shares for the Program and the Tier 1 with standard inpatient cost shares. A 95% weight is used on Tier 1 and a 5% is used on Tier 2 providing a method consistent with 45 CFR §156.135(b)(2). The resulting AV Metal Values can be found in Exhibit 11 and **Actuarial Value Screen Shots.pdf**.

Other than the Cascade plans and H.S.A. compatible plans, all plans have copays on outpatient mental health office visits that match primary care office visit copays. Plans do not include mental health specific outpatient benefits that are considered non-office visits.

For the mandated standard plans, KP Cascade Complete Gold, KP Cascade Vital Gold, KP Cascade Silver and KP Cascade Bronze, AV Metal Values and Unique Plan Design certification have been provided by Wakely Consulting, by way of the **Washington Health Benefit Exchange (WAHBE)**, in accordance with 45 CFR §156.135(b)(3). See **Wakely - WAHBE 2026 Medical AV Certification.pdf**.

7.2 AV Pricing Values

The AV pricing values, see Exhibit 23, include plan specific adjustment factors for both utilization and effective plan design. The pricing AV's consist of multiple parts: paid to allowed value (AV Pricing Value AVPV) and utilization factor (Induced Demand Factor IDF) for each of EHB's covered by the HHS-AVC, EHB's not covered by the HHS-AVC and non-EHB's. Silver On-Exchange plans have an additional factor for CSR Loading.

For the EHB's covered by the HHS-AVC, there are new-for-2026 state mandates that for each plan the AVPV is within +/-2% of the HHS-AVC results, and the IDF is calculated from the paid to allowed factor using a prescribed formula:

$$IDF = ACPV^2 - AVPV + 1.24$$

KFHP has determined that the pricing model that has been in use for many rate development cycles cannot be forced into compliance with the +/-2% restriction in an actuarially sound method that is also compliant with federal single risk pool regulations. The model was used however to determine the directional differences with the HHS-AVC, and then offsets were defined by metal tier consistent with those directional differences between the rating model and the HHS-AVC.

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Paid and allowed values are developed by plan for the EHB's not covered by the HHS-AVC (Exhibit 28) and non-EHB's (Exhibit 27) and combined with the EHB's covered by the HHS-AVC values in Exhibits 23 and 24. The CSR Load, consistent with state mandate, is accounted for in Exhibit 23.

7.3 Membership Projections

The total membership projection for 2026 includes retention assumptions as shown in Exhibit 7 for the KFHP March 2025 ACA members enrolling on the 2026 plans.

The projected allocation of members by plan follows the emerging distribution of members for March 2025 with modifications to account for two new plans as well as implications of the increased CSR load and restrictions that will only allow 87% and 94% CSR members to enroll in Silver On-Exchange plans. Overall participation in the Individual market continues to be volatile, as price sensitivity and the weakening of the Individual Mandate continue to cause member movement between carriers as well as an overall reduction in market participation. The expiration of ARPA subsidies is heavily offset by increases in the CSR load, so KFHP is not projecting any market contraction for 2026.

7.4 Terminated Plans and Products

No plans are being discontinued for the 2026 plan year, and no discontinued plans are represented in the experience period data..

7.5 Plan Type

Only standard plan types have been used on Worksheet 2, Section 1 of the URRT.

7.6 Mental Health and Substance Use Disorder Parity

KFHP benefit plans are designed to meet all **Mental Health and Substance Use Disorder Parity (MH/SUD)** requirements. For all plans, member financial requirements for MH/SUD benefits are no more restrictive than for comparable **Medical and Surgical (Med/Surg)** benefits.

All KFHP plans operate with a single provider network, with emergency services available out of network in compliance with federal and state regulations.

The claims data utilized in the testing is based on the experience period claims expenses for this single risk pool and does not utilize additional data from other markets or books of business. The paid claims expenses plus member cost sharing is projected to the rating year consistent with the development of the projected allowed claims in the URRT. The projected allowed claims for each plan in the MHSUD Calculations document is consistent with the respective plan specific induced utilization and projected membership from Exhibit 23.

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8 Miscellaneous

8.1 Effective Rate Review Information

Additional information has been provided consistent with reviewer requests from prior filings.

8.2 Cascade Care Plans

The Cascade Care plan designs are controlled by WAHBE, and for many benefits the cost shares are not explicitly defined. KFHP has received approval from WAHBE to set the Hospice benefit at no cost sharing in order to be more consistent with KFHP standard practices.

8.3 Reliance

All data and assumptions were prepared by a team of KFHP employees which includes the certifying actuary, except for the following:

- The experience period claims, membership and premium data was extracted from databases developed and maintained by a KFHP data analysis team and reviewed for consistency and reasonableness by the certifying actuary.
- The total projected membership was provided by a KFHP Strategic Market Planning team. Membership breakdown forecast is projected by the certifying actuary.
- An automated process within the KFHP data warehouse assigned the benefit categories to claims as used in the URRT and Exhibits 9, 9-1 and 9-2.
- Federal AV's were developed using a model provided by HHS.
- Pricing AV's were partially developed using the Milliman Health Cost Guidelines pricing model, which has been reviewed for understanding and reasonableness. State mandate requires Pricing AV's be within +/-2% of Federal AV's which requires dependence on the HHS-AVC which does not reflect KFHP standard practices.
- Induced Demand Factors were developed using a state mandated formula and do not reflect KFHP standard practices.
- CSR Loads were set to 43.5% consistent with state mandate and does not reflect KFHP standard practices.
- For the mandated standard plans, KP Cascade Complete Gold, KP Cascade Vital Gold, KP Cascade Silver and KP Cascade Bronze, AV Metal Values and Unique Plan Design certification have been provided by Ksenia Whittall, FSA, MAAA of Wakely Consulting, by way of the Washington Health Benefit Exchange. Values and methodology were reviewed for reasonableness.

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8.4 Actuarial Certification

I, David Liebert, Senior Director, Actuarial Services for Kaiser Foundation Health Plan of the Northwest (KFHP) am a member in good standing of the American Academy of Actuaries. I meet the qualification standards for certifying Regulatory Filings for Rates and Financial Projections for Health Plans.

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

- The index rate is in compliance with all applicable Washington State and Federal Statutes and Regulations, including 45 CFR part 156, §156.80(d)(1) and 45 CFR part 147.102.
- The rating methodologies produce premiums that are reasonable in relation to benefits being provided and the populations being covered and are based on generally accepted actuarial rating principles for rating blocks of business and are neither excessive nor deficient.
- The index rate and only the allowable modifiers as described in 45 CFR part 156, §156.80(d)(1) and 45 CFR part 156, §156.80(d)(2) were used to generate plan level rates.
- The final 2026 HHS Actuarial Value Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans. For non-standard plans, all KFHP are either: 1) non-unique plan designs and AV Metal Values were determined with the 2026 HHS-AVC without adjustments, or 2) unique plan designs with adjustments to the plans designs entered in the 2026 HHS-AVC in compliance with 45 CFR §156.135(b)(2). See Section 7.1 of this document for further description of how these unique plan designs were entered into the 2026 HHS-AVC. AV Metal Values for standard plans were provided as documented in the Reliance section of this memorandum and have reviewed for reasonableness.
- The allocation of the essential health benefit portion of the premium amounts, including the total premium that represents essential health benefits included in Worksheet 2, Sections III and IV is appropriate for the calculation of advanced payment of premium tax credits (APTCs) and was calculated in accordance with Actuarial Standards of Practice.
- This filing is in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8.
- This filing is consistent with KFHP's internal business plans.
- The adjusted community rate charged can be reasonably expected to result in a loss ratio that meets or exceeds the loss ratio standard of eighty percent.
- The geographic rating factors reflect only differences in the costs of delivery (which can include unit cost and provider practice pattern differences) and do not include differences for population morbidity by geographic area.

All rates, calculations and values were developed accordance with generally accepted actuarial principles and methodologies and in accordance with the Code of Professional Conduct and the following Actuarial Standards of Practice:

**Kaiser Foundation Health Plan of the Northwest
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- ASOP No. 5, Incurred Health and Disability Claims
- ASOP No. 8, Regulatory Filings for Health Plan Entities
- ASOP No. 11, Financial Statement Treatment of Reinsurance Transactions Involving Life or Health Insurance
- ASOP No. 12, Risk Classification
- ASOP No. 23, Data Quality
- ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
- ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans
- ASOP No. 41, Actuarial Communications
- ASOP No. 45, The Use of Health Status Based Risk Adjustment Methodologies
- ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act
- ASOP No. 56, Modeling

This actuarial opinion is qualified such that the information contained within this filing reflects the Washington State and Federal statutes, rules, regulations and guidance as of May 12, 2025. Changes to the applicable regulations, including but not limited to changes to mandated benefits, Cost Share Reduction Subsidies, Advanced Premium Tax Credits, Risk Stabilization programs or the Individual Mandate could have a significant impact on rate development. Subsequent changes to these statutes, rules and regulations may make these rates deficient.

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



David Liebert, ASA, MAAA
Senior Director, Actuarial Services
Kaiser Foundation Health Plan of the Northwest
May 13, 2025

Kaiser Foundation Health Plan of the Northwest
State of Washington - 2026 Individual Medical Plans Rate Filing
Rates Effective January 1, 2026 - December 31, 2026

Part II - Written Description Justifying the Rate Increase

Scope and Range of the Rate Increase

The filed overall average premium rate change for January 1, 2026, is 11.36%. We have estimated that premium rate changes by member for those enrolled as of March 2025 will range between -3.56% and 26.91%, including the impact of benefit and cost sharing changes.

Key drivers of these rate increases are projected medical claims cost trends as mentioned below.

This average premium rate change does not indicate that every individual's rate will change by this amount, as premium rates are affected by the ages of those covered, family coverage, geographic area of residence, tobacco use, benefit plan and the original effective date of the policy for members on the plan less than twelve months at the time of renewal.

Summary of Historical Experience

Financial results for the experience periods of January 1, 2022 to December 31, 2024 were as follows:

	2024	2023	2022
Member Months	80,812	87,660	99,787
Earned Premium	\$54,986,655	\$54,086,166	\$57,220,435
Paid Claims	\$43,170,931	\$48,901,203	\$46,286,682
Beginning Claim Reserve	\$1,504,686	\$4,605,063	\$2,084,365
Ending Claim Reserve	\$979,000	\$1,504,686	\$4,605,063
Incurred Claims	\$42,645,246	\$45,800,825	\$48,807,381
Expenses	\$6,871,249	\$7,282,492	\$7,468,947
Gain/Loss	\$5,470,160	\$1,002,849	\$944,107
Loss Ratio Percentage	77.56%	84.68%	85.30%
Commercial Reinsurance	\$0	\$0	\$0
Risk Adjustment Transfer	-\$2,956,526	-\$5,382,915	-\$4,931,818
High Cost Risk Pool Assessment	-\$197,143	-\$197,143	-\$211,600
High Cost Risk Pool Transfer	\$147,856	\$0	\$0
Risk Adjustment Prior Year Transfers			
-RADV	\$971,111	-\$293,873	\$0
-General	\$2,157,326	-\$1,672,594	-\$486,984
Adjusted Gain/Loss	\$5,592,784	-\$6,543,676	-\$4,686,295
Adjusted Loss Ratio Percentage	77.33%	98.63%	95.14%
MLR Rebates	\$0	\$0	\$0

We estimate the following financial results for 2026 based on the requested average change:

Medical Claims	85.5% of projected revenue
Administrative Costs	8.9% of projected revenue
Taxes and Fees	2.6% of projected revenue
Margin	3.0% of projected revenue
Projected Member Months - 2026	84,000

Changes in Medical Claims Costs

We are projecting an annual increase in medical claims costs of 6.7%, based on our analysis of past medical cost trends for our Washington individual portfolio and consideration of other factors likely to affect future trend. This includes the impacts of both unit cost trends and utilization trends.

Recent historical trends in claims costs have reached as high as 17% year over year for the twenty four months ending December 2024. Claims cost trends are expected to reduce to 6.7% on an annual basis for the near future.

Administrative Costs and Anticipated Contribution to Surplus

We are assuming an annual increase in internal administrative costs of 3.3% based on our projected administrative costs for our Washington individual portfolio, driven by both inflation and the ever increasing administrative complexity of the individual market.

Taxes and fees are considered separately from internal administrative costs.

Changes in Benefits

All plans available in 2025 are renewing for 2026 and are doing so with enhanced hear and artificial insemination benefits.

Changes in Cost Sharing

Many plans have cost sharing changes, as listed on the next page, for 2026. Most plan changes have been made to adjust to changing medical costs and utilization Metal AV requirements.

Rate impacts vary from plan to plan, ranging from -2.55% to 0.30%.

2025 Plan Name	Cost Share Changes	2025 Cost Share	2026 Cost Share
KP WA Gold 0	Outpatient Surgery - Copay Outpatient Surgery is a single copay that covers both Outpatient Facility Fee and Outpatient Surgery Physician/Surgical Services	\$250	\$350
KP WA Gold 1750	Brand Rx - Copay	\$40	\$50
KP Cascade Gold	Deductible	\$600	\$1,000
KP WA Silver 750	Deductible Specialist Office Visit - Copay Physical, Occupational and Speech Therapy - Copay Emergency Room Services - Deductible Applies	\$750 \$60 \$60 No	\$1,000 \$65 \$65 Yes
KP Cascade Silver	Out of Pocket Maximum Primary Care Office Visit - Copay Mental/Behavioural Health Office Visit - Copay	\$9,200 \$30 \$30	\$9,750 \$20 \$20
KP Cascade Bronze	Out of Pocket Maximum Primary Care Office Visit - Copay Mental/Behavioural Health Office Visit - Copay	\$9,200 \$50 \$50	\$10,150 \$40 \$40
KP WA Gold 0 with Pediatric Dental	Outpatient Surgery - Copay Outpatient Surgery is a single copay that covers both Outpatient Facility Fee and Outpatient Surgery Physician/Surgical Services	\$250	\$350
KP WA Gold 1750 with Pediatric Dental	Brand Rx - Copay	\$40	\$50
KP WA Silver 750 with Pediatric Dental	Deductible Specialist Office Visit - Copay Physical, Occupational and Speech Therapy - Copay Emergency Room Services - Deductible Applies	\$750 \$60 \$60 No	\$1,000 \$65 \$65 Yes
KP WA Silver 4500 with Pediatric Dental	Deductible Out of Pocket Maximum Imaging (CT/PET Scans, MRIs) - Copay Emergency Room Services - Copay Generic Rx - Copay Brand Rx - Copay	\$4,500 \$8,850 \$350 \$350 \$25 \$65	\$5,500 \$9,500 \$400 \$400 \$30 \$75
KP WA Silver HSA 3300 with Pediatric Dental	Deductible Out of Pocket Maximum Generic Rx - Copay Brand Rx - Copay	\$3,300 \$6,900 \$15 \$55	\$3,600 \$7,900 \$20 \$65
KP WA Bronze 6000 with Pediatric Dental	Out of Pocket Maximum Specialist Office Visit - Copay Specialist Office Visit - Deductible Applies	\$8,550 \$100 Yes	\$8,900 \$125 No

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Exhibit 1
URRT Worksheet 1: Section I: Experience Period Data

		2024PMPM	2024 Totals	Source
1	(1) Experience Period Member Months	80,812	80,812	Exhibit 7
2	(2) Average Members	6,734	6,734	(1) / 12
3	(3) Earned Premium	\$680.43	\$54,986,655	Experience Period Data
4	(4) MLR Rebates Refunded	\$0.00	\$0	
5	(5) Risk Adjustment & HCRP	-\$37.20	-\$3,005,814	Exhibit 17
6	(6) Experience Period Premium	\$680.43	\$54,986,655	(3)
7	(7) Base Period Allowed	\$728.12	\$58,841,115	(9) - (8)
8	(8) IBNR	\$8.66	\$699,720	(9) x (12) / (13)
9	(9) Completed Allowed Claims	\$736.78	\$59,540,835	(9a) + (9b) + (9c)
9	(9a) Medical	\$732.85	\$59,223,411	(13a) / Exhibit 10
9	(9b) Pediatric Dental	\$2.11	\$170,712	Exhibit 28
9	(9c) Non-EHB Adult Vision	\$1.82	\$146,713	Exhibit 27
10	(10) Paid-to-Allowed Factor	0.716		Exhibit 10
11	(11) Incurred and Paid Claims*	\$521.51	\$42,144,082	Experience Period Data
12	(12) IBNR	\$6.20	\$501,164	(13) - (11)
13	(13) Completed Incurred Claims in Experience Period	\$527.71	\$42,645,246	Experience Period Data
13	(13a) Medical	\$524.71	\$42,403,110	(13) - (13b) - (13c)
13	(13b) Pediatric Dental	\$1.66	\$133,994	Exhibit 28
13	(13c) Non-EHB Vision	\$1.34	\$108,142	Exhibit 27
14	(14) Administration	\$42.06	\$3,398,556	Experience Period Data
15	(15) Commissions	\$7.40	\$597,770	Experience Period Data
16	(16) Medical Management	\$14.09	\$1,138,842	Experience Period Data
17	(17) PCORI	\$0.26	\$20,866	Experience Period Data
18	(18) ACA Health Insurer Tax	\$0.00	\$0	Experience Period Data
19	(19) Exchange Fees	\$4.36	\$352,585	Experience Period Data
20	(20) State Premium Tax	\$13.61	\$1,099,733	(6) x 0.02
21	(21) WSHIP	\$0.13	\$10,102	Experience Period Data
22	(22) Risk Adjustment User Fee	\$0.21	\$16,971	Experience Period Data
23	(23) WA Regulatory Surcharge	\$0.53	\$42,758	Experience Period Data
24	(24) WA Fraud Surcharge	\$0.03	\$2,310	Experience Period Data
25	(25) Quality Assurance	\$2.33	\$188,333	Experience Period Data
26	(26) Total non-Claims Expenses	\$85.00	\$6,868,824	Sum[(14) - (25)]
27	(27) High Cost Risk Pool assessment and receivable	\$0.60	\$48,577	Exhibit 17
28	(28) Total non-Claims Expenses (WAC 284-43-6660)	\$85.60	\$6,917,402	Sum[(26) - (27)]
		Internal	External	
29	(29) Incurred and Paid Claims	\$360.81	\$160.69	
30	(30) Allowed Claims	\$503.76	\$224.36	
31	(31) IBNR	\$5.99	\$2.67	
32	(32) Completed Allowed Claims	\$509.75	\$227.03	

* Data submissions to the Edge Server indicate KFHP will not receive any reimbursements through High Cost Risk Pooling.

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Exhibit 2
URRT Worksheet 1: Section II: Projections

	2026	2025	Source
(1) Base Period Allowed with IBNR	\$736.78	\$783.72	Exhibit 1 - (9)
(2a) Non-EHB Adult Vision Exams	\$1.82	\$1.47	Exhibit 1 - (9c)
(3) Experience Period Index Rate	\$734.97	\$782.25	
(3a) Inpatient Hospital	\$102.66	\$137.43	Exhibit 14
(3b) Outpatient Hospital	\$138.97	\$125.01	Exhibit 14
(3c) Professional	\$376.58	\$397.31	Exhibit 14
(3d) Other Medical	\$18.51	\$20.34	Exhibit 14
(3e) Capitation	\$0.00	\$0.00	Exhibit 14
(3f) Prescription Drug	\$98.25	\$102.16	Exhibit 14
(4) Year 1 & 2 Trend (EHB only)	6.66%	3.96%	See Memorandum
(5) Months of Trend	24	24	
(6) Trend Factor	1.138	1.081	(7) / (3)
(7) Trended EHB Allowed Claims	\$836.07	\$845.39	sum [(7a) : (7f)]
(7a) Inpatient Hospital	\$132.09	\$153.47	URRT WS 1
(7b) Outpatient Hospital	\$140.76	\$137.44	URRT WS 1
(7c) Professional	\$442.04	\$439.15	URRT WS 1
(7d) Other Medical	\$20.19	\$21.19	URRT WS 1
(7e) Capitation	\$0.00	\$0.00	URRT WS 1
(7f) Prescription Drug	\$100.99	\$94.13	URRT WS 1
(8) Morbidity Adjustment	1.030	1.000	Exhibit 8
(9) Demographic Shift	1.000	1.001	Exhibit 9 - (4)
(10) Plan Design Changes	1.002	1.005	Exhibit 10 - C
(11) Other	1.000	1.000	
(12) Projected Index Rate	\$862.84	\$850.34	(7) x (8) x (9) x (10) x (11)
(13) Reinsurance	\$0.00	\$0.00	
(14) Risk Adjustment Payment/Charge	-\$41.39	-\$74.81	Exhibit 17 - (4) + (12)
(15) Exchange User Fees	\$4.97	\$5.59	Exhibit 20 - (25)
(15a) Exchange User Fees (%)	0.55%	0.60%	(15) / (16)
(16) Market Adjusted Index Rate	\$909.20	\$930.75	(12) + (13) - (14) + (15)
(17) Projected Non-EHB Adult Vision	\$1.95	\$1.43	Exhibit 27
(17a) Applicable Plans Only	\$5.76	\$4.69	Exhibit 27

Experience Periods are 2023 for the 2025 development and 2024 for the 2026 development.

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Exhibit 3
URRT Worksheet 2: Section I: General Product and Plan Information

								Exhibit 5 - (O)
	Plan ID	Plan Name	Metal	AV Metal Value	Plan Category	Plan Type	Exchange Plan?	Cumulative Rate Change %*
1	23371WA1760003	KP WA Gold 0	Gold	81.91%	Renewing	EPO	Yes	2.24%
2	23371WA1760001	KP WA Gold 1750	Gold	79.01%	Renewing	EPO	Yes	5.13%
3	23371WA1940001	KP Cascade Complete Gold	Gold	81.81%	Renewing	EPO	Yes	-3.56%
4	23371WA1760002	KP WA Silver 1000	Silver	71.92%	Renewing	EPO	Yes	26.91%
5	23371WA1940002	KP Cascade Silver	Silver	71.84%	Renewing	EPO	Yes	23.48%
6	23371WA1780003	KP WA Bronze 9100	Bronze	63.86%	Renewing	EPO	Yes	14.57%
7	23371WA1780004	KP WA Bronze HSA 7100	Bronze	64.97%	Renewing	EPO	Yes	12.99%
8	23371WA1940003	KP Cascade Bronze	Bronze	64.97%	Renewing	EPO	Yes	13.69%
9	23371WA1770003	KP WA Gold 0 with Pediatric Dental	Gold	81.91%	Renewing	EPO	No	2.13%
10	23371WA1770001	KP WA Gold 1750 with Pediatric Dental	Gold	79.01%	Renewing	EPO	No	5.00%
11	23371WA1770002	KP WA Silver 1000 with Pediatric Dental	Silver	71.92%	Renewing	EPO	No	1.91%
12	23371WA1790001	KP WA Silver 5500 with Pediatric Dental	Silver	68.22%	Renewing	EPO	No	6.42%
13	23371WA1790004	KP WA Silver HSA 3600 with Pediatric Dental	Silver	69.12%	Renewing	EPO	No	6.54%
14	23371WA1790002	KP WA Bronze 6000 with Pediatric Dental	Bronze	64.10%	Renewing	EPO	No	10.95%
15	23371WA1790003	KP WA Bronze 9100 with Pediatric Dental	Bronze	63.86%	Renewing	EPO	No	14.42%
16	23371WA1790005	KP WA Bronze HSA 7100 with Pediatric Dental	Bronze	64.97%	Renewing	EPO	No	12.85%
17	23371WA1790006	KP WA Gold HSA 2100 with Pediatric Dental	Gold	78.07%	New	EPO	No	0.00%
18	23371WA1940004	KP Cascade Vital Gold	Gold	78.06%	New	EPO	Yes	0.00%

*Average Rate Change for 2025 based on March 2024 enrollment

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Exhibit 4
URRT Worksheet 2: Section II: Experience Period and Current Plan Level Information

			(A)	(B)	(C)	(D)	(F)	(G)	(H)	(I)	(J)	(K)
Plan	HIOS ID	Name	Allowed Claims	Reinsurance	Member Cost Sharing	Cost Sharing Reduction	Incurred Claims	Risk Adjustment Transfer Amount & High Cost Risk Pooling	Premium	Experience Period Member Months	Current Enrollment	Current Premium PMPM
1	23371WA1760003	KP WA Gold 0	\$3,914,410	\$0	\$937,710	\$0	\$2,976,699	\$833,114	\$4,385,394	5,403	465	\$855.27
2	23371WA1760001	KP WA Gold 1750	\$4,006,465	\$0	\$1,120,088	\$0	\$2,886,377	\$839,899	\$4,055,510	5,447	436	\$792.86
3	23371WA1940001	KP Cascade Complete Gold	\$4,899,705	\$0	\$1,007,913	\$0	\$3,891,792	\$759,718	\$4,243,034	4,927	509	\$899.94
4	23371WA1760002	KP WA Silver 1000	\$7,083,841	\$0	\$1,526,625	\$0	\$5,557,215	\$340,447	\$4,469,087	5,674	423	\$835.76
5	23371WA1940002	KP Cascade Silver	\$8,683,351	\$0	\$1,706,754	\$0	\$6,976,596	\$622,273	\$8,386,890	10,371	865	\$854.93
6	23371WA1780003	KP WA Bronze 9100	\$2,215,339	\$0	\$877,993	\$0	\$1,337,346	-\$1,237,372	\$3,131,781	5,775	431	\$597.99
7	23371WA1780004	KP WA Bronze HSA 7100	\$3,390,682	\$0	\$1,289,915	\$0	\$2,100,768	-\$1,459,135	\$3,831,475	6,810	535	\$617.51
8	23371WA1940003	KP Cascade Bronze	\$8,272,505	\$0	\$3,187,301	\$0	\$5,085,204	-\$3,328,585	\$8,679,373	15,535	1,457	\$613.66
9	23371WA1770003	KP WA Gold 0 with Pediatric Dental	\$5,418,498	\$0	\$1,292,188	\$0	\$4,126,310	\$626,493	\$3,329,677	4,063	441	\$864.12
10	23371WA1770001	KP WA Gold 1750 with Pediatric Dental	\$2,488,791	\$0	\$692,299	\$0	\$1,796,493	\$355,265	\$1,732,940	2,304	198	\$801.44
11	23371WA1770002	KP WA Silver 1000 with Pediatric Dental	\$1,730,377	\$0	\$525,837	\$0	\$1,204,540	\$150,423	\$1,766,526	2,507	232	\$756.41
12	23371WA1790001	KP WA Silver 5500 with Pediatric Dental	\$2,247,509	\$0	\$798,584	\$0	\$1,448,925	\$182,164	\$1,868,541	3,036	260	\$679.04
13	23371WA1790004	KP WA Silver HSA 3600 with Pediatric Dental	\$1,114,956	\$0	\$378,529	\$0	\$736,426	\$50,161	\$532,615	836	76	\$688.31
14	23371WA1790002	KP WA Bronze 6000 with Pediatric Dental	\$1,089,884	\$0	\$410,413	\$0	\$679,470	-\$513,804	\$1,369,545	2,398	193	\$626.82
15	23371WA1790003	KP WA Bronze 9100 with Pediatric Dental	\$933,981	\$0	\$367,945	\$0	\$566,035	-\$585,797	\$1,500,806	2,734	241	\$605.48
16	23371WA1790005	KP WA Bronze HSA 7100 with Pediatric Dental	\$2,050,543	\$0	\$775,493	\$0	\$1,275,050	-\$641,077	\$1,703,462	2,992	238	\$625.09
17	23371WA1790006	KP WA Gold HSA 2100 with Pediatric Dental	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00
18	23371WA1940004	KP Cascade Vital Gold	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00

Total Value - Experience Period	\$59,540,835	\$0	\$16,895,589	\$0	\$42,645,246	-\$3,005,814	\$54,986,655	80,812	7,000	\$61,637,784
PMPM Value - Experience Period	\$736.78	\$0.00	\$209.07	\$0.00	\$527.71	-\$37.20	\$680.43			\$733.78

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Exhibit 5
URRT Worksheet 2: Section III: Plan Adjustment Factors

		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)	(X)
		Exhibit 2 - (16)	Exhibit 25 - (B)	Exhibit 25 (C)	(A) x (B) x (C)	Exhibit 21 - (G)	Exhibit 21 - (H)	Exhibit 21 - (D)	(D) / (1 - (E) - (F) - (G))	Exhibit 9	Exhibit 11	Exhibit 12	(H) x (I) x (J) x (K)	URRT		(L) / (N) - 1	Exhibit 7	(C) x (H) / (D)	(H) / (A)	Exhibit 26	Exhibit 25	(L) - (M)	URRT Line 3.10	URRT Line 4.17	(S) x (T)
Plan	WQS ID Name	Market Adjusted Index Rate (MAIR)	Pricing AV EHB only	Benefits in Addition to EHB (does not include non-Hyde abortion)	Projected Plan Paid Claims, Risk Adjustment and Exchange Fees ¹	Admin Expense (URRT)	Taxes and Fees (URRT)	Profit & Risk Load (URRT)	Plan Adjusted Index Rate (PAIR)	Age Curve Calibration ²	Geographic Calibration Factor	Tobacco Calibration Factor	Calibrated Plan Adjusted Index Rate (Base Rate) ³	Calibrated Plan Adjusted Index Rate (URRT)	Prior Year Calibrated Plan Adjusted Index Rate ⁴	Rate Change ⁵	Projected Member Months	Non-EHB Impact on Plan Adjusted Index Rate	PAIR / MAIR	Benefits in Addition to EHB (URRT)	AV and Cost Sharing Design of Plan (URRT)	Variance: Base Rate vs URRT (PAIR)	Plan Adjusted Index Rate (URRT) ⁷	Premium PMPM	Paid to MAIR Ratio (URRT)
1	23371WA1760003 KP WA Gold 0	\$909.20	0.8291	1.0064	\$758.63	0.0808	0.0216	0.0300	\$874.40	0.5580	0.9911	1.0000	\$483.53	\$483.53	\$472.95	2.24%	7,980	\$1.16	0.962	1.0075	0.8281	\$0.00	\$874.40	\$874.40	0.8344
2	23371WA1760001 KP WA Gold 1750	\$909.20	0.7868	1.0062	\$719.81	0.0848	0.0216	0.0300	\$833.50	0.5580	0.9911	1.0000	\$460.92	\$460.92	\$438.44	5.13%	7,632	\$1.17	0.917	1.0074	0.7859	\$0.00	\$833.50	\$833.50	0.7917
3	23371WA1940001 KP Cascade Complete Gold	\$909.20	0.8276	1.0000	\$752.50	0.0814	0.0216	0.0300	\$867.94	0.5580	0.9911	1.0000	\$479.96	\$479.96	\$497.65	-3.56%	7,548	\$1.15	0.955	1.0012	0.8267	\$0.00	\$867.94	\$867.94	0.8276
4	23371WA1760002 KP WA Silver 1000	\$909.20	1.0252	1.0036	\$935.44	0.0666	0.0215	0.0300	\$1,060.67	0.5580	0.9911	1.0000	\$586.54	\$586.54	\$462.17	26.91%	2,436	\$1.14	1.167	1.0045	1.0242	\$0.00	\$1,060.67	\$1,060.67	1.0289
5	23371WA1940002 KP Cascade Silver	\$909.20	1.0236	1.0000	\$930.70	0.0669	0.0215	0.0300	\$1,055.68	0.5580	0.9911	1.0000	\$583.78	\$583.78	\$472.77	23.48%	5,580	\$1.13	1.161	1.0099	1.0227	\$0.00	\$1,055.68	\$1,055.68	1.0236
6	23371WA1780003 KP WA Bronze 9100	\$909.20	0.6368	1.0000	\$578.96	0.1031	0.0218	0.0300	\$685.11	0.5580	0.9911	1.0000	\$378.86	\$378.86	\$330.68	14.57%	5,172	\$1.18	0.754	1.0015	0.6358	\$0.00	\$685.11	\$685.11	0.6368
7	23371WA1780004 KP WA Bronze HSA 7100	\$909.20	0.6499	1.0000	\$590.93	0.1013	0.0218	0.0300	\$697.72	0.5580	0.9911	1.0000	\$385.83	\$385.83	\$341.47	12.99%	6,420	\$1.18	0.767	1.0014	0.6490	\$0.00	\$697.72	\$697.72	0.6499
8	23371WA1940003 KP Cascade Bronze	\$909.20	0.6499	1.0000	\$590.89	0.1013	0.0218	0.0300	\$697.68	0.5580	0.9911	1.0000	\$385.81	\$385.81	\$339.35	13.69%	17,484	\$1.18	0.767	1.0014	0.6490	\$0.00	\$697.68	\$697.68	0.6499
9	23371WA1770003 KP WA Gold 0 with Pediatric Dental	\$909.20	0.8376	1.0063	\$766.38	0.0801	0.0216	0.0300	\$882.56	0.5580	0.9911	1.0000	\$488.05	\$488.05	\$477.85	2.13%	5,292	\$1.16	0.971	1.0063	0.8376	\$0.00	\$882.56	\$882.56	0.8429
10	23371WA1770001 KP WA Gold 1750 with Pediatric Dental	\$909.20	0.7952	1.0061	\$727.44	0.0840	0.0216	0.0300	\$841.54	0.5580	0.9911	1.0000	\$465.36	\$465.36	\$443.18	5.00%	2,376	\$1.16	0.926	1.0061	0.7952	\$0.00	\$841.54	\$841.54	0.8001
11	23371WA1770002 KP WA Silver 1000 with Pediatric Dental	\$909.20	0.7226	1.0051	\$660.32	0.0917	0.0217	0.0300	\$770.83	0.5580	0.9911	1.0000	\$426.26	\$426.26	\$418.28	1.91%	2,784	\$1.17	0.848	1.0051	0.7226	\$0.00	\$770.83	\$770.83	0.7263
12	23371WA1790001 KP WA Silver 5500 with Pediatric Dental	\$909.20	0.6759	1.0000	\$614.57	0.0978	0.0218	0.0300	\$722.63	0.5580	0.9911	1.0000	\$399.61	\$399.61	\$375.50	6.42%	3,120	\$1.18	0.795	1.0000	0.6759	\$0.00	\$722.63	\$722.63	0.6759
13	23371WA1790004 KP WA Silver HSA 3600 with Pediatric Dental	\$909.20	0.6871	1.0000	\$624.70	0.0964	0.0217	0.0300	\$733.30	0.5580	0.9911	1.0000	\$405.50	\$405.50	\$380.63	6.54%	732	\$1.17	0.807	1.0000	0.6871	\$0.00	\$733.30	\$733.30	0.6871
14	23371WA1790002 KP WA Bronze 6000 with Pediatric Dental	\$909.20	0.6476	1.0000	\$588.79	0.1016	0.0218	0.0300	\$695.47	0.5580	0.9911	1.0000	\$384.58	\$384.58	\$346.63	10.95%	2,316	\$1.18	0.765	1.0000	0.6476	\$0.00	\$695.47	\$695.47	0.6476
15	23371WA1790003 KP WA Bronze 9100 with Pediatric Dental	\$909.20	0.6448	1.0000	\$586.23	0.1020	0.0218	0.0300	\$692.77	0.5580	0.9911	1.0000	\$383.09	\$383.09	\$334.82	14.42%	2,892	\$1.18	0.762	1.0000	0.6448	\$0.00	\$692.77	\$692.77	0.6448
16	23371WA1790005 KP WA Bronze HSA 7100 with Pediatric Dental	\$909.20	0.6580	1.0000	\$598.23	0.1002	0.0218	0.0300	\$705.41	0.5580	0.9911	1.0000	\$390.08	\$390.08	\$345.66	12.85%	2,856	\$1.18	0.776	1.0000	0.6580	\$0.00	\$705.41	\$705.41	0.6580
17	23371WA1790006 KP WA Gold HSA 2100 with Pediatric Dental	\$909.20	0.7820	1.0000	\$710.97	0.0857	0.0216	0.0300	\$824.18	0.5580	0.9911	1.0000	\$455.76	\$455.76		0.00%	180	\$1.16	0.906	1.0000	0.7820	\$0.00	\$824.18	\$824.18	0.7820
18	23371WA1940004 KP Cascade Vital Gold	\$909.20	0.7734	1.0000	\$703.22	0.0866	0.0216	0.0300	\$816.02	0.5580	0.9911	1.0000	\$451.25	\$451.25		0.00%	1,200	\$1.16	0.898	1.0012	0.7725	\$0.00	\$816.02	\$816.02	0.7734
Average Value – 2026		\$909.20	0.7530	1.0020	\$685.18	0.0887	0.0217	0.0300	\$797.02	0.5580	0.9911	1.0000	\$440.74	\$440.74	\$397.99	11.36%	84,000	\$1.17	0.877	1.0029	0.7513	\$0.00	\$797.02	\$797.02	0.7536
Average Value – 2025		\$930.75	0.6865	\$1.00	\$639.93	0.0934	0.0218	0.0316	\$732.83	0.5592	0.9911	0.9953	\$403.38	\$403.38	\$368.43	9.87%	79,356	\$1.15	0.787	1.0024	0.6858	\$0.00	\$732.83	\$732.83	0.6875
Average Value – 2024		\$843.60	0.6825	\$0.91	\$576.66	0.0938	0.0223	0.0260	\$672.13	0.5549	0.9911	0.9953	\$367.16	\$367.16	\$342.65	7.29%	90,036	\$1.06	0.797	1.0025	0.6817	0.000	\$672.13	\$672.13	
Average Value – 2023		\$787.88	0.6776	\$0.99	\$534.84	0.1000	0.0224	0.0109	\$617.10	0.5572	0.9911	0.9953	\$338.51	\$338.51	\$321.62	5.22%	96,324	\$1.14	0.783	1.0028	0.6768	0.00	\$617.11	\$617.10	
Average Value – 2022		\$735.84	0.6686	2.471	\$494.49	0.1083	0.0227	0.0128	\$577.54	0.5587	0.9912	0.9953	\$317.69	\$317.69	\$314.68	0.96%	144,336	\$2.89	0.785	1.0056	0.6678	0.00	\$577.54	\$577.54	

¹ Includes an average of \$3.74 for Exchange Fees and \$31.12 for Risk Adjustment and HCRP

² Average Age of 50 years old

³ Calibrated Plan Adjusted Index Rates for On-Exchange plans will not match the URRT due to the inclusion of \$1pmpm in the non-EHB factor on the URRT to account for non-Hyde abortion funding. Differences are minor and due to CMS required rounding in the URRT.

⁴ Average Calibrated Plan Adjusted Index Rate based on projection year membership.

⁵ Average Rate Change for 2025 based on March 2024 enrollment

⁶ Differences in the URRT PAIR and Premium PMPM are a result of rounding while accounting for non-Hyde abortion funding for On-Exchange plans. See footnote³ above.

⁷ If applicable, Calibrated Plan Adjusted Index Rate for terminated plans are equal to the mapped renewing plans as specified in Exhibit 23

Exhibit 6
URRT Worksheet 2: Section IV: Projected Plan Level Information

Assuming CSR Program were Fully Funded										
4	23371WA1760002	KP WA Silver 1000	\$2,101,460	\$0	-\$61,483	\$378,229	\$1,784,715	\$161,410	\$2,583,803	2,436
5	23371WA1940002	KP Cascade Silver	\$4,780,750	\$0	-\$147,744	\$861,835	\$4,066,659	\$369,733	\$5,890,714	5,580

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Exhibit 7
Membership

		(A)	(B)	(F)	(G)	
		Input 2024	Input	Input	(F) x 12	
HIOS ID	2025 Plan	Members	2025 March	Average	2026 Member	2026 Plan
		Months	Members	Members	Months	
23371WA1760003	KP WA Gold 0	5,403	465	665	7,980	KP WA Gold 0
23371WA1760001	KP WA Gold 1750	5,447	436	636	7,632	KP WA Gold 1750
23371WA1940001	KP Cascade Gold	4,927	509	629	7,548	KP Cascade Complete Gold
23371WA1760002	KP WA Silver 750	5,674	423	203	2,436	KP WA Silver 1000
23371WA1940002	KP Cascade Silver	10,371	865	465	5,580	KP Cascade Silver
23371WA1780003	KP WA Bronze 9100	5,775	431	431	5,172	KP WA Bronze 9100
23371WA1780004	KP WA Bronze HSA 7100	6,810	535	535	6,420	KP WA Bronze HSA 7100
23371WA1940003	KP Cascade Bronze	15,535	1,457	1,457	17,484	KP Cascade Bronze
23371WA1770003	KP WA Gold 0 with Pediatric Dental	4,063	441	441	5,292	KP WA Gold 0 with Pediatric Dental
23371WA1770001	KP WA Gold 1750 with Pediatric Dental	2,304	198	198	2,376	KP WA Gold 1750 with Pediatric Dental
23371WA1770002	KP WA Silver 750 with Pediatric Dental	2,507	232	232	2,784	KP WA Silver 1000 with Pediatric Dental
23371WA1790001	KP WA Silver 4500 with Pediatric Dental	3,036	260	260	3,120	KP WA Silver 5500 with Pediatric Dental
23371WA1790004	KP WA Silver HSA 3300 with Pediatric Dental	836	76	61	732	KP WA Silver HSA 3600 with Pediatric Dental
23371WA1790002	KP WA Bronze 6000 with Pediatric Dental	2,398	193	193	2,316	KP WA Bronze 6000 with Pediatric Dental
23371WA1790003	KP WA Bronze 9100 with Pediatric Dental	2,734	241	241	2,892	KP WA Bronze 9100 with Pediatric Dental
23371WA1790005	KP WA Bronze HSA 7100 with Pediatric Dental	2,992	238	238	2,856	KP WA Bronze HSA 7100 with Pediatric Dental
23371WA1790006			0	15	180	KP WA Gold HSA 2100 with Pediatric Dental
23371WA1940004			0	100	1,200	KP Cascade Vital Gold
On Exchange		59,942	5,121	5,121	61,452	
Off Exchange		20,870	1,879	1,879	22,548	
Gold		22,144	2,049	2,684	32,208	
Silver		22,424	1,856	1,221	14,652	
Bronze		36,244	3,095	3,095	37,140	
Total		80,812	7,000	7,000	84,000	

Projected Membership from 1332 Waiver (Cascade Silver and Cascade Gold only): **0.20%**

Total: **14**

KP Cascade Complete Gold **10**

KP Cascade Vital Gold **4**

KP Cascade Silver **0**

	Experience	Projection
	Period	Period
Cost Share Reduction Variant - Silver Tier	March 2025	
	Distribution	Distribution
Base Silver - On Exchange Only	14.8%	0.0%
73% CSR	9.2%	0.0%
87% CSR	52.6%	50.0%
94% CSR	23.4%	50.0%
100%	0.0%	0.0%
Total	100.0%	100.0%

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**Exhibit 8
Morbidity Adjustment and PLRS Trends**

Morbidity of projected Non-Grandfathered KFHP members relative to the experience period.

		Member Months	Relative Morbidity
1	(1) Experience Period Single Risk Pool	80,812	1.000
2	(2) Projection Period Single Risk Pool	84,000	1.030
3	(3) Adjustment for change in risk in KFHP membership [(2) / (1)]		1.030

PLRS Trend for Experience Period Members continuing to Projection Period

4	(4) Morbidity Trend	1.030	(3)
5	(5) Demographic Trend	1.000	Exhibit 9 - (4)
6	(6) Total PLRS Trend	1.030	(4) x (5)
7	(7) Annual PLRS Trend	1.015	(6)^0.5

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**Exhibit 9
Demographic Adjustment Factor and Family Structure Factor**

	(A)	(B)	(C)	(D)	(E)	(F)	(G)
	Membership Distribution						
	Age	HHS Factor	Experience Period	Experience Period Non-Billable	Projection Period	Projection Period with Non-Billable Children	Experience Period Member Months
1	(1)	Non-Billable	0.000	0.9%	0.9%	0.9%	
	0-14	0.765	7.9%	7.0%	7.6%	6.7%	6,369
	15	0.833	0.8%	0.8%	0.6%	0.6%	676
	16	0.859	0.7%	0.7%	0.8%	0.8%	536
	17	0.885	0.7%	0.7%	0.8%	0.8%	606
	18	0.913	0.8%	0.8%	0.7%	0.7%	666
	19	0.941	0.9%	0.9%	1.0%	1.0%	746
	20	0.970	0.9%	0.9%	1.0%	1.0%	762
	21	1.000	0.9%	0.9%	1.0%	1.0%	713
	22	1.000	0.9%	0.9%	0.8%	0.8%	732
	23	1.000	0.9%	0.9%	0.9%	0.9%	760
	24	1.000	0.7%	0.7%	1.0%	1.0%	592
	25	1.004	1.2%	1.2%	0.8%	0.8%	960
	26	1.024	1.2%	1.2%	1.4%	1.4%	985
	27	1.048	1.1%	1.1%	1.4%	1.4%	913
	28	1.087	1.5%	1.5%	1.5%	1.5%	1,212
	29	1.119	1.5%	1.5%	1.4%	1.4%	1,225
	30	1.135	1.3%	1.3%	1.4%	1.4%	1,012
	31	1.159	1.3%	1.3%	1.4%	1.4%	1,084
	32	1.183	1.4%	1.4%	1.3%	1.3%	1,113
	33	1.198	1.3%	1.3%	1.4%	1.4%	1,068
	34	1.214	1.5%	1.5%	1.4%	1.4%	1,209
	35	1.222	1.6%	1.6%	1.6%	1.6%	1,267
	36	1.230	1.8%	1.8%	1.7%	1.7%	1,434
	37	1.238	1.4%	1.4%	2.0%	2.0%	1,146
	38	1.246	1.7%	1.7%	1.4%	1.4%	1,399
	39	1.262	1.5%	1.5%	1.7%	1.7%	1,188
	40	1.278	1.5%	1.5%	1.4%	1.4%	1,227
	41	1.302	1.6%	1.6%	1.7%	1.7%	1,273
	42	1.325	1.7%	1.7%	1.6%	1.6%	1,359
	43	1.357	1.5%	1.5%	1.8%	1.8%	1,228
	44	1.397	1.7%	1.7%	1.6%	1.6%	1,382
	45	1.444	1.6%	1.6%	1.9%	1.9%	1,294
	46	1.500	1.7%	1.7%	1.6%	1.6%	1,399
	47	1.563	1.6%	1.6%	2.0%	2.0%	1,260
	48	1.635	1.7%	1.7%	1.5%	1.5%	1,404
	49	1.706	1.7%	1.7%	1.6%	1.6%	1,380
	50	1.786	1.4%	1.4%	1.8%	1.8%	1,110
	51	1.865	2.1%	2.1%	1.3%	1.3%	1,693
	52	1.952	1.9%	1.9%	2.2%	2.2%	1,556
	53	2.040	2.4%	2.4%	1.9%	1.9%	1,952
	54	2.135	2.5%	2.5%	2.6%	2.6%	1,982
	55	2.230	2.5%	2.5%	2.4%	2.4%	2,056
	56	2.333	2.2%	2.2%	2.5%	2.5%	1,790
	57	2.437	2.6%	2.6%	2.4%	2.4%	2,109
	58	2.548	3.1%	3.1%	2.6%	2.6%	2,483
	59	2.603	3.4%	3.4%	3.1%	3.1%	2,712
	60	2.714	3.8%	3.8%	3.4%	3.4%	3,097
	61	2.810	4.0%	4.0%	4.2%	4.2%	3,211
	62	2.873	5.0%	5.0%	4.1%	4.1%	4,070
	63	2.952	5.5%	5.5%	4.9%	4.9%	4,428
	64 and over	3.000	3.7%	3.7%	5.9%	5.9%	3,004
2	(2)	HHS Average Age Factor		1.799	1.792	1.799	1.792
3	(3)	Age Calibration Factor		0.5580		0.5580	
4	(4)	Change in Demographics (URRT: Demographic Shift)		(E)(2) / (C)(2)		1.000	
5	(5)	Average Age		50		50	

Plan Year Filing	Calibration Factor	Average Age Factor	Average Age
2023	0.5572	1.795	50
2024	0.5549	1.802	50
2025	0.5592	1.788	50
2026	0.5580	1.792	50

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Exhibit 10
Utilization Adjustment and Plan Design Factors

Plan	Plan Marketing Name - Experience Period	HIOS ID	Experience Period		Experience Period Member Months		
			Utilization Factor	Benefit Factor (Paid-to-Allowed Factor)	On Exchange	Off Exchange	Total
1	KP WA Gold 0/15	23371WA1760003	1.089	0.815	5,403		5,403
2	KP WA Gold 1750/20	23371WA1760001	1.064	0.773	5,447		5,447
3	KP Cascade Gold	23371WA1940001	1.089	0.815	4,927		4,927
4	KP WA Silver 750/35	23371WA1760002	1.041	0.726	5,674		5,674
5	KP Cascade Silver	23371WA1940002	1.038	0.720	10,371		10,371
6	KP WA Bronze 9100/75	23371WA1780003	1.014	0.656	5,775		5,775
7	KP WA Bronze 7100/0% HSA	23371WA1780004	1.018	0.667	6,810		6,810
8	KP Cascade Bronze	23371WA1940003	1.018	0.666	15,535		15,535
9	KP WA Gold 0/15 with Pediatric Dental	23371WA1770003	1.089	0.815		4,063	4,063
10	KP WA Gold 1750/20 with Pediatric Dental	23371WA1770001	1.064	0.773		2,304	2,304
11	KP WA Silver 750/35 with Pediatric Dental	23371WA1770002	1.041	0.726		2,507	2,507
12	KP WA Silver 4500/50 with Pediatric Dental	23371WA1790001	1.023	0.682		3,036	3,036
13	KP WA Silver 3200/35% HSA with Pediatric Dental	23371WA1790004	1.035	0.711		836	836
14	KP WA Bronze 6000/50 with Pediatric Dental	23371WA1790002	1.017	0.664		2,398	2,398
15	KP WA Bronze 9100/75 with Pediatric Dental	23371WA1790003	1.014	0.656		2,734	2,734
16	KP WA Bronze 7100/0% HSA with Pediatric Dental	23371WA1790005	1.018	0.667		2,992	2,992

Experience Period Average Utilization & Benefit		1.040	0.716	59,942	20,870	80,812
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Metallic Tier	Average Benefit Factor/Paid to Allowed Ratio	Member Months
Gold	80.05%	22,144
Silver	71.67%	22,424
Bronze	66.39%	36,244

	Factor	Source
A Experience Period Medical Plans Utilization Adjustment	1.040	
B Projection Period Medical Plans Utilization Adjustment	1.042	Exhibit 23
C Experience to Projection Period Change in Average Utilization (URRT: Plan Design Changes)	1.002	B / A

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**Exhibit 11
Area Factor**

		Membership Distribution	
	Service Area	Rate Factor	Experience Period Projection Period
1	(1) Rating Area 2 (Cowlitz County)	1.050	14,555 15,129
2	(2) Rating Area 3 (Clark County)	1.000	66,257 68,871
3	(3) Average		1.009 1.009
	Geographic Calibration Factor	0.9911	0.9911
4	(4) Change in Factor		1.000

Calibration			
Plan Year Filing	Factor	Area 2 Factor	Area 3 Factor
2023	0.9912	1.050	1.000
2024	0.9911	1.050	1.000
2025	0.9911	1.050	1.000
2026	0.9911	1.050	1.000

WAC 284-43-6681 specifies that the premium ratio for the highest cost geographic rating area, when compared to the lowest cost geographic rating area, must not be more than 1.15.

The ratio of Rating Area 2 / Rating Area 1 = 1.05 / 1.00 = 1.05

The ratio of 1.05 is smaller than the 1.15 limit and in compliance with WAC 284-43-6681

**Kaiser Foundation Health Plan of the Northwest
State of Washington - 2026 Individual Medical Plans Rate Filing
Part III – Rate Filing Documentation and Actuarial Memorandum**

**Exhibit 12
Tobacco Factor**

		Membership Distribution		
	Status	Rate Factor	Experience Period	Projection Period
1	(1) Non-Tobacco User	1.000	96.61%	96.61%
2	(2) Tobacco User	1.000	3.39%	3.39%
3	(3) Average		1.000	1.000
	Tobacco Calibration Factor		1.0000	1.0000
4	(4) Change in Factor			1.000
Self Reported Tobacco User by Age Group			Members	
	Ages 18-20	0.80%	17	
	Ages 21+	3.89%	2,741	
	All Ages	3.41%	2,758	
	Applicable Ages Only	3.39%	2,741	

Non-Tobacco User			
Plan Year Filing	Calibration Factor	Factor	Tobacco User Factor
2023	0.9933	1.000	1.200
2024	0.9933	1.000	1.200
2025	0.9933	1.000	1.200
2026	1.0000	1.000	1.000

**Kaiser Foundation Health Plan of the Northwest
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**Exhibit 13
Historic Allowed Claims by URRT Category**

Allowed Claims							
Month of Service	Total	Inpatient Hospital	Outpatient Hospital	Professional	Other Medical	Prescription Drug	Non-EHB
2023 Ending Reserve	\$274,802	\$55,411	\$50,402	\$160,194	\$8,201	\$0	\$594
202401	\$4,485,827	\$632,642	\$856,410	\$2,320,612	\$114,042	\$550,933	\$11,188
202402	\$3,988,487	\$537,618	\$727,777	\$1,972,055	\$96,913	\$644,616	\$9,507
202403	\$5,322,492	\$746,576	\$1,010,643	\$2,738,537	\$134,581	\$678,953	\$13,203
202404	\$4,927,229	\$688,492	\$932,015	\$2,525,478	\$124,110	\$644,958	\$12,175
202405	\$5,027,123	\$726,010	\$982,804	\$2,663,100	\$130,873	\$511,497	\$12,839
202406	\$5,162,297	\$724,701	\$981,031	\$2,658,296	\$130,637	\$654,816	\$12,816
202407	\$5,365,660	\$753,214	\$1,019,630	\$2,762,886	\$135,777	\$680,833	\$13,320
202408	\$5,227,903	\$716,045	\$969,314	\$2,626,548	\$129,077	\$774,255	\$12,663
202409	\$4,912,145	\$681,086	\$921,990	\$2,498,313	\$122,775	\$675,937	\$12,044
202410	\$4,905,203	\$684,312	\$926,356	\$2,510,144	\$123,357	\$648,934	\$12,101
202411	\$4,282,125	\$593,917	\$803,988	\$2,178,563	\$107,062	\$588,092	\$10,503
202412	\$3,739,757	\$458,864	\$621,167	\$1,683,174	\$82,717	\$885,721	\$8,115
2024 Ending Reserve	\$2,194,588	\$352,840	\$477,641	\$1,294,263	\$63,604	\$0	\$6,240
Total Allowed	\$59,540,835	\$8,296,316	\$11,230,768	\$30,431,968	\$1,495,526	\$7,939,545	\$146,713
Paid to Allowed	0.716	0.716	0.716	0.716	0.716	0.716	0.737
Total Incurred and Paid	\$42,645,246	\$5,940,043	\$8,041,068	\$21,800,618	\$1,070,775	\$5,684,600	\$108,142

Experience period Allowed Claims are imputed from Paid Claims based on the Benefit Factors found in Exhibit 5.

		Paid/Allowed	Allowed	Paid
Paid to Allowed Factors:	Medical:	0.716	\$30,261,256	\$21,666,624
	Dental:	0.785	\$170,712	\$133,994
	Total:	0.716	\$30,431,968	\$21,800,618

**Kaiser Foundation Health Plan of the Northwest
State of Washington - 2026 Individual Medical Plans Rate Filing
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**Exhibit 14
Historic Allowed Claims Trends**

Allowed Claims*																						
		Total EHB			Inpatient Hospital			Outpatient Hospital			Professional			Other Medical			Prescription Drug			Non-EHB		
Month	Member Months	Allowed (\$0,000)	6-Month Trend	12-Month Trend	Allowed (\$0,000)	6-Month Trend	12-Month Trend	Allowed (\$0,000)	6-Month Trend	12-Month Trend	Allowed (\$0,000)	6-Month Trend	12-Month Trend	Allowed (\$0,000)	6-Month Trend	12-Month Trend	Allowed (\$0,000)	6-Month Trend	12-Month Trend	Allowed (\$0,000)	6-Month Trend	12-Month Trend
202201	8,818	\$5,676			\$1,436			\$761			\$2,814			\$117			\$548			\$11		
202202	8,828	\$6,347			\$2,129			\$783			\$2,709			\$156			\$570			\$12		
202203	8,717	\$5,466			\$637			\$1,002			\$3,100			\$124			\$603			\$10		
202204	8,581	\$5,584			\$1,089			\$871			\$2,887			\$124			\$613			\$10		
202205	8,451	\$5,286			\$794			\$998			\$2,796			\$97			\$599			\$10		
202206	8,344	\$6,215			\$1,216			\$1,208			\$2,986			\$137			\$668			\$12		
202207	8,263	\$5,388			\$917			\$903			\$2,782			\$146			\$639			\$10		
202208	8,154	\$6,649			\$1,231			\$1,366			\$3,248			\$123			\$681			\$12		
202209	8,071	\$4,554			\$398			\$847			\$2,504			\$130			\$676			\$9		
202210	7,990	\$4,900			\$444			\$1,070			\$2,708			\$127			\$552			\$9		
202211	7,869	\$5,146			\$685			\$814			\$2,850			\$167			\$630			\$10		
202212	7,701	\$6,390	-4.5%		\$1,625	-27.4%		\$858	4.2%		\$3,016	-1.1%		\$166	13.6%		\$725	8.4%		\$12	-4.7%	
202301	7,604	\$5,205	-4.2%		\$984	-20.9%		\$900	1.5%		\$2,497	-2.5%		\$169	12.5%		\$655	6.1%		\$10	-4.4%	
202302	7,605	\$4,642	-10.8%		\$774	-16.6%		\$814	-16.5%		\$2,463	-9.9%		\$122	17.2%		\$470	-2.5%		\$9	-10.9%	
202303	7,553	\$7,076	-0.9%		\$2,274	20.2%		\$1,003	-11.8%		\$2,884	-4.6%		\$99	12.2%		\$816	-0.8%		\$13	-0.8%	
202304	7,484	\$4,902	1.1%		\$805	42.9%		\$804	-18.7%		\$2,623	-4.1%		\$99	8.2%		\$569	1.3%		\$9	1.3%	
202305	7,355	\$6,289	5.0%		\$1,017	52.9%		\$1,071	-12.2%		\$3,256	-2.0%		\$133	-5.0%		\$812	5.2%		\$12	5.5%	
202306	7,315	\$5,651	2.2%		\$823	26.0%		\$907	-6.1%		\$2,978	-2.4%		\$128	-12.7%		\$816	6.0%		\$11	3.1%	
202307	7,277	\$6,329	6.2%		\$1,480	33.6%		\$1,000	-4.3%		\$2,697	0.5%		\$275	-3.1%		\$877	11.3%		\$12	7.1%	
202308	7,249	\$5,963	17.4%		\$1,390	58.6%		\$890	7.1%		\$2,896	8.1%		\$109	-4.4%		\$679	23.3%		\$11	18.2%	
202309	7,208	\$5,602	4.1%		\$705	-8.3%		\$532	-4.7%		\$3,410	8.8%		\$157	6.0%		\$797	18.3%		\$11	4.6%	
202310	7,113	\$5,888	7.1%		\$674	-14.8%		\$1,217	8.2%		\$3,039	11.9%		\$168	17.8%		\$791	23.5%		\$11	7.1%	
202311	7,042	\$6,111	3.0%		\$664	-23.3%		\$869	-0.6%		\$3,420	10.2%		\$159	26.3%		\$1,000	22.5%		\$11	2.7%	
202312	6,855	\$4,915	3.1%	1.4%	\$459	-19.5%	-4.4%	\$952	-0.7%	-4.5%	\$2,666	8.5%	1.2%	\$165	37.8%	10.4%	\$673	16.4%	19.3%	\$9	2.3%	1.8%
202401	6,967	\$4,473	-5.6%	1.1%	\$762	-35.1%	-2.7%	\$793	-6.2%	-6.6%	\$2,273	4.7%	1.5%	\$93	-0.5%	2.4%	\$551	3.0%	16.3%	\$11	-2.1%	3.5%
202402	7,085	\$3,979	-14.5%	2.7%	\$270	-54.6%	4.9%	\$1,112	-3.5%	-4.3%	\$1,848	-3.9%	0.5%	\$104	0.6%	3.5%	\$645	-2.5%	20.2%	\$10	-7.6%	7.1%
202403	7,044	\$5,305	-11.7%	-2.4%	\$601	-44.8%	-22.4%	\$1,002	14.2%	-4.3%	\$2,904	-9.6%	1.2%	\$118	-10.3%	6.3%	\$679	-4.7%	15.1%	\$13	0.5%	4.4%
202404	7,013	\$4,913	-16.9%	-1.4%	\$814	-41.3%	-20.5%	\$845	-0.8%	-3.4%	\$2,543	-14.4%	1.7%	\$66	-27.1%	5.9%	\$645	-12.2%	16.7%	\$12	0.1%	7.9%
202405	6,758	\$5,015	-19.5%	-4.8%	\$1,124	-29.7%	-21.1%	\$701	-0.2%	-7.2%	\$2,582	-19.7%	-1.7%	\$97	-35.3%	1.4%	\$511	-25.3%	9.8%	\$13	2.4%	6.7%
202406	6,725	\$5,154	-17.1%	-4.7%	\$841	-17.8%	-18.3%	\$1,003	0.0%	-3.9%	\$2,512	-19.1%	-3.0%	\$143	-39.8%	2.9%	\$655	-23.5%	5.7%	\$13	10.3%	9.3%
202407	6,637	\$5,370	-9.8%	-7.4%	\$902	-2.1%	-26.6%	\$1,068	9.1%	-4.1%	\$2,573	-15.5%	-3.1%	\$145	-20.8%	-12.2%	\$681	-15.0%	0.3%	\$13	15.1%	8.8%
202408	6,618	\$5,403	0.6%	-7.3%	\$677	40.4%	-33.1%	\$956	1.8%	0.7%	\$2,903	-3.8%	-2.1%	\$94	-21.7%	-12.3%	\$774	-11.5%	1.5%	\$13	22.5%	11.3%
202409	6,604	\$4,980	0.5%	-9.7%	\$567	43.6%	-35.7%	\$909	-7.8%	7.2%	\$2,725	-1.9%	-6.7%	\$103	-19.8%	-16.8%	\$676	-9.1%	-1.4%	\$12	15.9%	10.9%
202410	6,534	\$5,071	4.4%	-12.2%	\$556	30.7%	-37.7%	\$1,044	1.9%	4.1%	\$2,680	2.1%	-8.6%	\$142	2.5%	-20.2%	\$649	-5.9%	-5.8%	\$13	13.9%	10.7%
202411	6,471	\$4,563	6.8%	-15.6%	\$686	4.9%	-37.5%	\$948	9.6%	4.3%	\$2,228	5.4%	-13.5%	\$113	14.8%	-22.4%	\$588	8.6%	-14.2%	\$11	10.0%	9.0%
202412	6,356	\$5,169	6.0%	-13.4%	\$495	-12.0%	-31.1%	\$850	5.8%	2.5%	\$2,662	7.6%	-12.6%	\$276	40.4%	-16.1%	\$886	15.4%	-11.3%	\$12	3.6%	13.6%
2022	99,787	\$67,601			\$12,601			\$11,479			\$34,401			\$1,615			\$7,504			\$127		
2023	87,660	\$68,572		1.4%	\$12,047		-4.4%	\$10,958		-4.5%	\$34,828		1.2%	\$1,783		10.4%	\$8,956		19.3%	\$129		1.8%
2024	80,812	\$59,394		-13.4%	\$8,296		-31.1%	\$11,231		2.5%	\$30,432		-12.6%	\$1,496		-16.1%	\$7,940		-11.3%	\$147		13.6%
2026**	84,000	\$70,230		8.7%	\$11,096		15.6%	\$11,824		2.6%	\$37,132		10.5%	\$1,696		6.5%	\$8,483		3.4%	\$164		5.8%

*Experience period Allowed Claims are imputed from Paid Claims based on the Benefit Factors found in Exhibit 5. Years prior to the experience period utilize Benefit Factors for their respective years as reported in prior rate filings. Includes IBNR and will not match Exhibit 9-2.

**2024 Allowed amounts are trended from 2022 and are prior to URRT Worksheet I adjustments for morbidity, demographic, plan design and other changes.

***2021, 2022 and 2023 experience has been deemed fully credible.

Kaiser Foundation Health Plan of the Northwest
State of Washington - 2026 Individual Medical Plans Rate Filing
Part III – Rate Filing Documentation and Actuarial Memorandum

Exhibit 14
Historic Allowed Claims Trends

Allowed Claims PMPM																						
Month	Member Months	Total EHB			Inpatient Hospital			Outpatient Hospital			Professional			Other Medical			Prescription Drug			Non-EHB		
		Allowed (PMPM)	6-Month Trend	12-Month Trend	Allowed (PMPM)	6-Month Trend	12-Month Trend	Allowed (PMPM)	6-Month Trend	12-Month Trend	Allowed (PMPM)	6-Month Trend	12-Month Trend	Allowed (PMPM)	6-Month Trend	12-Month Trend	Allowed (PMPM)	6-Month Trend	12-Month Trend	Allowed (PMPM)	6-Month Trend	12-Month Trend
202201	8,818	\$643.73			\$162.86			\$86.33			\$319.15			\$13.29			\$62.09			\$1.21		
202202	8,828	\$718.99			\$241.12			\$88.70			\$306.86			\$17.70			\$64.61			\$1.35		
202203	8,717	\$627.05			\$73.09			\$114.91			\$355.65			\$14.24			\$69.16			\$1.18		
202204	8,581	\$650.77			\$126.92			\$101.48			\$336.46			\$14.47			\$71.45			\$1.22		
202205	8,451	\$625.46			\$94.01			\$118.09			\$330.89			\$11.53			\$70.94			\$1.17		
202206	8,344	\$744.86			\$145.78			\$144.72			\$357.87			\$16.42			\$80.07			\$1.40		
202207	8,263	\$652.05			\$111.01			\$109.31			\$336.74			\$17.63			\$77.36			\$1.23		
202208	8,154	\$815.42			\$150.95			\$167.48			\$398.31			\$15.13			\$83.55			\$1.53		
202209	8,071	\$564.19			\$49.30			\$104.88			\$310.20			\$16.09			\$83.72			\$1.06		
202210	7,990	\$613.29			\$55.53			\$133.90			\$338.95			\$15.86			\$69.06			\$1.15		
202211	7,869	\$653.97			\$87.05			\$103.43			\$362.18			\$21.26			\$80.05			\$1.22		
202212	7,701	\$829.71	2.9%		\$210.96	-21.8%		\$111.39	12.2%		\$391.63	6.5%		\$21.60	22.3%		\$94.13	16.7%		\$1.55	2.6%	
202301	7,604	\$684.49	3.5%		\$129.45	-14.5%		\$118.32	9.7%		\$328.37	5.3%		\$22.22	21.5%		\$86.13	14.6%		\$1.29	3.3%	
202302	7,605	\$610.35	-3.9%		\$101.72	-10.0%		\$107.00	-9.9%		\$323.83	-2.8%		\$16.03	26.4%		\$61.78	5.1%		\$1.15	-3.9%	
202303	7,553	\$936.88	6.6%		\$301.01	29.4%		\$132.83	-5.1%		\$381.88	2.7%		\$13.07	20.8%		\$108.08	6.8%		\$1.77	6.8%	
202304	7,484	\$654.93	8.7%		\$107.55	53.7%		\$107.48	-12.6%		\$350.54	3.2%		\$13.28	16.4%		\$76.09	9.0%		\$1.24	9.0%	
202305	7,355	\$855.01	12.9%		\$138.26	64.3%		\$145.59	-5.6%		\$442.64	5.3%		\$18.07	2.1%		\$110.45	13.1%		\$1.62	13.4%	
202306	7,315	\$772.59	9.4%		\$112.46	34.8%		\$123.97	0.4%		\$407.17	4.4%		\$17.48	-6.7%		\$111.50	13.4%		\$1.46	10.3%	
202307	7,277	\$869.75	12.9%		\$203.34	42.0%		\$137.49	1.7%		\$370.60	6.8%		\$37.76	3.0%		\$120.55	18.3%		\$1.64	13.8%	
202308	7,249	\$822.57	24.3%		\$191.71	68.0%		\$122.72	13.4%		\$399.49	14.5%		\$15.01	1.3%		\$93.65	30.5%		\$1.55	25.2%	
202309	7,208	\$777.20	9.9%		\$97.78	-3.3%		\$73.85	0.6%		\$473.14	14.8%		\$21.80	11.9%		\$110.63	24.8%		\$1.46	10.4%	
202310	7,113	\$827.76	12.7%		\$94.71	-10.3%		\$171.07	13.9%		\$427.19	17.8%		\$23.59	24.1%		\$111.20	30.0%		\$1.53	12.8%	
202311	7,042	\$867.81	8.0%		\$94.29	-19.6%		\$123.33	4.2%		\$485.59	15.5%		\$22.61	32.4%		\$141.99	28.5%		\$1.62	7.6%	
202312	6,855	\$716.96	8.3%	15.5%	\$67.00	-15.5%	8.8%	\$138.83	4.3%	8.7%	\$388.85	14.0%	15.2%	\$24.13	44.8%	25.6%	\$98.14	22.3%	35.9%	\$1.34	7.5%	15.9%
202401	6,967	\$641.97	-0.8%	14.5%	\$109.35	-31.8%	10.2%	\$113.89	-1.4%	5.8%	\$326.29	10.1%	15.0%	\$13.37	4.6%	16.0%	\$79.08	8.2%	31.7%	\$1.60	2.8%	17.3%
202402	7,085	\$561.57	-10.5%	15.6%	\$38.12	-52.5%	18.0%	\$156.92	0.9%	7.7%	\$260.80	0.5%	13.0%	\$14.75	5.2%	16.4%	\$90.98	2.0%	35.2%	\$1.40	-3.3%	20.6%
202403	7,044	\$753.06	-8.0%	9.1%	\$85.36	-42.5%	-13.2%	\$142.32	19.1%	7.0%	\$412.21	-5.8%	13.1%	\$16.78	-6.5%	18.9%	\$96.39	-0.6%	28.7%	\$1.88	4.7%	16.8%
202404	7,013	\$700.60	-13.9%	9.6%	\$116.12	-39.2%	-11.6%	\$120.55	2.8%	7.4%	\$362.57	-11.3%	13.1%	\$9.40	-24.5%	17.7%	\$91.97	-9.0%	29.8%	\$1.75	3.7%	19.9%
202405	6,758	\$742.15	-16.7%	5.4%	\$166.30	-27.2%	-12.6%	\$103.72	3.4%	2.7%	\$382.02	-16.8%	8.8%	\$14.42	-33.0%	12.2%	\$75.69	-22.7%	21.5%	\$1.86	6.0%	18.1%
202406	6,725	\$766.38	-14.9%	5.0%	\$125.11	-15.6%	-9.9%	\$149.13	2.7%	6.0%	\$373.51	-16.9%	6.9%	\$21.25	-38.1%	13.4%	\$97.37	-21.4%	16.6%	\$1.91	13.4%	20.5%
202407	6,637	\$809.06	-7.2%	1.7%	\$135.95	0.6%	-19.3%	\$160.94	12.2%	5.4%	\$387.68	-13.1%	6.4%	\$21.91	-18.6%	-3.5%	\$102.58	-12.6%	10.3%	\$2.02	18.4%	19.6%
202408	6,618	\$816.37	4.3%	1.6%	\$102.22	45.4%	-26.7%	\$144.39	5.5%	10.4%	\$438.60	-0.4%	7.3%	\$14.16	-18.8%	-3.9%	\$116.99	-8.3%	11.3%	\$1.98	26.9%	22.1%
202409	6,604	\$754.06	4.9%	-1.2%	\$85.88	49.8%	-29.7%	\$137.60	-3.8%	17.2%	\$412.61	2.3%	2.1%	\$15.60	-16.3%	-9.0%	\$102.35	-5.2%	7.9%	\$1.85	20.9%	21.3%
202410	6,534	\$776.14	9.9%	-4.2%	\$85.15	37.7%	-32.1%	\$159.80	7.4%	13.6%	\$410.18	7.5%	-0.3%	\$21.69	8.0%	-12.9%	\$99.32	-0.8%	2.8%	\$1.92	20.0%	20.8%
202411	6,471	\$705.21	12.5%	-8.1%	\$106.05	10.6%	-31.9%	\$146.44	15.6%	13.5%	\$344.33	11.1%	-5.8%	\$17.51	21.0%	-15.5%	\$90.88	14.5%	-6.6%	\$1.72	16.0%	18.6%
202412	6,356	\$813.19	12.4%	-6.0%	\$77.87	-6.7%	-25.3%	\$133.67	12.2%	11.2%	\$418.85	14.1%	-5.2%	\$43.45	48.9%	-9.0%	\$139.35	22.4%	-3.8%	\$1.92	9.8%	23.2%
2022	99,787	\$677.45			\$126.28			\$115.04			\$344.74			\$16.19			\$75.20			\$1.27		
2023	87,660	\$782.25		15.5%	\$137.43		8.8%	\$125.01		8.7%	\$397.31		15.2%	\$20.34		25.6%	\$102.16		35.9%	\$1.47		15.9%
2024	80,812	\$734.97		-6.0%	\$102.66		-25.3%	\$138.97		11.2%	\$376.58		-5.2%	\$18.51		-9.0%	\$98.25		-3.8%	\$1.82		23.2%
2026	84,000	\$836.07		6.66%	\$132.09		13.4%	\$140.76		0.6%	\$442.04		8.3%	\$20.19		4.4%	\$100.99		1.4%	\$1.95		3.7%

**Kaiser Foundation Health Plan of the Northwest
State of Washington - 2026 Individual Medical Plans Rate Filing
Part III – Rate Filing Documentation and Actuarial Memorandum**

**Exhibit 14
Historic Allowed Claims Trends**

Month	Member Months	Utilization																				
		Total			Inpatient Hospital			Outpatient Hospital			Professional			Other Medical			Prescription Drug			Non-EHB		
					Claims Units	6-Month Trend	12-Month Trend	Claims Units	6-Month Trend	12-Month Trend	Claims Units	6-Month Trend	12-Month Trend	Claims Units	6-Month Trend	12-Month Trend	Claims Units	6-Month Trend	12-Month Trend	Claims Units	6-Month Trend	12-Month Trend
202201	8,818				196			497			7,871			254			6,299			44		
202202	8,828				260			497			6,443			165			5,602			49		
202203	8,717				123			561			7,181			196			6,250			43		
202204	8,581				154			528			6,286			181			5,840			44		
202205	8,451				108			610			6,683			169			6,226			41		
202206	8,344				131			582			6,406			190			5,939			48		
202207	8,263				66			547			5,298			173			5,678			42		
202208	8,154				161			631			6,197			188			5,832			52		
202209	8,071				64			531			5,879			206			5,773			35		
202210	7,990				53			525			6,887			192			5,921			38		
202211	7,869				103			543			6,809			185			5,730			40		
202212	7,701				240	-29.3%		558	1.8%		5,820	-9.7%		199	-1.0%		5,903	-3.6%		50	-4.5%	
202301	7,604				183	-4.5%		624	2.6%		5,953	-2.0%		205	9.4%		5,680	-2.0%		133	30.3%	
202302	7,605				162	8.3%		538	-4.0%		5,452	-3.3%		192	7.5%		5,081	-4.7%		119	53.7%	
202303	7,553				204	38.2%		583	-1.7%		6,214	1.1%		226	8.3%		5,775	-3.4%		181	114.1%	
202304	7,484				144	77.7%		526	-1.6%		5,357	-4.7%		177	5.9%		5,321	-5.3%		125	153.1%	
202305	7,355				154	88.1%		579	1.5%		5,650	-8.1%		223	7.8%		5,660	-4.2%		161	201.6%	
202306	7,315				142	44.0%		550	1.9%		5,750	-6.8%		196	6.6%		5,278	-5.9%		145	236.2%	
202307	7,277				181	22.8%		545	-2.7%		5,082	-10.8%		221	5.1%		5,554	-6.2%		162	156.6%	
202308	7,249				120	17.4%		506	-0.9%		5,927	-7.7%		190	4.6%		5,471	-3.0%		152	123.1%	
202309	7,208				94	-11.6%		509	-4.6%		5,883	-9.4%		158	-2.8%		5,070	-5.1%		143	58.3%	
202310	7,113				111	-22.6%		527	-4.6%		7,376	0.2%		165	-2.6%		5,595	-2.6%		148	40.6%	
202311	7,042				64	-34.5%		442	-9.7%		6,108	4.9%		169	-10.1%		5,191	-3.8%		155	17.7%	
202312	6,855				45	-37.8%	-3.3%	458	-12.1%	-3.4%	5,144	3.3%	-10.1%	144	-14.1%	-1.4%	5,419	-1.5%	-8.3%	124	2.3%	232.3%
202401	6,967				156	-40.2%	-4.2%	526	-10.6%	-6.6%	5,646	7.7%	-8.2%	163	-19.9%	-1.1%	5,869	-0.2%	-7.2%	129	-4.7%	183.6%
202402	7,085				71	-42.8%	-4.0%	465	-11.0%	-8.3%	5,587	5.2%	-6.8%	176	-20.9%	-3.0%	5,209	-2.1%	-6.4%	115	-12.1%	154.0%
202403	7,044				108	-33.5%	-14.7%	482	-9.8%	-10.1%	5,268	4.4%	-6.9%	140	-17.9%	-8.0%	5,025	-0.1%	-6.8%	153	-7.2%	108.0%
202404	7,013				108	-31.2%	-16.4%	430	-12.8%	-11.5%	5,165	-7.7%	-6.0%	111	-21.7%	-10.7%	5,123	-2.4%	-6.4%	142	-10.2%	91.3%
202405	6,758				81	-20.1%	-23.1%	477	-7.8%	-12.6%	4,973	-12.0%	-5.6%	151	-19.5%	-15.8%	5,083	-1.3%	-6.5%	145	-10.7%	67.3%
202406	6,725				121	4.9%	-24.8%	501	-3.5%	-12.9%	4,398	-12.6%	-6.6%	144	-15.5%	-18.2%	4,420	-4.9%	-6.8%	149	-5.8%	53.2%
202407	6,637				115	2.4%	-33.3%	461	-5.1%	-14.1%	4,650	-16.7%	-6.9%	148	-12.0%	-22.9%	4,596	-9.7%	-8.1%	155	0.9%	37.8%
202408	6,618				106	18.1%	-32.6%	434	-4.9%	-13.6%	4,363	-19.4%	-8.8%	116	-16.9%	-26.0%	4,564	-10.9%	-8.9%	151	10.0%	27.4%
202409	6,604				53	5.2%	-36.0%	435	-5.6%	-14.4%	4,984	-18.8%	-10.1%	115	-18.0%	-26.3%	4,158	-13.5%	-9.3%	142	7.3%	17.9%
202410	6,534				96	3.6%	-38.8%	367	-4.6%	-16.8%	5,744	-11.6%	-13.0%	126	-11.4%	-27.1%	4,544	-14.0%	-10.5%	145	8.4%	9.4%
202411	6,471				63	-2.6%	-37.6%	386	-8.9%	-16.4%	4,201	-10.8%	-14.8%	100	-15.4%	-29.6%	3,900	-17.5%	-11.7%	129	7.8%	0.3%
202412	6,356				50	-25.1%	-29.7%	389	-14.2%	-16.2%	3,943	-10.2%	-15.7%	120	-18.1%	-28.9%	4,470	-14.6%	-12.5%	143	3.8%	-2.9%
2022	99,787				1,659			6,610			77,760			2,298			70,993			526		
2023	87,660				1,604		-3.3%	6,387		-3.4%	69,896		-10.1%	2,266		-1.4%	65,095		-8.3%	1,748		232.3%
2024	80,812				1,128		-29.7%	5,353		-16.2%	58,922		-15.7%	1,610		-28.9%	56,961		-12.5%	1,698		-2.9%
2026	84,000				1,398		11.3%	6,029		6.1%	72,119		10.6%	1,984		11.0%	62,739		4.9%	1,905		5.9%

**Kaiser Foundation Health Plan of the Northwest
State of Washington - 2026 Individual Medical Plans Rate Filing
Part III – Rate Filing Documentation and Actuarial Memorandum**

**Exhibit 14
Historic Allowed Claims Trends**

Utilization per 1,000 Members																						
Month	Member Months	Total			Inpatient Hospital			Outpatient Hospital			Professional			Other Medical			Prescription Drug			Non-EHB		
					Claims Units	6-Month Trend	12-Month Trend	Claims Units	6-Month Trend	12-Month Trend	Claims Units	6-Month Trend	12-Month Trend	Claims Units	6-Month Trend	12-Month Trend	Claims Units	6-Month Trend	12-Month Trend	Claims Units	6-Month Trend	12-Month Trend
202201	8,818				266.7			676.3			10,711.3			345.7			8,572.0			59.9		
202202	8,828				353.4			675.6			8,758.0			224.3			7,614.9			66.6		
202203	8,717				169.3			772.3			9,885.5			269.8			8,603.9			59.2		
202204	8,581				215.4			738.4			8,790.6			253.1			8,166.9			61.5		
202205	8,451				153.4			866.2			9,489.5			240.0			8,840.6			58.2		
202206	8,344				188.4			837.0			9,212.8			273.3			8,541.2			69.0		
202207	8,263				95.8			794.4			7,694.1			251.2			8,245.9			61.0		
202208	8,154				236.9			928.6			9,119.9			276.7			8,582.8			76.5		
202209	8,071				95.2			789.5			8,740.9			306.3			8,583.3			52.0		
202210	7,990				79.6			788.5			10,343.4			288.4			8,892.6			57.1		
202211	7,869				157.1			828.1			10,383.5			282.1			8,738.1			61.0		
202212	7,701				374.0	-23.9%		869.5	9.7%		9,069.0	-2.8%		310.1	6.6%		9,198.3	3.8%		77.9	2.9%	
202301	7,604				288.8	3.1%		984.7	10.8%		9,394.5	5.9%		323.5	18.2%		8,963.7	5.9%		209.9	40.8%	
202302	7,605				255.6	16.8%		848.9	3.5%		8,602.8	4.3%		303.0	15.9%		8,017.4	2.8%		187.8	65.7%	
202303	7,553				324.1	48.7%		926.3	5.8%		9,872.6	8.8%		359.1	16.6%		9,175.2	4.0%		287.6	130.5%	
202304	7,484				230.9	91.1%		843.4	5.9%		8,589.5	2.5%		283.8	13.9%		8,531.8	1.8%		200.4	172.2%	
202305	7,355				251.3	102.1%		944.7	9.0%		9,218.2	-1.2%		363.8	15.8%		9,234.5	3.0%		262.7	224.1%	
202306	7,315				232.9	54.0%		902.3	9.1%		9,432.7	-0.3%		321.5	14.1%		8,658.4	0.7%		237.9	259.6%	
202307	7,277				298.5	30.5%		898.7	3.4%		8,380.4	-5.2%		364.4	11.7%		9,158.7	-0.3%		267.1	172.7%	
202308	7,249				198.6	24.3%		837.6	4.9%		9,811.6	-2.2%		314.5	10.7%		9,056.7	2.7%		251.6	136.3%	
202309	7,208				156.5	-6.7%		847.4	0.7%		9,794.1	-4.4%		263.0	2.6%		8,440.6	0.2%		238.1	67.1%	
202310	7,113				187.3	-18.5%		889.1	0.4%		12,443.7	5.5%		278.4	2.5%		9,439.1	2.6%		249.7	48.0%	
202311	7,042				109.1	-31.3%		753.2	-5.3%		10,408.4	10.0%		288.0	-5.7%		8,845.8	0.9%		264.1	23.4%	
202312	6,855				78.8	-34.7%	10.1%	801.8	-7.7%	10.0%	9,004.8	8.6%	2.3%	252.1	-9.7%	12.2%	9,486.2	3.5%	4.4%	217.1	7.5%	278.3%
202401	6,967				268.7	-37.2%	8.5%	906.0	-6.1%	5.7%	9,724.7	13.2%	3.9%	280.8	-15.9%	12.0%	10,108.8	4.9%	5.1%	222.2	0.1%	221.2%
202402	7,085				120.3	-40.1%	8.0%	787.6	-6.9%	3.2%	9,462.8	10.1%	4.8%	298.1	-17.3%	9.2%	8,822.6	2.4%	5.4%	194.8	-8.0%	185.9%
202403	7,044				184.0	-30.7%	-4.6%	821.1	-6.0%	0.6%	8,974.4	8.8%	4.1%	238.5	-14.4%	2.9%	8,560.5	4.1%	4.2%	260.6	-3.3%	132.7%
202404	7,013				184.8	-28.7%	-7.0%	735.8	-9.7%	-1.6%	8,837.9	-4.4%	4.5%	189.9	-18.9%	-0.7%	8,766.0	1.1%	4.1%	243.0	-7.0%	112.7%
202405	6,758				143.8	-17.2%	-14.8%	847.0	-4.6%	-3.2%	8,830.4	-8.9%	4.5%	268.1	-16.6%	-6.8%	9,025.7	2.2%	3.5%	257.5	-7.5%	85.1%
202406	6,725				215.9	7.8%	-17.1%	894.0	-0.9%	-4.0%	7,847.7	-10.2%	2.9%	257.0	-13.1%	-9.8%	7,887.0	-2.2%	2.7%	265.9	-3.2%	68.8%
202407	6,637				207.9	5.3%	-26.7%	833.5	-2.4%	-5.6%	8,407.4	-14.4%	2.3%	267.6	-9.5%	-15.2%	8,309.8	-7.1%	1.0%	280.2	3.8%	51.4%
202408	6,618				192.2	22.4%	-26.1%	786.9	-1.4%	-5.2%	7,911.2	-16.5%	0.0%	210.3	-13.9%	-18.9%	8,275.6	-7.7%	-0.1%	273.8	13.9%	39.7%
202409	6,604				96.3	9.8%	-30.0%	790.4	-1.5%	-6.3%	9,056.3	-15.3%	-1.6%	209.0	-14.4%	-19.4%	7,555.4	-9.8%	-0.8%	258.0	11.9%	29.0%
202410	6,534				176.3	9.2%	-33.3%	674.0	0.5%	-9.3%	10,549.1	-6.8%	-5.0%	231.4	-6.7%	-20.5%	8,345.3	-9.5%	-2.3%	266.3	14.2%	19.3%
202411	6,471				116.8	2.6%	-32.1%	715.8	-4.0%	-9.0%	7,790.4	-6.0%	-7.3%	185.4	-10.8%	-23.4%	7,232.3	-13.0%	-3.9%	239.2	13.6%	9.2%
202412	6,356				94.4	-20.6%	-23.7%	734.4	-9.0%	-9.1%	7,444.2	-4.7%	-8.6%	226.6	-13.1%	-22.9%	8,439.3	-9.5%	-5.1%	270.1	10.1%	5.4%
2022	99,787				199.5			794.9			9,351.1			276.3			8,537.3			63.3		
2023	87,660				219.6		10.1%	874.3		10.0%	9,568.2		2.3%	310.2		12.2%	8,911.0		4.4%	239.3		278.3%
2024	80,812				167.5		-23.7%	794.9		-9.1%	8,749.5		-8.6%	239.1		-22.9%	8,458.3		-5.1%	252.1		5.4%
2026	84,000				199.7		9.2%	861.3		4.1%	10,302.7		8.5%	283.4		8.9%	8,962.7		2.9%	272.2		3.9%

Kaiser Foundation Health Plan of the Northwest
State of Washington - 2026 Individual Medical Plans Rate Filing
Part III – Rate Filing Documentation and Actuarial Memorandum

Exhibit 14
Historic Allowed Claims Trends

Cost per Service Unit																						
Month	Member Months	Total			Inpatient Hospital			Outpatient Hospital			Professional			Other Medical			Prescription Drug			Non-EHB		
					Allowed per Claim	6-Month Trend	12-Month Trend	Allowed per Claim	6-Month Trend	12-Month Trend	Allowed per Claim	6-Month Trend	12-Month Trend	Allowed per Claim	6-Month Trend	12-Month Trend	Allowed per Claim	6-Month Trend	12-Month Trend	Allowed per Claim	6-Month Trend	12-Month Trend
202201	8,818				\$7,327			\$1,532			\$358			\$461			\$87			\$243		
202202	8,828				\$8,187			\$1,576			\$420			\$947			\$102			\$244		
202203	8,717				\$5,180			\$1,786			\$432			\$633			\$96			\$239		
202204	8,581				\$7,072			\$1,649			\$459			\$686			\$105			\$238		
202205	8,451				\$7,356			\$1,636			\$418			\$577			\$96			\$242		
202206	8,344				\$9,285			\$2,075			\$466			\$721			\$112			\$243		
202207	8,263				\$13,898			\$1,651			\$525			\$842			\$113			\$241		
202208	8,154				\$7,645			\$2,164			\$524			\$656			\$117			\$240		
202209	8,071				\$6,217			\$1,594			\$426			\$630			\$117			\$244		
202210	7,990				\$8,372			\$2,038			\$393			\$660			\$93			\$242		
202211	7,869				\$6,651			\$1,499			\$419			\$904			\$110			\$240		
202212	7,701				\$6,769	2.7%		\$1,537	2.3%		\$518	9.6%		\$836	14.8%		\$123	12.5%		\$239	-0.3%	
202301	7,604				\$5,379	-17.1%		\$1,442	-1.0%		\$419	-0.6%		\$824	2.8%		\$115	8.2%		\$74	-26.6%	
202302	7,605				\$4,775	-23.0%		\$1,512	-12.9%		\$452	-6.8%		\$635	9.0%		\$92	2.2%		\$74	-42.0%	
202303	7,553				\$11,145	-13.0%		\$1,721	-10.3%		\$464	-5.6%		\$437	3.6%		\$141	2.7%		\$74	-53.7%	
202304	7,484				\$5,590	-19.6%		\$1,529	-17.4%		\$490	0.6%		\$561	2.2%		\$107	7.0%		\$74	-60.0%	
202305	7,355				\$6,603	-18.7%		\$1,849	-13.5%		\$576	6.6%		\$596	-11.9%		\$144	9.8%		\$74	-65.0%	
202306	7,315				\$5,793	-12.5%		\$1,649	-7.9%		\$518	4.8%		\$652	-18.2%		\$155	12.6%		\$74	-69.3%	
202307	7,277				\$8,175	8.9%		\$1,836	-1.7%		\$531	12.6%		\$1,243	-7.8%		\$158	18.7%		\$74	-58.3%	
202308	7,249				\$11,581	35.1%		\$1,758	8.0%		\$489	17.1%		\$573	-8.6%		\$124	27.1%		\$74	-47.0%	
202309	7,208				\$7,498	3.7%		\$1,046	0.0%		\$580	20.1%		\$994	9.1%		\$157	24.6%		\$74	-33.9%	
202310	7,113				\$6,069	10.0%		\$2,309	13.4%		\$412	11.7%		\$1,017	21.0%		\$141	26.7%		\$74	-23.8%	
202311	7,042				\$10,375	17.1%		\$1,965	10.0%		\$560	5.0%		\$942	40.4%		\$193	27.3%		\$74	-12.8%	
202312	6,855				\$10,207	29.4%	-1.1%	\$2,078	13.0%	-1.2%	\$518	5.0%	12.6%	\$1,149	60.4%	11.9%	\$124	18.2%	30.2%	\$74	0.0%	-69.4%
202401	6,967				\$4,883	8.5%	1.6%	\$1,508	5.0%	0.1%	\$403	-2.7%	10.7%	\$571	24.3%	3.5%	\$94	3.2%	25.4%	\$87	2.7%	-63.5%
202402	7,085				\$3,804	-20.7%	9.3%	\$2,391	8.4%	4.4%	\$331	-8.7%	7.8%	\$594	27.2%	6.7%	\$124	-0.4%	28.3%	\$86	5.1%	-57.8%
202403	7,044				\$5,567	-17.0%	-9.0%	\$2,080	26.6%	6.4%	\$551	-13.4%	8.7%	\$844	9.2%	15.5%	\$135	-4.5%	23.5%	\$87	8.3%	-49.8%
202404	7,013				\$7,540	-14.8%	-4.9%	\$1,966	13.8%	9.1%	\$492	-7.2%	8.2%	\$594	-6.9%	18.5%	\$126	-10.0%	24.7%	\$86	11.4%	-43.6%
202405	6,758				\$13,875	-12.0%	2.6%	\$1,469	8.3%	6.2%	\$519	-8.7%	4.1%	\$645	-19.6%	20.4%	\$101	-24.3%	17.3%	\$86	14.7%	-36.2%
202406	6,725				\$6,954	-21.7%	8.7%	\$2,002	3.6%	10.3%	\$571	-7.4%	3.8%	\$992	-28.8%	25.8%	\$148	-19.6%	13.5%	\$86	17.1%	-28.7%
202407	6,637				\$7,846	-4.4%	10.1%	\$2,317	15.0%	11.6%	\$553	1.5%	4.1%	\$982	-10.0%	13.8%	\$148	-5.9%	9.1%	\$86	14.0%	-21.0%
202408	6,618				\$6,382	18.8%	-0.8%	\$2,202	7.0%	16.5%	\$665	19.3%	7.3%	\$808	-5.7%	18.5%	\$170	-0.6%	11.4%	\$87	11.4%	-12.7%
202409	6,604				\$10,702	36.5%	0.4%	\$2,089	-2.3%	25.2%	\$547	20.7%	3.7%	\$896	-2.2%	12.9%	\$163	5.1%	8.7%	\$86	8.0%	-5.9%
202410	6,534				\$5,796	26.1%	1.8%	\$2,845	6.8%	25.2%	\$467	15.4%	5.0%	\$1,125	15.7%	9.6%	\$143	9.5%	5.2%	\$86	5.0%	1.2%
202411	6,471				\$10,893	7.8%	0.2%	\$2,455	20.4%	24.8%	\$530	18.3%	1.6%	\$1,133	35.7%	10.3%	\$151	31.6%	-2.9%	\$86	2.1%	8.6%
202412	6,356				\$9,898	17.5%	-2.1%	\$2,184	23.3%	22.3%	\$675	19.7%	3.7%	\$2,301	71.4%	18.1%	\$198	35.2%	1.3%	\$86	-0.3%	16.9%
2022	99,787				\$7,596			\$1,737			\$442			\$703			\$106			\$241		
2023	87,660				\$7,511		-1.1%	\$1,716		-1.2%	\$498		12.6%	\$787		11.9%	\$138		30.2%	\$74		-69.4%
2024	80,812				\$7,355		-2.1%	\$2,098		22.3%	\$516		3.7%	\$929		18.1%	\$139			\$86		16.9%
2026	84,000				\$7,936		3.9%	\$1,961		-3.3%	\$515		-0.2%	\$855		-4.1%	\$135		-1.5%	\$86		-0.2%

2022 - 2024 Annual Cost Trend	107.6%	96.8%	120.8%	116.7%	132.1%	131.9%
2024 Trended Cost (no util trend)	\$784.28	\$122.28	\$138.98	\$402.47	\$21.39	\$99.17
2022 - 2024 Annual Utilization Trend	96.8%					

**Kaiser Foundation Health Plan of the Northwest
State of Washington - 2026 Individual Medical Plans Rate Filing
Part III – Rate Filing Documentation and Actuarial Memorandum**

**Exhibit 15
Historic Incurred Claims Trends**

Incurred Claims																						
Month	Member Months	Total EHB			Inpatient Hospital			Outpatient Hospital			Professional			Other Medical			Prescription Drug			Non-EHB		
		Incurred (\$0,000)	6-Month Trend	12-Month Trend	Incurred (\$0,000)	6-Month Trend	12-Month Trend	Incurred (\$0,000)	6-Month Trend	12-Month Trend	Incurred (\$0,000)	6-Month Trend	12-Month Trend	Incurred (\$0,000)	6-Month Trend	12-Month Trend	Incurred (\$0,000)	6-Month Trend	12-Month Trend	Incurred (\$0,000)	6-Month Trend	12-Month Trend
202201	8,818	\$3,849			\$974			\$516			\$1,908			\$79			\$371			\$7		
202202	8,828	\$4,304			\$1,443			\$531			\$1,837			\$106			\$387			\$7		
202203	8,717	\$3,706			\$432			\$679			\$2,102			\$84			\$409			\$8		
202204	8,581	\$3,786			\$738			\$590			\$1,958			\$84			\$416			\$8		
202205	8,451	\$3,584			\$539			\$677			\$1,896			\$66			\$406			\$10		
202206	8,344	\$4,214			\$825			\$819			\$2,025			\$93			\$453			\$8		
202207	8,263	\$3,653			\$622			\$612			\$1,887			\$99			\$433			\$8		
202208	8,154	\$4,508			\$835			\$926			\$2,202			\$84			\$462			\$8		
202209	8,071	\$3,087			\$270			\$574			\$1,698			\$88			\$458			\$9		
202210	7,990	\$3,323			\$301			\$725			\$1,836			\$86			\$374			\$11		
202211	7,869	\$3,489			\$464			\$552			\$1,932			\$113			\$427			\$9		
202212	7,701	\$4,332	-4.5%		\$1,102	-27.4%		\$582	4.2%		\$2,045	-1.1%		\$113	13.6%		\$492	8.4%		\$10	15.2%	
202301	7,604	\$3,470	-4.5%		\$656	-21.1%		\$600	1.3%		\$1,664	-2.8%		\$113	12.1%		\$437	5.8%		\$7	8.9%	
202302	7,605	\$3,094	-11.3%		\$516	-17.1%		\$542	-16.9%		\$1,642	-10.4%		\$81	16.5%		\$313	-3.0%		\$8	5.6%	
202303	7,553	\$4,717	-1.8%		\$1,516	19.0%		\$669	-12.6%		\$1,923	-5.3%		\$66	11.3%		\$544	-1.6%		\$7	1.3%	
202304	7,484	\$3,267	0.0%		\$537	41.3%		\$536	-19.7%		\$1,749	-5.1%		\$66	7.1%		\$380	0.2%		\$7	-11.5%	
202305	7,355	\$4,192	3.6%		\$678	50.9%		\$714	-13.4%		\$2,170	-3.3%		\$89	-6.3%		\$542	3.8%		\$6	-14.8%	
202306	7,315	\$3,767	0.5%		\$548	23.9%		\$605	-7.7%		\$1,985	-4.0%		\$85	-14.2%		\$544	4.3%		\$8	-22.2%	
202307	7,277	\$4,219	4.7%		\$986	31.8%		\$667	-5.7%		\$1,798	-1.0%		\$183	-4.4%		\$585	9.7%		\$7	-20.7%	
202308	7,249	\$3,975	16.1%		\$926	56.9%		\$593	5.8%		\$1,930	6.8%		\$73	-5.5%		\$453	21.8%		\$8	-19.6%	
202309	7,208	\$3,734	3.3%		\$470	-9.0%		\$355	-5.5%		\$2,273	7.8%		\$105	5.0%		\$532	17.3%		\$6	-18.9%	
202310	7,113	\$3,925	6.4%		\$449	-15.3%		\$811	7.6%		\$2,026	11.2%		\$112	17.0%		\$527	22.7%		\$6	-13.8%	
202311	7,042	\$4,074	2.7%		\$443	-23.6%		\$579	-0.9%		\$2,279	9.8%		\$106	25.9%		\$667	22.2%		\$6	-9.7%	
202312	6,855	\$3,276	3.1%	-0.3%	\$306	-19.5%	-6.0%	\$634	-0.7%	-6.1%	\$1,777	8.5%	-0.5%	\$110	37.8%	8.5%	\$448	16.4%	17.3%	\$8	-4.7%	-18.7%
202401	6,967	\$3,203	-4.6%	0.0%	\$546	-34.3%	-3.7%	\$568	-5.1%	-7.5%	\$1,628	5.7%	0.4%	\$67	0.3%	1.2%	\$395	3.9%	15.0%	\$8	-0.1%	-17.4%
202402	7,085	\$2,850	-12.7%	2.2%	\$193	-53.6%	4.1%	\$796	-1.0%	-4.5%	\$1,323	-2.2%	-0.1%	\$75	2.3%	2.9%	\$462	-0.5%	19.6%	\$7	-3.0%	-18.7%
202403	7,044	\$3,799	-8.8%	-2.2%	\$431	-42.9%	-22.3%	\$718	18.4%	-3.7%	\$2,080	-6.7%	1.4%	\$85	-7.7%	6.4%	\$486	-1.6%	15.4%	\$10	9.8%	-14.4%
202404	7,013	\$3,519	-13.0%	-0.5%	\$583	-38.4%	-19.8%	\$605	4.2%	-2.2%	\$1,821	-10.5%	2.6%	\$47	-24.2%	6.4%	\$462	-8.2%	17.8%	\$9	19.5%	-11.2%
202405	6,758	\$3,592	-14.6%	-3.1%	\$805	-25.1%	-19.6%	\$502	6.0%	-5.3%	\$1,849	-14.8%	0.0%	\$70	-31.7%	2.5%	\$366	-20.8%	11.5%	\$9	27.5%	-5.4%
202406	6,725	\$3,691	-11.0%	-2.3%	\$603	-11.7%	-16.2%	\$718	7.4%	-1.2%	\$1,799	-13.1%	-0.7%	\$102	-35.3%	4.8%	\$469	-17.8%	8.2%	\$9	31.1%	-3.7%
202407	6,637	\$3,846	-4.0%	-4.4%	\$646	3.9%	-23.9%	\$765	15.9%	-0.6%	\$1,843	-10.1%	-0.1%	\$104	-15.6%	-9.6%	\$488	-9.5%	3.6%	\$10	30.0%	1.6%
202408	6,618	\$3,869	6.0%	-3.5%	\$484	47.6%	-29.9%	\$684	6.7%	5.1%	\$2,079	1.4%	1.8%	\$67	-17.3%	-9.2%	\$554	-6.7%	5.6%	\$10	38.2%	3.0%
202409	6,604	\$3,566	4.5%	-5.2%	\$406	49.0%	-32.2%	\$651	-4.4%	12.5%	\$1,951	2.1%	-2.2%	\$74	-16.2%	-13.1%	\$484	-5.4%	3.3%	\$9	23.9%	10.1%
202410	6,534	\$3,632	7.1%	-7.1%	\$398	33.6%	-33.9%	\$748	4.3%	10.3%	\$1,919	4.9%	-3.4%	\$102	5.9%	-15.8%	\$465	-3.2%	-0.5%	\$9	16.5%	19.8%
202411	6,471	\$3,268	8.1%	-10.0%	\$491	5.8%	-33.2%	\$679	11.0%	11.3%	\$1,596	6.8%	-7.7%	\$81	16.9%	-17.4%	\$421	10.0%	-8.5%	\$8	7.9%	25.8%
202412	6,356	\$3,701	5.9%	-6.9%	\$354	-12.0%	-26.0%	\$608	5.8%	10.1%	\$1,906	7.6%	-6.1%	\$198	40.4%	-9.9%	\$634	15.4%	-4.8%	\$9	3.6%	30.2%
2022	99,787	\$45,836			\$8,544			\$7,783			\$23,325			\$1,095			\$5,088			\$102		
2023	87,660	\$45,711		-0.3%	\$8,031		-6.0%	\$7,305		-6.1%	\$23,217		-0.5%	\$1,189		8.5%	\$5,970		17.3%	\$83		-18.7%
2024	80,812	\$42,537		-6.9%	\$5,942		-26.0%	\$8,043		10.1%	\$21,795		-6.1%	\$1,071		-9.9%	\$5,686		-4.8%	\$108		30.2%
2026	84,000	\$54,501		13.2%	\$8,611		20.4%	\$9,176		6.8%	\$28,816		15.0%	\$1,316		10.8%	\$6,583		7.6%	\$125		7.7%

	Total EHB	Total Non-EHB	Total
2024	\$42,537	\$108	\$42,645
URRT WS1 Section 1			\$42,645
2026	\$54,501	\$125	\$54,627
URRT WS2 4.6			\$54,627

**Kaiser Foundation Health Plan of the Northwest
State of Washington - 2026 Individual Medical Plans Rate Filing
Part III – Rate Filing Documentation and Actuarial Memorandum**

**Exhibit 15
Historic Incurred Claims Trends**

Incurred Claims PMPM																						
Month	Member Months	Total EHB			Inpatient Hospital			Outpatient Hospital			Professional			Other Medical			Prescription Drug			Non-EHB		
		Incurred (PMPM)	6-Month Trend	12-Month Trend	Incurred (PMPM)	6-Month Trend	12-Month Trend	Incurred (PMPM)	6-Month Trend	12-Month Trend	Incurred (PMPM)	6-Month Trend	12-Month Trend	Incurred (PMPM)	6-Month Trend	12-Month Trend	Incurred (PMPM)	6-Month Trend	12-Month Trend	Incurred (PMPM)	6-Month Trend	12-Month Trend
202201	8,818	\$436.47			\$110.43			\$58.54			\$216.40			\$9.01			\$42.10			\$0.80		
202202	8,828	\$487.51			\$163.49			\$60.14			\$208.06			\$12.00			\$43.81			\$0.77		
202203	8,717	\$425.16			\$49.56			\$77.92			\$241.14			\$9.66			\$46.89			\$0.96		
202204	8,581	\$441.25			\$86.06			\$68.80			\$228.13			\$9.81			\$48.44			\$0.94		
202205	8,451	\$424.08			\$63.74			\$80.07			\$224.36			\$7.82			\$48.10			\$1.15		
202206	8,344	\$505.05			\$98.84			\$98.13			\$242.65			\$11.13			\$54.29			\$0.90		
202207	8,263	\$442.11			\$75.27			\$74.12			\$228.32			\$11.95			\$52.45			\$1.02		
202208	8,154	\$552.89			\$102.35			\$113.56			\$270.07			\$10.26			\$56.65			\$0.99		
202209	8,071	\$382.54			\$33.42			\$71.11			\$210.32			\$10.91			\$56.77			\$1.06		
202210	7,990	\$415.84			\$37.65			\$90.79			\$229.82			\$10.75			\$46.82			\$1.36		
202211	7,869	\$443.41			\$59.03			\$70.13			\$245.57			\$14.41			\$54.28			\$1.13		
202212	7,701	\$562.57	2.9%		\$143.04	-21.8%		\$75.53	12.2%		\$265.54	6.5%		\$14.65	22.3%		\$63.82	16.7%		\$1.27	24.0%	
202301	7,604	\$456.29	3.2%		\$86.29	-14.8%		\$78.87	9.4%		\$218.90	5.0%		\$14.81	21.1%		\$57.42	14.3%		\$0.92	17.6%	
202302	7,605	\$406.87	-4.4%		\$67.80	-10.6%		\$71.33	-10.4%		\$215.87	-3.4%		\$10.69	25.7%		\$41.18	4.6%		\$1.03	13.8%	
202303	7,553	\$624.54	5.7%		\$200.66	28.1%		\$88.55	-5.9%		\$254.57	1.9%		\$8.71	19.8%		\$72.05	5.9%		\$0.89	9.1%	
202304	7,484	\$436.59	7.5%		\$71.69	51.9%		\$71.65	-13.6%		\$233.68	2.1%		\$8.85	15.2%		\$50.72	7.8%		\$0.92	-4.8%	
202305	7,355	\$569.96	11.3%		\$92.16	62.2%		\$97.05	-7.0%		\$295.07	3.9%		\$12.05	0.7%		\$73.63	11.6%		\$0.88	-8.4%	
202306	7,315	\$515.02	7.5%		\$74.97	32.5%		\$82.64	-1.3%		\$271.43	2.7%		\$11.65	-8.2%		\$74.33	11.5%		\$1.05	-16.8%	
202307	7,277	\$579.79	11.3%		\$135.55	40.1%		\$91.65	0.2%		\$247.05	5.2%		\$25.17	1.6%		\$80.36	16.6%		\$0.91	-15.7%	
202308	7,249	\$548.34	22.9%		\$127.80	66.2%		\$81.81	12.1%		\$266.30	13.1%		\$10.00	0.1%		\$62.43	29.0%		\$1.13	-14.9%	
202309	7,208	\$518.09	9.0%		\$65.18	-3.9%		\$49.23	-0.2%		\$315.40	13.8%		\$14.53	10.8%		\$73.75	23.8%		\$0.78	-14.4%	
202310	7,113	\$551.77	12.1%		\$63.13	-10.8%		\$114.03	13.3%		\$284.76	17.1%		\$15.72	23.2%		\$74.13	29.2%		\$0.85	-9.3%	
202311	7,042	\$578.49	7.7%		\$62.85	-19.9%		\$82.22	3.9%		\$323.70	15.2%		\$15.07	32.0%		\$94.65	28.1%		\$0.89	-5.3%	
202312	6,855	\$477.93	8.3%	13.5%	\$44.66	-15.5%	7.0%	\$92.54	4.3%	6.8%	\$259.21	14.0%	13.3%	\$16.09	44.8%	23.5%	\$65.42	22.3%	33.6%	\$1.14	0.1%	-7.4%
202401	6,967	\$459.78	0.2%	13.2%	\$78.31	-31.0%	9.1%	\$81.57	-0.3%	4.7%	\$233.69	11.1%	13.8%	\$9.58	5.4%	14.7%	\$56.64	9.2%	30.3%	\$1.18	4.9%	-6.4%
202402	7,085	\$402.20	-8.7%	15.0%	\$27.30	-51.5%	17.1%	\$112.39	3.6%	7.5%	\$186.78	2.4%	12.4%	\$10.56	7.1%	15.8%	\$65.16	4.1%	34.6%	\$1.03	1.5%	-8.5%
202403	7,044	\$539.34	-4.9%	9.4%	\$61.14	-40.5%	-13.1%	\$101.93	23.4%	7.7%	\$295.23	-2.7%	13.4%	\$12.02	-3.8%	19.0%	\$69.03	2.5%	29.1%	\$1.39	14.5%	-4.3%
202404	7,013	\$501.77	-9.9%	10.7%	\$83.16	-36.1%	-10.8%	\$86.34	7.9%	8.8%	\$259.67	-7.2%	14.1%	\$6.73	-21.5%	18.3%	\$65.87	-4.9%	31.0%	\$1.29	23.8%	-1.3%
202405	6,758	\$531.53	-11.5%	7.2%	\$119.11	-22.4%	-11.0%	\$74.28	9.7%	4.8%	\$273.61	-11.7%	10.7%	\$10.33	-29.2%	13.4%	\$54.21	-18.0%	23.4%	\$1.37	32.0%	4.7%
202406	6,725	\$548.88	-8.5%	7.7%	\$89.61	-9.3%	-7.6%	\$106.81	10.4%	8.9%	\$267.51	-10.7%	9.5%	\$15.22	-33.5%	15.5%	\$69.74	-15.5%	19.3%	\$1.41	34.7%	6.2%
202407	6,637	\$579.45	-1.3%	5.1%	\$97.37	6.8%	-16.3%	\$115.26	19.2%	9.2%	\$277.66	-7.5%	9.8%	\$15.69	-13.2%	-0.6%	\$73.47	-7.0%	13.8%	\$1.49	33.7%	11.6%
202408	6,618	\$584.64	9.8%	5.8%	\$73.21	52.9%	-23.1%	\$103.41	10.5%	15.3%	\$314.10	5.1%	11.6%	\$10.14	-14.3%	-0.4%	\$83.78	-3.4%	15.7%	\$1.46	43.2%	12.9%
202409	6,604	\$540.04	9.1%	3.7%	\$61.51	55.5%	-25.9%	\$98.55	-0.3%	23.1%	\$295.50	6.5%	7.0%	\$11.18	-12.6%	-4.9%	\$73.30	-1.3%	13.1%	\$1.37	29.2%	20.4%
202410	6,534	\$555.86	12.8%	1.4%	\$60.99	40.8%	-27.9%	\$114.44	9.8%	20.3%	\$293.77	10.5%	5.4%	\$15.54	11.6%	-8.2%	\$71.13	2.0%	8.6%	\$1.41	22.7%	30.7%
202411	6,471	\$505.05	13.9%	-2.0%	\$75.95	11.5%	-27.3%	\$104.87	17.0%	21.1%	\$246.60	12.5%	0.4%	\$12.54	23.2%	-10.1%	\$65.09	15.9%	-0.4%	\$1.27	13.7%	36.9%
202412	6,356	\$582.33	12.4%	0.9%	\$55.76	-6.7%	-19.7%	\$95.72	12.2%	19.4%	\$299.95	14.1%	1.8%	\$31.11	48.9%	-2.2%	\$99.79	22.4%	3.3%	\$1.42	9.8%	41.2%
2022	99,787	\$459.34			\$85.62			\$78.00			\$233.75			\$10.98			\$50.99			\$1.02		
2023	87,660	\$521.46		13.5%	\$91.61		7.0%	\$83.33		6.8%	\$264.85		13.3%	\$13.56		23.5%	\$68.10		33.6%	\$0.95		-7.4%
2024	80,812	\$526.37		0.9%	\$73.53		-19.7%	\$99.53		19.4%	\$269.70		1.8%	\$13.25		-2.2%	\$70.36		3.3%	\$1.34		41.2%
2026	84,000	\$648.82		11.02%	\$102.51		18.1%	\$109.24		4.8%	\$343.04		12.8%	\$15.66		8.7%	\$78.37		5.5%	\$1.49		5.6%

	Total EHB	Total Non-EHB	Total
2024	\$526.37	\$1.34	\$527.71
URRT WS1 Section I			\$527.71
2026	\$648.82	\$1.49	\$650.32
URRT WS2 4.15			\$650.32

**Kaiser Foundation Health Plan of the Northwest
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**Exhibit 16
Allowed and Incurred Claims by Month**

2024 Allowed Medical Claims

Paid Month	Incurred Month													
		202401	202402	202403	202404	202405	202406	202407	202408	202409	202410	202411	202412	Total
	202401	\$2,913,644												\$2,913,644
	202402	\$711,053	\$2,129,257											\$2,840,310
	202403	\$284,198	\$909,608	\$3,461,646										\$4,655,452
	202404	\$11,793	\$164,700	\$816,220	\$3,146,816									\$4,139,528
	202405	\$8,716	\$113,843	\$351,154	\$1,008,905	\$2,745,967								\$4,228,584
	202406	\$3,987	\$20,076	\$5,704	\$127,138	\$957,280	\$3,007,082							\$4,121,268
	202407	-\$371	\$2,146	\$3,586	\$8,763	\$98,584	\$1,203,427	\$3,544,761						\$4,860,896
	202408	\$521	\$1,613	\$7,411	\$10,924	\$16,035	\$28,969	\$724,989	\$3,460,388					\$4,250,851
	202409	\$451	\$2,499	-\$2,651	-\$27,383	\$673,614	\$241,345	\$361,745	\$859,450	\$3,331,948				\$5,441,019
	202410	\$5,800	\$2,807	\$25,562	\$230	\$9,878	\$3,083	\$8,189	\$153,684	\$726,551	\$3,547,826			\$4,483,610
	202411	\$247	-\$131	-\$20,714	-\$480	\$560	\$12,563	\$36,206	-\$20,238	\$162,865	\$608,855	\$2,652,424		\$3,432,155
	202412	-\$5,145	-\$2,548	-\$4,379	\$7,358	\$13,708	\$11,012	\$8,937	\$363	\$14,845	\$99,588	\$1,041,609	\$2,854,036	\$4,039,384
	202501	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
202502	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
202503	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Total	\$3,934,894	\$3,343,871	\$4,643,539	\$4,282,271	\$4,515,626	\$4,507,481	\$4,684,827	\$4,453,647	\$4,236,209	\$4,256,270	\$3,694,032	\$2,854,036	#####	

2024 Allowed Rx Claims

Paid Month	Incurred Month													
		202401	202402	202403	202404	202405	202406	202407	202408	202409	202410	202411	202412	Total
	202401	\$550,933												\$550,933
	202402	\$0	\$644,616											\$644,616
	202403	\$0	\$0	\$678,953										\$678,953
	202404	\$0	\$0	\$0	\$644,958									\$644,958
	202405	\$0	\$0	\$0	\$0	\$511,497								\$511,497
	202406	\$0	\$0	\$0	\$0	\$0	\$654,816							\$654,816
	202407	\$0	\$0	\$0	\$0	\$0	\$0	\$680,833						\$680,833
	202408	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$774,255					\$774,255
	202409	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$675,937				\$675,937
	202410	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$648,934			\$648,934
	202411	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$588,092		\$588,092
	202412	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$885,721	\$885,721
	202501	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	202502	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
202503	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Total	\$550,933	\$644,616	\$678,953	\$644,958	\$511,497	\$654,816	\$680,833	\$774,255	\$675,937	\$648,934	\$588,092	\$885,721	\$7,939,545	

2024 Paid Medical Claims

Paid Month	Incurred Month													Total
	202401	202402	202403	202404	202405	202406	202407	202408	202409	202410	202411	202412		
	202401	\$2,086,127												\$2,086,127
	202402	\$509,104	\$1,524,518											\$2,033,621
	202403	\$203,482	\$651,266	\$2,478,489										\$3,333,237
	202404	\$8,443	\$117,923	\$584,401	\$2,253,075									\$2,963,843
	202405	\$6,240	\$81,510	\$251,421	\$722,361	\$1,966,073								\$3,027,605
	202406	\$2,855	\$14,374	\$4,084	\$91,029	\$685,398	\$2,153,028							\$2,950,769
	202407	-\$266	\$1,536	\$2,567	\$6,275	\$70,585	\$861,637	\$2,537,998						\$3,480,332
	202408	\$373	\$1,155	\$5,306	\$7,821	\$11,481	\$20,741	\$519,082	\$2,477,588					\$3,043,548
	202409	\$323	\$1,789	-\$1,898	-\$19,606	\$482,298	\$172,800	\$259,004	\$615,354	\$2,385,627				\$3,895,691
	202410	\$4,153	\$2,010	\$18,302	\$164	\$7,072	\$2,207	\$5,863	\$110,036	\$520,200	\$2,540,192			\$3,210,200
	202411	\$177	-\$94	-\$14,831	-\$344	\$401	\$8,995	\$25,923	-\$14,490	\$116,609	\$435,932	\$1,899,097		\$2,457,374
	202412	-\$3,684	-\$1,824	-\$3,135	\$5,268	\$9,815	\$7,884	\$6,399	\$260	\$10,629	\$71,304	\$745,777	\$2,043,449	\$2,892,141
	202501	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	202502	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
202503	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Total	\$2,817,327	\$2,394,163	\$3,324,707	\$3,066,044	\$3,233,123	\$3,227,292	\$3,354,269	\$3,188,747	\$3,033,065	\$3,047,428	\$2,644,874	\$2,043,449	#####	

2024 Paid Rx Claims (\$1,000's)

Paid Month	Incurred Month												
	202401	202402	202403	202404	202405	202406	202407	202408	202409	202410	202411	202412	Total
	202401	\$394,460											\$394,460
	202402	\$0	\$461,536										\$461,536
	202403	\$0	\$0	\$486,120									\$486,120
	202404	\$0	\$0	\$0	\$461,781								\$461,781
	202405	\$0	\$0	\$0	\$0	\$366,225							\$366,225
	202406	\$0	\$0	\$0	\$0	\$0	\$468,839						\$468,839
	202407	\$0	\$0	\$0	\$0	\$0	\$0	\$487,467					\$487,467
	202408	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$554,356				\$554,356
	202409	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$483,961			\$483,961
	202410	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$464,627		\$464,627
	202411	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$421,066	\$421,066
	202412	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$634,163	\$634,163
	202501	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	202502	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
202503	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Total	\$394,460	\$461,536	\$486,120	\$461,781	\$366,225	\$468,839	\$487,467	\$554,356	\$483,961	\$464,627	\$421,066	\$634,163	\$5,684,600

Experience period Allowed Claims are imputed from Paid Claims based on the Benefit Factors found in Exhibit 5.

Additional payables and recoveries from reinsurance, overpayments and rebates are not anticipated.

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**Exhibit 17
Risk Adjustment, Reinsurance and Risk Corridor**

	2020 Actual	2021 Actual	2022 Actual	2023 Actual	2024 Projected	2025 Projected	2026 Projected	
Risk Adjustment								
(1) Total Transfer Paid	-\$7,317,022	-\$7,645,142	-\$4,931,818	-\$5,382,915	-\$2,956,526	-\$2,949,207	-\$2,376,285	Exhibit 18
(2) Total Risk Adjustment Billable Member Months	126,660	111,111	100,837	88,715	81,993	84,000	84,000	Exhibit 18
(3) Total Transfer Paid (PMPM)	-\$57.77	-\$68.81	-\$48.91	-\$60.68	-\$36.06	-\$35.11	-\$28.29	(1) / (2)
(4) Total Transfer Allowed (PMPM)							-\$37.62	(3) / Exhibit 5 (X)
(5) Total RADV Transfer	\$205,619	\$0	\$0	\$0	\$0	\$0	\$0	
High Cost Risk Pooling								
(6) Total Transfer Paid	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
(7) HCRP Assessment (% of Premium)	0.24%	0.31%	0.36%	0.36%	0.36%	0.36%	0.36%	CMS*
(8) Earned Premium	\$72,329,328	\$63,109,401	\$58,775,556	\$55,447,935	\$55,447,935	\$60,119,802	\$66,949,505	Varius Sources**
(9) HCRP Assessment	-\$172,413	-\$195,363	-\$211,600	-\$197,143	-\$197,143	-\$213,754	-\$238,036	(7) x (8)
(10) HCRP Payment	\$0	\$0	\$0	\$147,856	\$147,856	\$0	\$0	
(11) Net HCRP Paid (PMPM)	-\$1.36	-\$1.76	-\$2.10	-\$0.56	-\$0.60	-\$2.54	-\$2.83	[(6) + (9)] / (2)
(12) Net HCRP Allowed (PMPM)							-\$3.77	(11) / Exhibit 5 (X)
Risk Adjustment + High Cost Risk Pooling								
(13) Total Transfer Paid	-\$7,489,435	-\$7,840,505	-\$5,143,418	-\$5,432,203	-\$3,005,814	-\$3,162,960	-\$2,614,321	(2) + (9)
(14) Total Transfer Paid (PMPM)	-\$59.13	-\$70.56	-\$51.01	-\$61.23	-\$36.66	-\$37.65	-\$31.12	(3) + (11)
(15) Total Transfer Allowed (PMPM)							-\$41.39	(4) + (12)

*CMS SUMMARY REPORT ON PERMANENT RISK ADJUSTMENT TRANSFERS FOR THE 2024 BENEFIT YEAR expected in July 2025 for 2024. 2025 through 2025 projected based on 2023.

**2019 Earned Premiums are from prior rate filings, 2020 through 2023 are reported by CMS with RA results, 2024 is from Exhibit 34, and 2025 is from Exhibit 19, Column (H).

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**Exhibit 18
Risk Adjustment Components**

$$T = \left[\frac{PLRS \times IDF \times GCF}{\sum_i (s_i \times PLRS_i \times IDF_i \times GCF_i)} - \frac{AV \times ARF \times IDF \times GCF}{\sum_i (s_i \times AV_i \times ARF_i \times IDF_i \times GCF_i)} \right] \bar{P}$$

2024 Estimated		Market Metallic	KFHP				
			Gold	Silver	Bronze	Total	
(1)	Total Risk Adjustment Billable Member Months		22,489	22,793	36,712	81,993	Exhibit 7
(2)	$\sum_i (s_i \times PLRS_i \times IDF_i \times GCF_i)$	1.3430	<i>1.3430</i>	<i>1.3430</i>	<i>1.3430</i>		
(3)	$\sum_i (s_i \times AV_i \times ARF_i \times IDF_i \times GCF_i)$	1.2079	<i>1.2079</i>	<i>1.2079</i>	<i>1.2079</i>		
(4)	PLRS		1.8648	1.5308	0.7479		
(5)	IDF		1.0800	1.0300	1.0000		
(6)	GCF		1.0917	1.0911	1.0906		
(7)	AV		0.8000	0.7000	0.6000		
(8)	ARF		1.7079	1.7737	1.8845		
(9)	PLRS × IDF × GCF*		2.1937	1.7090	0.8117		
(10)	AV × ARF × IDF × GCF*		1.6101	1.3950	1.2321		
(11)	P	\$507.46	\$507.46	\$507.46	\$507.46		
(12)	T (%)		30.0%	11.8%	-41.6%		
(13)	T (PMPM)		\$152.43	\$59.63	-\$210.93	-\$36.06	
(14)	T		\$3,428,007	\$1,359,168	-\$7,743,701	-\$2,956,526	
(15)	HCRP Transfer and Assessment		-\$13,518	-\$13,701	-\$22,068	-\$49,287	
(16)	RA + HCRP Transfer and Assessment		\$3,414,489	\$1,345,467	-\$7,765,769	-\$3,005,814	(14) + (15)
(17)	RA+HCRP PMPM (RA Membership)		\$151.83	\$59.03	-\$211.53	-\$36.66	(16) / (1)
(18)	RA+HCRP PMPM (KFHP Membership)		\$154.19	\$60.00	-\$214.26	-\$37.20	(16) / Exhibit 7

2024 to 2025 Trend		Market Metallic	KFHP				
			Gold	Silver	Bronze	Total	
(18)	PLRS Trend	1.015	1.015	1.015	1.015		Exhibit 8 (7)
(19)	ARF Trend	1.000	1.000	1.000	1.000		[Exhibit 9 (4)]^0.5
(20)	P Trend	1.069					

2025 Projected		Market Metallic	KFHP				
			Gold	Silver	Bronze	Total	
(19)	Total Risk Adjustment Billable Member Months		24,588	22,272	37,140	84,000	Exhibit 7
(20)	$\sum_i (s_i \times PLRS_i \times IDF_i \times GCF_i)$	1.3630	<i>1.3630</i>	<i>1.3630</i>	<i>1.3630</i>		
(21)	$\sum_i (s_i \times AV_i \times ARF_i \times IDF_i \times GCF_i)$	1.2078	<i>1.2078</i>	<i>1.2078</i>	<i>1.2078</i>		
(22)	PLRS		1.8925	1.5535	0.7590		
(23)	IDF		1.0800	1.0300	1.0000		
(24)	GCF		1.0917	1.0911	1.0906		
(25)	AV		0.8000	0.7000	0.6000		
(26)	ARF		1.7079	1.7737	1.8844		
(27)	PLRS × IDF × GCF		2.2263	1.7343	0.8238		
(28)	AV × ARF × IDF × GCF		1.6101	1.3950	1.2321		
(29)	P	\$542.65	\$542.65	\$542.65	\$542.65		
(30)	T (%)		30.0%	11.8%	-41.6%		
(31)	T (PMPM)		\$163.00	\$63.77	-\$225.56	-\$35.11	
(32)	T		\$4,007,843	\$1,420,199	-\$8,377,249	-\$2,949,207	
(33)	HCRP Transfer and Assessment		-\$62,569	-\$56,675	-\$94,510	-\$213,754	
(34)	RA + HCRP Transfer and Assessment		\$3,945,274	\$1,363,524	-\$8,471,758	-\$3,162,960	(32) + (33)
(35)	RA+HCRP PMPM		\$160.46	\$61.22	-\$228.10	-\$37.65	(33) / (19)

2025 to 2026 Trend		Market Metallic	KFHP				
			Gold	Silver	Bronze	Total	
(35)	PLRS Trend	1.015	1.015	1.015	1.015		Exhibit 8 (7)
(36)	ARF Trend	1.000	1.000	1.000	1.000		[Exhibit 9 (4)]^0.5
(37)	P Trend	1.084					

2026 Projected		Market Metallic	KFHP				
			Gold	Silver	Bronze	Total	
(36)	Total Risk Adjustment Billable Member Months		32,208	14,652	37,140	84,000	Exhibit 7
(37)	$\sum_i (s_i \times PLRS_i \times IDF_i \times GCF_i)$	1.3832	<i>1.3832</i>	<i>1.3832</i>	<i>1.3832</i>		
(38)	$\sum_i (s_i \times AV_i \times ARF_i \times IDF_i \times GCF_i)$	1.2078	<i>1.2078</i>	<i>1.2078</i>	<i>1.2078</i>		
(39)	PLRS		1.9206	1.5766	0.7703		
(40)	IDF		1.0800	1.0300	1.0000		
(41)	GCF		1.0917	1.0911	1.0906		
(42)	AV		0.8000	0.7000	0.6000		
(43)	ARF		1.7078	1.7736	1.8843		
(44)	PLRS × IDF × GCF		2.2593	1.7601	0.8360		
(45)	AV × ARF × IDF × GCF		1.6100	1.3949	1.2320		
(46)	P	\$587.99	\$587.99	\$587.99	\$587.99		
(47)	T (%)		30.0%	11.8%	-41.6%		
(48)	T (PMPM)		\$176.62	\$69.09	-\$244.41	-\$28.29	
(49)	T		\$5,688,558	\$1,012,367	-\$9,077,210	-\$2,376,285	
(50)	HCRP Transfer and Assessment		-\$91,270	-\$41,520	-\$105,246	-\$238,036	
(51)	RA + HCRP Transfer and Assessment		\$5,597,288	\$970,847	-\$9,182,456	-\$2,614,321	(49) + (50)
(52)	RA+HCRP PMPM		\$173.79	\$66.26	-\$247.24	-\$31.12	(50) / (36)

* The numbers above for **PLRS × IDF × GCF** (line 9) and **AV × ARF × IDF × GCF** (line 10) cannot be reached by multiplying out the component averages shown above. The product of the averages is not equal to the average of the products.

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Exhibit 19
Risk Adjustment Market Average Premium

Year	Metallic Tiers	Source
2024 Market Average Premium	\$590.07	Estimate
2024 MAP for RA	\$507.46	Estimate
Trend 2024 - 2025	10.70%	WA OIC report dated 9/11/2024
Assumed Buydowns	-3.40%	Estimate
2025 Market Average Premium	\$630.98	Estimate
2025 MAP for RA	\$542.65	
Trend 2025 - 2026	10.00%	Estimate
Assumed Buydowns	-1.00%	Estimate
Assumed Reduction to Filed Rates for Approval	-0.50%	Estimate
2026 Market Average Premium	\$683.71	
2026 MAP for RA	\$587.99	

*2024, 2025 and 2026 Market Average Premiums do not reflect the 14% reduction for administration that is used in the Risk Adjustment formulas in Exhibits 14-2 and 14-3.

Market Average Premium Trends - Metallic Tiers			
Plan Year	Filed	Approved	Actual
2018		36.40%	25.13%
2019	19.44%	13.57%	12.02%
2020	0.96%	-3.25%	-6.13%
2021	-1.77%	-3.20%	-4.08%
2022	5.46%	4.14%	5.61%
2023	7.16%	8.19%	5.80%
2024	9.11%	8.94%	
2025	11.30%	10.70%	
2026			

Filed and **Approved** premium trends through 2026 are provided by the OIC, **Actual** trends for 2018 through 2023 are based on CMS Risk Adjustment results.

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Exhibit 20
Build-up of Expense Assumptions

Administration		PMPM	Source
Experience Period			
(1)	Administration and Commissions	\$49.45	Exhibit 1 - (14) + (15)
(2)	Commissions	\$7.40	Exhibit 1 - (15)
(3)	Administration	\$42.06	(1) - (2)
(4)	Trend	3.33%	See Memorandum
(5)	Months of Trend	24	
(6)	Trend Factor	1.07	[{ 1 + (4) } ^ { (5)/12 }]
(7)	Trended Administration	\$44.90	(3) x (6)

Experience Period Commission			
(8)	Commission PMPM*	\$18	Annual \$216 payment
(9)	Member Months with Brokers	33,209	(10) x (11) / (8)
(10)	Total Member Months	80,812	Exhibit 1 - (1)
(11)	PMPM Commission in Historical Administration	\$7.40	(2)

Projection Period Commission			
(12)	Commission PMPM*	\$20	Annual \$240 payment
(13)	Member Months with Brokers	34,520	(9) / (10) x (14)
(14)	Total Member Months	84,000	Exhibit 8 - (2)
(15)	PMPM Commission in Prospective Administration	\$8.22	(12) x (13) / (14)

Medical Management			
(16)	Experience PMPM Medical Management	\$14.09	Exhibit 1 - (16)
(17)	Trend Factor	1.07	(6)
(18)	Trended Medical Management	\$15.05	(16) x (17)

Quality Assurance			
(19)	Experience PMPM Quality Assurance	\$2.33	Exhibit 1 - (25)
(20)	Trend Factor	1.07	(6)
(21)	Trended Quality Assurance	\$2.49	(19) x (20)

* No bonuses are paid in addition to the stated commissions.

Exchange Fee			
(21)	Exchange Fee, PMPM for Exchange Business	\$5.11	WHBExchange
(22)	Projected Membership % on Exchange*	73.2%	Exhibit 7
(23)	Exchange Fee, PMPM	\$3.74	(21) x (22)
(24)	Average Pricing AV (adjusted for Non-EHB's)	0.7519	Exhibit 5 (X)
(25)	Exchange Fee as Applied to Allowed Cost	\$4.97	(23) / (24)
(26)	Exchange User Fees (%)	0.55%	Exhibit 2 - (15a)

*It is assumed that all members on plans offered both On and Off Exchange will be On-Exchange enrollments.

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Exhibit 21
Retention Expenses by Plan

			(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
			Exhibit 20	WA Exhibit 11	WA Exhibit 11		Exhibit 5 - (D)	[(A)+(B)+(E)]/[1-(C)-(D)]	(A) / (F)	(C) + (B) / (F)
Plan	HIOS ID	Name	Fixed Cost Admin Components (PMPM)	Fixed Cost Taxes and Fees Components (PMPM)	Variable Cost Taxes and Fees Components (% of Premium)	Variable Cost Profit & Risk Load (% of Premium)	Projected Plan Paid Claims, Risk Adjustment and Exchange Fees	Plan Adjusted Index Rate (PAIR)	Admin Expense (% of Premium)	Taxes and Fees (% of Premium)
1	23371WA1760003	KP WA Gold 0	\$70.66	\$0.68	2.08%	3.00%	\$758.63	\$874.40	8.08%	2.16%
2	23371WA1760001	KP WA Gold 1750	\$70.66	\$0.68	2.08%	3.00%	\$719.81	\$833.50	8.48%	2.16%
3	23371WA1940001	KP Cascade Complete Gold	\$70.66	\$0.68	2.08%	3.00%	\$752.50	\$867.94	8.14%	2.16%
4	23371WA1760002	KP WA Silver 1000	\$70.66	\$0.68	2.08%	3.00%	\$935.44	\$1,060.67	6.66%	2.15%
5	23371WA1940002	KP Cascade Silver	\$70.66	\$0.68	2.08%	3.00%	\$930.70	\$1,055.68	6.69%	2.15%
6	23371WA1780003	KP WA Bronze 9100	\$70.66	\$0.68	2.08%	3.00%	\$578.96	\$685.11	10.31%	2.18%
7	23371WA1780004	KP WA Bronze HSA 7100	\$70.66	\$0.68	2.08%	3.00%	\$590.93	\$697.72	10.13%	2.18%
8	23371WA1940003	KP Cascade Bronze	\$70.66	\$0.68	2.08%	3.00%	\$590.89	\$697.68	10.13%	2.18%
9	23371WA1770003	KP WA Gold 0 with Pediatric Dental	\$70.66	\$0.68	2.08%	3.00%	\$766.38	\$882.56	8.01%	2.16%
10	23371WA1770001	KP WA Gold 1750 with Pediatric Dental	\$70.66	\$0.68	2.08%	3.00%	\$727.44	\$841.54	8.40%	2.16%
11	23371WA1770002	KP WA Silver 1000 with Pediatric Dental	\$70.66	\$0.68	2.08%	3.00%	\$660.32	\$770.83	9.17%	2.17%
12	23371WA1790001	KP WA Silver 5500 with Pediatric Dental	\$70.66	\$0.68	2.08%	3.00%	\$614.57	\$722.63	9.78%	2.18%
13	23371WA1790004	KP WA Silver HSA 3600 with Pediatric Dental	\$70.66	\$0.68	2.08%	3.00%	\$624.70	\$733.30	9.64%	2.17%
14	23371WA1790002	KP WA Bronze 6000 with Pediatric Dental	\$70.66	\$0.68	2.08%	3.00%	\$588.79	\$695.47	10.16%	2.18%
15	23371WA1790003	KP WA Bronze 9100 with Pediatric Dental	\$70.66	\$0.68	2.08%	3.00%	\$586.23	\$692.77	10.20%	2.18%
16	23371WA1790005	KP WA Bronze HSA 7100 with Pediatric Dental	\$70.66	\$0.68	2.08%	3.00%	\$598.23	\$705.41	10.02%	2.18%
17	23371WA1790006	KP WA Gold HSA 2100 with Pediatric Dental	\$70.66	\$0.68	2.08%	3.00%	\$710.97	\$824.18	8.57%	2.16%
18	23371WA1940004	KP Cascade Vital Gold	\$70.66	\$0.68	2.08%	3.00%	\$703.22	\$816.02	8.66%	2.16%
Average Value - 2026			\$70.66	\$0.68	2.08%	3.00%	\$685.18	\$797.02	8.87%	2.17%
Average Value - 2025			\$68.45	\$0.69	2.08%	1.16%	\$639.93	\$732.83	9.34%	2.18%
Average Value - 2024			\$63.04	\$0.89	2.09%	2.60%	\$576.66	\$672.13	9.38%	2.23%
Average Value - 2023			\$61.71	\$0.87	2.09%	1.09%	\$534.84	\$617.10	10.00%	2.24%

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**Exhibit 22
Plan Filing Information**

	2025 Plan Marketing Name	2026 Plan Marketing Name	2025 HIOS ID and/or 2026 HIOS ID	New, Renewal, or Terminated in 2026	Plan Type (Rate Forms)	Unique Plan Design (Yes/No)	2026 Form Number	2026 Form SERFF Tracking Number
1	KP WA Gold 0	KP WA Gold 0	23371WA1760003	Renewal	Non-Standardized Plan	Yes	EWIDTRADOVVX0126	KFNW-134489905
2	KP WA Gold 1750	KP WA Gold 1750	23371WA1760001	Renewal	Non-Standardized Plan	Yes	EWIDDEDOVVX0126	KFNW-134489905
3	KP Cascade Gold	KP Cascade Complete Gold	23371WA1940001	Renewal	Standardized Non-Public Option Plan	No	EWIDDEDDSTD0126	KFNW-134489860
4	KP WA Silver 750	KP WA Silver 1000	23371WA1760002	Renewal	Non-Standardized Plan	Yes	EWIDDEDOVVX0126	KFNW-134489905
5	KP Cascade Silver	KP Cascade Silver	23371WA1940002	Renewal	Standardized Non-Public Option Plan	Yes	EWIDDEDDSTD0126	KFNW-134489860
6	KP WA Bronze 9100	KP WA Bronze 9100	23371WA1780003	Renewal	Non-Standardized Plan	Yes	EWIDDED0126	KFNW-134489886
7	KP WA Bronze HSA 7100	KP WA Bronze HSA 7100	23371WA1780004	Renewal	Non-Standardized Plan	No	EWIDHDP0126	KFNW-134489886
8	KP Cascade Bronze	KP Cascade Bronze	23371WA1940003	Renewal	Standardized Non-Public Option Plan	Yes	EWIDDEDDSTD0126	KFNW-134489860
9	KP WA Gold 0 with Pediatric Dental	KP WA Gold 0 with Pediatric Dental	23371WA1770003	Renewal	Non-Standardized Plan	Yes	EWIDTRADDNTOVVX0126	KFNW-134489895
10	KP WA Gold 1750 with Pediatric Dental	KP WA Gold 1750 with Pediatric Dental	23371WA1770001	Renewal	Non-Standardized Plan	Yes	EWIDDEDDNTOVVX0126	KFNW-134489895
11	KP WA Silver 750 with Pediatric Dental	KP WA Silver 1000 with Pediatric Dental	23371WA1770002	Renewal	Non-Standardized Plan	Yes	EWIDDEDDNTOVVX0126	KFNW-134489895
12	KP WA Silver 4500 with Pediatric Dental	KP WA Silver 5500 with Pediatric Dental	23371WA1790001	Renewal	Non-Standardized Plan	Yes	EWIDDED0126	KFNW-134489900
13	KP WA Silver HSA 3300 with Pediatric Dental	KP WA Silver HSA 3600 with Pediatric Dental	23371WA1790004	Renewal	Non-Standardized Plan	No	EWIDHDP0126	KFNW-134489900
14	KP WA Bronze 6000 with Pediatric Dental	KP WA Bronze 6000 with Pediatric Dental	23371WA1790002	Renewal	Non-Standardized Plan	Yes	EWIDDED0126	KFNW-134489900
15	KP WA Bronze 9100 with Pediatric Dental	KP WA Bronze 9100 with Pediatric Dental	23371WA1790003	Renewal	Non-Standardized Plan	Yes	EWIDDED0126	KFNW-134489900
16	KP WA Bronze HSA 7100 with Pediatric Dental	KP WA Bronze HSA 7100 with Pediatric Dental	23371WA1790005	Renewal	Non-Standardized Plan	No	EWIDHDP0126	KFNW-134489900
17	N/A	KP WA Gold HSA 2100 with Pediatric Dental	23371WA1790006	New	Non-Standardized Plan	No	EWIDDEDDSTD0126	KFNW-134489860
18	N/A	KP Cascade Vital Gold	23371WA1940004	New	Standardized Non-Public Option Plan	No	EWIDHDP0126	KFNW-134489900

*Primary Form Filing SERFF Tracking Number: KFNW-134489895

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**Exhibit 23
Utilization Adjustment and Plan Design Factors: Projection Period**

		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
			Pricing AV Model	(B) / Avg (B)	Pricing AV Model		Pricing AV Model	Exhibit 24 (J) / Avg(Exhibit 24 (J))	Exhibit 7		(B) / min[(B)]	Exhibit 24 (I) x (J)	(K) / Avg (K)
	HIOS ID	2025 Plan Marketing Name	Utilization ¹ - EHB Med & Rx	Normalized Utilization - EHB Med & Rx	Plan Design ^{2,3}	Silver CSR Load	Prior Year Plan Design ³	Normalized Utilization - EHB Med, Rx & Ped Dent	March 2025 Member Count	2026 Projected Member Months	Induced Utilization - vs KP WA Bronze HSA 7100	Induced Utilization x Paid to Allowed	Normalized Induced Utilization x Paid to Allowed
1	23371WA1760003	KP WA Gold 0	1.0809	1.0373	0.8016	1.0000	0.8107	1.0343	465	7,980	1.0656	0.8542	1.1055
2	23371WA1760001	KP WA Gold 1750	1.0643	1.0213	0.7726	1.0000	0.7729	1.0184	436	7,632	1.0493	0.8107	1.0492
3	23371WA1940001	KP Cascade Complete Gold	1.0804	1.0367	0.8006	1.0000	0.8067	1.0338	509	7,548	1.0651	0.8527	1.1036
4	23371WA1760002	KP WA Silver 1000	1.0381	0.9961	0.7192	1.4350	0.7275	0.9933	423	2,436	1.0234	1.0562	1.3670
5	23371WA1940002	KP Cascade Silver	1.0377	0.9958	0.7184	1.4350	0.7217	0.9930	865	5,580	1.0230	1.0546	1.3650
6	23371WA1780003	KP WA Bronze 9100	1.0144	0.9734	0.6561	1.0000	0.6561	0.9706	431	5,172	1.0000	0.6561	0.8491
7	23371WA1780004	KP WA Bronze HSA 7100	1.0180	0.9768	0.6672	1.0000	0.6672	0.9741	535	6,420	1.0036	0.6696	0.8667
8	23371WA1940003	KP Cascade Bronze	1.0180	0.9768	0.6672	1.0000	0.6652	0.9741	1,457	17,484	1.0036	0.6696	0.8666
9	23371WA1770003	KP WA Gold 0 with Pediatric Dental	1.0809	1.0373	0.8016	1.0000	0.8107	1.0452	441	5,292	1.0656	0.8540	1.1053
10	23371WA1770001	KP WA Gold 1750 with Pediatric Dental	1.0643	1.0213	0.7726	1.0000	0.7729	1.0291	198	2,376	1.0493	0.8108	1.0494
11	23371WA1770002	KP WA Silver 1000 with Pediatric Dental	1.0381	0.9961	0.7192	1.0000	0.7275	1.0037	232	2,784	1.0234	0.7367	0.9535
12	23371WA1790001	KP WA Silver 5500 with Pediatric Dental	1.0232	0.9818	0.6822	1.0000	0.6975	0.9893	260	3,120	1.0087	0.6892	0.8920
13	23371WA1790004	KP WA Silver HSA 3600 with Pediatric Dental	1.0266	0.9851	0.6912	1.0000	0.7093	0.9926	76	732	1.0120	0.7005	0.9067
14	23371WA1790002	KP WA Bronze 6000 with Pediatric Dental	1.0151	0.9741	0.6585	1.0000	0.6636	0.9815	193	2,316	1.0007	0.6603	0.8545
15	23371WA1790003	KP WA Bronze 9100 with Pediatric Dental	1.0144	0.9734	0.6561	1.0000	0.6561	0.9808	241	2,892	1.0000	0.6574	0.8508
16	23371WA1790005	KP WA Bronze HSA 7100 with Pediatric Dental	1.0180	0.9768	0.6672	1.0000	0.6672	0.9843	238	2,856	1.0036	0.6708	0.8682
17	23371WA1790006	KP WA Gold HSA 2100 with Pediatric Dental	1.0593	1.0165	0.7632	1.0000	0.0000	1.0243	-	180	1.0443	0.7973	1.0319
18	23371WA1940004	KP Cascade Vital Gold	1.0592	1.0164	0.7631	1.0000	0.0000	1.0136	-	1,200	1.0442	0.7969	1.0313
Average Value			1.0421	1.0000	0.7206		0.7113	1.0000	7,000	84,000	1.0274	0.7726	1.0000
Bronze					0.6642					37,140			
Silver					0.7096					14,652			
Gold					0.7907					32,208			

¹ **Utilization, Induced Utilization and Induced Demand** are used interchangeably.

² Based on projection period average allowed claims costs. Does not include Induced Utilization, and can be calculated as the Projected Paid / Projected Allowed for Medical and Rx for each plan.

³ Based on 2026 pricing model. Projects Paid-to-Allowed ratio for EHB Medical and Rx services only. Does not include Pediatric Dental, non-EHB services or CSR Loads. Columns B, C, D and E are Medical/Rx factors only, and do not account for pediatric dental.

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**Exhibit 24
Paid to Allowed Ratio, Pediatric Dental Adjustment and Adult Vision Adjustment**

		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
			Exhibit 23 - (B) / Avg (B)	Exhibit 23 (C) x (PIR - Exhibit 28 (17))	Exhibit 28	Exhibit 27	(C)xExhibit 23 [(D)x(E)]	Exhibit 28	Exhibit 27	(K) / (J)	(C) + (D)	(F) + (G)	(N) / Average (N)	(O) / (N)	(C) + (D) + (E)	(F) + (G) + (H)	Exhibit 5 (A) x (B)	(H) + (P)
			Normalized Utilization - Plans with Dental Only	Projected Allowed Claims - Medical & Rx EHB	Projected Allowed Claims - Pediatric Dental EHB	Projected Allowed Claims - non-EHB	Projected Paid Claims - Medical & Rx EHB	Projected Paid Claims - Pediatric Dental EHB	Projected Paid Claims - non-EHB	Paid to Allowed Ratio - EHB Only*†	Projected Allowed Claims - Med, Rx & Ped Dent	Projected Paid Claims - Med, Rx & Ped Dent	Normalized Utilization - EHB + non- EHB	Paid to Allowed Ratio - EHB + non- EHB	Projected Allowed Claims - EHB + non-EHB	Projected Paid Claims - EHB + non- EHB	Projected Plan Paid Claims (EHB only), Risk Adjustment and Exchange Fees	Projected Plan Paid Claims, Risk Adjustment and Exchange Fees
HIOS ID	2025 Plan Marketing Name																	
1	23371WA1760003	KP WA Gold 0		\$892.47		\$5.83	\$715.38		\$4.82	0.8016	\$892.47	\$715.38	1.0387	0.8017	\$898.30	\$720.19	\$753.81	\$758.63
2	23371WA1760001	KP WA Gold 1750		\$878.74		\$5.74	\$678.92		\$4.41	0.7726	\$878.74	\$678.92	1.0228	0.7726	\$884.48	\$683.33	\$715.40	\$719.81
3	23371WA1940001	KP Cascade Complete Gold		\$891.99			\$714.13			0.8006	\$891.99	\$714.13	1.0314	0.8006	\$891.99	\$714.13	\$752.50	\$752.50
4	23371WA1760002	KP WA Silver 1000		\$857.07		\$5.60	\$884.58		\$3.32	1.0321	\$857.07	\$884.58	0.9975	1.0293	\$862.67	\$887.91	\$932.11	\$935.44
5	23371WA1940002	KP Cascade Silver		\$856.77			\$883.24			1.0309	\$856.77	\$883.24	0.9907	1.0309	\$856.77	\$883.24	\$930.70	\$930.70
6	23371WA1780003	KP WA Bronze 9100		\$837.49			\$549.44			0.6561	\$837.49	\$549.44	0.9684	0.6561	\$837.49	\$549.44	\$578.96	\$578.96
7	23371WA1780004	KP WA Bronze HSA 7100		\$840.48			\$560.80			0.6672	\$840.48	\$560.80	0.9719	0.6672	\$840.48	\$560.80	\$590.93	\$590.93
8	23371WA1940003	KP Cascade Bronze		\$840.46			\$560.76			0.6672	\$840.46	\$560.76	0.9719	0.6672	\$840.46	\$560.76	\$590.89	\$590.89
9	23371WA1770003	KP WA Gold 0 with Pediatric Dental	1.0387	\$892.47	\$9.37	\$5.83	\$715.38	\$7.35	\$4.82	0.8014	\$901.84	\$722.73	1.0496	0.8016	\$907.67	\$727.55	\$761.56	\$766.38
10	23371WA1770001	KP WA Gold 1750 with Pediatric Dental	1.0227	\$878.74	\$9.22	\$5.74	\$678.92	\$7.24	\$4.41	0.7727	\$887.96	\$686.16	1.0234	0.7727	\$893.71	\$690.57	\$723.03	\$727.44
11	23371WA1770002	KP WA Silver 1000 with Pediatric Dental	0.9975	\$857.07	\$9.00	\$5.60	\$616.43	\$7.06	\$3.32	0.7199	\$866.06	\$623.50	1.0079	0.7191	\$871.66	\$626.82	\$657.00	\$660.32
12	23371WA1790001	KP WA Silver 5500 with Pediatric Dental	0.9832	\$844.78	\$8.87		\$576.28	\$6.96		0.6832	\$853.65	\$583.24	0.9871	0.6832	\$853.65	\$583.24	\$614.57	\$614.57
13	23371WA1790004	KP WA Silver HSA 3600 with Pediatric Dental	0.9864	\$847.57	\$8.90		\$585.86	\$6.98		0.6922	\$856.47	\$592.84	0.9904	0.6922	\$856.47	\$592.84	\$624.70	\$624.70
14	23371WA1790002	KP WA Bronze 6000 with Pediatric Dental	0.9754	\$838.11	\$8.80		\$551.86	\$6.90		0.6598	\$846.91	\$558.77	0.9793	0.6598	\$846.91	\$558.77	\$588.79	\$588.79
15	23371WA1790003	KP WA Bronze 9100 with Pediatric Dental	0.9747	\$837.49	\$8.79		\$549.44	\$6.90		0.6574	\$846.28	\$556.34	0.9786	0.6574	\$846.28	\$556.34	\$586.23	\$586.23
16	23371WA1790005	KP WA Bronze HSA 7100 with Pediatric Dental	0.9782	\$840.48	\$8.82		\$560.80	\$6.92		0.6685	\$849.30	\$567.72	0.9821	0.6685	\$849.30	\$567.72	\$598.23	\$598.23
17	23371WA1790006	KP WA Gold HSA 2100 with Pediatric Dental	1.0179	\$874.59	\$9.18		\$667.51	\$7.21		0.7634	\$883.77	\$674.71	1.0219	0.7634	\$883.77	\$674.71	\$710.97	\$710.97
18	23371WA1940004	KP Cascade Vital Gold		\$874.54			\$667.36			0.7631	\$874.54	\$667.36	1.0113	0.7631	\$874.54	\$667.36	\$703.22	\$703.22
Average Value			1.0000	\$860.42	\$2.42	\$1.95	\$646.92	\$1.90	\$1.49	0.7520	\$862.84	\$648.82	1.0000	0.7520	\$864.79	\$650.32	\$683.69	\$685.18

*Average Value calculated from the average values of Columns H and I, not as the weighted average of Column G.
†Includes Pediatric Dental, Induced Utilization and Silver CSR loads.

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Exhibit 25
Portion of Pricing Factor Attributable to Allowable Modifiers by Plan

		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
			Exhibit 23 (G) x Exhibit 24 (I)	Exhibit 24 - [(Q) / (P)]	Exhibit 26	(B) x (C) / (D)	Exhibit 23	Exhibit 7	Exhibit 5	(H) / [(F) x (J)]	
	HIOS ID	2025 Plan Marketing Name	Pricing AV - EHB only	Benefits in Addition to EHB*	Benefits in Addition to EHB (URRT)**	AV and Cost Sharing Design of Plan (URRT)**	Cost-Share Rate Change for Plan	2026 Projected Member Months	Overall Average Rate Change for Plan	Experience Rate Change for Plan*	Benefit Rate Change for Plan
1	23371WA1760003	KP WA Gold 0	0.8291	1.0064	1.0075	0.8281	-1.13%	7,980	2.24%	3.32%	0.08%
2	23371WA1760001	KP WA Gold 1750	0.7868	1.0062	1.0074	0.7859	-0.04%	7,632	5.13%	5.08%	0.08%
3	23371WA1940001	KP Cascade Complete Gold	0.8276	1.0000	1.0012	0.8267	-0.76%	7,548	-3.56%	-2.90%	0.08%
4	23371WA1760002	KP WA Silver 1000	1.0252	1.0036	1.0045	1.0242	-1.14%	2,436	26.91%	28.27%	0.08%
5	23371WA1940002	KP Cascade Silver	1.0236	1.0000	1.0009	1.0227	-0.46%	5,580	23.48%	23.95%	0.08%
6	23371WA1780003	KP WA Bronze 9100	0.6368	1.0000	1.0015	0.6358	-0.01%	5,172	14.57%	14.49%	0.08%
7	23371WA1780004	KP WA Bronze HSA 7100	0.6499	1.0000	1.0014	0.6490	0.01%	6,420	12.99%	12.89%	0.08%
8	23371WA1940003	KP Cascade Bronze	0.6499	1.0000	1.0014	0.6490	0.30%	17,484	13.69%	13.26%	0.08%
9	23371WA1770003	KP WA Gold 0 with Pediatric Dental	0.8376	1.0063	1.0063	0.8376	-1.13%	5,292	2.13%	3.22%	0.08%
10	23371WA1770001	KP WA Gold 1750 with Pediatric Dental	0.7952	1.0061	1.0061	0.7952	-0.04%	2,376	5.00%	4.96%	0.08%
11	23371WA1770002	KP WA Silver 1000 with Pediatric Dental	0.7226	1.0051	1.0051	0.7226	-1.14%	2,784	1.91%	3.00%	0.08%
12	23371WA1790001	KP WA Silver 5500 with Pediatric Dental	0.6759	1.0000	1.0000	0.6759	-2.20%	3,120	6.42%	8.73%	0.08%
13	23371WA1790004	KP WA Silver HSA 3600 with Pediatric Dental	0.6871	1.0000	1.0000	0.6871	-2.55%	732	6.54%	9.24%	0.08%
14	23371WA1790002	KP WA Bronze 6000 with Pediatric Dental	0.6476	1.0000	1.0000	0.6476	-0.77%	2,316	10.95%	11.73%	0.08%
15	23371WA1790003	KP WA Bronze 9100 with Pediatric Dental	0.6448	1.0000	1.0000	0.6448	-0.01%	2,892	14.42%	14.33%	0.08%
16	23371WA1790005	KP WA Bronze HSA 7100 with Pediatric Dental	0.6580	1.0000	1.0000	0.6580	0.01%	2,856	12.85%	12.75%	0.08%
17	23371WA1790006	KP WA Gold HSA 2100 with Pediatric Dental	0.7820	1.0000	1.0000	0.7820		180			
18	23371WA1940004	KP Cascade Vital Gold	0.7734	1.0000	1.0012	0.7725		1,200			
Average Value			0.7711						11.36%		

*Treats Voluntary Abortion as a Washington State EHB. Includes Adult Vision benefits.

**Treats Voluntary Abortion as a non-EHB, consistent with URRT Worksheet II, Line 3.5. Includes Adult Vision benefits.

***The Pricing AV for the URRT is adjusted downward for On-Exchange plans from actual pricing AV's to offset the CMS requirement that an additional \$1ppm be considered non-EHB for Voluntary Abortion.

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Exhibit 26
EHB Percentages

			(A)	(B)	(C)	(D)	(E)	(F)	(G)
Plan	HIOS ID	Plan Marketing Name	Projected Member Months	Plan Adjusted Index Rate	Benefits in Addition to EHB*	Non-EHB PMPM (Premium Basis)	Voluntary Abortion	EHB % of Total Premium (PBT)	Benefits in Addition to EHB (URRT)
1	23371WA1760003	KP WA Gold 0	7,980	\$874.40	1.0064	\$5.55	\$1.00	99.25%	1.0075
2	23371WA1760001	KP WA Gold 1750	7,632	\$833.50	1.0062	\$5.11	\$1.00	99.27%	1.0074
3	23371WA1940001	KP Cascade Complete Gold	7,548	\$867.94	1.0000	\$0.00	\$1.00	99.88%	1.0012
4	23371WA1760002	KP WA Silver 1000	2,436	\$1,060.67	1.0036	\$3.77	\$1.00	99.55%	1.0045
5	23371WA1940002	KP Cascade Silver	5,580	\$1,055.68	1.0000	\$0.00	\$1.00	99.91%	1.0009
6	23371WA1780003	KP WA Bronze 9100	5,172	\$685.11	1.0000	\$0.00	\$1.00	99.85%	1.0015
7	23371WA1780004	KP WA Bronze HSA 7100	6,420	\$697.72	1.0000	\$0.00	\$1.00	99.86%	1.0014
8	23371WA1940003	KP Cascade Bronze	17,484	\$697.68	1.0000	\$0.00	\$1.00	99.86%	1.0014
9	23371WA1770003	KP WA Gold 0 with Pediatric Dental	5,292	\$882.56	1.0063	\$5.55	\$0.00	99.37%	1.0063
10	23371WA1770001	KP WA Gold 1750 with Pediatric Dental	2,376	\$841.54	1.0061	\$5.10	\$0.00	99.39%	1.0061
11	23371WA1770002	KP WA Silver 1000 with Pediatric Dental	2,784	\$770.83	1.0051	\$3.88	\$0.00	99.50%	1.0051
12	23371WA1790001	KP WA Silver 5500 with Pediatric Dental	3,120	\$722.63	1.0000	\$0.00	\$0.00	100.00%	1.0000
13	23371WA1790004	KP WA Silver HSA 3600 with Pediatric Dental	732	\$733.30	1.0000	\$0.00	\$0.00	100.00%	1.0000
14	23371WA1790002	KP WA Bronze 6000 with Pediatric Dental	2,316	\$695.47	1.0000	\$0.00	\$0.00	100.00%	1.0000
15	23371WA1790003	KP WA Bronze 9100 with Pediatric Dental	2,892	\$692.77	1.0000	\$0.00	\$0.00	100.00%	1.0000
16	23371WA1790005	KP WA Bronze HSA 7100 with Pediatric Dental	2,856	\$705.41	1.0000	\$0.00	\$0.00	100.00%	1.0000
17	23371WA1790006	KP WA Gold HSA 2100 with Pediatric Dental	180	\$824.18	1.0000	\$0.00	\$0.00	100.00%	1.0000
18	23371WA1940004	KP Cascade Vital Gold	1,200	\$816.02	1.0000	\$0.00	\$1.00	99.88%	1.0012
Total/Average Value EHB only			84,000	\$797.02	1.0020	\$1.72	\$0.73	99.71%	1.0029

*Treats Voluntary Abortion as a Washington State EHB.

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Exhibit 27
Buildup of Adult Vision non-EHB Load

Experience Period		
Plans with Adult Vision Exams	Member Months	
(1) KP WA Gold 0/15 (23371WA1760003)	5,403	Exhibit 10
KP WA Gold 1750/20 (23371WA1760001)	5,447	
KP WA Silver 750/35 (23371WA1760002)	5,674	
KP WA Gold 0/15 with Pediatric Dental (23371WA1770003)	4,063	
KP WA Gold 1750/20 with Pediatric Dental (23371WA1770001)	2,304	
KP WA Silver 750/35 with Pediatric Dental (23371WA1770002)	2,507	
(2) Total	25,398	Sum (1)
(3) Vision Exam encounters	1,698	Base Period Data
(4) Allowed Claims	\$146,713	Base Period Data
(5) Allowed Claims PMPM (Vision members only)	\$5.78	(4) / (2)
(6) Allowed Claims PMPM (All member months)	\$1.82	(4) / Exhibit 1 (1)
(7) Paid Claims (Paid = Incurred)	\$108,142	Base Period Data
(8) Paid Claims PMPM (Vision members only)	\$4.26	(8) / (2)
(9) Paid Claims PMPM (All member months)	\$1.34	(8) / Exhibit 1 (1)
(10) Allowed per Exam	\$86.40	(4) / (3)
(11) Paid per Exam	\$63.69	(7) / (3)
(12) Exams per 1,000 Members (members with benefit only)	802.29	12,000 x (3) / (2)

Projection Period							Administration, Taxes, Fees and Margin	Non-EHB Premium
Plans with Adult Vision Exams	Member Months	Normalized Utilization (Exhibit 23)	Paid	Paid to Allowed	Allowed PMPM	Paid PMPM		
(13) KP WA Gold 0 (23371WA1760003)	7,980	1.037	\$71.13	0.826	\$5.83	\$4.82	\$0.74	\$5.55
KP WA Gold 1750 (23371WA1760001)	7,632	1.021	\$66.13	0.768	\$5.74	\$4.41	\$0.70	\$5.11
KP WA Silver 1000 (23371WA1760002)	2,436	0.996	\$51.13	0.594	\$5.60	\$3.32	\$0.45	\$3.77
KP WA Gold 0 with Pediatric Dental (23371WA1770003)	5,292	1.037	\$71.13	0.826	\$5.83	\$4.82	\$0.73	\$5.55
KP WA Gold 1750 with Pediatric Dental (23371WA1770001)	2,376	1.021	\$66.13	0.768	\$5.74	\$4.41	\$0.69	\$5.10
KP WA Silver 1000 with Pediatric Dental (23371WA1770002)	2,784	0.996	\$51.13	0.594	\$5.60	\$3.32	\$0.56	\$3.88
(14) Total	28,500	1.024	\$65.82		\$5.76	\$4.40	\$0.68	\$5.08
(15) Exams per 1,000 Members (members with benefit only)	802.29	(12) x (17)						
(16) Allowed Cost Trend (24 months)	-0.31%	Exhibit 14						
(17) Allowed Utilization Trend (24 months)	0.00%	Exhibit 14						
(18) Allowed per Exam	\$86.13	(10) x (16)						
(19) Paid per Exam	\$65.82							
(20) Vision Exam encounters	1,905	(15) x (14) / 12,000						
(21) Allowed Claims	\$164,117	(18)x(20)						
(22) Paid Claims	\$125,410	(19) x (20)						
(23) Paid Claims PMPM (Vision members only)	\$4.40	(22) / (14)						
(24) Paid Claims PMPM (All member months)	\$1.49	(22) / Exhibit 7						
(25) Allowed Claims PMPM (Vision members only)	\$5.76	(21) / (14)						
(26) Allowed Claims PMPM (All member months)	\$1.95	(21) / Exhibit 7						
(27) Total Allowed Claims PMPM	\$864.79	(26) + Exhibit 2 (12)						

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**Exhibit 28
Buildup of Pediatric Dental Load**

Experience Period		
	Plans with Pediatric Dental	Member Months
(1)	Adult Members (no pediatric dental benefit)	16,321
(2)	Pediatric Members	4,549
(3)	Total	20,870 (1) + (2)
(4)	Allowed Pediatric Dental Claims	\$170,712 Base Period Data
(5)	Allowed Claims PMPM - Dental Plans - Pediatric and Adult	\$8.18 (4) / (3)
(6)	Allowed Claims PMPM - Dental Plans - Pediatric	\$37.53 (4) / (2)
(7)	Allowed Claims PMPM - All Plans	\$2.11 (4) / Exhibit 1 (1)
(8)	Paid Pediatric Dental Claims	\$133,994 Base Period Data
(9)	Paid Claims PMPM - All Plans	\$1.66 (8) / Exhibit 1 (1)
	Allowed Claims PMPM - Dental Plans - Pediatric - 2019 Plan Year*	\$27.42
Projection Period		
	Plans with Pediatric Dental	Member Months
(10)	Adult	17,633
(11)	Pediatric	4,915
(12)	Total	22,548 (10) + (11)
(13)	Trend	5.0%
(14)	Allowed Pediatric Dental Claims	\$203,353 (11) x (16)
(15)	Allowed Claims PMPM - Dental Plans - Pediatric and Adult	\$9.02 (14) / (12)
(16)	Allowed Claims PMPM - Dental Plans - Pediatric	\$41.37 (6) x (13)
(17)	Allowed Claims PMPM - All Plans	\$2.42 (14) / Exhibit 7
(18)	Paid Pediatric Dental Claims	\$159,614 (14) x (8) / (4)
(19)	Paid Claims PMPM - All Plans	\$1.90 (18) / Exhibit 7
(20)	Normalized Utilization - Non-Dental Plans	0.9974 Exhibit 23
(21)	Normalized Utilization - Dental Plans	1.0066 Exhibit 23

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**Exhibit 29
Company Rate Information and Rate Review Detail**

Company Rate Information	Initial Filing (as seen in SERFF)	Current (not displayed in SERFF)	Source
a) Policy Holders as of March 2024	4,795	4,795	
b) Minimum % Rate Change	-3.56%	-3.56%	UPMJ Q5
Maximum % Rate Change	26.91%	26.91%	UPMJ Q5
c) Average % Rate Change	11.36%	11.36%	UPMJ Q5
d) Written Premium	\$60,119,802	\$60,119,802	
e) Written Premium Change	\$6,829,878	\$6,829,878	

Rate Review Detail			Source
a) Covered Lives as of March 2025	7,000	7,000	UPMJ Q5
23371WA178	966	966	UPMJ Q5
23371WA179	1,008	1,008	UPMJ Q5
23371WA176	1,324	1,324	UPMJ Q5
23371WA177	871	871	UPMJ Q5
23371WA194	2,831	2,831	UPMJ Q5
b) Requested Rate Change Information			
Experience Period Member Months	80,812	80,812	Exhibit 1
Minimum % Rate Change	-3.56%	-3.56%	UPMJ Q5
Maximum % Rate Change	26.91%	26.91%	UPMJ Q5
Average % Rate Change	11.36%	11.36%	UPMJ Q5
c) Prior Rate 2025			
Projected Premiums*	\$60,119,802	\$60,119,802	
Projected Claims**	\$49,477,145	\$49,477,145	
Minimum PMPM Premium	\$252.97	\$252.97	Final 2025 Rate Schedule
Maximum PMPM Premium	\$1,567.61	\$1,567.61	Final 2025 Rate Schedule
Average PMPM Premium	\$715.71	\$715.71	WAC 284-43-6660
d) Requested Rate 2026			
Projected Premiums	\$66,949,505	\$66,949,505	URRT
Projected Claims	\$54,626,707	\$54,626,707	URRT
Minimum PMPM Premium	\$289.82	\$289.82	2026 Rate Schedule
Maximum PMPM Premium	\$1,847.60	\$1,847.60	2026 Rate Schedule
Average PMPM Premium	\$797.02	\$797.02	URRT
e) Are stated trend factors on an Annual basis?	Yes	Yes	

*2025 Premiums are 2026 premiums divided by the 2026 rate change (on a PMPM basis).

**2025 Projected Claims are the average of the 2024 (Exhibit 2) and 2026 Projected Claims (Exhibit 18).

+Based on projected member months of 84,000 for 2025 and 84,000 for 2026.

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Exhibit 30
Exhibit Consistency: Membership, Claims and Risk Adjustment

Name	Experience 2024 Member Months	March 2025 Membership	Projected 2026 Member Months
Rate Review Detail	80,812	7,000	N/A
Part I URRT Worksheet 1, Section I	80,812	N/A	84,000
Part I URRT Worksheet 2, Section II or IV	80,812	7,000	84,000
UPMJ	N/A	7,000	N/A
Part II Written Explanation	80,812	N/A	84,000
Part III Supporting Exhibits	80,812	7,000	84,000
1332 Waiver Checklist	N/A	N/A	84,000

Name	2024 Allowed Claims	2024 Paid/Incurred Claims	2024 Risk Adjustment + HCRP
Rate Review Detail	N/A	N/A	N/A
Part I URRT Worksheet 1, Section I	\$59,540,835	\$42,645,246	-\$3,005,814
Part I URRT Worksheet 2, Section II	\$59,540,835	\$42,645,246	-\$3,005,814
UPMJ	N/A	N/A	N/A
Part II Written Explanation	N/A	\$42,645,246	-\$3,005,814
Part III Supporting Exhibits	\$59,540,835	\$42,645,246	-\$3,005,814
1332 Waiver Checklist	N/A	N/A	N/A

Name	2026 Allowed Claims	2026 Paid/Incurred Claims	2026 Risk Adjustment + HCRP
Rate Review Detail	N/A	\$54,626,707	N/A
Part I URRT Worksheet 1, Section I	N/A	N/A	N/A
Part I URRT Worksheet 2, Section IV	\$72,642,677	\$54,626,707	-\$2,614,321
UPMJ	N/A	N/A	N/A
Part II Written Explanation	N/A	N/A	N/A
Part III Supporting Exhibits	\$72,642,677	\$54,626,707	-\$2,614,321
1332 Waiver Checklist	\$72,642,677	N/A	N/A

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Exhibit 31
Year over Year Comparison of Rate Development Factors

URRT Worksheet I

	2025	2026	Change
Cost Trend*	1.040	0.995	-4.26%
Utilization Trend*	1.000	1.070	7.04%
Morbidity Adjustment	1.000	1.030	3.00%
Demographic Shift	1.000543873	0.99990937	-0.06%
Plan Design Changes	1.005	1.002	-0.32%
Other	1.000	1.000	0.00%
Applied Credibility %	100%	100%	0.00%
Reinsurance	\$0.00	\$0.00	\$0.00
Risk Adjustment	-\$74.81	-\$41.39	\$33.42
Exchange User Fees	0.60%	0.55%	0.05%
*Trend Factors are applied seperately to all benefit categories. Exhibit shows combined trend.			

URRT Worksheet II

	2025		2026		Change
Weighted Average AV and Cost Sharing Design of Plan	0.6865		0.7513		9.44%
Provider Network Adjustment	1.0000		1.0000		0.00%
Weighted Average Benefits in Addition to EHB (URRT)	1.0024		1.0029		0.05%
Admin Expense Load	\$68.45	9.34%	\$70.66	8.87%	-0.47%
Taxes and Fees	\$15.95	2.18%	\$17.27	2.17%	-0.01%
Profit and Risk Load	\$8.50	1.16%	\$23.91	3.00%	1.84%
Calibration Factors					
Age Calibration	0.5592		0.5580		-0.22%
Area Calibration	0.9911		0.9911		0.00%
Tobacco Calibration	0.9933		1.0000		0.68%

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**Exhibit 32
Projected Medical Loss Ratio**

		<u>Source</u>
1 (1) Net Claims PMPM	\$650.32	Exhibit 6 - (E)
Administrative Expenses		
2 (2) Quality Assurance	\$17.54	WA Exhibit 11
3 (3) All Other Admin	\$53.12	WA Exhibit 11
4 (4) Total Administrative Expenses	\$70.66	(2) + (3)
Taxes/Fees		
5 (5) Exchange Fee	\$3.74	WA Exhibit 11
6 (6) State Premium Tax	\$15.94	WA Exhibit 11
7 (7) ACA Health Insurer Tax	\$0.00	WA Exhibit 11
8 (8) PCORI	\$0.32	WA Exhibit 11
9 (9) WSHIP	\$0.12	WA Exhibit 11
10 (10) Risk Adjustment User Fee	\$0.18	WA Exhibit 11
11 (11) WAPAL	\$0.06	WA Exhibit 11
12 (12) WA Regulatory Surcharge	\$0.62	WA Exhibit 11
13 (13) WA Fraud Surcharge	\$0.03	WA Exhibit 11
14 (14) Total Taxes/Fees	\$21.01	Sum[(5) -- (13)]
15 (15) Risk Adjustment	(\$31.12)	WA Exhibit 10
16 (16) Risk Margin	\$23.91	WA Exhibit 11
17 (17) Total Premium PMPM	\$797.02	WA Exhibit 11
18 (18) Standard MLR	85.5%	[(1) - (15)] / (17)
19 (19) ACA MLR	90.1%	[(1) + (2) - (15)] / [(17) - (14)]

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Exhibit 33
Financial Statement Comparison

					2024 Additional Data Statement		Variance: Filing / Add Data Statement
Additional Data Statement Reconciliation	Additional Data Statement Line Number	2024 Additional Data Statement	Filing Data	Internal Finance Reports	Conversion	ACA Compliant	
Net Premium Income	1	\$50,355,639		\$52,246,834	\$275,001	\$50,080,638	
Premiums*		\$56,736,035	\$54,986,655	\$58,627,230		\$56,461,034	-2.61%
Risk Adjustment**		-\$6,380,396		-\$6,380,396		-\$6,380,396	
RAD-V Adjustment*		\$0		\$0		\$0	
Risk Corridor Adjustment*		\$0		\$0		\$0	
Total Revenues	7	\$51,557,811					
Total Hospital and Medical	17	\$47,854,479	\$42,645,246	\$38,965,206	\$239,069	\$47,615,410	-10.44%
Claims Adjustment Expense	19	\$956,104				\$956,104	
General Administrative Expenses	20	\$3,321,455				\$3,321,455	
Claims Adjustment + General Admin	19 + 20	\$4,277,559	\$6,871,249	\$5,699,000	\$20,000	\$4,277,559	60.63%
Total Claims and Expenses	17 + 19 + 20	\$52,132,038	\$49,516,495	\$44,664,206	\$259,069	\$51,892,969	-4.58%
Enrollment Quarter		2024 Additional Data Statement	Filing Data				
2023 Q1		7,180	7,044	7,442	46	7,134	-1.26%
2023 Q2		7,045	6,725	Average	41	7,004	-3.98%
2023 Q3		6,662	6,604		34	6,628	-0.36%
2023 Q4		6,474	6,356		32	6,442	-1.33%

*Not reported in the Additional Data Statement. Risk Adjustment, RADV Adjustment and Risk Corridor Adjustment are sourced from KFHP accounting and includes estimated risk adjustment transfers incurred in 2024 as well as risk adjustment, RADV and risk corridor transfers incurred but not booked in prior years. Premiums are calculated as Net Premium Income - Risk Adjustment - RADV - Risk Corridor.

+Risk Adjustment in the ADS includes a preliminary booking of -\$4,000,000 for 2024 and adjustments to prior years' bookings of -\$2,380,396. The projected risk adjustment for 2024, as shown in Exhibit 14, is -\$2,956,526.

Months of Surplus			2024 Annual Statement
(1) Total capital and surplus	\$970,244,941	pg 3, ln 33	
(2) Subtotal of hospital and medical claims	\$4,772,601,556	pg 4, ln 18	
(3) Months of Surplus	2.44	(1) / (2) * 12	
(4) 2026 Surplus at 3% margin	1,266,592,656		
(5) 2026 Months of Surplus at 3% margin	2.80		

Risk Based Capital			2024 Annual Statement
(1) Total adjusted capital	\$970,244,941	pg 29, ln 14	
(2) Authorized control level risk-based capital	\$102,733,996	pg 29, ln 15	
(3) Risk Based Capital Ratio	9.44	(1) / (2)	

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**Exhibit 34
Experience Data Credibility**

Full Credibility in Member Months = Average Monthly Exposure x $(1.96 \times \sigma / 0.1 \times \mu)^2$

Total Member Months	80,812
Average Member Months	6,734
Unique Members	8,611
Average Monthly Exposure	9.38
Allowed Claims	\$59,540,835
Mean Allowed (μ)	\$6,914.14
Standard Deviation (σ)	22,782.14
$(1.96 \times \sigma / 0.1 \times \mu)^2$	4,171
Full Credibility in MM	39,140
Total MM / Full Credibility MM	2.06
Credibility	100%

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Exhibit 35
Summary of Pooled Experience with Adjustments

	Experience Period		First Prior Period		Second Prior Period	
	From	To	From	To	From	To
	1/1/2024	12/31/2024	1/1/2023	12/31/2023	1/1/2022	12/31/2022
Member Months		80,812		87,660		99,787
Earned Premium		\$54,986,655		\$54,086,166		\$57,220,435
Paid Claims		\$43,170,931		\$48,901,203		\$46,286,682
Beginning Claim Reserve		\$1,504,686		\$4,605,063		\$2,084,365
Ending Claim Reserve		\$979,000		\$1,504,686		\$4,605,063
Incurred Claims		\$42,645,246		\$45,800,825		\$48,807,381
Expenses		\$6,871,249		\$7,282,492		\$7,468,947
Gain/Loss		\$5,470,160		\$1,002,849		\$944,107
Loss Ratio Percentage		77.56%		84.68%		85.30%
Commercial Reinsurance		\$0		\$0		\$0
Risk Adjustment Transfer		-\$2,956,526		-\$5,382,915		-\$4,931,818
High Cost Risk Pool Assessment		-\$197,143		-\$197,143		-\$211,600
High Cost Risk Pool Transfer		\$147,856		\$0		\$0
Prior Year RADV & Risk Adjustment		#####		#####		-\$486,984
Adjusted Gain/Loss		\$5,592,784		-\$6,543,676		-\$4,686,295
MLR Rebates		\$0		\$0		\$0

Risk Adjustment Fees are components of "Expenses" in the table above.

Risk Adjust. Prior Period Adjustments			
RADV Adjustment	\$971,111	-\$293,873	\$0
Prior Years' Risk Adjustments	#####	#####	-\$486,984
Risk Adjustment Fee	-\$16,971	-\$19,285	-\$24,947
Risk Adjustment Fee (PMPM)	-\$0.21	-\$0.22	-\$0.25

**Kaiser Foundation Health Plan of the Northwest
State of Washington - 2026 Individual Medical Plans Rate Filing
Part III – Rate Filing Documentation and Actuarial Memorandum**

**Exhibit 36
Support for Supplemental Checklist for 1332 Waiver**

Estimated for the Projection Period

	Member Months		Premiums		Medical Spend-Allowed	
Rating Area	with 1332	without 1332	with 1332	without 1332	with 1332	without 1332
2	15,129	15,099	\$12,547,989.23	\$12,521,127.23	\$13,615,030.08	\$13,587,100.75
3	68,871	68,733	\$54,401,516.26	\$54,285,056.66	\$59,027,647.10	\$58,906,560.11
Total	84,000	83,832	\$66,949,505.49	\$66,806,183.89	\$72,642,677.18	\$72,493,660.86
PMPM			\$797.02	\$796.91	\$864.79	\$864.75

	Members		Premiums		Medical Spend-Allowed	
Rating Area	with 1332	without 1332	with 1332	without 1332	with 1332	without 1332
2	1,261	1,258	\$1,045,665.77	\$1,043,427.27	\$1,134,585.84	\$1,132,258.40
3	5,739	5,728	\$4,533,459.69	\$4,523,754.72	\$4,918,970.59	\$4,908,880.01
Total	7,000	6,986	\$5,579,125.46	\$5,567,181.99	\$6,053,556.43	\$6,041,138.40
PMPM			\$797.02	\$796.91	\$864.79	\$864.75

	Risk Adjustment (PMPM)		Assume all membership growth is in Cascade Gold and Cascade Silver, with total membership of:	0.20%
	with 1332	without 1332		
Total	-\$28.29	-\$28.29		

	Members		Premiums		Medical Spend-Allowed	
	with 1332	without 1332	with 1332	without 1332	with 1332	without 1332
KP Cascade Complete	629	619	\$6,551,202.64	\$6,447,049.98	\$6,732,729.24	\$6,625,690.62
KP Cascade Vital Gold	100	96	\$979,223.39	\$940,054.45	\$1,049,442.61	\$1,007,464.91
KP Cascade Silver	465	465	\$5,890,714.49	\$5,890,714.49	\$4,780,749.96	\$4,780,749.96
All Other Plans	5,806	5,806	\$53,528,364.97	\$53,528,364.97	\$60,079,755.37	\$60,079,755.37
Total	7,000	6,986	\$66,949,505.49	\$66,806,183.89	\$72,642,677.18	\$72,493,660.86

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Unified Rate Review v6.1

Company Legal Name:

Kaiser Foundation Health Plan of the Northwest

HIOS Issuer ID:

23371

State:

WA

Effective Date of Rate Change(s):

1/1/2026

Market:

Individual

Market Level Calculations (Same for all Plans)

Section I: Experience Period Data

Experience Period:

1/1/2024

to

12/31/2024

Total

PMPM

Allowed Claims

\$59,540,835.12

\$736.78

Reinsurance

\$0.00

\$0.00

Incurred Claims in Experience Period

\$42,645,246.10

\$527.71

Risk Adjustment

-\$3,005,813.56

-\$37.20

Experience Period Premium

\$54,986,655.26

\$680.43

Experience Period Member Months

80,812

Section II: Projections

Benefit Category

Experience Period Index Rate PMPM

Year 1 Trend

Cost

Utilization

Year 2 Trend

Cost

Utilization

Trended EHB Allowed Claims PMPM

Inpatient Hospital

\$102.66

1.039

1.092

1.039

1.092

\$132.09

Outpatient Hospital

\$138.97

0.967

1.041

0.967

1.041

\$140.76

Professional

\$376.58

0.998

1.085

0.998

1.085

\$442.04

Other Medical

\$18.51

0.959

1.089

0.959

1.089

\$20.19

Capitation

\$0.00

1.000

1.000

1.000

1.000

\$0.00

Prescription Drug

\$98.25

0.985

1.029

0.985

1.029

\$100.99

Total

\$734.97

\$836.07

Morbidity Adjustment

1.030

Demographic Shift

1.000

Plan Design Changes

1.002

Other

1.000

Adjusted Trended EHB Allowed Claims PMPM for

1/1/2026

\$862.84

Manual EHB Allowed Claims PMPM

\$0.00

Applied Credibility %

100.00%

Projected Period Totals

Projected Index Rate for

1/1/2026

\$862.84

\$72,478,560.00

Reinsurance

\$0.00

\$0.00

Risk Adjustment Payment/Charge

-\$41.39

-\$3,476,769.93

Exchange User Fees

0.55%

\$417,618.29

Market Adjusted Index Rate

\$909.20

\$76,372,948.22

Projected Member Months

84,000

Information Not Releasable to the Public Unless Authorized by Law: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

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

1 of 3

Rating Area Data Collection

Specify the total number of Rating Areas in your State by selecting the Create Rating Areas button or Ctrl + Shift + R.
Select only the Rating Areas you are offering plans within and add a factor for each area.
To validate, select the Validate button or Ctrl + Shift + I.
To finalize, select the Finalize button or Ctrl + Shift + F.

Rating Area	Rating Factor
Rating Area 2	1.0500
Rating Area 3	1.0000

SERFF Tracking #:	KFNW-134528059	State Tracking #:	484513	Company Tracking #:	EWIDTRADOVVX0126, EWIDDEDOVVX0126, EWIDD...
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State:	Washington	Filing Company:	Kaiser Foundation Health Plan of the Northwest
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	2026 Nongrandfathered Individual Rate Filing - Health		
Project Name/Number:	2026 Nongrandfathered Individual Rate Filing - Health/EWIDTRADOVVX0126		

Supporting Document Schedules

Bypassed - Item:	Written Description Justifying the Rate Increase
Bypass Reason:	See the URRT tab
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Part III Exhibits DUPLICATE and WA Standard Exhibits
Comments:	The Part III file here includes only the Excel version of the exhibits in the Part III files loaded on the URRT tab.
Attachment(s):	Part III Rate Filing Memorandum Exhibits DUPLICATE.xlsx Standardized Rate Filing Exhibits.pdf Standardized Rate Filing Exhibits DUPLICATE.xlsx
Item Status:	
Status Date:	

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

Satisfied - Item:	WAC 284-43-6660
Comments:	
Attachment(s):	WAC 284-43-6660.pdf WAC 284-43-6660 DUPLICATE.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Value Screen-Shots, Benefit Components and Unique Plan Designs
Comments:	
Attachment(s):	Actuarial Value Screen Shots.pdf Wakely - WAHBE 2026 Medical AV Certification.pdf Benefit Components.pdf Benefit Components DUPLICATE.xlsm Unique Plan Design Supporting Documentation and Justification.pdf
Item Status:	
Status Date:	

SERFF Tracking #:	KFNW-134528059	State Tracking #:	484513	Company Tracking #:	EWIDTRADOVVX0126, EWIDDEDOVVX0126, EWIDD...
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State:	Washington	Filing Company:	Kaiser Foundation Health Plan of the Northwest
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	2026 Nongrandfathered Individual Rate Filing - Health		
Project Name/Number:	2026 Nongrandfathered Individual Rate Filing - Health/EWIDTRADOVVX0126		

Satisfied - Item:	MHSUD Parity
Comments:	
Attachment(s):	Mental Health and Substance Use Disorder Financial Requirement Parity Certification.pdf MHSUD Calculations.pdf MHSUD Calculations DUPLICATE.xlsm
Item Status:	
Status Date:	

Satisfied - Item:	Washington Specific Documents
Comments:	
Attachment(s):	Commission Certification.pdf ADS 2024.pdf Individual Supplemental Checklist for 1332 Waiver Reporting.pdf Washington State OIC 2026 Individual Medical Rate Filing Checklist.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Objection Responses
Comments:	Placeholder for objection responses
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	With ARPA Extension
Comments:	These files will not be updated with regular objections unless specifically targeted at these files.
Attachment(s):	Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum_with_ARPA_extension.pdf Part_I_Unified_Rate_Review_Template_with_ARPA_extension.pdf Part_I_Unified_Rate_Review_Template_with_ARPA_extension_DUPLICATE.xlsm Rate Schedule with ARPA extension.pdf Rate Schedule DUPLICATE with ARPA extension.xlsm
Item Status:	
Status Date:	

WA Exhibit 1: Experience Data

Carrier Name:	Kaiser Foundation Health Plan of the Northwest
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

2024 CLAIMS BUILD-UP, TOTAL							
Incurred Month yyyymm	Member Months	Incurred & Paid Claims	IBNP for Incurred Claims	Ultimate Incurred Claims	Allowed Claims (without IBNP)	IBNP for Allowed Claims	Ultimate Allowed Claims
202401	6,967	\$3,211,562	\$0	\$3,211,562	#####	\$0	\$4,483,813
202402	7,085	\$2,856,898	\$0	\$2,856,898	#####	(\$0)	\$3,988,650
202403	7,044	\$3,808,905	\$0	\$3,808,905	#####	\$0	\$5,317,792
202404	7,013	\$3,527,979	\$0	\$3,527,979	#####	(\$0)	\$4,925,577
202405	6,758	\$3,601,319	\$0	\$3,601,319	#####	(\$0)	\$5,027,971
202406	6,725	\$3,695,750	\$4,969	\$3,700,718	#####	\$6,955	\$5,166,765
202407	6,637	\$3,849,681	\$5,995	\$3,855,675	#####	\$8,391	\$5,383,112
202408	6,618	\$3,757,290	\$121,504	\$3,878,794	#####	\$170,074	\$5,415,804
202409	6,604	\$3,517,523	\$57,915	\$3,575,438	#####	\$81,066	\$4,992,046
202410	6,534	\$3,601,432	\$39,817	\$3,641,249	#####	\$55,734	\$5,083,863
202411	6,471	\$3,202,832	\$73,547	\$3,276,379	#####	\$102,946	\$4,574,571
202412	6,356	\$3,514,183	\$196,147	\$3,710,330	#####	\$274,555	\$5,180,872
CY2024	80,812	\$42,145,353	\$499,893	\$42,645,246	#####	\$699,720	#####

2024 ULTIMATE ALLOWED CLAIMS, TOTAL												Total Allowed (EHB + non- EHB)	Check Total Allowed (should be \$0)
Inpatient Hospital	Outpatient Hospital	Professional	Other Medical	Capitation	Prescription Drug before Drug Rebates	Prescription Drug Rebates (Negative \$)	Non- EHBs	Total EHB Allowed	Total Allowed (EHB + non- EHB)	Check Total Allowed (should be \$0)			
\$761,821	\$793,468	\$2,273,260	\$93,151	\$0	\$550,933	\$0	\$11,180	#####	#####	\$0			
\$270,051	\$1,111,813	\$1,847,740	\$104,484	\$0	\$644,616	\$0	\$9,945	#####	#####	\$0			
\$601,288	\$1,002,494	\$2,903,602	\$118,195	\$0	\$678,953	\$0	\$13,259	#####	#####	\$0			
\$814,318	\$845,415	\$2,542,675	\$65,929	\$0	\$644,958	\$0	\$12,281	#####	#####	\$0			
\$1,123,869	\$700,915	\$2,581,699	\$97,453	\$0	\$511,497	\$0	\$12,537	#####	#####	\$0			
\$841,393	\$1,002,892	\$2,511,882	\$142,917	\$0	\$654,816	\$0	\$12,865	#####	#####	\$0			
\$902,324	\$1,068,126	\$2,573,027	\$145,400	\$0	\$680,833	\$0	\$13,401	#####	#####	\$0			
\$676,525	\$955,598	\$2,902,632	\$93,714	\$0	\$774,255	\$0	\$13,080	#####	#####	\$0			
\$567,181	\$908,742	\$2,724,887	\$103,054	\$0	\$675,937	\$0	\$12,245	#####	#####	\$0			
\$556,393	\$1,044,109	\$2,680,148	\$141,742	\$0	\$648,934	\$0	\$12,537	#####	#####	\$0			
\$686,231	\$947,584	\$2,228,183	\$113,332	\$0	\$588,092	\$0	\$11,149	#####	#####	\$0			
\$494,921	\$849,611	\$2,662,232	\$276,154	\$0	\$885,721	\$0	\$12,233	#####	#####	\$0			
\$8,296,316	#####	\$30,431,968	\$1,495,526	\$0	\$7,939,545	\$0	#####	#####	#####	\$0			

2024 CLAIMS BUILD-UP, PMPM							
Incurred Month yyyymm	Member Months	Incurred & Paid Claims	IBNP for Incurred Claims	Ultimate Incurred Claims	Allowed Claims (without IBNP)	IBNP for Allowed Claims	Ultimate Allowed Claims
202401		\$460.97	\$0.00	\$460.97	\$643.58	\$0.00	\$643.58
202402		\$403.23	\$0.00	\$403.23	\$562.97	(\$0.00)	\$562.97
202403		\$540.73	\$0.00	\$540.73	\$754.94	\$0.00	\$754.94
202404		\$503.06	\$0.00	\$503.06	\$702.35	(\$0.00)	\$702.35
202405		\$532.90	\$0.00	\$532.90	\$744.00	(\$0.00)	\$744.00
202406		\$549.55	\$0.74	\$550.29	\$767.26	\$1.03	\$768.29
202407		\$580.03	\$0.90	\$580.94	\$809.81	\$1.26	\$811.08
202408		\$567.74	\$18.36	\$586.10	\$792.65	\$25.70	\$818.34
202409		\$532.64	\$8.77	\$541.40	\$743.64	\$12.28	\$755.91
202410		\$551.18	\$6.09	\$557.28	\$769.53	\$8.53	\$778.06
202411		\$494.95	\$11.37	\$506.32	\$691.03	\$15.91	\$706.93
202412		\$552.89	\$30.86	\$583.75	\$771.92	\$43.20	\$815.12
CY2024		\$521.52	\$6.19	\$527.71	\$728.12	\$8.66	\$736.78

2024 ULTIMATE ALLOWED CLAIMS, PMPM												Total Allowed (EHB + non- EHB)	Check Total Allowed (should be \$0)
Inpatient Hospital	Outpatient Hospital	Professional	Other Medical	Capitation	Prescription Drug before Drug Rebates	Prescription Drug Rebates (Negative \$)	Non- EHBs	Total EHB Allowed	Total Allowed (EHB + non- EHB)	Check Total Allowed (should be \$0)			
\$109.35	\$113.89	\$326.29	\$13.37	\$0.00	\$79.08	\$0.00	\$1.60	\$641.97	\$643.58	\$0.00			
\$38.12	\$156.92	\$260.80	\$14.75	\$0.00	\$90.98	\$0.00	\$1.40	\$561.57	\$562.97	\$0.00			
\$85.36	\$142.32	\$412.21	\$16.78	\$0.00	\$96.39	\$0.00	\$1.88	\$753.06	\$754.94	\$0.00			
\$116.12	\$120.55	\$362.57	\$9.40	\$0.00	\$91.97	\$0.00	\$1.75	\$700.60	\$702.35	\$0.00			
\$166.30	\$103.72	\$382.02	\$14.42	\$0.00	\$75.69	\$0.00	\$1.86	\$742.15	\$744.00	\$0.00			
\$125.11	\$149.13	\$373.51	\$21.25	\$0.00	\$97.37	\$0.00	\$1.91	\$766.38	\$768.29	\$0.00			
\$135.95	\$160.94	\$387.68	\$21.91	\$0.00	\$102.58	\$0.00	\$2.02	\$809.06	\$811.08	\$0.00			
\$102.22	\$144.39	\$438.60	\$14.16	\$0.00	\$116.99	\$0.00	\$1.98	\$816.37	\$818.34	\$0.00			
\$85.88	\$137.60	\$412.61	\$15.60	\$0.00	\$102.35	\$0.00	\$1.85	\$754.06	\$755.91	\$0.00			
\$85.15	\$159.80	\$410.18	\$21.69	\$0.00	\$99.32	\$0.00	\$1.92	\$776.14	\$778.06	\$0.00			
\$106.05	\$146.44	\$344.33	\$17.51	\$0.00	\$90.88	\$0.00	\$1.72	\$705.21	\$706.93	\$0.00			
\$77.87	\$133.67	\$418.85	\$43.45	\$0.00	\$139.35	\$0.00	\$1.92	\$813.19	\$815.12	\$0.00			
\$102.66	\$138.97	\$376.58	\$18.51	\$0.00	\$98.25	\$0.00	\$1.82	\$734.97	\$736.78	\$0.00			

Comments

Carrier Name:	Kaiser Foundation Health Plan of the Northwest
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

		2024, TOTAL				2024, PMPM			2024, % of PREMIUM		
Line Item	Description	ACTUAL EXPERIENCE (A)	PROJECTED (i.e., Expected; E)	A:E - 1	A - E	ACTUAL EXPERIENCE (A)	PROJECTED (i.e., Expected; E)	A:E - 1	ACTUAL EXPERIENCE (A)	PROJECTED (i.e., Expected; E)	A - E
a	Member Months (MM)	80,812	90,036	-10.2%							
b	Premium	\$54,986,655	\$60,516,244	-9.1%		\$680.43	\$672.13	1.2%			
c	Allowed Claims	\$59,540,835	\$68,988,807	-13.7%		\$736.78	\$766.24	-3.8%	108.3%	114.0%	-5.7%
d	Incurred Claims	\$42,645,246	\$47,080,957	-9.4%		\$527.71	\$522.91	0.9%	77.6%	77.8%	-0.2%
e	Cost Sharing Reduction (CSR) Amounts	\$2,559,346	\$2,825,554	-9.4%		\$31.67	\$31.38	0.9%	4.7%	4.7%	0.0%
f	Risk Adjustment Transfer Amounts	(\$3,005,814)	(\$4,638,336)	-35.2%		(\$37.20)	(\$51.52)	-27.8%	-5.5%	-7.7%	2.2%
g	Administrative Expense	\$5,135,168	\$5,675,869	-9.5%		\$63.54	\$63.04	0.8%	9.3%	9.4%	0.0%
h	Taxes and Fees	\$1,733,657	\$1,368,406	26.7%		\$21.45	\$15.20	41.2%	3.2%	2.3%	0.9%
i	Profit Margin (a.k.a. Profit & Risk Load)	\$2,466,771	\$1,573,413	56.8%		\$30.52	\$17.48	74.7%	4.5%	2.6%	1.9%
j	Paid-to-Allowed Ratios	71.6%	68.2%	5.0%	3.4%						

\$30.52	\$19.47
(\$0.00)	\$1.99

77.6%	77.8%	-0.2%
-0.3%		

82.0%	84.3%	-2.2%
-2.6%		

[illegible]

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

Carrier Name:	Kaiser Foundation Health Plan of the Northwest
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	199.50	\$7,595.67	\$126.28
Outpatient Hospital	Services	794.89	\$1,736.65	\$115.04
Professional	Services	9,351.12	\$442.40	\$344.74
Prescription Drug	Days Filled	8,537.34	\$105.70	\$75.20
Total				\$661.26

EXPERIENCE -- 2023

URRT w1 Benefit Category	Frequency Units	Units per 1,000	Unit Cost	EHB Cost PMPM
Inpatient Hospital	Days	219.58	\$7,510.61	\$137.43
Outpatient Hospital	Services	874.33	\$1,715.69	\$125.01
Professional	Services	9,568.24	\$498.29	\$397.31
Prescription Drug	Days Filled	8,911.02	\$137.58	\$102.16
Total				\$761.91

EXPERIENCE -- 2024

URRT w1 Benefit Category	Frequency Units	Units per 1,000	Unit Cost	EHB Cost PMPM
Inpatient Hospital	Days	167.50	\$7,354.89	\$102.66
Outpatient Hospital	Services	794.88	\$2,098.03	\$138.97
Professional	Services	8,749.19	\$516.50	\$376.58
Prescription Drug	Days Filled	8,458.30	\$139.39	\$98.25
Total				\$716.46

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

URRT w1 Benefit Category	Frequency Units	Units per 1,000	Unit Cost	EHB Cost PMPM
Inpatient Hospital	Days	199.72	\$7,936.28	\$132.08
Outpatient Hospital	Services	861.26	\$1,961.13	\$140.75
Professional	Services	10,301.74	\$514.87	\$442.01
Prescription Drug	Days Filled	8,961.95	\$135.21	\$100.98
Total				\$815.82

Comments

TRENDS -- EHB Allowed Claims

EXPERIENCE TREND -- 2022 to 2023

Service				Unit Cost Components			
	Total EHB Cost	Utilization	Unit Cost	Service Mix / Intensity	Reimbursement	Unit Cost	Check
Inpatient Hospital	8.83%	10.06%	-1.12%	-3.06%	2.00%	-1.12%	TRUE
Outpatient Hospital	8.67%	9.99%	-1.21%	-3.14%	2.00%	-1.21%	TRUE
Professional	15.25%	2.32%	12.63%	10.42%	2.00%	12.63%	TRUE
Prescription Drug	35.85%	4.38%	30.16%	22.79%	6.00%	30.16%	TRUE
Total	15.220%						

EXPERIENCE TREND -- 2023 to 2024

Service				Unit Cost Components			
	Total EHB Cost	Utilization	Unit Cost	Service Mix / Intensity	Reimbursement	Unit Cost	Check
Inpatient Hospital	-25.30%	-23.72%	-2.07%	-10.98%	10.00%	-2.07%	TRUE
Outpatient Hospital	11.17%	-9.09%	22.29%	11.17%	10.00%	22.29%	TRUE
Professional	-5.22%	-8.56%	3.65%	-5.77%	10.00%	3.65%	TRUE
Prescription Drug	-3.83%	-5.08%	1.31%	-4.42%	6.00%	1.31%	TRUE
Total	-5.965%						

ANNUALIZED PROJECTED TREND -- 2024 to 2026

Service				Unit Cost Components			
	Total EHB Cost	Utilization	Unit Cost	Service Mix / Intensity	Reimbursement	Unit Cost	Check
Inpatient Hospital	13.43%	9.19%	3.88%	-0.12%	4.00%	3.88%	TRUE
Outpatient Hospital	0.64%	4.09%	-3.32%	-7.04%	4.00%	-3.32%	TRUE
Professional	8.34%	8.51%	-0.16%	-4.00%	4.00%	-0.16%	TRUE
Prescription Drug	1.38%	2.93%	-1.51%	-7.08%	6.00%	-1.51%	TRUE
Total	6.709%						

WA Exhibit 4: Normalized Allowed Claims Analysis

Carrier Name:	Kaiser Foundation Health Plan of the Northwest
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

Table 3.1

Incurred Date (YYYYMM)	Member Months	Allowed Claims (as of 3/31/2025)	Allowed Claims Completion factor (based on IBNP estimates)	Ultimate Allowed Claims	One-Time Adjustment for High Claims (Non-Predictive Claims)	One-Time Adjustment for HCRP Receipts	Non-EHB Allowed Claims	Predictive Ultimate Allowed EHB Claims	Predictive Ultimate Allowed EHB Claims PMPM	Allowable Rating Adjustments					Accumulated Adjustments	Allowable Rating Adjustment Normalization Factor	Normalized Allowed Claims PMPM (to Experience Period)	Unadjusted 12-Month Rolling Allowed Claims Trend	Normalized 12-Month Rolling Allowed Claims Trend
										Morbidity Adjustment	Demographic Shift	Plan Design Changes	Other Adjustments	Combined Adjustment					
202201	8,818	\$5,687,059	1.0000	\$5,687,059	-	-	\$10,671	\$5,676,387	\$643.73	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0150	\$653.38		
202202	8,828	\$6,359,199	1.0000	\$6,359,199	-	-	\$11,932	\$6,347,267	\$718.99	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0150	\$729.78		
202203	8,717	\$5,476,266	1.0000	\$5,476,266	-	-	\$10,276	\$5,465,991	\$627.05	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0150	\$636.45		
202204	8,581	\$5,594,753	1.0000	\$5,594,753	-	-	\$10,494	\$5,584,259	\$650.77	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0150	\$660.53		
202205	8,451	\$5,295,677	1.0000	\$5,295,677	-	-	\$9,927	\$5,285,750	\$625.46	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0150	\$634.84		
202206	8,344	\$6,226,814	1.0000	\$6,226,814	-	-	\$11,683	\$6,215,130	\$744.86	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0150	\$756.03		
202207	8,263	\$5,397,989	1.0000	\$5,397,989	-	-	\$10,129	\$5,387,860	\$652.05	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0150	\$661.83		
202208	8,154	\$6,661,442	1.0000	\$6,661,442	-	-	\$12,486	\$6,648,957	\$815.42	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0150	\$827.65		
202209	8,071	\$4,562,097	1.0000	\$4,562,097	-	-	\$8,538	\$4,553,559	\$564.19	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0150	\$572.65		
202210	7,990	\$4,909,405	1.0000	\$4,909,405	-	-	\$9,206	\$4,900,198	\$613.29	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0150	\$622.49		
202211	7,869	\$5,155,719	1.0000	\$5,155,719	-	-	\$9,613	\$5,146,105	\$653.97	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0150	\$663.78		
202212	7,701	\$6,401,549	1.0000	\$6,401,549	-	-	\$11,926	\$6,389,623	\$829.71	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0150	\$842.16		
202301	7,604	\$5,214,716	1.0000	\$5,214,716	-	-	\$9,840	\$5,204,876	\$684.49	1.0000	1.0026	1.0055	1.0000	1.0082	1.0082	1.0068	\$689.12		
202302	7,605	\$4,650,489	1.0000	\$4,650,489	-	-	\$8,775	\$4,641,713	\$610.35	1.0000	1.0026	1.0055	1.0000	1.0082	1.0082	1.0068	\$614.48		
202303	7,553	\$7,089,621	1.0000	\$7,089,621	-	-	\$13,378	\$7,076,243	\$936.88	1.0000	1.0026	1.0055	1.0000	1.0082	1.0082	1.0068	\$943.21		
202304	7,484	\$4,910,771	1.0000	\$4,910,771	-	-	\$9,267	\$4,901,504	\$654.93	1.0000	1.0026	1.0055	1.0000	1.0082	1.0082	1.0068	\$659.36		
202305	7,355	\$6,300,487	1.0000	\$6,300,487	-	-	\$11,889	\$6,288,598	\$855.01	1.0000	1.0026	1.0055	1.0000	1.0082	1.0082	1.0068	\$866.79		
202306	7,315	\$5,662,170	1.0000	\$5,662,170	-	-	\$10,684	\$5,651,485	\$772.59	1.0000	1.0026	1.0055	1.0000	1.0082	1.0082	1.0068	\$777.81		
202307	7,277	\$6,341,115	1.0000	\$6,341,115	-	-	\$11,966	\$6,329,149	\$869.75	1.0000	1.0026	1.0055	1.0000	1.0082	1.0082	1.0068	\$875.63		
202308	7,249	\$5,974,056	1.0000	\$5,974,056	-	-	\$11,263	\$5,962,792	\$822.57	1.0000	1.0026	1.0055	1.0000	1.0082	1.0082	1.0068	\$828.13		
202309	7,208	\$5,612,600	1.0000	\$5,612,600	-	-	\$10,554	\$5,602,046	\$777.20	1.0000	1.0026	1.0055	1.0000	1.0082	1.0082	1.0068	\$782.45		
202310	7,113	\$5,898,730	1.0000	\$5,898,730	-	-	\$10,908	\$5,887,822	\$827.76	1.0000	1.0026	1.0055	1.0000	1.0082	1.0082	1.0068	\$833.35		
202311	7,042	\$6,122,567	1.0000	\$6,122,567	-	-	\$11,428	\$6,111,139	\$867.81	1.0000	1.0026	1.0055	1.0000	1.0082	1.0082	1.0068	\$873.68		
202312	6,855	\$4,923,961	1.0000	\$4,923,961	-	-	\$9,208	\$4,914,753	\$716.96	1.0000	1.0026	1.0055	1.0000	1.0082	1.0082	1.0068	\$721.81	15.47%	14.53%
202401	6,967	\$4,483,813	1.0000	\$4,483,813	-	-	\$11,180	\$4,472,633	\$641.97	1.0000	1.0041	1.0027	1.0000	1.0068	1.0150	1.0000	\$641.97	14.47%	13.56%
202402	7,085	\$3,988,650	1.0000	\$3,988,650	-	-	\$9,945	\$3,978,705	\$561.57	1.0000	1.0041	1.0027	1.0000	1.0068	1.0150	1.0000	\$561.57	15.55%	14.66%
202403	7,044	\$5,317,792	1.0000	\$5,317,792	-	-	\$13,259	\$5,304,532	\$753.06	1.0000	1.0041	1.0027	1.0000	1.0068	1.0150	1.0000	\$753.06	9.13%	8.32%
202404	7,013	\$4,925,577	1.0000	\$4,925,577	-	-	\$12,281	\$4,913,296	\$700.60	1.0000	1.0041	1.0027	1.0000	1.0068	1.0150	1.0000	\$700.60	9.62%	8.81%
202405	6,758	\$5,027,971	1.0000	\$5,027,971	-	-	\$12,537	\$5,015,434	\$742.15	1.0000	1.0041	1.0027	1.0000	1.0068	1.0150	1.0000	\$742.15	5.40%	4.64%
202406	6,725	\$5,159,810	0.9987	\$5,166,765	-	-	\$12,865	\$5,153,900	\$766.38	1.0000	1.0041	1.0027	1.0000	1.0068	1.0150	1.0000	\$766.38	5.04%	4.30%
202407	6,637	\$5,374,721	0.9984	\$5,383,112	-	-	\$13,401	\$5,369,711	\$809.06	1.0000	1.0041	1.0027	1.0000	1.0068	1.0150	1.0000	\$809.06	1.71%	1.00%
202408	6,618	\$5,245,730	0.9686	\$5,415,804	-	-	\$13,080	\$5,402,724	\$816.37	1.0000	1.0041	1.0027	1.0000	1.0068	1.0150	1.0000	\$816.37	1.60%	0.90%
202409	6,604	\$4,910,980	0.9838	\$4,992,046	-	-	\$12,245	\$4,879,801	\$754.06	1.0000	1.0041	1.0027	1.0000	1.0068	1.0150	1.0000	\$754.06	-1.19%	-1.86%
202410	6,534	\$5,028,129	0.9890	\$5,083,863	-	-	\$12,537	\$5,071,326	\$776.14	1.0000	1.0041	1.0027	1.0000	1.0068	1.0150	1.0000	\$776.14	-4.16%	-4.81%
202411	6,471	\$4,471,625	0.9775	\$4,574,571	-	-	\$11,149	\$4,563,422	\$705.21	1.0000	1.0041	1.0027	1.0000	1.0068	1.0150	1.0000	\$705.21	-8.10%	-8.73%
202412	6,356	\$4,906,317	0.9470	\$5,180,872	-	-	\$12,233	\$5,168,638	\$813.19	1.0000	1.0041	1.0027	1.0000	1.0068	1.0150	1.0000	\$813.19	-6.04%	-6.68%

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	99,787	\$67,727,967	\$67,727,967	-	-	\$126,881	\$67,601,086	\$677.45
2023	87,660	\$68,701,282	\$68,701,282	-	-	\$129,162	\$68,572,120	\$782.25
2024	80,812	\$58,841,115	\$59,540,835	-	-	\$146,713	\$59,394,122	\$734.97

Comments

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

Carrier Name:

Kaiser Foundation Health Plan of the Northwest

Market:

Individual

Rate Filing Plan Year:

2026

Experience Period Year:

2024

Table 1

Component	ACTUAL EXPERIENCE (A)		PROJECTED (i.e., EXPECTED; E)				A:E	
	2021 to 2023	2022 to 2024	2021 to 2023	2022 to 2024	2023 to 2025	2024 to 2026	2021 to 2023	2022 to 2024
	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
URRT Worksheet 1							(2) vs. (4)	(3) vs. (5)
Annualized Cost Trend Factor	1.040	1.076	1.047	1.053	1.027	0.995	0.993	1.022
Annualized Utilization Trend Factor	1.056	0.968	0.964	0.996	1.012	1.071	1.095	0.972
Morbidity Adjustment	1.000	1.000	1.000	1.000	1.000	1.030	1.000	1.000
Demographic Shift	1.013	1.007	1.017	1.013	1.001	1.000	0.996	0.993
Plan Design Changes	1.009	1.014	1.003	1.011	1.005	1.002	1.006	1.003
Other	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000

¹ Ratios for factors. Subtraction for percents.

Comments

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

Carrier Name:	Kaiser Foundation Health Plan of the Northwest
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

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
23371WA1760003	Gold	0.8187	0.8185	0.8191	0.7469	0.7468	0.8016	-0.0718	-0.0718	-0.0175
23371WA1760001	Gold	0.7836	0.7804	0.7901	0.7074	0.7095	0.7726	-0.0762	-0.0708	-0.0175
23371WA1940001	Gold	0.8189	0.8139	0.8181	0.7796	0.7776	0.8006	-0.0393	-0.0363	-0.0175
23371WA1760002	Silver	0.7194	0.7125	0.7192	0.7706	0.7744	0.9891	0.0512	0.0619	0.2698
23371WA1940002	Silver	0.7179	0.7075	0.7184	0.7886	0.7908	1.0309	0.0707	0.0833	0.3125
23371WA1780003	Bronze	0.6341	0.6267	0.6386	0.5925	0.5958	0.6561	-0.0415	-0.0309	0.0175
23371WA1780004	Bronze	0.6483	0.6386	0.6497	0.6081	0.6112	0.6672	-0.0402	-0.0274	0.0175
23371WA1940003	Bronze	0.6455	0.6364	0.6497	0.6034	0.6064	0.6672	-0.0421	-0.0300	0.0175
23371WA1770003	Gold	0.8187	0.8185	0.8191	0.7480	0.7475	0.8014	-0.0708	-0.0711	-0.0177
23371WA1770001	Gold	0.7836	0.7804	0.7901	0.7088	0.7106	0.7727	-0.0748	-0.0698	-0.0174
23371WA1770002	Silver	0.7194	0.7125	0.7192	0.6834	0.6866	0.7199	-0.0360	-0.0259	0.0007
23371WA1790001	Silver	0.6872	0.6829	0.6822	0.6328	0.6406	0.6832	-0.0544	-0.0423	0.0011
23371WA1790004	Silver	0.7065	0.6978	0.6912	0.6483	0.6494	0.6922	-0.0582	-0.0484	0.0010
23371WA1790002	Bronze	0.6461	0.6342	0.6410	0.6119	0.6149	0.6598	-0.0341	-0.0193	0.0188
23371WA1790003	Bronze	0.6341	0.6267	0.6386	0.5949	0.5980	0.6574	-0.0392	-0.0287	0.0188
23371WA1790005	Bronze	0.6483	0.6386	0.6497	0.6103	0.6133	0.6685	-0.0380	-0.0253	0.0187
23371WA1790006	Gold	0.0000	0.0000	0.7807	0.0000	0.0000	0.7634	0.0000	0.0000	-0.0173
23371WA1940004	Gold	0.0000	0.0000	0.7806	0.0000	0.0000	0.7631	0.0000	0.0000	-0.0175

Overall AV Metal Value			Overall AV Pricing Value			Difference of Pricing Value and Metal Value		
2024	2025	2026	2024	2025	2026	2024	2025	2026
0.7056	0.6991	0.7068	0.6825	0.6865	0.7520	-0.0231	-0.0126	0.0452

Comments

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

Carrier Name:	Kaiser Foundation Health Plan of the Northwest
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

Table	ACTUAL EXPERIENCE (A)			PROJECTED (i.e., EXPECTED; E)					YEAR-TO-YEAR CHANGE in PROJECTED AMOUNTS				2024 EXPERIENCE to 2026 PROJECTED	A:E		
Component	2022	2023	2024	2022	2023	2024	2025	2026	2022 to 2023	2023 to 2024	2024 to 2025	2025 to 2026		2022	2023	2024
Paid-to-Allowed Ratio (All, Unadjusted)	0.6636	0.6662	0.7160	0.6501	0.6555	0.6605	0.6642	0.7206	1.008	1.008	1.006	1.085	1.007	1.021	1.016	1.084
Paid-to-Allowed Ratio (Catastrophic, Unadjusted)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Paid-to-Allowed Ratio (Bronze, Unadjusted)	0.6108	0.6094	0.6639	0.6012	0.6033	0.6031	0.6056	0.6642	1.004	1.000	1.004	1.097	1.000	1.016	1.010	1.101
Paid-to-Allowed Ratio (Silver, Unadjusted)	0.6949	0.6930	0.7167	0.6869	0.6872	0.6831	0.6876	0.7096	1.000	0.994	1.007	1.032	0.990	1.012	1.008	1.049
Paid-to-Allowed Ratio (Gold, Unadjusted)	0.7347	0.7354	0.8005	0.7214	0.7273	0.7384	0.7409	0.7907	1.008	1.015	1.003	1.067	0.988	1.018	1.011	1.084
Paid-to-Allowed Ratio (Platinum, Unadjusted)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
AV and Cost Sharing Design of Plan Development Components																
AV Pricing Value	0.6776	0.6662	0.7160	0.6501	0.6555	0.6605	0.6642	0.7206	1.008	1.008	1.006	1.085	1.007	1.042	1.016	1.084
Induced Demand Factor (IDF)	0.8384	0.8444	1.0400	0.8346	0.8381	0.8477	0.8489	1.0421	1.004	1.012	1.001	1.228	1.002	1.005	1.008	1.227
CSR Silver Load	1.1014	1.1221	1.2116	1.1166	1.1221	1.1238	1.1226	1.4350	1.005	1.001	0.999	1.278	1.184	0.986	1.000	1.078
Factor for cost of abortion services for which public funding is prohibited	1.0003	1.0003	1.0003	1.0010	1.0010	1.0010	1.0010	1.0009	1.000	1.000	1.000	1.000	1.001	0.999	0.999	0.999
AV and Cost Sharing Design of Plan	0.6259	0.6314	0.9024	0.6065	0.6171	0.6299	0.6336	1.0787	1.017	1.021	1.006	1.703	1.195	1.032	1.023	1.433
Benefits in Addition to EHB	1.0014	1.0014	1.0014	1.0043	1.0016	1.0014	1.0014	1.0020	0.997	1.000	1.000	1.001	1.001	0.997	1.000	1.000
Catastrophic Adjustment	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000

Comments

WA Exhibit 8: CSR Related Experience

Carrier Name:	Kaiser Foundation Health Plan of the Northwest
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

Table					Plan Year 2024 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
23371WA1760001-01	Gold	Base	Renewing	-	5,289	\$3,831,053	\$2,712,233	0.707960045	\$0	0.707960045	\$2,615,294	
23371WA1760001-02	Gold	AI Zero Cost Share	Renewing	1.0000	150	\$169,160	\$169,160	1	\$169,160	0	\$96,561	-\$72,600
23371WA1760001-03	Gold	AI Limited Cost Share	Renewing	-	8	\$8,335	\$6,668	0.8	\$0	0.8	\$0	
23371WA1760002-01	Silver	Base	Renewing	-	840	\$405,818	\$42,268	0.104156019	\$0	0.104156019	\$320,907	
23371WA1760002-04	Silver	73%	Renewing	0.7400	522	\$180,867	\$130,224	0.72	\$3,617	0.7	\$344,988	\$341,371
23371WA1760002-05	Silver	87%	Renewing	0.8700	2,982	\$5,142,124	\$4,165,120	0.81	\$771,319	0.66	\$2,205,427	\$1,434,109
23371WA1760002-06	Silver	94%	Renewing	0.9400	1,330	\$1,358,718	\$1,222,846	0.9	\$298,918	0.68	\$1,011,296	\$712,378
23371WA1760003-01	Gold	Base	Renewing	-	5,367	\$3,908,473	\$2,972,058	0.760414143	\$0	0.760414143	\$1,818,837	
23371WA1760003-03	Gold	AI Limited Cost Share	Renewing	-	36	\$7,973	\$6,379	0.8	\$0	0.8	\$8,580	
23371WA1770001-00	Gold	Base	Renewing	-	2,304	\$2,490,086	\$1,797,541	0.721879068	\$0	0.721879068	\$0	
23371WA1770002-00	Silver	Base	Renewing	-	2,507	\$1,731,277	\$1,205,243	0.696158147	\$0	0.696158147	\$0	
23371WA1770003-00	Gold	Base	Renewing	-	4,063	\$5,421,317	\$4,128,718	0.761571078	\$0	0.761571078	\$0	
23371WA1780003-01	Bronze	Base	Renewing	-	5,559	\$2,152,247	\$1,273,905	0.591895393	\$0	0.591895393	\$1,907,413	
23371WA1780003-02	Bronze	AI Zero Cost Share	Renewing	1.0000	188	\$64,182	\$64,182	1	\$64,182	0	\$98,329	\$34,147
23371WA1780003-03	Bronze	AI Limited Cost Share	Renewing	-	28	\$62	\$39	0.63	\$0	0.63	\$0	
23371WA1780004-01	Bronze	Base	Renewing	-	6,806	\$3,392,391	\$2,101,959	0.61960986	\$0	0.61960986	\$2,424,096	
23371WA1780004-03	Bronze	AI Limited Cost Share	Renewing	-	4	\$55	\$35	0.63	\$0	0.63	\$0	
23371WA1790001-00	Silver	Base	Renewing	-	3,036	\$2,248,678	\$1,449,770	0.644721112	\$0	0.644721112	\$0	
23371WA1790002-00	Bronze	Base	Renewing	-	2,398	\$1,090,451	\$679,867	0.62347326	\$0	0.62347326	\$0	
23371WA1790003-00	Bronze	Base	Renewing	-	2,734	\$934,467	\$566,366	0.606084581	\$0	0.606084581	\$0	
23371WA1790004-00	Silver	Base	Renewing	-	836	\$1,115,536	\$736,856	0.660540034	\$0	0.660540034	\$0	
23371WA1790005-00	Bronze	Base	Renewing	-	2,992	\$2,051,609	\$1,275,794	0.621850123	\$0	0.621850123	\$0	
23371WA1940001-01	Gold	Base	Renewing	-	4,924	\$4,902,244	\$3,894,055	0.79434131	\$0	0.79434131	\$2,084,606	
23371WA1940001-03	Gold	AI Limited Cost Share	Renewing	-	3	\$10	\$8	0.8	\$0	0.8	\$0	
23371WA1940002-01	Silver	Base	Renewing	-	2,489	\$1,221,808	\$855,608	0.700279844	\$0	0.700279844	\$868,412	
23371WA1940002-04	Silver	73%	Renewing	0.7400	1,954	\$1,058,428	\$762,068	0.72	\$21,169	0.7	\$1,177,212	\$1,156,043
23371WA1940002-05	Silver	87%	Renewing	0.8700	4,275	\$4,454,302	\$3,607,984	0.81	\$668,145	0.66	\$2,883,735	\$2,215,590
23371WA1940002-06	Silver	94%	Renewing	0.9400	1,653	\$1,922,356	\$1,730,120	0.9	\$422,918	0.68	\$1,155,271	\$732,352
23371WA1940003-01	Bronze	Base	Renewing	-	15,329	\$8,135,024	\$4,947,078	0.60812093	\$0	0.60812093	\$6,799,217	
23371WA1940003-02	Bronze	AI Zero Cost Share	Renewing	1.0000	182	\$139,917	\$139,917	1	\$139,917	0	\$100,273	-\$39,644
23371WA1940003-03	Bronze	AI Limited Cost Share	Renewing	-	24	\$1,868	\$1,177	0.63	\$0	0.63	\$7,514	

Comments

KFHP no longer double adjudicates claims for determining CSR qualified payments. CSR paid claims are estimated based on differences in AV's between the Base plans and their respective CSR plans.

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

Carrier Name:	Kaiser Foundation Health Plan of the Northwest
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
23371WA1760003	Gold	Renewing	Yes	No	0.8191	0.8016	1.0809	1.0000	-1.75%	1.0809	
23371WA1760001	Gold	Renewing	Yes	No	0.7901	0.7726	1.0643	1.0000	-1.75%	1.0643	
23371WA1940001	Gold	Renewing	Yes	No	0.8181	0.8006	1.0804	1.0000	-1.75%	1.0804	
23371WA1760002	Silver	Renewing	Yes	No	0.7192	0.7192	1.0381	1.4350	0.00%	1.0381	1.435
23371WA1940002	Silver	Renewing	Yes	No	0.7184	0.7184	1.0377	1.4350	0.00%	1.0377	1.435
23371WA1780003	Bronze	Renewing	Yes	Yes	0.6386	0.6561	1.0144	1.0000	1.75%	1.0144	
23371WA1780004	Bronze	Renewing	Yes	Yes	0.6497	0.6672	1.0180	1.0000	1.75%	1.0180	
23371WA1940003	Bronze	Renewing	Yes	No	0.6497	0.6672	1.0180	1.0000	1.75%	1.0180	
23371WA1770003	Gold	Renewing	No	No	0.8191	0.8016	1.0809	1.0000	-1.75%	1.0809	
23371WA1770001	Gold	Renewing	No	No	0.7901	0.7726	1.0643	1.0000	-1.75%	1.0643	
23371WA1770002	Silver	Renewing	No	No	0.7192	0.7192	1.0381	1.0000	0.00%	1.0381	
23371WA1790001	Silver	Renewing	No	No	0.6822	0.6822	1.0232	1.0000	0.00%	1.0232	
23371WA1790004	Silver	Renewing	No	No	0.6912	0.6912	1.0266	1.0000	0.00%	1.0266	
23371WA1790002	Bronze	Renewing	No	Yes	0.6410	0.6585	1.0151	1.0000	1.75%	1.0151	
23371WA1790003	Bronze	Renewing	No	Yes	0.6386	0.6561	1.0144	1.0000	1.75%	1.0144	
23371WA1790005	Bronze	Renewing	No	Yes	0.6497	0.6672	1.0180	1.0000	1.75%	1.0180	
23371WA1790006	Gold	New	No	No	0.7807	0.7632	1.0593	1.0000	-1.75%	1.0593	
23371WA1940004	Gold	New	Yes	No	0.7806	0.7631	1.0592	1.0000	-1.75%	1.0592	

Comments

WA Exhibit 10: Summarized Risk Adjustment (RA)

Carrier Name:	Kaiser Foundation Health Plan of the Northwest
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

ACTUAL EXPERIENCE, 2024							
Description	Carrier						Statewide Catastrophic Plans
	Statewide Metal Plans	Total for Metal + Catastrophic	Total for Metal Plans	Platinum	Gold	Silver	Bronze
Billable Member Months (MM)		81,993	81,993		22,489	22,793	36,712
Actual Value (AV)	0.683	0.68263841	0.900	0.800	0.700	0.600	
Plan Liability Risk Score (PLRS)	1.304	1.272	0.000	1.805	1.531	0.748	
Allowable Rating Factor (ARF)	1.717	1.805	0.000	1.708	1.774	1.884	
Induced Demand Factor (IDF)	1.030	1.030	0.000	1.080	1.030	1.000	
Geographic Cost Factor (GCF)	1.000	1.091	0.000	1.092	1.091	1.091	
Statewide Average Premium (SWAP) PMPM							
Starting SWAP PMPM		\$590.07					
Trend from 2024 to 2025		6.95%					
Trend from 2025 to 2026		8.36%					
Final SWAP PMPM (before 80% adjustment is applied)		\$683.71					
Plan Liability Component approximation = PLRS * IDF * GCF	1.343		1.430	0.000	2.199	1.720	0.816
Normalized PLRS * IDF * GCF (N1)	1.095	0.000	1.637	0.000	1.281	0.667	
Allowable Rating Component approximation = AV * ARF * IDF * GCF	1.208		1.385	0.000	1.611	1.395	1.233
Normalized AV * PLRS * IDF * GCF (N2)		1.147	0.000	1.334	1.155	1.021	
Approximate Transfer PMPM (P * (N1 - N2) * 0.80)		\$0.00	\$153.96		\$63.79	(\$209.86)	
Approximate Aggregate Transfer (Transfer PMPM * MM)		(\$1436.47)	\$0		(\$3,462.345)	\$1,454.060	(\$2,794.307)
Aggregate Experience RA Transfer PMPM		-36.0581149	-\$36.06	\$0.00	\$152.43	\$59.63	-\$210.93
Transfer PMPM Difference			\$5.73	\$0.00	-\$1.53	-\$4.16	-\$1.07
HCRP assessment PMPM (amounts should be negative)		-\$2.54	-\$2.54	\$0.00	-\$2.54	-\$2.54	-\$2.54
HCRP receipts PMPM (amounts should be positive)		\$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
Final Risk Adjustment PMPM		-\$38.60	-\$38.60	\$0.00	\$149.89	\$57.09	-\$213.48

PROJECTED (i.e., EXPECTED), 2026							
Description	Carrier						Statewide Catastrophic Plans
	Statewide Metal Plans	Total for Metal + Catastrophic	Total for Metal Plans	Platinum	Gold	Silver	Bronze
Billable Member Months (MM)		84,000	84,000		32,208	34,652	37,140
Actual Value (AV)	0.694	0.694	0.900	0.800	0.700	0.600	
Plan Liability Risk Score (PLRS)	1.335	1.352	0.000	1.920	1.576	0.770	
Allowable Rating Factor (ARF)	1.680	1.797	0.000	1.708	1.773	1.884	
Induced Demand Factor (IDF)	1.036	1.036	0.000	1.080	1.030	1.000	
Geographic Cost Factor (GCF)	1.000	1.091	0.000	1.092	1.091	1.091	
Statewide Average Premium (SWAP) PMPM							
Starting SWAP PMPM		\$590.07					
Trend from 2024 to 2025		6.95%					
Trend from 2025 to 2026		8.36%					
Final SWAP PMPM (before 80% adjustment is applied)		\$683.71					
Plan Liability Component approximation = PLRS * IDF * GCF	1.383		1.528	0.000	2.264	1.772	0.840
Normalized PLRS * IDF * GCF (N1)	1.105	0.000	1.637	0.000	1.281	0.667	
Allowable Rating Component approximation = AV * ARF * IDF * GCF	1.208		1.410	0.000	1.611	1.395	1.233
Normalized AV * PLRS * IDF * GCF (N2)		1.168	0.000	1.334	1.155	1.021	
Approximate Transfer PMPM (P * (N1 - N2) * 0.80)		(\$38.96)	\$0.00	\$178.39	\$73.62	(\$241.16)	
Approximate Aggregate Transfer (Transfer PMPM * MM)		(\$3,099.986)	\$0	\$5,265.540	\$1,083.046	(\$9,091.031)	
Aggregate Projected (Rate Development) RA Transfer PMPM		-28.2891048	-\$28.29	\$0.00	\$176.62	\$69.09	-\$244.41
Transfer PMPM Difference			\$8.61	\$0.00	-\$1.77	-\$4.82	-\$1.24
HCRP assessment PMPM (amounts should be negative)		-\$2.83	-\$2.83	\$0.00	-\$2.83	-\$2.83	-\$2.83
HCRP receipts PMPM (amounts should be positive)		\$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
Final Risk Adjustment PMPM		-\$31.12	-\$31.12	\$0.00	\$173.79	\$66.26	-\$247.24

PROJECTED (i.e., EXPECTED), 2026 versus ACTUAL EXPERIENCE, 2024							
Statewide Metal Plans	Carrier						Statewide Catastrophic Plans
	Total for Metal + Catastroph	Total for Metal Plans	Platinum	Gold	Silver	Bronze	
	1,024	1,017	1,000	1,000	1,000	1,000	
	1,017	1,063	1,030	1,030	1,030	1,030	
	0.978	0.996	1,000	1,000	1,000	1,000	
	1,005	1,005	1,000	1,000	1,000	1,000	
	1,000	1,000	1,000	1,000	1,000	1,000	
	1,159						
	1,030	1,069	1,030	1,030	1,030		
	1,038		1,000	1,000	1,000		
	1,000	1,018	1,000	1,000	1,000		
		1,018	1,000	1,000	1,000		
		0.883	1,159	1,159	1,159		
	0.905	1,459	0.745	1,122			
	0.785	0.785	1,159	1,159	1,159		
	1,502	1,159	1,159	1,159			
	1,114	1,114	1,114	1,114	1,114		
	0.806	0.806	1,159	1,161	1,158		

PROJECTED (i.e., EXPECTED), 2024							
Description	Carrier						Statewide Catastrophic Plans
	Statewide Metal Plans	Total for Metal + Catastrophic	Total for Metal Plans	Platinum	Gold	Silver	Bronze
Billable Member Months (MM)		90,036	90,036		23,556	24,744	41,736
Actual Value (AV)	0.680	0.680	0.900	0.800	0.700	0.600	
Plan Liability Risk Score (PLRS)	1.340	1.251	0.000	1.760	1.510	0.810	
Allowable Rating Factor (ARF)	1.756	1.811	0.000	1.691	1.815	1.877	
Induced Demand Factor (IDF)	1.029	1.029	0.000	1.080	1.030	1.000	
Geographic Cost Factor (GCF)	1.000	1.089	0.000	1.089	1.090	1.089	
Statewide Average Premium (SWAP) PMPM							
Starting SWAP PMPM		\$537.44					
Trend from 2022 to 2023		6.57%					
Trend from 2023 to 2024		6.56%					
Final SWAP PMPM (before 80% adjustment is applied)		\$612.48					
Plan Liability Component approximation = PLRS * IDF * GCF	1.379		1.402	0.000	2.069	1.695	0.882
Normalized PLRS * IDF * GCF (N1)	1.229		1.017	0.000	1.500	1.229	0.840
Allowable Rating Component approximation = AV * ARF * IDF * GCF		1.123	0.000	1.590	1.436	1.226	
Normalized AV * PLRS * IDF * GCF (N2)			1.123	0.000	1.294	1.160	0.998
Approximate Transfer PMPM (P * (N1 - N2) * 0.80)			(\$55.96)	\$0.00	\$108.64	\$36.15	(\$188.67)
Approximate Aggregate Transfer (Transfer PMPM * MM)			(\$5,038.761)	\$0	\$2,559.223	\$894.387	(\$7,874.487)
Aggregate Projected (Rate Development) RA Transfer PMPM		TBD	TBD	\$0.00	\$108.65	\$36.15	-\$188.67
Transfer PMPM Difference			TBD	\$0.00	\$0.01	\$0.01	\$0.00
HCRP assessment PMPM (amounts should be negative)		TBD	TBD	\$0.00	-\$2.42	-\$2.42	-\$2.42
HCRP receipts PMPM (amounts should be positive)		TBD	TBD	\$0.00	\$0.00	\$0.00	\$0.00
RADV adjustment PMPM, if applicable		TBD	TBD	\$0.00	\$0.00	\$0.00	\$0.00
Final Risk Adjustment PMPM		TBD	TBD	\$0.00	\$106.23	\$33.73	-\$191.09

ACTUAL EXPERIENCE, 2024 versus PROJECTED (i.e., EXPECTED), 2024							
Statewide Metal Plans	Carrier						Statewide Catastrophic Plans
	Total for Metal + Catastrophic	Total for Metal Plans	Platinum	Gold	Silver	Bronze	
	0.911	0.911		0.955	0.921	0.880	
	1,004	1,004	1,000	1,000	1,000	1,000	
	0.979	1,017	1,060	1,013	0.923		
	0.978	0.997	1,010	0.977	1,004		
	1,001	1,001	1,000	1,000	1,000		
	1,000	1,002	1,001	1,001	1,001		
	0.963						
	0.974		1,020	1,063	1,015	0.925	
	1,047		1,091	1,042	0.945		
	0.963	1,004	1,013	0.978	1,006		
		1,021	1,031	0.996	1,023		
		0.747	1,417	1,765	1,112		
	0.680	1,353	1,626	0.978			
			1,403	1,649	1,118		
			(183.464)	(658.862)	(806.201)		
				1,051	1,051	1,051	
				1,411	1,692	1,117	

Comments

WA Exhibit 11: Retention / Administrative Costs

Carrier Name:	Kaiser Foundation Health Plan of the Northwest
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

Description	ACTUAL EXPERIENCE (A)						PROJECTED (I.e., EXPECTED; E)										YEAR-TO-YEAR SHIFTS In PROJECTED AMOUNTS										2024 EXPERIENCE to 2026 PROJECTED		A/E					
	2022		2023		2024		2022		2023		2024		2025		2026		2022 to 2023		2023 to 2024		2024 to 2025		2025 to 2026		2026 PROJECTED		2022		2023		2024			
	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM		
Administrative Expenses																																		
Commissions	1.01%	\$5.82	1.09%	\$6.70	1.09%	\$7.40	1.09%	\$6.27	0.93%	\$5.73	0.97%	\$6.55	1.02%	\$7.45	1.03%	\$8.22	-0.16%	-8.61%	0.05%	14.31%	0.04%	13.71%	0.02%	10.35%	-0.06%	11.11%	0.07%	7.73%	-0.16%	-14.48%	-0.11%	-11.45%		
Quality improvement	3.39%	\$19.44	3.09%	\$19.09	2.41%	\$16.42	3.15%	\$18.17	3.14%	\$19.39	3.04%	\$20.45	2.71%	\$19.86	2.20%	\$17.53	0.00%	6.71%	-0.10%	5.47%	-0.33%	-2.91%	-0.51%	-11.69%	-0.21%	6.77%	-0.24%	-6.53%	0.05%	1.57%	0.63%	24.52%		
Investment income credit (enter as a negative number)	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		
Commercial reinsurance premium	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		
Other administrative expenses	5.98%	\$34.31	6.41%	\$39.56	6.18%	\$42.06	6.60%	\$38.09	5.93%	\$36.60	5.36%	\$36.04	5.61%	\$41.14	5.63%	\$44.90	-0.66%	-3.91%	-0.57%	-1.53%	0.25%	14.16%	0.02%	9.13%	-0.55%	6.77%	0.61%	11.02%	-0.48%	-7.48%	-0.82%	-14.30%		
Total administrative expenses	10.39%	\$59.57	10.59%	\$65.35	9.68%	\$65.88	10.83%	\$62.53	10.00%	\$61.72	9.38%	\$63.04	9.34%	\$68.45	8.87%	\$70.65	-0.83%	-1.30%	-0.62%	2.14%	-0.04%	8.58%	-0.47%	3.23%	-0.82%	7.26%	0.44%	4.97%	-0.59%	-5.55%	-0.30%	-4.30%		
Taxes and Fees																																		
Premium tax	2.00%	\$11.47	2.00%	\$12.34	2.00%	\$13.61	2.00%	\$11.55	2.00%	\$12.34	2.00%	\$13.44	2.00%	\$14.66	2.00%	\$15.94	0.00%	6.85%	0.00%	8.92%	0.00%	9.03%	0.00%	8.74%	0.00%	17.12%	0.00%	0.72%	0.00%	0.02%	0.00%	-1.22%		
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	0.0894%	\$0.51	0.0894%	\$0.55	0.0778%	\$0.53	0.0820%	\$0.47	0.0894%	\$0.55	0.0894%	\$0.60	0.0784%	\$0.57	0.0778%	\$0.62	0.01%	16.49%	0.00%	8.92%	-0.01%	-4.33%	0.00%	7.80%	0.00%	17.12%	-0.01%	-7.62%	0.00%	0.02%	0.01%	13.57%		
WA OIC fraud surcharge	0.0052%	\$0.03	0.0052%	\$0.03	0.0042%	\$0.03	0.0052%	\$0.03	0.0052%	\$0.03	0.0042%	\$0.03	0.0047%	\$0.03	0.0042%	\$0.03	0.00%	6.85%	0.00%	8.92%	0.00%	-1.57%	0.00%	-2.69%	0.00%	17.12%	0.00%	0.72%	0.00%	0.02%	0.00%	22.28%		
Risk adjustment user fee	0.04%	\$0.25	0.04%	\$0.22	0.03%	\$0.21	0.04%	\$0.25	0.04%	\$0.22	0.03%	\$0.21	0.02%	\$0.18	0.02%	\$0.18	-0.01%	-12.00%	0.00%	-4.55%	-0.01%	-14.29%	0.00%	0.00%	-0.01%	-14.29%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		
PCORI fee	0.04%	\$0.23	0.04%	\$0.25	0.04%	\$0.26	0.04%	\$0.25	0.04%	\$0.26	0.04%	\$0.28	0.04%	\$0.30	0.04%	\$0.32	0.00%	4.00%	0.00%	7.69%	0.00%	6.55%	0.00%	5.91%	0.00%	22.37%	0.00%	8.70%	0.00%	4.00%	0.00%	8.44%		
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	0.09%	\$0.51	0.05%	\$0.30	0.02%	\$0.13	0.10%	\$0.56	0.09%	\$0.55	0.09%	\$0.60	0.02%	\$0.15	0.02%	\$0.12	-0.01%	-1.79%	0.00%	9.09%	-0.07%	-75.00%	-0.01%	-20.00%	0.00%	-4.00%	0.01%	9.80%	0.04%	83.33%	0.07%	380.00%		
WAPAL assessment	0.01%	\$0.03	0.00%	\$0.03	0.00%	\$0.03	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.03	0.01%	\$0.06	0.01%	\$0.06	0.00%	TBD	0.00%	TBD	0.00%	100.00%	0.00%	0.00%	0.00%	100.00%	-0.01%	-100.00%	0.00%	-100.00%	0.00%	0.00%		
Total administrative expenses	2.27%	\$13.03	2.22%	\$13.72	2.17%	\$14.79	2.27%	\$13.11	2.26%	\$13.96	2.26%	\$15.20	2.18%	\$15.95	2.17%	\$17.27	-0.01%	6.42%	0.00%	8.90%	-0.08%	4.97%	-0.01%	8.23%	-0.01%	16.75%	0.00%	0.64%	0.04%	1.69%	0.09%	2.77%		
Profit & Risk Load	-1.90%	(\$10.89)	-7.54%	(\$46.52)	5.12%	\$34.86	1.28%	\$7.39	1.09%	\$6.73	2.60%	\$17.48	1.16%	\$8.50	3.00%	\$23.91	-0.19%	-9.01%	1.51%	159.80%	-1.44%	-51.36%	1.84%	181.23%	-2.12%	-31.42%	3.18%	-167.88%	8.63%	-114.46%	-2.52%	-49.87%		
Total Retention (excluding Exchange Fee)	10.76%	\$61.71	5.28%	\$32.55	16.98%	\$115.52	14.38%	\$83.04	13.35%	\$82.40	14.24%	\$95.71	12.68%	\$92.90	14.03%	\$111.83	-1.02%	-0.76%	0.89%	16.15%	-1.56%	-2.94%	1.36%	20.37%	-2.94%	-3.20%	3.62%	34.56%	8.08%	153.14%	-2.74%	-17.15%		
Exchange User Fee *	0.37%	\$2.15	0.65%	\$4.02	0.64%	\$4.36	0.37%	\$2.16	0.36%	\$2.20	0.33%	\$2.22	0.52%	\$3.85	0.47%	\$3.74	-0.02%	1.85%	-0.03%	0.91%	0.19%	73.24%	-0.06%	-2.80%	-0.17%	-14.32%	0.00%	0.47%	-0.30%	-45.27%	-0.31%	-49.12%		
Total Retention (including Exchange Fee)	11.14%	\$63.86	5.93%	\$36.57	17.62%	\$119.89	14.75%	\$85.20	13.71%	\$84.60	14.57%	\$97.93	13.20%	\$96.75	14.50%	\$115.57	-1.04%	-0.70%	0.86%	15.76%	-1.37%	-1.21%	1.30%	19.45%	-3.12%	-3.60%	3.62%	33.41%	7.78%	131.33%	-3.05%	-18.31%		
Projected Required Premium PMPM		\$573.43		\$617.00		\$680.43		\$577.54		\$617.10		\$672.13		\$732.83		\$796.90		6.85%		8.92%		9.03%		8.74%		17.12%		0.72%		0.02%		-1.22%		

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

Comments

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

Carrier Name:	Kaiser Foundation Health Plan of the Northwest
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

Description	PROJECTED (i.e., EXPECTED), 2026	
	% of Premium	PMPM
Aggregate Projected Administrative Costs		
3.6 Administrative Expense	8.87%	\$70.65
3.7 Taxes and Fees	2.17%	\$17.27
3.8 Profit & Risk Load	3.00%	\$23.91
Total Retention (excluding Exchange Fee)	14.03%	\$111.83
Aggregate Projected Amounts PMPM		
Exchange user fee		\$3.74
4.15 Incurred Claims		\$650.21
4.16 Risk Adjustment Transfer Amount		(\$31.12)
4.17 Premium		\$796.90
A. (Premium) + (Risk Adjustment Transfer Amount)		\$765.78
B. (Incurred Claims) + (Admin, Taxes & Fees) + (Profit & Risk Load) + (Exchange User Fee)		\$765.78
C. Difference = A - B (should be \$0)		\$0.00

Comments

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:	Kaiser Foundation Health Plan of the Northwest
HIOS Issuer ID:	23371
Market:	Individual
Plan Year:	2026

Part 2

2025 HIOS Plan ID and 2026 HIOS Plan ID	2025 Plan Name	2026 Plan Name	New, Renewal, or Terminated in 2026?	Enrollment as of 3/31/2025
23371WA1760003	KP WA Gold 0	KP WA Gold 0	Renewal	465
23371WA1760001	KP WA Gold 1750	KP WA Gold 1750	Renewal	436
23371WA1940001	KP Cascade Gold	KP Cascade Complete Gold	Renewal	509
23371WA1760002	KP WA Silver 750	KP WA Silver 1000	Renewal	423
23371WA1940002	KP Cascade Silver	KP Cascade Silver	Renewal	865
23371WA1780003	KP WA Bronze 9100	KP WA Bronze 9100	Renewal	431
23371WA1780004	KP WA Bronze HSA 7100	KP WA Bronze HSA 7100	Renewal	535
23371WA1940003	KP Cascade Bronze	KP Cascade Bronze	Renewal	1457
23371WA1770003	KP WA Gold 0 with Pediatric Dental	KP WA Gold 0 with Pediatric Dental	Renewal	441
23371WA1770001	KP WA Gold 1750 with Pediatric Dental	KP WA Gold 1750 with Pediatric Dental	Renewal	198
23371WA1770002	KP WA Silver 750 with Pediatric Dental	KP WA Silver 1000 with Pediatric Dental	Renewal	232
23371WA1790001	KP WA Silver 4500 with Pediatric Dental	KP WA Silver 5500 with Pediatric Dental	Renewal	260
23371WA1790004	KP WA Silver HSA 3300 with Pediatric Dental	KP WA Silver HSA 3600 with Pediatric Dental	Renewal	76
23371WA1790002	KP WA Bronze 6000 with Pediatric Dental	KP WA Bronze 6000 with Pediatric Dental	Renewal	193
23371WA1790003	KP WA Bronze 9100 with Pediatric Dental	KP WA Bronze 9100 with Pediatric Dental	Renewal	241
23371WA1790005	KP WA Bronze HSA 7100 with Pediatric Dental	KP WA Bronze HSA 7100 with Pediatric Dental	Renewal	238
23371WA1790006		KP WA Gold HSA 2100 with Pediatric Dental	New	0
23371WA1940004		KP Cascade Vital Gold	New	0
Total				7000

Question 2:

For each plan with a 2025 HIOS Plan ID that is included in the 2026 rate filing, justify and explain in detail that it is a renewal plan within a renewal product and meets all of the criteria listed in 45 CFR §147.106(e)(3).

Response:

- | | |
|----------------|---|
| 23371WA1760003 | Plan is offered by the same issuer, is of the same product type, covers the same service area, and has seen no changes in benefits. Changes in the cost sharing are necessary to move plan back into Metal AV range. |
| 23371WA1760001 | Plan is offered by the same issuer, is of the same product type, covers the same service area, and has seen no changes in benefits. Changes in the cost sharing are necessary to move plan back into Metal AV range. |
| 23371WA1940001 | Plan is offered by the same issuer, is of the same product type, covers the same service area, and has seen no changes in benefits. Numerous cost share changes are to meet new legislative requirements in accordance with 45 CFR 147.106(e)(2)(ii). Additional changes in the cost sharing are necessary to move plan back into Metal AV range. |
| 23371WA1760002 | Plan is offered by the same issuer, is of the same product type, covers the same service area, and has seen no changes in benefits. Changes in the cost sharing are necessary to move plan back into Metal AV range. |
| 23371WA1940002 | Plan is offered by the same issuer, is of the same product type, covers the same service area, and has seen no changes in benefits. Numerous cost share changes are to meet new legislative requirements in accordance with 45 CFR 147.106(e)(2)(ii). |
| 23371WA1780003 | Plan is offered by the same issuer, is of the same product type, covers the same service area, and has seen no changes in benefits. |
| 23371WA1780004 | Plan is offered by the same issuer, is of the same product type, covers the same service area, and has seen no changes in benefits. |
| 23371WA1940003 | Plan is offered by the same issuer, is of the same product type, covers the same service area, and has seen no changes in benefits. Numerous cost share changes are to meet new legislative requirements in accordance with 45 CFR 147.106(e)(2)(ii). |

- 23371WA1770003 Plan is offered by the same issuer, is of the same product type, covers the same service area, and has seen no changes in benefits. Changes in the cost sharing are necessary to move plan back into Metal AV range.
- 23371WA1770001 Plan is offered by the same issuer, is of the same product type, covers the same service area, and has seen no changes in benefits. Changes in the cost sharing are necessary to move plan back into Metal AV range.
- 23371WA1770002 Plan is offered by the same issuer, is of the same product type, covers the same service area, and has seen no changes in benefits. Changes in the cost sharing are necessary to move plan back into Metal AV range.
- 23371WA1790001 Plan is offered by the same issuer, is of the same product type, covers the same service area, and has seen no changes in benefits. Changes in the cost sharing are necessary to move plan back into Metal AV range.
- 23371WA1790004 Plan is offered by the same issuer, is of the same product type, covers the same service area, and has seen no changes in benefits. Changes in the cost sharing are necessary to move plan back into Metal AV range.
- 23371WA1790002 Plan is offered by the same issuer, is of the same product type, covers the same service area, and has seen no changes in benefits. Changes in the cost sharing are necessary to move plan back into Metal AV range.
- 23371WA1790003 Plan is offered by the same issuer, is of the same product type, covers the same service area, and has seen no changes in benefits.
- 23371WA1790005 Plan is offered by the same issuer, is of the same product type, covers the same service area, and has seen no changes in benefits.

Question 3:

For each 2026 plan with a new HIOS Plan ID (aka a new plan in 2026), explain in detail (in the table below) why the plan is not considered a renewal plan within a renewal product.

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

Response:

2025 HIOS Plan ID	Plan Name	Why is this a new plan?
23371WA1790006	KP WA Gold HSA 2100 with Pediatric Dental	This does not replace any plans and provides and is a new plan type for the Gold tier
23371WA1940004	KP Cascade Vital Gold	This is a mandated new plan for participation on the WAHBE Exchange

Question 4a:

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

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

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

Response:

HIOS Plan ID	2025 Plan Name	2026 Plan Name (if different)	2026 Form Filing SERFF Tracking Number	Benefit Changes (2025 to 2026)	Cost-Share Changes		
					Cost-Share Description	From (2025)	To (2026)
23371WA1760003	KP WA Gold 0	N/A-Same as 2025	KFNW-133977870	Based on the 2026 EHB Benchmark, the following benefits are now covered: -Artificial Insemination -Expanded Hearing Coverage	Outpatient Surgery - Copay Outpatient Surgery is a single copay that covers both Outpatient Facility Fee and Outpatient Surgery Physician/Surgical Services	\$250	\$350
23371WA1760001	KP WA Gold 1750	N/A-Same as 2025	KFNW-133977870	Based on the 2026 EHB Benchmark, the following benefits are now covered: -Artificial Insemination -Expanded Hearing Coverage	Brand Rx - Copay	\$40	\$50
23371WA1940001	KP Cascade Gold	KP Cascade Complete Gold	KFNW-133977866	Based on the 2026 EHB Benchmark, the following benefits are now covered: -Artificial Insemination -Expanded Hearing Coverage	Deductible	\$600	\$1,000
23371WA1760002	KP WA Silver 750	KP WA Silver 1000	KFNW-133977870	Based on the 2026 EHB Benchmark, the following benefits are now covered: -Artificial Insemination -Expanded Hearing Coverage	Deductible	\$750	\$1,000
23371WA1760002					Specialist Office Visit - Copay	\$60	\$65
23371WA1760002					Physical, Occupational and Speech Therapy - Copay	\$60	\$65
23371WA1760002					Emergency Room Services - Deductible Applies	No	Yes
23371WA1940002	KP Cascade Silver	N/A-Same as 2025	KFNW-133977866	Based on the 2026 EHB Benchmark, the following benefits are now covered: -Artificial Insemination -Expanded Hearing Coverage	Out of Pocket Maximum	\$9,200	\$9,750
23371WA1940002					Primary Care Office Visit - Copay	\$30	\$20
23371WA1940002					Mental/Behavioural Health Office Visit - Copay	\$30	\$20
23371WA1780003	KP WA Bronze 9100	N/A-Same as 2025	KFNW-133977852	Based on the 2026 EHB Benchmark, the following benefits are now covered: -Artificial Insemination -Expanded Hearing Coverage	No Cost-Share Changes		
23371WA1780004	KP WA Bronze HSA 7100	N/A-Same as 2025	KFNW-133977852	Based on the 2026 EHB Benchmark, the following benefits are now covered: -Artificial Insemination -Expanded Hearing Coverage	No Cost-Share Changes		
23371WA1940003	KP Cascade Bronze	N/A-Same as 2025	KFNW-133977866	Based on the 2026 EHB Benchmark, the following benefits are now covered: -Artificial Insemination -Expanded Hearing Coverage	Out of Pocket Maximum	\$9,200	\$10,150
23371WA1940003					Primary Care Office Visit - Copay	\$50	\$40
23371WA1940003					Mental/Behavioural Health Office Visit - Copay	\$50	\$40

HIOS Plan ID	2025 Plan Name	2026 Plan Name (if different)	2026 Form Filing SERFF Tracking Number	Benefit Changes (2025 to 2026)	Cost-Share Changes		
					Cost-Share Description	From (2025)	To (2026)
23371WA1770003	KP WA Gold 0 with Pediatric Dental	N/A-Same as 2025	KFNW-133977861	Based on the 2026 EHB Benchmark, the following benefits are now covered: -Artificial Insemination -Expanded Hearing Coverage	Outpatient Surgery - Copay Outpatient Surgery is a single copay that covers both Outpatient Facility Fee and Outpatient Surgery Physician/Surgical Services	\$250	\$350
23371WA1770001	KP WA Gold 1750 with Pediatric Dental	N/A-Same as 2025	KFNW-133977861	Based on the 2026 EHB Benchmark, the following benefits are now covered: -Artificial Insemination -Expanded Hearing Coverage	Brand Rx - Copay	\$40	\$50
23371WA1770002	KP WA Silver 750 with Pediatric Dental	KP WA Silver 1000 with Pediatric Dental	KFNW-133977861	Based on the 2026 EHB Benchmark, the following benefits are now covered: -Artificial Insemination -Expanded Hearing Coverage	Deductible	\$750	\$1,000
23371WA1770002					Specialist Office Visit - Copay	\$60	\$65
23371WA1770002					Physical, Occupational and Speech Therapy - Copay	\$60	\$65
23371WA1770002					Emergency Room Services - Deductible Applies	No	Yes
23371WA1790001	KP WA Silver 4500 with Pediatric Dental	KP WA Silver 5500 with Pediatric Dental	KFNW-133977895	Based on the 2026 EHB Benchmark, the following benefits are now covered: -Artificial Insemination -Expanded Hearing Coverage	Deductible	\$4,500	\$5,500
23371WA1790001					Out of Pocket Maximum	\$8,850	\$9,500
23371WA1790001					Imaging (CT/PET Scans, MRIs) - Copay	\$350	\$400
23371WA1790001					Emergency Room Services - Copay	\$350	\$400
23371WA1790001					Generic Rx - Copay	\$25	\$30
23371WA1790001					Brand Rx - Copay	\$65	\$75
23371WA1790004	KP WA Silver HSA 3300 with Pediatric Dental	KP WA Silver HSA 3600 with Pediatric Dental	KFNW-133977895	Based on the 2026 EHB Benchmark, the following benefits are now covered: -Artificial Insemination -Expanded Hearing Coverage	Deductible	\$3,300	\$3,600
23371WA1790004					Out of Pocket Maximum	\$6,900	\$7,900
23371WA1790004					Generic Rx - Copay	\$15	\$20
23371WA1790004					Brand Rx - Copay	\$55	\$65
23371WA1790002	KP WA Bronze 6000 with Pediatric Dental	N/A-Same as 2025	KFNW-133977895	Based on the 2026 EHB Benchmark, the following benefits are now covered: -Artificial Insemination -Expanded Hearing Coverage	Out of Pocket Maximum	\$8,550	\$8,900
23371WA1790002					Specialist Office Visit - Copay	\$100	\$125
23371WA1790002					Specialist Office Visit - Deductible Applies	Yes	No
23371WA1790003	KP WA Bronze 9100 with Pediatric Dental	N/A-Same as 2025	KFNW-133977895	Based on the 2026 EHB Benchmark, the following benefits are now covered: -Artificial Insemination -Expanded Hearing Coverage	No Cost-Share Changes		
23371WA1790005	KP WA Bronze HSA 7100 with Pediatric Dental	N/A-Same as 2025	KFNW-133977895	Based on the 2026 EHB Benchmark, the following benefits are now covered: -Artificial Insemination -Expanded Hearing Coverage	No Cost-Share Changes		

Question 4b:

- For each terminated plan (i.e., a plan offered in 2025 but not in 2026), please provide the following:
- 1. State the HIOS Plan ID of the terminated plan in 2025. State the applicable HIOS Plan ID on every row in the table as illustrated below.
 - 2. State the 2025 Plan Name of the terminated plan. State the plan name only once per plan as shown below.
 - 3. State the 2026 HIOS Plan ID of the plan that the terminated plan is mapped to in 2026. State the applicable HIOS Plan ID on every row in the table as illustrated below.
 - 4. State the 2026 Plan Name of the plan that the terminated plan is mapped to in 2026. State the plan name only once per plan as shown below.
 - 5. State the SERFF Tracking Number of the corresponding 2026 form filing (state only once per plan as illustrated below).
 - 6. Provide a detailed description of each benefit change from the terminated plan to the mapped 2026 plan, including changes required by Federal and State law (while the cursor is active in a cell in Excel, press [Alt+Enter] to start a new line of text). If no benefit changes, enter "None."
 - 7. Cost-Share Changes: Provide a detailed description of each cost-share change from terminated plan to the mapped 2026 plan.
 - 7.1 For each cost-share change, enter one description of the change per row in the Cost-Share Description column as illustrated below. If no cost-share changes, enter "None" and go to your next plan.
 - 7.2 Enter the corresponding design for the 2025 plan year. Please include all applicable dollar signs (\$), commas (,) and percent signs (%) for each value.
 - 7.3 Enter the corresponding design for the 2026 plan year. Please include all applicable dollar signs (\$), commas (,) and percent signs (%) for each value.

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

Response:

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

Question 5:

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

1. In column 5(a), list all 2025 Plan IDs (one 2025 Plan ID per row; insert rows in the table as needed).
2. In column 5(b), list the corresponding 2025 Plan Names.
3. In column 5(c), state whether the 2025 plan is a "Renewal" plan (a plan offered in 2025 and 2026) or "Terminated" plan (a plan offered in 2025 but not 2026).
4. In column 5(d), provide the enrollment by plan as of March 31, 2025 in all renewing counties. Note: the total enrollment should match the enrollment provided in Question #1, unless the carrier is exiting counties in 2026 which are currently being covered.
5. In column 5(e), if the plan is a "Terminated" plan, provide the corresponding 2026 Plan ID that the 2025 Plan is mapped to. If the plan is a "Renewal" plan, state "N/A."
6. In column 5(f), if the plan is a "Terminated" plan, provide the corresponding 2026 Plan Name that the 2025 Plan is mapped to. If the plan is a "Renewal" plan, state "N/A."
7. In column 5(g), state the experience rate change for the plan. For "Terminated" plans, state the experience rate change by plan mapped from the 2025 Plan to the 2026 Plan.
8. In column 5(h), state the benefit rate change for the plan. For "Terminated" plans, base the rate change on mapping from the 2025 plan to the 2026 plan.
9. In column 5(i), state the cost-share rate change for the plan. For "Terminated" plans, base the rate change on mapping from the 2025 plan to the 2026 plan.
10. In column 5(j), the Overall Average Rate Change by plan is calculated automatically [calculated as (1+Experience Rate Change)*(1+Benefit Rate Change)*(1+Cost-Share Rate Change)-1]. Note that the percentage of overall average rate change by plan for renewal plans should be the same as the rate change indicated in the URRT.
11. In cell 5(k), the total enrollment as of March 31, 2025 is calculated automatically [calculated as the sum of column 5(d)].
12. In cell 5(l), the overall average rate change (weighted by March 2025 enrollment) for this line of business is calculated automatically [calculated as the sum-product of columns 5(d) and 5(j), divided by 5(k)].

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

Response:

Total Enrollment 5(k):	7,000
Overall Average Rate Change (weighted by 03/31/2025 enrollment) 5(l):	11.36%

COLUMN: 5(a)	5(b)	5(c)	5(d)	5(e)	5(f)	5(g)	5(h)	5(i)	5(j)
2025 HIOS Plan ID	2025 Plan Name	Renewal or Terminated in 2026?	Enrollment as of 03/31/2025	Terminated Plans: HIOS Plan ID of plan mapped to in 2026	Terminated Plans: Plan Name corresponding to HIOS Plan ID in column 5(e)	Experience Rate Change for Plan	Benefit Rate Change for Plan	Cost-Share Rate Change for Plan	Overall Average Rate Change for Plan
23371WA1760003	KP WA Gold 0	Renewal	465	N/A	N/A	3.32%	0.08%	-1.13%	2.24%
23371WA1760001	KP WA Gold 1750	Renewal	436	N/A	N/A	5.08%	0.08%	-0.04%	5.13%
23371WA1940001	KP Cascade Gold	Renewal	509	N/A	N/A	-2.90%	0.08%	-0.76%	-3.56%
23371WA1760002	KP WA Silver 750	Renewal	423	N/A	N/A	28.27%	0.08%	-1.14%	26.91%
23371WA1940002	KP Cascade Silver	Renewal	865	N/A	N/A	23.95%	0.08%	-0.46%	23.48%
23371WA1780003	KP WA Bronze 9100	Renewal	431	N/A	N/A	14.49%	0.08%	-0.01%	14.57%
23371WA1780004	KP WA Bronze HSA 7100	Renewal	535	N/A	N/A	12.89%	0.08%	0.01%	12.99%
23371WA1940003	KP Cascade Bronze	Renewal	1,457	N/A	N/A	13.26%	0.08%	0.30%	13.69%
23371WA1770003	KP WA Gold 0 with Pediatric Dental	Renewal	441	N/A	N/A	3.22%	0.08%	-1.13%	2.13%
23371WA1770001	KP WA Gold 1750 with Pediatric Dental	Renewal	198	N/A	N/A	4.96%	0.08%	-0.04%	5.00%
23371WA1770002	KP WA Silver 750 with Pediatric Dental	Renewal	232	N/A	N/A	3.00%	0.08%	-1.14%	1.91%
23371WA1790001	KP WA Silver 4500 with Pediatric Dental	Renewal	260	N/A	N/A	8.73%	0.08%	-2.20%	6.42%
23371WA1790004	KP WA Silver HSA 3300 with Pediatric Dental	Renewal	76	N/A	N/A	9.24%	0.08%	-2.55%	6.54%
23371WA1790002	KP WA Bronze 6000 with Pediatric Dental	Renewal	193	N/A	N/A	11.73%	0.08%	-0.77%	10.95%
23371WA1790003	KP WA Bronze 9100 with Pediatric Dental	Renewal	241	N/A	N/A	14.33%	0.08%	-0.01%	14.42%
23371WA1790005	KP WA Bronze HSA 7100 with Pediatric Dental	Renewal	238	N/A	N/A	12.75%	0.08%	0.01%	12.85%

INDIVIDUAL AND SMALL GROUP FILING SUMMARY

Carrier Name	Kaiser Foundation Health Plan of the Northwest
Address	500 NE Multnomah St, Suite 100 Portland, OR 97232-2099
Carrier Identification Number	NAIC Company Code 95540

Rate Renewal Period:	From	1/1/2026	To	12/31/2026
Date Submitted:		5/13/2025		

Proposed Rate Summary

Current community rate:	\$715.71	per month
Proposed community rate:	\$797.02	per month
Percentage change:	11.36%	%
Portion of carrier's total enrollment affected:	1.49	%
Portion of carrier's total premium revenue affected:	2.04	%

Components of Proposed Community Rate

	Dollars Per Month	% of Total
a) Claims	\$681.44	85.50%
b) Expenses	\$91.67	11.50%
c) Contribution to surplus contingency charges, or risk charges	\$23.91	3.00%
d) Investment earnings	\$0.00	0.00%
e) Total (a + b + c - d)	\$797.02	100.00%

Summary of Pooled Experience

	Experience Period		First Prior Period		Second Prior Period	
	From	To	From	To	From	To
Member Months	1/1/2024	12/31/2024	1/1/2023	12/31/2023	1/1/2022	12/31/2022
		80812		87660		99787
Earned Premium		\$54,986,655.26		\$54,086,165.91		\$57,220,435.09
Paid Claims		\$43,170,931.39		\$48,901,202.68		\$46,286,682.34
Beginning Claim Reserve		\$1,504,685.54		\$4,605,063.38		\$2,084,364.70
Ending Claim Reserve		\$979,000.26		\$1,504,685.54		\$4,605,063.38
Incurred Claims		\$42,645,246.10		\$45,800,824.85		\$48,807,381.01
Expenses		\$6,871,248.81		\$7,282,491.61		\$7,468,947.04
Gain/Loss		\$5,470,160.34		\$1,002,849.45		\$944,107.04
Loss Ratio Percentage		77.56%		84.68%		85.30%

General Information

1. Trend Factor Summary

Types of Service	Annual Trend Assumed	Portion of Claim Dollars
Hospital	6.26%	32.88%
Professional	8.34%	51.24%
Prescription Drugs	1.38%	13.37%
Dental	N/A	N/A
Other	4.44%	2.52%

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

1)

1/1/2025	9.87%
Date	%

2)

1/1/2024	7.29%
Date	%

3)

1/1/2023	5.22%
Date	%

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

Geographic Area	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Family Size	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Age	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Wellness Activities	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Other (specify) <input type="text"/>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

See Rate Schedule

5. Attach comments or additional Information

Embedded pediatric dental is included in the Types of Service – Other, in item #1. The URRT Worksheets include EHB dental services under Other Medical. Other Medical.

Item #1 includes non-EHB claims in Type of Service - Other.

No MLR payments are expected for plan years 2024 through 2026.

6. Preparer's Information

Name:	David Liebert, ASA, MAAA
Title:	Director, Actuarial Services
Telephone Number:	503-593-8851

User Inputs for Plan Parameters

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

Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 95%
	2nd Tier Utilization: 5%

Deductible (\$)
Coinsurance (% , Insurer's Cost Share)
MOOP (\$)
MOOP if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$0.00
		70.00%
		\$8,200.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
		\$0.00
		70.00%
		\$8,200.00

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description: 2026 KP WA Gold 0 plan including Kaiser Permanente at Home

Name: KP WA Gold 0
Plan HIOS ID: 23371WA1760003, 23371WA1770003
Issuer HIOS ID: 23371
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

81.91%

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:

0.2227 seconds

Revised Final 2026 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?☐

Apply Inpatient Copay per Day?☐

Apply Skilled Nursing Facility Copay per Day?☐

Use Separate MOOP for Medical and Drug Spending?☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?☐

Desired Metal Tier

Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 95%
	2nd Tier Utilization: 5%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,750.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	70.00%	50.00%
MOOP (\$)	\$8,500.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,750.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	70.00%	50.00%
MOOP (\$)	\$8,500.00	
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? ☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay? ☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits? ☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? ☐

Copays (1-10):

Plan Description: 2026 KP WA Gold 1750 plan including Kaiser Permanente at Home

Name: KP WA Gold 1750
Plan HIOS ID: 23371WA1760001, 23371WA1770001
Issuer HIOS ID: 23371
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 79.01%
Metal Tier: Gold

Additional Notes:

Calculation Time: 0.1953 seconds

Revised Final 2026 AV Calculator

User Inputs for Plan Parameters

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

Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 95%
	2nd Tier Utilization: 5%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$1,000.00
		60.00%
		\$9,200.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
		\$1,000.00
		60.00%
		\$9,200.00

Deductible (\$)
Coinsurance (% , Insurer's Cost Share)
MOOP (\$)
MOOP if Separate (\$)

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$750.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$750.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$750.00	<input type="checkbox"/>	<input type="checkbox"/>		\$750.00	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$750.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$750.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description: 2026 KP WA Silver 1000 plan including Kaiser Permanente at Home

Name: KP WA Silver 1000
Plan HIOS ID: 23371WA1760002, 23371WA1770002
Issuer HIOS ID: 23371
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

71.92%

Silver

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

Additional Notes:

Calculation Time:

0.375 seconds

Revised Final 2026 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?☒

Apply Inpatient Copay per Day?☐

Apply Skilled Nursing Facility Copay per Day?☐

Use Separate MOOP for Medical and Drug Spending?☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?☐

Desired Metal Tier

Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 95%
	2nd Tier Utilization: 5%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$5,500.00
		65.00%
		\$9,500.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
		\$5,500.00
		65.00%
		\$9,500.00

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? ☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay? ☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits? ☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? ☐

Copays (1-10):

Plan Description: 2026 KP WA Silver 5500 plan including Kaiser Permanente at Home

Name: KP WA Silver 5500
Plan HIOS ID: 23371WA1790001
Issuer HIOS ID: 23371
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 68.22%
Metal Tier: Silver

Additional Notes:

Calculation Time: 0.8984 seconds

Revised Final 2026 AV Calculator

User Inputs for Plan Parameters

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

Silver

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

Deductible (\$)
Coinsurance (% , Insurer's Cost Share)
MOOP (\$)
MOOP if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$3,600.00
		65.00%
		\$7,900.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$55.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description: 2026 KP WA Silver HSA 3600 plan

Name: KP WA Silver HSA 3600
Plan HIOS ID: 23371WA1790004
Issuer HIOS ID: 23371
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

69.20%

Silver

Additional Notes:

Calculation Time:

0.1602 seconds

Revised Final 2026 AV Calculator

User Inputs for Plan Parameters

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

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 95% 2nd Tier Utilization: 5%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$6,000.00
Coinsurance (% , Insurer's Cost Share)		60.00%
MOOP (\$)		\$8,900.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$6,000.00
Coinsurance (% , Insurer's Cost Share)		60.00%
MOOP (\$)		\$8,900.00
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$32.00	<input type="checkbox"/>	<input type="checkbox"/>		\$32.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description: 2026 KP WA Bronze 6000 plan including Kaiser Permanente at Home

Name: KP WA Bronze 6000
 Plan HIOS ID: 23371WA1790002
 Issuer HIOS ID: 23371
 AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

64.10%

Bronze

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

Additional Notes:

Calculation Time:

0.207 seconds

Revised Final 2026 AV Calculator

User Inputs for Plan Parameters

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

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

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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

Options for Additional Benefit Design Limits:

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

Plan Description: 2026 KP WA Bronze HSA 7100 plan
Name: KP WA Bronze HSA 7100
Plan HIOS ID: 23371WA1780004, 23371WA1790005
Issuer HIOS ID: 23371
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

64.97%

Bronze

Additional Notes:

Calculation Time:

0.375 seconds

Revised Final 2026 AV Calculator

User Inputs for Plan Parameters

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

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 95% 2nd Tier Utilization: 5%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$9,100.00
Coinsurance (% , Insurer's Cost Share)		100.00%
MOOP (\$)		\$9,100.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$9,100.00
Coinsurance (% , Insurer's Cost Share)		100.00%
MOOP (\$)		\$9,100.00
MOOP if Separate (\$)		

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

Options for Additional Benefit Design Limits:

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

Plan Description: 2026 KP WA Bronze 9100 plan including Kaiser Permanente at Home

Name: KP WA Bronze 9100
 Plan HIOS ID: 23371WA1780003, 23371WA1790003
 Issuer HIOS ID: 23371
 AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

63.86%

Bronze

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

Additional Notes:

Calculation Time:

0.418 seconds

Revised Final 2026 AV Calculator

User Inputs for Plan Parameters

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

Gold

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

Deductible (\$)
Coinsurance (% , Insurer's Cost Share)
MOOP (\$)
MOOP if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$2,100.00
		80.00%
		\$6,000.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description: 2026 KP WA Gold HSA 2100 plan

Name: KP WA Gold HSA 2100
Plan HIOS ID: 23371WA1790006
Issuer HIOS ID: 23371
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

78.07%

Gold

Additional Notes:

Calculation Time:

0.3789 seconds

Revised Final 2026 AV Calculator

User Inputs for Plan Parameters

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

Silver

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

Deductible (\$)
Coinsurance (% , Insurer's Cost Share)
MOOP (\$)
MOOP if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$3,600.00
		65.00%
		\$7,900.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description: 2026 KP WA Silver HSA 3600 plan

Name: KP WA Silver HSA 3600
Plan HIOS ID: 23371WA1790004
Issuer HIOS ID: 23371
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

69.12%

Silver

Additional Notes:

Calculation Time:

0.2617 seconds

Revised Final 2026 AV Calculator



April 15, 2025

Christine Gibert
Policy Director
Washington Health Benefit Exchange
Via email: Christine.gibert@wahbexchange.org

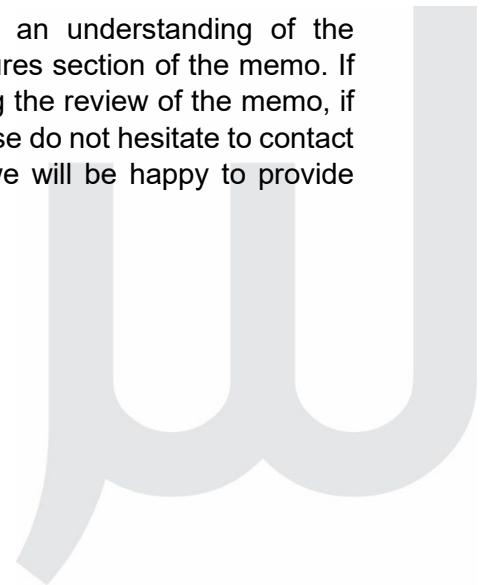
RE: CERTIFICATION FOR WAHBE 2026 STANDARD PLAN DESIGNS

At the request of the Washington Health Benefit Exchange (WAHBE), Wakely is providing an actuarial value (AV) certification and unique plan justification for the 2026 standardized plan designs. The 2026 benefit designs were modestly adjusted to fit within the parameters of the revised final 2026 federal AV calculator's (AVC) constraints and to include special cost sharing for office visits for primary care and mental health/substance use disorder (MH/SUD). For 2026, Acumen modified the 2026 standardized plan designs to fit within the actuarial value requirements and made adjustments to the federal AVC for unique plan designs that did not fit into the AVC and could be considered material. Wakely completed a review of Acumen's methodology, conducted reasonability checks, and is certifying the unique plan adjustments and plan actuarial values.

While this memo discusses Acumen's methodology at a high level, it primarily focuses on review completed by Wakely to confirm the reasonability of Acumen's AV estimates. Wakely is providing an actuarial certification for the adjusted actuarial values allowed under 45 CFR §156.135(b) (3) in Appendices A and B. The documentation that Acumen provided on their methodology can be found in the Appendix C.

Our understanding is that WAHBE will use the final certification for plan year 2026. Use of this document for other purposes may not be appropriate. This document, and any accompanying files and correspondence, are intended for WAHBE internal use only and are not meant for broad distribution. The estimates presented here are based on emerging data and information available as of the date of this report.

This memo should only be utilized by qualified individuals with an understanding of the assumptions and limitations of the analysis described in the disclosures section of the memo. If disseminated, the memo should only be shared in its entirety. During the review of the memo, if you should have any questions or would like further clarification, please do not hesitate to contact us via email or phone (contact information available below), and we will be happy to provide assistance.



Washington Health Benefit Exchange

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

April 15, 2025

Prepared by:
Wakely Consulting Group, LLC

Ksenia Whittal, FSA, MAAA
Senior Consulting Actuary
Darren Johnson, FSA, MAAA
Consulting Actuary

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Appendix A – Actuarial Value Certification

Appendix B – Unique Plan Design Supporting Documentation and Justification

Appendix C – Acumen’s Actuarial Value Calculator Modification Methodology Memorandum

Appendix D – WAHBE 2026 Standard Plan Designs

Appendix E – WAHBE 2026 Standard Plans AVC Screenshots (Unadjusted and Adjusted)

Background

The Affordable Care Act (ACA) requires that non-grandfathered health care coverage provided by issuers in the individual market cover all essential health benefits (EHBs) and have actuarial values that fall under the platinum (90% AV), gold (80% AV), silver (70% AV) or bronze (60% AV) tiers. The ACA allows for a de minimis range around these target AVs. The final 2026 NBPP did not make any changes to the allowable federal AV range relative to the 2025 NBPP, however final 2026 NBPP parameters are listed here for completeness. The final 2026 NBPP finalized a range of -2% to +2% for most plans. For example, any plan design that has an AV from 78% to 82% is considered a gold plan. Similar to the final 2025 NBPP, the final 2026 NBPP is proposing a smaller range on the lower end for on-Exchange silver plans of 0% to +2% (or an AV between 70% and 72%). Off-Exchange silver plans would continue to be subject to the -2% to +2% range. Bronze plan designs meeting certain criteria are eligible for an expanded range of +5% on the higher end, allowing an AV up to 65% compared to a high end at 62%. Plans that meet these criteria include high deductible health plans and plans that cover at least one major service, other than preventive, prior to the deductible.

The ACA also defines AVs for cost-sharing reduction (CSR) plan variations that are available to individuals meeting income and other eligibility criteria and enrolling in a silver level plan in the individual market. These CSR variation AVs are 73%, 87% and 94%. The final 2026 NBPP allows for a 0% to +1% de minimis range around the target AVs for CSR plans (e.g., 73% to 74% AV for a 73% CSR plan). The plan designs developed by Acumen for 2026 comply with this proposed 2026 AV ranges.

The Center for Consumer Information and Insurance Oversight (CCIIO) provides an Actuarial Value Calculator (AVC)¹ that issuers must use to determine the AV of a plan. While CCIIO developed the AVC such to accommodate most plans, some plan designs have features which are not supported by the AVC. In these instances, an actuary can either modify the inputs to most closely represent the plan design, or an actuary can modify the results of the AVC to account for the features not supported by the AVC. An actuarial certification documenting the development of the AV for these plan designs is required.

Washington Health Benefit Exchange (WAHBE) defines standard plan designs that issuers participating on the Exchange must offer. Standard plan designs are defined for the individual market. For 2026, WAHBE is adding one additional gold standard plan design to supplement the existing three individual market designs for gold, silver (with three corresponding CSR plan levels), and expanded bronze levels.

WAHBE contracted with Acumen to assist with the development and validation of the

¹ <http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/index.html>

federal AVs for the 2026 standard plan designs. WAHBE contracted with Wakely to assist in reviewing Acumen's development of the 2026 standard plan designs for reasonability and to certify actuarial values of all standard plan designs, including any unique plan designs. Standard expanded bronze, silver and all silver CSR variants are considered to be unique plan designs. Compliance of the benefit designs in relation to other regulatory benefit design constraints has not been evaluated by Wakely.

For the 2026 standard plans, benefit changes were made to the 2025 standard plans to account for the update to trend made to the revised final 2026 federal AV calculator. 2026 standard plan designs reflect design changes requested by WAHBE and necessary updates made to remain compliant with the revised final 2026 federal AV calculator, as well as the addition of a new low cost gold plan called Vital Gold.

A summary of WAHBE's standard plan designs is in Appendix D. Most of the cost sharing features of 2026 standard plan designs can be accommodated by the revised final federal AVC. However, the plan designs have features not supported by the AVC (defined as a "unique" plan design). The unique plan designs features are:

1. Mixed cost sharing applied to Mental Health/Substance Use Disorder (MH/SUD) outpatient services. The expanded bronze and silver standard plan designs (including 73%, 87%, and 94% CSR variants) have variable cost sharing between MH/SUD services provided in an office setting and other outpatient MH/SUD services (non-office visit). As the AVC only allows a single benefit input for all outpatient MH/SUD services, this tiered design also constitutes a unique benefit design.
2. The first two PCP and MH/SUD office visits have a \$1 copay. Expanded bronze and silver standard designs (including non-94% CSR variants) include a provision for a \$1 copay for the first two PCP office visits and MH/SUD office visits. Since the AVC does not have the functionality to accommodate this design feature, this also constitutes a unique benefit design.

The adjustment made to the AVC by Acumen addresses both unique plan designs features and is described below. A summary of WAHBE's 2026 standard plan designs is included in Appendix D.

Methodology

Wakely is providing an actuarial certification for all standard plan designs, including those that utilize adjusted actuarial values allowed under 45 CFR § 165.135(b)(3) in Appendices A and B. Acumen utilized the revised final 2026 federal AVC to determine the AV for all plans, entering plan designs to the extent that they fit the AVC. Screen shots of the unadjusted AVC inputs and outputs for plan designs that were

accommodated by the AVC and the adjusted AVC screenshots provided and developed by Acumen can both be found in Appendix E. The first set of screenshots displays outputs from the revised final 2026 AVC for each standard plan design. The second set of screenshots, captioned as “Adjusted”, displays output from a custom modified version of the AVC constructed using the methodology described briefly below and in more detail in Appendix C.

Both the complete gold standard and vital gold standard plans have no features deviating from the parameters of the AVC and were entered by Acumen into the AVC with no modifications. Acumen adjusted the other resulting AVs for the plan design features that deviate from the parameters of the AVC. For the expanded bronze standard and silver standard plan designs (including 73%, 87%, and 94% CSR variants), separate cost sharing values will apply for MH/SUD services obtained in an office setting versus other outpatient services. The AVC allows for only a single benefit input for MH/SUD outpatient services. For the expanded bronze and silver standard plans (including the 73% and 87% CSR variants), the AVC does not accommodate plan designs with a specified number of upfront \$1 copay visits for MH/SUD visits or for primary care visits. The adjustment that Acumen calculated to account for both unique benefit features is described below.

To modify the AVC to account for the first two PCP and MH/SUD visits prior to the enrollee being responsible for a higher copay, Acumen modified the AVC continuance tables. In the medical and combined continuance tables in the AVC, Acumen estimated the proportion of utilization and allowed cost attributable to MH/SUD in an office setting and combined the MH/SUD office visits with primary care office visits utilization and allowed cost. Acumen then modified the cost and frequency columns associated with the number of primary care visits exceeding a specified number of visits by applying the original ratio of these quantities to total primary care columns to the modified primary care columns including MH/SUD office visits amounts.

The main assumption made by Acumen is that the number of MH/SUD office visits exceeding a specified number of visits will follow a similar distribution as the primary care visits. Data analyzed by Wakely in the past showed that the large portion of the primary care office visits utilization is between 1-2 visits per year. For MH/SUD office visits services, while utilization is lower due to fewer members seeking the services; however, for members that do use services, the number of services exceed 1-2 per year. The assumption made by Acumen that the distributions are similar results in a larger impact to the AV than it otherwise would, as \$1 copay would apply to a higher proportion of the total MH/SUD visits, thus resulting in a higher calculated AV than we think is likely to actually occur.

The sensitivity testing Wakely performed considered the lower and the upper bounds of a reasonable AV range and found the adjusted AV falling in the compliant range for the Silver 87% and 94% plans thus this assumption would not alter the AV categorization of those plans. The Silver 73%, Silver Standard and Bronze plans upper bounds were above the de minimis range and are discussed more later in this certification.

The AVC field “Begin Primary Cost-Sharing After a Set Number of Visits” effectively became “Begin Primary and MH/SUD Cost-Sharing After a Set Number of Visits” with this change, along with revising the \$0 copay associated with this feature to a \$1 copay. Acumen used the version of the AVC with revised continuance tables to calculate the adjusted AVs. This change was only made for the expanded bronze, silver, and silver CSR variants standard plans since the first two \$1 copay PCP and MH/SUD visits feature does not apply to the two gold standard plans.

Table 1 shows the actuarial values determined by the original federal revised final 2026 AVC, including the unadjusted actuarial value for the two standard gold plans that Wakely is certifying and the adjusted actuarial values for the standard silver, standard silver CSR variants, and standard expanded bronze plans, that Acumen calculated and Wakely is certifying after the application of the adjustment factor.

Table 1 – Summary of Original and Adjusted Federal AVs

Standard Plan	AV from Original AVC	AV from Acumen Adjusted AVC	Adjustment Factor
Standard Complete Gold (no adjustment needed)	81.81%		
Standard Vital Gold (no adjustment needed)	78.06%		
Standard Silver*	71.33%	71.84%	1.005
Standard Silver, 73% AV CSR Variation*	73.49%	73.95%	1.005
Standard Silver, 87% AV CSR Variation*	87.78%	87.87%	1.005
Standard Silver, 94% AV CSR Variation	94.76%	94.86%	1.005
Standard Expanded Bronze*	63.64%	64.97%	1.021

** Note that the AVs in these rows were developed with two upfront no-cost PCP visits.*

Wakely believes that the methodology that Acumen used to adjust the AVs is appropriate based on the reasonability testing of Acumen’s adjusted AVs. To determine whether the adjusted AVs were reasonable, Wakely tested three alternative plan designs in the original AVC that would serve as the boundary cases for the adjusted AVs. The expectation was that the adjusted AV should fall within the range of AVs produced by these alternative boundary cases. Wakely ran this test for all standard plans that offer the two MH/SUD \$1 copay visits (all except the two gold designs). Two boundary designs were needed for all plans other than expanded bronze, where three boundary designs

were considered.

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

1. 2026 standard plan designs for each metal, with the same cost sharing applied to all PCP and outpatient MH/SUD services. For the expanded bronze plan design, two lower boundary designs were included:
 - (a) a design with the deductible and coinsurance cost sharing applied to all outpatient MH/SUD services; and
 - (b) a design with \$40 copay cost sharing applied to all PCP visits and outpatient MH/SUD services.
2. 2026 standard plan designs for each metal, with \$0 cost-sharing applied to first two PCP visits and all outpatient MH/SUD services. This is a richer boundary case than \$1 copay, but the AVC does not allow for a \$1 copay for initial visits. As such, this provides the closest boundary case within the design of AV calculator.

Wakely modeled each of these plan designs in the 2026 federal revised final AV calculator. For the expanded bronze plan, the AV for the mixed cost sharing applied to outpatient MH/SUD services (copay for office visits and deductible and coinsurance for all other services) would be a weighted average of the two AVs produced in (1a) and (1b). The resulting AVs are presented in the Table 2 below.

For all plans above, Acumen's 2026 adjusted AV falls within the AV range produced by the lower and upper boundary plan designs. For expanded bronze plan, the adjusted actuarial value exceeds both lower bound AVs with different types of cost sharing applied to all MH/SUD outpatient services (copays and deductible / coinsurance). Considering the range of AVs created by these two plans was narrow and considering that the adjusted AV logically fell within this range, Wakely deemed the adjusted AVs calculated by Acumen to be reasonable and actuarially sound.

Table 2 – Summary of Original and Adjusted Federal AVs

Standard Plan	2026 Adjusted AV	Low Boundary Plan/s (Standard Copays on all PCP and MH/SUD Visits)	Upper Boundary Plan (Zero Cost Sharing on all MH/SUD Visits and Two PCP Visits)
Standard Silver	71.84%	71.08%	72.13%
Standard Silver, 73% AV CSR Variation	73.95%	73.27%	74.21%
Standard Silver, 87% AV CSR Variation	87.87%	87.74%	87.93%
Standard Silver, 94% AV CSR Variation	94.86%	94.76%	94.91%
Standard Bronze (a) – Ded/Coins for MH/SUD	64.97%	63.08%	65.61%
Standard Expanded Bronze (b) – Copay for MH/SUD	64.97%	64.19%	65.61%

Note that the upper bound of the silver CSR 73% variation, the silver standard, and the standard expanded bronze AVs all fall above the de minimis range. However, the application of normal copays on the PCP and MH/SUD visits after the first two (and for expanded bronze, deductible/coinsurance cost sharing on OP Facility MH/SUD) would decrease the plan richness and the AV below the maximum levels (see below and Table 3 for additional detail).

To test this conclusion, Wakely tested best estimate alternative designs by calculating blended best estimate PCP and MH/SUD copay. We used a percentage of utilization of PCP office visit utilization for the first two visits (56.0% based on silver combined claim probability distribution (CPD) for PCP utilization, 59.2% based on the bronze combined CPD for PCP utilization²) and the percentage of OP MH/SUD utilization that is office visits (89.0% based on Acumen estimates and the AV Calculator CPD)³ as the starting point.

As discussed above, for this plan the Acumen assumption around MH/SUD annual utilization could potentially be impactful, as we think that assumption overstates AVs

² These values were calculated by taking the ratio of the final value in the “Silver Combined” or “Bronze combined” sheet PCP Silver Frequency column (J170) and the final value in the “Primary Care >2 Visits” column (CF170) to get the proportion of PCP visits that are the first two visits a member has.

³ Acumen stated that 90.0% of professional MH/SUD services were office visits and 63.4% of facility MH/SUD services were office visits. Using the AVC Silver Combined sheet cells AV170 and AX170 for MH/SUD facility/professional utilization split, we can see that 96.3% of total MH/SUD visits come from professional services with the remaining 3.7% coming from facility services. Taking the sum-product of those numbers gives us 89.0% of MH/SUD services that are office visits (96.3% x 90.0% + 3.7% x 63.4%).

versus actual experience which will have a lower percentage of office visits be the first two for a member in a given year. We found a revised assumption for that percentage by utilizing our WACA 2019 ACA Data (see Data and Reliance section) to calculate the proportion of MH/SUD office visit utilization that takes place in a member's first two visits (24.1%).

Using these assumptions, a revised blended cost sharing was calculated for a PCP visit for each of the three plans and is presented in Table 3 below. All final calculated AVs are within the de minimis range.

Table 3 – Summary of Calculations for Blended Copay AVs

Description		Silver 73%	Silver	Expanded Bronze	Calculation
(1)	% of PCP Visits at \$1 cost sharing	56.0%	56.0%	59.2%	
(2)	% of PCP Visits at full cost sharing	44.0%	44.0%	40.8%	1-(1)
(3)	Office Visit % of OP MH/SUD Util	89.0%	89.0%	89.0%	
(4)	All Other % of OP MH/SUD Util	11.0%	11.0%	11.0%	1-(3)
(5)	% of OP MH/SUD Office Visits at \$1 cost sharing	24.1%	24.1%	24.1%	
(6)	% of OP MH/SUD Office Visits at full cost-sharing	75.9%	75.9%	75.9%	1-(5)
(7)	PCP Copay (after first two visits)	\$20	\$20	\$40	
(8)	OP Office Visit MH/SUD Copay (after first two visits)	\$20	\$20	\$40	
(9)	OP All Other MH/SUD Cost Sharing	\$30	\$30	Deductible / 40% Coins	
(10)	Estimated Blended PCP Copay	\$9.36	\$9.36	\$16.90	$\$1 \times (1) + (7) \times (2)$
(11)	Estimated Blended OP MH/SUD Office Visit Copay	\$15.42	\$15.42	\$30.60	$\$1 \times (5) + (8) \times (6)$
(12)	Total Blended OP MH/SUD Copay	\$17.03	\$17.03	NA	$(11) \times (3) + (9) \times (4)$
(13)	AV With All Blended Copays (PCP and OP MH/SUD)	73.8%	71.7%	64.9%	
(14)	Expanded Bronze AV with Ded/Coins for OP MH/SUD	NA	NA	63.6%	
(15)	Expanded Bronze Blended AV	NA	NA	64.7%	$(13) \times (3) + (14) \times (4)$

Disclosures and Limitations

Responsible Actuary. Ksenia Whittal and Darren Johnson are the actuaries responsible for this communication. We are members of the American Academy of Actuaries and Fellows of the Society of Actuaries. We meet the Qualification Standards of the American Academy of Actuaries to issue this report.

Intended Users. This information has been prepared for the use of WAHBE, Washington Office of the Insurance Commissioner (OIC), Acumen and WAHBE issuers. Wakely does not intend to benefit third parties and assumes no duty or liability to those third parties. Any third parties receiving this work should consult their own experts in interpreting the results. This report, when distributed, must be provided in its entirety and include caveats regarding the variability of results and Wakely's reliance on information provided by WAHBE.

Risks and Uncertainties. The assumptions and resulting estimates included in this report are inherently uncertain. Users of the results should be qualified to use it and understand the results and the inherent uncertainty. Actual results may vary, potentially materially, from any estimates. Wakely does not warrant or guarantee that actual experience will tie to the AV estimated for the placement of plan designs into tiers. The developed actuarial values are for the purposes of classifying plan designs of similar value and do not represent the expected actuarial value of a plan or pricing AV used to determine premium rates. Actual AVs will vary based on a plan's specific population, utilization, unit cost, and other variables. It is the responsibility of the organization receiving this output to review the assumptions carefully and notify Wakely of any potential concerns.

Conflict of Interest. Wakely provides actuarial services to a variety of clients throughout the health industry. Our clients include commercial, Medicare, and Medicaid health plans, the federal government and state governments, medical providers, and other entities that operate in the domestic and international health insurance markets. Wakely has implemented various internal practices to reduce or eliminate conflict of interest risk in serving our various clients. Except as noted here, the responsible actuary is financially independent and free from conflict concerning all matters related to performing the actuarial services underlying this analysis. In addition, Wakely is organizationally and financially independent from WAHBE and Acumen.

Data and Reliance. Wakely relied on information supplied by Acumen and WAHBE in this assignment. Wakely has reviewed the data and methodology for reasonableness but has not performed any independent audit or otherwise verified the accuracy of the data/information. If the underlying information is incomplete or inaccurate, these estimates may be impacted, potentially significantly. Any errors in the data will affect the accuracy of the analysis and the conclusions drawn in this report. When performing financial and actuarial analyses on the current data, assumptions must be made where there is

incomplete data. Improvements in data will allow for more accurate analyses and consistent reporting. Below is a list of data and assumptions provided by others and assumptions required by law.

- The 2026 revised final federal AVC Model was relied on for the AV calculations. While reasonability tests have shown there are some assumptions and methodologies that are not consistent with expectations, the AVC was developed for plan classification and not pricing. Thus, the model is being used as such and Wakely makes no warranties for the accuracy of the AVs that result from the AVC.
- The AVC adjustment methodology provided and developed by Acumen (included in Appendix C).
- The unadjusted and adjusted AVC screenshots provided and developed by Acumen (included in Appendix E).
- 2026 WAHBE standard plan benefit designs provided by WAHBE (included in Appendix D).

In addition, we relied on the Wakely ACA Database (WACA) for our MH/SUD visit assumption. This is an aggregated database based on de-identified EDGE Server input and output files (including enrollment, claims, and pharmacy data) from the 2019 benefit year submitted through April 2020, along with supplemental risk adjustment transfer and issuer-reported financial information, representing approximately 4 million lives from the individual and small group ACA markets. The de-identification applies to identifiers specific to enrollee, issuer, and location. We performed reasonability tests on the data but did not audit or verify the data.

Potential limitations of the WACA data include but are not limited to the following:

- Results will be affected by issuer-specific data management. Omitted claims, erroneously coded claims, erroneous enrollment records, and other data issues may not reflect actual ACA cost and diagnosis experience.
- A subset of issuers nationwide submitted data to the database. We believe the database represents a fair cross-section of nationwide experience, but limitations in this regard will affect results.
- We excluded data for both enrollees in American Indian (limited/no-cost sharing) CSR plans and enrollees in Medicaid Private Option plans (these only occur in a few states).

Contents of Actuarial Report. This document and the supporting exhibits constitute the entirety of the actuarial report and supersede any previous communications on the project.

Deviations from ASOPS. Wakely completed the analysis using sound actuarial practice. To the best of my knowledge, the report and methods used in the analysis are in

compliance with the appropriate Actuarial Standards of Practice (ASOP) with no known deviations. In developing these standard plan designs and the resulting actuarial certification, Wakely followed applicable Actuarial Standards of Practice (ASOP) including:

ASOP No. 23 Data Quality;
ASOP No. 25 Credibility Procedures;
ASOP No. 41 Actuarial Communications;
ASOP No. 50 Determining Minimum Value and Actuarial Value under the Affordable Care Act; and
ASOP No. 56 Modeling.

Appendix A contains the formal actuarial certification. If you have any questions regarding this letter or the certification, please contact us.

Sincerely,



Ksenia Whittal, FSA, MAAA
Senior Consulting Actuary
720-282-4965



Darren Johnson, FSA, MAAA
Consulting Actuary
720-206-1391

Appendix A - Actuarial Value Certification

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

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

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

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

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

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

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



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

Appendix B - Unique Plan Design Supporting Documentation and Justification

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

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

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

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

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

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

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

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

1. 2026 standard plan designs for each metal, with the same cost sharing applied to all PCP and outpatient MH/SUD services. For the expanded bronze plan design, two boundary designs were included:
 - (a) a design with the deductible and coinsurance cost sharing applied to all outpatient MH/SUD services; and
 - (b) a design with \$40 copay cost sharing applied to all PCP visits and outpatient MH/SUD services.
2. 2026 standard plan designs for each metal, with \$0 cost-sharing applied to first two PCP

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

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

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

Certification Language:

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

The analysis was

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

Actuary signature: _____



Actuary Printed Name: Ksenia Whittal, FSA, MAAA

Date: April 15, 2025

Appendix C - Acumen's Actuarial Value Calculator Modification Methodology Memorandum

(Begins on next page)

MEMORANDUM



TO: Christine Gibert, Kristin Villas, WAHBE
FROM: Acumen, LLC
DATE: April 4, 2025
SUBJECT: 2026 Actuarial Value Calculator Modification Methodology

Acumen utilized a modified version of the Revised Final 2026 Actuarial Value Calculator (AVC) to estimate the actuarial value (AV) of proposed 2026 standard plan designs, some of which feature unique plan designs. The plan designs in question allow issuers to set different cost sharing for mental health/substance use disorder (MHSUD) office visits and MHSUD outpatient visits as well as allow enrollees to have up to two office visits of each type (primary care and MHSUD) with a \$1 copay before the enrollee is responsible for a higher copay. While the standard AVC supports plan designs with a specified number of upfront no-copay visits for primary care, it does not support this feature for MHSUD office visits and it does not support \$1 visits followed by a different copay. By utilizing the built-in upfront cost-sharing option for primary care as a starting point, Acumen modified the AVC to account for both types of office visits and for differential copays to calculate the AV of this plan design. In a separate workbook titled “2026Designs_Screenshots_Revised_Final_2026AVC.xlsx”, Acumen has included the screenshots of all standard plans for all metal levels to show how these plans are entered in the modified version of the Revised Final 2026 AVC and the original Revised Final 2026 AVC.

Modifications for Office Visit Cost-Sharing

There were three steps in the primary care and MHSUD AVC modification that Acumen performed, following the same methodology utilized to make relevant adjustments to the Final AVCs in previous years. First, in each medical and combined continuance table in the AVC, Acumen estimated the proportion of utilization and spending in the MHSUD professional and facility category that was accounted for by office visits, then combined these office visits with the primary care office visits fields. Acumen then allocated this combined field among the “Primary Care > N Visits” fields to create “Primary Care > N Visits & MHSUD > N Visits” fields. Finally, Acumen modified the algorithm underlying the “Begin Primary Care Cost-Sharing After a Set Number of Visits?” special cost sharing option to instead use \$1 copays for the inputted number of visits, rather than having the visits be no-cost to the enrollee. Thus, by modifying the underlying fields and algorithm, Acumen leveraged the existing special cost-sharing feature in the AVC to calculate the AV of the plan design. The remainder of this section provides more details on each of these steps.

The MHSUD columns in each medical and combined continuance table in the AVC describe the frequency and cost of outpatient professional and facility services related to

MHSUD. Office visits are just one component of these fields, so Acumen had to first estimate the proportion of these MHSUD columns that were made up of office visits. To do this, Acumen utilized the EDGE 2021 Limited Dataset (EDGE LDS)¹, which is a claims database reflecting the individual and small group markets nationwide, available for purchase on the CMS website.

Using categorization logic similar to that used in the construction of the continuance tables underlying the AVC, Acumen first identified MHSUD-related claims in the EDGE LDS using a combination of revenue codes, place of service, HCPCs, and diagnoses appearing on the claim. Acumen then further identified the office visit claims among these by using both BETOS and Restructured BETOS Classification System (RBCS) codes. Finally, Acumen reweighted the data using the AVC standard population and calculated the proportion of MHSUD outpatient professional and facility claims that consisted of office visits. Proportions were calculated for utilization as well as costs and can be viewed in Table 1 below². These derived proportions were then applied to the “Mental Health – OP Facility”, “Avg. Mental Health – OP Facility Freq.”, “Mental Health – OP Prof”, and “Avg. Mental Health – OP Prof Freq.” columns in the AVC medical and combined continuance tables to estimate MHSUD office visit cost and frequency. Once these values were calculated, they were subtracted from the existing MHSUD columns and added to the existing “Primary Care” and “Avg. Primary Care Freq” columns in the continuance table to create modified versions of these columns.

Table 1: Percentage of MHSUD utilization and cost AVC categories calculated to involve office visits

Category	Percentage of Category Considered Office Visit
MHSUD Outpatient Facility Utilization	63.41%
MHSUD Outpatient Professional Utilization	90.02%
MHSUD Outpatient Facility Allowed Cost	54.29%
MHSUD Outpatient Professional Allowed Cost	83.23%

Next, all “Primary Care > N Visits” and “Primary Care > N Visits Freq.” columns were modified. These fields are specifically used by the AVC when an AVC user engages the “Begin

¹ Although the 2022 LDS data was the most recent EDGE LDS dataset available at the time the Revised Final 2026 AV Calculator was released, Acumen chose to use the 2021 EDGE LDS data because it corresponds to the same year of EDGE data used in the Revised Final 2026 AV Calculator.

² Compared to the 2025 calculator, MHSUD office visit facility utilization increased from 12.65% to 63.41%, and allowed costs increased from 7.6% to 54.29%. This significant increase is attributable to two factors: (1) the 2025 percentages were calculated using the 2019 EDGE LDS data, whereas the 2026 percentages were based on the 2021 EDGE LDS data; and (2), the 2021 EDGE LDS data shows a sharp decline in non-office visit facility claims, causing overall facility utilization to decline from 24.18 claims per 1,000 member-months in 2019 to 3.51 claims per 1,000 member-months in 2021. Therefore, the large increase in the percentage of MHSUD office visit facility utilization is a result of a shrinking denominator. The overall impact of this increase is small since the proportion of MHSUD facility claims is much smaller compared to MHSUD professional claims.

Primary Care Cost-Sharing After a Set Number of Visits?” special cost-sharing option. This was done by calculating the ratio of these columns to the original values of the “Primary Care” and “Avg. Primary Care Freq.” columns, respectively, then multiplying this ratio by the modified versions of the “Primary Care” and “Avg. Primary Care Freq.” columns calculated in the previous paragraph. The main assumption is that the additional office visits from MHSUD follow a pattern similar to Primary Care visits. This calculation was done separately for all rows of each medical and combined continuance table. See Figure 1 below for an example of the calculations for the combined office visit cost field and the “> 1 Visit” cost field for a single row of the silver combined continuance table from the Revised Final 2026 AVC.

Figure 1: Example Calculations for Allowed Costs for \$10,000 Row of Silver Combined Continuance Table (Revised Final 2026 AVC)

Up To	Primary Care	Primary Care >1 Visit
	Col (1)	Col (2)
\$10,000	\$155.81	\$91.95

= Col (2) / Col (1)

1-Visit Factor: 59.0%

Up To	Mental Health - OP Facility	Mental Health - OP Prof.
\$10,000	\$2.80	\$159.77

Office Visit Factors: 54.29% 83.23% *Factors from Table 1*

Office Visit Share of Cost: \$1.52 \$132.98

Total MHSUD Office Visit Cost: \$134.50

Final Calculations:

Up To	Primary Care	MHSUD Office Visits	Combined Office Visits	1-Visit Factor	Combined >1 Visit
	Col (1)	Col (2)	Col (3) = Col (1) + Col (2)	Col (4)	= Col (3) * Col (4)
\$10,000	\$155.81	\$134.50	\$290.31	59.0%	\$171.32

Once the modified versions of all these columns were calculated, Acumen replaced the original columns in the AVC with these new versions. This resulted in the primary care-related AVC special cost-sharing feature thereby being applied to the combined primary care and MHSUD office visit columns. Because the costs added to primary care were removed from the MHSUD-related columns, total cost and utilization—overall and within each row of the continuance tables—did not change. Additionally, a key feature of the Washington standard plan designs is that primary care and MHSUD cost-sharing for office visits is always the same, so no information is lost by combining these categories together.

Finally, the “Begin Primary Care Cost-Sharing After a Set Number of Visits?” special cost sharing feature was modified to instead use \$1 copays that are not subject to the deductible for the set number of visits. This feature currently works by utilizing a \$0 copay for the first few visits. By simply swapping this \$0 copay for a \$1 copay, Acumen was able to modify the algorithm to account for this bespoke plan feature.

Appendix D - WAHBE 2026 Standard Plan Designs

(Begins on next page)

WAHBE Required 2026 Standard Plan Designs

Individual Market Gold, Silver, and Bronze Plans

Benefits	2026 Standard Complete Gold	2026 Standard Vital Gold	2026 Standard Silver	2026 Standard Bronze
Deductible and Out-of-Pocket Maximum				
Medical/Pharmacy Integrated Deductible	Yes	Yes	Yes	Yes
Medical (or Integrated, if Applicable)/Pharmacy Deductibles (\$)	\$1,000	\$1,900	\$2,500	\$6,000
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$7,000	\$8,800	\$9,750	\$10,150
Office Visits				
Preventive Care/Screening/Immunization	\$0	\$0	\$0	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$15	\$15	\$20***	\$40***
Specialist Visit	\$40	\$40	\$65	\$100
Mental/Behavioral Health and Substance Use Disorder Outpatient Services-Office	\$15	\$15	\$20***	\$40***
Emergency/Urgent Care Services				
Emergency Care Services	\$450	\$800	\$800	40%
Urgent Care	\$35	\$35	\$65	\$100
Ambulance	\$375	\$375	\$375	40%
Outpatient Services				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$350	\$350	\$600	40%
Outpatient Surgery Physician/Surgical Services	\$75	\$75	\$200	40%
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other	\$15	\$15	\$30	40%
Outpatient Diagnostic Tests				
Laboratory Outpatient and Professional Services	\$20	\$30	\$40	40%
X-rays and Diagnostic Imaging	\$30	\$30	\$65	40%
Advanced Imaging (CT/PET Scans, MRIs)	\$300	\$300	30%	40%
Inpatient Services				
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$525*	\$650*	\$800*	40%
Skilled Nursing Facility	\$350**	\$350**	\$800**	40%
Pharmacy				
Generics	\$10	\$10	\$25	\$32
Preferred Brand Drugs	\$60	\$75	\$75	40%
Non-Preferred Brand Drugs	\$100	\$200	\$250	40%
Specialty Drugs (i.e. high-cost)	\$100	\$200	\$250	40%
All Other Benefits				
Speech Therapy	\$25	\$30	\$40	40%
Occupational and Physical Therapy	\$25	\$30	\$40	40%
Durable Medical Equipment (DME)	20%	20%	30%	40%
Home Health	\$15**	\$15**	\$30**	\$50**
Hospice	\$15**	\$15**	\$30**	\$50**
All Other Benefits	20%	20%	30%	40%
AV	81.81%	78.06%	71.84%	64.97%

Shaded Items are not Subject to Deductible.

* Per day copay, maximum of five copays per stay; ** Per day copay; *** Eligible for two visits at \$1 copay, after which stated cost-sharing applies.

Note: For all plans except the Complete Gold and Vital Gold standard plans, 2026 AV is based on a modified version of the revised federal 2026 AV Calculator that accounts for unique plan features. Complete Gold and Vital Gold standard plan AV is provided directly by the 2026 AV Calculator.

Individual Market Silver Plan and CSR Variations

Benefits	2026 Standard Silver 94% AV	2026 Standard Silver 87% AV	2026 Standard Silver 73% AV
Deductible and Out-of-Pocket Maximum			
Medical/Pharmacy Integrated Deductible	Yes	Yes	Yes
Medical (or Integrated, if Applicable)/Pharmacy Deductibles (\$)	\$0	\$750	\$2,500
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$2,400	\$2,850	\$7,950
Office Visits			
Preventive Care/Screening/Immunization	\$0	\$0	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$1	\$5***	\$20***
Specialist Visit	\$15	\$30	\$65
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Office	\$1	\$5***	\$20***
Emergency/Urgent Care Services			
Emergency Care Services	\$150	\$425	\$800
Urgent Care	\$15	\$30	\$65
Ambulance	\$75	\$175	\$325
Outpatient Services			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100	\$325	\$600
Outpatient Surgery Physician/Surgical Services	\$25	\$120	\$200
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other	\$5	\$10	\$30
Outpatient Diagnostic Tests			
Laboratory Outpatient and Professional Services	\$5	\$20	\$40
X-rays and Diagnostic Imaging	\$15	\$40	\$65
Advanced Imaging (CT/PET Scans, MRIs)	15%	20%	30%
Inpatient Services			
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$100*	\$425*	\$800*
Skilled Nursing Facility	\$100**	\$425**	\$800**
Pharmacy			
Generics	\$5	\$12	\$24
Preferred Brand Drugs	\$12	\$35	\$75
Non-Preferred Brand Drugs	\$35	\$160	\$250
Specialty Drugs (i.e. high-cost)	\$35	\$160	\$250
All Other Benefits			
Speech Therapy	\$5	\$20	\$40
Occupational and Physical Therapy	\$5	\$20	\$40
Durable Medical Equipment (DME)	15%	20%	30%
Home Health	\$5**	\$10**	\$30**
Hospice	\$5**	\$10**	\$30**
All Other Benefits	15%	20%	30%
AV	94.86%	87.87%	73.95%

Shaded Items are not Subject to Deductible.

* Per day copay, maximum of five copays per stay

** Per day copay

*** Eligible for two visits at \$1 copay, after which stated cost-sharing applies.

Note: For all plans except the Complete Gold and Vital Gold standard plans, 2026 AV is based on a modified version of the revised federal 2026 AV Calculator that accounts for unique plan features. Complete Gold and Vital Gold standard plan AV is provided directly by the 2026 AV Calculator.

2026 Standard Plans Designs Appendix A

This Appendix applies to standard plan designs at all metal levels unless otherwise designated. These requirements apply only for covered services under the plan.

1. The standard plan designs outline the cost-sharing for the consumer for a given benefit category.
2. The standard plan designs do not address cost-sharing amounts for any out-of-network services except for those services required under state or federal law to have the in-network cost-share amount. For example, out of network emergency care services would have an in-network cost-sharing under the Balance Billing Protection Act.
3. For all services with a co-pay that are not subject to the deductible, the co-pay amount does not accumulate toward the deductible, but the full co-pay amount paid for the service will accumulate toward the maximum out-of-pocket amount.
4. For services with a co-pay that are subject to the deductible, the full amount of first-dollar out-of-pocket spending accrues toward the deductible.
5. Per the essential health benefit base-benchmark plan, the following services must be covered for, at minimum, the identified number of visits:
 - a. Chiropractic: 10 visits
 - b. Home health care services: 130 days
 - c. Hospice respite services: 14 days per lifetime
 - d. Outpatient rehabilitation, combined physical, occupational, and speech therapy, services: 25 visits
 - e. Outpatient habilitation services: 25 visits
 - f. Inpatient rehabilitative services: 30 days
 - g. Inpatient habilitative services: 30 days
 - h. Skilled nursing facility services: 60 days
6. Co-payments charged to a consumer may never exceed the actual cost for the service. For instance, if a co-pay is \$45 and the service is \$30, the cost-share responsibility of the consumer would be \$30.
7. For prescription drugs in any tier, the cost-share defined is for a 30-day supply. Carriers may determine to allow for mail order prescriptions at a reduced per-unit cost (e.g.; a 90-day supply).
8. Cost-sharing payments for drugs that are not on-formulary but are approved as exceptions accumulate toward the plan's in-network maximum out-of-pocket.
9. Office visits for the treatment of mental health, behavioral health, or substance use disorder conditions shall be categorized as Mental/Behavioral Health and Substance Use Disorder Outpatient - Office Visits, regardless of provider type. Other Practitioner Office Visits (Nurse, Physician Assistant) shall generally be treated as a Primary Care Visit to Treat an Injury or Illness or Preventive Care/Screening Immunization. A carrier may include in the Other Practitioner category: nurse practitioners, certified nurse midwives, respiratory therapists, clinical psychologists, licensed clinical social worker, marriage and family therapists, and applied behavior analysis therapists. A carrier is not precluded from using another comparable benefit category for a service provided by one of these practitioners. Services provided by other practitioners for the treatment of mental health or substance use disorder conditions shall be categorized as Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Office

Visits or Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other. The copay for Mental/Behavioral Health and Substance Use Disorder Outpatient Office visits may be applied to Mental/Behavioral Health and Substance Use Disorder Outpatient services provided in an urgent care setting.

10. Services with a co-pay should be charged with the following methodology: one co-pay per benefit category per day per provider. For example, a charge for a lab draw and read at a primary care visit by the same provider would result in one lab co-pay and one primary care office visit co-pay for the individual.
11. For outpatient services where a facility fee and physician/surgical services are not billed separately, an issuer may apply the cost-sharing requirements for both the facility fee and the physician/surgical services to the total charge.
12. For outpatient encounters that include multiple services, an issuer may apply the cost-sharing requirements for each service provided. For instance, an outpatient encounter involving a surgeon, radiologist, and anesthesiologist would result in three cost-share payments for the consumer.
13. For instances where there is a co-pay for Skilled Nursing Facility and All Inpatient Hospital Services, it is a per-day co-pay (with a limit of five co-pays for an inpatient stay). For instance, a two-day stay would result in two co-pays for the consumer.
14. The co-pay for All Inpatient Hospital Services is a bundled fee that covers the facility fee and professional services. For instance, an individual with a one-day stay at a hospital in the Complete Gold standard plan would pay the \$525 co-pay for Inpatient Hospital Services and no charge for the Inpatient Physician and Surgical Services. Similarly, an individual in the Vital Gold standard plan would pay the \$650 co-pay before reaching the deductible. For the Silver and Bronze standard plans, any charges would first accrue to the deductible, and after the deductible is met, the individual would pay the applicable co-pay or co-insurance.
15. The cost share amount for Emergency Care Services covers facility fee and professional services.
16. Unless otherwise noted in this appendix, carriers are permitted to assign any service to any benefit category if permissible under state and federal law.
17. 2026 WA Essential Health Benefits (EHBs) additions are as follows:
 - a. Hearing Exams shall be categorized as Primary Care Visits.
 - b. Hearing Aids will be subject to the DME category co-insurance amount and will not be subject to the deductible.
 - c. Artificial Insemination shall be categorized as All Other Benefits.
 - d. Human Donor Milk will be subject to zero cost sharing (no deductible, copay, or coinsurance will apply).
18. While these 2026 standard plan designs do not specify any requirements for virtual care, HBE is exploring this option for future years and is planning to collect existing data from carriers to support this work.

2026 Standard Plans Designs Appendix B Plan and Benefit Template Standardization

These are select categories from the CMS Plan and Benefits Template that the Exchange is standardizing for 2026. Carriers shall file standard plan benefits in the (PBT) with the OIC in accordance with the below chart. The Exchange may standardize more categories in the PBT in future years. The Exchange understands different cost shares may apply depending on the specific service, but the intent is for alignment across carriers at the PBT level. Carriers may opt to file lower cost sharing on a benefit with an approved exception from the Exchange.

Benefit	Complete Gold Cost Share	Vital Gold Cost Share	Silver Cost Sharing	Bronze Cost Share
Primary Care Visit to Treat an Injury or Illness*	\$15	\$15	\$20	\$40
Specialist Visit	\$40	\$40	\$65	\$100
Other Practitioner Office Visit (Nurse, Physician Assistant)	\$15	\$15	\$20	\$40
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$350 copay after deductible	\$350 copay after deductible	\$600 copay after deductible	40% coinsurance after deductible
Outpatient Surgery Physician/Surgical Services	\$75 copay after deductible	\$75 copay after deductible	\$200 copay after deductible	40% coinsurance after deductible
Hospice	\$15 copay per day	\$15 copay per day	\$30 copay per day	\$50 copay per day
Urgent Care Centers or Facilities	\$35	\$35	\$65	\$100
Home Health Care Services	\$15 copay per day	\$15 copay per day	\$30 copay per day	\$50 copay per day
Emergency Room Services	\$450 copay after deductible	\$800 copay after deductible	\$800 copay after deductible	40% coinsurance after deductible
Emergency Transportation/Ambulance	\$375 copay	\$375 copay	\$375 copay	40% coinsurance after deductible
Inpatient Hospital Services (e.g., Hospital Stay)**	\$525 copay per day	\$650 copay per day	\$800 copay per day after deductible	40% coinsurance after deductible
Inpatient Physician and Surgical Services	No charge	No charge	No charge	40% coinsurance after deductible

Skilled Nursing Facility	\$350 copay per day after deductible	\$350 copay per day after deductible	\$800 copay per day after deductible	40% coinsurance after deductible
Prenatal and Post Natal Care	No charge	No charge	No charge	No charge
Delivery and All Inpatient Services for Maternity Care**	\$525 copay per day	\$650 copay per day	\$800 copay after deductible	40% coinsurance after deductible
Mental/Behavioral Health Office Visit*	\$15 copay	\$15 copay	\$20 copay	\$40 copay
Mental/Behavioral Health Inpatient Services**	\$525 copay per day	\$650 copay per day	\$800 copay per day after deductible	40% coinsurance after deductible
Substance Abuse Disorder Office Visit*	\$15 copay	\$15 copay	\$20 copay	\$40 copay
Substance Abuse Disorder Inpatient Services**	\$525 copay per day	\$650 copay per day	\$800 copay per day after deductible	40% coinsurance after deductible
Generic Drugs	\$10	\$10	\$25	\$32
Preferred Brand Drugs	\$60	\$75	\$75	40% coinsurance after deductible
Non-Preferred Brand Drugs	\$100	\$200 copay after deductible	\$250 copay after deductible	40% coinsurance after deductible
Specialty Drugs	\$100	\$200 copay after deductible	\$250 copay after deductible	40% coinsurance after deductible
Outpatient Rehabilitation Services	\$25	\$30	\$40	40% coinsurance after deductible
Habilitation Services	\$25	\$30	\$40	40% coinsurance after deductible
Chiropractic Care*	\$15	\$15	\$20	\$40
Durable Medical Equipment	20% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	40% coinsurance after deductible
Hearing Aids	20% coinsurance	20% coinsurance	30% coinsurance	40% coinsurance

Imaging (CT/PET Scans, MRIs)	\$300 copay after deductible	\$300 copay after deductible	30% coinsurance after deductible	40% coinsurance after deductible
Preventive Care/Screening/Immunization	No charge	No charge	No charge	No charge
Acupuncture*	\$15	\$15	\$20	\$40
Routine Eye Exam for Children	No charge	No charge	No charge	No charge
Eye Glasses for Children	No charge	No charge	No charge	No charge
Rehabilitative Speech Therapy	\$25	\$30	\$40	40% coinsurance after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$25	\$30	\$40	40% coinsurance after deductible
Well Baby Visits and Care	No charge	No charge	No charge	No charge
Laboratory Outpatient and Professional Services	\$20	\$30	\$40	40% coinsurance after deductible
X-Rays and Diagnostic Imaging	\$30	\$30	\$65	40% coinsurance after deductible
Abortion for Which Public Funding is Prohibited	No charge	No charge	No charge	No charge
Transplant**	\$525 copay per day	\$650 copay per day	\$800 copay after deductible	40% coinsurance after deductible
Diabetes Education	No charge	No charge	No charge	No charge
Prosthetic Devices	20% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	40% coinsurance after deductible
Nutritional Counseling	No charge	No charge	No charge	No charge
Diabetes Care Management	No charge	No charge	No charge	No charge

*Carrier shall administer benefit such that the first two Primary Care Visits and the first two Mental/Behavioral Health Visits are \$1 for Silver and Bronze plans.

**Carrier shall administer copay per day up to 5 days like Inpatient Hospitals for Complete Gold, Vital Gold and Silver plans.

Appendix E – WAHBE 2026 Standard Plans AVC Screenshots (Unadjusted and Adjusted)

(Begins on next page)

Individual Market Standard Complete Gold Plan

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$1,000.00
		80.00%
		\$7,000.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



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

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Calculate

Status/Error Messages:

Actuarial Value:
 Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

Calculation Successful.

81.81%
 Gold

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

0.1094 seconds

Individual Market Standard Vital Gold Plan

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$1,900.00			
		80.00%			
		\$8,800.00			



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

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

78.06%

Gold

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

Additional Notes:

Calculation Time:

0.1523 seconds

Revised Final 2026 AV Calculator

Individual Market Standard Silver Plan

User Inputs for Plan Parameters

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

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

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



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

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

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).

0.1172 seconds

Individual Market Standard Silver, CSR 73% Plan

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$2,500.00
		70.00%
		\$7,950.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



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

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

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

73.49%

Silver

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

0.1055 seconds

Individual Market Standard Silver, CSR 87% Plan

User Inputs for Plan Parameters

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

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

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



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

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

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

87.78%

Gold

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

0.1172 seconds

Individual Market Standard Silver, CSR 94% Plan

User Inputs for Plan Parameters

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

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

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



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

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

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

94.76%

Platinum

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

0.1055 seconds

Individual Market Standard Expanded Bronze Plan

User Inputs for Plan Parameters

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

Desired Metal Tier: Bronze

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

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



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

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

[Calculate](#)

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

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

63.64%

Bronze

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

0.1055 seconds

Individual Market Standard Silver Plan (Adjusted)

User Inputs for Plan Parameters

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

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

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



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

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

71.84%

Metal Tier:

Silver

Additional Notes:

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

Calculation Time:

0.1133 seconds

WAHBE Revised Final 2026 AV Calculator

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

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$2,500.00
		70.00%
		\$7,950.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



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

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

WAHBE Revised Final 2026 AV Calculator

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

73.95%

Silver

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

0.1055 seconds

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

User Inputs for Plan Parameters

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

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

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



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

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

WAHBE Revised Final 2026 AV Calculator

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

87.87%

Gold

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

0.1016 seconds

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

User Inputs for Plan Parameters

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

Desired Metal Tier **Platinum**

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

Deductible (\$)
 Coinsurance (%; Insurer's Cost Share)
 MOOP (\$)
 MOOP if Separate (\$)

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



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

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

94.86%

Platinum

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

Additional Notes:

Calculation Time:

0.1016 seconds

WAHBE Revised Final 2026 AV Calculator

Individual Market Standard Expanded Bronze Plan (Adjusted)

User Inputs for Plan Parameters

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

Desired Metal Tier: Bronze

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

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



[Click Here for Important Instructions](#)

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

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

WAHBE Revised Final 2026 AV Calculator

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

64.97%

Bronze

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

0.1055 seconds

Benefit Components

Worksheet Controls

Company: Kaiser Foundation Health Plan of the N

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1

HIOS Plan ID

2337TWA176003

Line 1.2

Plan Name

KP WA Gold 0

Line 1.3

Metal Level

Gold

Line 1.4

Cost-Share Reduction (CSR) Plan?

Line 1.5

Exchange Status

Both On and Off Exchange

Line 1.6

New or Renewing

Renewing

Section 2: Plan Design Information

Line 2.1

Unique Plan Design

Yes

Line 2.2

Use Integrated Medical & Drug Deductible?

Yes

Line 2.3

Apply Inpatient Copay per Day?

No

Line 2.4

Apply Skilled Nursing Facility Copay per Day?

No

Line 2.5

Separate MOOP for Medical & Drug Spending?

Line 2.6

Maximum Number of Days for Chemo or an IP Coov

N/A

Line 2.7

Begin Primary Care Cost-Sharing After a Set Number of Visits

N/A

Line 2.8

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

N/A

Line 2.9

HSA Plan?

No

Line 2.10

HSA Employer Contribution Amount

Line 2.11

Different Cost-Sharing for Virtual vs Non-Virtual Care?

Yes

Line 2.12

Pediatric Dental Embedded?

No

Line 2.13

Includes Non-EHBs?

Yes

Section 3: Network and Tier Information

Line 3.1

Network Type

EPO

Line 3.2

Network Name

Classic

Line 3.3

In-Network Tiers (if)

1

Line 3.4

Tier 1 Utilization

100.00%

Line 3.5

Tier 2 Utilization

Line 3.6

Tier 3 Utilization

Line 3.7

Out-of-Network Benefits?

No

Section 4: Cost-Share Designs

Line 4.1

In-Network Tier 1:

In Network

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$0	
Default Coinsurance			30%	
MOOP			\$8,200	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services		No	\$ 350	Before and After Deductible	No					
Inpatient Hospital Services (e.g. Hospital Stay)		No	\$ 15	Before and After Deductible	No	30%	Before and After Deductible	No		
Primary Care Visit to Treat an Injury or Illness		No	\$ 50	Before and After Deductible	No					
Specialist Visit		No	\$ 15	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits		No	\$ -	Before and After Deductible	No				Note 2	
Mental Health & Substance Use Disorder All Other OP Services		No	\$ -	Before and After Deductible	No				Note 3	
Imaging (CT/PET Scans, MRIs)		No	\$ 350	Before and After Deductible	No					
Rehabilitative Speech Therapy		No	\$ 50	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy		No	\$ 50	Before and After Deductible	No					
Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible	No					
Laboratory Outpatient and Professional Services		No	\$ 50	Before and After Deductible	No					
X-rays and Diagnostic Imaging		No	\$ 50	Before and After Deductible	No					
Skilled Nursing Facility		No	\$ -	Before and After Deductible	No	30%	Before and After Deductible	No		
Outpatient Facility Fee (e.g. Ambulatory Surgery Center)		No	\$ 350	Before and After Deductible	No				Note 4	
Outpatient Surgery Physician/Surgical Services		No	\$ 350	Before and After Deductible	No				Note 4	
Urgent Care		No	\$ 40	Before and After Deductible	No	30%	Before and After Deductible	No		
Emergency Transportation		No	\$ -	Before and After Deductible	No					
Other EHB Categories										
Nurse Treatment Room Visit		No	\$ 10	Before and After Deductible	No					
Durable Medical Equipment (DME)		No	\$ -	Before and After Deductible	No	30%	Before and After Deductible	No		
Home Health		No	\$ -	Before and After Deductible	No					
Hospice		No	\$ -	Before and After Deductible	No					
Kaiser Permanente at Home™		No	\$ -	Before and After Deductible	No					
Virtual Visits		No	\$ -	Before and After Deductible	No				Note 1	
Non-EHB Benefits										
Adult Vision Exam		No	\$ 15	Before and After Deductible	No					
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$ 10	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		No	\$ 40	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3)		No				50%	Before and After Deductible	No		
Specialty Drugs (Tier 4)		No				50%	Before and After Deductible	No		

Notes

Note 1

Virtual visits to PCP, Specialists and Mental Health practitioners, via phone, video or email, incur no copays or coinsurance and are pre-deductible.

Note 2

Mental Health & Substance Use Disorder Office Visits include outpatient office visits, individual and group therapy sessions, partial hospitalization and intensive outpatient services.

Note 3

Mental Health & Substance Use Disorder All Other OP Services includes Assertive Community Treatment (ACT) Services.

Note 4

KPHP treats Outpatient Surgery as a single benefit with a single copay and does not split out between Outpatient Facility Fee and Outpatient Surgery Physician/Surgical Services.

Version 3.2

Benefit Components

Worksheet
Controls

Company: Kaiser Foundation Health Plan of the N

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	2337TWA1760001	Line 1.3	Metal Level	Gold	Line 1.5	Exchange Status	Both On and Off Exchange
Line 1.2	Plan Name	KP WA Gold 1750	Line 1.4	Cost-Share Reduction (CSR) Plan?		Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	No
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	No
Line 2.6	Maximum Number of Days for Chardino an IP Coov	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	Yes
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	Classic
Line 3.3	In-Network Tiers (if)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

-- Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Designs

Line 4.1 In-Network Tier 1:

	Medical	Drug	Combined	Errors/Warnings
Deductible	\$1,750	\$0		
Default Coinsurance	30%	50%		
MOOP			\$8,500	

	Copays					Coinsurance					
Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Deductible?	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Emergency Room Services		Yes	\$ 350	After Deductible							
Inpatient Hospital Services (e.g., Hospital Stay)		Yes				30%		After Deductible			
Primary Care Visit to Treat an Injury or Illness		No	\$ 20	Before and After Deductible	No						
Specialist Visit		No	\$ 50	Before and After Deductible	No						
Mental Health & Substance Use Disorder Office Visits		No	\$ 20	Before and After Deductible	No					Note 2	
Mental Health & Substance Use Disorder All Other OP Services		No	\$ -	Before and After Deductible	No					Note 3	
Imaging (CT/PET Scans, MRIs)		Yes	\$ 350	After Deductible							
Rehabilitative Speech Therapy		No	\$ 50	Before and After Deductible	No						
Rehabilitative Occupational and Rehabilitative Physical Therapy		No	\$ 50	Before and After Deductible	No						
Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible							
Laboratory Outpatient and Professional Services		No	\$ 50	Before and After Deductible	No						
X-rays and Diagnostic Imaging		No	\$ 50	Before and After Deductible	No						
Skilled Nursing Facility		Yes				30%		After Deductible			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Yes				30%		After Deductible			
Outpatient Surgery Physician/Surgical Services		Yes				30%		After Deductible			
Urgent Care		No	\$ 40	Before and After Deductible	No						
Emergency Transportation		Yes				30%		After Deductible			
Other EHB Categories											
Nurse Treatment Room Visit		No	\$ 10	Before and After Deductible	No						
Durable Medical Equipment (DME)		Yes				30%		After Deductible			
Home Health		Yes				30%		After Deductible			
Hospice		No	\$ -	Before and After Deductible							
Kaiser Permanente at Home™		No	\$ -	Before and After Deductible							
Virtual Visits		No	\$ -	Before and After Deductible						Note 1	
Non-EHB Benefits											
Adult Vision Exam		No	\$ 20	Before and After Deductible	No						
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount		Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$ 10	Before and After Deductible	No						
Preferred Brand Drugs (Tier 2)		No	\$ 50	Before and After Deductible	No						
Non-Preferred Brand Drugs (Tier 3)		No				50%		Before and After Deductible	No		
Specialty Drugs (Tier 4)		No				50%		Before and After Deductible	No		

Notes

- Note 1 Virtual visits to PCP, Specialists and Mental Health practitioners, via phone, video or email, incur no copays or coinsurance and are pre-deductible.
Note 2 Mental Health & Substance Use Disorder Office Visits include outpatient office visits, individual and group therapy sessions, partial hospitalization and intensive outpatient services.
Note 3 Mental Health & Substance Use Disorder All Other OP Services includes Assertive Community Treatment (ACT) Services.

Benefit Components

Worksheet
Controls

Company: Kaiser Foundation Health Plan of the N

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1HIOS Plan ID23371WA1940001

Line 1.2Plan NameKP Cascade Complete Gold

Line 1.3Metal LevelGold

Line 1.4Cost-Share Reduction (CSR) Plan?Gold

Line 1.5Exchange StatusOn Exchange

Line 1.6New or RenewingRenewing

Section 2: Plan Design Information

Line 2.1Unique Plan DesignNo

Line 2.2Use Integrated Medical & Drug Deductible?Yes

Line 2.3Apply Inpatient Copay per Day?Yes

Line 2.4Apply Skilled Nursing Facility Copay per Day?Yes

Line 2.5Separate MOOP for Medical & Drug Spending?N/A

Line 2.6Maximum Number of Days for Chemo or IP Copay5

Line 2.7Begin Primary Care Cost-Sharing After a Set Number of VisitsN/A

Line 2.8Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?N/A

Line 2.9HSA Plan?No

Line 2.10HSA Employer Contribution Amount

Line 2.11Different Cost-Sharing for Virtual vs Non-Virtual Care?Yes

Line 2.12Pediatric Dental Embedded?No

Line 2.13Includes Non-EHB?No

-- Provide Explanation in Note 1 (at the bottom of the page).

Section 3: Network and Tier Information

Line 3.1Network TypeEPO

Line 3.2Network NameClassic

Line 3.3In-Network Tiers (P)1

Line 3.4Tier 1 Utilization100.00%

Line 3.5Tier 2 Utilization

Line 3.6Tier 3 Utilization

Line 3.7Out-of-Network Benefits?No

Section 4: Cost-Share Designs

Line 4.1In-Network Tier 1:In Network

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$1,000	
Default Coinsurance			20%	
MOOP			\$7,000	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Amount	Copays		Coinsurance			Comments	Errors/Warnings
				Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services		Yes	\$ 450	After Deductible						
Inpatient Hospital Services (e.g., Hospital Stay)		No	\$ 525	Before and After Deductible	No				Note 2	
Primary Care Visit to Treat an Injury or Illness		No	\$ 15	Before and After Deductible	No					
Specialist Visit		No	\$ 40	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits		No	\$ 15	Before and After Deductible	No				Note 3	
Mental Health & Substance Use Disorder All Other OP Services		No	\$ 15	Before and After Deductible	No				Note 3	
Imaging (CT/PET Scans, MRIs)		Yes	\$ 300	After Deductible						
Rehabilitative Speech Therapy		No	\$ 25	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy		No	\$ 25	Before and After Deductible	No					
Preventive Care/Screening/Immunization		No	-	Before and After Deductible						
Laboratory Outpatient and Professional Services		No	\$ 20	Before and After Deductible	No					
X-rays and Diagnostic Imaging		No	\$ 30	Before and After Deductible	No					
Skilled Nursing Facility		Yes	\$ 350	After Deductible						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Yes	\$ 350	After Deductible						
Outpatient Surgery Physician/Surgical Services		Yes	\$ 75	After Deductible						
Urgent Care		No	\$ 35	Before and After Deductible	No					
Emergency Transportation		No	\$ 375	Before and After Deductible	No					
Other EHB Categories										
Durable Medical Equipment (DME)		Yes				20%	After Deductible			
Home Health		No	\$ 15	Before and After Deductible	No					
Hospice		No	\$ -	Before and After Deductible						
Nurse Treatment Room Visit		No	\$ 10	Before and After Deductible	No					
Virtual Visits		No	\$ -	Before and After Deductible						
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$ 10	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		No	\$ 60	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3)		No	\$ 100	Before and After Deductible	No					
Specialty Drugs (Tier 4)		No	\$ 100	Before and After Deductible	No					

Notes

Note 1

Virtual visits to PCP, Specialists and Mental Health practitioners, via phone, video or email, incur no copays or coinsurance and are pre-deductible.

Note 2

The co-pay for All Inpatient Hospital Services covers the facility fee and professional services. For instance, an individual with a one-day stay at a hospital in the Cascade Gold plan would pay only the \$525 co-pay.

Note 3

Mental Health & Substance Use Disorder Office Visits include outpatient office visits, individual and group therapy sessions, partial hospitalization and intensive outpatient services.

Version 3.2

Benefit Components

Worksheet Controls

Company: Kaiser Foundation Health Plan of the N

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1HIOS Plan ID23371WA1940004

Line 1.2Plan NameKP Cascade Vital Gold

Line 1.3Metal LevelGold

Line 1.4Cost-Share Reduction (CSR) Plan?

Line 1.5Exchange StatusOn Exchange

Line 1.6New or RenewingNew

Section 2: Plan Design Information

Line 2.1Unique Plan DesignNo

Line 2.2Use Integrated Medical & Drug Deductible?Yes

Line 2.3Apply Inpatient Copay per Day?Yes

Line 2.4Apply Skilled Nursing Facility Copay per Day?Yes

Line 2.5Separate MOOP for Medical & Drug Spending?

Line 2.6Maximum Number of Days for Chemo or IP Coov.5

Line 2.7Begin Primary Care Cost-Sharing After a Set Number of VisitsN/A

Line 2.8Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?N/A

Line 2.9HSA Plan?No

Line 2.10HSA Employer Contribution Amount

Line 2.11Different Cost-Sharing for Virtual vs Non-Virtual Care?Yes

Line 2.12Pediatric Dental Embedded?No

Line 2.13Includes Non-EHB?No

Section 3: Network and Tier Information

Line 3.1Network TypeEPO

Line 3.2Network NameClassic

Line 3.3In-Network Tiers (P)1

Line 3.4Tier 1 Utilization100.00%

Line 3.5Tier 2 Utilization

Line 3.6Tier 3 Utilization

Line 3.7Out-of-Network Benefits?No

Section 4: Cost-Share Designs

Line 4.1In-Network Tier 1:In Network

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$1,900	
Default Coinsurance			20%	
MOOP			\$8,800	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays		Coinsurance			Comments	Errors/Warnings	
			Amount	Applies	Accrues toward Deductible?	Amount	Applies			Accrues toward Deductible?
Emergency Room Services		Yes	\$ 800	After Deductible						
Inpatient Hospital Services (e.g., Hospital Stay)		No	\$ 650	Before and After Deductible	No			Note 2		
Primary Care Visit to Treat an Injury or Illness		No	\$ 15	Before and After Deductible	No					
Specialist Visit		No	\$ 40	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits		No	\$ 15	Before and After Deductible	No			Note 3		
Mental Health & Substance Use Disorder All Other OP Services		No	\$ 15	Before and After Deductible	No			Note 3		
Imaging (CT/PET Scans, MRIs)		Yes	\$ 300	After Deductible						
Rehabilitative Speech Therapy		No	\$ 30	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy		No	\$ 30	Before and After Deductible	No					
Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services		No	\$ 30	Before and After Deductible	No					
X-rays and Diagnostic Imaging		No	\$ 30	Before and After Deductible	No					
Skilled Nursing Facility		Yes	\$ 350	After Deductible						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Yes	\$ 350	After Deductible						
Outpatient Surgery Physician/Surgical Services		Yes	\$ 75	After Deductible						
Urgent Care		No	\$ 35	Before and After Deductible	No					
Emergency Transportation		No	\$ 375	Before and After Deductible	No					
Other EHB Categories										
Durable Medical Equipment (DME)		Yes				20%	After Deductible			
Home Health		No	\$ 15	Before and After Deductible	No					
Hospice		No	\$ -	Before and After Deductible						
Nurse Treatment Room Visit		No	\$ 10	Before and After Deductible	No					
Virtual Visits		No	\$ -	Before and After Deductible						
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$ 10	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		No	\$ 75	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3)		No	\$ 200	Before and After Deductible	No					
Specialty Drugs (Tier 4)		No	\$ 200	Before and After Deductible	No					

Notes

Note 1

Note 2

Note 3

Virtual visits to PCP, Specialists and Mental Health practitioners, via phone, video or email, incur no copays or coinsurance and are pre-deductible.

The co-pay for All Inpatient Hospital Services covers the facility fee and professional services. For instance, an individual with a one-day stay at a hospital in the Cascade Gold plan would pay only the \$525 co-pay.

Mental Health & Substance Use Disorder Office Visits include outpatient office visits, individual and group therapy sessions, partial hospitalization and intensive outpatient services.

Version 3.2

Benefit Components

Worksheet
Controls

Company: Kaiser Foundation Health Plan of the N

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	23371WA1760002	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	Both On and Off Exchange
Line 1.2	Plan Name	KP WA Silver 1000	Line 1.4	Cost-Share Reduction (CSR) Plan?	No	Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Chardino an IP Coov	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	Yes
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	Classic
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

-- Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In-Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$1,000	
Default Coinsurance			40%	
MOOP			\$9,200	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Emergency Room Services		Yes	\$ 750	After Deductible						
Inpatient Hospital Services (e.g. Hospital Stay)		Yes	\$ 35	Before and After Deductible	No	40%	After Deductible			
Primary Care Visit to Treat an Injury or Illness		No	\$ 35	Before and After Deductible	No					
Specialist Visit		No	\$ 65	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits		No	\$ 35	Before and After Deductible	No				Note 2	
Mental Health & Substance Use Disorder All Other OP Services		No	\$ -	Before and After Deductible	No				Note 3	
Imaging (CT/PET Scans, MRIs)		No	\$ 750	Before and After Deductible	No					
Rehabilitative Speech Therapy		No	\$ 65	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy		No	\$ 65	Before and After Deductible	No					
Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible	No					
Laboratory Outpatient and Professional Services		No	\$ 50	Before and After Deductible	No					
X-rays and Diagnostic Imaging		No	\$ 100	Before and After Deductible	No					
Skilled Nursing Facility		Yes	\$ -	After Deductible		40%	After Deductible			
Outpatient Facility Fee (e.g. Ambulatory Surgery Center)		Yes	\$ 750	After Deductible					Note 4	
Outpatient Surgery Physician/Surgical Services		Yes	\$ 750	After Deductible					Note 4	
Urgent Care		No	\$ 60	Before and After Deductible	No	40%	After Deductible			
Emergency Transportation		Yes	\$ -	After Deductible						
Other EHB Categories										
Nurse Treatment Room Visit		No	\$ 10	Before and After Deductible	No					
Durable Medical Equipment (DME)		Yes	\$ -	After Deductible		40%	After Deductible			
Home Health		Yes	\$ -	Before and After Deductible		40%	After Deductible			
Hospice		No	\$ -	Before and After Deductible						
Kaiser Permanente at Home™		No	\$ -	Before and After Deductible						
Virtual Visits		No	\$ -	Before and After Deductible					Note 1	
Non-EHB Benefits										
Adult Vision Exam		No	\$ 35	Before and After Deductible	No					
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$ 25	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		No	\$ 100	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3)		Yes	\$ -	After Deductible		50%	After Deductible			
Specialty Drugs (Tier 4)		Yes	\$ -	After Deductible		50%	After Deductible			

Notes

- Note 1 Virtual visits to PCP, Specialists and Mental Health practitioners, via phone, video or email, incur no copays or coinsurance and are pre-deductible.
- Note 2 Mental Health & Substance Use Disorder Office Visits include outpatient office visits, individual and group therapy sessions, partial hospitalization and intensive outpatient services.
- Note 3 Mental Health & Substance Use Disorder All Other OP Services includes Assertive Community Treatment (ACT) Services.
- Note 4 KPFP treats Outpatient Surgery as a single benefit with a single copay and does not split out between Outpatient Facility Fee and Outpatient Surgery Physician/Surgical Services.

Benefit Components

Worksheet
Controls

Company: Kaiser Foundation Health Plan of the N

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	23371WA1760002	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	Both On and Off Exchange
Line 1.2	Plan Name	KP WA Silver 1000	Line 1.4	Cost-Share Reduction (CSR) Plan?	73% AV Level Silver Plan	Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Chardino an IP Coov	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	Yes
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	Classic
Line 3.3	In-Network Tiers (if)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

-- Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In-Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$1,000	
Default Coinsurance			40%	
MOOP			\$7,600	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Emergency Room Services		Yes	\$ 750	After Deductible						
Inpatient Hospital Services (e.g. Hospital Stay)		Yes	\$ 35	Before and After Deductible	No	40%	After Deductible			
Primary Care Visit to Treat an Injury or Illness		No	\$ 35	Before and After Deductible	No					
Specialist Visit		No	\$ 60	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits		No	\$ 35	Before and After Deductible	No				Note 2	
Mental Health & Substance Use Disorder All Other OP Services		No	\$ -	Before and After Deductible	No				Note 3	
Imaging (CT/PET Scans, MRIs)		No	\$ 750	Before and After Deductible	No					
Rehabilitative Speech Therapy		No	\$ 60	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy		No	\$ 60	Before and After Deductible	No					
Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible	No					
Laboratory Outpatient and Professional Services		No	\$ 50	Before and After Deductible	No					
X-rays and Diagnostic Imaging		No	\$ 100	Before and After Deductible	No					
Skilled Nursing Facility		Yes	\$ -			40%	After Deductible			
Outpatient Facility Fee (e.g. Ambulatory Surgery Center)		Yes	\$ 750	After Deductible					Note 4	
Outpatient Surgery Physician/Surgical Services		Yes	\$ 750	After Deductible					Note 4	
Urgent Care		No	\$ 60	Before and After Deductible	No	40%	After Deductible			
Emergency Transportation		Yes	\$ -							
Other EHB Categories										
Nurse Treatment Room Visit		No	\$ 10	Before and After Deductible	No					
Durable Medical Equipment (DME)		Yes	\$ -			40%	After Deductible			
Home Health		Yes	\$ -			40%	After Deductible			
Hospice		No	\$ -	Before and After Deductible						
Kaiser Permanente at Home™		No	\$ -	Before and After Deductible						
Virtual Visits		No	\$ -	Before and After Deductible					Note 1	
Non-EHB Benefits										
Adult Vision Exam		No	\$ 35	Before and After Deductible	No					
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$ 25	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		No	\$ 100	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3)		Yes	\$ -			50%	After Deductible			
Specialty Drugs (Tier 4)		Yes	\$ -			50%	After Deductible			

Notes

- Note 1 Virtual visits to PCP, Specialists and Mental Health practitioners, via phone, video or email, incur no copays or coinsurance and are pre-deductible.
Note 2 Mental Health & Substance Use Disorder Office Visits include outpatient office visits, individual and group therapy sessions, partial hospitalization and intensive outpatient services.
Note 3 Mental Health & Substance Use Disorder All Other OP Services includes Assertive Community Treatment (ACT) Services.
Note 4 KPFP treats Outpatient Surgery as a single benefit with a single copay and does not split out between Outpatient Facility Fee and Outpatient Surgery Physician/Surgical Services.

Benefit Components

Worksheet
Controls

Company: Kaiser Foundation Health Plan of the N

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	23371WA1760002	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	Both On and Off Exchange
Line 1.2	Plan Name	KP WA Silver 1000	Line 1.4	Cost-Share Reduction (CSR) Plan?	87% AV Level Silver Plan	Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Chardino an IP Coov	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	Yes
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	Classic
Line 3.3	In-Network Tiers (if)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

-- Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In-Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$300	
Default Coinsurance			30%	
MOOP			\$3,500	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Emergency Room Services		No	\$ 400	Before and After Deductible	No					
Inpatient Hospital Services (e.g. Hospital Stay)		Yes				30%	After Deductible			
Primary Care Visit to Treat an Injury or Illness		No	\$ 10	Before and After Deductible	No					
Specialist Visit		No	\$ 30	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits		No	\$ 10	Before and After Deductible	No				Note 2	
Mental Health & Substance Use Disorder All Other OP Services		No	\$ -	Before and After Deductible	No				Note 3	
Imaging (CT/PET Scans, MRIs)		No	\$ 400	Before and After Deductible	No					
Rehabilitative Speech Therapy		No	\$ 30	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy		No	\$ 30	Before and After Deductible	No					
Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible	No					
Laboratory Outpatient and Professional Services		No	\$ 20	Before and After Deductible	No					
X-rays and Diagnostic Imaging		No	\$ 40	Before and After Deductible	No					
Skilled Nursing Facility		Yes				30%	After Deductible			
Outpatient Facility Fee (e.g. Ambulatory Surgery Center)		Yes	\$ 400	After Deductible					Note 4	
Outpatient Surgery Physician/Surgical Services		Yes	\$ 400	After Deductible					Note 4	
Urgent Care		No	\$ 35	Before and After Deductible	No					
Emergency Transportation		Yes				30%	After Deductible			
Other EHB Categories										
Nurse Treatment Room Visit		No	\$ 10	Before and After Deductible	No					
Durable Medical Equipment (DME)		Yes				30%	After Deductible			
Home Health		Yes				30%	After Deductible			
Hospice		No	\$ -	Before and After Deductible						
Kaiser Permanente at Home™		No	\$ -	Before and After Deductible						
Virtual Visits		No	\$ -	Before and After Deductible					Note 1	
Non-EHB Benefits										
Adult Vision Exam		No	\$ 5	Before and After Deductible	No					
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$ 10	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		No	\$ 60	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3)		Yes				50%	After Deductible			
Specialty Drugs (Tier 4)		Yes				50%	After Deductible			

Notes

- Note 1 Virtual visits to PCP, Specialists and Mental Health practitioners, via phone, video or email, incur no copays or coinsurance and are pre-deductible.
Note 2 Mental Health & Substance Use Disorder Office Visits include outpatient office visits, individual and group therapy sessions, partial hospitalization and intensive outpatient services.
Note 3 Mental Health & Substance Use Disorder All Other OP Services includes Assertive Community Treatment (ACT) Services.
Note 4 KPFP treats Outpatient Surgery as a single benefit with a single copay and does not split out between Outpatient Facility Fee and Outpatient Surgery Physician/Surgical Services.

Benefit Components

Worksheet Controls

Company: Kaiser Foundation Health Plan of the N

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1

HIOS Plan ID

23371WA1760002

Line 1.2

Plan Name

KP WA Silver 1000

Line 1.3

Metal Level

Silver

Line 1.4

Cost-Share Reduction (CSR) Plan?

94% AV Level Silver Plan

Line 1.5

Exchange Status

Both On and Off Exchange

Line 1.6

New or Renewing

Renewing

Section 2: Plan Design Information

Line 2.1

Unique Plan Design

Yes

Line 2.2

Use Integrated Medical & Drug Deductible?

Yes

Line 2.3

Apply Inpatient Copay per Day?

No

Line 2.4

Apply Skilled Nursing Facility Copay per Day?

No

Line 2.5

Separate MOOP for Medical & Drug Spending?

Line 2.6

Maximum Number of Days for Chardino an IP Coov

N/A

Line 2.7

Begin Primary Care Cost-Sharing After a Set Number of Visits

N/A

Line 2.8

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

N/A

Line 2.9

HSA Plan?

No

Line 2.10

HSA Employer Contribution Amount

Line 2.11

Different Cost-Sharing for Virtual vs Non-Virtual Care?

Yes

Line 2.12

Pediatric Dental Embedded?

No

Line 2.13

Includes Non-EHBs?

Yes

Section 3: Network and Tier Information

Line 3.1

Network Type

EPO

Line 3.2

Network Name

Classic

Line 3.3

In-Network Tiers (if)

1

Line 3.4

Tier 1 Utilization

100.00%

Line 3.5

Tier 2 Utilization

Line 3.6

Tier 3 Utilization

Line 3.7

Out-of-Network Benefits?

No

Section 4: Cost-Share Designs

Line 4.1

In-Network Tier 1:

In Network

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$0	
Default Coinsurance			10%	
MOOP			\$1,800	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services		No	\$ 150	Before and After Deductible	No					
Inpatient Hospital Services (e.g. Hospital Stay)		No	\$ 5	Before and After Deductible	No	10%	Before and After Deductible	No		
Primary Care Visit to Treat an Injury or Illness		No	\$ 5	Before and After Deductible	No					
Specialist Visit		No	\$ 10	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits		No	\$ 5	Before and After Deductible	No				Note 2	
Mental Health & Substance Use Disorder All Other OP Services		No	\$ -	Before and After Deductible	No				Note 3	
Imaging (CT/PET Scans, MRIs)		No	\$ 150	Before and After Deductible	No					
Rehabilitative Speech Therapy		No	\$ 10	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy		No	\$ 10	Before and After Deductible	No					
Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible	No					
Laboratory Outpatient and Professional Services		No	\$ 5	Before and After Deductible	No					
X-rays and Diagnostic Imaging		No	\$ 15	Before and After Deductible	No					
Skilled Nursing Facility		No	\$ -	Before and After Deductible	No	10%	Before and After Deductible	No		
Outpatient Facility Fee (e.g. Ambulatory Surgery Center)		No	\$ 150	Before and After Deductible	No				Note 4	
Outpatient Surgery Physician/Surgical Services		No	\$ 150	Before and After Deductible	No				Note 4	
Urgent Care		No	\$ 25	Before and After Deductible	No	10%	Before and After Deductible	No		
Emergency Transportation		No								
Other EHB Categories										
Nurse Treatment Room Visit		No	\$ 5	Before and After Deductible	No					
Durable Medical Equipment (DME)		No				10%	Before and After Deductible	No		
Home Health		No				10%	Before and After Deductible	No		
Hospice		No	\$ -	Before and After Deductible						
Kaiser Permanente at Home™		No	\$ -	Before and After Deductible						
Virtual Visits		No	\$ -	Before and After Deductible					Note 1	
Non-EHB Benefits										
Adult Vision Exam										
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$ 5	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		No	\$ 15	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3)		No				50%	Before and After Deductible	No		
Specialty Drugs (Tier 4)		No				50%	Before and After Deductible	No		

Notes

Note 1

Virtual visits to PCP, Specialists and Mental Health practitioners, via phone, video or email, incur no copays or coinsurance and are pre-deductible.

Note 2

Mental Health & Substance Use Disorder Office Visits include outpatient office visits, individual and group therapy sessions, partial hospitalization and intensive outpatient services.

Note 3

Mental Health & Substance Use Disorder All Other OP Services includes Assertive Community Treatment (ACT) Services.

Note 4

KPHP treats Outpatient Surgery as a single benefit with a single copay and does not split out between Outpatient Facility Fee and Outpatient Surgery Physician/Surgical Services.

Version 3.2

Plan Year: 2026

Line 1.1	HIOS Plan ID	23371WA1940002	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	KP Cascade Silver	Line 1.4	Cost-Share Reduction (CSR) Plan?	No	Line 1.6	New or Renewing	Renewing

Line 1	Unique Plan Design	Yes
Line 2	Use Integrated Medical & Drug Deductible?	Yes
Line 3	Apply IMOPAT Co-pay per Day?	Yes
Line 4	Apply Skilled Nursing Facility Co-pay per Day?	Yes
Line 5	Separate Inpatient for Medical & Drug Spending?	Yes
Line 6	Maximum Number of Days for Charinge an IP Coav	5
Line 7	Begin Primary Care Cost-Sharing After a Set Number of Visits	2
Line 8	Begin Primary Care Deductible/Coinsurance After a Set Number of Co-pay?	N/A
Line 9	HSA Plan?	No
Line 10	HSA Employer Contribution Amount	Yes
Line 11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 12	Pediatric Dental Embedded?	No
Line 13	Includes Non-EHBs?	No

Line 3.1	Network Type	EPO
Line 3.2	Network Name	Classic
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Line 4.1	In-Network Tier 1:	In Network
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Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/ Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services	No	Yes	\$ 800	After Deductible						
Inpatient Hospital Services (e.g., Hospital Stay)	No	Yes	\$ 800	After Deductible					Note 2	
Primary Care Visit to Treat an Injury or Illness	Yes	No	\$ 20	Before and After Deductible	No				Note 4	
Specialist Visit	No	No	\$ 65	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits	Yes	No	\$ 20	Before and After Deductible	No				Note 3	
Mental Health & Substance Use Disorder All Other OP Services	No	No	\$ 20	Before and After Deductible	No				Note 3	
Imaging (CT/PET Scans, MRIs)	No	Yes	\$ 40	Before and After Deductible	No	30%	After Deductible			
Rehabilitative Speech Therapy	No	No	\$ 40	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	No	\$ -	Before and After Deductible	No					
Preventive Care/Screening/Immunization	No	No	\$ 40	Before and After Deductible	No					
Laboratory Outpatient and Professional Services	No	No	\$ 65	Before and After Deductible	No					
X-rays and Diagnostic Imaging	No	Yes	\$ 800	After Deductible	No					
Skilled Nursing Facility	No	Yes	\$ 600	After Deductible						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	No	Yes	\$ 200	After Deductible						
Outpatient Surgery Physician/Surgical Services	No	No	\$ 65	Before and After Deductible	No					
Urgent Care	No	No	\$ 375	Before and After Deductible	No					
Emergency Transportation	No	No								
Other EHB Categories	No	Yes				30%	After Deductible			
Durable Medical Equipment (DME)	No	No	\$ 30	Before and After Deductible	No					
Home Health	No	No	\$ -	Before and After Deductible	No					
Hospice	No	No	\$ 10	Before and After Deductible	No					
Nurse Treatment Room Visit	No	No	\$ -	Before and After Deductible						
Virtual Visits	No	No							Note 1	
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/ Warnings
Generic Drugs (Tier 1)	No	No	\$ 25	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)	No	No	\$ 75	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3)	Yes	Yes	\$ 250	After Deductible						
Specialty Drugs (Tier 4)	Yes	Yes	\$ 250	After Deductible						

Note 1 Virtual visits to PCP, Specialist and Mental Health practitioners, via phone, video or email, incur no copays or coinsurance and are pre-deductible.

Note 2 The co-pay for All Inpatient Hospital Services covers the facility fee and professional services. For instance, an individual with a one-day stay at a hospital in the Cascade Silver plan would pay only the \$800 co-pay after meeting their deductible.

Note 3 Mental Health & Substance Use Disorder Office Visits include outpatient office visits, individual and group therapy sessions, partial hospitalization and intensive outpatient services. Eligible for two visits at \$1 copay, after which stated cost-sharing applies.

Note 4 Eligible for two visits at \$1 copay, after which stated cost-sharing applies.

Benefit Components

Worksheet Controls

Company: Kaiser Foundation Health Plan of the N

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	23371WA1940002
Line 1.2	Plan Name	KP Cascade Silver

Line 1.3	Metal Level	Silver
Line 1.4	Cost-Share Reduction (CSR) Plan?	73% AV Level Silver Plan

Line 1.5	Exchange Status	On Exchange
Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Chemo or IP Coov	5
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	2
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	Yes
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHB?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	Classic
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

-- Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Designs

Line 4.1 In-Network Tier 1: In Network

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$2,500	
Default Coinsurance			30%	
MOOP			\$7,950	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services	No	Yes	\$ 800	After Deductible						
Inpatient Hospital Services (e.g., Hospital Stay)	No	Yes	\$ 800	After Deductible					Note 2	
Primary Care Visit to Treat an Injury or Illness	Yes	No	\$ 20	Before and After Deductible	No				Note 4	
Specialist Visit	No	No	\$ 65	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits	Yes	No	\$ 20	Before and After Deductible	No				Note 3	
Mental Health & Substance Use Disorder All Other OP Services	No	No	\$ 20	Before and After Deductible	No				Note 3	
Imaging (CT/PET Scans, MRIs)	No	Yes		Before and After Deductible	No	30%	After Deductible			
Rehabilitative Speech Therapy	No	No	\$ 40	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	No	\$ 40	Before and After Deductible	No					
Preventive Care/Screening/Immunization	No	No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services	No	No	\$ 40	Before and After Deductible	No					
X-rays and Diagnostic Imaging	No	No	\$ 65	Before and After Deductible	No					
Skilled Nursing Facility	No	Yes	\$ 800	After Deductible						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	No	Yes	\$ 600	After Deductible						
Outpatient Surgery Physician/Surgical Services	No	Yes	\$ 200	After Deductible						
Urgent Care	No	No	\$ 65	Before and After Deductible	No					
Emergency Transportation	No	No	\$ 325	Before and After Deductible	No					
Other EHB Categories										
Durable Medical Equipment (DME)	No	Yes				30%	After Deductible			
Home Health	No	No	\$ 30	Before and After Deductible	No					
Hospice	No	No	\$ -	Before and After Deductible						
Nurse Treatment Room Visit	No	No	\$ 10	Before and After Deductible	No					
Virtual Visits	No	No	\$ -	Before and After Deductible					Note 1	
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)										
	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)	No	No	\$ 24	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)	No	No	\$ 75	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3)		Yes	\$ 250	After Deductible						
Specialty Drugs (Tier 4)		Yes	\$ 250	After Deductible						

Notes

- Note 1 Virtual visits to PCP, Specialists and Mental Health practitioners, via phone, video or email, incur no copays or coinsurance and are pre-deductible.
- Note 2 The co-pay for All Inpatient Hospital Services covers the facility fee and professional services. For instance, an individual with a one-day stay at a hospital in the Cascade Silver 73% CSR plan would pay only the \$800 co-pay after meeting their deductible.
- Note 3 Mental Health & Substance Use Disorder Office Visits include outpatient office visits, individual and group therapy sessions, partial hospitalization and intensive outpatient services. Eligible for two visits at \$1 copay, after which stated cost-sharing applies.
- Note 4 Eligible for two visits at \$1 copay, after which stated cost-sharing applies.

Benefit Components

Worksheet Controls

Company: Kaiser Foundation Health Plan of the N Market: Individual Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	23371WA1940002	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	KP Cascade Silver	Line 1.4	Cost-Share Reduction (CSR) Plan?	87% AV Level Silver Plan	Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Chemo an IP Copay	5
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	2
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	Yes
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHB?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	Classic
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

-- Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$750	
Default Coinsurance			20%	
MOOP			\$2,850	

	Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Coinsurance Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Emergency Room Services	No	Yes	\$	425	After Deductible						
Inpatient Hospital Services (e.g. Hospital Stay)	No	Yes	\$	425	After Deductible					Note 2	
Primary Care Visit to Treat an Injury or Illness	Yes	No	\$	5	Before and After Deductible	No				Note 4	
Specialist Visit	No	No	\$	30	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits	Yes	No	\$	5	Before and After Deductible	No				Note 3	
Mental Health & Substance Use Disorder All Other OP Services	No	No	\$	5	Before and After Deductible	No				Note 3	
Imaging (CT/PET Scans, MRIs)	No	Yes					20%	After Deductible			
Rehabilitative Speech Therapy	No	No	\$	20	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	No	\$	20	Before and After Deductible	No					
Preventive Care/Screening/Immunization	No	No	\$	-	Before and After Deductible						
Laboratory Outpatient and Professional Services	No	No	\$	20	Before and After Deductible	No					
X-rays and Diagnostic Imaging	No	No	\$	40	Before and After Deductible	No					
Skilled Nursing Facility	No	Yes	\$	425	After Deductible						
Outpatient Facility Fee (e.g. Ambulatory Surgery Center)	No	Yes	\$	325	After Deductible						
Outpatient Surgery Physician/Surgical Services	No	Yes	\$	120	After Deductible						
Urgent Care	No	No	\$	30	Before and After Deductible	No					
Emergency Transportation	No	No	\$	175	Before and After Deductible	No					
Other EHB Categories											
Durable Medical Equipment (DME)	No	Yes					20%	After Deductible			
Home Health	No	No	\$	10	Before and After Deductible	No					
Hospice	No	No	\$	-	Before and After Deductible						
Nurse Treatment Room Visit	No	No	\$	10	Before and After Deductible	No					
Virtual Visits	No	No	\$	-	Before and After Deductible					Note 1	
Non-EHB Benefits											
Drug Benefit Tiers (add/modify descriptions as necessary)		Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Coinsurance Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)	No	\$	12	Before and After Deductible		No					
Preferred Brand Drugs (Tier 2)	No	\$	35	Before and After Deductible		No					
Non-Preferred Brand Drugs (Tier 3)	No	\$	160	Before and After Deductible		No					
Specialty Drugs (Tier 4)	No	\$	160	Before and After Deductible		No					

- Notes
- Note 1 Virtual visits to PCP, Specialists and Mental Health practitioners, via phone, video or email, incur no copays or coinsurance and are pre-deductible.
- Note 2 The co-pay for All Inpatient Hospital Services covers the facility fee and professional services. For instance, an individual with a one-day stay at a hospital in the Cascade Silver 87% CSR plan would pay only the \$425 co-pay after meeting their deductible.
- Note 3 Mental Health & Substance Use Disorder Office Visits include outpatient office visits, individual and group therapy sessions, partial hospitalization and intensive outpatient services. Eligible for two visits at \$1 copay, after which stated cost-sharing applies.
- Note 4 Eligible for two visits at \$1 copay, after which stated cost-sharing applies.

Benefit Components

Worksheet Controls

Company: Kaiser Foundation Health Plan of the N Market: Individual Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	23371WA1940002	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	KP Cascade Silver	Line 1.4	Cost-Share Reduction (CSR) Plan?	94% AV Level Silver Plan	Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Chemo or IP Coov	5
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	2
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	Yes
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHB?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	Classic
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

-- Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$0	
Default Coinsurance			15%	
MOOP			\$2,400	

	Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Coinsurance Applies	Accrues toward Deductible?	Comments	Errors/Warnings
	Emergency Room Services	No	No	\$ 150	Before and After Deductible	No					
	Inpatient Hospital Services (e.g., Hospital Stay)	No	No	\$ 100	Before and After Deductible	No				Note 2	
	Primary Care Visit to Treat an Injury or Illness	Yes	No	\$ 1	Before and After Deductible	No					
	Specialist Visit	No	No	\$ 15	Before and After Deductible	No					
	Mental Health & Substance Use Disorder Office Visits	Yes	No	\$ 1	Before and After Deductible	No				Note 3	
	Mental Health & Substance Use Disorder All Other OP Services	No	No	\$ 1	Before and After Deductible	No				Note 3	
	Imaging (CT/PET Scans, MRIs)	No	No				15%	Before and After Deductible	No		
	Rehabilitative Speech Therapy	No	No	\$ 5	Before and After Deductible	No					
	Rehabilitative Occupational and Rehabilitative Physical Therapy	No	No	\$ 5	Before and After Deductible	No					
	Preventive Care/Screening/Immunization	No	No	\$ -	Before and After Deductible	No					
	Laboratory Outpatient and Professional Services	No	No	\$ 5	Before and After Deductible	No					
	X-rays and Diagnostic Imaging	No	No	\$ 15	Before and After Deductible	No					
	Skilled Nursing Facility	No	No	\$ 100	Before and After Deductible	No					
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	No	No	\$ 100	Before and After Deductible	No					
	Outpatient Surgery Physician/Surgical Services	No	No	\$ 25	Before and After Deductible	No					
	Urgent Care	No	No	\$ 15	Before and After Deductible	No					
	Emergency Transportation	No	No	\$ 75	Before and After Deductible	No					
	Other EHB Categories										
	Durable Medical Equipment (DME)	No	No				15%	Before and After Deductible	No		
	Home Health	No	No	\$ 5	Before and After Deductible	No					
	Hospice	No	No	\$ -	Before and After Deductible	No					
	Nurse Treatment Room Visit	No	No	\$ 5	Before and After Deductible	No					
	Virtual Visits	No	No	\$ -	Before and After Deductible	No				Note 1	
	Non-EHB Benefits										
	Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Coinsurance Applies	Accrues toward Deductible?	Comments	Errors/Warnings
	Generic Drugs (Tier 1)	No	No	\$ 5	Before and After Deductible	No					
	Preferred Brand Drugs (Tier 2)	No	No	\$ 12	Before and After Deductible	No					
	Non-Preferred Brand Drugs (Tier 3)	No	No	\$ 35	Before and After Deductible	No					
	Specialty Drugs (Tier 4)	No	No	\$ 35	Before and After Deductible	No					

- Notes
- Note 1 Virtual visits to PCP, Specialists and Mental Health practitioners, via phone, video or email, incur no copays or coinsurance and are pre-deductible.
- Note 2 The co-pay for All Inpatient Hospital Services covers the facility fee and professional services. For instance, an individual with a one-day stay at a hospital in the Cascade Silver 94% CSR plan would pay only the \$100 co-pay.
- Note 3 Mental Health & Substance Use Disorder Office Visits include outpatient office visits, individual and group therapy sessions, partial hospitalization and intensive outpatient services.

Benefit Components

Worksheet
Controls

Company: Kaiser Foundation Health Plan of the NMarket: IndividualPlan Year: 2026

Section 1: Plan Information

Line 1.1HIOS Plan ID23371WA178003

Line 1.2Plan NameKP WA Bronze 9100

Line 1.3Metal LevelExpanded Bronze

Line 1.4Cost-Share Reduction (CSR) Plan?

Line 1.5Exchange StatusBoth On and Off Exchange

Line 1.6New or RenewingRenewing

Section 2: Plan Design Information

Line 2.1Unique Plan DesignYes

Line 2.2Use Integrated Medical & Drug Deductible?Yes

Line 2.3Apply Inpatient Copay per Day?No

Line 2.4Apply Skilled Nursing Facility Copay per Day?No

Line 2.5Separate MOOP for Medical & Drug Spending?No

Line 2.6Maximum Number of Days for Chardino an IP CoovN/A

Line 2.7Begin Primary Care Cost-Sharing After a Set Number of VisitsN/A

Line 2.8Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?N/A

Line 2.9HSA Plan?No

Line 2.10HSA Employer Contribution Amount

Line 2.11Different Cost-Sharing for Virtual vs Non-Virtual Care?Yes

Line 2.12Pediatric Dental Embedded?No

Line 2.13Includes Non-EHBs?No

Section 3: Network and Tier Information

Line 3.1Network TypeEPO

Line 3.2Network NameClassic

Line 3.3In-Network Tiers (P)1

Line 3.4Tier 1 Utilization100.00%

Line 3.5Tier 2 Utilization

Line 3.6Tier 3 Utilization

Line 3.7Out-of-Network Benefits?No

Section 4: Cost-Share Designs

Line 4.1In-Network Tier 1:In Network

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$9,100	
Default Coinsurance			0%	
MOOP			\$9,100	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services		Yes				0%	After Deductible			
Inpatient Hospital Services (e.g., Hospital Stay)		Yes				0%	After Deductible			
Primary Care Visit to Treat an Injury or Illness		No	\$ - 75	Before and After Deductible	No					
Specialist Visit		Yes				0%	After Deductible			
Mental Health & Substance Use Disorder Office Visits		No	\$ -	Before and After Deductible				Note 2		
Mental Health & Substance Use Disorder All Other OP Services		No	\$ -	Before and After Deductible				Note 3		
Imaging (CT/PET Scans, MRIs)		Yes				0%	After Deductible			
Rehabilitative Speech Therapy		Yes				0%	After Deductible			
Rehabilitative Occupational and Rehabilitative Physical Therapy		Yes				0%	After Deductible			
Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services		Yes				0%	After Deductible			
X-rays and Diagnostic Imaging		Yes				0%	After Deductible			
Skilled Nursing Facility		Yes				0%	After Deductible			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Yes				0%	After Deductible			
Outpatient Surgery Physician/Surgical Services		Yes				0%	After Deductible			
Urgent Care		Yes				0%	After Deductible			
Emergency Transportation		Yes				0%	After Deductible			
Other EHB Categories										
Nurse Treatment Room Visit		Yes				0%	After Deductible			
Durable Medical Equipment (DME)		Yes				0%	After Deductible			
Home Health		Yes				0%	After Deductible			
Hospice		No	\$ -	Before and After Deductible						
Kaiser Permanente at Home™		No	\$ -	Before and After Deductible						
Virtual Visits		No	\$ -	Before and After Deductible				Note 1		
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$ - 30	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		Yes				0%	After Deductible			
Non-Preferred Brand Drugs (Tier 3)		Yes				0%	After Deductible			
Specialty Drugs (Tier 4)		Yes				0%	After Deductible			

Notes

Note 1 Virtual visits to PCP, Specialists and Mental Health practitioners, via phone, video or email, incur no copays or coinsurance and are pre-deductible.

Note 2 Mental Health & Substance Use Disorder Office Visits include outpatient office visits, individual and group therapy sessions, partial hospitalization and intensive outpatient services.

Note 3 Mental Health & Substance Use Disorder All Other OP Services includes Assertive Community Treatment (ACT) Services.

Version 3.2

Benefit Components

Worksheet
Controls

Company: Kaiser Foundation Health Plan of the NMarket: IndividualPlan Year: 2026

Section 1: Plan Information

Line 1.1HIOS Plan ID23371WA1780004

Line 1.2Plan NameKP WA Bronze HSA 7100

Line 1.3Metal Level

Line 1.4Cost-Share Reduction (CSR) Plan?Expanded Bronze

Line 1.5Exchange StatusBoth On and Off Exchange

Line 1.6New or RenewingRenewing

Section 2: Plan Design Information

Line 2.1Unique Plan DesignNo

Line 2.2Use Integrated Medical & Drug Deductible?Yes

Line 2.3Apply Inpatient Copay per Day?No

Line 2.4Apply Skilled Nursing Facility Copay per Day?No

Line 2.5Separate MOOP for Medical & Drug Spending?No

Line 2.6Maximum Number of Days for Chardino an IP CoovN/A

Line 2.7Begin Primary Care Cost-Sharing After a Set Number of VisitsN/A

Line 2.8Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?N/A

Line 2.9HSA Plan?Yes

Line 2.10HSA Employer Contribution Amount

Line 2.11Different Cost-Sharing for Virtual vs Non-Virtual Care?Yes

Line 2.12Pediatric Dental Embedded?No

Line 2.13Includes Non-EHB?No

Section 3: Network and Tier Information

Line 3.1Network TypeEPO

Line 3.2Network NameClassic

Line 3.3In-Network Tiers (P)1

Line 3.4Tier 1 Utilization100.00%

Line 3.5Tier 2 Utilization

Line 3.6Tier 3 Utilization

Line 3.7Out-of-Network Benefits?No

Section 4: Cost-Share Designs

Line 4.1In-Network Tier 1:In Network

MedicalDrugCombinedErrors/Warnings

Deductible\$7,100

Default Coinsurance0%

MOOP\$7,100

Copays

AmountAppliesAccrues toward Deductible?

AmountAppliesAccrues toward Deductible?

CommentsErrors/Warnings

Medical Benefits

Upfront Visits or Copays?Subject to Deductible?AmountAppliesAccrues toward Deductible?AmountAppliesAccrues toward Deductible?CommentsErrors/Warnings

Emergency Room ServicesYes0%After Deductible

Inpatient Hospital Services (e.g., Hospital Stay)Yes0%After Deductible

Primary Care Visit to Treat an Injury or IllnessYes0%After Deductible

Specialist VisitYes0%After Deductible

Mental Health & Substance Use Disorder Office VisitsYes0%After DeductibleNote 2

Mental Health & Substance Use Disorder All Other OP ServicesYes0%After DeductibleNote 3

Imaging (CT/PET Scans, MRIs)Yes0%After Deductible

Rehabilitative Speech TherapyYes0%After Deductible

Rehabilitative Occupational and Rehabilitative Physical TherapyYes0%After Deductible

Preventive Care/Screening/ImmunizationNo\$-Before and After Deductible

Laboratory Outpatient and Professional ServicesYes0%After Deductible

X-rays and Diagnostic ImagingYes0%After Deductible

Skilled Nursing FacilityYes0%After Deductible

Outpatient Facility Fee (e.g., Ambulatory Surgery Center)Yes0%After Deductible

Outpatient Surgery Physician/Surgical ServicesYes0%After Deductible

Urgent CareYes0%After Deductible

Emergency TransportationYes0%After Deductible

Other EHB Categories

Nurse Treatment Room VisitYes0%After Deductible

Durable Medical Equipment (DME)Yes0%After Deductible

Home HealthYes0%After Deductible

HospiceYes0%After Deductible

Virtual VisitsYes0%After DeductibleNote 1

Non-EHB Benefits

Drug Benefit Tiers (add/modify descriptions as necessary)Maximum CoinsuranceSubject to Deductible?AmountAppliesAccrues toward Deductible?AmountAppliesAccrues toward Deductible?CommentsErrors/Warnings

Generic Drugs (Tier 1)Yes0%After Deductible

Preferred Brand Drugs (Tier 2)Yes0%After Deductible

Non-Preferred Brand Drugs (Tier 3)Yes0%After Deductible

Specialty Drugs (Tier 4)Yes0%After Deductible

Notes

Note 1 Virtual visits to PCP, Specialists and Mental Health practitioners, via phone, video or email, incur no copays or coinsurance after meeting the deductible.

Note 2 Mental Health & Substance Use Disorder Office Visits include outpatient office visits, individual and group therapy sessions, partial hospitalization and intensive outpatient services.

Note 3 Mental Health & Substance Use Disorder All Other OP Services includes Assertive Community Treatment (ACT) Services.

Version 3.2

Benefit Components

Company: Kaiser Foundation Health Plan of the N Market: Individual Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	23371WA1940003	Line 1.3	Metal Level	Expanded Bronze	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	KP Cascade Bronze	Line 1.4	Cost-Share Reduction (CSR) Plan?		Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Chardino an IP Coov	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	2
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	Yes
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	Classic
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

-- Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$6,000	
Default Coinsurance			40%	
MOOP			\$10,150	

	Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Coinsurance	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
	Emergency Room Services	No	Yes				40%		After Deductible			
	Inpatient Hospital Services (e.g., Hospital Stay)	No	Yes				40%		After Deductible			
	Primary Care Visit to Treat an Injury or Illness	Yes	No	\$ 40	Before and After Deductible	No					Note 3	
	Specialist Visit	No	Yes	\$ 100	After Deductible							
	Mental Health & Substance Use Disorder Office Visits	Yes	No	\$ 40	Before and After Deductible	No					Note 2	
	Mental Health & Substance Use Disorder All Other OP Services	No	Yes				40%		After Deductible		Note 2	
	Imaging (CT/PET Scans, MRIs)	No	Yes				40%		After Deductible			
	Rehabilitative Speech Therapy	No	Yes				40%		After Deductible			
	Rehabilitative Occupational and Rehabilitative Physical Therapy	No	Yes				40%		After Deductible			
	Preventive Care/Screening/Immunization	No	No	\$ -	Before and After Deductible							
	Laboratory Outpatient and Professional Services	No	Yes				40%		After Deductible			
	X-rays and Diagnostic Imaging	No	Yes				40%		After Deductible			
	Skilled Nursing Facility	No	Yes				40%		After Deductible			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	No	Yes				40%		After Deductible			
	Outpatient Surgery Physician/Surgical Services	No	Yes				40%		After Deductible			
	Urgent Care	No	No	\$ 100	Before and After Deductible	No	40%		After Deductible			
	Emergency Transportation	No	Yes									
	Other EHB Categories											
	Durable Medical Equipment (DME)	No	Yes				40%		After Deductible			
	Home Health	No	No	\$ 50	Before and After Deductible	No						
	Hospice	No	No	\$ -	Before and After Deductible	No						
	Nurse Treatment Room Visit	No	No	\$ 10	Before and After Deductible	No						
	Virtual Visits	No	No	\$ -	Before and After Deductible						Note 1	
	Non-EHB Benefits											
	Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount		Applies	Accrues toward Deductible?	Comments	Errors/Warnings
	Generic Drugs (Tier 1)	No	Yes	\$ 32	Before and After Deductible	No						
	Preferred Brand Drugs (Tier 2)		Yes				40%		After Deductible			
	Non-Preferred Brand Drugs (Tier 3)		Yes				40%		After Deductible			
	Specialty Drugs (Tier 4)		Yes				40%		After Deductible			

- Notes
- Note 1 Virtual visits to PCP, Specialists and Mental Health practitioners, via phone, video or email, incur no copays or coinsurance and are pre-deductible.
- Note 2 Mental Health & Substance Use Disorder Office Visits include outpatient office visits, individual and group therapy sessions, partial hospitalization and intensive outpatient services. Eligible for two visits at \$1 copay, after which stated cost-sharing applies.
- Note 3 Eligible for two visits at \$1 copay, after which stated cost-sharing applies.

Benefit Components

Worksheet
Controls

Company: Kaiser Foundation Health Plan of the N

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1HIOS Plan ID23371WA1770003

Line 1.2Plan NameKP WA Gold 0 with Pediatric Dental

Line 1.3Metal LevelGold

Line 1.4Cost-Share Reduction (CSR) Plan?1

Line 1.5Exchange StatusOff Exchange

Line 1.6New or RenewingRenewing

Section 2: Plan Design Information

Line 2.1Unique Plan DesignYes

Line 2.2Use Integrated Medical & Drug Deductible?Yes

Line 2.3Apply Inpatient Copay per Day?No

Line 2.4Apply Skilled Nursing Facility Copay per Day?No

Line 2.5Separate MOOP for Medical & Drug Spending?No

Line 2.6Maximum Number of Days for Chemo or an IP CoovN/A

Line 2.7Begin Primary Care Cost-Sharing After a Set Number of VisitsN/A

Line 2.8Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?N/A

Line 2.9HSA Plan?No

Line 2.10HSA Employer Contribution Amount\$0

Line 2.11Different Cost-Sharing for Virtual vs Non-Virtual Care?Yes

Line 2.12Pediatric Dental Embedded?Yes

Line 2.13Includes Non-EHBs?Yes

-- Provide Explanation in Note 1 (at the bottom of the page).

Section 3: Network and Tier Information

Line 3.1Network TypeEPO

Line 3.2Network NameClassic Complete

Line 3.3In-Network Tiers (P)1

Line 3.4Tier 1 Utilization100.00%

Line 3.5Tier 2 Utilization

Line 3.6Tier 3 Utilization

Line 3.7Out-of-Network Benefits?No

Section 4: Cost-Share Designs

Line 4.1In-Network Tier 1:In Network

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$0	
Default Coinsurance			30%	
MOOP			\$8,200	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services		No	\$ 350	Before and After Deductible	No					
Inpatient Hospital Services (e.g., Hospital Stay)		No	\$ 15	Before and After Deductible	No	30%	Before and After Deductible	No		
Primary Care Visit to Treat an Injury or Illness		No	\$ 50	Before and After Deductible	No					
Specialist Visit		No	\$ 15	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits		No	\$ -	Before and After Deductible	No				Note 2	
Mental Health & Substance Use Disorder All Other OP Services		No	\$ -	Before and After Deductible	No				Note 3	
Imaging (CT/PET Scans, MRIs)		No	\$ 350	Before and After Deductible	No					
Rehabilitative Speech Therapy		No	\$ 50	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy		No	\$ 50	Before and After Deductible	No					
Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible	No					
Laboratory Outpatient and Professional Services		No	\$ 50	Before and After Deductible	No					
X-rays and Diagnostic Imaging		No	\$ 50	Before and After Deductible	No					
Skilled Nursing Facility		No	\$ -	Before and After Deductible	No	30%	Before and After Deductible	No		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		No	\$ 350	Before and After Deductible	No				Note 4	
Outpatient Surgery Physician/Surgical Services		No	\$ 350	Before and After Deductible	No				Note 4	
Urgent Care		No	\$ 40	Before and After Deductible	No					
Emergency Transportation		No	\$ -	Before and After Deductible	No	30%	Before and After Deductible	No		
Other EHB Categories										
Nurse Treatment Room Visit		No	\$ 10	Before and After Deductible	No					
Durable Medical Equipment (DME)		No	\$ -	Before and After Deductible	No	30%	Before and After Deductible	No		
Home Health		No	\$ -	Before and After Deductible	No					
Hospice		No	\$ -	Before and After Deductible	No					
Kaiser Permanente at Home™		No	\$ -	Before and After Deductible	No					
Virtual Visits		No	\$ -	Before and After Deductible	No				Note 1	
Pediatric Dental - All Other Covered Services		No	\$ -	Before and After Deductible	No	50%	Before and After Deductible	No		
Pediatric Dental - Preventive and Diagnostic Services		No	\$ -	Before and After Deductible	No					
Non-EHB Benefits										
Adult Vision Exam		No	\$ 15	Before and After Deductible	No					
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$ 10	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		No	\$ 40	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3)		No	\$ -	Before and After Deductible	No	50%	Before and After Deductible	No		
Specialty Drugs (Tier 4)		No	\$ -	Before and After Deductible	No	50%	Before and After Deductible	No		

Notes

Note 1

Virtual visits to PCP, Specialists and Mental Health practitioners, via phone, video or email, incur no copays or coinsurance and are pre-deductible.

Note 2

Mental Health & Substance Use Disorder Office Visits include outpatient office visits, individual and group therapy sessions, partial hospitalization and intensive outpatient services.

Note 3

Mental Health & Substance Use Disorder All Other OP Services includes Assertive Community Treatment (ACT) Services.

Note 4

KFHP treats Outpatient Surgery as a single benefit with a single copay and does not split out between Outpatient Facility Fee and Outpatient Surgery Physician/Surgical Services.

Benefit Components

Worksheet
Controls

Company: Kaiser Foundation Health Plan of the NMarket: IndividualPlan Year: 2026

Section 1: Plan Information

Line 1.1HIOS Plan ID23371WA1770001

Line 1.2Plan NameKP WA Gold 1750 with Pediatric Dental

Line 1.3Metal LevelGold

Line 1.4Cost-Share Reduction (CSR) Plan?

Line 1.5Exchange StatusOff Exchange

Line 1.6New or RenewingRenewing

Section 2: Plan Design Information

Line 2.1Unique Plan DesignYes

Line 2.2Use Integrated Medical & Drug Deductible?No

Line 2.3Apply Inpatient Copay per Day?No

Line 2.4Apply Skilled Nursing Facility Copay per Day?No

Line 2.5Separate MOOP for Medical & Drug Spending?No

Line 2.6Maximum Number of Days for Chemo an IP CopayN/A

Line 2.7Begin Primary Care Cost-Sharing After a Set Number of VisitsN/A

Line 2.8Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?N/A

Line 2.9HSA Plan?No

Line 2.10HSA Employer Contribution Amount

Line 2.11Different Cost-Sharing for Virtual vs Non-Virtual Care?Yes

Line 2.12Pediatric Dental Embedded?Yes

Line 2.13Includes Non-EHBs?Yes

-- Provide Explanation in Note 1 (at the bottom of the page).

Section 3: Network and Tier Information

Line 3.1Network TypeEPO

Line 3.2Network NameClassic Complete

Line 3.3In-Network Tiers (P)1

Line 3.4Tier 1 Utilization100.00%

Line 3.5Tier 2 Utilization

Line 3.6Tier 3 Utilization

Line 3.7Out-of-Network Benefits?No

Section 4: Cost-Share Designs

Line 4.1In-Network Tier 1:In Network

	Medical	Drug	Combined	Errors/Warnings
Deductible	\$1,750	\$0		
Default Coinsurance	30%	50%		
MOOP			\$8,500	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services		Yes	\$ 350	After Deductible						
Inpatient Hospital Services (e.g., Hospital Stay)		Yes				30%	After Deductible			
Primary Care Visit to Treat an Injury or Illness		No	\$ 20	Before and After Deductible	No					
Specialist Visit		No	\$ 50	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits		No	\$ 20	Before and After Deductible	No				Note 2	
Mental Health & Substance Use Disorder All Other OP Services		No	\$ -	Before and After Deductible	No				Note 3	
Imaging (CT/PET Scans, MRIs)		Yes	\$ 350	After Deductible						
Rehabilitative Speech Therapy		No	\$ 50	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy		No	\$ 50	Before and After Deductible	No					
Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services		No	\$ 50	Before and After Deductible	No					
X-rays and Diagnostic Imaging		No	\$ 50	Before and After Deductible	No					
Skilled Nursing Facility		Yes				30%	After Deductible			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Yes				30%	After Deductible			
Outpatient Surgery Physician/Surgical Services		Yes				30%	After Deductible			
Urgent Care		No	\$ 40	Before and After Deductible	No	30%	After Deductible			
Emergency Transportation		Yes								
Other EHB Categories										
Nurse Treatment Room Visit		No	\$ 10	Before and After Deductible	No					
Durable Medical Equipment (DME)		Yes				30%	After Deductible			
Home Health		Yes				30%	After Deductible			
Hospice		No	\$ -	Before and After Deductible						
Kaiser Permanente at Home™		No	\$ -	Before and After Deductible						
Virtual Visits		No	\$ -	Before and After Deductible					Note 1	
Pediatric Dental - All Other Covered Services		No				50%	Before and After Deductible	No		
Pediatric Dental - Preventive and Diagnostic Services		No	\$ -	Before and After Deductible						
Non-EHB Benefits										
Adult Vision Exam		No	\$ 20	Before and After Deductible	No					
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$ 10	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		No	\$ 50	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3)		No				50%	Before and After Deductible	No		
Specialty Drugs (Tier 4)		No				50%	Before and After Deductible	No		

Notes

Note 1 Virtual visits to PCP, Specialists and Mental Health practitioners, via phone, video or email, incur no copays or coinsurance and are pre-deductible.

Note 2 Mental Health & Substance Use Disorder Office Visits include outpatient office visits, individual and group therapy sessions, partial hospitalization and intensive outpatient services.

Note 3 Mental Health & Substance Use Disorder All Other OP Services includes Assertive Community Treatment (ACT) Services.

Benefit Components

Worksheet Controls

Company: Kaiser Foundation Health Plan of the N

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	23371WA1790005	Line 1.3	Metal Level	Gold	Line 1.5	Exchange Status	Off Exchange
Line 1.2	Plan Name	KP WA Gold HSA 2100 with Pediatric D	Line 1.4	Cost-Share Reduction (CSR) Plan?		Line 1.6	New or Renewing	New

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	No
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Chardino an IP Coov	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	Yes
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	Yes
Line 2.12	Pediatric Dental Embedded?	Yes
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	Classic Complete
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

-- Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$2,100	
Default Coinsurance			20%	
MOOP			\$6,100	

	Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
	Emergency Room Services		Yes				20%	After Deductible			
	Inpatient Hospital Services (e.g., Hospital Stay)		Yes				20%	After Deductible			
	Primary Care Visit to Treat an Injury or Illness		Yes				20%	After Deductible			
	Specialist Visit		Yes				20%	After Deductible			
	Mental Health & Substance Use Disorder Office Visits		Yes				20%	After Deductible		Note 2	
	Mental Health & Substance Use Disorder All Other OP Services		Yes				20%	After Deductible		Note 3	
	Imaging (CT/PET Scans, MRIs)		Yes				20%	After Deductible			
	Rehabilitative Speech Therapy		Yes				20%	After Deductible			
	Rehabilitative Occupational and Rehabilitative Physical Therapy		Yes				20%	After Deductible			
	Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible						
	Laboratory Outpatient and Professional Services		Yes				20%	After Deductible			
	X-rays and Diagnostic Imaging		Yes				20%	After Deductible			
	Skilled Nursing Facility		Yes				20%	After Deductible			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Yes				20%	After Deductible			
	Outpatient Surgery Physician/Surgical Services		Yes				20%	After Deductible			
	Urgent Care		Yes				20%	After Deductible			
	Emergency Transportation		Yes				20%	After Deductible			
	Other EHB Categories										
	Nurse Treatment Room Visit		Yes				20%	After Deductible			
	Durable Medical Equipment (DME)		Yes				20%	After Deductible			
	Home Health		Yes				20%	After Deductible			
	Hospice		Yes				20%	After Deductible			
	Virtual Visits		Yes				20%	After Deductible		Note 1	
	Pediatric Dental - All Other Covered Services		Yes				50%	After Deductible			
	Pediatric Dental - Preventive and Diagnostic Services		No	\$ -	Before and After Deductible						
	Non-EHB Benefits										
	Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
	Generic Drugs (Tier 1)		Yes	\$ 20	After Deductible						
	Preferred Brand Drugs (Tier 2)		Yes				20%	After Deductible			
	Non-Preferred Brand Drugs (Tier 3)		Yes				50%	After Deductible			
	Specialty Drugs (Tier 4)		Yes				50%	After Deductible			

Notes

- Note 1 Virtual visits to PCP, Specialists and Mental Health practitioners, via phone, video or email, incur no copays or coinsurance after meeting the deductible.
 Note 2 Mental Health & Substance Use Disorder Office Visits include outpatient office visits, individual and group therapy sessions, partial hospitalization and intensive outpatient services.
 Note 3 Mental Health & Substance Use Disorder All Other OP Services includes Assertive Community Treatment (ACT) Services.

Benefit Components

Worksheet Controls

Company: Kaiser Foundation Health Plan of the N

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	23371WA1770002	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	Off Exchange
Line 1.2	Plan Name	KP WA Silver 1000 with Pediatric Dental	Line 1.4	Cost-Share Reduction (CSR) Plan?	No	Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Chardino an IP Coov	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	Yes
Line 2.12	Pediatric Dental Embedded?	Yes
Line 2.13	Includes Non-EHB?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	Classic Complete
Line 3.3	In-Network Tiers (if)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

-- Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$1,000	
Default Coinsurance			40%	
MOOP			\$9,200	

	Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
	Emergency Room Services		Yes	\$ 750	After Deductible						
	Inpatient Hospital Services (e.g., Hospital Stay)		No	\$ 35	Before and After Deductible	No	40%	After Deductible			
	Primary Care Visit to Treat an Injury or Illness		No	\$ 65	Before and After Deductible	No					
	Specialist Visit		No	\$ 35	Before and After Deductible	No					
	Mental Health & Substance Use Disorder Office Visits		No	\$ -	Before and After Deductible	No				Note 2	
	Mental Health & Substance Use Disorder All Other OP Services		No	\$ -	Before and After Deductible	No				Note 3	
	Imaging (CT/PET Scans, MRIs)		No	\$ 750	Before and After Deductible	No					
	Rehabilitative Speech Therapy		No	\$ 65	Before and After Deductible	No					
	Rehabilitative Occupational and Rehabilitative Physical Therapy		No	\$ 65	Before and After Deductible	No					
	Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible	No					
	Laboratory Outpatient and Professional Services		No	\$ 50	Before and After Deductible	No					
	X-rays and Diagnostic Imaging		No	\$ 100	Before and After Deductible	No					
	Skilled Nursing Facility		Yes	\$ -			40%	After Deductible			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Yes	\$ 750	After Deductible					Note 4	
	Outpatient Surgery Physician/Surgical Services		Yes	\$ 750	After Deductible					Note 4	
	Urgent Care		No	\$ 60	Before and After Deductible	No	40%	After Deductible			
	Emergency Transportation		Yes	\$ -							
	Other EHB Categories										
	Nurse Treatment Room Visit		No	\$ 10	Before and After Deductible	No					
	Durable Medical Equipment (DME)		Yes	\$ -			40%	After Deductible			
	Home Health		Yes	\$ -			40%	After Deductible			
	Hospice		No	\$ -	Before and After Deductible						
	Kaiser Permanente at Home™		No	\$ -	Before and After Deductible						
	Virtual Visits		No	\$ -	Before and After Deductible					Note 1	
	Pediatric Dental - All Other Covered Services		No	\$ -			50%	Before and After Deductible	No		
	Pediatric Dental - Preventive and Diagnostic Services		No	\$ -	Before and After Deductible						
	Non-EHB Benefits										
	Adult Vision Exam		No	\$ 35	Before and After Deductible	No					
	Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
	Generic Drugs (Tier 1)		No	\$ 25	Before and After Deductible	No					
	Preferred Brand Drugs (Tier 2)		No	\$ 100	Before and After Deductible	No					
	Non-Preferred Brand Drugs (Tier 3)		Yes	\$ -			50%	After Deductible			
	Specialty Drugs (Tier 4)		Yes	\$ -			50%	After Deductible			

Notes

- Note 1 Virtual visits to PCP, Specialists and Mental Health practitioners, via phone, video or email, incur no copays or coinsurance and are pre-deductible.
- Note 2 Mental Health & Substance Use Disorder Office Visits include outpatient office visits, individual and group therapy sessions, partial hospitalization and intensive outpatient services.
- Note 3 Mental Health & Substance Use Disorder All Other OP Services includes Assertive Community Treatment (ACT) Services.
- Note 4 KPFP treats Outpatient Surgery as a single benefit with a single copay and does not split out between Outpatient Facility Fee and Outpatient Surgery Physician/Surgical Services.

Benefit Components

Worksheet Controls

Company: Kaiser Foundation Health Plan of the N

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1HIOS Plan ID23271WA1790001

Line 1.2Plan NameKP WA Silver 5500 with Pediatric Dental

Line 1.3Metal LevelSilver

Line 1.4Cost-Share Reduction (CSR) Plan?No

Line 1.5Exchange StatusOff Exchange

Line 1.6New or RenewingRenewing

Section 2: Plan Design Information

Line 2.1Unique Plan DesignYes

Line 2.2Use Integrated Medical & Drug Deductible?Yes

Line 2.3Apply Inpatient Copay per Day?No

Line 2.4Apply Skilled Nursing Facility Copay per Day?No

Line 2.5Separate MOOP for Medical & Drug Spending?No

Line 2.6Maximum Number of Days for Chardino an IP CoovN/A

Line 2.7Begin Primary Care Cost-Sharing After a Set Number of VisitsN/A

Line 2.8Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?N/A

Line 2.9HSA Plan?No

Line 2.10HSA Employer Contribution Amount

Line 2.11Different Cost-Sharing for Virtual vs Non-Virtual Care?Yes

Line 2.12Pediatric Dental Embedded?Yes

Line 2.13Includes Non-EHB?No

-- Provide Explanation in Note 1 (at the bottom of the page).

Section 3: Network and Tier Information

Line 3.1Network TypeEPO

Line 3.2Network NameClassic Complete

Line 3.3In-Network Tiers (P)1

Line 3.4Tier 1 Utilization100.00%

Line 3.5Tier 2 Utilization

Line 3.6Tier 3 Utilization

Line 3.7Out-of-Network Benefits?No

Section 4: Cost-Share Designs

Line 4.1In-Network Tier 1:In Network

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$3,500	
Default Coinsurance			35%	
MOOP			\$9,500	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services		Yes	\$ 400	After Deductible						
Inpatient Hospital Services (e.g., Hospital Stay)		Yes				35%	After Deductible			
Primary Care Visit to Treat an Injury or Illness		No	\$ 40	Before and After Deductible	No					
Specialist Visit		No	\$ 65	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits		No	\$ 40	Before and After Deductible	No				Note 2	
Mental Health & Substance Use Disorder All Other OP Services		No		Before and After Deductible					Note 3	
Imaging (CT/PET Scans, MRIs)		Yes	\$ 400	After Deductible						
Rehabilitative Speech Therapy		No	\$ 65	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy		No	\$ 65	Before and After Deductible	No					
Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services		No	\$ 60	Before and After Deductible	No					
X-rays and Diagnostic Imaging		Yes	\$ 60	After Deductible						
Skilled Nursing Facility		Yes				35%	After Deductible			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Yes				35%	After Deductible			
Outpatient Surgery Physician/Surgical Services		Yes				35%	After Deductible			
Urgent Care		No	\$ 70	Before and After Deductible	No	35%	After Deductible			
Emergency Transportation		Yes								
Other EHB Categories		Yes								
Nurse Treatment Room Visit		No	\$ 10	Before and After Deductible	No					
Durable Medical Equipment (DME)		Yes				35%	After Deductible			
Home Health		Yes				35%	After Deductible			
Hospice		No	\$ -	Before and After Deductible						
Kaiser Permanente at Home™		No	\$ -	Before and After Deductible						
Virtual Visits		No	\$ -	Before and After Deductible					Note 1	
Pediatric Dental - All Other Covered Services		No				50%	Before and After Deductible	No		
Pediatric Dental - Preventive and Diagnostic Services		No	\$ -	Before and After Deductible						
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$ 30	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		No	\$ 75	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3)		Yes				50%	After Deductible			
Specialty Drugs (Tier 4)		Yes				50%	After Deductible			

Notes

Note 1 Virtual visits to PCP, Specialists and Mental Health practitioners, via phone, video or email, incur no copays or coinsurance and are pre-deductible.

Note 2 Mental Health & Substance Use Disorder Office Visits include outpatient office visits, individual and group therapy sessions, partial hospitalization and intensive outpatient services.

Note 3 Mental Health & Substance Use Disorder All Other OP Services includes Assertive Community Treatment (ACT) Services.

Benefit Components

Worksheet Controls

Company: Kaiser Foundation Health Plan of the N Market: Individual Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	23371WA1790004	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	Off Exchange
Line 1.2	Plan Name	KP WA Silver HSA 3600 with Pediatric C	Line 1.4	Cost-Share Reduction (CSR) Plan?	No	Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	No
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Chardino an IP Coov	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	Yes
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	Yes
Line 2.12	Pediatric Dental Embedded?	Yes
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	Classic Complete
Line 3.3	In-Network Tiers (if)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

-- Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$3,600	
Default Coinsurance			35%	
MOOP			\$7,900	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services		Yes				35%	After Deductible			
Inpatient Hospital Services (e.g., Hospital Stay)		Yes				35%	After Deductible			
Primary Care Visit to Treat an Injury or Illness		Yes				35%	After Deductible			
Specialist Visit		Yes				35%	After Deductible			
Mental Health & Substance Use Disorder Office Visits		Yes				35%	After Deductible		Note 2	
Mental Health & Substance Use Disorder All Other OP Services		Yes				35%	After Deductible		Note 3	
Imaging (CT/PET Scans, MRIs)		Yes				35%	After Deductible			
Rehabilitative Speech Therapy		Yes				35%	After Deductible			
Rehabilitative Occupational and Rehabilitative Physical Therapy		Yes				35%	After Deductible			
Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services		Yes				35%	After Deductible			
X-rays and Diagnostic Imaging		Yes				35%	After Deductible			
Skilled Nursing Facility		Yes				35%	After Deductible			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Yes				35%	After Deductible			
Outpatient Surgery Physician/Surgical Services		Yes				35%	After Deductible			
Urgent Care		Yes				35%	After Deductible			
Emergency Transportation		Yes				35%	After Deductible			
Other EHB Categories										
Nurse Treatment Room Visit		Yes				35%	After Deductible			
Durable Medical Equipment (DME)		Yes				35%	After Deductible			
Home Health		Yes				35%	After Deductible			
Hospice		Yes				0%	After Deductible			
Virtual Visits		Yes				0%	After Deductible		Note 1	
Pediatric Dental - All Other Covered Services		Yes				50%	After Deductible			
Pediatric Dental - Preventive and Diagnostic Services		No	\$ -	Before and After Deductible						
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)										
	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		Yes	\$ 20	After Deductible						
Preferred Brand Drugs (Tier 2)		Yes	\$ 65	After Deductible						
Non-Preferred Brand Drugs (Tier 3)		Yes				50%	After Deductible			
Specialty Drugs (Tier 4)		Yes				50%	After Deductible			

Notes

- Note 1 Virtual visits to PCP, Specialists and Mental Health practitioners, via phone, video or email, incur no copays or coinsurance after meeting the deductible.
Note 2 Mental Health & Substance Use Disorder Office Visits include outpatient office visits, individual and group therapy sessions, partial hospitalization and intensive outpatient services.
Note 3 Mental Health & Substance Use Disorder All Other OP Services includes Assertive Community Treatment (ACT) Services.

Benefit Components

Worksheet Controls

Company: Kaiser Foundation Health Plan of the N

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	23371WA1790005	Line 1.3	Metal Level	Expanded Bronze	Line 1.5	Exchange Status	Off Exchange
Line 1.2	Plan Name	KP WA Bronze HSA 7100 with Pediatric	Line 1.4	Cost-Share Reduction (CSR) Plan?		Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	No
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Chardino an IP Coov	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	Yes
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	Yes
Line 2.12	Pediatric Dental Embedded?	Yes
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	Classic Complete
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

-- Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$7,100	
Default Coinsurance			0%	
MOOP			\$7,100	

	Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
	Emergency Room Services		Yes				0%	After Deductible			
	Inpatient Hospital Services (e.g., Hospital Stay)		Yes				0%	After Deductible			
	Primary Care Visit to Treat an Injury or Illness		Yes				0%	After Deductible			
	Specialist Visit		Yes				0%	After Deductible			
	Mental Health & Substance Use Disorder Office Visits		Yes				0%	After Deductible		Note 2	
	Mental Health & Substance Use Disorder All Other OP Services		Yes				0%	After Deductible		Note 3	
	Imaging (CT/PET Scans, MRIs)		Yes				0%	After Deductible			
	Rehabilitative Speech Therapy		Yes				0%	After Deductible			
	Rehabilitative Occupational and Rehabilitative Physical Therapy		Yes				0%	After Deductible			
	Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible						
	Laboratory Outpatient and Professional Services		Yes				0%	After Deductible			
	X-rays and Diagnostic Imaging		Yes				0%	After Deductible			
	Skilled Nursing Facility		Yes				0%	After Deductible			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Yes				0%	After Deductible			
	Outpatient Surgery Physician/Surgical Services		Yes				0%	After Deductible			
	Urgent Care		Yes				0%	After Deductible			
	Emergency Transportation		Yes				0%	After Deductible			
	Other EHB Categories										
	Nurse Treatment Room Visit		Yes				0%	After Deductible			
	Durable Medical Equipment (DME)		Yes				0%	After Deductible			
	Home Health		Yes				0%	After Deductible			
	Hospice		Yes				0%	After Deductible			
	Virtual Visits		Yes				0%	After Deductible		Note 1	
	Pediatric Dental - All Other Covered Services		Yes				50%	After Deductible			
	Pediatric Dental - Preventive and Diagnostic Services		No	\$ -	Before and After Deductible						
	Non-EHB Benefits										
	Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
	Generic Drugs (Tier 1)		Yes				0%	After Deductible			
	Preferred Brand Drugs (Tier 2)		Yes				0%	After Deductible			
	Non-Preferred Brand Drugs (Tier 3)		Yes				0%	After Deductible			
	Specialty Drugs (Tier 4)		Yes				0%	After Deductible			

Notes

Note 1 Virtual visits to PCP, Specialists and Mental Health practitioners, via phone, video or email, incur no copays or coinsurance after meeting the deductible.

Note 2 Mental Health & Substance Use Disorder Office Visits include outpatient office visits, individual and group therapy sessions, partial hospitalization and intensive outpatient services.

Note 3 Mental Health & Substance Use Disorder All Other OP Services includes Assertive Community Treatment (ACT) Services.

Benefit Components

Worksheet Controls

Company: Kaiser Foundation Health Plan of the N

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1HIOS Plan ID23371WA1790002

Line 1.2Plan NameKP WA Bronze 6000 with Pediatric Dent

Line 1.3Metal LevelExpanded Bronze

Line 1.4Cost-Share Reduction (CSR) Plan?

Line 1.5Exchange StatusOff Exchange

Line 1.6New or RenewingRenewing

Section 2: Plan Design Information

Line 2.1Unique Plan DesignYes

Line 2.2Use Integrated Medical & Drug Deductible?Yes

Line 2.3Apply Inpatient Copay per Day?No

Line 2.4Apply Skilled Nursing Facility Copay per Day?No

Line 2.5Separate MOOP for Medical & Drug Spending?

Line 2.6Maximum Number of Days for Chemo or an IP CoovN/A

Line 2.7Begin Primary Care Cost-Sharing After a Set Number of VisitsN/A

Line 2.8Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?N/A

Line 2.9HSA Plan?No

Line 2.10HSA Employer Contribution Amount

Line 2.11Different Cost-Sharing for Virtual vs Non-Virtual Care?Yes

Line 2.12Pediatric Dental Embedded?Yes

Line 2.13Includes Non-EHB?No

-- Provide Explanation in Note 1 (at the bottom of the page).

Section 3: Network and Tier Information

Line 3.1Network TypeEPO

Line 3.2Network NameClassic Complete

Line 3.3In-Network Tiers (P)1

Line 3.4Tier 1 Utilization100.00%

Line 3.5Tier 2 Utilization

Line 3.6Tier 3 Utilization

Line 3.7Out-of-Network Benefits?No

Section 4: Cost-Share Designs

Line 4.1In-Network Tier 1:In Network

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$8,900	
Default Coinsurance			40%	
MOOP			\$8,900	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services		Yes				40%	After Deductible			
Inpatient Hospital Services (e.g., Hospital Stay)		Yes				40%	After Deductible			
Primary Care Visit to Treat an Injury or Illness		No	\$ -	50	Before and After Deductible	No				
Specialist Visit		No	\$ -	125	Before and After Deductible	No				
Mental Health & Substance Use Disorder Office Visits		No	\$ -	50	Before and After Deductible	No			Note 2	
Mental Health & Substance Use Disorder All Other OP Services		No	\$ -	-	Before and After Deductible	No			Note 3	
Imaging (CT/PET Scans, MRIs)		Yes				40%	After Deductible			
Rehabilitative Speech Therapy		Yes				40%	After Deductible			
Rehabilitative Occupational and Rehabilitative Physical Therapy		Yes				40%	After Deductible			
Preventive Care/Screening/Immunization		No	\$ -	-	Before and After Deductible					
Laboratory Outpatient and Professional Services		Yes				40%	After Deductible			
X-rays and Diagnostic Imaging		Yes				40%	After Deductible			
Skilled Nursing Facility		Yes				40%	After Deductible			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Yes				40%	After Deductible			
Outpatient Surgery Physician/Surgical Services		Yes				40%	After Deductible			
Urgent Care		No	\$ -	100	Before and After Deductible	No				
Emergency Transportation		Yes				40%	After Deductible			
Other EHB Categories										
Nurse Treatment Room Visit		No	\$ -	10	Before and After Deductible	No				
Durable Medical Equipment (DME)		Yes				40%	After Deductible			
Home Health		Yes				40%	After Deductible			
Hospice		No	\$ -	-	Before and After Deductible					
Kaiser Permanente at Home™		No	\$ -	-	Before and After Deductible					
Virtual Visits		No	\$ -	-	Before and After Deductible				Note 1	
Pediatric Dental - All Other Covered Services		No				50%	Before and After Deductible	No		
Pediatric Dental - Preventive and Diagnostic Services		No	\$ -	-	Before and After Deductible					
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$ -	32	Before and After Deductible	No				
Preferred Brand Drugs (Tier 2)		Yes				40%	After Deductible			
Non-Preferred Brand Drugs (Tier 3)		Yes				40%	After Deductible			
Specialty Drugs (Tier 4)		Yes				40%	After Deductible			

Notes

Note 1

Virtual visits to PCP, Specialists and Mental Health practitioners, via phone, video or email, incur no copays or coinsurance and are pre-deductible.

Note 2

Mental Health & Substance Use Disorder Office Visits include outpatient office visits, individual and group therapy sessions, partial hospitalization and intensive outpatient services.

Note 3

Mental Health & Substance Use Disorder All Other OP Services includes Assertive Community Treatment (ACT) Services.

Benefit Components

Worksheet
Controls

Company: Kaiser Foundation Health Plan of the N

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1HIOS Plan ID23371WA179003

Line 1.2Plan NameKP WA Bronze 9100 with Pediatric Dent

Line 1.3Metal LevelExpanded Bronze

Line 1.4Cost-Share Reduction (CSR) Plan?

Line 1.5Exchange StatusOff Exchange

Line 1.6New or RenewingRenewing

Section 2: Plan Design Information

Line 2.1Unique Plan DesignYes

Line 2.2Use Integrated Medical & Drug Deductible?Yes

Line 2.3Apply Insured Copay per Day?No

Line 2.4Apply Skilled Nursing Facility Copay per Day?No

Line 2.5Separate MOOP for Medical & Drug Spending?

Line 2.6Maximum Number of Days for Chardino an IP CoovN/A

Line 2.7Begin Primary Care Cost-Sharing After a Set Number of VisitsN/A

Line 2.8Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?N/A

Line 2.9HSA Plan?No

Line 2.10HSA Employer Contribution Amount

Line 2.11Different Cost-Sharing for Virtual vs Non-Virtual Care?Yes

Line 2.12Pediatric Dental Embedded?Yes

Line 2.13Includes Non-EHB?No

-- Provide Explanation in Note 1 (at the bottom of the page).

Section 3: Network and Tier Information

Line 3.1Network TypeEPO

Line 3.2Network NameClassic Complete

Line 3.3In-Network Tiers (P)1

Line 3.4Tier 1 Utilization100.00%

Line 3.5Tier 2 Utilization

Line 3.6Tier 3 Utilization

Line 3.7Out-of-Network Benefits?No

Section 4: Cost-Share Designs

Line 4.1In-Network Tier 1:In Network

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$9,100	
Default Coinsurance			0%	
MOOP			\$9,100	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services		Yes				0%	After Deductible			
Inpatient Hospital Services (e.g., Hospital Stay)		Yes				0%	After Deductible			
Primary Care Visit to Treat an Injury or Illness		No	\$ - 75	Before and After Deductible	No					
Specialist Visit		Yes				0%	After Deductible			
Mental Health & Substance Use Disorder Office Visits		No	\$ -	Before and After Deductible					Note 2	
Mental Health & Substance Use Disorder All Other OP Services		No	\$ -	Before and After Deductible					Note 3	
Imaging (CT/PET Scans, MRIs)		Yes				0%	After Deductible			
Rehabilitative Speech Therapy		Yes				0%	After Deductible			
Rehabilitative Occupational and Rehabilitative Physical Therapy		Yes				0%	After Deductible			
Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services		Yes				0%	After Deductible			
X-rays and Diagnostic Imaging		Yes				0%	After Deductible			
Skilled Nursing Facility		Yes				0%	After Deductible			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Yes				0%	After Deductible			
Outpatient Surgery Physician/Surgical Services		Yes				0%	After Deductible			
Urgent Care		Yes				0%	After Deductible			
Emergency Transportation		Yes				0%	After Deductible			
Other EHB Categories										
Nurse Treatment Room Visit		Yes				0%	After Deductible			
Durable Medical Equipment (DME)		Yes				0%	After Deductible			
Home Health		Yes				0%	After Deductible			
Hospice		No	\$ -	Before and After Deductible						
Kaiser Permanente at Home™		No	\$ -	Before and After Deductible						
Virtual Visits		No	\$ -	Before and After Deductible					Note 1	
Pediatric Dental - All Other Covered Services		No				50%	Before and After Deductible	No		
Pediatric Dental - Preventive and Diagnostic Services		No	\$ -	Before and After Deductible						
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$ - 30	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		Yes				0%	After Deductible			
Non-Preferred Brand Drugs (Tier 3)		Yes				0%	After Deductible			
Specialty Drugs (Tier 4)		Yes				0%	After Deductible			

Notes

Note 1

Virtual visits to PCP, Specialists and Mental Health practitioners, via phone, video or email, incur no copays or coinsurance and are pre-deductible.

Note 2

Mental Health & Substance Use Disorder Office Visits include outpatient office visits, individual and group therapy sessions, partial hospitalization and intensive outpatient services.

Note 3

Mental Health & Substance Use Disorder All Other OP Services includes Assertive Community Treatment (ACT) Services.

Unique Plan Design—Supporting Documentation and Justification

Fill in the following information.

Health Insurance Oversight System (HIOS) Issuer ID:

23371

HIOS Product IDs:

23371WA176, 23371WA177, 23371WA178, 23371WA179, 23371WA194

Applicable HIOS Plan IDs (Standard Component):

23371WA1760001, 23371WA1760002, 23371WA1760003, 23371WA1770001, 23371WA1770002, 23371WA1770003, 23371WA1780003, 23371WA1790001, 23371WA1790002, 23371WA1790003, 23371WA1940002, 23371WA1940003

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

For product ID's 23371WA176, 23371WA177, 23371WA178 and 23371WA179 a small portion of inpatient stays have a different cost share amount.

For plan ID 23371WA1940003, 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 23371WA1940002 and 23371WA1940003, there is a \$1 copay for the first two primary care and the first two Mental Health and Substance Use Disorder Outpatient office visits. The AVC input does not accommodate this feature.

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

156.135(b)(2) for product ID's 23371WA176, 23371WA177, 23371WA178, 23371WA179

156.135(b)(3) for product ID 23371WA194

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

Yes

Description of the standardized plan population data used:

For product ID 23371WA194 Acumen used the data underlying the continuance tables in the 2025 federal AV calculator.

For product ID's 23371WA176, 23371WA177, 23371WA178 and 23371WA179 the AV Calculator was used without modification or outside data.

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:

All plans are single-tier plans, with a projection based on historic utilization or 95% of inpatient claims representing the Inpatient Hospital Services cost sharing with the remaining 5% representing no cost share of the Kaiser Permanente at Home program. To accommodate this, we used both allowable tiers of the AV calculator, with Tier 1 programmed with the primary cost share, and Tier 2 programmed identically with the exception of using the other inpatient cost share. We then set utilization for the two tiers at 95% and 5%.

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 plans 23371WA1940002 and 23371WA1940003, KFHP relied on the review performed by Wakely Consulting and signed by Ksenia Whittal, FSA, MAAA on April 15, 2025. This review is included in the filing submission as the document "Wakely – WAHBE 2025 Medical AV Certification.pdf".

Certification Language:

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

The analysis was

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

Actuary Signature:



Actuary Printed Name: David Liebert, ASA, MAAA

Date: May 13, 2025

For product ID 23371WA194, we relied on work products and certification provided by Acumen and Wakely Consulting and Ksenia Whittal, FSA, MAAA on April 15, 2025.

The certification by David Liebert, ASA, MAAA only applies to product ID's 23371WA176, 23371WA177, 23371WA178 and 23371WA179.

Mental Health and Substance Use Disorder (MHSUD) Financial Requirement Parity Certification

*Required to be submitted with Plan Year (PY) 2026
ACA Individual and Small Group Market Rate Filings*

I. PURPOSE

Issuers are required to comply with the federal Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) and its implementing regulations and guidance, such as Chapter 284-43 WAC Subchapter K, Mental Health and Substance Use Disorder. Financial requirements and treatment limitations applicable to mental health/substance use disorder (MHSUD) benefits cannot be more restrictive than those applicable to medical/surgical benefits.

This document focuses on financial parity requirements [MHPAEA and WAC 284-43-7040]. For quantitative treatment limitations (QTL) and non-quantitative treatment limitations (NQTL), see the checklist under the form filing instructions; for QTL and NQTL definitions, see MHPAEA and WAC 284-43-7010.

Financial requirements are defined in MHPAEA and WAC 284-43-7010 as cost sharing measures, such as deductibles, copayments, coinsurance, and out-of-pocket maximums; note that the definition explicitly excludes aggregate lifetime and annual dollar limits.

See WAC 284-43-7010 for additional relevant definitions (e.g., classification of benefits, medical/surgical benefits, mental health benefits, predominant level, substance use disorder benefits, and substantially all).

II. KEY POINTS

A. Required level of review

Attest/certify in section III below.

1. Parity review must be done separately by plan, for each type of financial requirement and each benefit classification.
2. Parity review also must be done separately by coverage unit, if a plan or issuer applies different levels of financial requirement (i.e., different cost shares) to different coverage units. [WAC 284-43-7020(6)(e), WAC 284-43-7040(2) and WAC 284-43-7040(4)]

WAC 284-43-7010 defines a coverage unit as the way in which a plan or issuer groups individuals for purposes of determining benefits, premiums, or contributions. For example, different coverage units could be self-only, family, or employee-plus-spouse.

B. Classifying Benefits

[Note especially WAC 284-43-7020.]

Attest/certify in section III below.

1. All medical/surgical and MHSUD benefits are subject to parity review. Each medical/surgical and MHSUD benefit must be assigned to a benefit classification.
2. Permitted classifications of benefits:
 - (1) Inpatient, In-Network
 - (2) Inpatient, Out-of-Network
 - (3) Outpatient, In-Network
 - (3a) Outpatient, In-Network – Office Visits
 - (3b) Outpatient, In-Network – All Other Outpatient
 - (4) Outpatient, Out-of-Network
 - (4a) Outpatient, Out-of-Network – Office Visits
 - (4b) Outpatient, Out-of-Network – All Other Outpatient
 - (5) Emergency Care
 - (6) Prescription Drugs

Per WAC 284-43-7020(6)(a), plans and issuers may split outpatient into “office visits” and “all other outpatient items and services.” A particular plan should address (3) **or** both (3a)+(3b), not all three; similarly, a particular plan should address (4) **or** both (4a)+(4b), not all three.

3. When classifying benefits, the same standards must apply to both medical/surgical and MHSUD benefits.

For example, assign covered intermediate MHSUD benefits (e.g., residential treatment, partial hospitalization, and intensive outpatient treatment) in the same way comparable intermediate medical/surgical benefits are assigned. Additionally, if home health care is classified as outpatient, then any covered MHSUD intensive outpatient services and partial hospitalizations must also be classified as outpatient. [WAC 284-43-7020(3)]

C. Financial requirement parity details

[Note especially WAC 284-43-7020, WAC 284-43-7020(4), and WAC 284-43-7040.]

Attest/certify in section III below.

1. Financial requirement parity analysis considers both type and level.
 - a) Financial requirement cost share types include deductibles, copayments, coinsurance, and out-of-pocket maximums but not aggregate lifetime and annual dollar limits.
 - b) A financial requirement cost share level is the amount of the financial requirement type. For example, coinsurance levels might include 20% and 25%; copayment levels might include \$15 and \$20; and deductible levels might include \$250 and \$500.

2. Financial requirement parity methodology:

Within each benefit classification [WAC 284-43-7020], a plan or issuer may not apply any financial requirement to MHSUD benefits that is more restrictive than the corresponding predominant level applied to medical/surgical benefits.

- a) WAC 284-43-7010 indicates that a type of financial requirement is considered to apply to "substantially all" medical/surgical benefits in a classification if it applies to at least two-thirds of all medical/surgical benefits in that classification as determined by WAC 284-43-7040(2)(a).
- b) WAC 284-43-7010 indicates if a type of financial requirement applies to substantially all medical/surgical benefits in a classification, the "predominant level" is the level that applies to more than one-half of the medical/surgical benefits in that classification subject to the financial requirement.
- c) Review projected plan payments for medical/surgical benefits for the upcoming plan year.
Dollar amounts should be stated as allowed claim amounts (i.e., the amount the plan allows) before enrollee cost sharing because payments based on the allowed amounts cover the full scope of benefits being provided. A reasonable actuarial method must be used to project the dollar amounts. [WAC 284-43-7040(1)(c)]
- d) Note that WAC 284-43-7040(1)(d) clarifies how to handle certain plan dollar thresholds.

3. Rate filing documentation of financial requirement parity:

In the rate filing, address the following for each plan, classification, and coverage unit (if applicable).

- a) For medical/surgical benefits, show every different cost share type and level. Then, demonstrate what meets the "substantially all" requirements and what qualifies as the "predominant level."
- b) Compare MHSUD benefit cost shares to medical/surgical benefits' substantially all and predominant level cost shares.
- c) As noted under section B above, WAC 284-43-7020(6)(a) allows, but does not require, subclassifications within outpatient – (a) office visits versus (b) all other outpatient items and services.

For each plan, please indicate whether outpatient parity testing was conducted in aggregate (i.e., one outpatient benefit classification) or using the outpatient subclassifications. Provide information and results accordingly.

4. Actuarial memorandum discussion of projected plan dollar amounts:

In the Part III Actuarial Memorandum, please describe how the 2026 annual projected plan and benefit dollar amounts were determined.

Address the following:

- a) Describe the underlying claims data source and characteristics as well as any adjustments made. Explain any differences versus the data used to project PY2026 claims and premium rates.
- b) Ensure claim amounts reflect what the plan allows before reductions for enrollee cost sharing.

- c) How does plan-level data compare to data for the book of business?
The underlying data set will not usually be your issuer's entire projected book of business; additionally, the projections will reflect plan-level assumptions as opposed to product-level assumptions. For example, see the (*) CMS FAQs listed below.
- d) Certify that a reasonable actuarial method was used to project amounts for each plan in accordance with WAC 284-43-7040(1)(c)(ii) and applicable Actuarial Standards of Practice.
- e) Provide additional requested data details on the 'Data Information' tab in your complementary Excel workbook of MHSUD financial requirement parity calculations.

(*) CMS/CCIIO ACA FAQ 31; April 20, 2016; Q8. CMS/CCIIO ACA FAQ 34; October 27, 2016; Q3.

D. Cumulative financial requirements

[Note especially WAC 284-43-7040(3).]

Attest/certify in section III below.

A plan or issuer may not apply cumulative financial requirements (e.g., deductibles and out-of-pocket maximums) for MHSUD benefits in a classification that accumulate separately from any cumulative requirement established for medical/surgical benefits in the same classification. Note that cumulative requirements must also satisfy the quantitative parity analysis.

E. Prohibited exclusions

[Note especially WAC 284-43-7080.]

Attest/certify in section III below.

A plan may not exclude MHSUD treatments or services for any of the reasons documented in WAC 284-43-7080.

III. DOCUMENTATION & ATTESTATION

General Information	
Issuer Name:	Kaiser Foundation Health Plan of the Northwest
Applicable Market:	Individual
Plan Year:	2026

- Please complete and submit one set of MHSUD financial requirement parity certification documents for each rate filing.
 - Certification: PDF version of this certification document.
 - Calculations: Excel file (and its corresponding PDF file) demonstrating financial requirement parity testing results. See below for details.

2. For the calculations, use the OIC-developed Excel template found on our website ([Certification - Rates - 2026 Mental Health and Substance Use Disorder Financial Req Parity Calculations](#)).
 - a) Review instructions on the first worksheet tab.
 - b) Create and populate a separate detailed worksheet for each plan.
 - c) After fully populating the Excel file, create a PDF version of the file. In SERFF, submit both the Excel and PDF file formats. Remember the Excel and PDF file contents and file names should exactly match with the only exception being that the Excel file name will end in "DUPLICATE."
3. Actuarial certification:
 - a) Complete the actuarial certification below.
 - b) Enter requested information, as needed.
 - c) Check attestation boxes, where appropriate, to indicate your agreement.
 - d) Then, complete the signature block.
 - e) Create a PDF version of the file, and upload the PDF version to SERFF.
4. List below the names of the supporting files:

[MHSUD Calculations DUPLICATE](#)

[MHSUD Calculations](#)

**Actuarial Certification
of MHSUD Financial Requirement Parity
for the PY2026 ACA Rate Filing:**

I, [David Liebert, ASA, MAAA](#) certify the following:

- ☒ I am an employee of [Kaiser Foundation Health Plan of the Northwest](#) or
☐ I am a consultant associated with the firm of

☒ I am a qualified actuary as outlined in Chapter 284-05 WAC. I am a member of the American Academy of Actuaries, and I am acting within the scope of my training, experience, and qualifications.

☒ Level of review:

I attest to conducting MHSUD financial requirement parity analysis at the appropriate level, as noted below:

- ☒ Parity review was done separately by plan, for each type of financial requirement and each benefit classification. Parity analysis does not vary by coverage unit because financial requirements do not vary by coverage unit.
- ☒ Parity review was done separately by plan and coverage unit, for each type of financial requirement and each benefit classification. Parity analysis varies by coverage unit because financial requirements vary by coverage unit.

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

☒ **Benefit classifications:**

I attest that all medical/surgical and MHSUD benefits were assigned to benefit classifications.

I attest that the issuer (1) has criteria documented as to how medical/surgical benefits were assigned to each permitted classification and (2) the same standards apply for both medical/surgical and MHSUD benefits.

Upon request, the documentation can be made available to the Washington OIC within 10 business days.

☒ **Cost-share accuracy:**

For the 2026 plan year, I certify the accuracy of the cost shares for both medical/surgical and MHSUD benefits that are used to evaluate parity of MHSUD financial requirements as loaded into the calculation workbook ([MHSUD Calculations](#)) and as otherwise discussed in this rate filing.

☒ **Projected plan dollar amounts:**

I attest to the following related to dollar amounts used to test MHSUD financial requirement parity:

- ☒ Projected dollar amounts are consistent with plan-specific projected allowed amounts used elsewhere in this rate filing, or
- ☐ Projected dollar amounts differ from plan-specific projected allowed amounts used elsewhere in this rate filing as explained in the Part III actuarial memorandum.
- ☒ Projected dollar amounts reflect what the plan allows before reductions for enrollee cost sharing.
- ☐ Plan-level dollar amounts do not reflect aggregate data for the book of business.
- ☒ A reasonable actuarial method was used to project amounts for each plan in accordance with WAC 284-43-7040(1)(c)(ii) and applicable Actuarial Standards of Practice (ASOPs).
- ☒ Additional data details are available on the 'Data Information' tab in the Excel workbook of MHSUD financial requirement parity calculations.

☒ **Financial requirement parity:**

I attest to parity between MHSUD benefits and medical/surgical benefits in

- ☒ Financial requirements as outlined in Chapter 284-43 WAC Subchapter K Mental Health and Substance Use Disorder and
- ☒ Financial accumulators, such as deductibles and out-of-pocket maximums, by plan and classification.
[Note especially WAC 284-43-7040(3).]

☒ **Substantially all and predominance:**

I certify that each plan submitted in this rate filing meets the "substantially all" and "predominant" / "predominant level" financial requirement parity testing requirements under MHPAEA and Chapter 284-43 WAC, Subchapter K Mental Health and Substance Use Disorder.

- ☒ **Type:** I attest that for each plan, the type of financial requirement imposed upon MHSUD benefits in each classification (or applicable subclassification) applies to at least two-thirds of projected allowed amounts for medical/surgical benefits within that classification (or applicable subclassification).
- ☒ **Level:** I attest that for each plan, the level of financial requirement imposed upon MHSUD benefits in each classification (or applicable subclassification) is no more restrictive than the level of financial

requirement imposed upon more than one-half of projected allowed amounts for medical/surgical benefits within that classification (or applicable subclassification).

- ☒ I attest that if a single financial requirement did not meet the one-half threshold for a particular plan and classification (or applicable subclassification), then the level of financial requirement imposed upon MHSUD benefits was determined after combining levels until the combination of levels covered more than one-half of projected allowed amounts for medical/surgical benefits within that classification (or applicable subclassification), as described in WAC 284-43-7040(2)(b)(ii) and (iii).
- ☒ I attest that the above statements are supported by details in the complementary MHSUD financial requirement calculation workbook (cited above) and submitted as part of this rate filing.

☒ Parity across tiers:

- WAC 284-43-7020(5)(a): A plan or issuer must treat the least restrictive level of the financial requirement that applies to at least two-thirds of medical/surgical benefits across all provider tiers in a classification as the predominant level that it may apply to MHSUD benefits in the same classification.
 - ☐ I certify that this does not apply to any plans in this rate filing. The plans do not use provider tiers, or the financial requirements do not vary by provider tier.
 - ☒ This situation applies to at least one plan in this rate filing, and I certify that the requirements were met. See this related file for additional documentation and explanation:
- 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:
- WAC 284-43-7020(6)(b): A plan or issuer may divide its benefits furnished on an in-network basis into subclassifications that reflect network tiers if the tiering is based on reasonable factors and without regard to whether a provider is an MHSUD provider or a medical/surgical provider.
 - ☒ I certify that this does not apply to plans in this rate filing. The plans do not use network tiers.
 - ☐ This situation applies to at least one plan in this rate filing, and I certify that the requirements were met. See this related file for additional documentation and explanation:
- WAC 284-43-7020(6)(c): After network tiers are established, the plan or issuer may not impose any financial requirement on MHSUD benefits in any tier that is more restrictive than the predominant financial requirement that applies to substantially all medical/surgical benefits in that tier.
 - ☒ I certify that this does not apply to any plans in this rate filing. The plans do not use network tiers.
 - ☐ This situation applies to at least one plan in this rate filing, and I certify that the requirements were addressed. See this related file for additional documentation and explanation:
- 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

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

prescribed with respect to medical/surgical benefits or with respect to MHSUD benefits, the plan satisfies the parity requirements with respect to prescription drug benefits. Reasonable factors include cost, efficacy, generic versus brand name, and mail order versus pharmacy pick-up.

☒ I certify that none of the plans in this rate filing use prohibited prescription drug tiers. Prescription drug tiers are based only on the reasonable factors listed above and without regard to whether a drug is prescribed for medical/surgical or MHSUD benefits.

☒ No prohibited exclusions:

WAC 284-43-7080 (*including rule updates effective January 1, 2022, for gender affirming treatment*): A plan may not exclude MHSUD treatments or services for any of the reasons documented in WAC 284-43-7080.

☒ I certify that none of the plans in this rate filing apply exclusions prohibited by WAC 284-43-7080.

☒ I attest that, to the best of my knowledge, each of the plans otherwise satisfy the requirements under MHPAEA and Chapter 284-43 WAC, Subchapter K.

Actuary's Name & Designations: David Liebert, ASA, MAAA



Signature: _____

Title: Senior Director, Actuarial Services

Contact Information: david.m.liebert@kp.org

Date of Attestation: May 13, 2025

MHSUD Financial Requirement Parity Testing -- Summary

Issuer and Filing Information

Issuer Name:	Kaiser Foundation Health Plan of the Northwest
HIOS Issuer ID:	23371
Market:	Select Market
Plan Year:	2026

Worksheet Instructions

- Step 1) In your Excel application, ensure macros are enabled and calculations are set to automatic.
- Step 2) Enter Plans.
- List HIOS Plan IDs and Plan Names in the first two columns of the table below. Include silver base and CSR plan variants.
 - When a plan has multiple in-network tiers, load information for each tier. Enter each in-network tier here in this file as a separate "plan" record with the plan ID formatted as "12345WA0010001_INN-T1." This will create a separate worksheet for each in-network tier and allows for parity to be analyzed for each tier.
 - Confirm all HIOS Plan IDs are included in the table-object and then remove any extra rows in the table.
 - For ease of review, we request that plans in this file be in the same order as they are in the Benefit Components' file.
- Step 3) Click the button below to start the macro that generates the testing worksheets.
- Note: The macro creates a testing template for each Plan ID listed in the table below. It also links the IDs in the table to its worksheet.
- Step 4) Populate each testing worksheet with the corresponding plan's information.
- This format is used for cells that need user input.
- Step 5) Prior to submitting this file as part of the rate filing, remove the "Example" sheet from the workbook.
- Step 6) After completing all plan testing worksheets, save a copy of the workbook in Excel and PDF formats and include both as part of your rate filing submission.

Testing Summary

HIOS Plan ID	Plan Name	Test Results	Notes
23371WA1760003	KP WA Gold 0	Pass	
23371WA1760001	KP WA Gold 1750	Pass	
23371WA1940001	KP Cascade Complete Gold	Pass	
23371WA1760002	KP WA Silver 1000	Pass	
23371WA176000204	KP WA Silver 1000 73% CSR	Pass	
23371WA176000205	KP WA Silver 1000 87% CSR	Pass	
23371WA176000206	KP WA Silver 1000 94% CSR	Pass	
23371WA1940002	KP Cascade Silver	Pass	
23371WA194000204	KP Cascade Silver 73% CSR	Pass	
23371WA194000205	KP Cascade Silver 87% CSR	Pass	
23371WA194000206	KP Cascade Silver 94% CSR	Pass	
23371WA1780003	KP WA Bronze 9100	Pass	
23371WA1780004	KP WA Bronze HSA 7100	Pass	
23371WA1940003	KP Cascade Bronze	Pass	
23371WA1770003	KP WA Gold 0 with Pediatric Dental	Pass	
23371WA1770001	KP WA Gold 1750 with Pediatric Dental	Pass	
23371WA1770002	KP WA Silver 1000 with Pediatric Dental	Pass	
23371WA1790001	KP WA Silver 5500 with Pediatric Dental	Pass	
23371WA1790004	KP WA Silver HSA 3600 with Pediatric Dental	Pass	
23371WA1790002	KP WA Bronze 6000 with Pediatric Dental	Pass	
23371WA1790003	KP WA Bronze 9100 with Pediatric Dental	Pass	
	KP WA Bronze HSA 7100 with Pediatric Dental	Pass	
23371WA1790005	Dental	Pass	
23371WA1790006	KP WA Gold HSA 2100	Pass	
23371WA1940004	KP Cascade Vital Gold	Pass	

MHSUD Financial Requirement Parity Testing

Testing Data Information

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

Item #	Task
1	<p>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.</p> <p><u>The allowed claims data is projected from the experience period allowed expenses for the KFHPNW Washington Individual market.</u> <u>Dollar amounts are allocated to plans based on the projected allowed amounts from the URRT Page 2 Section IV, with distribution by benefit category based on URRT Page 1 Section II.</u></p>
2	<p>Identify the period (i.e., date range) represented in the data.</p> <p><u>January 1 through December 31 of 2024</u></p>
3	<p>Address the credibility of the data used in your MHSUD financial requirement parity testing.</p> <p><u>In total the experience period expenses are 100% credible</u></p>
4	<p>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.</p> <p><u>The data is consistent with the data in the URRT</u></p>
5	<p>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?</p> <p><u>N/A</u></p>

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
Emergency Room Services	Emergency Care	Emergency Room Services	
Inpatient Hospital Services (e.g., Hospital Stay)	Inpatient	Inpatient Hospital Services (e.g., Hospital Stay)	
Primary Care Visit to Treat an Injury or Illness	Outpatient - Office Visits	Primary Care Visit to Treat an Injury or Illness	
Specialist Visit	Outpatient - Office Visits	Specialist Visit	
Mental Health & Substance Use Disorder Office Visits	Outpatient - Office Visits	Mental Health & Substance Use Disorder Office Visits	Mental Health Benefit
Mental Health & Substance Use Disorder All Other OP Services	Outpatient - All Other	Mental Health & Substance Use Disorder All Other OP Services	Mental Health Benefit
Imaging (CT/PET Scans, MRIs)	Outpatient - All Other	Imaging (CT/PET Scans, MRIs)	
Rehabilitative Speech Therapy	Outpatient - All Other	Rehabilitative Speech Therapy	
Rehabilitative Occupational and Rehabilitative Physical Therapy	Outpatient - All Other	Rehabilitative Occupational and Rehabilitative Physical Therapy	
Preventive Care/Screening/Immunization	Outpatient - Office Visits	Preventive Care/Screening/Immunization	
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	
Skilled Nursing Facility	Inpatient	Skilled Nursing Facility	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Outpatient - All Other	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	
Outpatient Surgery Physician/Surgical Services	Outpatient - All Other	Outpatient Surgery Physician/Surgical Services	
Urgent Care	Outpatient - Office Visits	Urgent Care	
Emergency Transportation	Emergency Care	Emergency Transportation	
Nurse Treatment Room Visit	Outpatient - Office Visits	Nurse Treatment Room Visit	
Durable Medical Equipment (DME)	Outpatient - All Other	Durable Medical Equipment (DME)	
Home Health	Outpatient - All Other	Home Health	
Hospice	Outpatient - All Other	Hospice	
Kaiser Permanente at HomeTM	Outpatient - All Other	Kaiser Permanente at HomeTM	Not available on Cascade Care or HSA qualified plans
Virtual Visits	Outpatient - All Other	Virtual Visits	
Pediatric Dental - All Other Covered Services	Outpatient - All Other	Pediatric Dental - All Other Covered Services	Not available on On-Exchange plans
Pediatric Dental - Preventive and Diagnostic Services	Outpatient - All Other	Pediatric Dental - Preventive and Diagnostic Services	Not available on On-Exchange plans
Adult Vision Exam	Outpatient - All Other	Adult Vision Exam	Available only on select plans On and Off Exchange
Generic Drugs (Tier 1)	Prescription Drugs	Generic Drugs (Tier 1)	
Preferred Brand Drugs (Tier 2)	Prescription Drugs	Preferred Brand Drugs (Tier 2)	
Non-Preferred Brand Drugs (Tier 3)	Prescription Drugs	Non-Preferred Brand Drugs (Tier 3)	
Specialty Drugs (Tier 4)	Prescription Drugs	Specialty Drugs (Tier 4)	

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

Issuer / Market: Kaiser Foundation Health Plan of the Northwest
Market: <<Go back to 'Summary' tab and select the market for this filing>>

Workbook Info

[Link back to Summary Sheet](#)

User Inputs Cell Format

See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: KP WA Gold 0

Plan ID: 23371WA1760003

CSR Variant Description:

<<<This will auto populate from summary sheet macro

<<<This will auto populate from summary sheet macro

<<<If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: Pass

<<<Click the links in the cells below to scroll directly to the stated section>>>>

[Move to IP INN](#)

[Move to IP OON](#)

[Move to OP INN](#)

[Move to OP-OV INN](#)

[Move to OP-AO INN](#)

[Move to OP OON](#)

[Move to OP-OV OON](#)

[Move to OP-AO OON](#)

[Move to ER](#)

[Move to RX](#)

Testing Options

Option	Selection
Out-of-Network Tier?	No
Outpatient Benefit Testing	Office Visits Separate

Column Options
Update Columns
Hide/Unhide All Columns

No Errors found?
TRUE

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

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

[Click>>>>](#)

[Home](#)

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>

Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

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 table if you are separately testing outpatient office visits and all other outpatient services.

Classification	Outpatient - Office Visit	OP-OV
Network (In/Out)	In-Network	INN
Classification Code	3a	OP-OV INN
Table Name		tbl_OPOVINN_P1

Number of Rows 6

For each cost share, if it does not apply, enter "N/A".

Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum <small>(OPOM)</small>	No Cost-Share <small>(If true, enter "x")</small>
Primary Care Visit to Treat an Injury or Illness	\$15 Copayment	\$1,359,920.45	NA	\$15.00	NA	\$8,200.00	
Urgent Care	\$40 Copayment	\$294,346.09	NA	\$40.00	NA	\$8,200.00	
Specialist Visit	\$50 Copayment	\$888,812.86	NA	\$50.00	NA	\$8,200.00	
Preventive Care/Screening/Immunization	No Cost Share	\$774,696.69	NA	NA	NA	NA	x
Nurse Treatment Room Visits	\$10 Copayment	\$75,789.18	NA	\$10.00	NA	\$8,200.00	
Total Row		\$3,393,565.26					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

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

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$15.00	\$15.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$8,200.00	\$8,200.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Enter Footnotes (as needed) about MHSUD Cost Shares
xx

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00	0.00%	Fail
Copayment	\$2,618,868.57	77.17%	OP-OV INN Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$2,618,868.57	77.17%	OP-OV INN OOPM
Total Projected	\$3,393,565.26		

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	Portion	Predominant &	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

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

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

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$10.00	\$75,789.18	2.89%	\$10.00	
\$15.00	\$1,359,920.45	51.93%	\$15.00	
\$40.00	\$294,346.09	11.24%		
\$50.00	\$888,812.86	33.94%		
Total	\$2,618,868.57	100.00%		

Coinsurance ---- (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.

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

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

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

OOPM	Allowed Claims	Portion	Predominant &	Error Checking
\$8,200.00	\$2,618,868.57	100.00%	\$8,200.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$2,618,868.57	100.00%		

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

Click>>>>>

[Home](#)

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>

Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

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

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

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	In-Network	INN
Classification Code	3b	OP-AO INN
Table Name	tbl_OPAOINN_P1	

Number of Rows 6

For each cost share, if it does not apply, enter "N/A".

Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OPPM)	No Cost-Share (If true, enter "x")
Laboratory Outpatient and Professional Services	\$50 Copayment	\$169,853.26	NA	\$50.00	NA	\$8,200.00	
X-rays and Diagnostic Imaging	\$50 Copayment	\$129,788.05	NA	\$50.00	NA	\$8,200.00	
Outpatient Surgery Physician/Surgical Services	\$350 Copayment	\$597,653.06	NA	\$350.00	NA	\$8,200.00	
Imaging (CT/PET Scans, MRIs)	\$350 Copayment	\$64,894.02	NA	\$350.00	NA	\$8,200.00	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$350 Copayment	\$208,328.92	NA	\$350.00	NA	\$8,200.00	
Outpatient Other	30% Coinsurance	\$0.00	NA	NA	30%	\$8,200.00	
Durable Medical Equipment (DME)	30% Coinsurance	\$24,134.38	NA	NA	30%	\$8,200.00	
Home Health	No Cost Share	\$12,067.19	NA	NA	NA	NA	x
Hospice	No Cost Share	\$6,033.59	NA	NA	NA	NA	x
Rehabilitative Occupational and Rehabilitative Physical Therapy & Rehabilitative Speech Therapy	\$50 Copayment	\$130,631.41	NA	\$50.00	NA	\$8,200.00	
Advanced Care At Home	No Cost Share	\$56,620.03	NA	NA	NA	NA	x
Virtual Visits	No Cost Share	\$265,262.12	NA	NA	NA	NA	x
Adult Vision Exam	\$15 Copayment	\$46,541.37	NA	\$15.00	NA	\$8,200.00	
Total Row		\$1,711,807.41					

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
Deductible	N/A	Fail	Pass
Copayment	N/A	\$350.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	N/A	\$8,200.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Enter Footnotes (as needed) about MHSUD Cost Shares
Assertive Community Treatment (ACT) Services at no cost share

Step 1 Substantially All (i.e., ≥ ¾ of medical/surgical benefits)

Deductible	\$0.00	0.00%	Fail
Copayment	\$1,347,690.10	78.73%	OP-AO INN Copayment
Coinsurance	\$24,134.38	1.41%	Fail
OOPM	\$1,371,824.48	80.14%	OP-AO INN OOPM
Total Projected	\$1,711,807.41		

Step 2 Predominant Level

Deductible ---- (3b) Outpatient - All Other, In-Network (OP-AO 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	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

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

Errors found: 0

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

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$15.00	\$46,541.37	3.45%	\$15.00	
\$50.00	\$430,272.72	31.93%	\$50.00	
\$350.00	\$870,876.01	64.62%	\$350.00	
	\$0.00			
Total	\$1,347,690.10	100.00%		

Coinsurance ---- (3b) Outpatient - All Other, In-Network (OP-AO 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.

Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$24,134.38	100.00%	30%	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$24,134.38	100.00%		

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

Errors found: 0

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

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$8,200.00	\$1,371,824.48	100.00%	\$8,200.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$1,371,824.48	100.00%		

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

Issuer / Market: Kaiser Foundation Health Plan of the Northwest
Market: <<Go back to 'Summary' tab and select the market for this filing>>

Workbook Info

[Link back to Summary Sheet](#)

User Inputs Cell Format

See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: KP WA Gold 1750

Plan ID: 23371WA1760001

CSR Variant Description:

<<<This will auto populate from summary sheet macro

<<<This will auto populate from summary sheet macro

<<<If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: Pass

<<<Click the links in the cells below to scroll directly to the stated section>>>>

Move to IP INN

Move to IP OON

Move to OP INN

Move to OP-OV INN

Move to OP-AO INN

Move to OP OON

Move to OP-OV OON

Move to OP-AO OON

Move to ER

Move to RX

Links only work for sections that are not already hidden>>>>

Testing Options

Option

Selection

Out-of-Network Tier?

No

Outpatient Benefit Testing

Office Visits Separate

Column Options

Update Columns

Hide/Unhide All Columns

No Errors found?

FALSE

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

Benefit Classification	(3a) Outpatient - Office Visits, In-Network (OP-OV INN)
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[Click>>>>](#)

[Home](#)

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>

Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

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 table if you are separately testing outpatient office visits and all other outpatient services.

Classification	Outpatient - Office Visit	OP-OV
Network (In/Out)	In-Network	INN
Classification Code	3a	OP-OV INN
Table Name		tbl_OPOVINN_P1

Number of Rows 6

For each cost share, if it does not apply, enter "N/A".

Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OPM)	No Cost-Share (If true, enter "x")
Primary Care Visit to Treat an Injury or Illness	\$20 Copayment	\$1,280,607.48	NA	\$20.00	NA	\$8,500.00	
Urgent Care	\$40 Copayment	\$277,179.30	NA	\$40.00	NA	\$8,500.00	
Specialist Visit	\$50 Copayment	\$836,975.72	NA	\$50.00	NA	\$8,500.00	
Preventive Care/Screening/Immunization	No Cost Share	\$729,515.01	NA	NA	NA	NA	x
Nurse Treatment Room Visits	\$10 Copayment	\$71,369.02	NA	\$10.00	NA	\$8,500.00	
Total Row		\$3,195,646.53					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

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

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$20.00	\$20.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$8,500.00	\$8,500.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Enter Footnotes (as needed) about MHSUD Cost Shares
xx

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00	0.00%	Fail
Copayment	\$2,466,131.52	77.17%	OP-OV INN Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$2,466,131.52	77.17%	OP-OV INN OOPM
Total Projected	\$3,195,646.53		

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	Portion	Predominant &	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

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

Errors found: 0

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

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$10.00	\$71,369.02	2.89%	\$10.00	
\$20.00	\$1,280,607.48	51.93%	\$20.00	
\$40.00	\$277,179.30	11.24%		
\$50.00	\$836,975.72	33.94%		
Total	\$2,466,131.52	100.00%		

Coinsurance ---- (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.

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

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

Errors found: 0

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

OOPM	Allowed Claims	Portion	Predominant &	Error Checking
\$8,500.00	\$2,466,131.52	100.00%	\$8,500.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$2,466,131.52	100.00%		

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

Click>>>>>

[Home](#)

Errors found:

1

<<<<Click the links in the cells below to scroll directly to the stated section>>>>

Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

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

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

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	In-Network	INN
Classification Code	3b	OP-AO INN
Table Name		tbl_OPAOINN_P1

Number of Rows

6

For each cost share, if it does not apply, enter "N/A".

Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OPPM)	No Cost-Share (If true, enter "x")
Laboratory Outpatient and Professional Services	\$50 Copayment	\$159,947.12	NA	\$50.00	NA	\$8,500.00	
X-rays and Diagnostic Imaging	\$50 Copayment	\$122,218.58	NA	\$50.00	NA	\$8,500.00	
Outpatient Surgery Physician/Surgical Services	30% Coinsurance after Deductible	\$562,796.88	\$1,750.00	NA	30%	\$8,500.00	
Imaging (CT/PET Scans, MRIs)	\$350 Copayment after Deductible	\$61,109.29	\$1,750.00	\$350.00	NA	\$8,500.00	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	30% Coinsurance after Deductible	\$196,178.81	\$1,750.00	NA	30%	\$8,500.00	
Outpatient Other	30% Coinsurance after Deductible	\$0.00	\$1,750.00	NA	30%	\$8,500.00	
Durable Medical Equipment (DME)	30% Coinsurance after Deductible	\$71,369.02	\$1,750.00	NA	30%	\$8,500.00	
Home Health	30% Coinsurance after Deductible	\$11,363.41	\$1,750.00	NA	30%	\$8,500.00	
Hospice	No Cost Share	\$5,681.70	NA	NA	NA	NA	x
Rehabilitative Occupational and Rehabilitative Physical Therapy & Rehabilitative Speech Therapy	\$50 Copayment	\$123,012.76	NA	\$50.00	NA	\$8,500.00	
Advanced Care At Home	No Cost Share	\$53,317.85	NA	NA	NA	NA	x
Virtual Visits	No Cost Share	\$249,791.56	NA	NA	NA	NA	x
Adult Vision Exam	\$20 Copayment	\$43,827.06	NA	\$20.00	NA	\$8,500.00	
Total Row		\$1,660,613.97					

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
Deductible	N/A	Fail	Pass
Copayment	N/A	Fail	Pass
Coinsurance	N/A	Fail	Pass
OOPM	N/A	\$0.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Enter Footnotes (as needed) about MHSUD Cost Shares
Assertive Community Treatment (ACT) Services at no cost share

Step 1 Substantially All (i.e., ≥ ¾ of medical/surgical benefits)

Deductible	\$902,817.40	54.37%	Fail
Copayment	\$510,114.74	30.72%	Fail
Coinsurance	\$841,708.11	50.69%	Fail
OOPM	\$1,351,822.85	81.41%	OP-AO INN OOPM
Total Projected	\$1,660,613.97		

Step 2 Predominant Level

Deductible ---- (3b) Outpatient - All Other, In-Network (OP-AO 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	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

Copayment ---- (3b) Outpatient - All Other, In-Network (OP-AO 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.

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

Coinsurance ---- (3b) Outpatient - All Other, In-Network (OP-AO 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.

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

OOPM ---- (3b) Outpatient - All Other, In-Network (OP-AO INN) Errors found: 1

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

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		Add missing cost share values.

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

Issuer / Market: Kaiser Foundation Health Plan of the Northwest
Market: <<Go back to 'Summary' tab and select the market for this filing>>

Workbook Info

See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: KP Cascade Complete Gold <<<This will auto populate from summary sheet macro
Plan ID: 23371WA1940001 <<<This will auto populate from summary sheet macro
CSR Variant Description: <<<If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: Pass

<<<Click the links in the cells below to scroll directly to the stated section>>>>

Links only work for sections that are not already hidden>>>>

Move to IP INN

Move to IP OON

Move to OP INN

Move to OP-OV INN

Move to OP-AO INN

Move to OP OON

Move to OP-OV OON

Move to OP-AO OON

Move to ER

Move to RX

Testing Options

Option

Selection

Out-of-Network Tier? No

Outpatient Benefit Testing All Combined

Column Options

Update Columns

Hide/Unhide All Columns

No Errors found?

TRUE

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

Benefit Classification (3) Outpatient, In-Network (OP INN)

Click>>>>

[Home](#)

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (3) Outpatient, In-Network (OP INN)

Notes: Use this table if you are testing all outpatient services combined.

Classification	Outpatient	OP
Network (In/Out)	In-Network	INN
Classification Code	3	OP INN
Table Name	tbl_OPINN_P1	

Number of Rows

6

For each cost share, if it does not apply, enter "N/A".

Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OOPM)	No Cost-Share (If true, enter "x")
Primary Care Visit to Treat an Injury or Illness	\$15 Copayment	\$1,277,258.54	NA	\$15.00	NA	\$7,000.00	
Urgent Care	\$35 Copayment	\$276,454.45	NA	\$35.00	NA	\$7,000.00	
Specialist Visit	\$40 Copayment	\$834,786.93	NA	\$40.00	NA	\$7,000.00	
Preventive Care/Screening/Immunization	\$25 Copayment	\$727,607.24	NA	\$25.00	NA	\$7,000.00	
Nurse Treatment Room Visits	No Cost Share	\$71,182.38	NA	NA	NA	NA	x
Laboratory Outpatient and Professional Services	\$20 Copayment	\$159,528.84	NA	\$20.00	NA	\$7,000.00	
X-rays and Diagnostic Imaging	\$30 Copayment	\$121,898.96	NA	\$30.00	NA	\$7,000.00	
Outpatient Surgery	\$75 Copayment after	\$561,325.10	\$1,000.00	\$75.00	NA	\$7,000.00	
Imaging (CT/PET Scans, MRIs)	\$300 Copayment after Deductible	\$60,949.48	\$1,000.00	\$300.00	NA	\$7,000.00	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$350 Copayment after Deductible	\$195,665.78	\$1,000.00	\$350.00	NA	\$7,000.00	
Outpatient Other	20% Coinsurance	\$0.00	NA	NA	20%	\$7,000.00	
Durable Medical Equipment (DME)	No Cost Share	\$71,182.38	NA	NA	NA	NA	x
Home Health	20% Coinsurance after Deductible	\$11,333.69	\$1,000.00	NA	20%	\$7,000.00	
Hospice	\$15 Copayment	\$5,666.85	NA	\$15.00	NA	\$7,000.00	
Rehabilitative Occupational and Rehabilitative Physical Therapy & Rehabilitative Speech Therapy	No Cost Share	\$122,691.06	NA	NA	NA	NA	x
Virtual Visits	\$10 Copayment	\$249,138.33	NA	\$10.00	NA	\$7,000.00	
Total Row		\$4,746,670.00					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3) Outpatient, In-Network (OP INN)

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	\$25.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$7,000.00	\$7,000.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Enter Footnotes (as needed) about MHSUD Cost Shares
xx

Step 1 Substantially All (i.e., ≥ ⅓ of medical/surgical benefits)

Deductible	\$829,274.05	17.47%	Fail
Copayment	\$4,470,280.49	94.18%	OP INN Copayment
Coinsurance	\$11,333.69	0.24%	Fail
OOPM	\$4,481,614.18	94.42%	OP INN OOPM
Total Projected	\$4,746,670.00		

Step 2 Predominant Level

Deductible ---- (3) Outpatient, In-Network (OP 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	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

Copayment ---- (3) Outpatient, In-Network (OP INN) Errors found: 0

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

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$10.00	\$249,138.33	5.57%	\$10.00	
\$15.00	\$1,282,925.39	28.70%	\$15.00	
\$20.00	\$159,528.84	3.57%	\$20.00	
\$25.00	\$727,607.24	16.28%	\$25.00	
\$30.00	\$121,898.96	2.73%		
\$35.00	\$276,454.45	6.18%		
\$40.00	\$834,786.93	18.67%		
\$75.00	\$561,325.10	12.56%		
\$300.00	\$60,949.48	1.36%		
\$350.00	\$195,665.78	4.38%		
Total	\$4,470,280.49	100.00%		

Coinsurance ---- (3) Outpatient, In-Network (OP 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.

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

OOPM ---- (3) Outpatient, In-Network (OP INN) Errors found: 0

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

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$7,000.00	\$4,481,614.18	100.00%	\$7,000.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$4,481,614.18	100.00%		

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

Issuer / Market: Kaiser Foundation Health Plan of the Northwest
Market: <<Go back to 'Summary' tab and select the market for this filing>>

Workbook Info

Be

[Link back to Summary Sheet](#)
[User Inputs Cell Format](#)
See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: KP WA Silver 1000 <<<<This will auto populate from summary sheet macro
Plan ID: 23371WA1760002 <<<<This will auto populate from summary sheet macro
CSR Variant Description: <<<<If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: Pass

Links only work for sections that are not already hidden>>>>

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

Testing Options

Option	Selection
Out-of-Network Tier?	No
Outpatient Benefit Testing	All Combined

Column Options
Update Columns
Hide/Unhide All Columns

No Errors found?
TRUE

Results By Benefit Classification

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

nefit Classification (3) Outpatient, In-Network (OP INN)

Click>>>>

[Home](#)

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>

Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

nefit Classification (3) Outpatient, In-Network (OP INN)

Notes: Use this table if you are testing all outpatient services combined.

Classification	Outpatient	OP
Network (In/Out)	In-Network	INN
Classification Code	3	OP INN
Table Name	tbl_OPINN_P1	

Number of Rows

6

For each cost share, if it does not apply, enter "N/A".

Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OOPM)	No Cost-Share (If true, enter "x")
Primary Care Visit to Treat an Injury or Illness	\$35 Copayment	\$398,666.05	NA	\$35.00	NA	\$9,200.00	
Urgent Care	\$60 Copayment	\$86,288.72	NA	\$60.00	NA	\$9,200.00	
Specialist Visit	\$65 Copayment	\$260,559.00	NA	\$65.00	NA	\$9,200.00	
Preventive Care/Screening/Immunization	No Cost Share	\$227,105.40	NA	NA	NA	NA	x
Nurse Treatment Room Visits	\$10 Copayment	\$22,217.90	NA	\$10.00	NA	\$9,200.00	
Laboratory Outpatient and Professional Services	\$50 Copayment	\$49,793.15	NA	\$50.00	NA	\$9,200.00	
X-rays and Diagnostic Imaging	\$100 Copayment	\$38,047.88	NA	\$100.00	NA	\$9,200.00	
Outpatient Surgery	\$750 Copayment after Deductible	\$175,204.36	\$1,000.00	\$750.00	NA	\$9,200.00	
Imaging (CT/PET Scans, MRIs)	\$750 Copayment after Deductible	\$19,023.94	NA	\$750.00	NA	\$9,200.00	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$750 Copayment after Deductible	\$61,072.45	\$1,000.00	\$750.00	NA	\$9,200.00	
Outpatient Other	40% Coinsurance	\$0.00	NA	NA	40%	\$9,200.00	
Durable Medical Equipment (DME)	40% Coinsurance after Deductible	\$22,217.90	\$1,000.00	NA	40%	\$9,200.00	
Home Health	40% Coinsurance after Deductible	\$9,537.54	\$1,000.00	NA	40%	\$9,200.00	
Hospice	No Cost Share	\$1,768.77	NA	NA	NA	NA	x
Rehabilitative Occupational and Rehabilitative Physical Therapy & Rehabilitative Speech Therapy	\$65 Copayment		NA	\$65.00	NA	\$9,200.00	
Advanced Care At Home	No Cost Share	\$38,295.11	NA	NA	NA	NA	x
Virtual Visits	No Cost Share	\$16,598.39	NA	NA	NA	NA	x
Adult Vision Exam	\$35 Copayment	\$77,762.64	NA	\$35.00	NA	\$9,200.00	
Total Row		\$1,511,802.98					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3) Outpatient, In-Network (OP INN)

Cost-Share Type	MHSUD Cost Shares In Plan Design*	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$35.00	\$65.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$9,200.00	\$9,200.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

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

Deductible	\$262,032.24	17.33%	Fail
Copayment	\$1,162,812.35	76.92%	OP INN Copayment
Coinsurance	\$25,755.44	1.70%	Fail
OOPM	\$1,188,567.79	78.62%	OP INN OOPM
Total Projected	\$1,511,802.98		

Enter Footnotes (as needed) about Assertive Community Treatment (ACT) Services at no cost share
--

Step 2 Predominant Level

Deductible ---- (3) Outpatient, In-Network (OP 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	Portion	Predominant & Smaller	Error Checking
	\$262,032.24	100.00%	\$1,000.00	
	\$0.00			
Total	\$262,032.24	100.00%		

Copayment ---- (3) Outpatient, In-Network (OP INN)	Errors found:	0
Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.		

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$10.00	\$22,217.90	1.91%	\$10.00	
\$35.00	\$412,309.84	35.46%	\$35.00	
\$50.00	\$49,793.15	4.28%	\$50.00	
\$60.00	\$86,288.72	7.42%	\$60.00	
\$65.00	\$298,854.12	25.70%	\$65.00	
\$100.00	\$38,047.88	3.27%		
\$750.00	\$255,300.74	21.96%		
Total	\$1,162,812.35	100.00%		

Coinsurance ---- (3) Outpatient, In-Network (OP 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.		

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

OOPM ---- (3) Outpatient, In-Network (OP INN)	Errors found:	0
Applies to substantially all medical/surgical benefits in this classification. ENTER different oopm amounts from smallest to largest.		

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$9,200.00	\$1,188,567.79	100.00%	\$9,200.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$1,188,567.79	100.00%		

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

Issuer / Market: Kaiser Foundation Health Plan of the Northwest
Market: <<Go back to 'Summary' tab and select the market for this filing>>

Workbook Info

Be

[Link back to Summary Sheet](#)

User Inputs Cell Format

See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: KP WA Silver 1000 73% CSR <<<<This will auto populate from summary sheet macro
Plan ID: 23371WA176000204 <<<<This will auto populate from summary sheet macro
CSR Variant Description: 73% CSR <<<<If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: Pass

Links only work for sections that are not already hidden>>>>

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

Testing Options

Option	Selection
Out-of-Network Tier?	No
Outpatient Benefit Testing	All Combined

Column Options
Update Columns
Hide/Unhide All Columns

No Errors found?
FALSE

Results By Benefit Classification

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

nefit Classification (3) Outpatient, In-Network (OP INN)

Click>>>>

[Home](#)

Errors found:

6

<<<<Click the links in the cells below to scroll directly to the stated section>>>>

Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

nefit Classification (3) Outpatient, In-Network (OP INN)

Notes: Use this table if you are testing all outpatient services combined.

Classification	Outpatient	OP
Network (In/Out)	In-Network	INN
Classification Code	3	OP INN
Table Name	tbl_OPINN_P1	

Number of Rows

6

For each cost share, if it does not apply, enter "N/A".

Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OOPM)	No Cost-Share (If true, enter "x")
Primary Care Visit to Treat an Injury or Illness	\$35 Copayment	\$398,666.05	NA	\$35.00	NA	\$7,600.00	
Urgent Care	\$60 Copayment	\$86,288.72	NA	\$60.00	NA	\$7,600.00	
Specialist Visit	\$60 Copayment	\$260,559.00	NA	\$60.00	NA	\$7,600.00	
Preventive Care/Screening/Immunization	No Cost Share	\$227,105.40	NA	NA	NA	NA	x
Nurse Treatment Room Visits	\$10 Copayment	\$22,217.90	NA	\$10.00	NA	\$7,600.00	
Laboratory Outpatient and Professional Services	\$50 Copayment	\$49,793.15	NA	\$50.00	NA	\$7,600.00	
X-rays and Diagnostic Imaging	\$100 Copayment	\$38,047.88	NA	\$100.00	NA	\$7,600.00	
Outpatient Surgery	\$750 Copayment after Deductible	\$175,204.36	\$1,000.00	\$750.00	NA	\$7,600.00	
Imaging (CT/PET Scans, MRIs)	\$750 Copayment	\$19,023.94	NA	\$750.00	NA	\$7,600.00	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$750 Copayment after Deductible	\$61,072.45	\$1,000.00	\$750.00	NA	\$7,600.00	
Outpatient Other	40% Coinsurance	\$0.00	NA	NA	40%	\$7,600.00	
Durable Medical Equipment (DME)	40% Coinsurance after Deductible	\$22,217.90	\$1,000.00	NA	40%	\$7,600.00	
Home Health	40% Coinsurance after Deductible	\$3,537.54	\$1,000.00	NA	40%	\$7,600.00	
Hospice	No Cost Share	\$1,768.77	NA	NA	NA	NA	x
Rehabilitative Occupational and Rehabilitative Physical Therapy & Rehabilitative Speech Therapy	\$60 Copayment	\$38,295.11	NA	\$60.00	NA	\$7,600.00	
Advanced Care At Home	No Cost Share	\$16,598.39	NA	NA	NA	NA	x
Virtual Visits	No Cost Share	\$77,762.64	NA	NA	NA	NA	x
Adult Vision Exam	\$35 Copayment	\$13,643.79	NA	\$35.00	NA	\$7,600.00	

Total Row		\$1,511,802.98					
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PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3) Outpatient, In-Network (OP INN)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$35.00	\$60.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$7,600.00	\$7,600.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

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

Deductible	\$262,032.24	17.33%	Fail
Copayment	\$1,162,812.35	76.92%	OP INN Copayment
Coinsurance	\$25,755.44	1.70%	Fail
OOPM	\$1,188,567.79	78.62%	OP INN OOPM
Total Projected	\$1,511,802.98		

Enter Footnotes (as needed) about Assertive Community Treatment (ACT) Services at no cost share
--

Step 2 Predominant Level

Deductible ---- (3) Outpatient, In-Network (OP 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	Portion	Predominant & Smaller	Error Checking
	\$262,032.24	100.00%	\$1,000.00	
	\$0.00			
Total	\$262,032.24	100.00%		

Copayment ---- (3) Outpatient, In-Network (OP INN)	Errors found:	0
Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.		

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$10.00	\$22,217.90	1.91%	\$10.00	
\$35.00	\$412,309.84	35.46%	\$35.00	
\$50.00	\$49,793.15	4.28%	\$50.00	
\$60.00	\$385,142.83	33.12%	\$60.00	
\$100.00	\$38,047.88	3.27%		
\$750.00	\$255,300.74	21.96%		
Total	\$1,162,812.35	100.00%		

Coinsurance ---- (3) Outpatient, In-Network (OP INN)	Errors found:	6
Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.		

Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			Entry not found in Part 1 Table
	\$0.00			Entry not found in Part 1 Table
	\$0.00			Entry not found in Part 1 Table
	\$0.00			Entry not found in Part 1 Table
	\$0.00			Entry not found in Part 1 Table
	\$0.00			Entry not found in Part 1 Table
Total	\$0.00	0.00%		

OOPM ---- (3) Outpatient, In-Network (OP INN)	Errors found:	0
Applies to substantially all medical/surgical benefits in this classification. ENTER different oopm amounts from smallest to largest.		

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$7,600.00	\$1,188,567.79	100.00%	\$7,600.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$1,188,567.79	100.00%		

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

Issuer / Market: Kaiser Foundation Health Plan of the Northwest
Market: <<Go back to 'Summary' tab and select the market for this filing>>

Workbook Info

See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: KP WA Silver 1000 87% CSR <<<This will auto populate from summary sheet macro
Plan ID: 23371WA176000205 <<<This will auto populate from summary sheet macro
CSR Variant Description: 87% CSR <<<If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: Pass

<<<Click the links in the cells below to scroll directly to the stated section>>>>

Move to IP INNMove to IP OONMove to OP INNMove to OP-OV INNMove to OP-AO INNMove to OP OONMove to OP-OV OONMove to OP-AO OONMove to ERMove to RX

Testing Options

OptionSelection

Out-of-Network Tier?No

Outpatient Benefit TestingAll Combined

Column Options

Update Columns

Hide/Unhide All Columns

No Errors found?

TRUE

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

Benefit Classification (3) Outpatient, In-Network (OP INN)

Click>>>>> Home Errors found: 0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

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

Benefit Classification (3) Outpatient, In-Network (OP INN)
Notes: Use this table if you are testing all outpatient services combined.

Classification	Outpatient	OP
Network (In/Out)	In-Network	INN
Classification Code	3	OP INN
Table Name	tbl_OPINN_P1	

Number of Rows 6

For each cost share, if it does not apply, enter "N/A".

Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (POPM)	No Cost-Share (If true, enter "x")
Primary Care Visit to Treat an Injury or Illness	\$10 Copayment	\$398,666.05	NA	\$10.00	NA	\$3,500.00	
Urgent Care	\$35 Copayment	\$86,288.72	NA	\$35.00	NA	\$3,500.00	
Specialist Visit	\$30 Copayment	\$260,559.00	NA	\$30.00	NA	\$3,500.00	
Preventive Care/Screening/Immunization	No Cost Share	\$227,105.40	NA	NA	NA	NA	x
Nurse Treatment Room Visits	\$10 Copayment	\$22,217.90	NA	\$10.00	NA	\$3,500.00	
Laboratory Outpatient and Professional Services	\$20 Copayment	\$49,793.15	NA	\$20.00	NA	\$3,500.00	
X-rays and Diagnostic Imaging	\$40 Copayment	\$38,047.88	NA	\$40.00	NA	\$3,500.00	
Outpatient Surgery	\$400 Copayment after Deductible	\$175,204.36	\$300.00	\$400.00	NA	\$3,500.00	
Imaging (CT/PET Scans, MRIs)	\$400 Copayment	\$19,023.94	NA	\$400.00	NA	\$3,500.00	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$400 Copayment after Deductible	\$61,072.45	\$300.00	\$400.00	NA	\$3,500.00	
Outpatient Other	30% Coinsurance	\$0.00	NA	NA	30%	\$3,500.00	
Durable Medical Equipment (DME)	30% Coinsurance after Deductible	\$22,217.90	\$300.00	NA	30%	\$3,500.00	
Home Health	30% Coinsurance after Deductible	\$3,537.54	\$300.00	NA	30%	\$3,500.00	
Hospice	No Cost Share	\$1,768.77	NA	NA	NA	NA	x
Rehabilitative Occupational and Rehabilitative Physical Therapy & Rehabilitative Speech Therapy	\$30 Copayment	\$38,295.11	NA	\$30.00	NA	\$3,500.00	
Advanced Care At Home	No Cost Share	\$16,598.39	NA	NA	NA	NA	x
Virtual Visits	No Cost Share	\$77,762.64	NA	NA	NA	NA	x
Adult Vision Exam	\$10 Copayment	\$13,643.79	NA	\$10.00	NA	\$3,500.00	
Total Row		\$1,511,802.98					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3) Outpatient, In-Network (OP INN)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$10.00	\$30.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$3,500.00	\$3,500.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅓ of medical/surgical benefits)

Deductible	\$262,032.24	17.33%	Fail
Copayment	\$1,162,812.35	76.92%	OP INN Copayment
Coinsurance	\$25,755.44	1.70%	Fail
OOPM	\$1,188,567.79	78.62%	OP INN OOPM
Total Projected	\$1,511,802.98		

Enter Footnotes (as needed) about Assertive Community Treatment (ACT) Services at no cost share
--

Step 2 Predominant Level

Deductible ---- (3) Outpatient, In-Network (OP 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	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

Copayment ---- (3) Outpatient, In-Network (OP INN) Errors found: 0

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

ENTER different copayment amounts from smallest to largest.

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$10.00	\$434,527.74	37.37%	\$10.00	
\$20.00	\$49,793.15	4.28%	\$20.00	
\$30.00	\$298,854.12	25.70%	\$30.00	
\$35.00	\$86,288.72	7.42%		
\$40.00	\$38,047.88	3.27%		
\$400.00	\$255,300.74	21.96%		
Total	\$1,162,812.35	100.00%		

Coinsurance ---- (3) Outpatient, In-Network (OP 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.

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

OOPM ---- (3) Outpatient, In-Network (OP INN) Errors found: 0

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

ENTER different oopm amounts from smallest to largest.

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$3,500.00	\$1,188,567.79	100.00%	\$3,500.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$1,188,567.79	100.00%		

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

Issuer / Market: Kaiser Foundation Health Plan of the Northwest
Market: <<Go back to 'Summary' tab and select the market for this filing>>

Workbook Info

Be

[Link back to Summary Sheet](#)

User Inputs Cell Format

See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: KP WA Silver 1000 94% CSR

Plan ID: 23371WA176000206

CSR Variant Description: 94% CSR

<<<<This will auto populate from summary sheet macro

<<<<This will auto populate from summary sheet macro

<<<<If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: Pass

Links only work for sections that are not already hidden>>>>

<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

Testing Options

Option	Selection
Out-of-Network Tier?	No
Outpatient Benefit Testing	All Combined

Column Options
Update Columns
Hide/Unhide All Columns

No Errors found?
TRUE

Results By Benefit Classification

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

nefit Classification (3) Outpatient, In-Network (OP INN)

Click>>>>

[Home](#)

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>

Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

nefit Classification (3) Outpatient, In-Network (OP INN)

Notes: Use this table if you are testing all outpatient services combined.

Classification	Outpatient	OP
Network (In/Out)	In-Network	INN
Classification Code	3	OP INN
Table Name	tbl_OPINN_P1	

Number of Rows

6

For each cost share, if it does not apply, enter "N/A".

Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OOPM)	No Cost-Share (If true, enter "x")
Primary Care Visit to Treat an Injury or Illness	\$5 Copayment	\$398,666.05	NA	\$5.00	NA	\$1,800.00	
Urgent Care	\$25 Copayment	\$86,288.72	NA	\$25.00	NA	\$1,800.00	
Specialist Visit	\$10 Copayment	\$260,559.00	NA	\$10.00	NA	\$1,800.00	
Preventive Care/Screening/Immunization	No Cost Share	\$227,105.40	NA	NA	NA	NA	x
Nurse Treatment Room Visits	\$5 Copayment	\$22,217.90	NA	\$5.00	NA	\$1,800.00	
Laboratory Outpatient and Professional Services	\$5 Copayment	\$49,793.15	NA	\$5.00	NA	\$1,800.00	
X-rays and Diagnostic Imaging	\$15 Copayment	\$38,047.88	NA	\$15.00	NA	\$1,800.00	
Outpatient Surgery	\$150 Copayment	\$175,204.36	NA	\$150.00	NA	\$1,800.00	
Imaging (CT/PET Scans, MRIs)	\$150 Copayment	\$19,023.94	NA	\$150.00	NA	\$1,800.00	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$150 Copayment	\$61,072.45	NA	\$150.00	NA	\$1,800.00	
Outpatient Other	10% Coinsurance	\$0.00	NA	NA	10%	\$1,800.00	
Durable Medical Equipment (DME)	10% Coinsurance	\$22,217.90	NA	NA	10%	\$1,800.00	
Home Health	10% Coinsurance	\$3,537.54	NA	NA	10%	\$1,800.00	
Hospice	No Cost Share	\$1,768.77	NA	NA	NA	NA	x
Rehabilitative Occupational and Rehabilitative Physical Therapy & Rehabilitative Speech Therapy	\$10 Copayment	\$38,295.11	NA	\$10.00	NA	\$1,800.00	
Advanced Care At Home	No Cost Share	\$16,598.39	NA	NA	NA	NA	x
Virtual Visits	No Cost Share	\$77,762.64	NA	NA	NA	NA	x
Adult Vision Exam	\$5 Copayment	\$13,643.79	NA	\$5.00	NA	\$1,800.00	
Total Row		\$1,511,802.98					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3) Outpatient, In-Network (OP INN)

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	\$10.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$1,800.00	\$1,800.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

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

Deductible	\$0.00	0.00%	Fail
Copayment	\$1,162,812.35	76.92%	OP INN Copayment
Coinsurance	\$25,755.44	1.70%	Fail
OOPM	\$1,188,567.79	78.62%	OP INN OOPM
Total Projected	\$1,511,802.98		

Enter Footnotes (as needed) about Assertive Community Treatment (ACT) Services at no cost share
--

Step 2 Predominant Level

Deductible ---- (3) Outpatient, In-Network (OP 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	Portion	Predominant & Smaller	Error Checking	
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			
Copayment ---- (3) Outpatient, In-Network (OP INN)					
			Errors found:		0
Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.					
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
\$5.00	\$484,320.89	41.65%	\$5.00		
\$10.00	\$298,854.12	25.70%	\$10.00		
\$15.00	\$38,047.88	3.27%			
\$25.00	\$86,288.72	7.42%			
\$150.00	\$255,300.74	21.96%			
Total	\$1,162,812.35	100.00%			
Coinsurance ---- (3) Outpatient, In-Network (OP 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.					
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			
OOPM ---- (3) Outpatient, In-Network (OP INN)					
			Errors found:		0
Applies to substantially all medical/surgical benefits in this classification. ENTER different oopm amounts from smallest to largest.					
OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
\$1,800.00	\$1,188,567.79	100.00%	\$1,800.00		
	\$0.00				
	\$0.00				
Total	\$1,188,567.79	100.00%			

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

Issuer / Market: Kaiser Foundation Health Plan of the Northwest
Market: <<Go back to 'Summary' tab and select the market for this filing>>

Workbook Info

[Link back to Summary Sheet](#)

User Inputs Cell Format

See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: KP Cascade Silver
Plan ID: 23371WA1940002
CSR Variant Description:

<<<This will auto populate from summary sheet macro
<<<This will auto populate from summary sheet macro
<<<If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: Pass

<<<Click the links in the cells below to scroll directly to the stated section>>>>

[Move to IP INN](#)[Move to IP OON](#)[Move to OP INN](#)[Move to OP-OV INN](#)[Move to OP-AO INN](#)

[Move to OP OON](#)[Move to OP-OV OON](#)[Move to OP-AO OON](#)[Move to ER](#)[Move to RX](#)

Links only work for sections that are not already hidden>>>>

Testing Options

Option	Selection
Out-of-Network Tier?	No
Outpatient Benefit Testing	All Combined

Column Options
Update Columns
Hide/Unhide All Columns

No Errors found?
TRUE

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

Benefit Classification (3) Outpatient, In-Network (OP INN)

Click>>>>> Home Errors found: 0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (3) Outpatient, In-Network (OP INN)

Notes: Use this table if you are testing all outpatient services combined.

Classification	Outpatient	OP
Network (In/Out)	In-Network	INN
Classification Code	3	OP INN
Table Name	tbl_OPINN_P1	

Number of Rows 6

For each cost share, if it does not apply, enter "N/A".

Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OPPM)	No Cost-Share (If true, enter "x")
Primary Care Visit to Treat an Injury or Illness	\$20 Copayment	\$906,950.73	NA	\$20.00	NA	\$9,750.00	
Urgent Care	\$65 Copayment	\$196,303.69	NA	\$65.00	NA	\$9,750.00	
Specialist Visit	\$65 Copayment	\$592,762.23	NA	\$65.00	NA	\$9,750.00	
Rehabilitative Occupational and Rehabilitative Physical Therapy & Rehabilitative Speech Therapy	\$40 Copayment	\$87,119.99	NA	\$40.00	NA	\$9,750.00	
Preventive Care/Screening/Immunization	No Cost Share	\$516,656.50	NA	NA	NA	NA	x
Laboratory Outpatient and Professional Services	\$40 Copayment	\$113,277.61	NA	\$40.00	NA	\$9,750.00	
X-rays and Diagnostic Imaging	\$65 Copayment	\$86,557.54	NA	\$65.00	NA	\$9,750.00	
Outpatient Surgery	\$200 Copayment after Deductible	\$398,583.52	\$2,500.00	\$200.00	NA	\$9,750.00	
Imaging (CT/PET Scans, MRIs)	30% Coinsurance after Deductible	\$43,278.77	\$2,500.00	NA	30%	\$9,750.00	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$600 Copayment after Deductible	\$138,937.59	\$2,500.00	\$600.00	NA	\$9,750.00	
Outpatient Other	30% Coinsurance after Deductible	\$0.00	\$2,500.00	NA	30%	\$9,750.00	
Virtual Visits	No Cost Share	\$176,907.16	NA	NA	NA	NA	x
Durable Medical Equipment (DME)	30% Coinsurance after Deductible	\$50,544.90	\$2,500.00	NA	30%	\$9,750.00	
Home Health	\$30 Copayment	\$8,047.78	NA	\$30.00	NA	\$9,750.00	
Hospice	No Cost Share	\$4,023.89	NA	NA	NA	NA	x
Nurse Treatment Room Visits	\$10 Copayment	\$50,544.90	NA	\$10.00	NA	\$9,750.00	
Total Row		\$3,370,496.81					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3) Outpatient, In-Network (OP INN)

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
Overall			Pass

*If not applicable, enter "N/A"

Enter Footnotes (as needed) about MHSUD Cost Shares
First two Primary Care and First two MHSUD visits at \$1 cost share.

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$631,344.78	18.73%	Fail
Copayment	\$2,579,085.59	76.52%	OP INN Copayment
Coinsurance	\$93,823.67	2.78%	Fail
OOPM	\$2,672,909.26	79.30%	OP INN OOPM
Total Projected	\$3,370,496.81		

Step 2 Predominant Level

Deductible ---- (3) Outpatient, In-Network (OP 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	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

Copayment ---- (3) Outpatient, In-Network (OP INN)

Errors found: 0

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

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$10.00	\$50,544.90	1.96%	\$10.00	
\$20.00	\$906,950.73	35.17%	\$20.00	
\$30.00	\$8,047.78	0.31%	\$30.00	
\$40.00	\$200,397.60	7.77%	\$40.00	
\$65.00	\$875,623.45	33.95%	\$65.00	
\$200.00	\$398,583.52	15.45%		
\$600.00	\$138,937.59	5.39%		
Total	\$2,579,085.59	100.00%		

Coinsurance ---- (3) Outpatient, In-Network (OP 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.

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

OOPM ---- (3) Outpatient, In-Network (OP INN)

Errors found: 0

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

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$9,750.00	\$2,672,909.26	100.00%	\$9,750.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$2,672,909.26	100.00%		

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

Issuer / Market: Kaiser Foundation Health Plan of the Northwest
Market: <<Go back to 'Summary' tab and select the market for this filing>>

Workbook Info

[Link back to Summary Sheet](#)

User Inputs Cell Format

See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: KP Cascade Silver 73% CSR <<<This will auto populate from summary sheet macro
Plan ID: 23371WA194000204 <<<This will auto populate from summary sheet macro
CSR Variant Description: 73% <<<If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: Pass

<<<Click the links in the cells below to scroll directly to the stated section>>>>

[Move to IP INN](#)[Move to IP OON](#)[Move to OP INN](#)[Move to OP-OV INN](#)[Move to OP-AO INN](#)

[Move to OP OON](#)[Move to OP-OV OON](#)[Move to OP-AO OON](#)[Move to ER](#)[Move to RX](#)

Links only work for sections that are not already hidden>>>>

Testing Options

Option	Selection
Out-of-Network Tier?	No
Outpatient Benefit Testing	All Combined

Column Options
Update Columns
Hide/Unhide All Columns

No Errors found?
TRUE

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

Benefit Classification (3) Outpatient, In-Network (OP INN)

Click>>>>> Home Errors found: 0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (3) Outpatient, In-Network (OP INN)

Notes: Use this table if you are testing all outpatient services combined.

Classification	Outpatient	OP
Network (In/Out)	In-Network	INN
Classification Code	3	OP INN
Table Name	tbl_OPINN_P1	

Number of Rows6

For each cost share, if it does not apply, enter "N/A".

Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OPPM)	No Cost-Share (If true, enter "x")
Primary Care Visit to Treat an Injury or Illness	\$20 Copayment	\$906,950.73	NA	\$20.00	NA	\$7,950.00	
Urgent Care	\$65 Copayment	\$196,303.69	NA	\$65.00	NA	\$7,950.00	
Specialist Visit	\$65 Copayment	\$592,762.23	NA	\$65.00	NA	\$7,950.00	
Rehabilitative Occupational and Rehabilitative Physical Therapy & Rehabilitative Speech Therapy	\$40 Copayment	\$87,119.99	NA	\$40.00	NA	\$7,950.00	
Preventive Care/Screening/Immunization	No Cost Share	\$516,656.50	NA	NA	NA	NA	x
Laboratory Outpatient and Professional Services	\$40 Copayment	\$113,277.61	NA	\$40.00	NA	\$7,950.00	
X-rays and Diagnostic Imaging	\$65 Copayment	\$86,557.54	NA	\$65.00	NA	\$7,950.00	
Outpatient Surgery	\$200 Copayment after Deductible	\$398,583.52	\$2,500.00	\$200.00	NA	\$7,950.00	
Imaging (CT/PET Scans, MRIs)	30% Coinsurance after Deductible	\$43,278.77	\$2,500.00	NA	30%	\$7,950.00	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$600 Copayment after Deductible	\$138,937.59	\$2,500.00	\$600.00	NA	\$7,950.00	
Outpatient Other	30% Coinsurance after Deductible	\$0.00	\$2,500.00	NA	30%	\$7,950.00	
Virtual Visits	No Cost Share	\$176,907.16	NA	NA	NA	NA	x
Durable Medical Equipment (DME)	30% Coinsurance after Deductible	\$50,544.90	\$2,500.00	NA	30%	\$7,950.00	
Home Health	\$30 Copayment	\$8,047.78	NA	\$30.00	NA	\$7,950.00	
Hospice	No Cost Share	\$4,023.89	NA	NA	NA	NA	x
Nurse Treatment Room Visits	\$10 Copayment	\$50,544.90	NA	\$10.00	NA	\$7,950.00	
Total Row		\$3,370,496.81					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3) Outpatient, In-Network (OP INN)

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	\$7,950.00	\$7,950.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Enter Footnotes (as needed) about MHSUD Cost Shares
First two Primary Care and First two MHSUD visits at \$1 cost share.

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$631,344.78	18.73%	Fail
Copayment	\$2,579,085.59	76.52%	OP INN Copayment
Coinsurance	\$93,823.67	2.78%	Fail
OOPM	\$2,672,909.26	79.30%	OP INN OOPM
Total Projected	\$3,370,496.81		

Step 2 Predominant Level

Deductible ---- (3) Outpatient, In-Network (OP 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	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

Copayment ---- (3) Outpatient, In-Network (OP INN)

Errors found: 0

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

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$10.00	\$50,544.90	1.96%	\$10.00	
\$20.00	\$906,950.73	35.17%	\$20.00	
\$30.00	\$8,047.78	0.31%	\$30.00	
\$40.00	\$200,397.60	7.77%	\$40.00	
\$65.00	\$875,623.45	33.95%	\$65.00	
\$200.00	\$398,583.52	15.45%		
\$600.00	\$138,937.59	5.39%		
Total	\$2,579,085.59	100.00%		

Coinsurance ---- (3) Outpatient, In-Network (OP 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.

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

OOPM ---- (3) Outpatient, In-Network (OP INN)

Errors found: 0

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

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$7,950.00	\$2,672,909.26	100.00%	\$7,950.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$2,672,909.26	100.00%		

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

Issuer / Market: Kaiser Foundation Health Plan of the Northwest
Market: <<Go back to 'Summary' tab and select the market for this filing>>

Workbook Info

[Link back to Summary Sheet](#)

User Inputs Cell Format

See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: KP Cascade Silver 87% CSR <<<This will auto populate from summary sheet macro
Plan ID: 23371WA194000205 <<<This will auto populate from summary sheet macro
CSR Variant Description: 87% <<<If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: Pass

<<<Click the links in the cells below to scroll directly to the stated section>>>>

[Move to IP INN](#)[Move to IP OON](#)[Move to OP INN](#)[Move to OP-OV INN](#)[Move to OP-AO INN](#)

[Move to OP OON](#)[Move to OP-OV OON](#)[Move to OP-AO OON](#)[Move to ER](#)[Move to RX](#)

Links only work for sections that are not already hidden>>>>

Testing Options

Option	Selection
Out-of-Network Tier?	No
Outpatient Benefit Testing	All Combined

Column Options

[Update Columns](#)[Hide/Unhide All Columns](#)

No Errors found?

TRUE

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

Benefit Classification (3) Outpatient, In-Network (OP INN)

Click>>>>> Home Errors found: 0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (3) Outpatient, In-Network (OP INN)

Notes: Use this table if you are testing all outpatient services combined.

Classification	Outpatient	OP
Network (In/Out)	In-Network	INN
Classification Code	3	OP INN
Table Name	tbl_OPINN_P1	

Number of Rows 6

For each cost share, if it does not apply, enter "N/A".

Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OPPM)	No Cost-Share (If true, enter "x")
Primary Care Visit to Treat an Injury or Illness	\$5 Copayment	\$906,950.73	NA	\$5.00	NA	\$2,850.00	
Urgent Care	\$30 Copayment	\$196,303.69	NA	\$30.00	NA	\$2,850.00	
Specialist Visit	\$30 Copayment	\$592,762.23	NA	\$30.00	NA	\$2,850.00	
Rehabilitative Occupational and Rehabilitative Physical Therapy & Rehabilitative Speech Therapy	\$20 Copayment	\$87,119.99	NA	\$20.00	NA	\$2,850.00	
Preventive Care/Screening/Immunization	No Cost Share	\$516,656.50	NA	NA	NA	NA	x
Laboratory Outpatient and Professional Services	\$20 Copayment	\$113,277.61	NA	\$20.00	NA	\$2,850.00	
X-rays and Diagnostic Imaging	\$40 Copayment	\$86,557.54	NA	\$40.00	NA	\$2,850.00	
Outpatient Surgery	\$120 Copayment after	\$398,583.52	\$750.00	\$120.00	NA	\$2,850.00	
Imaging (CT/PET Scans, MRIs)	20% Coinsurance after Deductible	\$43,278.77	\$750.00	NA	20%	\$2,850.00	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$325 Copayment after Deductible	\$138,937.59	\$750.00	\$325.00	NA	\$2,850.00	
Outpatient Other	20% Coinsurance after Deductible	\$0.00	\$750.00	NA	20%	\$2,850.00	
Virtual Visits	No Cost Share	\$176,907.16	NA	NA	NA	NA	x
Durable Medical Equipment (DME)	20% Coinsurance after Deductible	\$50,544.90	\$750.00	NA	20%	\$2,850.00	
Home Health	\$10 Copayment	\$8,047.78	NA	\$10.00	NA	\$2,850.00	
Hospice	No Cost Share	\$4,023.89	NA	NA	NA	NA	x
Nurse Treatment Room Visits	\$10 Copayment	\$50,544.90	NA	\$10.00	NA	\$2,850.00	
Total Row		\$3,370,496.81					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3) Outpatient, In-Network (OP INN)

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	\$30.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$2,850.00	\$2,850.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Enter Footnotes (as needed) about MHSUD Cost Shares
First two Primary Care and First two MHSUD visits at \$1 cost share.

Step 1 Substantially All (i.e., ≥ ¾ of medical/surgical benefits)

Deductible	\$631,344.78	18.73%	Fail
Copayment	\$2,579,085.59	76.52%	OP INN Copayment
Coinsurance	\$93,823.67	2.78%	Fail
OOPM	\$2,672,909.26	79.30%	OP INN OOPM
Total Projected	\$3,370,496.81		

Step 2 Predominant Level

Deductible ---- (3) Outpatient, In-Network (OP 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	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

Copayment ---- (3) Outpatient, In-Network (OP INN)

Errors found: 0

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

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$5.00	\$906,950.73	35.17%	\$5.00	
\$10.00	\$58,592.69	2.27%	\$10.00	
\$20.00	\$200,397.60	7.77%	\$20.00	
\$30.00	\$789,065.92	30.59%	\$30.00	
\$40.00	\$86,557.54	3.36%		
\$120.00	\$398,583.52	15.45%		
\$325.00	\$138,937.59	5.39%		
Total	\$2,579,085.59	100.00%		

Coinsurance ---- (3) Outpatient, In-Network (OP 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.

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

OOPM ---- (3) Outpatient, In-Network (OP INN)

Errors found: 0

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

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$2,850.00	\$2,672,909.26	100.00%	\$2,850.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$2,672,909.26	100.00%		

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

Issuer / Market: Kaiser Foundation Health Plan of the Northwest
Market: <<Go back to 'Summary' tab and select the market for this filing>>

Workbook Info

[Link back to Summary Sheet](#)

User Inputs Cell Format

See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: KP Cascade Silver 94% CSR <<<This will auto populate from summary sheet macro
Plan ID: 23371WA194000206 <<<This will auto populate from summary sheet macro
CSR Variant Description: 94% <<<If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: Pass

<<<Click the links in the cells below to scroll directly to the stated section>>>>

[Move to IP INN](#)[Move to IP OON](#)[Move to OP INN](#)[Move to OP-OV INN](#)[Move to OP-AO INN](#)

[Move to OP OON](#)[Move to OP-OV OON](#)[Move to OP-AO OON](#)[Move to ER](#)[Move to RX](#)

Links only work for sections that are not already hidden>>>>

Testing Options

Option	Selection
Out-of-Network Tier?	No
Outpatient Benefit Testing	All Combined

Column Options
Update Columns
Hide/Unhide All Columns

No Errors found?
TRUE

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

Benefit Classification (3) Outpatient, In-Network (OP INN)

Click>>>>> Home Errors found: 0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (3) Outpatient, In-Network (OP INN)

Notes: Use this table if you are testing all outpatient services combined.

Classification	Outpatient	OP
Network (In/Out)	In-Network	INN
Classification Code	3	OP INN
Table Name	tbl_OPINN_P1	

Number of Rows 6

For each cost share, if it does not apply, enter "N/A".

Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OPPM)	No Cost-Share (If true, enter "x")
Primary Care Visit to Treat an Injury or Illness	\$1 Copayment	\$906,950.73	NA	\$1.00	NA	\$2,400.00	
Urgent Care	\$15 Copayment	\$196,303.69	NA	\$15.00	NA	\$2,400.00	
Specialist Visit	\$15 Copayment	\$592,762.23	NA	\$15.00	NA	\$2,400.00	
Rehabilitative Occupational and Rehabilitative Physical Therapy & Rehabilitative Speech Therapy	\$5 Copayment	\$87,119.99	NA	\$5.00	NA	\$2,400.00	
Preventive Care/Screening/Immunization	No Cost Share	\$516,656.50	NA	NA	NA	NA	x
Laboratory Outpatient and Professional Services	\$5 Copayment	\$113,277.61	NA	\$5.00	NA	\$2,400.00	
X-rays and Diagnostic Imaging	\$15 Copayment	\$86,557.54	NA	\$15.00	NA	\$2,400.00	
Outpatient Surgery	\$25 Copayment	\$398,583.52	NA	\$25.00	NA	\$2,400.00	
Imaging (CT/PET Scans, MRIs)	15% Coinsurance	\$43,278.77	NA	NA	15%	\$2,400.00	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100 Copayment	\$138,937.59	NA	\$100.00	NA	\$2,400.00	
Outpatient Other	15% Coinsurance	\$0.00	NA	NA	15%	\$2,400.00	
Virtual Visits	No Cost Share	\$176,907.16	NA	NA	NA	NA	x
Durable Medical Equipment (DME)	15% Coinsurance	\$50,544.90	NA	NA	15%	\$2,400.00	
Home Health	\$5 Copayment	\$8,047.78	NA	\$5.00	NA	\$2,400.00	
Hospice	No Cost Share	\$4,023.89	NA	NA	NA	NA	x
Nurse Treatment Room Visits	\$5 Copayment	\$50,544.90	NA	\$5.00	NA	\$2,400.00	
Total Row		\$3,370,496.81					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3) Outpatient, In-Network (OP INN)

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
Coinsurance	N/A	Fail	Pass
OOPM	\$2,400.00	\$2,400.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Enter Footnotes (as needed) about MHSUD Cost Shares
xx

Step 1 Substantially All (i.e., ≥ ⅓ of medical/surgical benefits)

Deductible	\$0.00	0.00%	Fail
Copayment	\$2,579,085.59	76.52%	OP INN Copayment
Coinsurance	\$93,823.67	2.78%	Fail
OOPM	\$2,672,909.26	79.30%	OP INN OOPM
Total Projected	\$3,370,496.81		

Step 2 Predominant Level

Deductible ---- (3) Outpatient, In-Network (OP 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	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

Copayment ---- (3) Outpatient, In-Network (OP INN)

Errors found: 0

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

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$1.00	\$906,950.73	35.17%	\$1.00	
\$5.00	\$258,990.29	10.04%	\$5.00	
\$15.00	\$875,623.45	33.95%	\$15.00	
\$25.00	\$398,583.52	15.45%		
\$100.00	\$138,937.59	5.39%		
Total	\$2,579,085.59	100.00%		

Coinsurance ---- (3) Outpatient, In-Network (OP 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.

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

OOPM ---- (3) Outpatient, In-Network (OP INN)

Errors found: 0

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

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$2,400.00	\$2,672,909.26	100.00%	\$2,400.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$2,672,909.26	100.00%		

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

Issuer / Market: Kaiser Foundation Health Plan of the Northwest
Market: <<Go back to 'Summary' tab and select the market for this filing>>

Workbook Info

[Link back to Summary Sheet](#)

User Inputs Cell Format

See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: KP WA Bronze 9100

Plan ID: 23371WA1780003

CSR Variant Description:

<<<This will auto populate from summary sheet macro

<<<This will auto populate from summary sheet macro

<<<If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: Pass

<<<Click the links in the cells below to scroll directly to the stated section>>>>

[Move to IP INN](#)

[Move to IP OON](#)

[Move to OP INN](#)

[Move to OP-OV INN](#)

[Move to OP-AO INN](#)

[Move to OP OON](#)

[Move to OP-OV OON](#)

[Move to OP-AO OON](#)

[Move to ER](#)

[Move to RX](#)

Testing Options

Option	Selection
Out-of-Network Tier?	No
Outpatient Benefit Testing	Office Visits Separate

Column Options

[Update Columns](#)

[Hide/Unhide All Columns](#)

No Errors found?

FALSE

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

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

[Click>>>>>](#)

[Home](#)

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>

Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

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 table if you are separately testing outpatient office visits and all other outpatient services.

Classification	Network (In/Out)	Classification Code	Table Name
...

Outpatient - Office Visit	OP-OV
In-Network	INN
3a	OP-OV INN
	tbl_OPOVINN_P1

Number of Rows 6

For each cost share, if it does not apply, enter "N/A".

Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OPM)	No Cost-Share (If true, enter "x")
Primary Care Visit to Treat an Injury or Illness	\$75 Copayment	\$821,723.04	NA	\$75.00	NA	\$9,100.00	
Urgent Care	NA Copayment after Deductible	\$177,856.70	\$9,100.00	NA	NA	\$9,100.00	
Specialist Visit	NA Copayment after Deductible	\$537,059.36	\$9,100.00	NA	NA	\$9,100.00	
Preventive Care/Screening/Immunization	No Cost Share	\$468,105.41	NA	NA	NA	NA	x
Nurse Treatment Room Visits	NA Copayment after Deductible	\$45,795.11	\$9,100.00	NA	NA	\$9,100.00	
Total Row		\$2,050,539.64					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

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

Cost Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	N/A	Fail	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$9,100.00	\$9,100.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Enter Footnotes (as needed) about MHSUD Cost Shares
xx

Step 1 Substantially All (i.e., ≥ ¾ of medical/surgical benefits)

Deductible	\$760,711.18	37.10%	Fail
Copayment	\$821,723.04	40.07%	Fail
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$1,582,434.22	77.17%	OP-OV INN OOPM
Total Projected	\$2,050,539.64		

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	Portion	Predominant &	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

Copayment ---- (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.

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

Coinsurance ---- (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.

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

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

Errors found: 0

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

OOPM	Allowed Claims	Portion	Predominant &	Error Checking
\$9,100.00	\$1,582,434.22	100.00%	\$9,100.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$1,582,434.22	100.00%		

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

Click>>>>>

[Home](#)

Errors found:

2

<<<<Click the links in the cells below to scroll directly to the stated section>>>>

Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

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

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

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	In-Network	INN
Classification Code	3b	OP-AO INN
Table Name		tbl_OPAOINN_P1

Number of Rows

6

For each cost share, if it does not apply, enter "N/A".

Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OPOM)	No Cost-Share (If true, enter "x")
Laboratory Outpatient and Professional Services	NA Copayment after Deductible	\$102,632.72	\$9,100.00	NA	NA	\$9,100.00	
X-rays and Diagnostic Imaging	NA Copayment after Deductible	\$78,423.58	\$9,100.00	NA	NA	\$9,100.00	
Outpatient Surgery Physician/Surgical Services	NA Copayment after Deductible	\$361,127.96	\$9,100.00	NA	NA	\$9,100.00	
Imaging (CT/PET Scans, MRIs)	NA Copayment after Deductible	\$39,211.79	\$9,100.00	NA	NA	\$9,100.00	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	NA Copayment after Deductible	\$125,881.39	\$9,100.00	NA	NA	\$9,100.00	
Outpatient Other	NA Copayment after Deductible	\$0.00	\$9,100.00	NA	NA	\$9,100.00	
Durable Medical Equipment (DME)	NA Copayment after Deductible	\$45,795.11	\$9,100.00	NA	NA	\$9,100.00	
Home Health	NA Copayment after Deductible	\$7,291.52	\$9,100.00	NA	NA	\$9,100.00	
Hospice	No Cost Share	\$3,645.76	NA	NA	NA	NA	x
Rehabilitative Occupational and Rehabilitative Physical Therapy & Rehabilitative Speech Therapy	NA Copayment after Deductible	\$78,933.18	\$9,100.00	NA	NA	\$9,100.00	
Advanced Care At Home	No Cost Share	\$34,212.29	NA	NA	NA	NA	x
Virtual Visits	No Cost Share	\$160,282.90	NA	NA	NA	NA	x
Total Row		\$1,037,438.20					

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
Deductible	N/A	\$0.00	Pass
Copayment	N/A	Fail	Pass
Coinsurance	N/A	Fail	Pass
OOPM	N/A	\$0.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Enter Footnotes (as needed) about MHSUD Cost Shares
Assertive Community Treatment (ACT) Services at no cost share

Step 1 Substantially All (i.e., ≥ ¾ of medical/surgical benefits)

Deductible	\$839,297.25	80.90%	OP-AO INN Deductible
Copayment	\$0.00	0.00%	Fail
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$839,297.25	80.90%	OP-AO INN OOPM
Total Projected	\$1,037,438.20		

Step 2 Predominant Level

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

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

Errors found:

1

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		Add missing cost share values.

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

Does not apply to substantially all medical/surgical benefits in this classification.
DELETE any values in the left-hand column below.

Errors found:

0

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

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

Does not apply to substantially all medical/surgical benefits in this classification.
DELETE any values in the left-hand column below.

Errors found:

0

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

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

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

Errors found:

1

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		Add missing cost share values.

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

Issuer / Market: Kaiser Foundation Health Plan of the Northwest
Market: <<Go back to 'Summary' tab and select the market for this filing>>

Workbook Info

[Link back to Summary Sheet](#)

User Inputs Cell Format

See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: KP WA Bronze HSA 7100
Plan ID: 23371WA1780004
CSR Variant Description:

<<<This will auto populate from summary sheet macro
<<<This will auto populate from summary sheet macro
<<<If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: Pass

<<<Click the links in the cells below to scroll directly to the stated section>>>>

[Move to IP INN](#)[Move to IP OON](#)[Move to OP INN](#)[Move to OP-OV INN](#)[Move to OP-AO INN](#)

[Move to OP OON](#)[Move to OP-OV OON](#)[Move to OP-AO OON](#)[Move to ER](#)[Move to RX](#)

Links only work for sections that are not already hidden>>>>

Testing Options

Option	Selection
Out-of-Network Tier?	No
Outpatient Benefit Testing	All Combined

Column Options
Update Columns
Hide/Unhide All Columns

No Errors found?
TRUE

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

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

Issuer / Market: Kaiser Foundation Health Plan of the Northwest
Market: <<Go back to 'Summary' tab and select the market for this filing>>

Workbook Info

[Link back to Summary Sheet](#)

User Inputs Cell Format

See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: KP Cascade Bronze

Plan ID: 23371WA1940003

CSR Variant Description:

<<<This will auto populate from summary sheet macro

<<<This will auto populate from summary sheet macro

<<<If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: Pass

<<<Click the links in the cells below to scroll directly to the stated section>>>>

[Move to IP INN](#)

[Move to IP OON](#)

[Move to OP INN](#)

[Move to OP-OV INN](#)

[Move to OP-AO INN](#)

[Move to OP OON](#)

[Move to OP-OV OON](#)

[Move to OP-AO OON](#)

[Move to ER](#)

[Move to RX](#)

Testing Options

Option	Selection
Out-of-Network Tier?	No
Outpatient Benefit Testing	Office Visits Separate

Column Options

[Update Columns](#)

[Hide/Unhide All Columns](#)

No Errors found?

TRUE

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

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

[Click>>>>](#)

[Home](#)

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>

Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

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 table if you are separately testing outpatient office visits and all other outpatient services.

Classification	Network (In/Out)	Classification Code	Table Name
...

Outpatient - Office Visit	OP-OV
In-Network	INN
3a	OP-OV INN
	tbl_OPOVINN_P1

Number of Rows 6

For each cost share, if it does not apply, enter "N/A".

Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OPPM)	No Cost-Share (If true, enter "x")
Primary Care Visit to Treat an Injury or Illness	\$40 Copayment	\$2,787,712.74	NA	\$40.00	NA	\$10,150.00	
Urgent Care	\$100 Copayment	\$603,382.60	NA	\$100.00	NA	\$10,150.00	
Specialist Visit	\$100 Copayment after Deductible	\$1,821,985.20	\$6,000.00	\$100.00	NA	\$10,150.00	
Preventive Care/Screening/Immunization	No Cost Share	\$1,588,057.48	NA	NA	NA	NA	x
Nurse Treatment Room Visits	\$10 Copayment	\$155,360.89	NA	\$10.00	NA	\$10,150.00	
Total Row		\$6,956,498.91					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

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

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

*If not applicable, enter "N/A"

Enter Footnotes (as needed) about MHSUD Cost Shares
First two Primary Care and First two MHSUD visits at \$1 cost share.

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$1,821,985.20	26.19%	Fail
Copayment	\$5,368,441.43	77.17%	OP-OV INN Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$5,368,441.43	77.17%	OP-OV INN OOPM
Total Projected	\$6,956,498.91		

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	Portion	Predominant &	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

Copayment ---- (3a) Outpatient - Office Visits, In-Network (OP-OV INN)	Errors found:	0
Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.		

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$10.00	\$155,360.89	2.89%	\$10.00	
\$40.00	\$2,787,712.74	51.93%	\$40.00	
\$100.00	\$2,425,367.80	45.18%		
	\$0.00			
Total	\$5,368,441.43	100.00%		

Coinsurance ---- (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.		

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

OOPM ---- (3a) Outpatient - Office Visits, In-Network (OP-OV INN)	Errors found:	0
Applies to substantially all medical/surgical benefits in this classification. ENTER different oopm amounts from smallest to largest.		

OOPM	Allowed Claims	Portion	Predominant &	Error Checking
\$10,150.00	\$5,368,441.43	100.00%	\$10,150.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$5,368,441.43	100.00%		

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

Click>>>>

[Home](#)

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>

[Move to IP INN](#)

	Move to IP OOM
--	----------------

[Move to OP INN](#)

	Move to OP-OV INN
--	-------------------

	Move to OP-AO INN
--	-----------------------------------

Move to OP OO

Move to OP-OV OON

Move to OP-AO OON

[Move to ER](#)

[Move to RX](#)

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

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

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

Classification	Network (In/Out)	Classification Code	Table Name
...

Outpatient - All Other	
------------------------	--

OP-AO

In-Network

INN

3b

OP-AO INN

Number of Rows

6

For each cost share, if it does not apply, enter "N/A".

Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OOPM)	No Cost-Share <i>(If true, enter "N")</i>
Laboratory Outpatient and Professional Services	40% Coinsurance after Deductible	\$348,183.67	\$6,000.00	NA	40%	\$10,150.00	
X-rays and Diagnostic Imaging	40% Coinsurance after Deductible	\$266,053.65	\$6,000.00	NA	40%	\$10,150.00	
Outpatient Surgery Physician/Surgical Services	40% Coinsurance after Deductible	\$1,225,134.20	\$6,000.00	NA	40%	\$10,150.00	
Imaging (CT/PET Scans, MRIs)	40% Coinsurance after Deductible	\$133,026.82	\$6,000.00	NA	40%	\$10,150.00	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	40% Coinsurance after Deductible	\$427,055.26	\$6,000.00	NA	40%	\$10,150.00	
Outpatient Other	40% Coinsurance after Deductible	\$0.00	\$6,000.00	NA	40%	\$10,150.00	
Durable Medical Equipment (DME)	40% Coinsurance after Deductible	\$155,360.89	\$6,000.00	NA	40%	\$10,150.00	
Home Health	\$50 Copayment	\$24,736.64	NA	\$50.00	NA	\$10,150.00	
Hospice	No Cost Share	\$12,368.32	NA	NA	NA	NA	x
Rehabilitative Occupational and Rehabilitative Physical Therapy & Rehabilitative Speech Therapy	40% Coinsurance after Deductible	\$267,782.47	\$6,000.00	NA	40%	\$10,150.00	
Virtual Visits	No Cost Share	\$543,763.11	NA	NA	NA	NA	x
Total Row		\$3,403,465.03					

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
Deductible	\$6,000.00	\$6,000.00	Pass
Copayment	N/A	Fail	Pass
Coinsurance	40%	40%	Pass
OOPM	\$10,150.00	\$10,150.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Enter Footnotes (as needed) about MHSUD Cost Shares
Assertive Community Treatment (ACT) Services at no cost share

Step 1 Substantially All (i.e., ≥ ¾ of medical/surgical benefits)

Deductible	\$2,822,596.97	82.93%	OP-AO INN Deductible
Copayment	\$24,736.64	0.73%	Fail
Coinsurance	\$2,822,596.97	82.93%	OP-AO INN Coinsurance
OOPM	\$2,847,333.60	83.66%	OP-AO INN OOPM
Total Projected	\$3,403,465.03		

Step 2 Predominant Level

Deductible ---- (3b) Outpatient - All Other, In-Network (OP-AO INN) Errors found: 0

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

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$6,000.00	\$2,822,596.97	100.00%	\$6,000.00	
	\$0.00			
Total	\$2,822,596.97	100.00%		

Copayment ---- (3b) Outpatient - All Other, In-Network (OP-AO 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.

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

Coinsurance ---- (3b) Outpatient - All Other, In-Network (OP-AO INN) Errors found: 0

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

Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
40%	\$2,822,596.97	100.00%	40%	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$2,822,596.97	100.00%		

OOPM ---- (3b) Outpatient - All Other, In-Network (OP-AO INN) Errors found: 0

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

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$10,150.00	\$2,847,333.60	100.00%	\$10,150.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$2,847,333.60	100.00%		

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

Issuer / Market: Kaiser Foundation Health Plan of the Northwest
Market: <<Go back to 'Summary' tab and select the market for this filing>>

Workbook Info

[Link back to Summary Sheet](#)

User Inputs Cell Format

See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: KP WA Gold 0 with Pediatric Dental <<<This will auto populate from summary sheet macro
Plan ID: 23371WA1770003 <<<This will auto populate from summary sheet macro
CSR Variant Description: <<<If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: Pass

<<<Click the links in the cells below to scroll directly to the stated section>>>>

[Move to IP INN](#)[Move to IP OON](#)[Move to OP INN](#)[Move to OP-OV INN](#)[Move to OP-AO INN](#)

[Move to OP OON](#)[Move to OP-OV OON](#)[Move to OP-AO OON](#)[Move to ER](#)[Move to RX](#)

Links only work for sections that are not already hidden>>>>

Testing Options

Option	Selection
Out-of-Network Tier?	No
Outpatient Benefit Testing	Office Visits Separate

Column Options
Update Columns
Hide/Unhide All Columns

No Errors found?
FALSE

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

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

[Click>>>>>](#)

[Home](#)

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>

Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

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 table if you are separately testing outpatient office visits and all other outpatient services.

Classification

Network (In/Out)

Classification Code

Table Name

Outpatient - Office Visit	
---------------------------	--

OP-OV

In-Network

INN	
-----	--

3a

OP-OV INN

Number of Rows

6

For each cost share, if it does not apply, enter "N/A".

Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OPPM)	No Cost-Share <i>(If true, enter "x")</i>
Primary Care Visit to Treat an Injury or Illness	\$15 Copayment	\$911,247.68	NA	\$15.00	NA	\$8,200.00	
Urgent Care	\$40 Copayment	\$197,233.74	NA	\$40.00	NA	\$8,200.00	
Specialist Visit	\$50 Copayment	\$595,570.61	NA	\$50.00	NA	\$8,200.00	
Preventive Care/Screening/Immunization	No Cost Share	\$519,104.31	NA	NA	NA	NA	x
Nurse Treatment Room Visits	\$10 Copayment	\$50,784.38	NA	\$10.00	NA	\$8,200.00	
Total Row		\$2,273,940.72					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

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

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$15.00	\$15.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$8,200.00	\$8,200.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Enter Footnotes (as needed) about MHSUD Cost Shares
xx

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00	0.00%	Fail
Copayment	\$1,754,836.41	77.17%	OP-OV INN Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$1,754,836.41	77.17%	OP-OV INN OOPM
Total Projected	\$2,273,940.72		

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	Portion	Predominant &	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

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

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

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$10.00	\$50,784.38	2.89%	\$10.00	
\$15.00	\$911,247.68	51.93%	\$15.00	
\$40.00	\$197,233.74	11.24%		
\$50.00	\$595,570.61	33.94%		
Total	\$1,754,836.41	100.00%		

Coinsurance ---- (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.

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

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

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

OOPM	Allowed Claims	Portion	Predominant &	Error Checking
\$8,200.00	\$1,754,836.41	100.00%	\$8,200.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$1,754,836.41	100.00%		

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

Click>>>>> Home Errors found: 2

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

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

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

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	In-Network	INN
Classification Code	3b	OP-AO INN
Table Name		tbl_OPAOINN_P1

Number of Rows 6

For each cost share, if it does not apply, enter "N/A".

Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OPOM)	No Cost-Share (If true, enter "x")
Laboratory Outpatient and Professional Services	\$50 Copayment	\$113,814.30	NA	\$50.00	NA	\$8,200.00	
X-rays and Diagnostic Imaging	\$50 Copayment	\$86,967.63	NA	\$50.00	NA	\$8,200.00	
Outpatient Surgery Physician/Surgical Services	\$350 Copayment	\$400,471.93	NA	\$350.00	NA	\$8,200.00	
Imaging (CT/PET Scans, MRIs)	\$350 Copayment	\$43,483.82	NA	\$350.00	NA	\$8,200.00	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$350 Copayment	\$139,595.85	NA	\$350.00	NA	\$8,200.00	
Outpatient Other	30% Coinsurance	\$0.00	NA	NA	30%	\$8,200.00	
Durable Medical Equipment (DME)	30% Coinsurance	\$50,784.38	NA	NA	30%	\$8,200.00	
Home Health	No Cost Share	\$8,085.91	NA	NA	NA	NA	x
Hospice	No Cost Share	\$4,042.96	NA	NA	NA	NA	x
Rehabilitative Occupational and Rehabilitative Physical Therapy & Rehabilitative Speech Therapy	\$50 Copayment	\$87,532.75	NA	\$50.00	NA	\$8,200.00	
Advanced Care At Home	No Cost Share	\$37,939.63	NA	NA	NA	NA	x
Virtual Visits	No Cost Share	\$177,745.31	NA	NA	NA	NA	x
Adult Vision Exam	\$15 Copayment	\$30,864.28	NA	\$15.00	NA	\$8,200.00	
Total Row		\$1,181,328.73					

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
Deductible	N/A	Fail	Pass
Copayment	N/A	\$0.00	Pass
Coinurance	N/A	Fail	Pass
OOPM	N/A	\$0.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Enter Footnotes (as needed) about MHSUD Cost Shares
Assertive Community Treatment (ACT) Services at no cost share

Step 1 Substantially All (i.e., ≥ ¾ of medical/surgical benefits)

Deductible	\$0.00	0.00%	Fail
Copayment	\$902,730.54	76.42%	OP-AO INN Copayment
Coinurance	\$50,784.38	4.30%	Fail
OOPM	\$953,514.92	80.72%	OP-AO INN OOPM
Total Projected	\$1,181,328.73		

Step 2 Predominant Level

Deductible ---- (3b) Outpatient - All Other, In-Network (OP-AO 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	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

Copayment ---- (3b) Outpatient - All Other, In-Network (OP-AO INN) Errors found: 1

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

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		Add missing cost share values.

Coinurance ---- (3b) Outpatient - All Other, In-Network (OP-AO 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.

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

OOPM ---- (3b) Outpatient - All Other, In-Network (OP-AO INN) Errors found: 1

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

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		Add missing cost share values.

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

Issuer / Market: Kaiser Foundation Health Plan of the Northwest
Market: <<Go back to 'Summary' tab and select the market for this filing>>

Workbook Info

[Link back to Summary Sheet](#)

User Inputs Cell Format

See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: KP WA Gold 1750 with Pediatric Dental <<<This will auto populate from summary sheet macro
Plan ID: 23371WA1770001 <<<This will auto populate from summary sheet macro
CSR Variant Description: <<<If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: Pass

<<<Click the links in the cells below to scroll directly to the stated section>>>>

[Move to IP INN](#)[Move to IP OON](#)[Move to OP INN](#)[Move to OP-OV INN](#)[Move to OP-AO INN](#)

[Move to OP OON](#)[Move to OP-OV OON](#)[Move to OP-AO OON](#)[Move to ER](#)[Move to RX](#)

Links only work for sections that are not already hidden>>>>

Testing Options

Option	Selection
Out-of-Network Tier?	No
Outpatient Benefit Testing	Office Visits Separate

Column Options
Update Columns
Hide/Unhide All Columns

No Errors found?
FALSE

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

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

[Click>>>>](#)

[Home](#)

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>

Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

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 table if you are separately testing outpatient office visits and all other outpatient services.

Classification	Outpatient - Office Visit	OP-OV
Network (In/Out)	In-Network	INN
Classification Code	3a	OP-OV INN
Table Name		tbl_OPOVINN_P1

Number of Rows 6

For each cost share, if it does not apply, enter "N/A".

Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OPM)	No Cost-Share <small>(If true, enter "x")</small>
Primary Care Visit to Treat an Injury or Illness	\$20 Copayment	\$402,837.69	NA	\$20.00	NA	\$8,500.00	
Urgent Care	\$40 Copayment	\$87,191.64	NA	\$40.00	NA	\$8,500.00	
Specialist Visit	\$50 Copayment	\$263,285.49	NA	\$50.00	NA	\$8,500.00	
Preventive Care/ Screening/Immunization	No Cost Share	\$229,481.83	NA	NA	NA	NA	x
Nurse Treatment Room Visits	\$10 Copayment	\$22,450.38	NA	\$10.00	NA	\$8,500.00	
Total Row		\$1,005,247.03					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

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

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$20.00	\$20.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$8,500.00	\$8,500.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Enter Footnotes (as needed) about MHSUD Cost Shares
xx

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00	0.00%	Fail
Copayment	\$775,765.20	77.17%	OP-OV INN Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$775,765.20	77.17%	OP-OV INN OOPM
Total Projected	\$1,005,247.03		

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	Portion	Predominant &	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

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

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

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$10.00	\$22,450.38	2.89%	\$10.00	
\$20.00	\$402,837.69	51.93%	\$20.00	
\$40.00	\$87,191.64	11.24%		
\$50.00	\$263,285.49	33.94%		
Total	\$775,765.20	100.00%		

Coinsurance ---- (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.

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

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

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

OOPM	Allowed Claims	Portion	Predominant &	Error Checking
\$8,500.00	\$775,765.20	100.00%	\$8,500.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$775,765.20	100.00%		

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

Click>>>>>

[Home](#)

Errors found:

1

<<<<Click the links in the cells below to scroll directly to the stated section>>>>

Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

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

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

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	In-Network	INN
Classification Code	3b	OP-AO INN
Table Name		tbl_OPAOINN_P1

Number of Rows

6

For each cost share, if it does not apply, enter "N/A".

Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OPPM)	No Cost-Share (If true, enter "x")
Laboratory Outpatient and Professional Services	\$50 Copayment	\$50,314.19	NA	\$50.00	NA	\$8,500.00	
X-rays and Diagnostic Imaging	\$50 Copayment	\$38,446.01	NA	\$50.00	NA	\$8,500.00	
Outpatient Surgery Physician/Surgical Services	30% Coinsurance after Deductible	\$177,037.69	\$1,750.00	NA	30%	\$8,500.00	
Imaging (CT/PET Scans, MRIs)	\$350 Copayment after Deductible	\$19,223.01	\$1,750.00	\$350.00	NA	\$8,500.00	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	30% Coinsurance after Deductible	\$61,711.51	\$1,750.00	NA	30%	\$8,500.00	
Outpatient Other	30% Coinsurance after Deductible	\$0.00	\$1,750.00	NA	30%	\$8,500.00	
Durable Medical Equipment (DME)	30% Coinsurance after Deductible	\$22,450.38	\$1,750.00	NA	30%	\$8,500.00	
Home Health	30% Coinsurance after Deductible	\$3,574.56	\$1,750.00	NA	30%	\$8,500.00	
Hospice	No Cost Share	\$1,787.28	NA	NA	NA	NA	x
Rehabilitative Occupational and Rehabilitative Physical Therapy & Rehabilitative Speech Therapy	\$50 Copayment	\$38,695.83	NA	\$50.00	NA	\$8,500.00	
Advanced Care At Home	No Cost Share	\$16,772.07	NA	NA	NA	NA	x
Virtual Visits	No Cost Share	\$78,576.34	NA	NA	NA	NA	x
Pediatric Dental - All Other Covered Services	50% Coinsurance	\$6,642.78	NA	NA	50%	\$8,500.00	
Pediatric Dental - Preventive and Diagnostic Services	No Cost Share	\$14,785.54	NA	NA	NA	NA	x
Adult Vision Exam	\$20 Copayment	\$13,644.25	NA	\$20.00	NA	\$8,500.00	
Total Row		\$543,661.45					

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
Deductible		Fail	Fail
Copayment		Fail	Fail
Coinsurance		Fail	Fail
OOPM		\$0.00	Fail - Enter MHSUD cost share
Overall			Fail

*If not applicable, enter "N/A"

Enter Footnotes (as needed) about MHSUD Cost Shares
Assertive Community Treatment (ACT) Services at no cost share

Step 1 Substantially All (i.e., ≥ ¾ of medical/surgical benefits)

Deductible	\$283,997.15	52.24%	Fail
Copayment	\$160,323.29	29.49%	Fail
Coinsurance	\$271,416.92	49.92%	Fail
OOPM	\$431,740.22	79.41%	OP-AO INN OOPM
Total Projected	\$543,661.45		

Step 2 Predominant Level

Deductible ---- (3b) Outpatient - All Other, In-Network (OP-AO 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	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
Copayment ---- (3b) Outpatient - All Other, In-Network (OP-AO 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.				
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
Coinsurance ---- (3b) Outpatient - All Other, In-Network (OP-AO 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.				
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
OOPM ---- (3b) Outpatient - All Other, In-Network (OP-AO INN)		Errors found:		1
Applies to substantially all medical/surgical benefits in this classification. ENTER different oopm amounts from smallest to largest.				
OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		Add missing cost share values.

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

Issuer / Market: Kaiser Foundation Health Plan of the Northwest
Market: <<Go back to 'Summary' tab and select the market for this filing>>

Workbook Info

[Link back to Summary Sheet](#)

User Inputs Cell Format

See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: KP WA Silver 1000 with Pediatric Dental <<<This will auto populate from summary sheet macro
Plan ID: 23371WA1770002 <<<This will auto populate from summary sheet macro
CSR Variant Description: <<<If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: Pass

<<<Click the links in the cells below to scroll directly to the stated section>>>>

[Move to IP INN](#)[Move to IP OON](#)[Move to OP INN](#)[Move to OP-OV INN](#)[Move to OP-AO INN](#)

[Move to OP OON](#)[Move to OP-OV OON](#)[Move to OP-AO OON](#)[Move to ER](#)[Move to RX](#)

Links only work for sections that are not already hidden>>>>

Testing Options

Option	Selection
Out-of-Network Tier?	No
Outpatient Benefit Testing	All Combined

Column Options
Update Columns
Hide/Unhide All Columns

No Errors found?
FALSE

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

Benefit Classification (3) Outpatient, In-Network (OP INN)

Click>>>>> Home Errors found: 1

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

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

Benefit Classification (3) Outpatient, In-Network (OP INN)
Notes: Use this table if you are testing all outpatient services combined.

Classification	Outpatient	OP
Network (In/Out)	In-Network	INN
Classification Code	3	OP INN
Table Name	tbl OPINN_P1	

Number of Rows 6

For each cost share, if it does not apply, enter "N/A".

Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OPPM)	No Cost-Share (If true, enter "x")
Primary Care Visit to Treat an Injury or Illness	\$35 Copayment	\$460,370.19	NA	\$35.00	NA	\$9,200.00	
Urgent Care	\$60 Copayment	\$99,644.18	NA	\$60.00	NA	\$9,200.00	
Specialist Visit	\$65 Copayment	\$300,887.41	NA	\$65.00	NA	\$9,200.00	
Rehabilitative Occupational and Rehabilitative Physical Therapy & Rehabilitative Speech Therapy	\$65 Copayment	\$44,222.30	NA	\$65.00	NA	\$9,200.00	
Preventive Care/Screening/Immunization	No Cost Share	\$262,255.97	NA	NA	NA	NA	x
Laboratory Outpatient and Professional Services	\$50 Copayment	\$57,499.96	NA	\$50.00	NA	\$9,200.00	
X-rays and Diagnostic Imaging	\$100 Copayment	\$43,936.80	NA	\$100.00	NA	\$9,200.00	
Outpatient Surgery	\$750 Copayment after	\$202,321.87	\$1,000.00	\$750.00	NA	\$9,200.00	
Imaging (CT/PET Scans, MRIs)	\$750 Copayment	\$21,968.40	NA	\$750.00	NA	\$9,200.00	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$750 Copayment after Deductible	\$70,525.02	\$1,000.00	\$750.00	NA	\$9,200.00	
Outpatient Other	40% Coinsurance	\$0.00	NA	NA	40%	\$9,200.00	
Virtual Visits	No Cost Share	\$89,798.47	NA	NA	NA	NA	x
Durable Medical Equipment (DME)	40% Coinsurance after Deductible	\$25,656.70	\$1,000.00		40%	\$9,200.00	
Home Health	40% Coinsurance after Deductible	\$4,085.07	\$1,000.00	NA	40%	\$9,200.00	
Hospice	No Cost Share	\$2,042.54	NA	NA	NA	NA	x
Nurse Treatment Room Visits	\$10 Copayment	\$25,656.70	NA	\$10.00	NA	\$9,200.00	
Advanced Care At	No Cost Share	\$19,167.43	NA	NA	NA	NA	x
Pediatric Dental - All Other Covered Services	50% Coinsurance	\$7,783.46	NA	NA	50%	\$9,200.00	
Pediatric Dental - Preventive and Diagnostic Services	No Cost Share	\$17,324.47	NA	NA	NA	NA	x
Adult Vision Exam	\$35 Copayment	\$15,592.90	NA	\$35.00	NA	\$9,200.00	

Total Row		\$1,770,739.84				
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PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3) Outpatient, In-Network (OP INN)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$35.00	\$35.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$9,200.00	\$9,200.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Enter Footnotes (as needed) about Assertive Community Treatment (ACT) Services at no cost share
--

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$302,588.67	17.09%	Fail
Copayment	\$1,342,625.74	75.82%	OP INN Copayment
Coinsurance	\$37,525.23	2.12%	Fail
OOPM	\$1,380,150.97	77.94%	OP INN OOPM
Total Projected	\$1,770,739.84		

Step 2 Predominant Level

Deductible ---- (3) Outpatient, In-Network (OP 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	Portion	Predominant & Smaller	Error Checking
	\$302,588.67	100.00%	\$1,000.00	
	\$0.00			
Total	\$302,588.67	100.00%		

Copayment ---- (3) Outpatient, In-Network (OP INN) Errors found: 1
Applies to substantially all medical/surgical benefits in this classification.
ENTER different copayment amounts from smallest to largest.

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$10.00	\$25,656.70	2.57%	\$10.00	
\$35.00	\$475,963.09	47.71%	\$35.00	
\$50.00	\$57,499.96	5.76%		
\$60.00	\$99,644.18	9.99%		
\$100.00	\$43,936.80	4.40%		
\$750.00	\$294,815.30	29.55%		
Total	\$997,516.03	100.00%		Add missing cost share values.

Coinsurance ---- (3) Outpatient, In-Network (OP 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.

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

OOPM ---- (3) Outpatient, In-Network (OP INN) Errors found: 0
Applies to substantially all medical/surgical benefits in this classification.
ENTER different oopm amounts from smallest to largest.

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$9,200.00	\$1,380,150.97	100.00%	\$9,200.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$1,380,150.97	100.00%		

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

Issuer / Market: Kaiser Foundation Health Plan of the Northwest
Market: <<Go back to 'Summary' tab and select the market for this filing>>

Workbook Info

[Link back to Summary Sheet](#)

User Inputs Cell Format

See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: KP WA Silver 5500 with Pediatric Dental <<<This will auto populate from summary sheet macro
Plan ID: 23371WA1790001 <<<This will auto populate from summary sheet macro
CSR Variant Description: <<<If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: Pass

<<<Click the links in the cells below to scroll directly to the stated section>>>>

[Move to IP INN](#)[Move to IP OON](#)[Move to OP INN](#)[Move to OP-OV INN](#)[Move to OP-AO INN](#)

[Move to OP OON](#)[Move to OP-OV OON](#)[Move to OP-AO OON](#)[Move to ER](#)[Move to RX](#)

Links only work for sections that are not already hidden>>>>

Testing Options

Option	Selection
Out-of-Network Tier?	No
Outpatient Benefit Testing	Office Visits Separate

Column Options
Update Columns
Hide/Unhide All Columns

No Errors found?
FALSE

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

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

Click>>>>

[Home](#)

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>

Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

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 table if you are separately testing outpatient office visits and all other outpatient services.

Classification	Network (In/Out)	Classification Code	Table Name
...

Outpatient - Office Visit	OP-OV
In-Network	INN
3a	OP-OV INN
	tbl_OPOVINN_P1

Number of Rows 6

For each cost share, if it does not apply, enter "N/A".

[illegible]

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

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

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$40.00	\$40.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$9,500.00	\$9,500.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Enter Footnotes (as needed) about MHSUD Cost Shares
xx

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00	0.00%	Fail
Copayment	\$973,019.31	77.17%	OP-OV INN Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$973,019.31	77.17%	OP-OV INN OOPM
Total Projected	\$1,260,851.57		

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	Portion	Predominant &	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

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

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

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$10.00	\$28,158.85	2.89%	\$10.00	
\$40.00	\$505,267.38	51.93%	\$40.00	
\$65.00	\$330,231.19	33.94%		
\$70.00	\$109,361.89	11.24%		
Total	\$973,019.31	100.00%		

Coinsurance ---- (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.

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

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

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

OOPM	Allowed Claims	Portion	Predominant &	Error Checking
\$9,500.00	\$973,019.31	100.00%	\$9,500.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$973,019.31	100.00%		

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

Click>>>>>

[Home](#)

Errors found:

1

<<<<Click the links in the cells below to scroll directly to the stated section>>>>

Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

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

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

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	In-Network	INN
Classification Code	3b	OP-AO INN
Table Name		tbl_OPAOINN_P1

Number of Rows

6

For each cost share, if it does not apply, enter "N/A".

Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OPOM)	No Cost-Share (If true, enter "x")
Laboratory Outpatient and Professional Services	\$60 Copayment	\$63,107.60	NA	\$60.00	NA	\$9,500.00	
X-rays and Diagnostic Imaging	\$60 Copayment after Deductible	\$48,221.69	\$5,500.00	\$60.00	NA	\$9,500.00	
Outpatient Surgery Physician/Surgical Services	35% Coinsurance after Deductible	\$222,053.13	\$5,500.00	NA	35%	\$9,500.00	
Imaging (CT/PET Scans, MRIs)	\$400 Copayment after Deductible	\$24,110.85	\$5,500.00	\$400.00	NA	\$9,500.00	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	35% Coinsurance after Deductible	\$77,402.92	\$5,500.00	NA	35%	\$9,500.00	
Outpatient Other	35% Coinsurance after Deductible	\$0.00	\$5,500.00	NA	35%	\$9,500.00	
Durable Medical Equipment (DME)	35% Coinsurance after Deductible	\$28,158.85	\$5,500.00	NA	35%	\$9,500.00	
Home Health	35% Coinsurance after Deductible	\$4,483.47	\$5,500.00	NA	35%	\$9,500.00	
Hospice	No Cost Share	\$2,241.73	NA	NA	NA	NA	x
Rehabilitative Occupational and Rehabilitative Physical Therapy & Rehabilitative Speech Therapy	\$65 Copayment	\$48,535.04	NA	\$65.00	NA	\$9,500.00	
Advanced Care At Home	No Cost Share	\$21,036.71	NA	NA	NA	NA	x
Virtual Visits	No Cost Share	\$98,555.98	NA	NA	NA	NA	x
Pediatric Dental - All Other Covered Services	50% Coinsurance	\$8,722.84	NA	NA	50%	\$9,500.00	
Pediatric Dental - Preventive and Diagnostic Services	No Cost Share	\$19,415.35	NA	NA	NA	NA	x
Total Row		\$666,046.16					

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
Deductible	N/A	Fail	Pass
Copayment	N/A	Fail	Pass
Coinsurance	N/A	Fail	Pass
OOPM	N/A	\$0.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Enter Footnotes (as needed) about MHSUD Cost Shares
Assertive Community Treatment (ACT) Services at no cost share

Step 1 Substantially All (i.e., ≥ ¾ of medical/surgical benefits)

Deductible	\$404,430.91	60.72%	Fail
Copayment	\$183,975.18	27.62%	Fail
Coinsurance	\$340,821.21	51.17%	Fail
OOPM	\$524,796.38	78.79%	OP-AO INN OOPM
Total Projected	\$666,046.16		

Step 2 Predominant Level

Deductible ---- (3b) Outpatient - All Other, In-Network (OP-AO 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	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

Copayment ---- (3b) Outpatient - All Other, In-Network (OP-AO 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.

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

Coinsurance ---- (3b) Outpatient - All Other, In-Network (OP-AO 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.

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

OOPM ---- (3b) Outpatient - All Other, In-Network (OP-AO INN) Errors found: 1

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

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		Add missing cost share values.

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

Issuer / Market: Kaiser Foundation Health Plan of the Northwest
Market: <<Go back to 'Summary' tab and select the market for this filing>>

Workbook Info

[Link back to Summary Sheet](#)

User Inputs Cell Format

See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: KP WA Silver HSA 3600 with Pediatric Dental <<<This will auto populate from summary sheet macro
Plan ID: 23371WA1790004 <<<This will auto populate from summary sheet macro
CSR Variant Description: <<<If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: Pass

<<<Click the links in the cells below to scroll directly to the stated section>>>>

[Move to IP INN](#)[Move to IP OON](#)[Move to OP INN](#)[Move to OP-OV INN](#)[Move to OP-AO INN](#)

[Move to OP OON](#)[Move to OP-OV OON](#)[Move to OP-AO OON](#)[Move to ER](#)[Move to RX](#)

Links only work for sections that are not already hidden>>>>

Testing Options

Option	Selection
Out-of-Network Tier?	No
Outpatient Benefit Testing	All Combined

Column Options
Update Columns
Hide/Unhide All Columns

No Errors found?
TRUE

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

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

Issuer / Market: Kaiser Foundation Health Plan of the Northwest
Market: <<Go back to 'Summary' tab and select the market for this filing>>

Workbook Info

[Link back to Summary Sheet](#)

User Inputs Cell Format

See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: KP WA Bronze 6000 with Pediatric Dental <<<This will auto populate from summary sheet macro
Plan ID: 23371WA1790002 <<<This will auto populate from summary sheet macro
CSR Variant Description: <<<If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: Pass

<<<Click the links in the cells below to scroll directly to the stated section>>>>

[Move to IP INN](#)[Move to IP OON](#)[Move to OP INN](#)[Move to OP-OV INN](#)[Move to OP-AO INN](#)

[Move to OP OON](#)[Move to OP-OV OON](#)[Move to OP-AO OON](#)[Move to ER](#)[Move to RX](#)

Links only work for sections that are not already hidden>>>>

Testing Options

Option	Selection
Out-of-Network Tier?	No
Outpatient Benefit Testing	Office Visits Separate

Column Options
Update Columns
Hide/Unhide All Columns

No Errors found?
FALSE

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

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

Click>>>>

[Home](#)

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>

Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

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 table if you are separately testing outpatient office visits and all other outpatient services.

Classification	Outpatient - Office Visit	OP-OV
Network (In/Out)	In-Network	INN
Classification Code	3a	OP-OV INN
Table Name		tbl_OPOVINN_P1

Number of Rows 6

For each cost share, if it does not apply, enter "N/A".

Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OPM)	No Cost-Share <i>(If true, enter "x")</i>
Primary Care Visit to Treat an Injury or Illness	\$50 Copayment	\$372,104.35	NA	\$50.00	NA	\$8,900.00	
Urgent Care	\$100 Copayment	\$80,539.61	NA	\$100.00	NA	\$8,900.00	
Specialist Visit	\$125 Copayment	\$243,198.88	NA	\$125.00	NA	\$8,900.00	
Preventive Care/ Screening/Immunization	No Cost Share	\$211,974.17	NA	NA	NA	NA	x
Nurse Treatment Room Visits	\$10 Copayment	\$20,737.60	NA	\$10.00	NA	\$8,900.00	
Total Row		\$928,554.61					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

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

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$50.00	\$50.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$8,900.00	\$8,900.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Enter Footnotes (as needed) about MHSUD Cost Shares
xx

Step 1 Substantially All (i.e., ≥ ¾ of medical/surgical benefits)

Deductible	\$0.00	0.00%	Fail
Copayment	\$716,580.44	77.17%	OP-OV INN Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$716,580.44	77.17%	OP-OV INN OOPM
Total Projected	\$928,554.61		

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	Portion	Predominant &	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

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

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

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$10.00	\$20,737.60	2.89%	\$10.00	
\$50.00	\$372,104.35	51.93%	\$50.00	
\$100.00	\$80,539.61	11.24%		
\$125.00	\$243,198.88	33.94%		
Total	\$716,580.44	100.00%		

Coinsurance ---- (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.

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

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

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

OOPM	Allowed Claims	Portion	Predominant &	Error Checking
\$8,900.00	\$716,580.44	100.00%	\$8,900.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$716,580.44	100.00%		

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

Click>>>>>

[Home](#)

Errors found:

3

<<<<Click the links in the cells below to scroll directly to the stated section>>>>

Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

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

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

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	In-Network	INN
Classification Code	3b	OP-AO INN
Table Name		tbl_OPAOINN_P1

Number of Rows

6

For each cost share, if it does not apply, enter "N/A".

Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OPPM)	No Cost-Share (If true, enter "x")
Laboratory Outpatient and Professional Services	40% Coinsurance after Deductible	\$46,475.61	\$6,000.00	NA	40%	\$8,900.00	
X-rays and Diagnostic Imaging	40% Coinsurance after Deductible	\$35,512.88	\$6,000.00	NA	40%	\$8,900.00	
Outpatient Surgery Physician/Surgical Services	40% Coinsurance after Deductible	\$163,531.11	\$6,000.00	NA	40%	\$8,900.00	
Imaging (CT/PET Scans, MRIs)	40% Coinsurance after Deductible	\$17,756.44	\$6,000.00	NA	40%	\$8,900.00	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	40% Coinsurance after Deductible	\$57,003.41	\$6,000.00	NA	40%	\$8,900.00	
Outpatient Other	40% Coinsurance after Deductible	\$0.00	\$6,000.00	NA	40%	\$8,900.00	
Durable Medical Equipment (DME)	40% Coinsurance after Deductible	\$20,737.66	\$6,000.00	NA	40%	\$8,900.00	
Home Health	40% Coinsurance after Deductible	\$3,301.85	\$6,000.00	NA	40%	\$8,900.00	
Hospice	No Cost Share	\$1,650.93	NA	NA	NA	NA	x
Rehabilitative Occupational and Rehabilitative Physical Therapy & Rehabilitative Speech Therapy	40% Coinsurance after Deductible	\$35,743.65	\$6,000.00	NA	40%	\$8,900.00	
Advanced Care At Home	No Cost Share	\$15,492.50	NA	NA	NA	NA	x
Virtual Visits	No Cost Share	\$72,581.59	NA	NA	NA	NA	x
Pediatric Dental - All Other Covered Services	50% Coinsurance	\$6,475.03	NA	NA	50%	\$8,900.00	
Pediatric Dental - Preventive and Diagnostic Services	No Cost Share	\$14,412.17	NA	NA	NA	NA	x
Total Row		\$490,674.76					

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
Deductible	N/A	\$0.00	Pass
Copayment	N/A	Fail	Pass
Coinsurance	N/A	0%	Pass
OOPM	N/A	\$0.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Enter Footnotes (as needed) about MHSUD Cost Shares
Assertive Community Treatment (ACT) Services at no cost share

Step 1 Substantially All (i.e., ≥ ¾ of medical/surgical benefits)

Deductible	\$380,062.55	77.46%	OP-AO INN Deductible
Copayment	\$0.00	0.00%	Fail
Coinsurance	\$386,537.59	78.78%	OP-AO INN Coinsurance
OOPM	\$386,537.59	78.78%	OP-AO INN OOPM
Total Projected	\$490,674.76		

Step 2 Predominant Level

Deductible ---- (3b) Outpatient - All Other, In-Network (OP-AO INN)				Errors found:	1
Applies to substantially all medical/surgical benefits in this classification. ENTER different deductible amounts from smallest to largest.					
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			Add missing cost share values.
Copayment ---- (3b) Outpatient - All Other, In-Network (OP-AO 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.					
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
	\$0.00				
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			
Coinsurance ---- (3b) Outpatient - All Other, In-Network (OP-AO INN)					
Errors found:				1	
Applies to substantially all medical/surgical benefits in this classification. ENTER different coinsurance amounts from smallest to largest.					
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
	\$0.00				
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			Add missing cost share values.
OOPM ---- (3b) Outpatient - All Other, In-Network (OP-AO INN)					
Errors found:				1	
Applies to substantially all medical/surgical benefits in this classification. ENTER different oopm amounts from smallest to largest.					
OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
	\$0.00				
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			Add missing cost share values.

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

Issuer / Market: Kaiser Foundation Health Plan of the Northwest
Market: <<Go back to 'Summary' tab and select the market for this filing>>

Workbook Info

[Link back to Summary Sheet](#)

User Inputs Cell Format

See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: KP WA Bronze 9100 with Pediatric Dental <<<This will auto populate from summary sheet macro
Plan ID: 23371WA1790003 <<<This will auto populate from summary sheet macro
CSR Variant Description: <<<If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: Pass

<<<Click the links in the cells below to scroll directly to the stated section>>>>

[Move to IP INN](#)[Move to IP OON](#)[Move to OP INN](#)[Move to OP-OV INN](#)[Move to OP-AO INN](#)

[Move to OP OON](#)[Move to OP-OV OON](#)[Move to OP-AO OON](#)[Move to ER](#)[Move to RX](#)

Links only work for sections that are not already hidden>>>>

Testing Options

Option	Selection
Out-of-Network Tier?	No
Outpatient Benefit Testing	Office Visits Separate

Column Options
Update Columns
Hide/Unhide All Columns

No Errors found?
FALSE

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

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

[Click>>>>](#)

[Home](#)

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>

Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

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 table if you are separately testing outpatient office visits and all other outpatient services.

Classification
Network (In/Out)
Classification Code
Table Name

Outpatient - Office Visit	OP-OV
In-Network	INN
3a	OP-OV INN
	tbl_OPOVINN_P1

Number of Rows 6

For each cost share, if it does not apply, enter "N/A".

Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OPOM)	No Cost-Share <small>(If true, enter "x")</small>
Primary Care Visit to Treat an Injury or Illness	\$75 Copayment	\$464,301.97	NA	\$75.00	NA	\$9,100.00	
Urgent Care	NA Copayment after Deductible	\$100,495.19	\$9,100.00	NA	NA	\$9,100.00	
Specialist Visit	NA Copayment after Deductible	\$303,457.13	\$9,100.00	NA	NA	\$9,100.00	
Preventive Care/Screening/Immunization	No Cost Share	\$264,495.77	NA	NA	NA	NA	x
Nurse Treatment Room Visits	NA Copayment after Deductible	\$25,875.82	\$9,100.00	NA	NA	\$9,100.00	
Total Row		\$1,158,625.88					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

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

Cost Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	N/A	Fail	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$9,100.00	\$9,100.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Enter Footnotes (as needed) about MHSUD Cost Shares
xx

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$429,828.15	37.10%	Fail
Copayment	\$464,301.97	40.07%	Fail
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$894,130.12	77.17%	OP-OV INN OOPM
Total Projected	\$1,158,625.88		

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	Portion	Predominant &	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

Copayment ---- (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.

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

Coinsurance ---- (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.

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

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

Errors found: 0

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

OOPM	Allowed Claims	Portion	Predominant &	Error Checking
\$9,100.00	\$894,130.12	100.00%	\$9,100.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$894,130.12	100.00%		

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

Click>>>>> [Home](#)

Errors found: 2

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

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

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

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	In-Network	INN
Classification Code	3b	OP-AO INN
Table Name		tbl_OPAOINN_P1

Number of Rows 6

For each cost share, if it does not apply, enter "N/A".

Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OOPM)	No Cost-Share (If true, enter "x")
Laboratory Outpatient and Professional Services	NA Copayment after Deductible	\$57,991.04	\$9,100.00	NA	NA	\$9,100.00	
X-rays and Diagnostic Imaging	NA Copayment after Deductible	\$44,312.04	\$9,100.00	NA	NA	\$9,100.00	
Outpatient Surgery Physician/Surgical Services	NA Copayment after Deductible	\$204,049.80	\$9,100.00	NA	NA	\$9,100.00	
Imaging (CT/PET Scans, MRIs)	NA Copayment after Deductible	\$22,156.02	\$9,100.00	NA	NA	\$9,100.00	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	NA Copayment after Deductible	\$71,127.34	\$9,100.00	NA	NA	\$9,100.00	
Outpatient Other	NA Copayment after Deductible	\$0.00	\$9,100.00	NA	NA	\$9,100.00	
Durable Medical Equipment (DME)	NA Copayment after Deductible	\$25,875.82	\$9,100.00	NA	NA	\$9,100.00	
Home Health	NA Copayment after Deductible	\$4,119.96	\$9,100.00	NA	NA	\$9,100.00	
Hospice	No Cost Share	\$2,059.98	NA	NA	NA	NA	x
Rehabilitative Occupational and Rehabilitative Physical Therapy & Rehabilitative Speech Therapy	NA Copayment after Deductible	\$44,599.98	\$9,100.00	NA	NA	\$9,100.00	
Advanced Care At Home	No Cost Share	\$19,331.13	NA	NA	NA	NA	x
Virtual Visits	No Cost Share	\$90,565.39	NA	NA	NA	NA	x
Pediatric Dental - All Other Covered Services	50% Coinsurance	\$8,085.40	NA	NA	50%	\$9,100.00	
Pediatric Dental - Preventive and Diagnostic Services	No Cost Share	\$17,996.54	NA	NA	NA	NA	x
Total Row		\$612,270.44					

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
Deductible	N/A	\$0.00	Pass
Copayment	N/A	Fail	Pass
Coinsurance	N/A	Fail	Pass
OOPM	N/A	\$0.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Enter Footnotes (as needed) about MHSUD Cost Shares
Assertive Community Treatment (ACT) Services at no cost share

Step 1 Substantially All (i.e., ≥ ¾ of medical/surgical benefits)

Deductible	\$474,232.00	77.45%	OP-AO INN Deductible
Copayment	\$0.00	0.00%	Fail
Coinsurance	\$8,085.40	1.32%	Fail
OOPM	\$482,317.40	78.78%	OP-AO INN OOPM
Total Projected	\$612,270.44		

Step 2 Predominant Level

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

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

Errors found: 1

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		Add missing cost share values.

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

Does not apply to substantially all medical/surgical benefits in this classification.
DELETE any values in the left-hand column below.

Errors found: 0

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

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

Does not apply to substantially all medical/surgical benefits in this classification.
DELETE any values in the left-hand column below.

Errors found: 0

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

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

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

Errors found: 1

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		Add missing cost share values.

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

Issuer / Market: Kaiser Foundation Health Plan of the Northwest
Market: <<Go back to 'Summary' tab and select the market for this filing>>

Workbook Info

[Link back to Summary Sheet](#)

User Inputs Cell Format

See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: KP WA Bronze HSA 7100 with Pediatric Dental <<<This will auto populate from summary sheet macro
Plan ID: 23371WA1790005 <<<This will auto populate from summary sheet macro
CSR Variant Description: <<<If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: Pass

<<<Click the links in the cells below to scroll directly to the stated section>>>>

[Move to IP INN](#)[Move to IP OON](#)[Move to OP INN](#)[Move to OP-OV INN](#)[Move to OP-AO INN](#)

[Move to OP OON](#)[Move to OP-OV OON](#)[Move to OP-AO OON](#)[Move to ER](#)[Move to RX](#)

Links only work for sections that are not already hidden>>>>

Testing Options

Option	Selection
Out-of-Network Tier?	No
Outpatient Benefit Testing	All Combined

Column Options
Update Columns
Hide/Unhide All Columns

No Errors found?
TRUE

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

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

Issuer / Market: Kaiser Foundation Health Plan of the Northwest
Market: <<Go back to 'Summary' tab and select the market for this filing>>

Workbook Info

[Link back to Summary Sheet](#)

User Inputs Cell Format

See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: KP WA Gold HSA 2100
Plan ID: 23371WA1790006
CSR Variant Description:

<<<<This will auto populate from summary sheet macro
<<<<This will auto populate from summary sheet macro
<<<<If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: Pass

<<<<Click the links in the cells below to scroll directly to the stated section>>>>

[Move to IP INN](#)[Move to IP OON](#)[Move to OP INN](#)[Move to OP-OV INN](#)[Move to OP-AO INN](#)

[Move to OP OON](#)[Move to OP-OV OON](#)[Move to OP-AO OON](#)[Move to ER](#)[Move to RX](#)

Testing Options

Option	Selection
Out-of-Network Tier?	No
Outpatient Benefit Testing	All Combined

Column Options
Update Columns
Hide/Unhide All Columns

No Errors found?
TRUE

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

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

Issuer / Market: Kaiser Foundation Health Plan of the Northwest
Market: <<Go back to 'Summary' tab and select the market for this filing>>

Workbook Info

[Link back to Summary Sheet](#)

User Inputs Cell Format

See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: KP Cascade Vital Gold
Plan ID: 23371WA1940004
CSR Variant Description:

<<<This will auto populate from summary sheet macro
<<<This will auto populate from summary sheet macro
<<<If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: Pass

<<<Click the links in the cells below to scroll directly to the stated section>>>>

[Move to IP INN](#)[Move to IP OON](#)[Move to OP INN](#)[Move to OP-OV INN](#)[Move to OP-AO INN](#)

[Move to OP OON](#)[Move to OP-OV OON](#)[Move to OP-AO OON](#)[Move to ER](#)[Move to RX](#)

Links only work for sections that are not already hidden>>>>

Testing Options

Option	Selection
Out-of-Network Tier?	No
Outpatient Benefit Testing	All Combined

Column Options
Update Columns
Hide/Unhide All Columns

No Errors found?
TRUE

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

Benefit Classification (3) Outpatient, In-Network (OP INN)

Click>>>>> Home Errors found: 0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (3) Outpatient, In-Network (OP INN)

Notes: Use this table if you are testing all outpatient services combined.

Classification	Outpatient	OP	Number of Rows	6
Network (In/Out)	In-Network	INN		
Classification Code	3	OP INN		
Table Name	tbl_OPINN_P1			

For each cost share, if it does not apply, enter "N/A".

Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OPPM)	No Cost-Share (If true, enter "x")
Primary Care Visit to Treat an Injury or Illness	\$15 Copayment	\$199,088.59	NA	\$15.00	NA	\$8,800.00	
Urgent Care	\$35 Copayment	\$43,091.45	NA	\$35.00	NA	\$8,800.00	
Specialist Visit	\$40 Copayment	\$130,119.74	NA	\$40.00	NA	\$8,800.00	
Rehabilitative Occupational and Rehabilitative Physical Therapy & Rehabilitative Speech Therapy	\$30 Copayment	\$19,124.08		\$30.00	NA	\$8,800.00	
Preventive Care/Screening/Immunization	No Cost Share	\$113,413.45	NA	NA	NA	NA	x
Laboratory Outpatient and Professional Services	\$30 Copayment	\$24,866.05	NA	\$30.00	NA	\$8,800.00	
X-rays and Diagnostic Imaging	\$30 Copayment	\$19,000.61	NA	\$30.00	NA	\$8,800.00	
Outpatient Surgery	\$75 Copayment after Deductible	\$87,494.75	\$1,900.00	\$75.00	NA	\$8,800.00	
Imaging (CT/PET Scans, MRIs)	\$300 Copayment after Deductible	\$9,500.31	\$1,900.00	\$300.00	NA	\$8,800.00	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$350 Copayment after Deductible	\$30,498.78	\$1,900.00	\$350.00	NA	\$8,800.00	
Outpatient Other	20% Coinsurance	\$0.00	NA	NA	20%	\$8,800.00	
Virtual Visits	No Cost Share	\$38,833.64	NA	NA	NA	NA	x
Durable Medical Equipment (DME)	20% Coinsurance after Deductible	\$11,095.33	\$1,900.00	NA	20%	\$8,800.00	
Home Health	\$15 Copayment	\$1,766.60	NA	\$15.00	NA	\$8,800.00	
Hospice	No Cost Share	\$883.30	NA	NA	NA	NA	x
Nurse Treatment Room Visits	\$10 Copayment	\$11,095.33	NA	\$10.00	NA	\$8,800.00	
Total Row		\$739,871.99					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3) Outpatient, In-Network (OP INN)

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	\$35.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$8,800.00	\$8,800.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Enter Footnotes (as needed) about MHSUD Cost Shares
xx

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$138,589.16	18.73%	Fail
Copayment	\$575,646.27	77.80%	OP INN Copayment
Coinsurance	\$11,095.33	1.50%	Fail
OOPM	\$586,741.60	79.30%	OP INN OOPM
Total Projected	\$739,871.99		

Step 2 Predominant Level

Deductible ---- (3) Outpatient, In-Network (OP 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	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

Copayment ---- (3) Outpatient, In-Network (OP INN)

Errors found:

0

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

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$10.00	\$11,095.33	1.93%	\$10.00	
\$15.00	\$200,855.19	34.89%	\$15.00	
\$30.00	\$62,990.73	10.94%	\$30.00	
\$35.00	\$43,091.45	7.49%	\$35.00	
\$40.00	\$130,119.74	22.60%		
\$75.00	\$87,494.75	15.20%		
\$300.00	\$9,500.31	1.65%		
\$350.00	\$30,498.78	5.30%		
Total	\$575,646.27	100.00%		

Coinsurance ---- (3) Outpatient, In-Network (OP 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.

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

OOPM ---- (3) Outpatient, In-Network (OP INN)

Errors found:

0

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

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$8,800.00	\$586,741.60	100.00%	\$8,800.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$586,741.60	100.00%		

All plans offered and underwritten by
Kaiser Foundation Health Plan of the Northwest

To: Washington State Office of the Insurance Commissioner

From: Jennifer Stacy, Vice President, Marketing, Sales & Business Development

Date: May 6, 2025

Subject: 2026 Commission Schedule for WA ACA Individual and Family Health Plans

Dear OIC Rate Filing Reviewer,

The Kaiser Foundation Health Plan of the Northwest commission schedule for the 2026 Washington ACA non-grandfathered individual and family health plans is a monthly commission of \$20 per member written by a producer. The commission amount does not vary by member age, family composition, choice of plan, application channel (exchange versus direct), or eligibility for cost share reduction plans or premium subsidies.

This information is accurate to the best of my knowledge at the time of rate filing submission.

Together, we can face the changing demands of the marketplace while delivering on our mission to provide high-quality, affordable care to our members. We appreciate the opportunity to work with you and look forward to our continued partnership.

Sincerely,



Vice President, Marketing, Sales & Business Development
Kaiser Foundation Health Plan of the Northwest

REVIEWED

By Michelle Tong at 5:15 pm, Feb 25, 2025

APPROVED

By Adrian Ades at 4:29 pm, Feb 26, 2025

APPROVED

By Jamie Axtell at 3:11 pm, Feb 28, 2025

Additional Data Statement Form for the Year Ending December 31, 2024Company: **KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST**NAIC Company Code: **95540****I. Analysis of Washington Operations by Lines of Business**

From W-2-1 See annual statement	1	2 Comprehensive (Medical & Hospital)		4	5	6	7	8	9	10	11	12	13	14
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-term Care	Other Health	Other Non-Health
1. Net Premium Income	821,989,935	50,355,639	341,583,677	0	0	20,813,318	42,953,392	366,283,909	0	0	0	0	0	0
7. Total Revenues (Lines 1 to 6)	863,122,927	51,557,811	347,736,752	0	0	20,813,318	45,168,000	372,308,623	0	0	0	0	25,538,886	(463)
15. Subtotal (Lines 8 to 14)	832,769,099	47,854,479	315,674,521	0	0	15,788,589	36,485,520	376,330,233	0	0	0	0	40,635,757	XXX
16. Net Reinsurance Recoveries	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
17. Total hospital and medical (Lines 15 minus 16)	832,769,099	47,854,479	315,674,521	0	0	15,788,589	36,485,520	376,330,233	0	0	0	0	40,635,757	XXX
19. Claims adjustment expenses	18,685,857	956,104	7,517,653	0	0	56,987	731,589	8,356,801	0	0	0	0	1,066,723	0
20. General administrative expenses	34,690,359	3,321,455	22,495,788	0	0	1,988,141	978,215	4,732,744	0	0	0	0	1,174,016	0
21. Increase in reserves for accident and health contracts	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
23. Total underwriting deductions (Lines 17 to 22)	886,145,315	52,132,038	345,687,962	0	0	17,833,717	38,195,324	389,419,778	0	0	0	0	42,876,496	
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(23,022,388)	(574,227)	2,048,790	0	0	2,979,601	6,972,676	(17,111,155)	0	0	0	0	(17,337,610)	(463)

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

Page 1 of 4

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

Company: **KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST** NAIC Company Code: 95540

II. Analysis of the Washington Comprehensive Line

From W-2-2	1 Total Comprehensive (Hospital & Medical)	2a Individual Contracts	2b Children's Health Insurance Program	3 Small Group Contracts	Large Group Contracts				5 Other	6 List the full legal name of each Pathway 1 Association Health Plan included in column 4c
					4a Public Employees Benefits Board	4b School Employees Benefits Board	4c Pathway 1 Association Health Plans	4d Large Group (what is not in columns 4a, 4b or 4c)		
1. Net Premium Income	391,939,316	50,355,639	0	50,288,383	14,302,659	57,706,515	4,104,020	215,182,100	0	1 Contractors Benefit Exchange, CBX
7. Total Revenues (Lines 1 to 6)	399,294,563	51,557,811	0	51,559,107	14,443,053	57,898,557	4,191,527	219,644,508	0	2 Washington Fire Commissioners Association
15. Subtotal (Lines 8 to 14)	363,529,000	47,854,479	0	46,809,959	15,777,821	58,044,217	3,648,829	191,393,695	0	3
16. Net Reinsurance Recoveries	0	0	0	0	0	0	0	0	0	4
17. Total hospital and medical (Lines 15 minus 16)	363,529,000	47,854,479	0	46,809,959	15,777,821	58,044,217	3,648,829	191,393,695	0	5
19. Claims adjustment expenses	8,473,757	956,104	0	1,148,067	382,536	1,116,218	90,130	4,780,702	0	6
20. General administrative expenses	25,817,243	3,321,455	0	5,611,683	699,744	2,974,115	192,594	13,017,652	0	7
21. Increase in reserves for accident and health contracts	0	0	0	0	0	0	0	0	0	8
23. Total underwriting deductions (Lines 17 to 22)	397,820,000	52,132,038	0	53,569,709	16,860,101	62,134,550	3,931,553	209,192,049	0	9
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	1,474,563	(574,227)	0	(2,010,602)	(2,417,048)	(4,235,993)	259,974	10,452,459	0	10
										11
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										25

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

Company: KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST NAIC Company Code: 95540

III. Group Enrollment in Washington

	1 Total Comprehensive (Hospital & Medical)	2a Individual Contracts	2b Children's Health Insurance Program	3 Small Group Contracts	Large Group Contracts				5 Other	6 List the full legal name of each Pathway 1 Association Health Plan included in column 4c (continued)
					4a Public Employees Benefits Board	4b School Employees Benefits Board	4c Pathway 1 Association Health Plans	4d Large Group (what is not in columns 4a, 4b or 4c)		
From W-2-3										
Total Members at end of:										26
1. Prior Year	60,961	7,110	0	7,496	3,923	9,579	932	31,921	0	27
										28
2. First Quarter	57,434	7,180	0	7,526	2,063	9,103	865	30,697	0	29
										30
3. Second Quarter	56,223	7,045	0	7,412	1,922	9,168	546	30,130	0	31
										32
4. Third Quarter	55,277	6,662	0	7,347	1,945	8,987	554	29,782	0	33
										34
5. Current Year	54,622	6,474	0	7,320	1,931	9,067	539	29,291	0	35
										36
										37
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Additional Data Statement Form for the Year Ending December 31, 2024

Company: **KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST** NAIC Company Code: 95540

IV. Deposit or Funded Reserve or Underwriting of Indemnity Calculation

Mark the type of certificate the company holds and then fill in the data.

☐ **Multiple Employer Welfare Organization (MEWA)**

☐ Maintain a \$200,000 restricted deposit held under a Depositary Agreement with the Commissioner.

☐ **Health Maintenance Organization (HMO)**

\$150,000 Funded Reserve is maintained by:

- ☐ Cash or securities deposit
☐ Surety Bond
☐ Combination of the two

☒ **Health Care Service Contractor (HCSC)**

Complete both calculations

Calculation of Deposit Requirements (WAC 284-44-320 and 284-44-330)

\$822,380,578 A1. Premiums Collected
 8.3% A2. One-twelfth
 \$68,255,928 A3. Calculated Requirement (line A1 x line A2)
 \$150,000 A4. Minimum Indemnity
 \$68,255,928 A5. Indemnity Required (greater of line A3 or line A4)

Calculation of Indemnity Required (WAC 284-44-340)

From W-4-1

	1	2	3
	Incurred but Unpaid	Service Benefits	Non-Service (Indemnity)
B1. Line of Business Subtotal	\$31,138,338	\$28,335,888	\$2,802,450
B2. Percentage of Claim Reserve and Claim Liability	100%	91%	9%
B3. Estimated Increase (Decrease) During Ensuing Year			(\$32,702)
B4. Adjusted Claim Reserve and Claim Liability (line B1 + line B3)			\$2,769,748
B5. Policy Reserves	\$31,090,290		\$2,798,126
B6. Premiums Received in Advance	\$13,854,651		\$1,246,918
B7. Total Unearned Prepayments (line B5 + line B6)			\$4,045,044
B8. Calculated Alternate Indemnity Requirement (line B4 + line B7)			\$6,814,792
B9. Minimum Indemnity			\$150,000
B10. Indemnity Required (greater of line B8 or line B9)			\$6,814,792
B11. Total of Deposit Market Value, Surety Bond and Insurance Policy at December 31.			\$6,387,124
B12. (Negative) means an Increase is Required; Positive means an Excess			(\$427,668)

Indemnity is maintained by:
☐ Cash or securities deposit
☒ Surety Bond
☐ Insurance policy

☐ **Limited Health Care Service Contractor (LHCSC)**

☐ **LHCSC certificate held three or MORE years**

C1. Uncovered Expenditures
 C2. Anticipated increase or (decrease) in the line above
 \$0 C3. Total (line C1 + line C2)
 25% C4. Twenty-five percent
 \$0 C5. Line C3 x line C4
 C6. Policy Reserves
 C7. Premiums Received in Advance
 \$0 C8. Indemnity Required (line C5 + line C6 + line C7)
 C9. Total of Deposit Market Value, Surety Bond and Insurance Policy at December 31
 \$0 C10. (Negative) means an Increase is Required; Positive means an Excess

Indemnity is maintained by:
☐ Cash or securities deposit
☐ Surety Bond
☐ Insurance policy

☐ **LHCSC certificate held for LESS than three years**

D1. Projected net premiums earned for the next year
 0.5% D2. One-half of one percent
 \$0 D3. Indemnity Required (line D1 x D2)
 D4. _____ insures or guarantees
 the LHCSC's Uncovered Expenditures and that insurer/guarantor's NAIC company code is _____

2026 Plan Year (PY)

Individual Nongrandfathered Health Plan

Supplemental Checklist for 1332 Waiver Reporting

Instructions:

This supplemental checklist is requested by the Washington Health Benefit Exchange (HBE) regarding the 1332 waiver reporting requirements. This form (i.e., supplemental checklist) applies to **all individual health plan market issuers** including those with only off-Exchange plans.

The OIC helps the HBE gather the following information when issuers submit their initial and final rate filing documents. The OIC will check the consistency of data reported in this form versus data reported elsewhere in the rate filing. If the information reported in this form is inconsistent with other rate filing information, the OIC may send out an objection requesting a reporting issuer to update this form.

The purpose of this form is to collect with-waiver versus without-waiver differences in assumptions, methodologies, and projections used for individual market rate filings for PY 2026. This information will be used for reporting purposes associated with the guidelines stated in the 1332 Waiver. The federal government requires the State of Washington to report on elements related to health insurance rates, spending, and enrollment as if the waiver were not in effect. The following information is needed to create that report. Details on the waiver can be found [here](#).

Response Information:

General Information	
Issuer Name:	Kaiser Foundation Health Plan of the Northwest
Applicable Market:	Individual Medical
Plan Year:	2026

Section I – Please provide a response for each item.

General Assumptions

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

Enrollment

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

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

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

Rating Area	with 1332
2	1,261
3	5,739
Total	7,000

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

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

Rating Area	without 1332
2	1,258
3	5,728
Total	6,986

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.

	with 1332	without 1332
KP Cascade Complete Gold	629	619

KP Cascade Vital Gold	100	96
KP Cascade Silver	465	465
All Other Plans	5,806	5,806
Total	7,000	6,986

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.

Rating Area	with 1332
2	\$12,547,989.23
3	\$54,401,516.26
Total	\$66,949,505.49

7. What is the reporting issuer's projected without-waiver total premium for PY 2026?

Provide the reporting issuer's projected premium by rating area as well as summed across the issuer's rating areas.

Round to the nearest cent.

Use enrollment reported above in #4.

Rating Area	without 1332
2	\$12,521,127.23
3	\$54,285,056.66
Total	\$66,806,183.89

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.

Assume all 1332 waiver members are in the Cascade Gold plans only, split in proportion to the non-1332 membership. The 1332 waiver members will otherwise be similar to the non-1332 membership.

Service Area

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

☐ Yes ☒ No

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

N/A

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

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

Provide the reporting issuer's projected medical allowed claims spending by rating area as well as summed across the issuer's rating areas.

The total amount summed across the rating areas should reconcile to the value reported in the Unified Rate Review Template (URRT), Worksheet 2 – Product-Plan Data, Section IV: Projected Plan Level Information, field **4.2 Allowed Claims**.

Round to the nearest cent.

Use enrollment reported above in #3.

Rating Area	with 1332
2	\$13,615,030.08
3	\$59,027,647.10
Total	\$72,642,677.18

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

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

Round to the nearest cent.

Use enrollment reported above in #4.

Rating Area	without 1332
2	\$13,587,100.75
3	\$58,906,560.11
Total	\$72,493,660.86

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.

KFHP is assuming the new members due to this 1332 waiver will only select the Cascade Gold plans as those are the only plans eligible for the Cascade Care Savings program. All new members are assumed to have the same PMPM claims expenditures as the current average member for the applicable plans.

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.

KFHP is assuming this program will impact the full market similarly to the impact to KFHP. As such, the overall impact to KFHP is projected to be neutral on a PMPM basis.

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.

Assumptions and methodologies are unchanged. Because Administrative Expenses are projected on a PMPM basis, and subsequently converted and applied on a uniform percentage of premium basis, any change in distribution of membership has a minor impact on the projected administrative load for all plans

Section II - For Informational Purposes as Background Information

The state is required to submit the [following information to CMS](#) on an annual basis.

- (a) The final Second Lowest Cost Silver Plan (SLCSP) rates for individual health insurance coverage for a representative individual (e.g., a 21-year-old non-smoker) in each rating area or service area (if premiums vary by geographies smaller than rating areas) for the applicable plan year that are actuarially certified. Also include the actuarial memoranda;
- (b) The estimate of what the final SLCSP rates for individual health insurance coverage for a representative individual in each rating area or service area (if premiums vary by geographies smaller than rating areas) would have been absent approval of this waiver for the applicable plan year, that are actuarially certified. The state must include with this information the methods and assumptions the state used to estimate the final SLCSP rates and state's estimate of what the final SLCSP rates would have been absent approval of the waiver for each rating area or service area absent approval of this waiver. Also include the actuarial memoranda;
- (c) From each issuer, the estimate of the total amount of all premiums expected to be paid for individual health insurance coverage for the applicable plan year;
- (d) From each issuer, the estimate of the total premiums that would have been expected to be paid for individual health insurance coverage for the applicable plan year without the waiver;
- (e) From each issuer, the estimate of the total amount of all medical spending expected to be paid for individual health insurance enrollees for the applicable plan year, along with any underlying analyses;
- (f) From each issuer, the estimate of the total amount of all medical spending that would have been expected to be paid for individual health insurance enrollees for applicable plan year without the waiver, along with any underlying analyses;
- (g) The state specific age curve premium variation for the current and upcoming plan year;
- (h) Reports of the estimated total state subsidy program reimbursements for the upcoming plan year;
- (i) Reports of the total enrollment estimates for individual health insurance coverage, both with and without the waiver for the upcoming plan year;
- (j) An explanation of why the experience for the upcoming plan year may vary from previous estimates and how assumptions used to estimate the impact have changed. This includes an explanation of changes in the estimated impact of the waiver on aggregate premiums, the estimated impact to the 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.

2026 Plan Year (PY)

Individual Nongrandfathered Health Plan (Pool)

Rate Filing Checklist

Instructions:

For each item in Section I, provide the response in this document. For each item in Section II, provide the rate filing document name as well as relevant section, page, and/or exhibit numbers.

Any Excel workbook must be submitted with a corresponding PDF that includes all information from the workbook.

- All content in the Excel file and PDF must be visible; hidden cells, hidden worksheets, and non-visible font colors are not allowed, except for functionality that was already included in official templates from the WA OIC or CMS.
- The file names must match except that the Excel workbook name should end with "duplicate."
- For ease of reference, please add numbering to each spreadsheet tab and to a title line in the exhibits.
- **IMPORTANT: Storing amounts as values rather than linking to the source calculations results in several objections every year.**
- Retain all internal links and formulas but break all links to external files. Ensure your rate development exhibits, for example, show how inputs and assumptions flow through the rating methodology to the final projected premium base rates; this is important for review purposes and to ensure appropriate rate development.
- *Be aware that the PDF documents are relied upon as public records. As such, prior to submitting a PDF, please review each PDF for completeness and readability.* Note: the PDF version of the actuarial memorandum exhibits can be submitted on the URRT tab rather than the Supporting Documentation tab in SERFF so that it will be uploaded to CMS. The URRT is the only Excel file that should be submitted on the URRT tab in SERFF; all other Excel files must be submitted on the Supporting Documentation tab.
- Please be aware that for plan year 2026, the OIC launched an Excel template for certain Washington State exhibits. Specific exhibits are referenced throughout this checklist. Please complete and submit the Excel file of WA Exhibits ("[Format – Rates – 2026 Individual and Small Group NonGF Health Exhibits](#)") as well as the corresponding PDF file version. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.

Section I – General Information:

Carrier: **Kaiser Foundation Health Plan of the Northwest**

A. **Market:** Medical – Individual

B. **Exchange Intentions:** Check only one box.

☐ Exchange Only ☐ Outside Market Only ☒ Exchange and Outside Market

Note: The Exchange Intentions field on the General Information tab in SERFF should match the wording for the item selected above (see the Additional Information section for the Sub-TOI by searching by TOI under Filing Rules/Submission Requirements in SERFF).

C. **We will offer the following:** Check all boxes that apply.

☐ Catastrophic plan offered only through the Exchange. See RCW 48.43.700(3).

☒ At least one qualified health plan (QHP) silver plan and at least one QHP gold plan in each service area in which we offer coverage through the Exchange. See 45 CFR §156.200(c)(1).

☒ At least one standardized gold plan on the Exchange and at least one standardized silver plan on the Exchange so that we can offer coverage through the Exchange. Additionally, if bronze plans are offered through the Exchange, at least one standardized bronze plan is offered on the Exchange. See RCW 43.71.095(2)(a).

☒ In each county where we offer a qualified health plan:

a standardized health plan under RCW 43.71.095 **and** at most two non-standardized gold plans, two non-standardized bronze plans, one non-standardized silver plan, one non-standardized platinum plan, and one non-standardized catastrophic plan. See RCW 43.71.095(2)(b)(i).

☒ Each non-standardized silver health plan offered on the Exchange has an AV Metal Value that is not less than the AV Metal Value of the standardized silver health plan with the lowest AV Metal Value. See RCW 43.71.095(2)(b)(iii).

☒ At least one silver plan and one gold plan throughout each service area outside the Exchange whenever we offer a bronze plan outside the Exchange. See RCW 48.43.700.

☒ One or more plans with a unique benefit design. See Section II #9 below.

☒ Pediatric dental embedded.

☒ Non-essential health benefits (Non-EHBs). See Section II #13 below.

☐ New plans have been added, and we confirm that no previously retired Plan IDs have been reused in this rate filing. We are aware that the reuse of retired Plan IDs can cause risk adjustment reconciliation complications.

Standard Plans Offered (excluding the subsidized benefit plan variations)

HIOS Plan ID	Standard Plan Name	Public Option Plan (Yes, Cascade Select/ No, Cascade)	Metal Level	AV Metal Value
23371WA1940001	KP Cascade Complete Gold	No, Cascade	Gold	0.8181
23371WA1940004	KP Cascade Vital Gold	No, Cascade	Gold	0.7806
23371WA1940002	KP Cascade Silver	No, Cascade	Silver	0.7184
23371WA1940003	KP Cascade Bronze	No, Cascade	Bronze	0.6479

All Plans Offered (excluding the subsidized benefit plan variations)

HIOS Plan ID	Plan Name	Unique Benefit Design (UBD)		Pediatric Dental Embedded (Yes/No)	Description of Non-Essential Health Benefits (Non-EHBs)
		(Yes/No)	If yes, briefly explain why. If no, "N/A."		
23371WA1760003	KP WA Gold 0	Yes	Kaiser Permanente at Home™ program moves some utilization to no cost share.	No	Adult Vision Exam
23371WA1760001	KP WA Gold 1750	Yes	Kaiser Permanente at Home™ program moves some utilization to no cost share.	No	Adult Vision Exam
23371WA1940001	KP Cascade Complete Gold	No	N/A	No	
23371WA1760002	KP WA Silver 1000	Yes	Kaiser Permanente at Home™ program moves some utilization to no cost share.	No	Adult Vision Exam
23371WA1940002	KP Cascade Silver	Yes	Plan offers first two PCP office visits and first two MHSUD office visits at \$1, which is not supported by the AV Calculator.	No	
23371WA1780003	KP WA Bronze 9100	Yes	Kaiser Permanente at Home™ program moves some utilization to no cost share.	No	
23371WA1780004	KP WA Bronze HSA 7100	No	N/A	No	

Washington State OIC 2026 Individual Medical Rate Filing Checklist

HIOS Plan ID	Plan Name	Unique Benefit Design (UBD)		Pediatric Dental Embedded (Yes/No)	Description of Non-Essential Health Benefits (Non-EHBs)
		(Yes/No)	If yes, briefly explain why. If no, "N/A."		
23371WA1940003	KP Cascade Bronze	Yes	Plan offers first two PCP office visits and first two MHSUD office visits at \$1, which is not supported by the AV Calculator.	No	
23371WA1770003	KP WA Gold 0 with Pediatric Dental	Yes	Kaiser Permanente at Home™ program moves some utilization to no cost share.	Yes	Adult Vision Exam
23371WA1770001	KP WA Gold 1750 with Pediatric Dental	Yes	Kaiser Permanente at Home™ program moves some utilization to no cost share.	Yes	Adult Vision Exam
23371WA1770002	KP WA Silver 1000 with Pediatric Dental	Yes	Kaiser Permanente at Home™ program moves some utilization to no cost share.	Yes	Adult Vision Exam
23371WA1790001	KP WA Silver 5500 with Pediatric Dental	Yes	Kaiser Permanente at Home™ program moves some utilization to no cost share.	Yes	
23371WA1790004	KP WA Silver HSA 3600 with Pediatric Dental	No	N/A	Yes	
23371WA1790002	KP WA Bronze 6000 with Pediatric Dental	Yes	Kaiser Permanente at Home™ program moves some utilization to no cost share.	Yes	
23371WA1790003	KP WA Bronze 9100 with Pediatric Dental	Yes	Kaiser Permanente at Home™ program moves some utilization to no cost share.	Yes	
23371WA1790005	KP WA Bronze HSA 7100 with Pediatric Dental	No	N/A	Yes	
23371WA1790006	KP WA Gold HSA 2100 with Pediatric Dental	No	N/A	Yes	

HIOS Plan ID	Plan Name	Unique Benefit Design (UBD)		Pediatric Dental Embedded (Yes/No)	Description of Non-Essential Health Benefits (Non-EHBs)
		(Yes/No)	If yes, briefly explain why. If no, "N/A."		
23371WA1940004	KP Cascade Vital Gold	No	N/A	No	

D. Do you have any expanded bronze plans as described under 45 CFR §156.140(c) in which the variation in AV Metal Value is between +2% and +5% (i.e., the AV is between 62% and 65%)?

☐ No

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

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

(b) That each plan is either

(1) A High Deductible Health Plan ¹ or

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

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

HIOS Plan ID	Plan Name	High Deductible Health Plan (Yes/No) ¹	Major Service covered prior to the deductible ²	
			Yes/No	Service
23371WA1780003	KP WA Bronze 9100	No	Yes	PCP Office Visit
23371WA1780004	KP WA Bronze HSA 7100	Yes	No	
23371WA1940003	KP Cascade Bronze	No	Yes	PCP Office Visit, Generic Rx
23371WA1790002	KP WA Bronze 6000 with Pediatric Dental	No	Yes	PCP Office Visit
23371WA1790003	KP WA Bronze 9100 with Pediatric Dental	No	Yes	PCP Office Visit
23371WA1790005	KP WA Bronze HSA 7100 with Pediatric Dental	Yes	No	

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

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

(i) At least three primary care visits.

(ii) Specialist office visits.

(iii) Inpatient hospital services.

- (iv) Emergency room services.
- (v) Generic drugs.
- (vi) Preferred brand drugs.
- (vii) Specialty drugs.

E. Is your service area changing from Plan Year 2025?

☒ No

☐ Yes. We are making the following changes:

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

F. Network Information:

Network Name	Type (EPO, HMO, POS, or PPO)	Tiered or Single	Date Filed
Classic Complete	EPO	Single	5/14/2025
Classic	EPO	Single	5/14/2025

G. Rate filing file names for Parts I, II, and III of HHS Forms: (Requirements per RCW 48.02.120(5) and 45 CFR §154.215.)

☒ Name the Parts I, II, and III according to the instructions provided in Washington State SERFF Life, Health and Disability Rate Filing General Instructions.

Section II – Experience Data and Projections

For each item, provide the rate filing document name and section number, page number, and/or exhibit number that addresses the item.

For example: (1) "Part III Rate Filing Documentation and Actuarial Memorandum," Section III or (2) "Supporting Documentation File," Exhibit 5.

For items that require justification, please indicate where to find both narrative and technical details.

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
EXPERIENCE PERIOD DATA			
1	<p>Complete Experience:</p> <p>Include the complete experience for all 2024 individual non-grandfathered plans which includes subsidized populations defined under the Cost Sharing Reduction (CSR) programs.</p> <ul style="list-style-type: none">Per CCIO, 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. <p>Note: per CCIO, the AIAN population is not restricted to silver level plans, however, eligible individuals must select a metal level plan (i.e., they are not eligible for AIAN-related subsidies with a catastrophic plan).</p> <ul style="list-style-type: none">Net of Rx rebates: Any prescription drug claims should be net of rebates received from drug manufacturers; please document in the Part III Actuarial Memorandum where and how this is addressed.Note: if financial data paid through March 2025 is not directly used as the foundation for this rate filing, discuss why the March 2025 data was not available. Discuss what data was used instead and how it was or was not adjusted to mimic data paid through March 2025.		
a	<p>Financial data consistency:</p> <p>Demonstrate that the financial data, including the member months, in (i) URRT Worksheet 1, Section I General Product and Plan Information, (ii) URRT Worksheet 2, Section II Experience Period and Current Plan Level Information, (iii) the WAC 284-43-6660 summary, and (iv) the actuarial memorandum exhibits are consistent as of March 2025. If not consistent, explain why the discrepancy is appropriate.</p>	Part III Rate Filing Memorandum Exhibits	Exhibit 30

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
b	<p>Support for URRT Worksheet 1, Section I experience period data for 2024: Provide separately for medical and prescription drugs (Rx), as appropriate:</p> <ul style="list-style-type: none"> By incurred month and paid month, for claims paid through March 2025: allowed claims and incurred claims (Note that any embedded pediatric dental claims experience should also be included and will be considered part of EHB experience; see URR Instructions' section 1.4 for additional information.) Any annual estimated payable and/or receivable amounts (e.g., reserves, reinsurance, overpayments, rebates, and other) as of March 2025, including justification of such amounts Any annual risk adjustment transfer amounts, including justification of such amounts Monthly premium amounts Monthly membership 	Part III Rate Filing Memorandum Exhibits	Exhibits 13, 14, 15, 16
c	<p>Consistent with #1.b above, provide the following to support benefit category experience data in URRT Worksheet 1, Section II, and the WAC 284-43-6660 summary:</p> <p>(i) Provide the following separately for 2024 allowed claims and incurred claims as well as by incurred month and benefit category (i.e., categories as defined for URRT Worksheet 1, Section II, plus separate categories for each non-EHB):</p> <ul style="list-style-type: none"> Change in reserves between the beginning (i.e., previous year's 3/31) claim reserves and ending (i.e., current year's 3/31) claim reserves. Total claims. PMPM (i.e., use monthly membership from #1.b above to calculate claims per member per month (PMPM)). Paid-to-allowed ratios of paid (incurred) claims to allowed claims. <p>(ii) Explain if EHB allowed claims were obtained from claims records or imputed from paid claims. If amounts were imputed, please elaborate about how they were imputed.</p> <p>(iii) Demonstrate how URRT Worksheet 1, Section II, categories map to WAC 284-43-6660 summary categories. Reconcile data between the two summaries.</p> <p>(iv) Additionally, provide related monthly information in WA Exhibit 1.</p>	<p>Part III Rate Filing Memorandum Exhibits</p> <p>Standardized Rate Filing Exhibits</p>	<p>Exhibits 13, 14, 15</p> <p>Exhibit 1</p>

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer 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.	Part III Rate Filing Documentation and Actuarial Memorandum	Section 4.1
		Standardized Rate Filing 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	N/A
2	Manual EHB Allowed Claims: If credibility is 100%, respond "N/A" for each item. <ul style="list-style-type: none"> If you use a credibility-blended estimate, explain the processes in detail (i) per guidance in URR Instructions 4.4.3.3, to establish the Manual EHB Allowed Claims PMPM for WA and (ii) per 4.4.3.4 to establish the credibility percentage for URRT Worksheet 1, Section II. Note: if the 2024 experience is 0.00% credible, then the trend, morbidity, demographic, plan design, and other factors in URRT Worksheet 1, Section II can be listed as 1.000. In that case, only analyses of the manual trend and adjustment factors are required. 		
a	Manual data relevance: Explain the relevance of the data used to determine the Manual EHB Allowed Claims PMPM.	N/A	N/A
b	Manual EHB allowed claims PMPM: <ul style="list-style-type: none"> Show the detailed calculation of the Manual EHB Allowed Claims PMPM entered in URRT Worksheet 1, Section II. Justify any adjustments made to the data, such as adjustments for trend, morbidity, demographics, plan design, and geographic areas. Your response should clearly identify how your estimate considers 	N/A	N/A

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<p>the cost and utilization characteristics of your individual health plan market service area in the State of Washington.</p> <ul style="list-style-type: none"> Note: the manual rate must be developed in a manner consistent with 100% credibility. See #2.c below. 		
	<p>c Credibility of experience data: Describe the credibility methodology and assumptions used, per Actuarial Standard of Practice (ASOP) No. 25.</p> <ul style="list-style-type: none"> Identify the actuarially sound and appropriate credibility procedure used to develop your credibility estimate. At what level is experience determined to be more than 0% credible? How is partial credibility determined? At what level is experience determined to be 100% credible? 	<p>Part III Rate Filing Documentation and Actuarial Memorandum</p> <p>Part III Rate Filing Memorandum Exhibits</p>	<p>Section 4.5</p> <p>Exhibit 34</p>
	<p>d Show how you estimated credibility of the 2024 allowed claims and member months used in rate development. Use your credibility procedure.</p>	Part III Rate Filing Memorandum Exhibits	Exhibit 34
3	Experience in WAC 284-43-6660 Summary, and Summary of Pooled Experience with Adjustments:		
	<p>a WAC 284-43-6660 summary, experience: Complete the WAC 284-43-6660 summary for Individual and Small Group Contract filings.</p> <ul style="list-style-type: none"> Provide data to support WAC 284-43-6660 without adjustments for Risk Adjustment and High-Cost Risk Pool (HCRP) receipts and assessments. Data should be based on the incurred years 2024, 2023, and 2022. 	WAC 284-43-6660	
	<p>b Summary of Pooled Experience with Adjustments:</p> <ul style="list-style-type: none"> Create a document or exhibit called "Summary of Pooled Experience with Adjustments" for calendar years 2024, 2023, and 2022. 	Part III Rate Filing Memorandum Exhibits &	Exhibit 35

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<p>Start with the "Summary of Pooled Experience" table from the WAC 284-43-6660 summary and add the following rows:</p> <ul style="list-style-type: none"> ○ Risk Adjustment transfer amounts ○ HCRP receipts ○ HCRP assessments ○ HHS-RADV adjustments: Indicate the source of each RADV amount and specify each applicable Benefit Year (BY) and HHS report date. List amounts from different reports on separate lines. ○ Commercial reinsurance reimbursements received and expected ○ Adjusted Gain/Loss, excluding anticipated Medical Loss Ratio (MLR) rebates, as a dollar amount ○ Adjusted Gain/Loss, excluding anticipated MLR rebates, as a percent of premium ○ Anticipated MLR rebates ○ Subsequent adjustments: If necessary, also list any subsequent adjustments for prior years according to when payments were received. Document the amount and incurred year for each adjustment. For example, if a Risk Adjustment transfer amount was received or paid in 2024 for a period prior to 2024 at an amount other than the Risk Adjustment transfer amounts above (i.e., at the top of this list), list the difference as a below-the-line adjustment to 2024 experience. <ul style="list-style-type: none"> • Add a copy of this table to the Part II Written Description. • Document and justify every estimated amount. • For each federal Risk Adjustment transfer amount, identify either (1) the final federal Risk Adjustment Payments Report used or (2) the interim risk adjustment report used. Note: only use an interim report for periods when a final report is not yet available. • Note: Since the federal Reinsurance and Risk Corridor programs ended in 2016, they should not be included in the summary. 	Part II Written Description Justifying the Rate Increase	Page 1

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer 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.	Part III Rate Filing Memorandum Exhibits	Exhibit 35
4	Plan Level Experience and Current Data: Document and justify URRT Worksheet 2, Section II Experience Period and Current Plan Level Information. <ul style="list-style-type: none"> Explain whether amounts are based on each plan's experience or allocated to plans. If amounts are allocated, demonstrate and justify the allocation method. Explain any differences between totals in URRT Worksheet 2, Section II and URRT Worksheet 1, Section I. 	Part III Rate Filing Memorandum Exhibits	Exhibit 4
TREND FACTORS			
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.		
	a Allowed claims EHB trend analysis: <ul style="list-style-type: none"> In WA Exhibit 3, provide annual EHB trends by benefit category. See instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file. In WA Exhibit 4, provide your retrospective analysis of normalized EHB allowed claim trends. See instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file. In WA Exhibit 5, provide aggregate actual experience (A) EHB trends, projected (i.e., expected; E) EHB trends, and actual-to-expected (a.k.a. A:E) EHB trend analysis. See instructions in the exhibit 	Standardized Rate Filing Exhibits Part III Rate Filing Memorandum Exhibits	Exhibits 3, 4, 5 Exhibit 9

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.		
b	Allowed claims non-EHB trend analysis: If applicable, include an exhibit that develops the non-EHB allowed claims trend.	Part III Rate Filing Memorandum Exhibits	Exhibit 14
c	<p>Projected allowed claims trend development (EHB & non-EHB):</p> <ul style="list-style-type: none"> As outlined in URR Instructions 4.4.3.1, describe how you arrived at your allowed claims trend assumptions, including the data used, credibility of the data used, and any adjustments made to the data. Provide an overall allowed claims trend estimate as well as EHB breakdowns into URRT worksheet 1 benefit categories (or at least medical and prescription drug categories). <ul style="list-style-type: none"> Further break the EHB trends down into utilization, unit cost, and service mix/intensity components. Upload relevant EHB details to WA Exhibit 3; see instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file. If your overall trend, indicated in URRT Worksheet 1, Section II, differs materially from the retrospective trend indicated in WA Exhibit 4, provide detailed actuarial support for the difference. Address the following: <ul style="list-style-type: none"> Actuarial support must provide both qualitative and quantitative bases for the difference. Refer to other WA Exhibits and/or separate issuer-developed actuarial exhibits for support, where appropriate. Prospective trend adjustments should identify all data, assumptions, methods, and models. Note that prospective trend adjustments are NOT exempt from actuarial support requirements. Reliance statements do not exempt carriers from actuarial support requirements. Address how your estimates reflect trends specific to the State of Washington. Note that nationwide trend analysis is not sufficient support for Washington State unit cost trend projections. 	<p>Part III Rate Filing Documentation and Actuarial Memorandum</p> <p>Standardized Rate Filing Exhibits</p>	<p>Section 4.3</p> <p>Exhibit 3</p>

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> ○ Address whether and how unit cost projections reflect projected network and provider contract changes for the projection period. Comment about how much of the provider contracting is already complete for plan year 2026 and how much of the projected reimbursement trend is already locked in for plan year 2026. 		
d	<p>Independence of various utilization changes:</p> <ul style="list-style-type: none"> • Explain how you separated expected utilization changes due to (i) changes in average health status of the population (a.k.a. morbidity) versus (ii) other projected utilization changes (e.g., change in mix of services). • Clarify how the various utilization and morbidity adjustments in the rate filing are independent (i.e., do not overlap nor depend on one another). 	Part III Rate Filing Documentation and Actuarial Memorandum	Section 4.3
6	<p>Incurred Claims Trends:</p> <ul style="list-style-type: none"> • Trend assumptions should reflect your best estimates by URRT Worksheet 1 benefit category and one or more separate non-EHB categories, as applicable. They should also be available for each type of service in the WAC 284-43-6660 trend factor summary. • Incurred claims trends differ from allowed claims trends in that they reflect leveraging of fixed cost-shares. • Rely on market-specific information for Washington State to the extent possible. Justify use of any alternative data. • Describe the trend development in the Part III actuarial memorandum. 		
a	<p>Incurred claims projected trend (EHB & non-EHB): (see also #32.c of this checklist)</p> <ul style="list-style-type: none"> • Include an exhibit that develops the incurred claims trend percentages entered in the WAC 284-43-6660 summary. Justify the projected incurred claims trend percentages. • Show how to calculate the Portion of Claim Dollars for trends in the WAC 284-43-6660 summary. Note: the percentages should be based on the 2024 incurred claims dollars by trend category. The total incurred claims used in the calculation should be consistent with the incurred claims PMPM in URRT Worksheet 2, Section II Experience Period and Current Plan Level Information, Field 2.17. 	Part III Rate Filing Memorandum Exhibits	Exhibit 15

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> Demonstrate that the overall incurred claims annual trend (EHB and non-EHB) matches (1) the annualized trend from URRT Worksheet 1, Section I General Product and Plan Information to URRT Worksheet 2, Section IV Projected Plan Level Information, Field 4.15 as well as (2) the incurred claims trend listed in Rate Review Details (see also #23.b of this checklist). 		
URRT WORKSHEET 1, SECTION II EXPERIENCE PERIOD and CURRENT PLAN LEVEL INFORMATION, NON-TREND EHB ADJUSTMENT FACTORS			
7	<p>URRT Worksheet 1, Section II Non-Trend EHB Factors:</p> <p>Explain and show the detailed calculations for actuarial assumptions underlying each non-trend EHB factor used in URRT Worksheet 1, Section II Experience Period and Current Plan Level Information. Provide actual experience, projections, and actual-to-expected information in WA Exhibit 5; see instructions in the exhibit template.</p> <ul style="list-style-type: none"> Morbidity Adjustment Demographic Shift Plan Design Changes Other <p>If applicable, provide a detailed breakdown of any adjustments made under the "Other" category such as significant provider network or pharmacy rebate changes from the experience period.</p>	<p>Part III Rate Filing Documentation and Actuarial Memorandum</p> <p>Part III Rate Filing Memorandum Exhibits</p>	<p>Section 4.3</p> <p>(a) Exhibit 8 (b) Exhibit 9 (c) Exhibit 10 (d) N/A</p>
URRT WORKSHEET 2, SECTION I GENERAL PRODUCT and PLAN INFORMATION, AV METAL VALUES			
8	<p>AVC Screenshots:</p> <p>(see also #9 below)</p> <ul style="list-style-type: none"> Provide the Actuarial Value Calculator (AVC) screenshots in PDF format showing "Calculation Successful." State the corresponding HIOS Plan ID on each AVC Screenshot. For the 2026 AV Calculator and Methodology, see link: https://www.cms.gov/ccio/resources/regulations-and-guidance/index.html <p>Please do not submit AVC screenshots for every CSR plan variation (i.e., 73%, 87%, and 94%), however, be mindful of the de minimis variation limit of 0/+1 percentage points.</p> <p>NOTE: if you rely on AV Metal Values calculated by the Exchange's actuaries, do not submit your own AVC screenshot copies for standardized plans. Instead, document such reliance in your Part III</p>	<p>Actuarial Value Screen Shots</p> <p>Wakely - WAHBE 2026 Medical AV Certification</p>	

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<p>actuarial memorandum and include in SERFF Supporting Documentation a copy of the Exchange's actuarial certification of AV Metal Values for standardized plans.</p> <ul style="list-style-type: none"> MHSUD cost-share: You may list the MHSUD office visit cost-share in the AVC if you include justification in the actuarial memorandum that blending the cost-share with the MHSUD other outpatient cost-share has a negligible impact on the final AV Metal Value. Please reformat the "Coinsurance, if different" cells to display the same 4-decimal place accuracy as the default coinsurance for tiers 1 & 2. Also, reformat the tiered utilization percentages to more accurately indicate the weights used in the calculation. The AV Metal Value of non-standardized silver health plans offered on the Exchange may not be less than the AV Metal Value of the standardized silver health plan with the lowest AV Metal Value. [RCW 43.71.095(2)(b)(iii)] Standardized plan information is available on Exchange's website. <u>Metal Levels</u> Platinum – 90%, range -2/+2% Gold – 80%, range -2/+2% Silver – 70%, range -2/+2% for non-QHPs and 0/+2% for QHPs Bronze – 60%, range -2/+2% or Expanded Bronze +2/+5% Catastrophic – The AV requirements are not specified by law 		
9	<p>Unique Benefit Design for AVC (Actuarial Value Calculator): Note: Address this item in conjunction with #8 above.</p> <ul style="list-style-type: none"> The actuary would be prudent to attempt to use data and assumptions that are consistent with the calculators as much as possible when adjusting for unique plan designs (https://www.actuary.org/sites/default/files/files/MVPN_042314.pdf). The continuance tables in the AVC should be used, if possible, so that the adjustments are consistent with the AVC calculations. Do any plans have a unique benefit design? If yes, for each such plan, you must: <ul style="list-style-type: none"> Use one of the two methods, 45 CFR §156.135(b)(2) or 45 CFR §156.135(b)(3), to certify the Metal Value and provide the exact AV Metal Value for the plan. You must also provide detailed support for your unique plan design AVs. Please provide supporting unique AV calculations in your rate filing memorandum and exhibits. 		

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> ○ Include enough detail for the reviewer to determine whether the methods, assumptions, and results are appropriate and reasonable. ○ You must provide justification for AVs when actual plan designs deviate from the AVC's functionality, even if your actuary assumes the impact is immaterial. • Notes About Plan Designs in the AVC: <ul style="list-style-type: none"> ○ To be consistent with the requirements in the AVC User Guide (see FAQ Q2 & Q3), all plans with a \$0 Rx or a \$0 medical deductible should indicate an integrated medical and drug deductible when possible. For illustrative purposes, consider a plan with a non-zero medical deductible and a \$0 drug deductible, which is equivalent to saying that none of the drug tiers (i.e., benefits) is subject to any kind of deductible: <ul style="list-style-type: none"> ▪ Case 1: One or more of the drug tiers are subject to coinsurance (which, from our earlier assumption, apply before any deductible). ▪ Case 2: Each drug tier is either fully covered or subject to a copay. ▪ For Case 1, using a combined deductible would force the drug coinsurance(s) to apply after the medical deductible (given the limitations of the AVC with regards to entering coinsurance before the deductible). For Case 2, an integrated deductible should be used. ○ The reverse situation with \$0 medical and non-zero Rx deductibles is similar, however, only coinsurance for the medical benefits listed in the AVC are considered. If, for example, a coinsurance is only applied to the ambulance benefit, which is not part of the AVC, a combined deductible should be applied. ○ <i>Plans that include Coinsurance During the Deductible Phase or can otherwise be described as having "Services not Subject to Deductible and without a copay":</i> Excel row 72 on the User Guide sheet of the AVC states, "Services not subject to deductible and without a copay are treated as covered at 100 percent by the plan until the deductible is met through enrollee payments for other services." When this occurs, the AVC output is higher than that of the actual plan design; the difference depends on the size of the deductible and impact of the corresponding benefit on the actuarial value. The exact difference, however, is unknown without using an effective copay, which requires a unique benefit design, to approximate the coinsurance in the deductible range. If your plans include this type of cost-sharing design, you are required to show that their AVs are within the acceptable metal level range using unique benefit designs. See the AVC User Guide sheet FAQ Q16 for additional information. 		

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> 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. 		
	a If using the unique benefit design certification method in 45 CFR §156.135(b)(2): <ul style="list-style-type: none"> Provide the required actuarial certification language as well as justification and <u>detailed calculations</u> of how you estimated a fit of the plan design into the parameters of the AVC. Submit one AVC screenshot for each plan to show that the benefit design after the fit is a legal metal plan. 	Part III Rate Filing Documentation and Actuarial Memorandum	Section 7.1
	b If using the unique benefit design certification method in 45 CFR §156.135(b)(3): <ul style="list-style-type: none"> Provide the required actuarial certification language as well as justification and <u>detailed calculations</u> of (i) how the AVC was used to determine the AV Metal Value for the plan provisions that fit within the calculator parameters while (ii) appropriate adjustments were made to the AVC output(s) for plan design features that deviate substantially from AVC parameters. Submit two or more AVC screenshots including at least one extreme high AV Metal Value and one extreme low AV Metal Value based on features like those of the plan. Using the filed AVC screenshot results, explain how adjustments are made to generate each plan's EXACT final AV Metal Value used in the URRT. 	Wakely - WAHBE 2026 Medical AV Certification	

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	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	
	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	N/A
10	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.	Standardized Rate Filing Exhibits URRT	Exhibit 6 WS 2
URRT WORKSHEET 2, SECTION III PLAN ADJUSTMENT FACTORS			

11	<p>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.</p> <p>Then, address items #11.e through #11.h below. Include aggregate actual experience, projections, and actual-to-expected analysis in WA Exhibit 7; see the instructions in the exhibit template.</p> <p>URR Instructions Section 2.2.3 and URRT Worksheet 2, Section III include four adjustments directly related to plan-level incurred claims rate development.</p> <ul style="list-style-type: none"> • 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. <p>To derive the “AV and Cost Sharing Design of Plan”:</p> <ul style="list-style-type: none"> • There are four subcomponents of the adjustment defined in WAC 284-43-6810(1); they are: <ul style="list-style-type: none"> ○ 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. <p>Note the following:</p> <ul style="list-style-type: none"> • For benefit differences relate to EHB-only cost sharing. See #11.a below. 	
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Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
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	<ul style="list-style-type: none"> For expected utilization adjustments due to differences in cost-sharing (i.e., induced demand). See #11.b below. For CSR silver load and exclusion of funds for abortion services per 45 CFR §156.280(e): <ul style="list-style-type: none"> If CSR payments are not funded, a CSR silver load factor should be included for the on-Exchange silver plans; this is an additional step not covered in the URR Instructions. See #11.c below. For all plans offered on the Exchange, include an adjustment to remove the impact of coverage of abortion services for which public funding is prohibited. See #11.d below. To determine aggregate weighted averages for items covered by this #11, unless otherwise specified, apply each plan's projected membership as weights. 		
a	<p>AV Pricing Value (a.k.a. EHB paid-to-allowed factors) by plan:</p> <ul style="list-style-type: none"> Provide the factor for each plan that shows the impact of benefit differences for EHB-only cost sharing. See WAC 284-43-6800(3) for the definition of AV pricing value and WAC 284-43-6800(1) for the definition of AV metal value. Per WAC 284-43-6810(3): <ul style="list-style-type: none"> Rate development exhibits should demonstrate compliance with the following: <ul style="list-style-type: none"> "The AV pricing value must be within $\pm 2\%$ of a plan's designated AV metal value." "The allowable range of AV pricing value may be increased or decreased by 1% and must not result in a total adjustment exceeding $\pm 3\%$, if the plan has significant features that are not considered in the AV metal value calculation. Applicable plan features may include, but are not limited to, an embedded pediatric dental benefit, aggregate family deductible, or significant out-of-network utilization." If you are requesting the expanded AV Pricing Value range of $\pm 3\%$, identify this in WA Exhibit 9 and provide supporting documentation for the request. Documentation for this request must show significant plan features impact EHBs, those plan features are excluded from consideration in the federal AV calculator and AV metal value, and those plan features have a material pricing impact supported by actuarial analysis. 	<p>Part III Rate Filing Memorandum Exhibits</p> <p>Part III Rate Filing Documentation and Actuarial Memorandum</p>	<p>Exhibit 12, Exhibit 12-2 & Exhibit 13</p> <p>Section 7.2</p>

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	<ul style="list-style-type: none"> ▪ Note that AV pricing value must be actuarially sound, and the ranges referenced above should not be used as an adjustment (i.e., ceiling or floor) to AV pricing values. ▪ AV pricing values should be normalized for impacts of all other allowable plan-level rating adjustments (including subcomponents of the “AV and Cost Sharing Design of Plan”) and for use in the calculations of the “AV and Cost Sharing Design of Plan” factors. ○ The Part III actuarial memorandum in the rate filing must include the following information related to AV metal value and AV pricing value: <ul style="list-style-type: none"> ▪ Each plan's AV metal value, AV pricing value, and the method used to develop AV pricing values. ▪ The methodology that was used to develop the AV pricing value including that it is based on a standardized population. The carrier must identify all material changes in the AV pricing value development and their impacts. ▪ Note that if you have a commercial or other (e.g., internal) reinsurance/pooling agreement, consider projected recoverable amounts in the overall AV Pricing Value. 		
b	<p>Induced demand factors (IDFs) by plan:</p> <ul style="list-style-type: none"> • Each plan's IDF can vary by plan design but must be consistent with the federal risk adjustment transfer formula per WAC 284-43-6810(2). Therefore, plan IDFs should be determined by the formula $(AV \text{ pricing value})^2 - (AV \text{ pricing value}) + 1.24$. • Note the following: <ul style="list-style-type: none"> ○ The MAIR reflects average induced demand for the pool. ○ IDFs adjust average pool-level projected allowed claims to plan-level amounts. IDFs reflect the impact of plan design on plan-level utilization (i.e., induced demand or anti-selection) relative to the average induced demand in the pool. IDFs should not change the overall expected allowed claims nor the paid-to-allowed claims ratio. ○ Calculate the aggregate impact of your pool's projected induced demand factors. If it is not 1.000, apply an adjustment in URRT worksheet 1's “Other” adjustment. Such an adjustment should equal $1 / (\text{aggregate impact of your pool's projected induced demand factors})$. The net impact should be 1.000. 	<p>Part III Rate Filing Documentation and Actuarial Memorandum</p> <p>Part III Rate Filing Memorandum Exhibits</p>	<p>Section 7.2</p> <p>Exhibit 24</p>

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Line	Task	Issuer Response:	
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c	Cost-sharing reduction (CSR) silver load factors by plan: <ul style="list-style-type: none"> Note: In this case, references to “CSR” subsidies include subsidies for the AIAN population. Include actual experience and the projected CSR silver load factor in WA Exhibit 8; see the instructions in the exhibit template. Consult WAC 284-43-6820 for guidance on the uniform CSR silver load adjustment factor for plan year 2026. 	Standardized Rate Filing Exhibits	Exhibit 23
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). <ul style="list-style-type: none"> Note that you must include abortion services in URRT Worksheet 1, Section II because Washington considers abortion services to be EHBs. The impact of coverage of abortion services for which public funding is prohibited should be addressed in URRT Worksheet 2, Section II Experience Period and Current Plan Level Information. In other words, related costs should flow through with other claim experience. For Exchange plans: <ul style="list-style-type: none"> Include the impact as part of URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.5 Benefits in Addition to EHB. Remove the impact from URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.3 AV and Cost Sharing Design of Plan. The abortion adjustment applied to Field 3.3 is the reciprocal of the abortion adjustment applied to Field 3.5. (URR Instructions Section 2.2.3). This load should be explicitly listed as a separate column in your development exhibit for the AV and Cost Sharing Design of Plan factors. Explain in the Part III actuarial memorandum that per URR instructions, coverage of abortion services for which public funding is prohibited are included in the URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.5 as a non-EHB. 	Part III Rate Filing Memorandum Exhibits	Exhibit 26

Washington State OIC 2026 Individual Medical Rate Filing Checklist

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 Part III Rate Filing Memorandum Exhibits	Section 7.2 Exhibit 24
	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.	Standardized Rate Filing Exhibits	Exhibit 6 & Exhibit 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, 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 Memorandum Exhibits	Exhibit 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.	Part III Rate Filing Memorandum Exhibits	Exhibit 10
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. The network factors should be normalized so that there is no change to the overall weighted average of the claim costs after the Provider Network Adjustment factors are applied. Include an exhibit demonstrating the normalization (i.e., normalize the network factors such that the following amounts match): <ul style="list-style-type: none"> Average incurred claims with risk adjustment and Exchange user fee: 	Part III Rate Filing Documentation and Actuarial Memorandum	Section 6.4

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<p>Sum product of the projected membership x MAIR x (AV and Cost Sharing Design of Plan) x (Benefits in Addition to EHB) x (Catastrophic Adjustment) divided by the total projected membership.</p> <ul style="list-style-type: none"> Average incurred claims with risk adjustment and Exchange fee as well as provider network adjustment factors: Sum product as described above with Provider Network Adjustment factors also incorporated. <p>If applicable, include a discussion of the network for the public option plans (i.e., Cascade Select plans).</p>		
13	<p>Benefits in Addition to EHB Factors: (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.5) Document and justify these factors. Note that they should be developed as loads on EHB incurred claims. See URR Instructions and 45 CFR §156.115(d) for additional information. Include aggregate actual experience, projections, and actual-to-expected analysis in WA Exhibit 7; see the instructions in the exhibit template.</p> <p>If plans do not include non-EHBs (non-essential health benefits) and all plans are outside the Exchange, please respond "N/A."</p> <p>Notes about abortion services for URRT purposes (see also #11.d & #27 of this checklist):</p> <ul style="list-style-type: none"> Exchange plans that include coverage of abortion services for which public funding is prohibited must calculate such abortion services as non-EHBs. For plans offered Outside Market Only, such abortion services must be calculated as EHBs. Then, only non-EHBs, if applicable, should be addressed as part of Benefits in Addition to EHB. 	Part III Rate Filing Memorandum Exhibits	Exhibit 26 & Exhibit 27
14	<p>Catastrophic Adjustment Factors: (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.9) Document and justify any such factor(s). Include aggregate actual experience, projections, and actual-to-expected analysis in WA Exhibit 7; see the instructions in the exhibit template.</p>	N/A	N/A

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
URRT WORKSHEET 2, SECTION III PLAN ADJUSTMENT FACTORS, CALIBRATION FACTORS			
15	Age Factors and Age Calibration Factors:		
a	Age calibration factor development: Provide the 2026 age factors and the calculation of the age calibration factor used in URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.11. Note: each calibration factor (age, geographic, and tobacco) must be calculated independently.	Part III Rate Filing Memorandum Exhibits	Exhibit 9
b	Age calibration factors, projected versus prior: Compare the 2026 age calibration factor to the 2023, 2024, and 2025 factors.	Part III Rate Filing Memorandum Exhibits	Exhibit 9
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	Section 6.5
16	Area Factors and Geographic Calibration Factors: See WAC 284-43-6701 for geographic rating areas effective on or after January 1, 2019. Note, if Area 1 (King County) is in your service area, its factor must be set at 1.0000. If Area 1 (King County) is not in your service area, the geographic rating area of the county with the largest enrollment in your service area must be set at 1.0000. If you are an insurer new to the Washington state market, the geographic area with the greatest number of counties must be set at 1.0000.		
a	Area factor development: Note: if your service area is limited to a single area, please respond "N/A," since the area factor is 1.0000. Demonstrate the build-up of the geographic rating area factors. Document and justify the 2026 factors with details including, but not limited to, the following: <ul style="list-style-type: none"> Certify that the following items were not used to establish any geographic rating area factor: <ul style="list-style-type: none"> Health status of enrollees or the population in an area. 	Part III Rate Filing Documentation and Actuarial Memorandum Part III Rate Filing Memorandum Exhibits	Section 6.6 Exhibit 11

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> 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. <ul style="list-style-type: none"> 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	<p>Area factors, highest versus lowest: Demonstrate that your geographic rating area factors comply with WAC 284-43-6681 highest to lowest cost ratio requirements of</p> <ul style="list-style-type: none"> 1.40 if offering an Exchange QHP in every county, 1.22 if offering an Exchange QHP in every county in six or more rating areas, or 1.15 in all other cases. 	Part III Rate Filing Memorandum Exhibits	Exhibit 11
c	<p>Area factors, projected versus prior: Compare the 2026 area factors and calibration factor to the 2023, 2024, and 2025 factors. If the 2026 factors did not change from those in the prior filing, indicate why the factors did not change; indicate when the factors were last evaluated and what data was used in that evaluation. Note: Our opinion is that the geographic area factors should be regularly evaluated.</p>	Part III Rate Filing Memorandum Exhibits	Exhibit 11
d	<p>URRT geographic calibration factor: Provide the calculation of the geographic calibration factor used in URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.12. Note: each calibration factor (age, geographic, and tobacco) must be calculated independently.</p>	Part III Rate Filing Memorandum Exhibits	Exhibit 11

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Line	Task	Issuer 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 I Unified Rate Review Template	Worksheet 3
17	Tobacco Use Factor and Tobacco Calibration Factor:		
a	Tobacco use factor development: Document and justify the 2026 Tobacco Use factor. <ul style="list-style-type: none"> The maximum factor is 1.500 (see 45 CFR §147.102(a)(1)(iv)). If the factor did not change from the prior filing, indicate when the factor was last evaluated and what data was used in that evaluation. Note: Our opinion is that the factor should be re-evaluated periodically. 	Part III Rate Filing Documentation and Actuarial Memorandum	Section 6.6
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.	Part III Rate Filing Memorandum Exhibits	Exhibit 12
c	Tobacco factors, projected versus prior: Compare the 2026 tobacco use factor and calibration factor to amounts for 2023, 2024, and 2025.	Part III Rate Filing Memorandum Exhibits	Exhibit 12
RISK ADJUSTMENT AND HIGH-COST RISK POOL (HCRP)			
18	Experience Period Risk Adjustment & HCRP:		
a	Experience period risk adjustment formula details: Provide the actual 2024 risk adjustment experience and projections in WA Exhibit 10; see the instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file. 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.	Standardized Rate Filing Exhibits Part III Rate Filing Memorandum Exhibits	Exhibit 10 Exhibit 18

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	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 Memorandum Exhibits	Exhibit 4
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.	Standardized Rate Filing Exhibits Part III Rate Filing Memorandum Exhibits	Exhibit 10 Exhibit 18
	b Projection period risk adjustment & HCRP for URRT Worksheet 2 (on incurred claims basis), Development and justification: (URRT Worksheet 2, Section IV Projected Plan Level Information, Fields 4.7 and 4.16) <ul style="list-style-type: none"> Explain in detail in the Part III actuarial memorandum how you estimated the 2026 risk adjustment factors (e.g., PLRS, IDF, GCF, AV, and ARF), including the four membership groupings in (a), as applicable. (See URR Instructions regarding the requirements to provide detailed information and justification for risk adjustment.) Provide detailed support and rationale for each assumption, including persisting membership, stating the most current data used, its "as of" date, and its source (e.g., internal, CMS, etc.). Describe how your projections considered the 2026 risk adjustment model changes. Explain 2026 HCRP estimated assessments and receipts. 	Part III Rate Filing Documentation and Actuarial Memorandum	Section 4.7

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> We expect the following: <ul style="list-style-type: none"> Since the URRT applies total pool-level projected risk adjustment in Worksheet 1, Section II, the projected risk adjustment loaded into Worksheet 2, Section IV can use total pool-level projections rather than metal/catastrophic or plan projections. Applicable risk adjustment transfer amount parameters projected for your own risk pool will be consistent with assumptions in the rate development (e.g., population and other factors in URRT, age and geographic calibration factors, etc.). Please explain any deviations. 		
c	<p>Projection period risk adjustment & HCRP for URRT Worksheet 1 (on allowed claims basis): (URRT Worksheet 1, Section II Projections)</p> <p>Provide the calculation of the projected Risk Adjustment Payment/Charge, on an allowed claim dollar basis, as entered in URRT Worksheet 1, Section II. For additional details, see #28 of this checklist.</p>	Part III Rate Filing Memorandum Exhibits	Exhibit 17
d	<p>Projected 2026 RADV impacts:</p> <p>Explain in the Part III actuarial memorandum any impacts due to Risk Adjustment Data Validation (RADV) audits. For example, explain any impact to the company or statewide 2026 PLRS projections due to the 2022 RADV audit report.</p>	Part III Rate Filing Documentation and Actuarial Memorandum	Section 4.7
e	<p>HCRP, projected versus prior:</p> <p>Compare (i) actual HCRP receipts and assessments for 2022, 2023, and 2024 versus (ii) projected HCRP receipts and assessments for 2022, 2023, 2024, 2025, and 2026. Explain differences.</p>	Part III Rate Filing Memorandum Exhibits	Exhibit 17
f	<p>Projection period risk adjustment transfers & HCRP by plan:</p> <p>Using formulae, please address 2026 projected risk adjustment transfer amounts, HCRP assessments, and HCRP receipts on an incurred basis.</p>	Part III Rate Filing Memorandum Exhibits	Exhibits 4, 17

Line	Task	Issuer Response:		
		Document Name	Section / Page / Exhibit Number	
RETENTION LOADS				
URRT WORKSHEET 2, SECTION III PLAN ADJUSTMENT FACTORS, ADMINISTRATIVE COSTS				
20	<p>Administrative Expense: (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.6) Provide the requested information in WA Exhibit 11; see instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.</p> <p>Projection period administrative expense development:</p> <ul style="list-style-type: none"> In the Part III actuarial memorandum and supporting exhibits, justify the 2026 PMPM and/or percent of premium load for each item, and comment why various amounts do or do not vary by plan. In the Part III actuarial memorandum, justify any item with a \$0.00 load. For example, if no offset is projected for investment income, please explain why. Note: it is insufficient to simply state that an amount is considered immaterial. In the Part III actuarial memorandum, describe planned quality improvement initiatives. At a minimum, include detailed calculations of the following projected amounts: <ul style="list-style-type: none"> Quality improvement (QI) expenses Commissions Commercial reinsurance premium (if applicable) Offset for anticipated investment income (if applicable) General administrative expenses Note that the commissions load should be consistent with the submitted commission certification (see also #35 of this checklist). The load may include adjustments for bonuses which are not specific to the individual line of business and, therefore, not covered in the certification. Any such bonuses should be explained in the Part III actuarial memorandum and exhibits. <p>Combine these amounts with actual taxes and fees to reconcile to Expenses shown in the WAC 284-43-6660 summary (see also #21 of this checklist).</p>			

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Line	Task	Issuer Response:	
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21	<p>Taxes and Fees: (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.7) Provide the requested information in WA Exhibit 11; see instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.</p> <p>Projection period taxes and fees' development:</p> <ul style="list-style-type: none"> In the Part III actuarial memorandum and supporting exhibits, justify the 2026 PMPM and/or percent of premium load for each item, and explain why various amounts do or do not vary by plan. In the Part III actuarial memorandum, justify any item with a \$0.00 load. Note: it is insufficient to simply state that an amount is considered immaterial. At a minimum, include detailed calculations of the following projected amounts: <ul style="list-style-type: none"> Premium Tax [RCW 48.14.020 or 0201] Federal Income Tax Regulatory Surcharge [RCW 48.02.190] Include a discussion of the current information available at https://www.insurance.wa.gov/regulatory-surcharge-calculation. Insurance Fraud Surcharge [RCW 48.02.190] Include a discussion of the current information available at https://www.insurance.wa.gov/fraud-surcharge-calculation. Risk Adjustment user fee The 2026 per capita risk adjustment user fee is set at \$0.20 PMPM. PCORI Patient-Centered Outcomes Research Institute (PCORI) Fee (Internal Revenue Code sections 4375 and 4376). Include a discussion of the latest information on the IRS website and the National Health Expenditure (NHE) trend projections. Note that the fee changes annually by policy end date; for this Individual market rate filing, assume all plans end 12/31/2026. Mitigating Inequity Fee [WAC 284-43-6590], if applicable (see also #38 of this checklist). 		

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

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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. <ul style="list-style-type: none"> The information should represent your initial requested rate change. Note: If post submission updates are necessary to correct any information, update the exhibit to indicate what was updated and the reason for the update(s). Issuers with renewal plans must address the items below. For more information related to “Company Rate Information” and “View Rate Review Detail,” see SERFF and Rate Filing Instructions. 		
	a SERFF Company Rate Information: Provide the calculation, explanation, and/or source of the information. Note the following: <ul style="list-style-type: none"> Number of policy holders affected for this program: The number of subscribers as of March 2025. Minimum and Maximum % changes: From the initial Uniform Product Modification Justification (UPMJ) Q5 rate changes by plan. Overall % rate impact: The calculated overall average rate change in UPMJ Q5. Written Premium for this Program and Written Premium Change for this Program: Annual amounts; see Written Premium in the NAIC glossary. 	Part III Rate Filing Memorandum Exhibits	Exhibit 29
	b SERFF Rate Review Detail (RRD): Provide the calculation, explanation, and/or source of the information. <ul style="list-style-type: none"> (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 Memorandum Exhibits	Exhibit 29

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<p>(iii) Forms: List all forms for the rate filing in the applicable categories. If a category does not apply to any form in the filing, leave it blank. (see SERFF instructions)</p> <p>Note: since the ACA requires that all non-grandfathered individual and small group health plans be guaranteed issue, the "Affected Forms for Closed Blocks" in the Forms Section should be left blank.</p> <p>(iv) Requested Rate Change Information:</p> <ul style="list-style-type: none"> • Change period: Annual. • Member months: Membership for the 2024 experience period. • Min, Max, and weighted average rate change: Match the initial UPMJ Q5. <p>(v) Prior Rate:</p> <ul style="list-style-type: none"> • Total earned premium & total incurred claims: Projected earned premiums and incurred claims, respectively, for 2025. • Minimum and maximum per member per month (PMPM): Be consistent with the rates in the 2025 final Rate Schedule. • Weighted average PMPM: Be consistent with the current community rate in the initial WAC 284-43-6660 summary. <p>(vi) Requested Rate:</p> <ul style="list-style-type: none"> • Projected earned premium & projected incurred claims: For 2026, be consistent with the initial URRT Worksheet 2. • Minimum and maximum PMPM: From the initial 2026 Rate Schedule. • Weighted average PMPM: Be consistent with the weighted average PMPM premium rate consistent in the initial URRT Worksheet 2. 		

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
c	<p>Current enrollment:</p> <p>Compare current enrollment information across the various rate filing exhibits, including, but not limited to the following:</p> <ul style="list-style-type: none"> • RRD Number of Covered Lives • URR Worksheet 2, Section II Experience Period and Current Plan Level Information, Field 2.10 Current Enrollment • UPMJ Q1 Enrollment as of 3/31/2025 • Part III supporting exhibits' current enrollment <p>Explain any inconsistencies.</p>	Part III Rate Filing Memorandum Exhibits	Exhibit 30
	<p>Projected enrollment:</p> <p>Compare projected enrollment information across the various rate filing exhibits, including, but not limited to the following:</p> <ul style="list-style-type: none"> • RRD (Projected Earned Premium) / (Requested Rate Weighted Avg. PMPM) • URR Worksheet 2, Section IV Projected Plan Level Information, Field 4.9 Projected Member Months • Part II written explanation projected enrollment • Part III supporting exhibits' projected enrollment <p>Explain any inconsistencies.</p>	Part III Rate Filing Memorandum Exhibits	Exhibit 30
24	<p>Impacts of Changes 45 CFR §154.301(a)(4):</p> <ul style="list-style-type: none"> • Document the methodology, justification, and calculations used to determine the impacts of the changes outlined in the Effective Rate Review Program under 45 CFR §154.301(a)(4) (i) through (xv). • Note that if you change the contribution to surplus from the prior submission, you must provide additional support for why the change is warranted. • <u>To add context to the factors listed below, please also summarize in the Part III actuarial memorandum the approximate percent impact of the most significant contributors to the proposed aggregate rate change (see URR Instructions section 4.3, for example).</u> 		

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	(i) The impact of medical cost trend <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	Section 4.3
	(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	Section 4.3
	(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	Section 7.2
	(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.	Part III Rate Filing Documentation and Actuarial Memorandum	Section 4.3
	(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	Section 4.3
	(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	Section 4.3

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	(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	Section 4.1
	(viii) The impact of <u>changes in</u> administrative costs related to programs that improve health care quality. Include a discussion of any such changes.	Part III Rate Filing Memorandum Exhibits	Exhibit 31
	(ix) The impact of <u>changes in</u> other administrative costs. Include a discussion of any such changes.	Part III Rate Filing Memorandum Exhibits	Exhibit 31
	(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 Memorandum Exhibits	Exhibit 31
	<p>(xi) Medical loss ratio (MLR). Include a projected federal MLR calculation [45 CFR §158.221; see also CMS MLR Filing Instructions].</p> <p>Note: This is one of only two 45 CFR §154.301(a)(4) items not written in terms of the impact of changes; the other is (xii) for the issuer's capital and surplus.</p> <p>Note: As stated in the Final 2026 NBPP, determination of a “qualifying issuer” is “based on an issuer’s 3-year aggregate ratio of net payments related to the risk adjustment program...to earned premiums.” See 45 CFR §158.103 for full definition details.</p> <ul style="list-style-type: none"> • <u>Issuers who (a) are NOT projected to be qualifying issuers or (b) are projected to be qualifying issuers but opt to follow the unadjusted MLR formula, as defined in the Final 2026 Notice of Benefit and Payment Parameters (NBPP):</u> <ul style="list-style-type: none"> ○ <u>Numerator:</u> <p>Incurred claims [45 CFR §158.140(a)]</p> <p>– Net Risk Adjustment, including HCRP amounts (receivables positive; payables negative, which means that payables subtract negative amounts)</p> <p>+ Quality Improvement Expenses [45 CFR §158.150(a)]</p> 	<p>Part III Rate Filing Memorandum Exhibits</p> <p>Part III Rate Filing Documentation and Actuarial Memorandum</p>	<p>Exhibit 32</p> <p>Section 5</p>

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> ○ <u>Denominator:</u> Earned Premiums [45 CFR §158.130] – Taxes & Fees [45 CFR §§ 158.161(a) and 158.162(a)(1) and (b)(1)] – Community Benefit Expenditures (CBE) [45 CFR §158.162(c) and 2023 MLR Filing Instructions] • <u>Issuers who are projected to be qualifying issuers and opt to follow the adjusted MLR formula, as defined in the Final 2026 Notice of Benefit and Payment Parameters (NBPP):</u> (See also the formula below written with variables, copied from the Final 2026 NBPP.) <ul style="list-style-type: none"> ○ <u>Numerator:</u> Incurred claims [45 CFR §158.140(a)] + Quality Improvement Expenses [45 CFR §158.150(a)] ○ <u>Denominator:</u> Earned Premiums [45 CFR §158.130] – Taxes & Fees [45 CFR §§ 158.161(a) and 158.162(a)(1) and (b)(1)] + Net Risk Adjustment, including HCRP amounts (receivables positive; payables negative, which means that payables add negative amounts) – Community Benefit Expenditures (CBE) [45 CFR §158.162(c) and 2023 MLR filing instructions] • If CBE are included, provide justification that includes the following details: <ul style="list-style-type: none"> ○ How total CBE are allocated to lines of business (e.g., individual, small group, and large group) ○ For <u>federal tax-exempt issuers</u>: <ul style="list-style-type: none"> ▪ CBE are limited to the highest of either: <ul style="list-style-type: none"> • Three percent of earned premium; or • 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 		

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<p>amount (as outlined above). If you are a federal tax-exempt issuer, please confirm this requirement has been met.</p> <ul style="list-style-type: none"> ○ For <u>non-federal tax-exempt issuers</u>: <ul style="list-style-type: none"> ▪ CBE are limited to: The highest health insurance coverage premium tax rate in the State for which the report is being submitted, multiplied by the issuer's earned premium in the applicable State market. ▪ Please address the impact, if any, of capping CBE for MLR purposes. ▪ MLR reporting instructions say <u>non-federal tax-exempt issuers</u> may report a value for state premium taxes or CBE but not both. Issuers may not report zero (\$0) CBE in lieu of negative State premium taxes and may not enter CBE more than the allowable capped amount. If you are a non-federal tax-exempt issuer, please confirm this requirement has been met. • Credibility adjustment, if any [45 CFR §158.232] • Comment about how the following recent MLR reporting regulation changes were considered: [See, for example: 45 CFR §158 and related sections as well as various Final plan year NBPPs] <ul style="list-style-type: none"> ○ Adjustments to the numerator: <ul style="list-style-type: none"> ▪ Deduct from incurred claims not only prescription drug rebates received by the issuer, but also any price concessions received and retained by the issuer, and any prescription drug rebates, and other price concessions received and retained by an entity providing pharmacy benefit management services to the issuer. [45 CFR 158.140(b) and 2022 NBPP] ▪ Beginning with the 2020 MLR reporting year, an issuer may include in the numerator of the MLR any shared savings payments the issuer has made to an enrollee as a result 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: 		

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> ▪ Allowance for the Individual market to report certain wellness incentives described in 45 CFR §158.150(b)(2)(iv)(A)(5)(ii) (see also 2021 NBPP) as QIA expenses. ▪ Only those provider incentives and bonuses that are tied to clearly defined, objectively measurable, and well-documented clinical or quality improvement standards that apply to providers may be included in incurred claims for MLR reporting and rebate calculation purposes. (e.g., see 2023 NBPP) ▪ Only expenditures directly related to activities that improve health care quality may be included in QIA (Quality Improvement Activity) expenses for MLR reporting and rebate calculation purposes. [45 CFR §158.150(a) and 2023 NBPP] ▪ <u>Removing</u> the option for issuers to report an amount equal to 0.8 percent of earned premium in the relevant State and market in lieu of reporting the issuer's actual expenditures for activities that improve health care quality (e.g., see 2022 NBPP). ○ MLR rebate prepayment and safe harbor [45 CFR §158.240(g)]: Allowance to prepay a portion or 100% of an estimated MLR rebate for a given MLR reporting year, and establishing a safe harbor allowing such issuers, under certain conditions, to defer the payment of rebates remaining after prepayment until the following MLR reporting year (e.g., see 2022 NBPP). ○ Replacement formula for qualifying issuers (e.g., see 45 CFR §158.103 for definition of qualifying issuer), written with variables: If $(ra / p) > \text{or} = 50\%$, then: Adjusted MLR = $[(i + q - s + nc - rc) / \{(p + s - nc + rc) - t - f - (s - nc + rc) - na + ra\}] + c$ where <ul style="list-style-type: none"> i = incurred claims 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) 		

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	ra = issuer's risk adjustment related receipts rc = issuer's risk corridors related receipts (= \$0) c = credibility adjustment, if any		
	(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	Section 4.8
	(xiii) The impacts of geographic factors and variations.	Part III Rate Filing Memorandum Exhibits	Exhibit 11
	(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	Section 6.5
	(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 Memorandum Exhibits	Exhibits 17
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.	N/A	N/A

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
26	Financial Statement Analysis:		
a	<p>Reconcile to Additional Data Statement (ADS) for the year ending December 31, 2024:</p> <ul style="list-style-type: none"> For carriers not required to file an ADS, please respond "N/A." For ease of review for carriers who file an ADS, please include with the rate filing a copy of the ADS pages. For HMOs and HCSCs, show ADS amounts total revenues (line 7), total hospital and medical claims (line 17), and administrative expenses (line 19 + line 20). Please include a detailed list of adjustments required to reconcile between ADS amounts and amounts in the Summary of Pooled Experience in the WAC 284-43-6660 summary and in URRT Worksheet 1, Section I. Calculate the amount and percentage unreconciled, and explain any significant unreconciled amounts. Explain any difference in the projected risk adjustment amount included in the ADS premium amount versus the experience period risk adjustment amount entered in URRT Worksheet 1, Section I. 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. 	Part III Rate Filing Memorandum Exhibits & Part III Rate Filing Documentation and Actuarial Memorandum & ADS 2024	Exhibit 33 Section 4.1
b	<p>Months of surplus:</p> <p>For all issuers, please provide a calculation of your company's Months of Surplus using information in the 2024 annual statement and one of the following formulas, with one decimal place of accuracy.</p> <p><u>Health Statement:</u> Months of Surplus = [(Annual Statement Page 3, Line 33: Total capital and surplus) / (Page 4, Line 18: Total hospital and medical (Lines 16 minus 17))] * 12.</p> <p><u>Life Statement:</u> Months of Surplus = [(Annual Statement Page 3, Line 38: Total (Lines 29, 30, & 37)) / (Page 4, Line 20: Total (Lines 10 to 19))] * 12.</p>	Part III Rate Filing Memorandum Exhibits	Exhibit 33
27	<p>Abortion Services for Which Public Funding is Prohibited:</p> <p>(see also #11.d & #13 of this checklist)</p> <p>For Exchange filings, document the pricing per member per month (PMPM) for voluntary abortion services and the "EHB Percent of Total Premium" to be listed in the Plans & Benefit Template (PBT) in the</p>	Part III Rate Filing Memorandum Exhibits	Exhibit 26

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Line	Task	Issuer Response:	
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	<p>binder filing [45 CFR §156.280(e)(4)]. See also QHP Application Instructions for EHB Percent of Total Premium calculation guidance.</p> <p>Note: The Index Rates in URRT Worksheet 1, Section II must include allowed claims for abortion services even for Exchange plans. Voluntary abortion services are <u>only</u> considered a non-EHB for Exchange plans in the percentages listed in the PBT and in URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.5. Otherwise, the State of Washington considers voluntary abortion services as EHBs for Exchange plans. Additionally, non-Exchange plans will consistently consider voluntary abortion services as EHBs.</p>		
SEPARATE DOCUMENTS Address the following items together with other relevant items covered elsewhere in this checklist.			
28	<p>Part I Unified Rate Review Template (URRT):</p> <p>Note: The various index rates (Index Rate, MAIR, etc.) in the URRT are the official amounts. For calculations in your supporting exhibits requiring one of these amounts, such as the Exchange User Fee input for URRT Worksheet 1 Section II, please use and reference the applicable amount(s) calculated in the URRT.</p> <p>Please do not disable the macros in the Excel version of the URRT; please submit a macro-enabled URRT workbook.</p> <p>The URRT worksheets allow up to 16 characters including decimal places. Only apply rounding to amounts directly loaded into the URRT and only to the extent necessary to meet the 16-character limitation. Do not round any intermediate amounts.</p>		
a	<p>URRT Exchange User Fees: (URRT Worksheet 1, Section II Projections)</p> <p>If the issuer is only outside the exchange, please respond "N/A."</p> <p>The Exchange user fee for 2026 is \$5.11 PMPM.</p> <ul style="list-style-type: none"> 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. 	Part III Rate Filing Memorandum Exhibits	Exhibit 2

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	<ul style="list-style-type: none"> 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. 		
b	<p>URRT factor to toggle between worksheet 1 and worksheet 2 amounts for risk adjustment transfers and Exchange user fees:</p> <p>Justify the factor used to develop Risk Adjustment Payment/Charge and Exchange User Fees for URRT Worksheet 1, Section II. The adjustment should be the aggregate impact of the four plan factors from URRT Worksheet 2, Section III Plan Adjustment Factors (i.e., Fields 3.3, 3.4, 3.5, and 3.9). Later URRT steps apply the plan factors through multiplication; to neutralize the overall impact, URRT Worksheet 1 needs to divide by their aggregate impact.</p>	Part III Rate Filing Memorandum Exhibits	Exhibit 5
c	<p>URRT Worksheet 1, Section II, 2026 versus 2025:</p> <p>Compare the projections in URRT Worksheet 1, Section II in this year's filing for 2026 versus those in last year's filing for 2025.</p>	Part III Rate Filing Memorandum Exhibits	Exhibit 2
d	<p>URRT Worksheet 2 terminated plan mapping:</p> <p>Document and justify URRT Worksheet 2 product and plan mapping for terminated plans, in accordance with the following:</p> <ul style="list-style-type: none"> 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). 	N/A	N/A

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	Note: each 2025 plan should map all members in the plan to the same 2026 plan. Respond "N/A" if no 2025 plans are terminating.		
e	URRT Worksheet 2, Section I, general product and plan information, Cumulative rate change % for composite plans: For any plan in URRT Worksheet 2 which is the composite of more than one plan in UPMJ Q5, include an exhibit detailing the calculation of the Cumulative Rate Change % (over 12 mos. prior) based on the overall average rate change by plan in UPMJ Q5. If there are no composite plan rate changes, respond as "N/A."	N/A	N/A
f	URRT Worksheet 2, Section IV Projected Plan Level Information Projected allowed claims, incurred claims & premiums: <ul style="list-style-type: none"> Include an exhibit that calculates the projected dollar amounts by plan for URRT Worksheet 2, Section IV Projected Plan Level Information. 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. <p>Note that although reconciliation is expected in aggregate, differences may be reasonable for specific plans.</p> <ul style="list-style-type: none"> Note that the following results are expected: <ul style="list-style-type: none"> The Total Allowed Claims PMPM in Field 4.11 should be consistent with the [Projected Index Rate] + [average PMPM of the CSR load (on an allowed basis)] + [average PMPM for non-EHB, excluding abortion services reported as non-EHB (on an allowed basis)]. The Allowed Claims PMPM by plan in Field 4.11 should only differ from the Total Allowed Claims PMPM due to URRT Worksheet 2, Section III Plan Adjustment Factors, Fields 3.3 AV and Cost Sharing Design of Plan (a.k.a. Pricing AV), 3.4 Provider Network Adjustment, 3.5 Benefits in Addition to EHB, and 3.9 Catastrophic Adjustment. 	Part III Rate Filing Memorandum Exhibits	Exhibit 6

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
g	<p>URRT projected members by plan:</p> <p>Please document the following in the Part III actuarial memorandum:</p> <ul style="list-style-type: none"> • 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 opening 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 Memorandum Exhibits	Exhibit 7
h	<p>URRT projected PAIR versus premium PMPM:</p> <p>Compare the weighted-average Plan Adjusted Index Rate (PAIR; URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.10) to the aggregate premium PMPM projected in Field 4.17. Weight the PAIR amounts by projected member months. Explain any differences.</p>	Part III Rate Filing Memorandum Exhibits	Exhibit 5
i	<p>URRT controlled group renewal clarification:</p> <p>Based on input from CMS/CCIIO, if you are an issuer renewing only one 2025 plan that will be offered by a health insurance issuer within your controlled group, please include the following (see also #30.b and #31.c of this checklist).</p> <p>If not applicable, indicate "N/A."</p> <p>In URRT Worksheet 2 Section I General Product and Plan Information and Section II Experience Period and Current Plan Level Information, for the current and new issuers:</p> <ul style="list-style-type: none"> • The Plan Name (Field 1.3) and Plan ID (Field 1.4) will be unique to each issuer. • Indicate the plan as a renewing plan (Field 1.7). • Include the current rate from the current issuer (Field 2.11) in the new issuer's URRT. • Use the current rate in the calculation of the rate increase (Field 1.11) in the new issuer's URRT. • For consistency across the worksheets, only include experience in the current issuer's URRT Worksheets 1 and 2. 	N/A	N/A

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
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. <ul style="list-style-type: none"> Changes in Benefits: Consumers tend to view cost-share changes as "benefit changes," so a summary of the cost-share changes should be included in this section along with other significant benefit changes. Note: the cost-share changes in this document should just be an overview of major changes, such as general discussion of the range of deductibles or changes in copays, rather than a repeat of the detailed list in UPMJ Q4a & 4b. Administrative Costs and Anticipated Margins: Consumers tend to view all retention loads, other than profit, as "administrative costs," so taxes and fees should be included in this section along with other administrative expenses. Please also note the pool's projected profit & risk load. 	Part II Written Description Justifying the Rate Increase	
30	Part III Actuarial Memorandum and Certification: <ul style="list-style-type: none"> Submit the actuarial memorandum exhibits in a separate Excel spreadsheet and corresponding PDF. Note: the PDF version of the actuarial memorandum exhibits can be submitted on the URRT tab rather than the Supporting Documentation tab in SERFF so that it will be uploaded to CMS. The Excel spreadsheet, however, must be submitted on the Supporting Documentation tab. Note: to reduce the review time required to sift through duplicate file versions, please do NOT submit additional complete copies of the URRT worksheets, the WAC 284-43-6660 summary, or the Rate Schedules with the actuarial memorandum exhibits. Note: The State of Washington requires that the redacted actuarial memorandum must match the unredacted actuarial memorandum. 		
	a Actuarial certification: Include an actuarial certification as prescribed in the Part III Actuarial Memorandum and Certification Instructions found in the URR Instructions. Include the signature date in the signatory block of the	Part III Rate Filing Documentation and Actuarial Memorandum	Section 8.3

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Line	Task	Issuer Response:	
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	certification and update the date throughout the filing review season, as needed, if assumptions or rates change.		
b	<p>Controlled group renewal clarification for Part III: Based on input from CMS/CCIIO, if you are an issuer renewing only one 2025 plan that will be offered by a health insurance issuer within your controlled group, please include the following (see also #28.i and #31.c of this checklist).</p> <p>If not applicable, indicate "N/A."</p> <p>In both the current and new issuers' Part III actuarial memorandums, add a crosswalk detailing the current and renewing plan information. Include:</p> <ul style="list-style-type: none"> • The name of the current and new issuers offering the plan. • A comparison of the 2025 and 2026 HIOS Plan IDs and plan names. • A comparison of the 2025 counties in the service area for the renewing plan and the 2026 counties offered by the new issuer to demonstrate meeting the requirement to cover a majority of the same service area. • Discuss the cost-share changes to the plan and confirm that the product network type and covered benefits remain the same. 	N/A	N/A
c	<p>UPMJ versus URRT rate changes: Rate changes by plan in URRT Worksheet 2, Section I General Product and Plan Information, Field 1.11 should match rate changes by plan in UPMJ Q5. For clarity, discuss in the Part III actuarial memorandum the differences in the calculation of the official aggregate rate change in UPMJ Q5 and the rate change amounts in URRT Worksheet 2, Section I General Product and Plan Information, Fields 1.12 and 1.13.</p>	Part III Rate Filing Documentation and Actuarial Memorandum	Section 3
31	<p>Uniform Product Modification Justification (UPMJ): Review and follow the general instructions as well as the UPMJ instructions for each question. The UPMJ template can be found on the Washington State OIC website.</p>		

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
a	<p>UPMJ Q4a & 4b:</p> <ul style="list-style-type: none"> For UPMJ Q4a, keep in mind that the content will ultimately be included in our decision memorandum that is posted for public consumption, so explain the cost-share changes as you would to an existing or prospective member. For each cost-share amount listed in UPMJ Q4a, include dollar, comma, and percent symbols as well as numeric amounts. Spell out the first occurrence of each acronym in Q4a and Q4b. For example, "Maximum Out-of-Pocket (MOOP)." Note: For plans that add or remove out-of-network (OON) coverage, the change should be listed as a member cost-share change rather than a benefit change. 	Uniform Product Modification Justification	Question 4a
	<p>UPMJ Q5:</p> <p>(i) Column 5(d):</p> <ul style="list-style-type: none"> Only include enrollment from renewing counties. If you are exiting any counties, please address the following: Since you are exiting counties, total enrollment in Q5 may not match the UPMJ Q1 total, so include an exhibit in the filing with current enrollment by plan split between renewing and terminating counties. Note that UPMJ Q1 should include all enrollment before reductions for terminating counties. <p>(ii) Display rate changes for every renewing and terminated plan, even if the 03/31/2025 enrollment is 0. A plan should only reflect 0.00% across columns 5(g), 5(h), 5(i), and 5(j) if there are no experience, benefit, and cost-share rate changes for the plan.</p> <p>(iii) Submit an exhibit supporting rate changes for each UPMJ Q5 column.</p> <ul style="list-style-type: none"> Ensure UPMJ Q5 rate changes are consistent with the benefit and cost-share changes in UPMJ Q4a and Q4b. Justify each rate change by showing the calculation or explaining how the percentages were determined and ensure rate filing documents consistently support the rate changes. Explain how plan-specific rate changes disregard the morbidity of the population expected to enroll in each plan. 	Uniform Product Modification Justification	Question 5

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> Note that it is acceptable to back into column 5(g), Experience Rate Change for Plan, using justified amounts for 5(j), Overall Average Rate Change for Plan; 5(i), Cost-Share Rate Change for Plan; and 5(h), Benefit Rate Change for Plan. Explain any large plan variations in 5(g), Experience Rate Change for Plan. We expect that there should be little variability due to the single risk pool requirement. Specify the source of the 2025 and 2026 rates used to calculate the overall increase for each plan. The changes should be consistent with the changes to the Rate Schedule. They should be weighted by the plan's current enrollment distribution for age, geographic area, and tobacco status (see URR Instructions 2.2.1 and 4.3). 		
c	<p>Controlled group renewal clarification for UPMJ:</p> <p>Based on input from CMS/CCIIO, if you are an issuer renewing only one 2025 plan that will be offered by a health insurance issuer within your controlled group, please include the following (see also #28.i and #30.b of this checklist).</p> <p>If not applicable, indicate "N/A."</p> <ul style="list-style-type: none"> <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. 	N/A	N/A
32	<p>WAC 284-43-6660 summary:</p> <p>Complete and submit the template "Format – Rates – WAC 284-43-6660 Summary Duplicate" provided on the Washington State OIC website. See below for additional information.</p>		
a	<p>Proposed rate summary:</p> <ul style="list-style-type: none"> Proposed Community Rate must be consistent with the aggregate projected premium PMPM in URRT Worksheet 2, Section IV Projected Plan Level Information, Field 4.17. Percentage Change must be consistent with the overall average rate change in UPMJ Q5. Current Community Rate = (Proposed Community Rate) / (1 + Percentage Change). 	WAC 284-43-6660	Proposed Rate Summary

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
b	<p>Components of proposed community rate:</p> <ul style="list-style-type: none"> 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	Components of Proposed Community Rate
	<p>c</p> <p>Trend factor summary: (see also #6.b of this checklist)</p> <ul style="list-style-type: none"> If the WAC 284-43-6660 summary shows the same trend for each type of service, please explain whether you expect any variation by type of service. If variation is expected, please explain the choice of a single trend factor for this summary. For plans with embedded dental (pediatric or adult), ensure the embedded dental trend is included in the Other trend category, and then add a note to the General Information section #5 that the embedded dental trend is included in the Other trend category. This is to be consistent with the URR Instructions, section 2.1.3.1. 	WAC 284-43-6660	Item #1 & Item #5
	<p>d</p> <p>General Information section #4: Respond with "See Rate Schedule."</p>	WAC 284-43-6660	Item #4

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
33	Benefit Components: Provide a completed Benefit Components Speed-to-Market Tool. <ul style="list-style-type: none"> The file "Format - Rates - 2026 Med Benefit Components" is provided on the Washington State OIC website. The cost-shares for all embedded benefits, including pediatric dental, must have every different cost-share visible such as for different kinds of pediatric dental care (e.g., cleaning versus extensive surgeries, or as preventive, basic, major services), if applicable. Note: the information you provide in this file should be consistent with the other documents in your binder, rate, and form filings (e.g., PBT, AVC Screenshots, MH/SUD Certification). Include the benefit components for the Exchange silver plan CSR variations. The plans should indicate integrated or separate medical and drug deductibles consistent with the AVC screenshots (see also #9 of this checklist). 	Benefit Components	
34	Mental Health and Substance Use Disorder (MH/SUD) Financial Requirement Parity:		
a	MH/SUD financial requirement parity certification: Complete the "Mental Health and Substance Use Disorder Financial Requirement Parity Certification" Speed-to-Market Tool. See file "Certification – Rates – 2026 Mental Health and Substance Use Disorder Financial Req Parity" on the Washington State OIC website .	Mental Health and Substance Use Disorder Financial Requirement Parity Certification & MHSUD Calculations & Part III Rate Filing Documentation and Actuarial Memorandum	Section 7.6

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
b	<p>MH/SUD parity calculations:</p> <p>Complete an MH/SUD Parity Speed-to-Market Tool that documents MHSUD financial requirement parity testing calculations.</p> <p>See file template "Certification - Rates - 2026 Mental Health and Substance Use Disorder Financial Req Parity Calculations" on the Washington State OIC website.</p> <ul style="list-style-type: none"> • In the Mapping Information and each MHSUD Parity Testing Worksheet, please use the same benefit descriptions listed (both EHB and non-EHB) in the Benefit Components. The list should include all benefits, including inpatient, emergency care and prescription drugs. • Carriers must either test all outpatient services in one category or test both outpatient office visits and all other outpatient services separately. • Categories can be split in some cases if, for example, you want to split services between office visits and all other outpatient services. If you combine categories, indicate in the notes which categories are included. For example, a therapies category in the testing can combine rehabilitative speech therapy and rehabilitative occupational and physical therapies from the Benefit Components. • For easy comparison, enter the plans in the same order and use the same tab names in the MHSUD Parity and Benefit Components workbooks. It would also be helpful if the Service Descriptions in the worksheets are in the same order as the Benefit Components. • Plan projected allowed amounts should be annual dollar amounts which reflect a reasonable projected dollar amount [WAC 284-43-7040(1)(c)(ii)] as attested to in the MH/SUD Financial Requirement Parity Certification (section II.B.2). The amounts should be consistent with the allowed claims projected in URRT Worksheet 2, Section IV Projected Plan Level Information. • The cost-shares for all embedded benefits, including dental and vision, must have every different cost-share visible, such as for different kinds of pediatric dental care, in the list of medical/surgical benefits. • Include the parity calculations for the Exchange silver plan CSR variations. • As noted in WAC 284-43-7020(5)(a), a plan or issuer must treat the least restrictive level of the financial requirement limitation that applies to at least two-thirds of medical/surgical benefits across all provider tiers in a classification as the predominant level that it may apply to mental health or substance use disorder benefits in the same classification. 	<p>Mental Health and Substance Use Disorder Financial Requirement Parity Certification & MHSUD Calculations</p>	

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	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	<p>Commission Certification: (see also #20.a of this checklist)</p> <p>Provide detailed proposed commission schedules, even if no commissions are expected to be paid for this block of business for plan year 2026. They should be signed and dated by an officer or a senior manager of your company who oversees commission schedule implementation. The officer or senior manager should certify that the information is accurate to the best of their knowledge at the time of the rate submission. The commission schedule must comply with CMS guidance below and 45 CFR §147.104(e) and §156.225(b).</p> <p>https://www.cms.gov/files/document/agent-broker-compensation-and-guaranteed-availability-coverage.pdf?utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term=</p> <p>Commission schedules should not differ for special enrollment periods.</p> <p>Broker bonus programs determined across multiple lines of business are not part of this certification, but they should be noted and accounted for in the rate development.</p> <p>Note: Commission schedules filed in individual and small group rate filings must be finalized prior to the final disposition. The commission schedule will not be allowed to change after the rate filing is approved.</p>	Commission Certification	
36	<p>Rate Schedule:</p> <p>Provide a complete rate schedule using the "Format - Rates - 2026 Individual Non-grandfathered Health Plan Rate Schedule template." Be mindful of the following:</p> <ul style="list-style-type: none"> • Use the most current version of the template. • The 1.0000 premium rates (age factor 1.0000 such as for age 21; tobacco factor 1.0000 for non-smoker; area factor 1.0000) should be consistent with the Calibrated Plan Adjusted Index Rate (CPAIR) amounts in URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.14. (see also #11.g of this checklist) • Submit on the Rate/Rule Schedule tab in SERFF. 	Rate Schedule	

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
37	Rate Example: Submit a rate calculation example on the Rate/Rule Schedule tab in SERFF. Address the following: <ul style="list-style-type: none"> • Use the rates in the Rate Schedule. • Include a statement that rates are charged to no more than the three oldest covered children under 21 for family coverage [45 CFR §147.102(c)(1)]. • If your premium rates adjust for tobacco use, please include in the example at least one family member who uses tobacco and would then be subject to the adjustment. 	Illustrative 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	N/A
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.	N/A	N/A
40	1332 waiver checklist: Complete and submit the file " Checklist – Rates – 2026 Individual Supplemental Checklist for 1332 Waiver Reporting. "	1332 Waiver Checklist	

Kaiser Foundation Health Plan of the Northwest

**State of Washington
2026 Individual Medical Rate Filing
Rates Effective January 1, 2026
HIOS Issuer ID 23371**

Part III – Actuarial Memorandum and Certification

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**Kaiser Foundation Health Plan of the Northwest
State of Washington - 2026 Individual Medical Rate Filing
Part III – Actuarial Memorandum and Certification**

1 Purpose

This document contains the **Part III Rate Filing Documentation and Actuarial Memorandum** (Memorandum) for **Kaiser Foundation Health Plan of the Northwest's (KFHP) Affordable Care Act (ACA)** compliant individual business in the State of Washington, with an effective date on or after January 1, 2026. These individual **premium rates** (rates) are guaranteed through December 31, 2026. Products and plans offered on and off the **Washington Health Benefit Exchange marketplace** (Exchange) are represented with this filing. This Memorandum is submitted in conjunction with the **Part I Unified Rate Review Template (URRT)**. The purpose of the Actuarial Memorandum is to provide certain information related to the submission of premium rate filings, including support for the values entered in the URRT. Further support for this document and the URRT can be found in **Part III Rate Filing Memorandum Exhibits** (Exhibit) and the **Standardized Rate Filing Exhibits** (Std Exhibit). A summary of inputs to the URRT, along with their source references, can be found in Exhibits 1, 2, 3, 4, 5 and 6. This document may not be appropriate for other purposes. The plans within scope of this filing are listed in Exhibit 22.

The state of Washington has implemented a **1332 Waiver** (1332) which allows formerly ineligible residents access to state funded premium subsidies when enrolled in the Cascade Gold or Cascade Silver On-Exchange plans. The projected impact on membership can be seen in Exhibit 7 with financial impacts in Exhibit 36 and is consistent with the total market growth projections demonstrated in the state's 1332 application.

This rate filing assumes that the Individual Mandate will continue to be powerless with no replacement provision for the 2026 plan year. Additionally, this rate filing assumes that the additional premium subsidies of the American Rescue Plan Act (ARPA) will be renewed at the end of 2025 and continue through 2026 and Cost Share Reduction Subsidies will continue to be un-funded for the 2026 plan year, and additional plan paid claims costs will be applied only to the On-Exchange Silver tier plans. Whether or not the ARPA subsidies are renewed for 2026 KFHP assumes the impacts on the market will be the same. The mandated CSR Loads are expected to make up for the loss of ARPA subsidies in the case of expiration. If ARPA is extended KFHP is assuming that there are not enough un-insured lives available in the market to make a material increase the market size.

This rate filing and the associated rates reflect the Washington State and Federal statutes, rules, regulations and guidance as of May 12, 2025. Changes to the applicable regulations, including but not limited to changes to mandated benefits, Cost Share Reduction Subsidies, Advanced Premium Tax Credits, Risk Stabilization programs or the Individual Mandate could have a significant impact on rate development. Subsequent changes to these statutes, rules and regulations may make these rates deficient.

2 General Information Section

Company Identifying Information

Company Legal Name: Kaiser Foundation Health Plan of the Northwest

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State:	Washington
HIOS Issuer ID:	23371
Market:	Individual and Family Medical On and Off Exchange
Effective Date:	January 1, 2026

Company Contact Information

Contact Name:	David Liebert, ASA, MAAA
Contact Email Address:	David.M.Liebert@kp.org

3 Proposed Rate Increases

The eighteen plans represented by this rate filing include sixteen renewals and modifications of plans effective for the 2025 plan year as well as two new plans. The 2024 experience period data includes no plans that will be terminated for the 2026 plan year. The proposed average rate change for the sixteen renewing plans as well as the rate changes by plan are shown on the UPMJ Question 5. The rate changes shown are primarily driven by the claims experience of the single risk pool, medical inflation and the mandated change in Silver Load for the on-Exchange Silver tier plans.

The average rate change does not indicate that every member's rate will change by this amount, as rates are affected by the ages of those covered, county of residence, tobacco usage, family composition and plan choice.

The average rate change shown on the UPMJ Question 5 may not precisely match the average rate change shown in the URRT Worksheet 2 Field 1.13 due to differences in calculation methodologies that are not under the control of KFHP. The UPMJ calculates the average rate change based on membership weighting, while the URRT utilizes premium weighting.

4 Market Experience

4.1 Experience Period Premium and Claims

The experience period premium and claims for the single risk pool including the American Indian/Alaska Native (AIAN) population are shown in Exhibits 1 and 4. Data has been reviewed for reasonableness and consistency by the certifying actuary against internal financial reports by line of business which have been in-turn internally reviewed and reconciled against monthly accounting reports of operations. The experience period claims, membership and premiums have been found to be consistent with the monthly line of business reports. This data relies on other KFHP departments which perform the cost-allocation process discussed below as well as monthly reviews.

The premium earned during the experience period for the renewing ACA plans has been developed based upon earned premium data from our internal billing systems. The best estimate of MLR rebates for the experience period have been developed based upon the federal MLR templates. The earned premium has not been adjusted by the expected MLR rebates to develop

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the Premiums (net of MLR rebates) in the experience period. No MLR rebates are expected for the experience or projection periods.

Experience Period Paid Claims Development: Paid claims are developed by allocating internal expenses from the general ledger to the line of business level and adding them to the net external paid claims. The allocation is based on membership and utilization. The internal member cost share is then subtracted from the allocated cost to develop the net internal and external paid claims.

Our allocation methodology is reviewed on an annual basis and senior management does not have ad-hoc discretion to change the allocation methodology. It should also be noted that our allocation methodology is the same between Oregon and Washington.

When comparing claims across reports, it is important to note that cost sharing and paid claims in this filing are on a GAAP basis while claims in the MLR calculation are on a statutory basis. It should also be noted that diagnoses and not dollars are used by the **Department of Health and Human Services** (HHS) for risk score calculations, leading to a loose correlation between claims amounts and risk scores.

Experience Claims Data: The **incurred** (paid) claims for the renewing ACA plans are developed by accumulating the net medical expenses for the ACA compliant, non-grandfathered individual line of business. The data is for the incurred period January 2024 through December 2024 with **incurred but not reported** (IBNR) estimates updated with data through March 2025. Net cost data from internal cost systems (i.e., the cost for medical services delivered within our integrated delivery system), fee for service claims through external delivery systems, prescription drug claims, **cost share reduction** (CSR) payments and prescription drug rebates are aggregated to determine paid claims. All cost shares collected, whether from members or CSR payments, for services delivered in the Individual risk pool are adequately accounted for in the experience data.

The 2024 experience period allowed claims are the summation of the paid claims for each of the experience period plans, divided by the 2024 plan specific paid-to-allowed ratios. The paid-to-allowed ratio for each 2024 plan was calculated using the **HHS Actuarial Value Calculator** model (HHS-AVC).

KFHP has chosen to use paid claims experience as the basis for this rate development as it is consistent with proven actuarial practices and provides a more complete data source than allowed claims or member cost shares.

IBNR estimates were developed using the completion factor method. The completion factors were developed from the expenses incurred between January 2024 and December 2024 and paid through March 2025, represent KFHP's best estimates and do not include any additional margin. Any reserve needs are in addition to the incurred and paid claims from the experience period, and as seen in Exhibit 2, are used to increase the estimate of total incurred claims for the experience period. Reserve needs from the year prior to the experience period have no impact on the experience period claims data.

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Investment Gain/Loss: Investment gains and losses are not factored into the rate filing data. Any gains or losses are pooled across all KFHP lines of business, with gains reinvested in the infrastructure and losses offset by future gains. Explicitly accounting for gains and losses in the projection of rates would lead to increased rate volatility.

Additional Data Statement: A full reconciliation of the Additional Data Statement (ADS) and the values used in the URRT is not possible at this time, but a comparison can be seen in Exhibit 33. There are numerous issues with the comparison, starting with the accounting method; the basis for the rate development is GAAP while the ADS is based on Statutory accounting. The 2024 GAAP to Statutory differences are driven primarily by Statutory accounting standards that will gradually bring overall Statutory pension and postretirement benefit obligations closer to amounts currently reported under the GAAP method. These expenses have previously been reported under GAAP and included in prior rate filing submissions.

Many differences are a result of KFHP's status as an integrated delivery system, which means that the ADS classifies certain items as medical costs that the rate filing/URRT data classifies as administrative expenses.

Beyond the Statutory versus GAAP differences, much of the amount is explainable through the differences in allocation methodology discussed below. The two allocation processes vary in the way they establish the data most appropriate for their intended use.

For the Additional Data Statement, expense and revenue amounts are converted from a GAAP accounting view to a Statutory accounting view, and this forms the basis for the costs in the Annual Statement. Annual Statement costs are shown grouped together into major categories, such as "Hospital/Medical Services" and "Other Professional Services". Then these results are multiplied by an additional allocation factor based on prior experience that distributes the expense by line of business. This represents a "top down" approach.

For the experience included in the rate filing, a highly granular, cost allocation approach is used. Each individual cost center is assigned an allocation rule that allocates the amounts not only between medical and administrative costs, but also across each member of the health plan. The expenses assigned to each member are then summarized up to the total for the line of business. This represents a "bottom-up" approach and is consistent with materials provided in previous Kaiser Permanente rate filings.

For the ADS, non-care delivery expenses are spread somewhat evenly across the lines of business whereas the allocation for rate filing data attempts to more accurately reflect the time and resources devoted to the Individual line of business. The individual line of business is relatively time consuming leading to higher than average expense loads.

4.2 Benefit Categories

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

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Benefit Category	Services
Inpatient Hospital	Inpatient Facility, Inpatient Visits, Inpatient Surgery, Maternity
Outpatient Hospital	Outpatient Facility, Emergency/Urgent Care, Outpatient Surgery
Professional	Diagnostic Services, Office Visits, Cardiovascular, Dialysis, PT/OT/ST
Other Medical	Other Services
Capitation	None
Prescription Drug	Pharmacy

4.3 Projection Factors

Changes in Morbidity of the Insured Population: The morbidity adjustment reflects the change in the expected health risk of the KFHP membership between the experience period and the single risk pool projection period, independent of underlying demographic changes. The overall morbidity is expected to increase as shown in Exhibit 8. Morbidity changes are expected to remain consistent across the statewide market, equally impacting both KFHP and the statewide market. The federal risk score model is based on a limited set of medical condition diagnosis, not actual claims costs, and as an integrated health care provider, a large portion of KFHP's expenses are the fixed costs associated with providing medical care through Kaiser owned facilities. Therefore, the projected costs are not directly correlated with the risk scores of the membership, nor do they necessarily change with fluctuations in risk scores.

Changes in morbidity can impact both utilization and cost trends, which are not separated out in this rate filing. There are other factors that can cause changes to utilization such as the introduction of new technologies and changes in induced utilization caused by plan design changes. No major medical care advancements are anticipated for 2026, and changes to plan designs are treated independently from changes in morbidity. See the Plan Design Changes section below.

Changes in Benefits: For the 2026 plan year all plans will see enhanced hearing benefits as well as artificial insemination benefits.

Plan Design Changes: In the absence of member cost sharing (100% of allowed claims are paid by the carrier), the member would have no financial incentive to refrain from service utilization. As member cost sharing for services increases, the propensity of any given member to utilize fewer and less costly services increases, leading to lower overall allowed claims. Each plan design has a plan specific utilization factor (Exhibit 23) which follow the mandated development methodology and represent the reduction in expected utilization and therefor allowed claims due to the member cost sharing. Many of the renewing plans have cost sharing changes for 2026 which generate different utilization factors when compared with the experience period plans. The net impact is reflected as the change in average utilization in Exhibit 10 and is necessary to put the projected allowed claims in terms of the 2026 plan portfolio. This is calculated by dividing the average utilization in the projection period, as determined by the pricing model described below under **AV Pricing Values**, by the experience period average utilization in Exhibit 10. This projected change in utilization assumes a consistent membership with no changes in morbidity or demographics, maintaining independence from those impacts.

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Changes in Demographics: Base period claims experience is adjusted for the average mix of population by age in the experience period membership. The average age factor is developed by applying the standard HHS age curve (Exhibit 9) to the 2024 monthly membership. The same calculation is performed for the projected 2026 membership, which is based upon actual KFHP enrolled members as of March 2025. The projected allowed claims are then multiplied by the change in the average age factor between 2024 and 2026. The development of the average age factor is shown in Exhibit 9.

The average mix of population by gender and region (Exhibit 11) is not anticipated to change between 2024 and 2026, making adjustments for these factors unnecessary.

For the 2026 plan year KFHP has decided to eliminate the tobacco user loads of prior plan years as shown in Exhibit 12.

COVID-19 Pandemic Adjustments: No adjustments to account for the COVID-19 pandemic have been used to project the experience period allowed claims to the projection period.

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

Trend Factors: The projected allowed claims trend factors are based on a mixture of expected expense trends, future fixed costs, and expected internalization of services (i.e., movement of medical care delivery from contracted external providers to our integrated delivery system). As an integrated health care provider, a large portion of KFHP's expenses are the fixed costs associated with providing medical care through Kaiser owned facilities. Therefore, the projected “claims” costs are based on the allocation of medical expenses that are included in our total revenue requirement, which is largely based on budgeting, and allocated based on utilization across all lines of business. For traditional carriers, projected claims trends are developed to project expected costs. However, given KFHP's fixed cost structure, KFHP's projected claims trends stem from the development of projected budgeted costs. For 2024 to 2026, our projected total annual medical expense trend for the ACA markets is shown in Exhibit 1, along with a comparison to the trend used in the prior rate filing. This trend has been developed with the cooperation of the KFHP finance and actuarial departments, including the opening actuary. KFHP does not project expense trends by major service category, but rather for the line of business. For use in the URRT, cost and utilization trends have been estimated by service category and balance back to the overall expense trend.

A historical trend exhibit is provided in Exhibit 14. This exhibit shows that allowed claims trends are down from 2023 to 2024 and are expected to remain similar through 2026. This historic trend study shows the allowed claims costs, utilization and service cost by URRT service category for the three years ending 2024. This is not representative of our expectations of the future claims costs due to the large changes that have occurred in the ACA market during this time frame, including but not limited to the COVID-19 pandemic and were not used in

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determining projected trend for the rate filing. The exhibit reflects that the KFHP rate filings are developed on an allowed basis.

The non-EHB Adult Vision allowed trends follow the Professional trends as established in Exhibit 14. The non-EHB Adult Vision utilization trends are assumed to be flat for members with access to the benefit and produce a non-zero trend when spread across all members.

The EHB Pediatric Dental allowed trends can be seen in Exhibit 28 and have been chosen to be similar to the total professional medical allowed trends. Dental faces many of the same cost and utilization pressures of medical. Despite the limited benefits of the EHB Pediatric Dental plan utilization is expected to increase as access to services has increased at KFHP clinics.

4.4 Credibility Manual Rate Development

Please see the **Credibility of Experience**, Section 4.5 below. KFHP considers the experience period data to be fully credible, and has not employed the use of additional, external claims data to develop a manual rate.

4.5 Credibility of Experience

KFHP evaluated the credibility of the experience period data through the guidelines established by HHS for use with Medicare. See Exhibit 34, the analysis indicates that the KFHP experience period member months is more than 200% the necessary to meet full credibility.

The Medicare credibility formula relies on a principle applicable to any insured block: that if each insured has an independent and identically distributed annual claims amount, then the sum of those claims amounts for a block of business approaches a normal probability function as the number of insureds increases (also known as the Central Limit Theorem). From this, the Medicare formula to determine credibility is calculated as the 95% probability that the observed mean claims amount is within +/-10% of the actual mean claims amount using a normal probability curve. We choose to apply the same principles in determining full credibility for this Individual rate filing.

4.6 Paid to Allowed Ratio

The projected 2026 paid to allowed ratio, see Exhibit 24, is calculated as the average AV Pricing Value. The average benefit relativity accounts for the projected member distribution across the available plans. The development of the benefit relativities is discussed under the **AV Pricing Values**, Section 7.2 later in this document. The same methodology is used to calculate the 2024 experience period paid to allowed ratio.

4.7 Risk Adjustment

Risk Adjustment: Final Risk Adjustment transfers are not yet available and are expected with the **Summary Report on Permanent Risk Adjustment Transfers for the 2024 Benefit Year** with an anticipated release by HHS in July 2025. Preliminary 2024 risk adjustment estimates are based on a market-wide study by Wakely. Note that the billable member months in that report are based on a formula that is slightly different from the one used in the rate filing, and therefore

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the member months shown do not exactly match Exhibit 7. Similarly, the Total Issuer Premium is a calculated field that represents the theoretical total premium that would be collected if all members paid their full premium cost. It is higher than the premiums shown in the rate filing, which are representative of actual dollars collected.

Experience Period Risk Adjustment and Reinsurance Adjustments PMPM

Risk Adjustment: Based on the Wakely study, KFHP expects a Risk Adjustment transfer for the 2024 benefit year as shown in Exhibit 17. This includes the metallic plans only as KFHP no longer offers a Catastrophic plan and has not been adjusted for fees or assessments.

Reinsurance: The Federal Reinsurance program sunsetted at the end of the 2016 plan year. KFHP does not carry additional commercial reinsurance on this line of business.

Projected Risk Adjustments PMPM: See Exhibits 17 and 18. The HHS risk adjustment formula, as follows, was used to estimate the risk adjustment transfers for the projection period. Due to delays in HHS submissions and reporting, all experience period components of this formula have been estimated based on third party studies.

$$T = \left[\frac{PLRS \times IDF \times GCF}{\sum_i (s_i \times PLRS_i \times IDF_i \times GCF_i)} - \frac{AV \times ARF \times IDF \times GCF}{\sum_i (s_i \times AV_i \times ARF_i \times IDF_i \times GCF_i)} \right] \bar{P}$$

The market average risk based premium factor, $\sum_i (s_i \times PLRS_i \times IDF_i \times GCF_i)$, is trended forward to account for estimated impacts of HHS Risk Adjustment model. The trend applied to the market does not vary from the trend for KFHP.

The market average rating factor, $\sum_i (s_i \times AV_i \times ARF_i \times IDF_i \times GCF_i)$, is estimated to not change from the experience period to the projection period.

The market average premium (\bar{P}) is trended forward based on estimated 2025 and 2026 rate changes as provided by the Washington OIC and estimated membership distributions across the whole market. The projected market average premiums are projected to be higher than the average approved rate change in 2025 due to increased subsidies from the American Rescue Plan Act (ARPA) while the 2026 projected market average premiums are projected to be lower than the average filed rate change. Exhibit 19 shows historic filed, approved and actual premium rate changes between the plan years 2018 through 2024 which support market average premiums lower than filed or approved, but do not account for the ARPA.

Given the state of the market, the anticipated price and plan position and conditions within the Small Group and Large Group markets, KFHP anticipates the morbidity and risk scores within KFHP and the market will remain unchanged between the experience period and the projection period.

The KFHP non-risk based premium factor ($AV \times ARF \times IDF \times GCF$) is based on 2026 projected distribution by plan, and demographic (age) changes of the KFHP membership.

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The development of these two KFHP factors is shown by metallic tier in Exhibit 18. Within each metallic tier, the IDF (Induced Demand Factor is fixed for each metallic tier), AV (Actuarial Value is fixed for each metallic tier) and GCF (Geographic Cost Factor is calculated at the market level for each geographic region) are not projected to change between 2024 and 2026.

The PLRS and ARF (Allowed Rating Factor is based on the average age of the membership) for each metallic tier are projected to change at uniform rates as shown in Exhibit 18. The projected changes in age of the members, Exhibit 9, also impacts the PLRS trending.

Risk Adjustment Data Validation: Transfers due to RADV are not predictable or consistent and are considered non-repeatable one-time events when they do occur. No impact has been forecasted due to RADV transfers in prior years.

High-Cost Risk Pool: KFHP does not anticipate any receivables from the HCRP program for the projection year. Anticipated assessments are based on the 2024 results as published by HHS and KFHP projections as seen in Exhibit 17.

4.8 Non-Benefit Expenses and Profit & Risk

Administrative Expense Load: Administrative Expense includes broker commissions, medical management costs, and health plan operating expenses. See Std Exhibit 11 for the development of the administrative expenses. Additional support can be found in Exhibits 20 and 21.

Experience period administrative expenses turned out higher than projected in the 2024 rate filing due to inflation as well as increased member utilization of brokers.

Profit & Risk Margin: The 2026 plans are priced to provide a projected risk margin as shown in Std Exhibit 11, which is an increase from the projected 2025 margin, also shown in Std Exhibit 11. A positive projected risk margin has been maintained for 2026 and is necessary to maintain KFHP's viability in the market, while the precise value of the projected risk margin was chosen to achieve a desired rate change. Historically, KFHP has targeted a 3% risk margin, which matches the projected 2026 risk margin. The risk margin assumption is applied uniformly as a percentage of premiums across all plans represented by this filing.

The experience unpaid claims liability estimate does not include any margin and reflects our best estimates and no other rating assumptions include their own margin provisions.

The 2024 KFHP Risk Based Capital ratio as shown in Exhibit 33 is neither insufficient or excessive, so the capital and surplus are not considered in this filing. The rates as developed are intended to neither subsidize or be subsidized by any other line of business but rather be sufficient and sustainable on their own merit.

Taxes and Fees: Total retention has been adjusted to reflect the required taxes and fees that will apply in 2026 (Std Exhibit 11). Worksheet II of the URRT considers the Marketplace User Fee as an applicable tax and fee. Conversely, the Exchange User Fee, calculated in Exhibit 20, is

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applied in the development of the Market Adjusted Index Rate, where it is a market wide adjustment, and is not included in the administrative load when developing the Plan Adjusted Index Rates.

5 Projected Loss Ratio

The 2026 **Medical Loss Ratio** (MLR), based on the federally prescribed methodology, is projected to be at least 80%. Exhibit 18 provides a demonstration of the MLR calculation based upon assumptions in this rate filing. The Federal MLR (ACA MLR) would be expected to be substantially higher than the standard loss ratio due to the allowed adjustments to both claims and premium in the federally prescribed methodology. A traditional loss ratio is the portion of premiums spent of claims costs. For the Federal MLR, claims are adjusted for both quality improvement costs and risk adjustment, while premium is reduced for taxes and fees.

Any prescription drug rebates and price concessions are included within the projected claims expenses. Expenses for services by outside providers are treated the same as expenses for internal providers. Wellness incentives are not part of the individual market for KFHP at this time and are therefore not accounted for in the forecasted MLR.

6 Application of Market Reform Rating Rules

6.1 Single Risk Pool

The projection period reflects the experience of policies that we anticipate will be enrolled in the Single Risk Pool. The Single Risk Pool reflects all covered lives for every non-grandfathered product/plan combination for KFHP in the Washington Individual market.

6.2 Index Rate

The Experience Period Index Rate and the Projected Index Rate (Index Rate) are shown in Exhibit 1. Covered benefits in excess of the EHBs are excluded.

The differences in the total allowed claims PMPM on Worksheet 1 of the URRT and the Index Rate is covered benefits in excess of essential health benefits, as described below as Non-EHBs.

6.3 Market Adjusted Index Rate

The Market Adjusted Index Rate for the projection period is shown in Exhibit 2. The calculation of the market adjusted index rate is the compilation of the Index Rate and the market-wide adjustments, which includes the projected Risk Adjustment transfers and Exchange fees (Marketplace User fee).

6.4 Plan Adjusted Index Rates

The Plan Adjusted Index Rates are calculated as the product of the Market Adjusted Index Rate, the plan specific AV Pricing Values (utilization and cost-sharing adjustment), the non-EHB Adjustments for covered benefits in excess of the EHB requirement, a Catastrophic Factor (Impact of Eligible Population) if applicable, and an adjustment for Administrative Expenses. The calculations are provided in Exhibit 5. A year-over-year comparison of key factors in the development of the Plan Adjusted Index Rate is found in Exhibit 31.

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AV Pricing Value Adjustment: The development of the AV Pricing Values is discussed in Section 7.2. All plans vary from the Market Adjusted Index Rate based on differences in cost sharing and covered benefits. For the Silver On-Exchange plans, the CSR loading is accomplished through the AV Pricing Values. For plans offered Off-Exchange only, the pediatric dental EHB is a covered benefit.

As seen below, the URRT rules require a different non-EHB adjustment than is used in the pricing development in Exhibit 5. The AV Pricing Values as used in the URRT have been adjusted to offset the changes in non-EHB adjustment and can be found in Exhibit 25.

Non-EHB Adjustment: An adjustment has been made to the base period allowed amount to remove the Non-EHB covered benefits from the base rates. This multiplier is calculated by summing the allowed amount for Non-EHB covered benefits in the base period and dividing by total allowed.

2026 plan specific multipliers are used to add back non-EHB covered benefits when calculating the Plan Adjusted Index Rate for each plan. For a subset of the 2026 benefit plans, Adult Vision will be a covered benefit provided in excess of the EHB requirement. See Exhibit 31. The non-EHB experience period utilization and unit costs have been trended to the projection period with the Professional trends developed in Exhibit 13. Utilization by plan of the non-EHB benefits is assumed the utilization pattern assumptions as shown in Exhibit 23. The paid-to-allowed ratio for the non-EHB benefits is assumed to be the same for the experience and projection periods. The non-EHB factor has changed from 2025 due to changes in projected allowed claims, both EHB and non-EHB.

The URRT rules require the non-EHB adjustment for On-Exchange plans to include \$1 pmpm for non-Hyde abortions, even if they are covered as a state EHB, and to be reflected on the URRT Page 2, Line 3.5 Benefits in Addition to EHB. The URRT Page 2, Line 3.5 is adjusted upward for On-Exchange plans to add the \$1 to the value of true non-EHB benefits, and the Line 3.3 AV and Cost Sharing Design of Plan is adjusted downward to create an overall neutral adjustment. The URRT Benefits in Addition to EHB factor development can be found in Exhibit 35-2 and the URRT AV and Cost Sharing Design of Plan adjustments can be found in Exhibit 25.

The differences between AV Pricing Values and Non-EHB Adjustments used in pricing development and the URRT cause a minor difference between the Plan Adjusted Index Rates as shown in the URRT and Exhibit 5. The Plan Adjusted Index Rates in Exhibit 5 are the basis for the rates in the Rate Schedule.

Catastrophic Factor: KFHP will not offer a Catastrophic plan for the 2026 plan year.

Administrative Expenses: Administrative expenses are applied uniformly to all plans, on and off the Exchange, in the calculation of the Plan Adjusted Index Rates as shown in Exhibit 21. Administrative expenses change year over year with changes in internal administrative costs, commissions and state and federal fees and taxes.

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Provider Networks: All plans in this filing are serviced by the same provider network and utilization management practices, leading to no plan specific rating differences. Two networks are utilized for these plans: **Classic** serves all On-Exchange plans while **Classic Complete** serves the Off-Exchange plans and is identical to **Classic**, with the addition of dental providers in order to serve the Pediatric Dental benefits on the Off-Exchange plans.

6.5 Calibration

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

Age Curve Calibration: The weighted average age, rounded to a whole number, for the projected single risk pool is shown on Exhibit 9.

The determination of the calibration factor is based upon the 2026 HHS Standard Age Curve and KFHP internal enrollment data for March 2025. A weighted average age factor is calculated as the product of the enrollment by age and the unadjusted HHS age factors. The Plan Adjusted Index Rates are then divided by this factor to adjust to an individual aged 21, for which the age factor is 1.00. The development of the average age factor is shown in Exhibit 9.

Geographic Factor Calibration: Plan Adjusted Index Rates reflect the anticipated geographic area mix, based on the distribution of members by geographic area. The geographic calibration factor is derived by applying 2026 projected member months to the geographic area factors. The Plan Adjusted Index Rates are then divided by the geographic calibration factor to adjust to an individual in Rating Area 3 (Clark County), where the geographic area factor is 1.00. The development of the geographic calibration factor is shown in Exhibit 11.

Tobacco Use Rating Factor Calibration: KFHP has eliminated the tobacco use factor for 2026.

6.6 Consumer Adjusted Premium Rate Development

Age Factors: The age factor table (Exhibit 6) used to develop age specific rates is consistent with the HHS Standard Age Curve.

Area Factors: Area adjustment factors are used to differentiate between the geographic locations of Clark and Cowlitz County. The factors are shown in Exhibit 7. Most services are provided by Kaiser Permanente facilities and providers. For those services for which non-Kaiser Permanente facilities and providers are contracted, as with other carriers, KFHP contracts vary. Provider contracts in Area 2 are less favorable than in Area 3.

The area factors are evaluated every year for significant changes in provider contracting and are based on corporate wide expected expense structures. Differences in area factors are not based on:

- (i) Health status of enrollees or the population in an area;

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

Summary Rate Calculation: **Illustrative Rate Calculation** provides a sample calculation of a Consumer Adjusted Premium Rate. Rates are charged for no more than the three oldest covered dependent children under age 21 when enrolled on a family plan.

7 Plan Product Information

7.1 AV Metal Values

The AV Metal Values for non-Cascade standard plans as used in Worksheet 2 of the URRT are entirely based on the final 2026 HHS-AVC. Many plans are considered Unique Plan Designs based on the instructions for the HHS-AVC. The Kaiser Permanente at Home™ program (Program) has \$0 cost share for services that would otherwise have fallen under the inpatient cost share. For single tier plans we used the Tier 2 in the HHS-AVC to reflect cost shares for the Program and the Tier 1 with standard inpatient cost shares. A 95% weight is used on Tier 1 and a 5% is used on Tier 2 providing a method consistent with 45 CFR §156.135(b)(2). The resulting AV Metal Values can be found in Exhibit 11 and **Actuarial Value Screen Shots.pdf**.

Other than the Cascade plans and H.S.A. compatible plans, all plans have copays on outpatient mental health office visits that match primary care office visit copays. Plans do not include mental health specific outpatient benefits that are considered non-office visits.

For the mandated standard plans, KP Cascade Complete Gold, KP Cascade Vital Gold, KP Cascade Silver and KP Cascade Bronze, AV Metal Values and Unique Plan Design certification have been provided by Wakely Consulting, by way of the **Washington Health Benefit Exchange (WAHBE)**, in accordance with 45 CFR §156.135(b)(3). See **Wakely - WAHBE 2026 Medical AV Certification.pdf**.

7.2 AV Pricing Values

The AV pricing values, see Exhibit 23, include plan specific adjustment factors for both utilization and effective plan design. The pricing AV's consist of multiple parts: paid to allowed value (AV Pricing Value AVPV) and utilization factor (Induced Demand Factor IDF) for each of EHB's covered by the HHS-AVC, EHB's not covered by the HHS-AVC and non-EHB's. Silver On-Exchange plans have an additional factor for CSR Loading.

For the EHB's covered by the HHS-AVC, there are new-for-2026 state mandates that for each plan the AVPV is within +/-2% of the HHS-AVC results, and the IDF is calculated from the paid to allowed factor using a prescribed formula:

$$IDF = ACPV^2 - AVPV + 1.24$$

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KFHP has determined that the pricing model that has been in use for many rate development cycles cannot be forced into compliance with the +/-2% restriction in an actuarially sound method that is also compliant with federal single risk pool regulations. The model was used however to determine the directional differences with the HHS-AVC, and then offsets were defined by metal tier consistent with those directional differences between the rating model and the HHS-AVC.

Paid and allowed values are developed by plan for the EHB's not covered by the HHS-AVC (Exhibit 28) and non-EHB's (Exhibit 27) and combined with the EHB's covered by the HHS-AVC values in Exhibits 23 and 24. The CSR Load, consistent with state mandate, is accounted for in Exhibit 23.

7.3 Membership Projections

The total membership projection for 2026 includes retention assumptions as shown in Exhibit 7 for the KFHP March 2025 ACA members enrolling on the 2026 plans.

The projected allocation of members by plan follows the emerging distribution of members for March 2025 with modifications to account for two new plans as well as implications of the increased CSR load and restrictions that will only allow 87% and 94% CSR members to enroll in Silver On-Exchange plans. Overall participation in the Individual market continues to be volatile, as price sensitivity and the weakening of the Individual Mandate continue to cause member movement between carriers as well as an overall reduction in market participation.

7.4 Terminated Plans and Products

No plans are being discontinued for the 2026 plan year, and no discontinued plans are represented in the experience period data.

7.5 Plan Type

Only standard plan types have been used on Worksheet 2, Section 1 of the URRT.

7.6 Mental Health and Substance Use Disorder Parity

KFHP benefit plans are designed to meet all **Mental Health and Substance Use Disorder** Parity (MH/SUD) requirements. For all plans, member financial requirements for MH/SUD benefits are no more restrictive than for comparable **Medical and Surgical** (Med/Surg) benefits.

All KFHP plans operate with a single provider network, with emergency services available out of network in compliance with federal and state regulations.

The claims data utilized in the testing is based on the experience period claims expenses for this single risk pool and does not utilize additional data from other markets or books of business.

The paid claims expenses plus member cost sharing is projected to the rating year consistent with the development of the projected allowed claims in the URRT. The projected allowed claims for each plan in the MHSUD Calculations document is consistent with the respective plan specific induced utilization and projected membership from Exhibit 23.

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8 Miscellaneous

8.1 Effective Rate Review Information

Additional information has been provided consistent with reviewer requests from prior filings.

8.2 Cascade Care Plans

The Cascade Care plan designs are controlled by WAHBE, and for many benefits the cost shares are not explicitly defined. KFHP has received approval from WAHBE to set the Hospice benefit at no cost sharing in order to be more consistent with KFHP standard practices.

8.3 Reliance

All data and assumptions were prepared by a team of KFHP employees which includes the certifying actuary, except for the following:

- The experience period claims, membership and premium data was extracted from databases developed and maintained by a KFHP data analysis team and reviewed for consistency and reasonableness by the certifying actuary.
- The total projected membership was provided by a KFHP Strategic Market Planning team. Membership breakdown forecast is projected by the certifying actuary.
- An automated process within the KFHP data warehouse assigned the benefit categories to claims as used in the URRT and Exhibits 9, 9-1 and 9-2.
- Federal AV's were developed using a model provided by HHS.
- Pricing AV's were partially developed using the Milliman Health Cost Guidelines pricing model, which has been reviewed for understanding and reasonableness. State mandate requires Pricing AV's be within +/-2% of Federal AV's which requires dependence on the HHS-AVC which does not reflect KFHP standard practices.
- Induced Demand Factors were developed using a state mandated formula and do not reflect KFHP standard practices.
- CSR Loads were set to 43.5% consistent with state mandate and does not reflect KFHP standard practices.
- For the mandated standard plans, KP Cascade Complete Gold, KP Cascade Vital Gold, KP Cascade Silver and KP Cascade Bronze, AV Metal Values and Unique Plan Design certification have been provided by Ksenia Whittall, FSA, MAAA of Wakely Consulting, by way of the Washington Health Benefit Exchange. Values and methodology were reviewed for reasonableness.

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8.4 Actuarial Certification

I, David Liebert, Senior Director, Actuarial Services for Kaiser Foundation Health Plan of the Northwest (KFHP) am a member in good standing of the American Academy of Actuaries. I meet the qualification standards for certifying Regulatory Filings for Rates and Financial Projections for Health Plans.

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

- The index rate is in compliance with all applicable Washington State and Federal Statutes and Regulations, including 45 CFR part 156, §156.80(d)(1) and 45 CFR part 147.102.
- The rating methodologies produce premiums that are reasonable in relation to benefits being provided and the populations being covered and are based on generally accepted actuarial rating principles for rating blocks of business and are neither excessive nor deficient.
- The index rate and only the allowable modifiers as described in 45 CFR part 156, §156.80(d)(1) and 45 CFR part 156, §156.80(d)(2) were used to generate plan level rates.
- The final 2026 HHS Actuarial Value Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans. For non-standard plans, all KFHP are either: 1) non-unique plan designs and AV Metal Values were determined with the 2026 HHS-AVC without adjustments, or 2) unique plan designs with adjustments to the plans designs entered in the 2026 HHS-AVC in compliance with 45 CFR §156.135(b)(2). See Section 7.1 of this document for further description of how these unique plan designs were entered into the 2026 HHS-AVC. AV Metal Values for standard plans were provided as documented in the Reliance section of this memorandum and have reviewed for reasonableness.
- The allocation of the essential health benefit portion of the premium amounts, including the total premium that represents essential health benefits included in Worksheet 2, Sections III and IV is appropriate for the calculation of advanced payment of premium tax credits (APTCs) and was calculated in accordance with Actuarial Standards of Practice.
- This filing is in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8.
- This filing is consistent with KFHP's internal business plans.
- The adjusted community rate charged can be reasonably expected to result in a loss ratio that meets or exceeds the loss ratio standard of eighty percent.
- The geographic rating factors reflect only differences in the costs of delivery (which can include unit cost and provider practice pattern differences) and do not include differences for population morbidity by geographic area.

All rates, calculations and values were developed accordance with generally accepted actuarial principles and methodologies and in accordance with the Code of Professional Conduct and the following Actuarial Standards of Practice:

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- ASOP No. 5, Incurred Health and Disability Claims
- ASOP No. 8, Regulatory Filings for Health Plan Entities
- ASOP No. 11, Financial Statement Treatment of Reinsurance Transactions Involving Life or Health Insurance
- ASOP No. 12, Risk Classification
- ASOP No. 23, Data Quality
- ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
- ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans
- ASOP No. 41, Actuarial Communications
- ASOP No. 45, The Use of Health Status Based Risk Adjustment Methodologies
- ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act
- ASOP No. 56, Modeling

This actuarial opinion is qualified such that the information contained within this filing reflects the Washington State and Federal statutes, rules, regulations and guidance as of May 12, 2025. Changes to the applicable regulations, including but not limited to changes to mandated benefits, Cost Share Reduction Subsidies, Advanced Premium Tax Credits, Risk Stabilization programs or the Individual Mandate could have a significant impact on rate development. Subsequent changes to these statutes, rules and regulations may make these rates deficient.

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



David Liebert, ASA, MAAA
Senior Director, Actuarial Services
Kaiser Foundation Health Plan of the Northwest
May 13, 2025

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Unified Rate Review v6.1

Company Legal Name:

Kaiser Foundation Health Plan of the Northwest

HIOS Issuer ID:

23371

State:

WA

Effective Date of Rate Change(s):

1/1/2026

Market:

Individual

Market Level Calculations (Same for all Plans)

Section I: Experience Period Data

Experience Period:

1/1/2024

to

12/31/2024

Total

PMPM

Allowed Claims	\$59,540,835.12	\$736.78
Reinsurance	\$0.00	\$0.00
Incurred Claims in Experience Period	\$42,645,246.10	\$527.71
Risk Adjustment	-\$3,005,813.56	-\$37.20
Experience Period Premium	\$54,986,655.26	\$680.43
Experience Period Member Months	80,812	

Section II: Projections

Benefit Category	Experience Period Index Rate PMPM	Year 1 Trend		Year 2 Trend		Trended EHB Allowed Claims PMPM
		Cost	Utilization	Cost	Utilization	
Inpatient Hospital	\$102.66	1.039	1.092	1.039	1.092	\$132.09
Outpatient Hospital	\$138.97	0.967	1.041	0.967	1.041	\$140.76
Professional	\$376.58	0.998	1.085	0.998	1.085	\$442.04
Other Medical	\$18.51	0.959	1.089	0.959	1.089	\$20.19
Capitation	\$0.00	1.000	1.000	1.000	1.000	\$0.00
Prescription Drug	\$98.25	0.985	1.029	0.985	1.029	\$100.99
Total	\$734.97					\$836.07

Morbidity Adjustment	1.030	
Demographic Shift	1.000	
Plan Design Changes	1.002	
Other	1.000	
Adjusted Trended EHB Allowed Claims PMPM for	1/1/2026	\$862.84

Manual EHB Allowed Claims PMPM	\$0.00
Applied Credibility %	100.00%

Projected Period Totals

Projected Index Rate for	1/1/2026	\$862.84	\$72,478,560.00
Reinsurance		\$0.00	\$0.00
Risk Adjustment Payment/Charge		-\$41.39	-\$3,476,769.93
Exchange User Fees		0.55%	\$417,618.29
Market Adjusted Index Rate		\$909.20	\$76,372,948.22

Projected Member Months	84,000
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Information Not Releasable to the Public Unless Authorized by Law:

This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

1 of 3

Product-Plan Data Collection

Company Legal Name: Kaiser Foundation Health Plan of the Northwest
HIOS Issuer ID: 23371 State: WA
Effective Date of Rate Change(s): 1/1/2026 Market: Individual

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

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

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

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

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

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

Product/Plan Level Calculations

Section I: General Product and Plan Information

Field #	Section I: General Product and Plan Information	Base Medical w/Vision Exam	Base Medical w/Vision & Pedit Dental	Base Medical	Base Medical w/Pedit Dental	WA Standard Plans
1.1	Product Name	23371WA176	23371WA177	23371WA178	23371WA179	23371WA184
1.2	Product ID	23371WA176	23371WA177	23371WA178	23371WA179	23371WA184
1.3	Plan Name	23371WA1760001	23371WA1770001	23371WA1780001	23371WA1790001	23371WA1840001
1.4	Plan ID (Standard Component ID)	23371WA1760001	23371WA1770001	23371WA1780001	23371WA1790001	23371WA1840001
1.5	Metal	Gold	Gold	Bronze	Bronze	Gold
1.6	AV Metal Value	0.790	0.719	0.639	0.650	0.650
1.7	Plan Category	Renewing	Renewing	Renewing	Renewing	Renewing
1.8	Plan Type	EPO	EPO	EPO	EPO	EPO
1.9	Exchange Plan?	Yes	Yes	No	No	Yes
1.10	Effective Date of Proposed Rates	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026
1.11	Cumulative Rate Change % (over 12 mos prior)	5.13%	26.91%	2.24%	5.00%	1.91%
1.12	Product Rate Increase %	11.10%	2.71%	2.13%	13.68%	12.99%
1.13	Submission Level Rate Increase %				11.09%	10.57%

Worksheet 1 Totals

Section II: Experience Period and Current Plan Level Information

2.1	Plan ID (Standard Component ID)	Total	23371WA1760001	23371WA1760002	23371WA1760003	23371WA1770001	23371WA1770002	23371WA1770003	23371WA1780001	23371WA1780002	23371WA1790001	23371WA1790002	23371WA1790003	23371WA1790004	23371WA1790005	23371WA1940001	23371WA1940004	23371WA1940002	23371WA1940003
2.2	Allowed Claims	\$59,540,835	\$4,006,465	\$7,083,841	\$3,914,410	\$2,488,791	\$1,730,377	\$5,418,498	\$2,215,339	\$3,390,682	\$0	\$2,247,509	\$1,089,884	\$933,981	\$1,114,956	\$2,050,543	\$4,899,705	\$0	\$8,683,351
2.3	Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.4	Member Cost Sharing	\$16,895,589	\$1,120,088	\$1,526,625	\$937,710	\$692,299	\$525,837	\$1,292,188	\$877,993	\$1,289,915	\$0	\$798,584	\$410,413	\$367,945	\$378,529	\$775,493	\$1,007,913	\$0	\$1,706,754
2.5	Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.6	Incurd Claims	\$42,645,246	\$2,886,377	\$5,557,215	\$2,976,099	\$1,796,493	\$1,204,540	\$4,126,110	\$1,337,346	\$2,100,769	\$0	\$1,448,035	\$679,470	\$566,035	\$736,425	\$1,275,050	\$3,891,792	\$0	\$6,976,196
2.7	Risk Adjustment Transfer Amount	-\$3,005,814	\$383,899	\$340,447	\$833,114	\$335,265	\$150,423	\$626,493	-\$1,237,372	-\$1,455,135	\$0	-\$182,344	-\$511,804	-\$585,797	\$50,161	-\$641,077	\$759,718	\$0	\$622,273
2.8	Premium	\$54,986,655	\$4,055,510	\$4,469,087	\$4,385,394	\$1,732,940	\$1,766,526	\$3,329,677	\$3,131,781	\$3,831,475	\$0	\$1,688,541	\$1,369,545	\$1,500,806	\$532,615	\$1,703,462	\$4,243,034	\$0	\$8,386,890
2.9	Experience Period Member Months	80,812	5,447	5,674	5,403	2,304	2,507	4,063	5,775	6,810	0	3,036	2,398	2,734	836	2,992	4,927	0	10,371
2.10	Current Enrollment	7,000	436	422	465	198	232	441	431	535	0	260	193	241	76	238	509	0	865
2.11	Current Premium PMPM	\$733.78	\$792.86	\$835.76	\$855.27	\$801.44	\$756.41	\$864.12	\$597.98	\$617.53	\$0.00	\$679.04	\$626.82	\$605.48	\$688.31	\$625.09	\$899.94	\$0.00	\$854.93
2.12	Loss Ratio	82.04%	58.96%	115.55%	57.04%	86.03%	62.84%	104.30%	70.59%	88.55%	NDIV/0	70.65%	79.40%	81.86%	126.37%	120.02%	77.79%	NDIV/0	77.44%
2.13	Per Member Per Month	\$736.78	\$735.54	\$1,248.47	\$724.49	\$1,080.20	\$690.22	\$1,333.62	\$383.61	\$487.80	NDIV/0	\$740.29	\$454.50	\$341.62	\$1,333.68	\$685.34	\$994.46	NDIV/0	\$837.27
2.14	Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	NDIV/0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2.15	Member Cost Sharing	\$209.07	\$205.63	\$269.06	\$173.55	\$300.46	\$209.75	\$318.04	\$152.03	\$189.41	NDIV/0	\$263.04	\$171.15	\$134.58	\$452.79	\$259.19	\$204.57	NDIV/0	\$164.57
2.16	Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	NDIV/0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	NDIV/0	\$0.00
2.17	Incurd Claims	\$527.71	\$529.90	\$979.42	\$550.93	\$779.73	\$480.47	\$1,015.58	\$231.58	\$308.48	NDIV/0	\$477.25	\$283.35	\$207.04	\$880.89	\$426.15	\$789.89	NDIV/0	\$672.70
2.18	Risk Adjustment Transfer Amount	\$37.20	\$154.19	\$60.00	\$154.19	\$154.19	\$60.00	\$154.19	-\$214.26	-\$214.26	NDIV/0	\$60.00	-\$214.26	-\$214.26	\$60.00	-\$214.26	\$154.19	NDIV/0	\$60.00
2.19	Premium	\$680.43	\$744.54	\$787.64	\$811.66	\$752.14	\$704.64	\$810.51	\$542.30	\$562.62	NDIV/0	\$615.46	\$571.12	\$548.94	\$637.10	\$569.34	\$861.18	NDIV/0	\$808.69

Section III: Plan Adjustment Factors

3.1	Plan ID (Standard Component ID)	23371WA1760001	23371WA1760002	23371WA1760003	23371WA1770001	23371WA1770002	23371WA1770003	23371WA1780001	23371WA1780002	23371WA1790001	23371WA1790002	23371WA1790003	23371WA1790004	23371WA1790005	23371WA1940001	23371WA1940004	23371WA1940002	23371WA1940003
3.2	Market Adjusted Index Rate	0.7859	1.0242	0.8281	0.7952	0.7226	0.6358	0.6490	0.7820	0.6759	0.6448	0.6871	0.7725	0.6580	0.8267	0.7725	1.0227	0.6490
3.3	AV and Cost Sharing Design of Plan	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.4	Provider Network Adjustment	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.5	Benefits in Addition to EHB	1.0074	1.0045	1.0075	1.0061	1.0051	1.0063	1.0015	1.0014	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0014
3.6	Administrative Costs	8.48%	6.66%	8.08%	8.40%	9.17%	8.01%	10.31%	10.13%	8.57%	9.78%	10.16%	10.20%	9.64%	10.02%	8.14%	8.66%	6.69%
3.7	Taxes and Fees	2.16%	2.15%	2.16%	2.17%	2.17%	2.16%	2.18%	2.18%	2.16%	2.18%	2.18%	2.17%	2.18%	2.17%	2.16%	2.16%	2.15%
3.8	Profit & Risk Load	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%
3.9	Catastrophic Adjustment	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.10	Plan Adjusted Index Rate	\$833.50	\$1,060.67	\$874.40	\$841.54	\$770.83	\$882.56	\$685.11	\$697.72	\$824.18	\$722.63	\$695.47	\$692.77	\$733.30	\$705.41	\$867.94	\$816.02	\$1,055.68
3.11	Age Calibration Factor	0.557967036								0.5580								
3.12	Geographic Calibration Factor	0.991075016								0.9911								
3.13	Tobacco Calibration Factor	1								1.0000								
3.14	Calibrated Plan Adjusted Index Rate	\$460.92	\$586.54	\$483.53	\$465.36	\$426.26	\$488.05	\$378.86	\$385.83	\$455.76	\$399.61	\$384.58	\$383.09	\$405.50	\$390.08	\$479.96	\$451.25	\$583.78

Section IV: Projected Plan Level Information

4.1	Plan ID (Standard Component ID)	Total	23371WA1760001	23371WA1760002	23371WA1760003	23371WA1770001	23371WA1770002	23371WA1770003	23371WA1780001	23371WA1780002	23371WA1790001	23371WA1790002	23371WA1790003	23371WA1790004	23371WA1790005	23371WA1940001	23371WA1940002	23371WA1940003	23371WA1940004	
4.2	Allowed Claims	\$72,642,677	\$6,750,376	\$2,101,460	\$7,168,453	\$2,123,447	\$2,426,714	\$4,803,389	\$4,331,495	\$5,395,827	\$159,078	\$2,663,379	\$1,961,447	\$2,447,441	\$626,936	\$2,425,395	\$6,732,729	\$1,049,443	\$4,780,750	\$14,694,687
4.3	Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
4.4	Member Cost Sharing	\$18,015,970	\$1,535,197	\$61,483	\$1,421,317	\$482,652	\$681,646	\$953,230	\$1,489,813	\$1,795,520	\$37,630	\$843,684	\$667,340	\$838,519	\$192,974	\$804,174	\$1,342,506	\$248,613	\$1,474,744	\$4,890,392
4.5	Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6	Incurd Claims	\$24,626,707	\$5,515,179	\$2,162,944	\$5,747,136	\$1,640,795	\$1,745,067	\$3,850,169	\$2,841,882	\$3,600,337	\$121,448	\$1,819,695	\$1,204,106	\$1,008,922	\$433,962	\$1,621,421	\$5,390,223	\$800,830	\$4,928,494	\$5,804,295
4.7	Risk Adjustment Transfer Amount	-\$2,614,321	\$1,326,332	\$161,410	\$1,386,089	\$452,265	\$184,466	\$919,674	-\$1,582,274	\$31,281	\$206,732	\$572,805	\$715,015	\$480,931	-\$706,115	\$1,311,724	\$208,540	\$369,733	-\$4,322,796	\$4,322,796
4.8	Premium	\$66,949,505	\$6,361,286	\$2,583,803	\$6,977,720	\$1,999,496	\$2,145,986	\$4,670,526	\$3,543,380	\$4,479,391	\$148,353	\$2,254,609	\$1,610,704	\$2,003,485	\$536,774	\$2,014,655	\$6,551,203	\$979,223	\$5,890,714	\$12,198,107
4.9	Projected Member Months	84,000	7,632	2,436	7,980	2,376	2,784	5,292	5,172	6,420	180	3,120	2,316	2,892	732	2,856	7,548	1,200	5,580	17,484
4.10	Loss Ratio	84.91%	67.84%	78.79%	68.71%	68.01%	74.88%	68.87%	125.48%	124.49%	67.61%	73.93%	124.69%	124.87%	74.15%	123.91%	68.55%	67.42%	78.72%	124.49%
Per Member Per Month																				
4.11	Allowed Claims	\$864.79	\$884.48	\$862.67	\$898.30	\$893.71	\$871.66	\$907.67	\$837.49	\$840.48	\$883.77	\$853.65	\$846.91	\$846.28	\$856.47	\$849.30	\$891.99	\$874.54	\$856.77	\$840.46
4.12	Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.13	Member Cost Sharing	\$214.48	\$201.15	\$25.24	\$178.11	\$203.14	\$244.84	\$180.12	\$288.05	\$279.68	\$209.06	\$270.41	\$288.14	\$289.94	\$263.63	\$281.57	\$177.86	\$207.18	\$26.48	\$279.71
4.14	Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.15	Incurd Claims	\$690.32	\$683.73	\$887.91	\$720.19	\$690.17	\$727.55	\$549.44	\$560.80	\$674.71	\$181.24	\$518.77	\$556.34	\$592.84	\$167.71	\$714.13	\$667.36	\$583.24	\$560.76	\$560.76
4.16	Risk Adjustment Transfer Amount	-\$31.12	\$173.79	\$66.26	\$173.79	\$173.79	\$66.26	\$173.79	-\$247.24	-\$247.24	\$173.79	\$66.26	-\$247.24	-\$247.24	\$66.26	-\$247.24	\$173.79	\$173.79	\$66.26	\$66.26
4.17	Premium	\$797.02	\$833.50	\$1,060.67	\$874.40	\$841.54	\$770.83	\$882.56	\$685.11	\$697.72	\$824.18	\$583.24	\$558.47	\$692.77	\$573.03	\$705.41	\$867.94	\$867.62	\$1,055.68	\$697.68

Rating Area Data Collection

Specify the total number of Rating Areas in your State by selecting the Create Rating Areas button or Ctrl + Shift + R.
Select only the Rating Areas you are offering plans within and add a factor for each area.
To validate, select the Validate button or Ctrl + Shift + I.
To finalize, select the Finalize button or Ctrl + Shift + F.

Rating Area	Rating Factor
Rating Area 2	1.0500
Rating Area 3	1.0000

**Kaiser Foundation Health Plan of the NorthWest
RATE SCHEDULE**

Plan Information

Plan Name: KP WA Gold 0
HIOS Plan ID: 23371WA1760003
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: In the exchange
Metal Level: Gold
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		388.40	360.90															
15		422.92	402.78															
16		436.12	415.35															
17		449.32	427.93															
18		463.54	441.47															
19		477.75	455.00															
20		492.48	469.03															
21		507.71	483.53															
22		507.71	483.53															
23		507.71	483.53															
24		507.71	483.53															
25		509.74	485.47															
26		519.89	495.14															
27		532.08	506.74															
28		551.88	525.60															
29		568.13	541.07															
30		576.25	548.81															
31		588.43	560.41															
32		600.62	572.02															
33		608.24	579.27															
34		616.36	587.01															
35		620.42	590.88															
36		624.48	594.75															
37		628.54	598.61															
38		632.61	602.48															
39		640.73	610.22															
40		648.85	617.95															
41		661.04	629.56															
42		672.71	640.68															
43		688.96	656.15															
44		709.27	675.49															
45		733.13	698.22															
46		761.56	725.30															
47		793.55	755.76															
48		830.10	790.58															
49		866.15	824.91															
50		906.77	863.59															
51		946.88	901.79															
52		991.05	943.86															
53		1035.73	986.41															
54		1083.96	1032.34															
55		1132.19	1078.28															
56		1184.49	1128.08															
57		1237.29	1178.37															
58		1293.64	1232.04															
59		1321.57	1258.64															
60		1377.92	1312.31															
61		1426.66	1358.73															
62		1458.65	1389.19															
63		1498.76	1427.39															
64 and over		1523.13	1450.59															

**Kaiser Foundation Health Plan of the NorthWest
RATE SCHEDULE**

Plan Information

Plan Name: KP WA Gold 1750
HIOS Plan ID: 23371WA1760001
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: In the exchange
Metal Level: Gold
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		370.23	352.60															
15		403.14	383.94															
16		415.72	395.93															
17		428.31	407.91															
18		441.86	420.82															
19		455.41	433.72															
20		469.44	447.09															
21		483.96	460.92															
22		483.96	460.92															
23		483.96	460.92															
24		483.96	460.92															
25		485.90	462.76															
26		495.58	471.98															
27		507.19	483.04															
28		526.07	501.02															
29		541.55	515.76															
30		549.30	523.14															
31		560.91	534.20															
32		572.53	545.26															
33		579.79	552.18															
34		587.53	559.55															
35		591.40	563.24															
36		595.27	566.93															
37		599.14	570.61															
38		603.02	574.30															
39		610.76	581.68															
40		618.50	589.05															
41		630.12	600.11															
42		641.25	610.71															
43		656.74	625.46															
44		676.09	643.90															
45		698.84	665.56															
46		725.94	691.37															
47		756.43	720.41															
48		791.28	753.60															
49		825.64	786.32															
50		864.36	823.20															
51		902.59	859.61															
52		944.69	899.71															
53		987.28	940.27															
54		1033.26	984.06															
55		1079.23	1027.84															
56		1129.08	1075.32															
57		1179.41	1123.25															
58		1233.13	1174.41															
59		1259.75	1199.76															
60		1313.47	1250.93															
61		1359.93	1295.17															
62		1390.42	1324.21															
63		1428.65	1360.62															
64 and over		1451.88	1382.76															

**Kaiser Foundation Health Plan of the NorthWest
RATE SCHEDULE**

Plan Information

Plan Name: KP Cascade Complete Gold
HIOS Plan ID: 23371WA1940001
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: In the exchange
Metal Level: Gold
Plan Type: Standardized Non-Public Option Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		385.53	367.17															
15		419.80	399.81															
16		432.90	412.28															
17		446.00	424.76															
18		460.11	438.20															
19		474.22	451.64															
20		488.84	465.56															
21		503.96	479.96															
22		503.96	479.96															
23		503.96	479.96															
24		503.96	479.96															
25		505.97	481.88															
26		516.05	491.48															
27		528.15	503.00															
28		547.80	521.72															
29		563.93	537.07															
30		571.99	544.75															
31		584.09	556.27															
32		596.18	567.79															
33		603.74	574.99															
34		611.80	582.67															
35		615.84	586.51															
36		619.87	590.35															
37		623.90	594.19															
38		627.93	598.03															
39		635.99	605.71															
40		644.06	613.39															
41		656.15	624.91															
42		667.74	635.95															
43		683.87	651.30															
44		704.03	670.50															
45		727.71	693.06															
46		755.94	719.94															
47		787.68	750.18															
48		823.97	784.73															
49		859.75	818.81															
50		900.07	857.21															
51		939.88	895.12															
52		983.72	936.88															
53		1028.07	979.12															
54		1075.95	1024.71															
55		1123.82	1070.31															
56		1175.73	1119.74															
57		1228.14	1169.66															
58		1284.08	1222.94															
59		1311.80	1249.33															
60		1367.74	1302.61															
61		1416.12	1348.69															
62		1447.87	1378.92															
63		1487.68	1416.84															
64 and over		1511.87	1439.88															

**Kaiser Foundation Health Plan of the NorthWest
RATE SCHEDULE**

Plan Information

Plan Name: KP WA Silver 1000
HIOS Plan ID: 23371WA1760002
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	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		471.14	448.70															
15		513.02	488.59															
16		529.03	503.84															
17		545.04	519.09															
18		562.29	535.51															
19		579.53	551.93															
20		597.39	568.94															
21		615.87	586.54															
22		615.87	586.54															
23		615.87	586.54															
24		615.87	586.54															
25		618.33	588.89															
26		630.65	600.62															
27		645.43	614.69															
28		669.45	637.57															
29		689.15	656.34															
30		699.01	665.72															
31		713.79	679.80															
32		728.57	693.88															
33		737.81	702.67															
34		747.66	712.06															
35		752.59	716.75															
36		757.52	721.44															
37		762.44	726.14															
38		767.37	730.83															
39		777.22	740.21															
40		787.08	749.60															
41		801.86	763.67															
42		816.02	777.16															
43		835.73	795.93															
44		860.37	819.40															
45		889.31	846.96															
46		923.80	879.81															
47		962.60	916.76															
48		1006.94	958.99															
49		1050.67	1000.64															
50		1099.94	1047.56															
51		1148.59	1093.90															
52		1202.17	1144.92															
53		1256.37	1196.54															
54		1314.87	1252.26															
55		1373.38	1307.98															
56		1436.82	1368.40															
57		1500.87	1429.40															
58		1569.23	1494.50															
59		1603.10	1526.76															
60		1671.46	1591.87															
61		1730.58	1648.18															
62		1769.38	1685.13															
63		1818.04	1731.46															
64 and over		1847.60	1759.62															

**Kaiser Foundation Health Plan of the NorthWest
RATE SCHEDULE**

Plan Information

Plan Name: KP Cascade Silver
HIOS Plan ID: 23371WA1940002
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: In the exchange
Metal Level: Silver
Plan Type: Standardized Non-Public Option Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	468.92	446.59																
15	510.60	486.29																
16	526.54	501.47																
17	542.48	516.64																
18	559.64	532.99																
19	576.80	549.34																
20	594.58	566.27																
21	612.97	583.78																
22	612.97	583.78																
23	612.97	583.78																
24	612.97	583.78																
25	615.42	586.11																
26	627.68	597.79																
27	642.39	611.80																
28	666.30	634.57																
29	685.91	653.25																
30	695.72	662.59																
31	710.43	676.60																
32	725.14	690.61																
33	734.34	699.37																
34	744.14	708.71																
35	749.05	713.38																
36	753.95	718.05																
37	758.85	722.72																
38	763.76	727.39																
39	773.57	736.73																
40	783.37	746.07																
41	798.08	760.08																
42	812.18	773.51																
43	831.80	792.19																
44	856.32	815.54																
45	885.13	842.98																
46	919.45	875.67																
47	958.07	912.45																
48	1002.20	954.48																
49	1045.72	995.93																
50	1094.76	1042.63																
51	1143.19	1088.75																
52	1196.51	1139.54																
53	1250.46	1190.91																
54	1308.69	1246.37																
55	1366.92	1301.83																
56	1430.06	1361.96																
57	1493.80	1422.67																
58	1561.84	1487.47																
59	1595.56	1519.58																
60	1663.60	1584.38																
61	1722.44	1640.42																
62	1761.06	1677.20																
63	1809.48	1723.32																
64 and over	1838.91	1751.34																

**Kaiser Foundation Health Plan of the NorthWest
RATE SCHEDULE**

Plan Information

Plan Name: KP WA Bronze 9100
HIOS Plan ID: 23371WA1780003
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	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		304.32	289.82															
15		331.37	315.59															
16		341.71	325.44															
17		352.05	335.29															
18		363.19	345.90															
19		374.33	356.50															
20		385.86	367.49															
21		397.80	378.86															
22		397.80	378.86															
23		397.80	378.86															
24		397.80	378.86															
25		399.39	380.37															
26		407.35	387.95															
27		416.89	397.04															
28		432.41	411.82															
29		445.14	423.94															
30		451.50	430.00															
31		461.05	439.09															
32		470.60	448.19															
33		476.56	453.87															
34		482.93	459.93															
35		486.11	462.96															
36		489.29	465.99															
37		492.48	469.02															
38		495.66	472.05															
39		502.02	478.12															
40		508.39	484.18															
41		517.93	493.27															
42		527.08	501.98															
43		539.81	514.11															
44		555.73	529.26															
45		574.42	547.07															
46		596.70	568.28															
47		621.76	592.15															
48		650.40	619.43															
49		678.64	646.33															
50		710.47	676.64															
51		741.89	706.57															
52		776.50	739.53															
53		811.51	772.87															
54		849.30	808.86															
55		887.09	844.85															
56		928.06	883.87															
57		969.44	923.27															
58		1013.59	965.33															
59		1035.47	986.16															
60		1079.63	1028.22															
61		1117.81	1064.59															
62		1142.88	1088.45															
63		1174.30	1118.38															
64 and over		1193.40	1136.58															

**Kaiser Foundation Health Plan of the NorthWest
RATE SCHEDULE**

Plan Information

Plan Name: KP WA Bronze HSA 7100
HIOS Plan ID: 23371WA1780004
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	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		309.92	295.16															
15		337.47	321.40															
16		348.00	331.43															
17		358.54	341.46															
18		369.88	352.27															
19		381.22	363.07															
20		392.97	374.26															
21		405.12	385.83															
22		405.12	385.83															
23		405.12	385.83															
24		405.12	385.83															
25		406.74	387.38															
26		414.85	395.09															
27		424.57	404.35															
28		440.37	419.40															
29		453.33	431.75															
30		459.82	437.92															
31		469.54	447.18															
32		479.26	456.44															
33		485.34	462.23															
34		491.82	468.40															
35		495.06	471.49															
36		498.30	474.57															
37		501.54	477.66															
38		504.78	480.75															
39		511.27	486.92															
40		517.75	493.09															
41		527.47	502.35															
42		536.79	511.23															
43		549.75	523.57															
44		565.96	539.01															
45		585.00	557.14															
46		607.69	578.75															
47		633.21	603.06															
48		662.38	630.84															
49		691.14	658.23															
50		723.55	689.10															
51		755.56	719.58															
52		790.80	753.15															
53		826.45	787.10															
54		864.94	823.75															
55		903.43	860.41															
56		945.16	900.15															
57		987.29	940.27															
58		1032.26	983.10															
59		1054.54	1004.32															
60		1099.51	1047.15															
61		1138.40	1084.19															
62		1163.92	1108.50															
63		1195.93	1138.98															
64 and over		1215.36	1157.49															

**Kaiser Foundation Health Plan of the NorthWest
RATE SCHEDULE**

Plan Information

Plan Name: KP Cascade Bronze
HIOS Plan ID: 23371WA1940003
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: In the exchange
Metal Level: Bronze
Plan Type: Standardized Non-Public Option Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		309.90	295.14															
15		337.45	321.38															
16		347.98	331.41															
17		358.51	341.44															
18		369.85	352.24															
19		381.20	363.04															
20		392.94	374.23															
21		405.10	385.81															
22		405.10	385.81															
23		405.10	385.81															
24		405.10	385.81															
25		406.72	387.35															
26		414.82	395.07															
27		424.54	404.33															
28		440.34	419.37															
29		453.30	431.72															
30		459.79	437.89															
31		469.51	447.15															
32		479.23	456.41															
33		485.31	462.20															
34		491.79	468.37															
35		495.03	471.46															
36		498.27	474.54															
37		501.51	477.63															
38		504.75	480.72															
39		511.23	486.89															
40		517.71	493.06															
41		527.44	502.32															
42		536.75	511.19															
43		549.72	523.54															
44		565.92	538.97															
45		584.96	557.11															
46		607.65	578.71															
47		633.17	603.02															
48		662.33	630.79															
49		691.10	658.19															
50		723.50	689.05															
51		755.51	719.53															
52		790.75	753.09															
53		826.40	787.05															
54		864.88	823.70															
55		903.37	860.35															
56		945.09	900.09															
57		987.22	940.21															
58		1032.19	983.04															
59		1054.47	1004.26															
60		1099.43	1047.08															
61		1138.32	1084.12															
62		1163.84	1108.42															
63		1195.85	1138.90															
64 and over		1215.29	1157.43															

**Kaiser Foundation Health Plan of the NorthWest
RATE SCHEDULE**

Plan Information

Plan Name: KP WA Gold 0 with Pediatric Dental
HIOS Plan ID: 23371WA1770003
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Outside the exchange
Metal Level: Gold
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		392.02	373.36															
15		426.87	406.54															
16		440.19	419.23															
17		453.52	431.92															
18		467.87	445.59															
19		482.21	459.25															
20		497.08	473.40															
21		512.45	488.05															
22		512.45	488.05															
23		512.45	488.05															
24		512.45	488.05															
25		514.50	490.00															
26		524.75	499.76															
27		537.05	511.47															
28		557.03	530.51															
29		573.43	546.12															
30		581.63	553.93															
31		593.93	565.65															
32		606.23	577.36															
33		613.91	584.68															
34		622.11	592.49															
35		626.21	596.39															
36		630.31	600.30															
37		634.41	604.20															
38		638.51	608.11															
39		646.71	615.91															
40		654.91	623.72															
41		667.21	635.44															
42		678.99	646.66															
43		695.39	662.28															
44		715.89	681.80															
45		739.98	704.74															
46		768.67	732.07															
47		800.96	762.82															
48		837.85	797.96															
49		874.24	832.61															
50		915.23	871.65															
51		955.72	910.21															
52		1000.30	952.67															
53		1045.40	995.61															
54		1094.08	1041.98															
55		1142.76	1088.34															
56		1195.54	1138.61															
57		1248.84	1189.37															
58		1305.72	1243.54															
59		1333.90	1270.38															
60		1390.79	1324.56															
61		1439.98	1371.41															
62		1472.27	1402.16															
63		1512.75	1440.71															
64 and over		1537.35	1464.15															

**Kaiser Foundation Health Plan of the NorthWest
RATE SCHEDULE**

Plan Information

Plan Name: KP WA Gold 1750 with Pediatric Dental
HIOS Plan ID: 23371WA1770001
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Outside the exchange
Metal Level: Gold
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		373.80	356.00															
15		407.03	387.65															
16		419.73	399.74															
17		432.44	411.84															
18		446.12	424.87															
19		459.80	437.90															
20		473.97	451.40															
21		488.63	465.36															
22		488.63	465.36															
23		488.63	465.36															
24		488.63	465.36															
25		490.58	467.22															
26		500.36	476.53															
27		512.08	487.70															
28		531.14	505.85															
29		546.77	520.74															
30		554.59	528.18															
31		566.32	539.35															
32		578.05	550.52															
33		585.38	557.50															
34		593.19	564.95															
35		597.10	568.67															
36		601.01	572.39															
37		604.92	576.12															
38		608.83	579.84															
39		616.65	587.28															
40		624.47	594.73															
41		636.19	605.90															
42		647.43	616.60															
43		663.07	631.49															
44		682.61	650.11															
45		705.58	671.98															
46		732.94	698.04															
47		763.73	727.36															
48		798.91	760.86															
49		833.60	793.90															
50		872.69	831.13															
51		911.29	867.90															
52		953.80	908.38															
53		996.80	949.33															
54		1043.22	993.54															
55		1089.64	1037.75															
56		1139.97	1085.69															
57		1190.79	1134.08															
58		1245.02	1185.74															
59		1271.90	1211.33															
60		1326.14	1262.99															
61		1373.05	1307.66															
62		1403.83	1336.98															
63		1442.43	1373.74															
64 and over		1465.88	1396.08															

**Kaiser Foundation Health Plan of the NorthWest
RATE SCHEDULE**

Plan Information

Plan Name: KP WA Silver 1000 with Pediatric Dental
HIOS Plan ID: 23371WA1770002
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Outside the exchange
Metal Level: Silver
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		342.39	326.09															
15		372.83	355.07															
16		384.46	366.16															
17		396.10	377.24															
18		408.63	389.17															
19		421.16	401.11															
20		434.14	413.47															
21		447.57	426.26															
22		447.57	426.26															
23		447.57	426.26															
24		447.57	426.26															
25		449.36	427.96															
26		458.31	436.49															
27		469.05	446.72															
28		486.51	463.34															
29		500.83	476.98															
30		507.99	483.80															
31		518.73	494.03															
32		529.48	504.26															
33		536.19	510.66															
34		543.35	517.48															
35		546.93	520.89															
36		550.51	524.30															
37		554.09	527.71															
38		557.67	531.12															
39		564.83	537.94															
40		572.00	544.76															
41		582.74	554.99															
42		593.03	564.79															
43		607.35	578.43															
44		625.26	595.48															
45		646.29	615.52															
46		671.36	639.39															
47		699.55	666.24															
48		731.78	696.93															
49		763.56	727.20															
50		799.36	761.30															
51		834.72	794.97															
52		873.66	832.06															
53		913.04	869.57															
54		955.56	910.06															
55		998.08	950.56															
56		1044.18	994.46															
57		1090.73	1038.79															
58		1140.41	1086.11															
59		1165.03	1109.55															
60		1214.71	1156.86															
61		1257.67	1197.79															
62		1285.87	1224.64															
63		1321.23	1258.31															
64 and over		1342.71	1278.78															

**Kaiser Foundation Health Plan of the NorthWest
RATE SCHEDULE**

Plan Information

Plan Name: KP WA Silver 5500 with Pediatric Dental
HIOS Plan ID: 23371WA1790001
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Outside the exchange
Metal Level: Silver
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		320.98	305.70															
15		349.52	332.87															
16		360.42	343.26															
17		371.33	353.65															
18		383.08	364.84															
19		394.83	376.03															
20		407.00	387.62															
21		419.59	399.61															
22		419.59	399.61															
23		419.59	399.61															
24		419.59	399.61															
25		421.26	401.20															
26		429.66	409.20															
27		439.73	418.79															
28		456.09	434.37															
29		469.52	447.16															
30		476.23	453.55															
31		486.30	463.14															
32		496.37	472.73															
33		502.66	478.73															
34		509.38	485.12															
35		512.73	488.32															
36		516.09	491.51															
37		519.45	494.71															
38		522.80	497.91															
39		529.52	504.30															
40		536.23	510.70															
41		546.30	520.29															
42		555.95	529.48															
43		569.38	542.26															
44		586.16	558.25															
45		605.88	577.03															
46		629.38	599.41															
47		655.81	624.58															
48		686.02	653.36															
49		715.81	681.73															
50		749.38	713.70															
51		782.53	745.26															
52		819.03	780.03															
53		855.96	815.20															
54		895.82	853.16															
55		935.68	891.12															
56		978.89	932.28															
57		1022.53	973.84															
58		1069.11	1018.20															
59		1092.18	1040.17															
60		1138.76	1084.53															
61		1179.04	1122.89															
62		1205.47	1148.07															
63		1238.62	1179.64															
64 and over		1258.76	1198.83															

**Kaiser Foundation Health Plan of the NorthWest
RATE SCHEDULE**

Plan Information

Plan Name: KP WA Silver HSA 3600 with Pediatric Dental
HIOS Plan ID: 23371WA1790004
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Outside the exchange
Metal Level: Silver
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		325.72	310.21															
15		354.67	337.78															
16		365.74	348.33															
17		376.81	358.87															
18		388.74	370.23															
19		400.66	381.58															
20		413.01	393.34															
21		425.78	405.50															
22		425.78	405.50															
23		425.78	405.50															
24		425.78	405.50															
25		427.48	407.13															
26		436.00	415.24															
27		446.22	424.97															
28		462.82	440.78															
29		476.45	453.76															
30		483.26	460.25															
31		493.48	469.98															
32		503.70	479.71															
33		510.08	485.79															
34		516.90	492.28															
35		520.30	495.53															
36		523.71	498.77															
37		527.11	502.01															
38		530.52	505.26															
39		537.33	511.75															
40		544.15	518.23															
41		554.36	527.97															
42		564.16	537.29															
43		577.78	550.27															
44		594.81	566.49															
45		614.83	585.55															
46		638.67	608.26															
47		665.49	633.80															
48		696.15	663.00															
49		726.38	691.79															
50		760.44	724.23															
51		794.08	756.27															
52		831.12	791.54															
53		868.59	827.23															
54		909.04	865.75															
55		949.49	904.27															
56		993.34	946.04															
57		1037.62	988.21															
58		1084.89	1033.22															
59		1108.30	1055.53															
60		1155.57	1100.54															
61		1196.44	1139.47															
62		1223.26	1165.01															
63		1256.90	1197.05															
64 and over		1277.34	1216.50															

**Kaiser Foundation Health Plan of the NorthWest
RATE SCHEDULE**

Plan Information

Plan Name: KP WA Bronze 6000 with Pediatric Dental
HIOS Plan ID: 23371WA1790002
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Outside the exchange
Metal Level: Bronze
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		308.92	294.21															
15		336.38	320.36															
16		346.88	330.36															
17		357.38	340.36															
18		368.68	351.13															
19		379.99	361.89															
20		391.70	373.05															
21		403.81	384.58															
22		403.81	384.58															
23		403.81	384.58															
24		403.81	384.58															
25		405.43	386.12															
26		413.51	393.81															
27		423.20	403.05															
28		438.95	418.04															
29		451.87	430.35															
30		458.33	436.50															
31		468.02	445.73															
32		477.71	454.96															
33		483.77	460.73															
34		490.23	466.89															
35		493.46	469.96															
36		496.69	473.04															
37		499.92	476.12															
38		503.15	479.19															
39		509.61	485.35															
40		516.07	491.50															
41		525.77	500.73															
42		535.05	509.58															
43		547.98	521.88															
44		564.13	537.27															
45		583.11	555.34															
46		605.72	576.88															
47		631.16	601.11															
48		660.24	628.80															
49		688.91	656.10															
50		721.21	686.87															
51		753.11	717.25															
52		788.25	750.71															
53		823.78	784.55															
54		862.14	821.09															
55		900.51	857.62															
56		942.10	897.24															
57		984.10	937.23															
58		1028.92	979.92															
59		1051.13	1001.07															
60		1095.95	1043.76															
61		1134.72	1080.68															
62		1160.16	1104.91															
63		1192.06	1135.29															
64 and over		1211.43	1153.74															

**Kaiser Foundation Health Plan of the NorthWest
RATE SCHEDULE**

Plan Information

Plan Name: KP WA Bronze 9100 with Pediatric Dental
HIOS Plan ID: 23371WA1790003
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Outside the exchange
Metal Level: Bronze
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		307.72	293.07															
15		335.07	319.12															
16		345.53	329.08															
17		355.99	339.04															
18		367.25	349.76															
19		378.51	360.49															
20		390.18	371.60															
21		402.25	383.09															
22		402.25	383.09															
23		402.25	383.09															
24		402.25	383.09															
25		403.86	384.62															
26		411.90	392.29															
27		421.55	401.48															
28		437.24	416.42															
29		450.11	428.68															
30		456.55	434.81															
31		466.20	444.00															
32		475.86	453.20															
33		481.89	458.94															
34		488.33	465.07															
35		491.55	468.14															
36		494.76	471.20															
37		497.98	474.27															
38		501.20	477.33															
39		507.63	483.46															
40		514.07	489.59															
41		523.72	498.79															
42		532.98	507.60															
43		545.85	519.86															
44		561.94	535.18															
45		580.84	553.18															
46		603.37	574.64															
47		628.71	598.77															
48		657.67	626.36															
49		686.23	653.55															
50		718.41	684.20															
51		750.19	714.47															
52		785.18	747.80															
53		820.58	781.51															
54		858.80	817.90															
55		897.01	854.29															
56		938.44	893.75															
57		980.27	933.59															
58		1024.92	976.12															
59		1047.05	997.19															
60		1091.70	1039.71															
61		1130.31	1076.49															
62		1155.65	1100.62															
63		1187.43	1130.89															
64 and over		1206.74	1149.27															

**Kaiser Foundation Health Plan of the NorthWest
RATE SCHEDULE**

Plan Information

Plan Name: KP WA Bronze HSA 7100 with Pediatric Dental
HIOS Plan ID: 23371WA1790005
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Outside the exchange
Metal Level: Bronze
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		313.33	298.41															
15		341.19	324.94															
16		351.84	335.08															
17		362.49	345.22															
18		373.95	356.15															
19		385.42	367.07															
20		397.30	378.38															
21		409.59	390.08															
22		409.59	390.08															
23		409.59	390.08															
24		409.59	390.08															
25		411.23	391.64															
26		419.42	399.45															
27		429.25	408.81															
28		445.22	424.02															
29		458.33	436.50															
30		464.88	442.74															
31		474.71	452.11															
32		484.54	461.47															
33		490.69	467.32															
34		497.24	473.56															
35		500.52	476.68															
36		503.79	479.80															
37		507.07	482.92															
38		510.35	486.04															
39		516.90	492.29															
40		523.45	498.53															
41		533.28	507.89															
42		542.70	516.86															
43		555.81	529.34															
44		572.19	544.95															
45		591.44	563.28															
46		614.38	585.13															
47		640.19	609.70															
48		669.68	637.79															
49		698.76	665.48															
50		731.52	696.69															
51		763.88	727.51															
52		799.52	761.44															
53		835.56	795.77															
54		874.47	832.83															
55		913.38	869.89															
56		955.57	910.06															
57		998.17	950.63															
58		1043.63	993.93															
59		1066.16	1015.39															
60		1111.62	1058.69															
61		1150.94	1096.13															
62		1176.75	1120.71															
63		1209.10	1151.53															
64 and over		1228.76	1170.24															

**Kaiser Foundation Health Plan of the NorthWest
RATE SCHEDULE**

Plan Information

Plan Name: KP WA Gold HSA 2100 with Pediatric Dental
HIOS Plan ID: 23371WA1790006
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Outside the exchange
Metal Level: Gold
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		366.09	348.66															
15		398.63	379.65															
16		411.08	391.50															
17		423.52	403.35															
18		436.92	416.11															
19		450.32	428.87															
20		464.19	442.09															
21		478.55	455.76															
22		478.55	455.76															
23		478.55	455.76															
24		478.55	455.76															
25		480.47	457.59															
26		490.04	466.70															
27		501.52	477.64															
28		520.19	495.41															
29		535.50	510.00															
30		543.16	517.29															
31		554.64	528.23															
32		566.13	539.17															
33		573.30	546.00															
34		580.96	553.30															
35		584.79	556.94															
36		588.62	560.59															
37		592.45	564.23															
38		596.27	567.88															
39		603.93	575.17															
40		611.59	582.47															
41		623.07	593.40															
42		634.08	603.89															
43		649.39	618.47															
44		668.54	636.70															
45		691.03	658.12															
46		717.83	683.64															
47		747.98	712.36															
48		782.43	745.17															
49		816.41	777.53															
50		854.69	813.99															
51		892.50	850.00															
52		934.13	889.65															
53		976.24	929.76															
54		1021.71	973.05															
55		1067.17	1016.35															
56		1116.46	1063.30															
57		1166.23	1110.69															
58		1219.35	1161.28															
59		1245.67	1186.35															
60		1298.79	1236.94															
61		1344.73	1280.69															
62		1374.88	1309.41															
63		1412.68	1345.41															
64 and over		1435.65	1367.28															

**Kaiser Foundation Health Plan of the NorthWest
RATE SCHEDULE**

Plan Information

Plan Name: KP Cascade Vital Gold
HIOS Plan ID: 23371WA1940004
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: In the exchange
Metal Level: Gold
Plan Type: Standardized Non-Public Option Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		362.47	345.20															
15		394.68	375.89															
16		407.00	387.62															
17		419.32	399.35															
18		432.59	411.99															
19		445.86	424.62															
20		459.60	437.71															
21		473.81	451.25															
22		473.81	451.25															
23		473.81	451.25															
24		473.81	451.25															
25		475.71	453.05															
26		485.18	462.08															
27		496.55	472.91															
28		515.03	490.51															
29		530.19	504.95															
30		537.78	512.17															
31		549.15	523.00															
32		560.52	533.83															
33		567.63	540.60															
34		575.21	547.82															
35		579.00	551.43															
36		582.79	555.04															
37		586.58	558.65															
38		590.37	562.26															
39		597.95	569.48															
40		605.53	576.70															
41		616.90	587.53															
42		627.80	597.90															
43		642.96	612.34															
44		661.91	630.39															
45		684.18	651.60															
46		710.72	676.87															
47		740.57	705.30															
48		774.68	737.79															
49		808.32	769.83															
50		846.23	805.93															
51		883.66	841.58															
52		924.88	880.84															
53		966.57	920.55															
54		1011.59	963.42															
55		1056.60	1006.28															
56		1105.40	1052.76															
57		1154.68	1099.69															
58		1207.27	1149.78															
59		1233.33	1174.60															
60		1285.92	1224.69															
61		1331.41	1268.01															
62		1361.26	1296.44															
63		1398.69	1332.09															
64 and over		1421.43	1353.75															