

State: Washington **Filing Company:** UnitedHealthcare of Oregon, Inc.
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: 2026 Non-grandfathered Individual UHCOR 20260101 IEX EPO
Project Name/Number: UHC of OR Individual 20260101/UHC of OR Individual 20260101

Filing at a Glance

Company: UnitedHealthcare of Oregon, Inc.
Product Name: 2026 Non-grandfathered Individual – UHCOR 20260101 IEX EPO
State: Washington
TOI: H16I Individual Health - Major Medical
Sub-TOI: H16I.005C Individual - Other
Filing Type: Rate
Date Submitted: 05/15/2025
SERFF Tr Num: UHLC-134536151
SERFF Status: Assigned
State Tr Num: 484692
State Status: Review Pending
Co Tr Num: 2026 NON-GRANDFATHERED INDIVIDUAL – UHCOR 20260101 IEX EPO
Effective: 01/01/2026
Date Requested:
Author(s): Adam Ritcher, Gwenna McGrath, Derek Bremer, Kyle Hall, Marcus Tubbs, Nina Canning, Tina Wang, William Dyra, Kiera O'Dwyer, Blake Harris, Sylvia Shaffer, Seungjoon Kim
Reviewer(s): Ben Driver (primary), Jeff Oberle
Disposition Date:
Disposition Status:
Effective Date:
Destruction Date:
State Filing Description:

State: Washington **Filing Company:** UnitedHealthcare of Oregon, Inc.
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General Information

Project Name: UHC of OR Individual 20260101
Project Number: UHC of OR Individual 20260101
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact: 23.56%

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type: Individual
Filing Status Changed: 05/15/2025
State Status Changed: 05/15/2025
Created By: Tina Wang
Corresponding Filing Tracking Number: UHLC-WA26-125119796; UHLC-134471570
PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Exchange Intentions: Exchange and Outside Market

Filing Description:

Please find the submitted for-public rate filing for UnitedHealthcare of Oregon, Inc, Individual rates for plan year 2026.

This filing was prepared with the intention to follow the Speed to Market tools.

Thank you in advance for your consideration of our request.

Corresponding Binder Filing Tracking Number: UHLC-WA26-125119796

Corresponding Form Filing Tracking Number: UHLC-134471570

Company and Contact

Filing Contact Information

Tina Wang, Assc Dir Act Svs
PO BOX 9472
Minneapolis, MN 55440

tina.wang@optum.com
415-547-5268 [Phone]

Filing Company Information

UnitedHealthcare of Oregon, Inc.	CoCode: 95893	State of Domicile: Oregon
5995 Plaza Drive	Group Code:	Company Type:
Cypress, CA 90630	Group Name:	State ID Number:
(714) 226-3365 ext. [Phone]	FEIN Number: 93-0938819	

State: Washington **Filing Company:** UnitedHealthcare of Oregon, Inc.
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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

"Form data is not allowed on this filing"

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

State:

Washington

Filing Company:

UnitedHealthcare of Oregon, Inc.

TOI/Sub-TOI:

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Correspondence Summary

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	Rate Schedule	Blake Harris	05/15/2025	05/15/2025

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Notice for Second Set of Rates Review Process	Note To Filer	Ben Driver	05/19/2025	05/19/2025
Opportunity for correction	Note To Filer	Alyson Bragg	05/15/2025	05/15/2025
Rate Request Summary	Reviewer Note	Kelli Armfield	05/23/2025	

SERFF Tracking #:	UHLC-134536151	State Tracking #:	484692	Company Tracking #:	2026 NON-GRANDFATHERED INDIVIDUAL UHCO...
State:	Washington	Filing Company:	UnitedHealthcare of Oregon, Inc.		
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Amendment Letter

Submitted Date: 05/15/2025

Comments:

In response to the Filing Note received on May 15, 2025. UHCOR is respectfully submitting this amendment to correct our initial submission to add the public rate schedule. My apologies for the oversight, the URRT XML in our initial SERFF filing would not validate and we inadvertently missed the attachment when recreating the filing.

We appreciate the opportunity for correction. Please let me know if you have any questions.

Changed Items:

No Form Schedule Items Changed.

State:	Washington	Filing Company:	UnitedHealthcare of Oregon, Inc.
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Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Rate Schedule	POL26.I.2022.IEX.WA 0001, POL26.I.2022.IEX.WA 0003, POL26.I.2022.IEX.WA 0005, POL26.I.2022.IEX.WA 0008, POL26.I.2022.IEX.WA 0022, POL26.I.2022.IEX.WA 0023 POL26.I.2022.IEX.WA 0027 POL26.I.2022.IEX.WA 0028	Revised	Previous State Filing Number: UHLC-134105524 Percent Rate Change Request: 37.35	Illustrative Rate Calculation.pdf, Illustrative Rate Calculation Duplicate.xlsx, Rate Schedule.pdf, Rate Schedule Duplicate.xlsm,	05/15/2025 By: Tina Wang
<i>Previous Version</i>						
1	Rate Schedule	POL26.I.2022.IEX.WA 0001, POL26.I.2022.IEX.WA 0003, POL26.I.2022.IEX.WA 0005, POL26.I.2022.IEX.WA 0008, POL26.I.2022.IEX.WA 0022, POL26.I.2022.IEX.WA 0023 POL26.I.2022.IEX.WA 0027 POL26.I.2022.IEX.WA 0028	Revised	Previous State Filing Number: UHLC-134105524 Percent Rate Change Request: 37.35		05/15/2025 By: Blake Harris

No URRT Items Changed.

No Supporting Documents Changed.

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Note To Filer

Created By:

Ben Driver on 05/19/2025 06:30 PM

Last Edited By:

Gail Jones

Submitted On:

05/27/2025 10:32 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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Note To Filer

Created By:

Alyson Bragg on 05/15/2025 06:35 PM

Last Edited By:

Gail Jones

Submitted On:

05/27/2025 10:32 AM

Subject:

Opportunity for correction

Comments:

Our initial review of your submission has revealed an error.

On the Rate/Rule Schedule tab you are missing the public rate schedule.

Please file an amendment to attach this missing document. If there are questions, please contact the RFPN help desk at (360) 725 - 7111.

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Reviewer Note

Created By:

Kelli Armfield on 05/23/2025 03:30 PM

Last Edited By:

Gail Jones

Submitted On:

05/27/2025 10:32 AM

Subject:

Rate Request Summary

Comments:

See attached

UnitedHealthcare of Oregon, Inc. – 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:	37.35% <i>average*</i>
Requested effective date:	Jan. 1, 2026
Plans impacted:	UnitedHealthcare of Oregon, Inc.'s Individual plans
People impacted:	6,180
Counties:	Adams, Clallam, Grays Harbor, Jefferson, King, Kittitas, Lincoln, Mason, Spokane, Thurston, Pierce, Whitman, and Yakima

Key information used to develop the rate request

(Jan. 2024 - Dec. 2024)

Premiums	\$46,981,987
Claims	\$49,649,972
Administrative expenses	\$4,000,868
Risk adjustment	-\$2,620,782
Company lost	-\$9,289,634

The company expects its annual medical costs to increase 9.54%.

How it plans to spend your premium

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

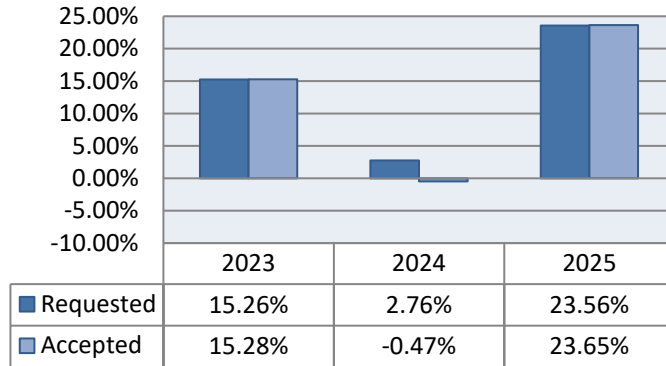
Claims:	86.20%
Administration:	9.85%
Profit:	3.95%

Are there any benefit changes?

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

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

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



Need Help?

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

Glossary

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

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

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

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

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

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

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

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

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

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

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:

UnitedHealthcare of Oregon, Inc.

TOI/Sub-TOI:

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Rate Information

Rate data applies to filing.

Filing Method:

Review and Approval

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

23.510%

Effective Date of Last Rate Revision:

01/01/2025

Filing Method of Last Filing:

Review and Approval

SERFF Tracking Number of Last Filing:

UHLC-134105524

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):
UnitedHealthcare of Oregon, Inc.	Increase	37.350%	37.350%	\$21,561,661	6,180	\$57,734,488	58.510%	13.120%

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Rate Review Detail

COMPANY:

Company Name: UnitedHealthcare of Oregon, Inc.
HHS Issuer Id: 62650

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
UHC IND EPO	62650WA002		6180

Trend Factors: Assumed aggregate annual trend of 9.54%. Detailed breakdown is as follows: Hospital: 7.97% Professional: 6.24% Prescription Drugs: 19.3% Other: 4.27%

FORMS:

New Policy Forms: POL26.I.2022.IEX.WA0001, POL26.I.2022.IEX.WA0003, POL26.I.2022.IEX.WA0005, POL26.I.2022.IEX.WA0008, POL26.I.2022.IEX.WA0022, POL26.I.2022.IEX.WA0023, POL26.I.2022.IEX.WA0027, POL26.I.2022.IEX.WA0028

Affected Forms:

Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
Member Months: 76,231
Benefit Change: Increase
Percent Change Requested: Min: 13.12 Max: 58.51 Avg: 37.35

PRIOR RATE:

Total Earned Premium: 57,734,488.00
Total Incurred Claims: 47,133,008.00
Annual \$: Min: 260.91 Max: 1,721.33 Avg: 762.43

REQUESTED RATE:

Projected Earned Premium: 49,953,706.00
Projected Incurred Claims: 41,294,179.00
Annual \$: Min: 300.85 Max: 2,336.13 Avg: 1,028.49

State:

Washington

Filing Company:

UnitedHealthcare of Oregon, Inc.

TOI/Sub-TOI:

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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	POL26.I.2022.IEX.WA0001, POL26.I.2022.IEX.WA0003, POL26.I.2022.IEX.WA0005, POL26.I.2022.IEX.WA0008, POL26.I.2022.IEX.WA0022, POL26.I.2022.IEX.WA0023, POL26.I.2022.IEX.WA0027, POL26.I.2022.IEX.WA0028	Revised	Previous State Filing Number: UHLC-134105524 Percent Rate Change Request: 37.35	Illustrative Rate Calculation.pdf, Illustrative Rate Calculation Duplicate.xlsx, Rate Schedule.pdf, Rate Schedule Duplicate.xlsm,

Example Family of 6
Plan 62650WA0020021
Area King County (Area 1)

Member ID	Relationship	Age	Smoker Status	Premium
Member 1	Subscriber	45	Y	\$646.17
Member 2	Spouse	40	N	\$571.88
Member 3	Child 1	18	N	\$408.55
Member 4	Child 2	15	N	\$372.75
Member 5	Child 3	7	N	\$342.33
Member 6	Child 4	1	N	0.00
Total Monthly Premium				\$2,341.68

Consumer adjusted index rate, or member premium, is calculated as follows:

Consumer adjusted index rate = Calibrated plan adjusted index rate x Area Rating Factor x Age Rating Factor x Tobacco Rating Factor

Family rates can be determined by adding up the rates for all individuals in the family up to the first three oldest children under the age of 21

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

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

UnitedHealthcare of Oregon, Inc.
RATE SCHEDULE

Plan Information

Plan Name: UHC Bronze Value HSA
HIOS Plan ID: 62650WA0020021
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Both inside and 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	Yes	King
2	Yes	Clallam, Grays Harbor, Jefferson
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Mason, Pierce, Thurston
6	Yes	Kittitas, Yakima
7	Yes	Adams
8	No	
9	Yes	Whitman

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	342.33	371.23		325.38	323.37	361.88	363.96		330.13	342.33	371.23		325.38	323.37	361.88	363.96		330.13
15	372.75	404.23		354.30	352.11	394.05	396.32		359.48	372.75	404.23		354.30	352.11	394.05	396.32		359.48
16	384.39	416.85		365.36	363.10	406.34	408.69		370.70	384.39	416.85		365.36	363.10	406.34	408.69		370.70
17	396.02	429.46		376.42	374.09	418.64	421.06		381.92	396.02	429.46		376.42	374.09	418.64	421.06		381.92
18	408.55	443.05		388.33	385.93	431.89	434.38		394.00	408.55	443.05		388.33	385.93	431.89	434.38		394.00
19	421.08	456.64		400.24	397.77	445.13	447.70		406.08	421.08	456.64		400.24	397.77	445.13	447.70		406.08
20	434.06	470.71		412.57	410.02	458.85	461.50		418.60	434.06	470.71		412.57	410.02	458.85	461.50		418.60
21	447.48	485.27		425.33	422.71	473.04	475.77		431.54	447.48	485.27		425.33	422.71	473.04	475.77		431.54
22	447.48	485.27		425.33	422.71	473.04	475.77		431.54	447.48	485.27		425.33	422.71	473.04	475.77		431.54
23	447.48	485.27		425.33	422.71	473.04	475.77		431.54	447.48	485.27		425.33	422.71	473.04	475.77		431.54
24	447.48	485.27		425.33	422.71	473.04	475.77		431.54	447.48	485.27		425.33	422.71	473.04	475.77		431.54
25	449.27	487.21		427.03	424.40	474.94	477.67		433.27	449.27	487.21		427.03	424.40	474.94	477.67		433.27
26	458.22	496.92		435.54	432.85	484.40	487.19		441.90	458.22	496.92		435.54	432.85	484.40	487.19		441.90
27	468.96	508.56		445.75	443.00	495.75	498.61		452.26	468.96	508.56		445.75	443.00	495.75	498.61		452.26
28	486.42	527.49		462.34	459.48	514.20	517.16		469.09	486.42	527.49		462.34	459.48	514.20	517.16		469.09
29	500.73	543.02		475.95	473.01	529.34	532.39		482.90	500.73	543.02		475.95	473.01	529.34	532.39		482.90
30	507.89	550.78		482.75	479.77	536.90	540.00		489.80	507.89	550.78		482.75	479.77	536.90	540.00		489.80
31	518.63	562.43		492.96	489.92	548.26	551.42		500.16	518.63	562.43		492.96	489.92	548.26	551.42		500.16
32	529.37	574.07		503.17	500.06	559.61	562.83		510.52	529.37	574.07		503.17	500.06	559.61	562.83		510.52
33	536.09	581.35		509.55	506.40	566.71	569.97		516.99	536.09	581.35		509.55	506.40	566.71	569.97		516.99
34	543.25	589.12		516.35	513.17	574.28	577.58		523.89	543.25	589.12		516.35	513.17	574.28	577.58		523.89
35	546.83	593.00		519.76	516.55	578.06	581.39		527.35	546.83	593.00		519.76	516.55	578.06	581.39		527.35
36	550.41	596.88		523.16	519.93	581.84	585.20		530.80	550.41	596.88		523.16	519.93	581.84	585.20		530.80
37	553.99	600.76		526.56	523.31	585.63	589.00		534.25	553.99	600.76		526.56	523.31	585.63	589.00		534.25
38	557.57	604.65		529.96	526.69	589.41	592.81		537.70	557.57	604.65		529.96	526.69	589.41	592.81		537.70
39	564.73	612.41		536.77	533.45	596.98	600.42		544.61	564.73	612.41		536.77	533.45	596.98	600.42		544.61
40	571.88	620.17		543.57	540.22	604.55	608.03		551.51	571.88	620.17		543.57	540.22	604.55	608.03		551.51
41	582.62	631.82		553.78	550.36	615.90	619.45		561.87	582.62	631.82		553.78	550.36	615.90	619.45		561.87
42	592.92	642.98		563.57	560.09	626.78	630.39		571.79	592.92	642.98		563.57	560.09	626.78	630.39		571.79
43	607.24	658.51		577.18	573.61	641.92	645.62		585.60	607.24	658.51		577.18	573.61	641.92	645.62		585.60
44	625.14	677.92		594.19	590.52	660.84	664.65		602.87	625.14	677.92		594.19	590.52	660.84	664.65		602.87
45	646.17	700.73		614.18	610.39	683.08	687.01		623.15	646.17	700.73		614.18	610.39	683.08	687.01		623.15
46	671.23	727.90		638.00	634.06	709.57	713.65		647.31	671.23	727.90		638.00	634.06	709.57	713.65		647.31
47	699.42	758.48		664.79	660.69	739.37	743.63		674.50	699.42	758.48		664.79	660.69	739.37	743.63		674.50
48	731.64	793.42		695.42	691.12	773.43	777.88		705.57	731.64	793.42		695.42	691.12	773.43	777.88		705.57
49	763.41	827.87		725.62	721.14	807.01	811.66		736.21	763.41	827.87		725.62	721.14	807.01	811.66		736.21
50	799.21	866.69		759.64	754.95	844.86	849.72		770.74	799.21	866.69		759.64	754.95	844.86	849.72		770.74
51	834.56	905.03		793.24	788.35	882.23	887.31		804.83	834.56	905.03		793.24	788.35	882.23	887.31		804.83
52	873.49	947.25		830.25	825.12	923.38	928.70		842.37	873.49	947.25		830.25	825.12	923.38	928.70		842.37
53	912.87	989.95		867.68	862.32	965.01	970.57		880.35	912.87	989.95		867.68	862.32	965.01	970.57		880.35
54	955.38	1036.05		908.08	902.48	1009.95	1015.77		921.34	955.38	1036.05		908.08	902.48	1009.95	1015.77		921.34
55	997.89	1082.15		948.49	942.63	1054.89	1060.97		962.34	997.89	1082.15		948.49	942.63	1054.89	1060.97		962.34
56	1043.98	1132.13		992.30	986.17	1103.61	1109.97		1006.79	1043.98	1132.13		992.30	986.17	1103.61	1109.97		1006.79
57	1090.52	1182.60		1036.53	1030.13	1152.81	1159.45		1051.67	1090.52	1182.60		1036.53	1030.13	1152.81	1159.45		1051.67
58	1140.19	1236.47		1083.75	1077.05	1205.32	1212.26		1099.57	1140.19	1236.47		1083.75	1077.05	1205.32	1212.26		1099.57
59	1164.80	1263.16		1107.14	1100.30	1231.33	1238.43		1123.31	1164.80	1263.16		1107.14	1100.30	1231.33	1238.43		1123.31
60	1214.47	1317.02		1154.35	1147.22	1283.84	1291.24		1171.21	1214.47	1317.02		1154.35	1147.22	1283.84	1291.24		1171.21
61	1257.43	1363.61		1195.18	1187.80	1329.25	1336.91		1212.64	1257.43	1363.61		1195.18	1187.80	1329.25	1336.91		1212.64
62	1285.62	1394.18		1221.98	1214.43	1359.05	1366.88		1239.82	1285.62	1394.18		1221.98	1214.43	1359.05	1366.88		1239.82
63	1320.97	1432.52		1255.58	1247.83	1396.43	1404.47		1273.91	1320.97	1432.52		1255.58	1247.83	1396.43	1404.47		1273.91
64 and over	1342.44	1455.81		1275.99	1268.12	1419.12	1427.31		1294.62	1342.44	1455.81		1275.99	1268.12	1419.12	1427.31		1294.62

UnitedHealthcare of Oregon, Inc.
RATE SCHEDULE

Plan Information

Plan Name: UnitedHealthcare of Oregon, Inc. Cascade Bronze
HIOS Plan ID: 62650WA0020002
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Both inside and outside the exchange
Metal Level: Bronze
Plan Type: Standardized Non-Public Option Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Clallam, Grays Harbor, Jefferson
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Mason, Pierce, Thurston
6	Yes	Kittitas, Yakima
7	Yes	Adams
8	No	
9	Yes	Whitman

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	350.39	379.98		333.05	330.99	370.41	372.54		337.91	350.39	379.98		333.05	330.99	370.41	372.54		337.91
15	381.54	413.76		362.65	360.41	403.33	405.66		367.95	381.54	413.76		362.65	360.41	403.33	405.66		367.95
16	393.45	426.67		373.97	371.66	415.92	418.32		379.43	393.45	426.67		373.97	371.66	415.92	418.32		379.43
17	405.36	439.59		385.29	382.91	428.51	430.98		390.92	405.36	439.59		385.29	382.91	428.51	430.98		390.92
18	418.18	453.49		397.48	395.03	442.07	444.62		403.29	418.18	453.49		397.48	395.03	442.07	444.62		403.29
19	431.01	467.40		409.67	407.14	455.63	458.25		415.65	431.01	467.40		409.67	407.14	455.63	458.25		415.65
20	444.29	481.81		422.30	419.69	469.67	472.37		428.46	444.29	481.81		422.30	419.69	469.67	472.37		428.46
21	458.03	496.71		435.36	432.67	484.19	486.98		441.72	458.03	496.71		435.36	432.67	484.19	486.98		441.72
22	458.03	496.71		435.36	432.67	484.19	486.98		441.72	458.03	496.71		435.36	432.67	484.19	486.98		441.72
23	458.03	496.71		435.36	432.67	484.19	486.98		441.72	458.03	496.71		435.36	432.67	484.19	486.98		441.72
24	458.03	496.71		435.36	432.67	484.19	486.98		441.72	458.03	496.71		435.36	432.67	484.19	486.98		441.72
25	459.86	498.70		437.10	434.40	486.13	488.93		443.48	459.86	498.70		437.10	434.40	486.13	488.93		443.48
26	469.03	508.63		445.81	443.05	495.82	498.67		452.32	469.03	508.63		445.81	443.05	495.82	498.67		452.32
27	480.02	520.55		456.26	453.44	507.44	510.36		462.92	480.02	520.55		456.26	453.44	507.44	510.36		462.92
28	497.88	539.92		473.23	470.31	526.32	529.35		480.14	497.88	539.92		473.23	470.31	526.32	529.35		480.14
29	512.54	555.82		487.17	484.16	541.81	544.94		494.28	512.54	555.82		487.17	484.16	541.81	544.94		494.28
30	519.87	563.76		494.13	491.08	549.56	552.73		501.35	519.87	563.76		494.13	491.08	549.56	552.73		501.35
31	530.86	575.69		504.58	501.46	561.18	564.41		511.95	530.86	575.69		504.58	501.46	561.18	564.41		511.95
32	541.85	587.61		515.03	511.85	572.80	576.10		522.55	541.85	587.61		515.03	511.85	572.80	576.10		522.55
33	548.72	595.06		521.56	518.34	580.07	583.41		529.18	548.72	595.06		521.56	518.34	580.07	583.41		529.18
34	556.05	603.00		528.53	525.26	587.81	591.20		536.24	556.05	603.00		528.53	525.26	587.81	591.20		536.24
35	559.72	606.98		532.01	528.72	591.69	595.09		539.78	559.72	606.98		532.01	528.72	591.69	595.09		539.78
36	563.38	610.95		535.49	532.18	595.56	598.99		543.31	563.38	610.95		535.49	532.18	595.56	598.99		543.31
37	567.04	614.93		538.97	535.65	599.43	602.89		546.84	567.04	614.93		538.97	535.65	599.43	602.89		546.84
38	570.71	618.90		542.46	539.11	603.31	606.78		550.38	570.71	618.90		542.46	539.11	603.31	606.78		550.38
39	578.04	626.85		549.42	546.03	611.05	614.57		557.44	578.04	626.85		549.42	546.03	611.05	614.57		557.44
40	585.37	634.79		556.39	552.95	618.80	622.37		564.51	585.37	634.79		556.39	552.95	618.80	622.37		564.51
41	596.36	646.71		566.84	563.34	630.42	634.05		575.11	596.36	646.71		566.84	563.34	630.42	634.05		575.11
42	606.89	658.14		576.85	573.29	641.56	645.25		585.27	606.89	658.14		576.85	573.29	641.56	645.25		585.27
43	621.55	674.03		590.78	587.13	657.05	660.84		599.41	621.55	674.03		590.78	587.13	657.05	660.84		599.41
44	639.87	693.90		608.20	604.44	676.42	680.32		617.08	639.87	693.90		608.20	604.44	676.42	680.32		617.08
45	661.40	717.25		628.66	624.78	699.18	703.21		637.84	661.40	717.25		628.66	624.78	699.18	703.21		637.84
46	687.05	745.06		653.04	649.01	726.29	730.48		662.57	687.05	745.06		653.04	649.01	726.29	730.48		662.57
47	715.90	776.36		680.47	676.26	756.80	761.16		690.40	715.90	776.36		680.47	676.26	756.80	761.16		690.40
48	748.88	812.12		711.81	707.42	791.66	796.22		722.20	748.88	812.12		711.81	707.42	791.66	796.22		722.20
49	781.40	847.38		742.72	738.14	826.04	830.80		753.57	781.40	847.38		742.72	738.14	826.04	830.80		753.57
50	818.05	887.12		777.55	772.75	864.77	869.75		788.90	818.05	887.12		777.55	772.75	864.77	869.75		788.90
51	854.23	926.36		811.94	806.93	903.02	908.23		823.80	854.23	926.36		811.94	806.93	903.02	908.23		823.80
52	894.08	969.58		849.82	844.57	945.15	950.59		862.23	894.08	969.58		849.82	844.57	945.15	950.59		862.23
53	934.39	1013.29		888.13	882.65	987.76	993.45		901.10	934.39	1013.29		888.13	882.65	987.76	993.45		901.10
54	977.90	1060.47		929.49	923.75	1033.76	1039.71		943.06	977.90	1060.47		929.49	923.75	1033.76	1039.71		943.06
55	1021.41	1107.66		970.85	964.85	1079.75	1085.97		985.03	1021.41	1107.66		970.85	964.85	1079.75	1085.97		985.03
56	1068.59	1158.82		1015.69	1009.42	1129.63	1136.13		1030.52	1068.59	1158.82		1015.69	1009.42	1129.63	1136.13		1030.52
57	1116.23	1210.48		1060.97	1054.42	1179.98	1186.78		1076.46	1116.23	1210.48		1060.97	1054.42	1179.98	1186.78		1076.46
58	1167.07	1265.61		1109.29	1102.44	1233.73	1240.84		1125.49	1167.07	1265.61		1109.29	1102.44	1233.73	1240.84		1125.49
59	1192.26	1292.93		1133.24	1126.24	1260.36	1267.62		1149.79	1192.26	1292.93		1133.24	1126.24	1260.36	1267.62		1149.79
60	1243.10	1348.07		1181.56	1174.27	1314.10	1321.68		1198.82	1243.10	1348.07		1181.56	1174.27	1314.10	1321.68		1198.82
61	1287.07	1395.75		1223.36	1215.80	1360.59	1368.43		1241.22	1287.07	1395.75		1223.36	1215.80	1360.59	1368.43		1241.22
62	1315.93	1427.04		1250.78	1243.06	1391.09	1399.11		1269.05	1315.93	1427.04		1250.78	1243.06	1391.09	1399.11		1269.05
63	1352.11	1466.28		1285.18	1277.24	1429.34	1437.58		1303.94	1352.11	1466.28		1285.18	1277.24	1429.34	1437.58		1303.94
64 and over	1374.09	1490.13		1306.08	1298.01	1452.57	1460.94		1325.15	1374.09	1490.13		1306.08	1298.01	1452.57	1460.94		1325.15

UnitedHealthcare of Oregon, Inc.
RATE SCHEDULE

Plan Information

Plan Name: UHC Bronze Copay Focus (Off Exchange Only)
HIOS Plan ID: 62650WA0020022
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	Yes	King
2	Yes	Clallam, Grays Harbor, Jefferson
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Mason, Pierce, Thurston
6	Yes	Kittitas, Yakima
7	Yes	Adams
8	No	
9	Yes	Whitman

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	348.49	377.92		331.24	329.19	368.39	370.52		336.07	348.49	377.92		331.24	329.19	368.39	370.52		336.07
15	379.47	411.51		360.68	358.45	401.14	403.45		365.95	379.47	411.51		360.68	358.45	401.14	403.45		365.95
16	391.31	424.35		371.94	369.64	413.66	416.04		377.37	391.31	424.35		371.94	369.64	413.66	416.04		377.37
17	403.15	437.20		383.20	380.83	426.18	428.64		388.79	403.15	437.20		383.20	380.83	426.18	428.64		388.79
18	415.91	451.03		395.32	392.88	439.67	442.20		401.09	415.91	451.03		395.32	392.88	439.67	442.20		401.09
19	428.67	464.86		407.44	404.93	453.15	455.76		413.39	428.67	464.86		407.44	404.93	453.15	455.76		413.39
20	441.88	479.19		420.00	417.41	467.11	469.81		426.13	441.88	479.19		420.00	417.41	467.11	469.81		426.13
21	455.54	494.01		432.99	430.32	481.56	484.34		439.31	455.54	494.01		432.99	430.32	481.56	484.34		439.31
22	455.54	494.01		432.99	430.32	481.56	484.34		439.31	455.54	494.01		432.99	430.32	481.56	484.34		439.31
23	455.54	494.01		432.99	430.32	481.56	484.34		439.31	455.54	494.01		432.99	430.32	481.56	484.34		439.31
24	455.54	494.01		432.99	430.32	481.56	484.34		439.31	455.54	494.01		432.99	430.32	481.56	484.34		439.31
25	457.36	495.98		434.72	432.04	483.49	486.27		441.07	457.36	495.98		434.72	432.04	483.49	486.27		441.07
26	466.48	505.86		443.38	440.65	493.12	495.96		449.86	466.48	505.86		443.38	440.65	493.12	495.96		449.86
27	477.41	517.72		453.77	450.97	504.68	507.58		460.40	477.41	517.72		453.77	450.97	504.68	507.58		460.40
28	495.17	536.99		470.66	467.76	523.46	526.47		477.53	495.17	536.99		470.66	467.76	523.46	526.47		477.53
29	509.75	552.79		484.52	481.53	538.87	541.97		491.59	509.75	552.79		484.52	481.53	538.87	541.97		491.59
30	517.04	560.70		491.44	488.41	546.57	549.72		498.62	517.04	560.70		491.44	488.41	546.57	549.72		498.62
31	527.97	572.55		501.84	498.74	558.13	561.35		509.16	527.97	572.55		501.84	498.74	558.13	561.35		509.16
32	538.91	584.41		512.23	509.07	569.69	572.97		519.71	538.91	584.41		512.23	509.07	569.69	572.97		519.71
33	545.74	591.82		518.72	515.52	576.91	580.23		526.30	545.74	591.82		518.72	515.52	576.91	580.23		526.30
34	553.03	599.73		525.65	522.41	584.62	587.98		533.33	553.03	599.73		525.65	522.41	584.62	587.98		533.33
35	556.67	603.68		529.12	525.85	588.47	591.86		536.84	556.67	603.68		529.12	525.85	588.47	591.86		536.84
36	560.32	607.63		532.58	529.29	592.32	595.73		540.36	560.32	607.63		532.58	529.29	592.32	595.73		540.36
37	563.96	611.58		536.04	532.73	596.17	599.61		543.87	563.96	611.58		536.04	532.73	596.17	599.61		543.87
38	567.61	615.53		539.51	536.18	600.03	603.48		547.38	567.61	615.53		539.51	536.18	600.03	603.48		547.38
39	574.89	623.44		546.43	543.06	607.73	611.23		554.41	574.89	623.44		546.43	543.06	607.73	611.23		554.41
40	582.18	631.34		553.36	549.95	615.44	618.98		561.44	582.18	631.34		553.36	549.95	615.44	618.98		561.44
41	593.12	643.20		563.75	560.27	626.99	630.61		571.99	593.12	643.20		563.75	560.27	626.99	630.61		571.99
42	603.59	654.56		573.71	570.17	638.07	641.75		582.09	603.59	654.56		573.71	570.17	638.07	641.75		582.09
43	618.17	670.37		587.57	583.94	653.48	657.24		596.15	618.17	670.37		587.57	583.94	653.48	657.24		596.15
44	636.39	690.13		604.89	601.15	672.74	676.62		613.72	636.39	690.13		604.89	601.15	672.74	676.62		613.72
45	657.80	713.35		625.24	621.38	695.38	699.38		634.37	657.80	713.35		625.24	621.38	695.38	699.38		634.37
46	683.31	741.01		649.49	645.48	722.34	726.50		658.97	683.31	741.01		649.49	645.48	722.34	726.50		658.97
47	712.01	772.13		676.77	672.59	752.68	757.02		686.65	712.01	772.13		676.77	672.59	752.68	757.02		686.65
48	744.81	807.70		707.94	703.57	787.35	791.89		718.28	744.81	807.70		707.94	703.57	787.35	791.89		718.28
49	777.15	842.78		738.68	734.12	821.54	826.28		749.47	777.15	842.78		738.68	734.12	821.54	826.28		749.47
50	813.60	882.30		773.32	768.55	860.07	865.02		784.61	813.60	882.30		773.32	768.55	860.07	865.02		784.61
51	849.59	921.32		807.53	802.54	898.11	903.29		819.32	849.59	921.32		807.53	802.54	898.11	903.29		819.32
52	889.22	964.30		845.20	839.98	940.01	945.42		857.54	889.22	964.30		845.20	839.98	940.01	945.42		857.54
53	929.31	1007.78		883.30	877.85	982.39	988.05		896.20	929.31	1007.78		883.30	877.85	982.39	988.05		896.20
54	972.58	1054.71		924.44	918.73	1028.13	1034.06		937.93	972.58	1054.71		924.44	918.73	1028.13	1034.06		937.93
55	1015.86	1101.64		965.57	959.61	1073.88	1080.07		979.67	1015.86	1101.64		965.57	959.61	1073.88	1080.07		979.67
56	1062.78	1152.52		1010.17	1003.93	1123.48	1129.96		1024.92	1062.78	1152.52		1010.17	1003.93	1123.48	1129.96		1024.92
57	1110.16	1203.90		1055.20	1048.68	1173.57	1180.33		1070.61	1110.16	1203.90		1055.20	1048.68	1173.57	1180.33		1070.61
58	1160.72	1258.73		1103.26	1096.45	1227.02	1234.09		1119.37	1160.72	1258.73		1103.26	1096.45	1227.02	1234.09		1119.37
59	1185.78	1285.90		1127.08	1120.12	1253.51	1260.73		1143.53	1185.78	1285.90		1127.08	1120.12	1253.51	1260.73		1143.53
60	1236.34	1340.74		1175.14	1167.88	1306.96	1314.49		1192.30	1236.34	1340.74		1175.14	1167.88	1306.96	1314.49		1192.30
61	1280.07	1388.16		1216.71	1209.19	1353.19	1360.98		1234.47	1280.07	1388.16		1216.71	1209.19	1353.19	1360.98		1234.47
62	1308.77	1419.28		1243.98	1236.30	1383.53	1391.50		1262.15	1308.77	1419.28		1243.98	1236.30	1383.53	1391.50		1262.15
63	1344.76	1458.31		1278.19	1270.30	1421.57	1429.76		1296.85	1344.76	1458.31		1278.19	1270.30	1421.57	1429.76		1296.85
64 and over	1366.62	1482.02		1298.97	1290.95	1444.68	1453.01		1317.93	1366.62	1482.02		1298.97	1290.95	1444.68	1453.01		1317.93

UnitedHealthcare of Oregon, Inc.
RATE SCHEDULE

Plan Information

Plan Name: UHC Bronze Value HSA (Off Exchange Only)
HIOS Plan ID: 62650WA0020008
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	Yes	King
2	Yes	Clallam, Grays Harbor, Jefferson
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Mason, Pierce, Thurston
6	Yes	Kittitas, Yakima
7	Yes	Adams
8	No	
9	Yes	Whitman

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	342.33	371.23		325.38	323.37	361.88	363.96		330.13	342.33	371.23		325.38	323.37	361.88	363.96		330.13
15	372.75	404.23		354.30	352.11	394.05	396.32		359.48	372.75	404.23		354.30	352.11	394.05	396.32		359.48
16	384.39	416.85		365.36	363.10	406.34	408.69		370.70	384.39	416.85		365.36	363.10	406.34	408.69		370.70
17	396.02	429.46		376.42	374.09	418.64	421.06		381.92	396.02	429.46		376.42	374.09	418.64	421.06		381.92
18	408.55	443.05		388.33	385.93	431.89	434.38		394.00	408.55	443.05		388.33	385.93	431.89	434.38		394.00
19	421.08	456.64		400.24	397.77	445.13	447.70		406.08	421.08	456.64		400.24	397.77	445.13	447.70		406.08
20	434.06	470.71		412.57	410.02	458.85	461.50		418.60	434.06	470.71		412.57	410.02	458.85	461.50		418.60
21	447.48	485.27		425.33	422.71	473.04	475.77		431.54	447.48	485.27		425.33	422.71	473.04	475.77		431.54
22	447.48	485.27		425.33	422.71	473.04	475.77		431.54	447.48	485.27		425.33	422.71	473.04	475.77		431.54
23	447.48	485.27		425.33	422.71	473.04	475.77		431.54	447.48	485.27		425.33	422.71	473.04	475.77		431.54
24	447.48	485.27		425.33	422.71	473.04	475.77		431.54	447.48	485.27		425.33	422.71	473.04	475.77		431.54
25	449.27	487.21		427.03	424.40	474.94	477.67		433.27	449.27	487.21		427.03	424.40	474.94	477.67		433.27
26	458.22	496.92		435.54	432.85	484.40	487.19		441.90	458.22	496.92		435.54	432.85	484.40	487.19		441.90
27	468.96	508.56		445.75	443.00	495.75	498.61		452.26	468.96	508.56		445.75	443.00	495.75	498.61		452.26
28	486.42	527.49		462.34	459.48	514.20	517.16		469.09	486.42	527.49		462.34	459.48	514.20	517.16		469.09
29	500.73	543.02		475.95	473.01	529.34	532.39		482.90	500.73	543.02		475.95	473.01	529.34	532.39		482.90
30	507.89	550.78		482.75	479.77	536.90	540.00		489.80	507.89	550.78		482.75	479.77	536.90	540.00		489.80
31	518.63	562.43		492.96	489.92	548.26	551.42		500.16	518.63	562.43		492.96	489.92	548.26	551.42		500.16
32	529.37	574.07		503.17	500.06	559.61	562.83		510.52	529.37	574.07		503.17	500.06	559.61	562.83		510.52
33	536.09	581.35		509.55	506.40	566.71	569.97		516.99	536.09	581.35		509.55	506.40	566.71	569.97		516.99
34	543.25	589.12		516.35	513.17	574.28	577.58		523.89	543.25	589.12		516.35	513.17	574.28	577.58		523.89
35	546.83	593.00		519.76	516.55	578.06	581.39		527.35	546.83	593.00		519.76	516.55	578.06	581.39		527.35
36	550.41	596.88		523.16	519.93	581.84	585.20		530.80	550.41	596.88		523.16	519.93	581.84	585.20		530.80
37	553.99	600.76		526.56	523.31	585.63	589.00		534.25	553.99	600.76		526.56	523.31	585.63	589.00		534.25
38	557.57	604.65		529.96	526.69	589.41	592.81		537.70	557.57	604.65		529.96	526.69	589.41	592.81		537.70
39	564.73	612.41		536.77	533.45	596.98	600.42		544.61	564.73	612.41		536.77	533.45	596.98	600.42		544.61
40	571.88	620.17		543.57	540.22	604.55	608.03		551.51	571.88	620.17		543.57	540.22	604.55	608.03		551.51
41	582.62	631.82		553.78	550.36	615.90	619.45		561.87	582.62	631.82		553.78	550.36	615.90	619.45		561.87
42	592.92	642.98		563.57	560.09	626.78	630.39		571.79	592.92	642.98		563.57	560.09	626.78	630.39		571.79
43	607.24	658.51		577.18	573.61	641.92	645.62		585.60	607.24	658.51		577.18	573.61	641.92	645.62		585.60
44	625.14	677.92		594.19	590.52	660.84	664.65		602.87	625.14	677.92		594.19	590.52	660.84	664.65		602.87
45	646.17	700.73		614.18	610.39	683.08	687.01		623.15	646.17	700.73		614.18	610.39	683.08	687.01		623.15
46	671.23	727.90		638.00	634.06	709.57	713.65		647.31	671.23	727.90		638.00	634.06	709.57	713.65		647.31
47	699.42	758.48		664.79	660.69	739.37	743.63		674.50	699.42	758.48		664.79	660.69	739.37	743.63		674.50
48	731.64	793.42		695.42	691.12	773.43	777.88		705.57	731.64	793.42		695.42	691.12	773.43	777.88		705.57
49	763.41	827.87		725.62	721.14	807.01	811.66		736.21	763.41	827.87		725.62	721.14	807.01	811.66		736.21
50	799.21	866.69		759.64	754.95	844.86	849.72		770.74	799.21	866.69		759.64	754.95	844.86	849.72		770.74
51	834.56	905.03		793.24	788.35	882.23	887.31		804.83	834.56	905.03		793.24	788.35	882.23	887.31		804.83
52	873.49	947.25		830.25	825.12	923.38	928.70		842.37	873.49	947.25		830.25	825.12	923.38	928.70		842.37
53	912.87	989.95		867.68	862.32	965.01	970.57		880.35	912.87	989.95		867.68	862.32	965.01	970.57		880.35
54	955.38	1036.05		908.08	902.48	1009.95	1015.77		921.34	955.38	1036.05		908.08	902.48	1009.95	1015.77		921.34
55	997.89	1082.15		948.49	942.63	1054.89	1060.97		962.34	997.89	1082.15		948.49	942.63	1054.89	1060.97		962.34
56	1043.98	1132.13		992.30	986.17	1103.61	1109.97		1006.79	1043.98	1132.13		992.30	986.17	1103.61	1109.97		1006.79
57	1090.52	1182.60		1036.53	1030.13	1152.81	1159.45		1051.67	1090.52	1182.60		1036.53	1030.13	1152.81	1159.45		1051.67
58	1140.19	1236.47		1083.75	1077.05	1205.32	1212.26		1099.57	1140.19	1236.47		1083.75	1077.05	1205.32	1212.26		1099.57
59	1164.80	1263.16		1107.14	1100.30	1231.33	1238.43		1123.31	1164.80	1263.16		1107.14	1100.30	1231.33	1238.43		1123.31
60	1214.47	1317.02		1154.35	1147.22	1283.84	1291.24		1171.21	1214.47	1317.02		1154.35	1147.22	1283.84	1291.24		1171.21
61	1257.43	1363.61		1195.18	1187.80	1329.25	1336.91		1212.64	1257.43	1363.61		1195.18	1187.80	1329.25	1336.91		1212.64
62	1285.62	1394.18		1221.98	1214.43	1359.05	1366.88		1239.82	1285.62	1394.18		1221.98	1214.43	1359.05	1366.88		1239.82
63	1320.97	1432.52		1255.58	1247.83	1396.43	1404.47		1273.91	1320.97	1432.52		1255.58	1247.83	1396.43	1404.47		1273.91
64 and over	1342.44	1455.81		1275.99	1268.12	1419.12	1427.31		1294.62	1342.44	1455.81		1275.99	1268.12	1419.12	1427.31		1294.62

UnitedHealthcare of Oregon, Inc.
RATE SCHEDULE

Plan Information

Plan Name: UHC Bronze Value HSA
HIOS Plan ID: 62650WA0020021
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Both inside and 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	Yes	King
2	Yes	Clallam, Grays Harbor, Jefferson
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Mason, Pierce, Thurston
6	Yes	Kittitas, Yakima
7	Yes	Adams
8	No	
9	Yes	Whitman

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	342.33	371.23		325.38	323.37	361.88	363.96		330.13	342.33	371.23		325.38	323.37	361.88	363.96		330.13
15	372.75	404.23		354.30	352.11	394.05	396.32		359.48	372.75	404.23		354.30	352.11	394.05	396.32		359.48
16	384.39	416.85		365.36	363.10	406.34	408.69		370.70	384.39	416.85		365.36	363.10	406.34	408.69		370.70
17	396.02	429.46		376.42	374.09	418.64	421.06		381.92	396.02	429.46		376.42	374.09	418.64	421.06		381.92
18	408.55	443.05		388.33	385.93	431.89	434.38		394.00	408.55	443.05		388.33	385.93	431.89	434.38		394.00
19	421.08	456.64		400.24	397.77	445.13	447.70		406.08	421.08	456.64		400.24	397.77	445.13	447.70		406.08
20	434.06	470.71		412.57	410.02	458.85	461.50		418.60	434.06	470.71		412.57	410.02	458.85	461.50		418.60
21	447.48	485.27		425.33	422.71	473.04	475.77		431.54	447.48	485.27		425.33	422.71	473.04	475.77		431.54
22	447.48	485.27		425.33	422.71	473.04	475.77		431.54	447.48	485.27		425.33	422.71	473.04	475.77		431.54
23	447.48	485.27		425.33	422.71	473.04	475.77		431.54	447.48	485.27		425.33	422.71	473.04	475.77		431.54
24	447.48	485.27		425.33	422.71	473.04	475.77		431.54	447.48	485.27		425.33	422.71	473.04	475.77		431.54
25	449.27	487.21		427.03	424.40	474.94	477.67		433.27	449.27	487.21		427.03	424.40	474.94	477.67		433.27
26	458.22	496.92		435.54	432.85	484.40	487.19		441.90	458.22	496.92		435.54	432.85	484.40	487.19		441.90
27	468.96	508.56		445.75	443.00	495.75	498.61		452.26	468.96	508.56		445.75	443.00	495.75	498.61		452.26
28	486.42	527.49		462.34	459.48	514.20	517.16		469.09	486.42	527.49		462.34	459.48	514.20	517.16		469.09
29	500.73	543.02		475.95	473.01	529.34	532.39		482.90	500.73	543.02		475.95	473.01	529.34	532.39		482.90
30	507.89	550.78		482.75	479.77	536.90	540.00		489.80	507.89	550.78		482.75	479.77	536.90	540.00		489.80
31	518.63	562.43		492.96	489.92	548.26	551.42		500.16	518.63	562.43		492.96	489.92	548.26	551.42		500.16
32	529.37	574.07		503.17	500.06	559.61	562.83		510.52	529.37	574.07		503.17	500.06	559.61	562.83		510.52
33	536.09	581.35		509.55	506.40	566.71	569.97		516.99	536.09	581.35		509.55	506.40	566.71	569.97		516.99
34	543.25	589.12		516.35	513.17	574.28	577.58		523.89	543.25	589.12		516.35	513.17	574.28	577.58		523.89
35	546.83	593.00		519.76	516.55	578.06	581.39		527.35	546.83	593.00		519.76	516.55	578.06	581.39		527.35
36	550.41	596.88		523.16	519.93	581.84	585.20		530.80	550.41	596.88		523.16	519.93	581.84	585.20		530.80
37	553.99	600.76		526.56	523.31	585.63	589.00		534.25	553.99	600.76		526.56	523.31	585.63	589.00		534.25
38	557.57	604.65		529.96	526.69	589.41	592.81		537.70	557.57	604.65		529.96	526.69	589.41	592.81		537.70
39	564.73	612.41		536.77	533.45	596.98	600.42		544.61	564.73	612.41		536.77	533.45	596.98	600.42		544.61
40	571.88	620.17		543.57	540.22	604.55	608.03		551.51	571.88	620.17		543.57	540.22	604.55	608.03		551.51
41	582.62	631.82		553.78	550.36	615.90	619.45		561.87	582.62	631.82		553.78	550.36	615.90	619.45		561.87
42	592.92	642.98		563.57	560.09	626.78	630.39		571.79	592.92	642.98		563.57	560.09	626.78	630.39		571.79
43	607.24	658.51		577.18	573.61	641.92	645.62		585.60	607.24	658.51		577.18	573.61	641.92	645.62		585.60
44	625.14	677.92		594.19	590.52	660.84	664.65		602.87	625.14	677.92		594.19	590.52	660.84	664.65		602.87
45	646.17	700.73		614.18	610.39	683.08	687.01		623.15	646.17	700.73		614.18	610.39	683.08	687.01		623.15
46	671.23	727.90		638.00	634.06	709.57	713.65		647.31	671.23	727.90		638.00	634.06	709.57	713.65		647.31
47	699.42	758.48		664.79	660.69	739.37	743.63		674.50	699.42	758.48		664.79	660.69	739.37	743.63		674.50
48	731.64	793.42		695.42	691.12	773.43	777.88		705.57	731.64	793.42		695.42	691.12	773.43	777.88		705.57
49	763.41	827.87		725.62	721.14	807.01	811.66		736.21	763.41	827.87		725.62	721.14	807.01	811.66		736.21
50	799.21	866.69		759.64	754.95	844.86	849.72		770.74	799.21	866.69		759.64	754.95	844.86	849.72		770.74
51	834.56	905.03		793.24	788.35	882.23	887.31		804.83	834.56	905.03		793.24	788.35	882.23	887.31		804.83
52	873.49	947.25		830.25	825.12	923.38	928.70		842.37	873.49	947.25		830.25	825.12	923.38	928.70		842.37
53	912.87	989.95		867.68	862.32	965.01	970.57		880.35	912.87	989.95		867.68	862.32	965.01	970.57		880.35
54	955.38	1036.05		908.08	902.48	1009.95	1015.77		921.34	955.38	1036.05		908.08	902.48	1009.95	1015.77		921.34
55	997.89	1082.15		948.49	942.63	1054.89	1060.97		962.34	997.89	1082.15		948.49	942.63	1054.89	1060.97		962.34
56	1043.98	1132.13		992.30	986.17	1103.61	1109.97		1006.79	1043.98	1132.13		992.30	986.17	1103.61	1109.97		1006.79
57	1090.52	1182.60		1036.53	1030.13	1152.81	1159.45		1051.67	1090.52	1182.60		1036.53	1030.13	1152.81	1159.45		1051.67
58	1140.19	1236.47		1083.75	1077.05	1205.32	1212.26		1099.57	1140.19	1236.47		1083.75	1077.05	1205.32	1212.26		1099.57
59	1164.80	1263.16		1107.14	1100.30	1231.33	1238.43		1123.31	1164.80	1263.16		1107.14	1100.30	1231.33	1238.43		1123.31
60	1214.47	1317.02		1154.35	1147.22	1283.84	1291.24		1171.21	1214.47	1317.02		1154.35	1147.22	1283.84	1291.24		1171.21
61	1257.43	1363.61		1195.18	1187.80	1329.25	1336.91		1212.64	1257.43	1363.61		1195.18	1187.80	1329.25	1336.91		1212.64
62	1285.62	1394.18		1221.98	1214.43	1359.05	1366.88		1239.82	1285.62	1394.18		1221.98	1214.43	1359.05	1366.88		1239.82
63	1320.97	1432.52		1255.58	1247.83	1396.43	1404.47		1273.91	1320.97	1432.52		1255.58	1247.83	1396.43	1404.47		1273.91
64 and over	1342.44	1455.81		1275.99	1268.12	1419.12	1427.31		1294.62	1342.44	1455.81		1275.99	1268.12	1419.12	1427.31		1294.62

UnitedHealthcare of Oregon, Inc.
RATE SCHEDULE

Plan Information

Plan Name: UHC Bronze Essential (Off Exchange Only)
HIOS Plan ID: 62650WA0020006
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	Yes	King
2	Yes	Clallam, Grays Harbor, Jefferson
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Mason, Pierce, Thurston
6	Yes	Kittitas, Yakima
7	Yes	Adams
8	No	
9	Yes	Whitman

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	318.49	345.38		302.72	300.85	336.68	338.62		307.14	318.49	345.38		302.72	300.85	336.68	338.62		307.14
15	346.80	376.08		329.63	327.59	366.60	368.72		334.44	346.80	376.08		329.63	327.59	366.60	368.72		334.44
16	357.62	387.82		339.92	337.82	378.05	380.22		344.88	357.62	387.82		339.92	337.82	378.05	380.22		344.88
17	368.44	399.56		350.20	348.04	389.49	391.73		355.32	368.44	399.56		350.20	348.04	389.49	391.73		355.32
18	380.10	412.20		361.28	359.05	401.81	404.13		366.56	380.10	412.20		361.28	359.05	401.81	404.13		366.56
19	391.76	424.84		372.36	370.07	414.13	416.52		377.80	391.76	424.84		372.36	370.07	414.13	416.52		377.80
20	403.83	437.93		383.84	381.47	426.90	429.36		389.44	403.83	437.93		383.84	381.47	426.90	429.36		389.44
21	416.32	451.47		395.71	393.27	440.10	442.64		401.49	416.32	451.47		395.71	393.27	440.10	442.64		401.49
22	416.32	451.47		395.71	393.27	440.10	442.64		401.49	416.32	451.47		395.71	393.27	440.10	442.64		401.49
23	416.32	451.47		395.71	393.27	440.10	442.64		401.49	416.32	451.47		395.71	393.27	440.10	442.64		401.49
24	416.32	451.47		395.71	393.27	440.10	442.64		401.49	416.32	451.47		395.71	393.27	440.10	442.64		401.49
25	417.99	453.28		397.29	394.84	441.86	444.41		403.10	417.99	453.28		397.29	394.84	441.86	444.41		403.10
26	426.31	462.31		405.21	402.71	450.66	453.26		411.13	426.31	462.31		405.21	402.71	450.66	453.26		411.13
27	436.30	473.15		414.71	412.14	461.23	463.88		420.76	436.30	473.15		414.71	412.14	461.23	463.88		420.76
28	452.54	490.75		430.14	427.48	478.39	481.15		436.42	452.54	490.75		430.14	427.48	478.39	481.15		436.42
29	465.86	505.20		442.80	440.07	492.47	495.31		449.27	465.86	505.20		442.80	440.07	492.47	495.31		449.27
30	472.52	512.42		449.13	446.36	499.51	502.39		455.69	472.52	512.42		449.13	446.36	499.51	502.39		455.69
31	482.52	523.26		458.63	455.80	510.08	513.01		465.33	482.52	523.26		458.63	455.80	510.08	513.01		465.33
32	492.51	534.09		468.13	465.24	520.64	523.64		474.96	492.51	534.09		468.13	465.24	520.64	523.64		474.96
33	498.75	540.87		474.06	471.14	527.24	530.28		480.98	498.75	540.87		474.06	471.14	527.24	530.28		480.98
34	505.41	548.09		480.39	477.43	534.28	537.36		487.41	505.41	548.09		480.39	477.43	534.28	537.36		487.41
35	508.74	551.70		483.56	480.57	537.80	540.90		490.62	508.74	551.70		483.56	480.57	537.80	540.90		490.62
36	512.07	555.31		486.73	483.72	541.32	544.44		493.83	512.07	555.31		486.73	483.72	541.32	544.44		493.83
37	515.41	558.93		489.89	486.87	544.84	547.98		497.04	515.41	558.93		489.89	486.87	544.84	547.98		497.04
38	518.74	562.54		493.06	490.01	548.36	551.52		500.26	518.74	562.54		493.06	490.01	548.36	551.52		500.26
39	525.40	569.76		499.39	496.30	555.41	558.61		506.68	525.40	569.76		499.39	496.30	555.41	558.61		506.68
40	532.06	576.98		505.72	502.60	562.45	565.69		513.10	532.06	576.98		505.72	502.60	562.45	565.69		513.10
41	542.05	587.82		515.22	512.03	573.01	576.31		522.74	542.05	587.82		515.22	512.03	573.01	576.31		522.74
42	551.62	598.20		524.32	521.08	583.13	586.49		531.97	551.62	598.20		524.32	521.08	583.13	586.49		531.97
43	564.95	612.65		536.98	533.66	597.22	600.66		544.82	564.95	612.65		536.98	533.66	597.22	600.66		544.82
44	581.60	630.71		552.81	549.40	614.82	618.36		560.88	581.60	630.71		552.81	549.40	614.82	618.36		560.88
45	601.17	651.93		571.41	567.88	635.50	639.17		579.75	601.17	651.93		571.41	567.88	635.50	639.17		579.75
46	624.48	677.21		593.57	589.90	660.15	663.95		602.23	624.48	677.21		593.57	589.90	660.15	663.95		602.23
47	650.71	705.65		618.50	614.68	687.88	691.84		627.53	650.71	705.65		618.50	614.68	687.88	691.84		627.53
48	680.68	738.16		646.99	642.99	719.56	723.71		656.44	680.68	738.16		646.99	642.99	719.56	723.71		656.44
49	710.24	770.22		675.08	670.92	750.81	755.14		684.94	710.24	770.22		675.08	670.92	750.81	755.14		684.94
50	743.55	806.33		706.74	702.38	786.02	790.55		717.06	743.55	806.33		706.74	702.38	786.02	790.55		717.06
51	776.44	842.00		738.00	733.44	820.79	825.52		748.78	776.44	842.00		738.00	733.44	820.79	825.52		748.78
52	812.66	881.28		772.43	767.66	859.08	864.03		783.71	812.66	881.28		772.43	767.66	859.08	864.03		783.71
53	849.29	921.01		807.25	802.27	897.80	902.98		819.04	849.29	921.01		807.25	802.27	897.80	902.98		819.04
54	888.84	963.90		844.84	839.63	939.61	945.03		857.18	888.84	963.90		844.84	839.63	939.61	945.03		857.18
55	928.40	1006.79		882.44	876.99	981.42	987.08		895.32	928.40	1006.79		882.44	876.99	981.42	987.08		895.32
56	971.28	1053.29		923.19	917.49	1026.75	1032.67		936.68	971.28	1053.29		923.19	917.49	1026.75	1032.67		936.68
57	1014.57	1100.24		964.35	958.39	1072.52	1078.70		978.43	1014.57	1100.24		964.35	958.39	1072.52	1078.70		978.43
58	1060.79	1150.36		1008.27	1002.05	1121.38	1127.84		1023.00	1060.79	1150.36		1008.27	1002.05	1121.38	1127.84		1023.00
59	1083.68	1175.19		1030.04	1023.68	1145.58	1152.18		1045.08	1083.68	1175.19		1030.04	1023.68	1145.58	1152.18		1045.08
60	1129.89	1225.30		1073.96	1067.33	1194.43	1201.31		1089.64	1129.89	1225.30		1073.96	1067.33	1194.43	1201.31		1089.64
61	1169.86	1268.64		1111.95	1105.08	1236.68	1243.81		1128.19	1169.86	1268.64		1111.95	1105.08	1236.68	1243.81		1128.19
62	1196.09	1297.09		1136.88	1129.86	1264.41	1271.69		1153.48	1196.09	1297.09		1136.88	1129.86	1264.41	1271.69		1153.48
63	1228.98	1332.75		1168.14	1160.93	1299.18	1306.66		1185.20	1228.98	1332.75		1168.14	1160.93	1299.18	1306.66		1185.20
64 and over	1248.96	1354.41		1187.13	1179.80	1320.30	1327.91		1204.47	1248.96	1354.41		1187.13	1179.80	1320.30	1327.91		1204.47

UnitedHealthcare of Oregon, Inc.
RATE SCHEDULE

Plan Information

Plan Name: UHC Bronze Essential
HIOS Plan ID: 62650WA0020005
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Both inside and 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	Yes	King
2	Yes	Clallam, Grays Harbor, Jefferson
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Mason, Pierce, Thurston
6	Yes	Kittitas, Yakima
7	Yes	Adams
8	No	
9	Yes	Whitman

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	318.49	345.38		302.72	300.85	336.68	338.62		307.14	318.49	345.38		302.72	300.85	336.68	338.62		307.14
15	346.80	376.08		329.63	327.59	366.60	368.72		334.44	346.80	376.08		329.63	327.59	366.60	368.72		334.44
16	357.62	387.82		339.92	337.82	378.05	380.22		344.88	357.62	387.82		339.92	337.82	378.05	380.22		344.88
17	368.44	399.56		350.20	348.04	389.49	391.73		355.32	368.44	399.56		350.20	348.04	389.49	391.73		355.32
18	380.10	412.20		361.28	359.05	401.81	404.13		366.56	380.10	412.20		361.28	359.05	401.81	404.13		366.56
19	391.76	424.84		372.36	370.07	414.13	416.52		377.80	391.76	424.84		372.36	370.07	414.13	416.52		377.80
20	403.83	437.93		383.84	381.47	426.90	429.36		389.44	403.83	437.93		383.84	381.47	426.90	429.36		389.44
21	416.32	451.47		395.71	393.27	440.10	442.64		401.49	416.32	451.47		395.71	393.27	440.10	442.64		401.49
22	416.32	451.47		395.71	393.27	440.10	442.64		401.49	416.32	451.47		395.71	393.27	440.10	442.64		401.49
23	416.32	451.47		395.71	393.27	440.10	442.64		401.49	416.32	451.47		395.71	393.27	440.10	442.64		401.49
24	416.32	451.47		395.71	393.27	440.10	442.64		401.49	416.32	451.47		395.71	393.27	440.10	442.64		401.49
25	417.99	453.28		397.29	394.84	441.86	444.41		403.10	417.99	453.28		397.29	394.84	441.86	444.41		403.10
26	426.31	462.31		405.21	402.71	450.66	453.26		411.13	426.31	462.31		405.21	402.71	450.66	453.26		411.13
27	436.30	473.15		414.71	412.14	461.23	463.88		420.76	436.30	473.15		414.71	412.14	461.23	463.88		420.76
28	452.54	490.75		430.14	427.48	478.39	481.15		436.42	452.54	490.75		430.14	427.48	478.39	481.15		436.42
29	465.86	505.20		442.80	440.07	492.47	495.31		449.27	465.86	505.20		442.80	440.07	492.47	495.31		449.27
30	472.52	512.42		449.13	446.36	499.51	502.39		455.69	472.52	512.42		449.13	446.36	499.51	502.39		455.69
31	482.52	523.26		458.63	455.80	510.08	513.01		465.33	482.52	523.26		458.63	455.80	510.08	513.01		465.33
32	492.51	534.09		468.13	465.24	520.64	523.64		474.96	492.51	534.09		468.13	465.24	520.64	523.64		474.96
33	498.75	540.87		474.06	471.14	527.24	530.28		480.98	498.75	540.87		474.06	471.14	527.24	530.28		480.98
34	505.41	548.09		480.39	477.43	534.28	537.36		487.41	505.41	548.09		480.39	477.43	534.28	537.36		487.41
35	508.74	551.70		483.56	480.57	537.80	540.90		490.62	508.74	551.70		483.56	480.57	537.80	540.90		490.62
36	512.07	555.31		486.73	483.72	541.32	544.44		493.83	512.07	555.31		486.73	483.72	541.32	544.44		493.83
37	515.41	558.93		489.89	486.87	544.84	547.98		497.04	515.41	558.93		489.89	486.87	544.84	547.98		497.04
38	518.74	562.54		493.06	490.01	548.36	551.52		500.26	518.74	562.54		493.06	490.01	548.36	551.52		500.26
39	525.40	569.76		499.39	496.30	555.41	558.61		506.68	525.40	569.76		499.39	496.30	555.41	558.61		506.68
40	532.06	576.98		505.72	502.60	562.45	565.69		513.10	532.06	576.98		505.72	502.60	562.45	565.69		513.10
41	542.05	587.82		515.22	512.03	573.01	576.31		522.74	542.05	587.82		515.22	512.03	573.01	576.31		522.74
42	551.62	598.20		524.32	521.08	583.13	586.49		531.97	551.62	598.20		524.32	521.08	583.13	586.49		531.97
43	564.95	612.65		536.98	533.66	597.22	600.66		544.82	564.95	612.65		536.98	533.66	597.22	600.66		544.82
44	581.60	630.71		552.81	549.40	614.82	618.36		560.88	581.60	630.71		552.81	549.40	614.82	618.36		560.88
45	601.17	651.93		571.41	567.88	635.50	639.17		579.75	601.17	651.93		571.41	567.88	635.50	639.17		579.75
46	624.48	677.21		593.57	589.90	660.15	663.95		602.23	624.48	677.21		593.57	589.90	660.15	663.95		602.23
47	650.71	705.65		618.50	614.68	687.88	691.84		627.53	650.71	705.65		618.50	614.68	687.88	691.84		627.53
48	680.68	738.16		646.99	642.99	719.56	723.71		656.44	680.68	738.16		646.99	642.99	719.56	723.71		656.44
49	710.24	770.22		675.08	670.92	750.81	755.14		684.94	710.24	770.22		675.08	670.92	750.81	755.14		684.94
50	743.55	806.33		706.74	702.38	786.02	790.55		717.06	743.55	806.33		706.74	702.38	786.02	790.55		717.06
51	776.44	842.00		738.00	733.44	820.79	825.52		748.78	776.44	842.00		738.00	733.44	820.79	825.52		748.78
52	812.66	881.28		772.43	767.66	859.08	864.03		783.71	812.66	881.28		772.43	767.66	859.08	864.03		783.71
53	849.29	921.01		807.25	802.27	897.80	902.98		819.04	849.29	921.01		807.25	802.27	897.80	902.98		819.04
54	888.84	963.90		844.84	839.63	939.61	945.03		857.18	888.84	963.90		844.84	839.63	939.61	945.03		857.18
55	928.40	1006.79		882.44	876.99	981.42	987.08		895.32	928.40	1006.79		882.44	876.99	981.42	987.08		895.32
56	971.28	1053.29		923.19	917.49	1026.75	1032.67		936.68	971.28	1053.29		923.19	917.49	1026.75	1032.67		936.68
57	1014.57	1100.24		964.35	958.39	1072.52	1078.70		978.43	1014.57	1100.24		964.35	958.39	1072.52	1078.70		978.43
58	1060.79	1150.36		1008.27	1002.05	1121.38	1127.84		1023.00	1060.79	1150.36		1008.27	1002.05	1121.38	1127.84		1023.00
59	1083.68	1175.19		1030.04	1023.68	1145.58	1152.18		1045.08	1083.68	1175.19		1030.04	1023.68	1145.58	1152.18		1045.08
60	1129.89	1225.30		1073.96	1067.33	1194.43	1201.31		1089.64	1129.89	1225.30		1073.96	1067.33	1194.43	1201.31		1089.64
61	1169.86	1268.64		1111.95	1105.08	1236.68	1243.81		1128.19	1169.86	1268.64		1111.95	1105.08	1236.68	1243.81		1128.19
62	1196.09	1297.09		1136.88	1129.86	1264.41	1271.69		1153.48	1196.09	1297.09		1136.88	1129.86	1264.41	1271.69		1153.48
63	1228.98	1332.75		1168.14	1160.93	1299.18	1306.66		1185.20	1228.98	1332.75		1168.14	1160.93	1299.18	1306.66		1185.20
64 and over	1248.96	1354.41		1187.13	1179.80	1320.30	1327.91		1204.47	1248.96	1354.41		1187.13	1179.80	1320.30	1327.91		1204.47

UnitedHealthcare of Oregon, Inc.
RATE SCHEDULE

Plan Information

Plan Name: UnitedHealthcare of Oregon, Inc. Cascade Silver
HIOS Plan ID: 62650WA0020003
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Both inside and outside the exchange
Metal Level: Silver
Plan Type: Standardized Non-Public Option Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Clallam, Grays Harbor, Jefferson
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Mason, Pierce, Thurston
6	Yes	Kittitas, Yakima
7	Yes	Adams
8	No	
9	Yes	Whitman

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	549.05	595.41		521.87	518.65	580.41	583.75		529.49	549.05	595.41		521.87	518.65	580.41	583.75		529.49
15	597.85	648.33		568.26	564.75	632.00	635.64		576.55	597.85	648.33		568.26	564.75	632.00	635.64		576.55
16	616.51	668.57		585.99	582.37	651.73	655.48		594.55	616.51	668.57		585.99	582.37	651.73	655.48		594.55
17	635.17	688.81		603.73	600.00	671.45	675.32		612.55	635.17	688.81		603.73	600.00	671.45	675.32		612.55
18	655.27	710.60		622.83	618.98	692.70	696.69		631.93	655.27	710.60		622.83	618.98	692.70	696.69		631.93
19	675.36	732.39		641.93	637.97	713.94	718.05		651.30	675.36	732.39		641.93	637.97	713.94	718.05		651.30
20	696.18	754.96		661.71	657.63	735.94	740.18		671.38	696.18	754.96		661.71	657.63	735.94	740.18		671.38
21	717.71	778.31		682.18	677.97	758.70	763.07		692.14	717.71	778.31		682.18	677.97	758.70	763.07		692.14
22	717.71	778.31		682.18	677.97	758.70	763.07		692.14	717.71	778.31		682.18	677.97	758.70	763.07		692.14
23	717.71	778.31		682.18	677.97	758.70	763.07		692.14	717.71	778.31		682.18	677.97	758.70	763.07		692.14
24	717.71	778.31		682.18	677.97	758.70	763.07		692.14	717.71	778.31		682.18	677.97	758.70	763.07		692.14
25	720.58	781.43		684.91	680.68	761.74	766.13		694.91	720.58	781.43		684.91	680.68	761.74	766.13		694.91
26	734.93	796.99		698.55	694.24	776.91	781.39		708.75	734.93	796.99		698.55	694.24	776.91	781.39		708.75
27	752.16	815.67		714.92	710.51	795.12	799.70		725.36	752.16	815.67		714.92	710.51	795.12	799.70		725.36
28	780.15	846.03		741.53	736.95	824.71	829.46		752.36	780.15	846.03		741.53	736.95	824.71	829.46		752.36
29	803.12	870.93		763.36	758.65	848.99	853.88		774.51	803.12	870.93		763.36	758.65	848.99	853.88		774.51
30	814.60	883.38		774.27	769.49	861.13	866.09		785.58	814.60	883.38		774.27	769.49	861.13	866.09		785.58
31	831.83	902.06		790.65	785.76	879.34	884.40		802.19	831.83	902.06		790.65	785.76	879.34	884.40		802.19
32	849.05	920.74		807.02	802.04	897.55	902.72		818.80	849.05	920.74		807.02	802.04	897.55	902.72		818.80
33	859.82	932.42		817.25	812.21	908.93	914.16		829.19	859.82	932.42		817.25	812.21	908.93	914.16		829.19
34	871.30	944.87		828.17	823.05	921.07	926.37		840.26	871.30	944.87		828.17	823.05	921.07	926.37		840.26
35	877.04	951.10		833.62	828.48	927.14	932.48		845.80	877.04	951.10		833.62	828.48	927.14	932.48		845.80
36	882.78	957.32		839.08	833.90	933.21	938.58		851.33	882.78	957.32		839.08	833.90	933.21	938.58		851.33
37	888.52	963.55		844.54	839.32	939.28	944.69		856.87	888.52	963.55		844.54	839.32	939.28	944.69		856.87
38	894.27	969.78		850.00	844.75	945.34	950.79		862.41	894.27	969.78		850.00	844.75	945.34	950.79		862.41
39	905.75	982.23		860.91	855.60	957.48	963.00		873.48	905.75	982.23		860.91	855.60	957.48	963.00		873.48
40	917.23	994.68		871.83	866.44	969.62	975.21		884.56	917.23	994.68		871.83	866.44	969.62	975.21		884.56
41	934.46	1013.36		888.20	882.71	987.83	993.52		901.17	934.46	1013.36		888.20	882.71	987.83	993.52		901.17
42	950.96	1031.26		903.89	898.31	1005.28	1011.07		917.09	950.96	1031.26		903.89	898.31	1005.28	1011.07		917.09
43	973.93	1056.17		925.72	920.00	1029.56	1035.49		939.24	973.93	1056.17		925.72	920.00	1029.56	1035.49		939.24
44	1002.64	1087.30		953.01	947.12	1059.91	1066.02		966.92	1002.64	1087.30		953.01	947.12	1059.91	1066.02		966.92
45	1036.37	1123.88		985.07	978.99	1095.57	1101.88		999.45	1036.37	1123.88		985.07	978.99	1095.57	1101.88		999.45
46	1076.56	1167.47		1023.27	1016.95	1138.06	1144.61		1038.21	1076.56	1167.47		1023.27	1016.95	1138.06	1144.61		1038.21
47	1121.78	1216.50		1066.25	1059.66	1185.85	1192.69		1081.82	1121.78	1216.50		1066.25	1059.66	1185.85	1192.69		1081.82
48	1173.45	1272.54		1115.36	1108.48	1240.48	1247.63		1131.65	1173.45	1272.54		1115.36	1108.48	1240.48	1247.63		1131.65
49	1224.41	1327.80		1163.80	1156.61	1294.35	1301.81		1180.79	1224.41	1327.80		1163.80	1156.61	1294.35	1301.81		1180.79
50	1281.83	1390.07		1218.37	1210.85	1355.04	1362.85		1236.16	1281.83	1390.07		1218.37	1210.85	1355.04	1362.85		1236.16
51	1338.53	1451.55		1272.27	1264.41	1414.98	1423.13		1290.84	1338.53	1451.55		1272.27	1264.41	1414.98	1423.13		1290.84
52	1400.97	1519.27		1331.62	1323.39	1480.99	1489.52		1351.06	1400.97	1519.27		1331.62	1323.39	1480.99	1489.52		1351.06
53	1464.13	1587.76		1391.65	1383.05	1547.76	1556.67		1411.97	1464.13	1587.76		1391.65	1383.05	1547.76	1556.67		1411.97
54	1532.31	1661.70		1456.46	1447.46	1619.83	1629.16		1477.72	1532.31	1661.70		1456.46	1447.46	1619.83	1629.16		1477.72
55	1600.49	1735.64		1521.26	1511.87	1691.91	1701.66		1543.48	1600.49	1735.64		1521.26	1511.87	1691.91	1701.66		1543.48
56	1674.42	1815.80		1591.53	1581.70	1770.06	1780.25		1614.77	1674.42	1815.80		1591.53	1581.70	1770.06	1780.25		1614.77
57	1749.06	1896.75		1662.47	1652.21	1848.96	1859.61		1686.75	1749.06	1896.75		1662.47	1652.21	1848.96	1859.61		1686.75
58	1828.72	1983.14		1738.20	1727.46	1933.18	1944.31		1763.58	1828.72	1983.14		1738.20	1727.46	1933.18	1944.31		1763.58
59	1868.20	2025.95		1775.72	1764.75	1974.91	1986.28		1801.64	1868.20	2025.95		1775.72	1764.75	1974.91	1986.28		1801.64
60	1947.86	2112.34		1851.44	1840.01	2059.12	2070.99		1878.47	1947.86	2112.34		1851.44	1840.01	2059.12	2070.99		1878.47
61	2016.76	2187.06		1916.93	1905.09	2131.96	2144.24		1944.92	2016.76	2187.06		1916.93	1905.09	2131.96	2144.24		1944.92
62	2061.98	2236.09		1959.90	1947.80	2179.76	2192.31		1988.52	2061.98	2236.09		1959.90	1947.80	2179.76	2192.31		1988.52
63	2118.68	2297.58		2013.80	2001.36	2239.69	2252.60		2043.20	2118.68	2297.58		2013.80	2001.36	2239.69	2252.60		2043.20
64 and over	2153.13	2334.93		2046.54	2033.90	2276.10	2289.21		2076.42	2153.13	2334.93		2046.54	2033.90	2276.10	2289.21		2076.42

UnitedHealthcare of Oregon, Inc.
RATE SCHEDULE

Plan Information

Plan Name: UHC Silver Copay Focus
HIOS Plan ID: 62650WA0020017
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Both inside and 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	Yes	King
2	Yes	Clallam, Grays Harbor, Jefferson
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Mason, Pierce, Thurston
6	Yes	Kittitas, Yakima
7	Yes	Adams
8	No	
9	Yes	Whitman

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	549.33	595.71		522.13	518.91	580.70	584.05		529.76	549.33	595.71		522.13	518.91	580.70	584.05		529.76
15	598.16	648.67		568.55	565.04	632.32	635.97		576.85	598.16	648.67		568.55	565.04	632.32	635.97		576.85
16	616.83	668.91		586.29	582.67	652.06	655.82		594.85	616.83	668.91		586.29	582.67	652.06	655.82		594.85
17	635.50	689.16		604.04	600.31	671.80	675.67		612.86	635.50	689.16		604.04	600.31	671.80	675.67		612.86
18	655.60	710.96		623.15	619.30	693.05	697.04		632.25	655.60	710.96		623.15	619.30	693.05	697.04		632.25
19	675.71	732.77		642.26	638.29	714.30	718.42		651.64	675.71	732.77		642.26	638.29	714.30	718.42		651.64
20	696.53	755.35		662.05	657.96	736.32	740.56		671.72	696.53	755.35		662.05	657.96	736.32	740.56		671.72
21	718.08	778.71		682.53	678.31	759.09	763.46		692.49	718.08	778.71		682.53	678.31	759.09	763.46		692.49
22	718.08	778.71		682.53	678.31	759.09	763.46		692.49	718.08	778.71		682.53	678.31	759.09	763.46		692.49
23	718.08	778.71		682.53	678.31	759.09	763.46		692.49	718.08	778.71		682.53	678.31	759.09	763.46		692.49
24	718.08	778.71		682.53	678.31	759.09	763.46		692.49	718.08	778.71		682.53	678.31	759.09	763.46		692.49
25	720.95	781.82		685.26	681.03	762.13	766.52		695.26	720.95	781.82		685.26	681.03	762.13	766.52		695.26
26	735.31	797.40		698.91	694.59	777.31	781.79		709.11	735.31	797.40		698.91	694.59	777.31	781.79		709.11
27	752.54	816.09		715.29	710.87	795.53	800.11		725.73	752.54	816.09		715.29	710.87	795.53	800.11		725.73
28	780.55	846.46		741.91	737.33	825.13	829.89		752.74	780.55	846.46		741.91	737.33	825.13	829.89		752.74
29	803.53	871.38		763.75	759.03	849.42	854.32		774.90	803.53	871.38		763.75	759.03	849.42	854.32		774.90
30	815.02	883.84		774.67	769.89	861.57	866.53		785.98	815.02	883.84		774.67	769.89	861.57	866.53		785.98
31	832.25	902.52		791.05	786.17	879.79	884.86		802.60	832.25	902.52		791.05	786.17	879.79	884.86		802.60
32	849.48	921.21		807.43	802.45	898.00	903.18		819.22	849.48	921.21		807.43	802.45	898.00	903.18		819.22
33	860.25	932.89		817.67	812.62	909.39	914.63		829.61	860.25	932.89		817.67	812.62	909.39	914.63		829.61
34	871.74	945.35		828.59	823.47	921.54	926.85		840.69	871.74	945.35		828.59	823.47	921.54	926.85		840.69
35	877.49	951.58		834.05	828.90	927.61	932.95		846.23	877.49	951.58		834.05	828.90	927.61	932.95		846.23
36	883.23	957.81		839.51	834.33	933.68	939.06		851.77	883.23	957.81		839.51	834.33	933.68	939.06		851.77
37	888.98	964.04		844.97	839.75	939.75	945.17		857.31	888.98	964.04		844.97	839.75	939.75	945.17		857.31
38	894.72	970.27		850.43	845.18	945.83	951.28		862.85	894.72	970.27		850.43	845.18	945.83	951.28		862.85
39	906.21	982.73		861.35	856.03	957.97	963.49		873.93	906.21	982.73		861.35	856.03	957.97	963.49		873.93
40	917.70	995.19		872.27	866.89	970.12	975.71		885.01	917.70	995.19		872.27	866.89	970.12	975.71		885.01
41	934.93	1013.88		888.65	883.16	988.34	994.03		901.63	934.93	1013.88		888.65	883.16	988.34	994.03		901.63
42	951.45	1031.79		904.35	898.77	1005.80	1011.59		917.56	951.45	1031.79		904.35	898.77	1005.80	1011.59		917.56
43	974.43	1056.71		926.19	920.47	1030.09	1036.02		939.72	974.43	1056.71		926.19	920.47	1030.09	1036.02		939.72
44	1003.15	1087.86		953.49	947.60	1060.45	1066.56		967.41	1003.15	1087.86		953.49	947.60	1060.45	1066.56		967.41
45	1036.90	1124.46		985.57	979.49	1096.13	1102.44		999.96	1036.90	1124.46		985.57	979.49	1096.13	1102.44		999.96
46	1077.11	1168.06		1023.79	1017.47	1138.64	1145.20		1038.74	1077.11	1168.06		1023.79	1017.47	1138.64	1145.20		1038.74
47	1122.35	1217.12		1066.79	1060.20	1186.46	1193.29		1082.37	1122.35	1217.12		1066.79	1060.20	1186.46	1193.29		1082.37
48	1174.05	1273.19		1115.93	1109.04	1241.11	1248.26		1132.23	1174.05	1273.19		1115.93	1109.04	1241.11	1248.26		1132.23
49	1225.04	1328.48		1164.39	1157.20	1295.01	1302.47		1181.40	1225.04	1328.48		1164.39	1157.20	1295.01	1302.47		1181.40
50	1282.48	1390.78		1219.00	1211.47	1355.74	1363.55		1236.80	1282.48	1390.78		1219.00	1211.47	1355.74	1363.55		1236.80
51	1339.21	1452.29		1272.92	1265.06	1415.70	1423.86		1291.50	1339.21	1452.29		1272.92	1265.06	1415.70	1423.86		1291.50
52	1401.68	1520.04		1332.30	1324.07	1481.75	1490.28		1351.75	1401.68	1520.04		1332.30	1324.07	1481.75	1490.28		1351.75
53	1464.87	1588.57		1392.36	1383.76	1548.55	1557.47		1412.69	1464.87	1588.57		1392.36	1383.76	1548.55	1557.47		1412.69
54	1533.09	1662.54		1457.20	1448.20	1620.66	1630.00		1478.48	1533.09	1662.54		1457.20	1448.20	1620.66	1630.00		1478.48
55	1601.31	1736.52		1522.04	1512.64	1692.77	1702.53		1544.26	1601.31	1736.52		1522.04	1512.64	1692.77	1702.53		1544.26
56	1675.27	1816.73		1592.34	1582.51	1770.96	1781.16		1615.59	1675.27	1816.73		1592.34	1582.51	1770.96	1781.16		1615.59
57	1749.95	1897.72		1663.32	1653.05	1849.90	1860.56		1687.61	1749.95	1897.72		1663.32	1653.05	1849.90	1860.56		1687.61
58	1829.66	1984.15		1739.08	1728.34	1934.16	1945.31		1764.48	1829.66	1984.15		1739.08	1728.34	1934.16	1945.31		1764.48
59	1869.15	2026.98		1776.62	1765.65	1975.91	1987.30		1802.56	1869.15	2026.98		1776.62	1765.65	1975.91	1987.30		1802.56
60	1948.86	2113.42		1852.38	1840.94	2060.17	2072.04		1879.43	1948.86	2113.42		1852.38	1840.94	2060.17	2072.04		1879.43
61	2017.79	2188.17		1917.91	1906.06	2133.05	2145.33		1945.91	2017.79	2188.17		1917.91	1906.06	2133.05	2145.33		1945.91
62	2063.03	2237.23		1960.90	1948.80	2180.87	2193.43		1989.54	2063.03	2237.23		1960.90	1948.80	2180.87	2193.43		1989.54
63	2119.76	2298.75		2014.82	2002.38	2240.84	2253.75		2044.24	2119.76	2298.75		2014.82	2002.38	2240.84	2253.75		2044.24
64 and over	2154.23	2336.13		2047.59	2034.93	2277.27	2290.38		2077.47	2154.23	2336.13		2047.59	2034.93	2277.27	2290.38		2077.47

UnitedHealthcare of Oregon, Inc.
RATE SCHEDULE

Plan Information

Plan Name: UHC Silver Value HSA (Off Exchange Only)
HIOS Plan ID: 62650WA0020023
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	Yes	King
2	Yes	Clallam, Grays Harbor, Jefferson
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Mason, Pierce, Thurston
6	Yes	Kittitas, Yakima
7	Yes	Adams
8	No	
9	Yes	Whitman

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	393.01	426.20		373.56	371.25	415.46	417.85		379.01	393.01	426.20		373.56	371.25	415.46	417.85		379.01
15	427.95	464.08		406.76	404.25	452.39	455.00		412.70	427.95	464.08		406.76	404.25	452.39	455.00		412.70
16	441.30	478.57		419.46	416.87	466.51	469.20		425.58	441.30	478.57		419.46	416.87	466.51	469.20		425.58
17	454.66	493.05		432.15	429.48	480.63	483.40		438.46	454.66	493.05		432.15	429.48	480.63	483.40		438.46
18	469.04	508.65		445.83	443.07	495.84	498.69		452.34	469.04	508.65		445.83	443.07	495.84	498.69		452.34
19	483.43	524.25		459.50	456.66	511.04	513.99		466.21	483.43	524.25		459.50	456.66	511.04	513.99		466.21
20	498.33	540.41		473.66	470.73	526.79	529.83		480.58	498.33	540.41		473.66	470.73	526.79	529.83		480.58
21	513.74	557.12		488.31	485.29	543.08	546.21		495.44	513.74	557.12		488.31	485.29	543.08	546.21		495.44
22	513.74	557.12		488.31	485.29	543.08	546.21		495.44	513.74	557.12		488.31	485.29	543.08	546.21		495.44
23	513.74	557.12		488.31	485.29	543.08	546.21		495.44	513.74	557.12		488.31	485.29	543.08	546.21		495.44
24	513.74	557.12		488.31	485.29	543.08	546.21		495.44	513.74	557.12		488.31	485.29	543.08	546.21		495.44
25	515.80	559.35		490.26	487.23	545.26	548.40		497.42	515.80	559.35		490.26	487.23	545.26	548.40		497.42
26	526.07	570.49		500.03	496.94	556.12	559.32		507.33	526.07	570.49		500.03	496.94	556.12	559.32		507.33
27	538.40	583.86		511.75	508.59	569.15	572.43		519.22	538.40	583.86		511.75	508.59	569.15	572.43		519.22
28	558.44	605.59		530.79	527.51	590.33	593.73		538.54	558.44	605.59		530.79	527.51	590.33	593.73		538.54
29	574.88	623.42		546.42	543.04	607.71	611.21		554.40	574.88	623.42		546.42	543.04	607.71	611.21		554.40
30	583.10	632.33		554.23	550.81	616.40	619.95		562.32	583.10	632.33		554.23	550.81	616.40	619.95		562.32
31	595.42	645.70		565.95	562.45	629.43	633.06		574.21	595.42	645.70		565.95	562.45	629.43	633.06		574.21
32	607.75	659.07		577.67	574.10	642.47	646.17		586.10	607.75	659.07		577.67	574.10	642.47	646.17		586.10
33	615.46	667.43		584.99	581.38	650.61	654.36		593.54	615.46	667.43		584.99	581.38	650.61	654.36		593.54
34	623.68	676.34		592.81	589.15	659.30	663.10		601.46	623.68	676.34		592.81	589.15	659.30	663.10		601.46
35	627.79	680.80		596.71	593.03	663.65	667.47		605.43	627.79	680.80		596.71	593.03	663.65	667.47		605.43
36	631.90	685.26		600.62	596.91	667.99	671.84		609.39	631.90	685.26		600.62	596.91	667.99	671.84		609.39
37	636.01	689.71		604.53	600.79	672.34	676.21		613.35	636.01	689.71		604.53	600.79	672.34	676.21		613.35
38	640.12	694.17		608.43	604.68	676.68	680.58		617.32	640.12	694.17		608.43	604.68	676.68	680.58		617.32
39	648.34	703.09		616.25	612.44	685.37	689.32		625.24	648.34	703.09		616.25	612.44	685.37	689.32		625.24
40	656.56	712.00		624.06	620.20	694.06	698.06		633.17	656.56	712.00		624.06	620.20	694.06	698.06		633.17
41	668.89	725.37		635.78	631.85	707.10	711.17		645.06	668.89	725.37		635.78	631.85	707.10	711.17		645.06
42	680.71	738.18		647.01	643.01	719.59	723.73		656.46	680.71	738.18		647.01	643.01	719.59	723.73		656.46
43	697.15	756.01		662.63	658.54	736.97	741.21		672.31	697.15	756.01		662.63	658.54	736.97	741.21		672.31
44	717.69	778.30		682.17	677.95	758.69	763.06		692.13	717.69	778.30		682.17	677.95	758.69	763.06		692.13
45	741.84	804.48		705.12	700.76	784.21	788.73		715.41	741.84	804.48		705.12	700.76	784.21	788.73		715.41
46	770.61	835.68		732.46	727.94	814.63	819.32		743.16	770.61	835.68		732.46	727.94	814.63	819.32		743.16
47	802.98	870.78		763.23	758.51	848.84	853.73		774.37	802.98	870.78		763.23	758.51	848.84	853.73		774.37
48	839.97	910.89		798.38	793.45	887.94	893.06		810.04	839.97	910.89		798.38	793.45	887.94	893.06		810.04
49	876.44	950.45		833.05	827.91	926.50	931.84		845.22	876.44	950.45		833.05	827.91	926.50	931.84		845.22
50	917.54	995.02		872.12	866.73	969.95	975.54		884.85	917.54	995.02		872.12	866.73	969.95	975.54		884.85
51	958.13	1039.03		910.69	905.07	1012.85	1018.69		923.99	958.13	1039.03		910.69	905.07	1012.85	1018.69		923.99
52	1002.82	1087.50		953.18	947.29	1060.10	1066.21		967.10	1002.82	1087.50		953.18	947.29	1060.10	1066.21		967.10
53	1048.03	1136.52		996.15	990.00	1107.89	1114.27		1010.69	1048.03	1136.52		996.15	990.00	1107.89	1114.27		1010.69
54	1096.84	1189.45		1042.54	1036.10	1159.48	1166.16		1057.76	1096.84	1189.45		1042.54	1036.10	1159.48	1166.16		1057.76
55	1145.64	1242.38		1088.93	1082.20	1211.08	1218.06		1104.83	1145.64	1242.38		1088.93	1082.20	1211.08	1218.06		1104.83
56	1198.56	1299.76		1139.22	1132.19	1267.02	1274.31		1155.86	1198.56	1299.76		1139.22	1132.19	1267.02	1274.31		1155.86
57	1251.98	1357.70		1190.01	1182.66	1323.50	1331.12		1207.38	1251.98	1357.70		1190.01	1182.66	1323.50	1331.12		1207.38
58	1309.01	1419.54		1244.21	1236.53	1383.78	1391.75		1262.38	1309.01	1419.54		1244.21	1236.53	1383.78	1391.75		1262.38
59	1337.27	1450.18		1271.07	1263.22	1413.65	1421.79		1289.63	1337.27	1450.18		1271.07	1263.22	1413.65	1421.79		1289.63
60	1394.29	1512.02		1325.27	1317.09	1473.93	1482.42		1344.62	1394.29	1512.02		1325.27	1317.09	1473.93	1482.42		1344.62
61	1443.61	1565.51		1372.15	1363.67	1526.07	1534.86		1392.18	1443.61	1565.51		1372.15	1363.67	1526.07	1534.86		1392.18
62	1475.98	1600.61		1402.91	1394.25	1560.28	1569.27		1423.39	1475.98	1600.61		1402.91	1394.25	1560.28	1569.27		1423.39
63	1516.56	1644.62		1441.49	1432.59	1603.18	1612.42		1462.53	1516.56	1644.62		1441.49	1432.59	1603.18	1612.42		1462.53
64 and over	1541.22	1671.36		1464.92	1455.87	1629.24	1638.63		1486.32	1541.22	1671.36		1464.92	1455.87	1629.24	1638.63		1486.32

UnitedHealthcare of Oregon, Inc.
RATE SCHEDULE

Plan Information

Plan Name: UnitedHealthcare of Oregon, Inc. Cascade Silver (Off Exchange Only)
HIOS Plan ID: 62650WA0020024
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Outside the exchange
Metal Level: Silver
Plan Type: Standardized Non-Public Option Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Clallam, Grays Harbor, Jefferson
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Mason, Pierce, Thurston
6	Yes	Kittitas, Yakima
7	Yes	Adams
8	No	
9	Yes	Whitman

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	391.13	424.15		371.76	369.47	413.47	415.85		377.19	391.13	424.15		371.76	369.47	413.47	415.85		377.19
15	425.89	461.86		404.81	402.31	450.22	452.81		410.72	425.89	461.86		404.81	402.31	450.22	452.81		410.72
16	439.19	476.27		417.45	414.87	464.27	466.95		423.54	439.19	476.27		417.45	414.87	464.27	466.95		423.54
17	452.48	490.69		430.08	427.43	478.32	481.08		436.36	452.48	490.69		430.08	427.43	478.32	481.08		436.36
18	466.80	506.21		443.69	440.95	493.46	496.30		450.17	466.80	506.21		443.69	440.95	493.46	496.30		450.17
19	481.11	521.74		457.29	454.47	508.59	511.52		463.97	481.11	521.74		457.29	454.47	508.59	511.52		463.97
20	495.94	537.82		471.39	468.48	524.27	527.29		478.27	495.94	537.82		471.39	468.48	524.27	527.29		478.27
21	511.28	554.45		485.97	482.97	540.48	543.59		493.06	511.28	554.45		485.97	482.97	540.48	543.59		493.06
22	511.28	554.45		485.97	482.97	540.48	543.59		493.06	511.28	554.45		485.97	482.97	540.48	543.59		493.06
23	511.28	554.45		485.97	482.97	540.48	543.59		493.06	511.28	554.45		485.97	482.97	540.48	543.59		493.06
24	511.28	554.45		485.97	482.97	540.48	543.59		493.06	511.28	554.45		485.97	482.97	540.48	543.59		493.06
25	513.32	556.67		487.91	484.90	542.64	545.77		495.04	513.32	556.67		487.91	484.90	542.64	545.77		495.04
26	523.55	567.76		497.63	494.56	553.45	556.64		504.90	523.55	567.76		497.63	494.56	553.45	556.64		504.90
27	535.82	581.06		509.29	506.15	566.42	569.69		516.73	535.82	581.06		509.29	506.15	566.42	569.69		516.73
28	555.76	602.69		528.25	524.98	587.50	590.89		535.96	555.76	602.69		528.25	524.98	587.50	590.89		535.96
29	572.12	620.43		543.80	540.44	604.80	608.28		551.74	572.12	620.43		543.80	540.44	604.80	608.28		551.74
30	580.30	629.30		551.57	548.17	613.44	616.98		559.63	580.30	629.30		551.57	548.17	613.44	616.98		559.63
31	592.57	642.61		563.24	559.76	626.42	630.03		571.46	592.57	642.61		563.24	559.76	626.42	630.03		571.46
32	604.84	655.91		574.90	571.35	639.39	643.07		583.29	604.84	655.91		574.90	571.35	639.39	643.07		583.29
33	612.51	664.23		582.19	578.59	647.50	651.23		590.69	612.51	664.23		582.19	578.59	647.50	651.23		590.69
34	620.69	673.10		589.96	586.32	656.14	659.92		598.58	620.69	673.10		589.96	586.32	656.14	659.92		598.58
35	624.78	677.54		593.85	590.18	660.47	664.27		602.52	624.78	677.54		593.85	590.18	660.47	664.27		602.52
36	628.87	681.97		597.74	594.05	664.79	668.62		606.47	628.87	681.97		597.74	594.05	664.79	668.62		606.47
37	632.96	686.41		601.63	597.91	669.11	672.97		610.41	632.96	686.41		601.63	597.91	669.11	672.97		610.41
38	637.05	690.84		605.51	601.78	673.44	677.32		614.36	637.05	690.84		605.51	601.78	673.44	677.32		614.36
39	645.23	699.71		613.29	609.50	682.09	686.02		622.25	645.23	699.71		613.29	609.50	682.09	686.02		622.25
40	653.41	708.59		621.07	617.23	690.73	694.71		630.13	653.41	708.59		621.07	617.23	690.73	694.71		630.13
41	665.68	721.89		632.73	628.82	703.71	707.76		641.97	665.68	721.89		632.73	628.82	703.71	707.76		641.97
42	677.44	734.64		643.91	639.93	716.14	720.26		653.31	677.44	734.64		643.91	639.93	716.14	720.26		653.31
43	693.80	752.39		659.46	655.39	733.43	737.66		669.09	693.80	752.39		659.46	655.39	733.43	737.66		669.09
44	714.25	774.57		678.90	674.70	755.05	759.40		688.81	714.25	774.57		678.90	674.70	755.05	759.40		688.81
45	738.28	800.62		701.74	697.40	780.45	784.95		711.98	738.28	800.62		701.74	697.40	780.45	784.95		711.98
46	766.92	831.67		728.95	724.45	810.72	815.39		739.59	766.92	831.67		728.95	724.45	810.72	815.39		739.59
47	799.13	866.60		759.57	754.88	844.77	849.64		770.66	799.13	866.60		759.57	754.88	844.77	849.64		770.66
48	835.94	906.52		794.56	789.65	883.69	888.78		806.16	835.94	906.52		794.56	789.65	883.69	888.78		806.16
49	872.24	945.89		829.06	823.94	922.06	927.37		841.17	872.24	945.89		829.06	823.94	922.06	927.37		841.17
50	913.14	990.25		867.94	862.58	965.30	970.86		880.61	913.14	990.25		867.94	862.58	965.30	970.86		880.61
51	953.53	1034.05		906.33	900.73	1008.00	1013.80		919.56	953.53	1034.05		906.33	900.73	1008.00	1013.80		919.56
52	998.01	1082.28		948.61	942.75	1055.02	1061.10		962.46	998.01	1082.28		948.61	942.75	1055.02	1061.10		962.46
53	1043.00	1131.08		991.37	985.25	1102.58	1108.93		1005.85	1043.00	1131.08		991.37	985.25	1102.58	1108.93		1005.85
54	1091.58	1183.75		1037.54	1031.13	1153.93	1160.57		1052.69	1091.58	1183.75		1037.54	1031.13	1153.93	1160.57		1052.69
55	1140.15	1236.42		1083.71	1077.01	1205.27	1212.21		1099.53	1140.15	1236.42		1083.71	1077.01	1205.27	1212.21		1099.53
56	1192.81	1293.53		1133.76	1126.76	1260.94	1268.21		1150.32	1192.81	1293.53		1133.76	1126.76	1260.94	1268.21		1150.32
57	1245.98	1351.19		1184.30	1176.99	1317.15	1324.74		1201.59	1245.98	1351.19		1184.30	1176.99	1317.15	1324.74		1201.59
58	1302.73	1412.74		1238.24	1230.60	1377.14	1385.08		1256.32	1302.73	1412.74		1238.24	1230.60	1377.14	1385.08		1256.32
59	1330.85	1443.23		1264.97	1257.16	1406.87	1414.98		1283.44	1330.85	1443.23		1264.97	1257.16	1406.87	1414.98		1283.44
60	1387.61	1504.77		1318.91	1310.77	1466.86	1475.31		1338.17	1387.61	1504.77		1318.91	1310.77	1466.86	1475.31		1338.17
61	1436.69	1558.00		1365.57	1357.14	1518.75	1527.50		1385.51	1436.69	1558.00		1365.57	1357.14	1518.75	1527.50		1385.51
62	1468.90	1592.93		1396.18	1387.56	1552.80	1561.75		1416.57	1468.90	1592.93		1396.18	1387.56	1552.80	1561.75		1416.57
63	1509.29	1636.73		1434.57	1425.72	1595.50	1604.69		1455.52	1509.29	1636.73		1434.57	1425.72	1595.50	1604.69		1455.52
64 and over	1533.83	1663.35		1457.90	1448.90	1621.44	1630.77		1479.18	1533.83	1663.35		1457.90	1448.90	1621.44	1630.77		1479.18

UnitedHealthcare of Oregon, Inc.
RATE SCHEDULE

Plan Information

Plan Name: UHC Silver Copay Focus (Off Exchange Only)
HIOS Plan ID: 62650WA0020025
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	Yes	King
2	Yes	Clallam, Grays Harbor, Jefferson
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Mason, Pierce, Thurston
6	Yes	Kittitas, Yakima
7	Yes	Adams
8	No	
9	Yes	Whitman

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	392.62	425.77		373.18	370.88	415.05	417.44		378.63	392.62	425.77		373.18	370.88	415.05	417.44		378.63
15	427.52	463.62		406.36	403.85	451.94	454.54		412.29	427.52	463.62		406.36	403.85	451.94	454.54		412.29
16	440.86	478.09		419.04	416.45	466.05	468.73		425.16	440.86	478.09		419.04	416.45	466.05	468.73		425.16
17	454.21	492.56		431.72	429.06	480.15	482.92		438.03	454.21	492.56		431.72	429.06	480.15	482.92		438.03
18	468.58	508.14		445.38	442.63	495.34	498.20		451.89	468.58	508.14		445.38	442.63	495.34	498.20		451.89
19	482.95	523.73		459.04	456.21	510.53	513.48		465.74	482.95	523.73		459.04	456.21	510.53	513.48		465.74
20	497.83	539.87		473.19	470.27	526.27	529.30		480.10	497.83	539.87		473.19	470.27	526.27	529.30		480.10
21	513.23	556.57		487.82	484.81	542.54	545.67		494.95	513.23	556.57		487.82	484.81	542.54	545.67		494.95
22	513.23	556.57		487.82	484.81	542.54	545.67		494.95	513.23	556.57		487.82	484.81	542.54	545.67		494.95
23	513.23	556.57		487.82	484.81	542.54	545.67		494.95	513.23	556.57		487.82	484.81	542.54	545.67		494.95
24	513.23	556.57		487.82	484.81	542.54	545.67		494.95	513.23	556.57		487.82	484.81	542.54	545.67		494.95
25	515.28	558.79		489.77	486.75	544.71	547.85		496.93	515.28	558.79		489.77	486.75	544.71	547.85		496.93
26	525.55	569.92		499.53	496.45	555.57	558.77		506.82	525.55	569.92		499.53	496.45	555.57	558.77		506.82
27	537.86	583.28		511.24	508.08	568.59	571.86		518.70	537.86	583.28		511.24	508.08	568.59	571.86		518.70
28	557.88	604.99		530.26	526.99	589.75	593.14		538.01	557.88	604.99		530.26	526.99	589.75	593.14		538.01
29	574.30	622.80		545.87	542.50	607.11	610.60		553.84	574.30	622.80		545.87	542.50	607.11	610.60		553.84
30	582.52	631.70		553.68	550.26	615.79	619.34		561.76	582.52	631.70		553.68	550.26	615.79	619.34		561.76
31	594.83	645.06		565.39	561.90	628.81	632.43		573.64	594.83	645.06		565.39	561.90	628.81	632.43		573.64
32	607.15	658.42		577.09	573.53	641.83	645.53		585.52	607.15	658.42		577.09	573.53	641.83	645.53		585.52
33	614.85	666.77		584.41	580.80	649.97	653.71		592.95	614.85	666.77		584.41	580.80	649.97	653.71		592.95
34	623.06	675.67		592.22	588.56	658.65	662.44		600.86	623.06	675.67		592.22	588.56	658.65	662.44		600.86
35	627.17	680.12		596.12	592.44	662.99	666.81		604.82	627.17	680.12		596.12	592.44	662.99	666.81		604.82
36	631.27	684.58		600.02	596.32	667.33	671.17		608.78	631.27	684.58		600.02	596.32	667.33	671.17		608.78
37	635.38	689.03		603.92	600.20	671.67	675.54		612.74	635.38	689.03		603.92	600.20	671.67	675.54		612.74
38	639.48	693.48		607.83	604.07	676.01	679.90		616.70	639.48	693.48		607.83	604.07	676.01	679.90		616.70
39	647.70	702.39		615.63	611.83	684.69	688.64		624.62	647.70	702.39		615.63	611.83	684.69	688.64		624.62
40	655.91	711.29		623.44	619.59	693.37	697.37		632.54	655.91	711.29		623.44	619.59	693.37	697.37		632.54
41	668.22	724.65		635.15	631.22	706.39	710.46		644.42	668.22	724.65		635.15	631.22	706.39	710.46		644.42
42	680.03	737.45		646.37	642.37	718.87	723.01		655.80	680.03	737.45		646.37	642.37	718.87	723.01		655.80
43	696.45	755.26		661.98	657.89	736.23	740.47		671.64	696.45	755.26		661.98	657.89	736.23	740.47		671.64
44	716.98	777.52		681.49	677.28	757.93	762.30		691.44	716.98	777.52		681.49	677.28	757.93	762.30		691.44
45	741.10	803.68		704.42	700.07	783.43	787.95		714.70	741.10	803.68		704.42	700.07	783.43	787.95		714.70
46	769.84	834.85		731.73	727.22	813.82	818.51		742.42	769.84	834.85		731.73	727.22	813.82	818.51		742.42
47	802.18	869.91		762.47	757.76	848.00	852.88		773.60	802.18	869.91		762.47	757.76	848.00	852.88		773.60
48	839.13	909.99		797.59	792.67	887.06	892.17		809.24	839.13	909.99		797.59	792.67	887.06	892.17		809.24
49	875.57	949.50		832.23	827.09	925.58	930.91		844.38	875.57	949.50		832.23	827.09	925.58	930.91		844.38
50	916.63	994.03		871.25	865.87	968.98	974.57		883.97	916.63	994.03		871.25	865.87	968.98	974.57		883.97
51	957.17	1038.00		909.79	904.17	1011.84	1017.67		923.07	957.17	1038.00		909.79	904.17	1011.84	1017.67		923.07
52	1001.82	1086.42		952.23	946.35	1059.05	1065.15		966.13	1001.82	1086.42		952.23	946.35	1059.05	1065.15		966.13
53	1046.99	1135.40		995.16	989.01	1106.79	1113.17		1009.69	1046.99	1135.40		995.16	989.01	1106.79	1113.17		1009.69
54	1095.74	1188.27		1041.50	1035.07	1158.33	1165.01		1056.71	1095.74	1188.27		1041.50	1035.07	1158.33	1165.01		1056.71
55	1144.50	1241.14		1087.84	1081.13	1209.87	1216.84		1103.73	1144.50	1241.14		1087.84	1081.13	1209.87	1216.84		1103.73
56	1197.36	1298.47		1138.09	1131.06	1265.76	1273.05		1154.71	1197.36	1298.47		1138.09	1131.06	1265.76	1273.05		1154.71
57	1250.74	1356.35		1188.82	1181.48	1322.18	1329.80		1206.18	1250.74	1356.35		1188.82	1181.48	1322.18	1329.80		1206.18
58	1307.71	1418.13		1242.97	1235.30	1382.40	1390.37		1261.12	1307.71	1418.13		1242.97	1235.30	1382.40	1390.37		1261.12
59	1335.94	1448.74		1269.80	1261.96	1412.24	1420.38		1288.34	1335.94	1448.74		1269.80	1261.96	1412.24	1420.38		1288.34
60	1392.90	1510.52		1323.95	1315.78	1472.46	1480.95		1343.28	1392.90	1510.52		1323.95	1315.78	1472.46	1480.95		1343.28
61	1442.17	1563.95		1370.78	1362.32	1524.55	1533.33		1390.80	1442.17	1563.95		1370.78	1362.32	1524.55	1533.33		1390.80
62	1474.51	1599.01		1401.52	1392.86	1558.73	1567.71		1421.98	1474.51	1599.01		1401.52	1392.86	1558.73	1567.71		1421.98
63	1515.05	1642.98		1440.05	1431.16	1601.59	1610.82		1461.08	1515.05	1642.98		1440.05	1431.16	1601.59	1610.82		1461.08
64 and over	1539.69	1669.70		1463.46	1454.43	1627.62	1637.01		1484.84	1539.69	1669.70		1463.46	1454.43	1627.62	1637.01		1484.84

UnitedHealthcare of Oregon, Inc.
RATE SCHEDULE

Plan Information

Plan Name: UnitedHealthcare of Oregon, Inc. Cascade Complete Gold
HIOS Plan ID: 62650WA0020001
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Both inside and outside the exchange
Metal Level: Gold
Plan Type: Standardized Non-Public Option Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Clallam, Grays Harbor, Jefferson
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Mason, Pierce, Thurston
6	Yes	Kittitas, Yakima
7	Yes	Adams
8	No	
9	Yes	Whitman

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	463.53	502.67		440.59	437.87	490.01	492.83		447.02	463.53	502.67		440.59	437.87	490.01	492.83		447.02
15	504.74	547.36		479.75	476.79	533.57	536.64		486.76	504.74	547.36		479.75	476.79	533.57	536.64		486.76
16	520.49	564.44		494.72	491.67	550.22	553.39		501.95	520.49	564.44		494.72	491.67	550.22	553.39		501.95
17	536.25	581.53		509.70	506.55	566.87	570.14		517.14	536.25	581.53		509.70	506.55	566.87	570.14		517.14
18	553.21	599.92		525.83	522.58	584.81	588.18		533.50	553.21	599.92		525.83	522.58	584.81	588.18		533.50
19	570.18	618.32		541.95	538.60	602.74	606.22		549.86	570.18	618.32		541.95	538.60	602.74	606.22		549.86
20	587.75	637.38		558.65	555.20	621.32	624.90		566.81	587.75	637.38		558.65	555.20	621.32	624.90		566.81
21	605.93	657.09		575.93	572.38	640.54	644.23		584.34	605.93	657.09		575.93	572.38	640.54	644.23		584.34
22	605.93	657.09		575.93	572.38	640.54	644.23		584.34	605.93	657.09		575.93	572.38	640.54	644.23		584.34
23	605.93	657.09		575.93	572.38	640.54	644.23		584.34	605.93	657.09		575.93	572.38	640.54	644.23		584.34
24	605.93	657.09		575.93	572.38	640.54	644.23		584.34	605.93	657.09		575.93	572.38	640.54	644.23		584.34
25	608.35	659.72		578.23	574.66	643.10	646.80		586.68	608.35	659.72		578.23	574.66	643.10	646.80		586.68
26	620.47	672.86		589.75	586.11	655.91	659.69		598.37	620.47	672.86		589.75	586.11	655.91	659.69		598.37
27	635.01	688.63		603.58	599.85	671.28	675.15		612.39	635.01	688.63		603.58	599.85	671.28	675.15		612.39
28	658.64	714.26		626.04	622.17	696.26	700.27		635.18	658.64	714.26		626.04	622.17	696.26	700.27		635.18
29	678.03	735.28		644.47	640.49	716.76	720.89		653.88	678.03	735.28		644.47	640.49	716.76	720.89		653.88
30	687.73	745.80		653.68	649.65	727.01	731.20		663.23	687.73	745.80		653.68	649.65	727.01	731.20		663.23
31	702.27	761.57		667.50	663.38	742.38	746.66		677.25	702.27	761.57		667.50	663.38	742.38	746.66		677.25
32	716.81	777.34		681.33	677.12	757.75	762.12		691.28	716.81	777.34		681.33	677.12	757.75	762.12		691.28
33	725.90	787.19		689.97	685.71	767.36	771.78		700.04	725.90	787.19		689.97	685.71	767.36	771.78		700.04
34	735.59	797.71		699.18	694.86	777.61	782.09		709.39	735.59	797.71		699.18	694.86	777.61	782.09		709.39
35	740.44	802.96		703.79	699.44	782.74	787.24		714.06	740.44	802.96		703.79	699.44	782.74	787.24		714.06
36	745.29	808.22		708.40	704.02	787.86	792.40		718.74	745.29	808.22		708.40	704.02	787.86	792.40		718.74
37	750.14	813.48		713.00	708.60	792.98	797.55		723.41	750.14	813.48		713.00	708.60	792.98	797.55		723.41
38	754.98	818.74		717.61	713.18	798.11	802.71		728.09	754.98	818.74		717.61	713.18	798.11	802.71		728.09
39	764.68	829.25		726.83	722.34	808.36	813.01		737.44	764.68	829.25		726.83	722.34	808.36	813.01		737.44
40	774.37	839.76		736.04	731.50	818.61	823.32		746.79	774.37	839.76		736.04	731.50	818.61	823.32		746.79
41	788.92	855.53		749.86	745.23	833.98	838.78		760.81	788.92	855.53		749.86	745.23	833.98	838.78		760.81
42	802.85	870.65		763.11	758.40	848.71	853.60		774.25	802.85	870.65		763.11	758.40	848.71	853.60		774.25
43	822.24	891.67		781.54	776.71	869.21	874.22		792.95	822.24	891.67		781.54	776.71	869.21	874.22		792.95
44	846.48	917.96		804.58	799.61	894.83	899.98		816.32	846.48	917.96		804.58	799.61	894.83	899.98		816.32
45	874.96	948.84		831.64	826.51	924.93	930.26		843.79	874.96	948.84		831.64	826.51	924.93	930.26		843.79
46	908.89	985.64		863.90	858.56	960.80	966.34		876.51	908.89	985.64		863.90	858.56	960.80	966.34		876.51
47	947.06	1027.03		900.18	894.62	1001.16	1006.93		913.32	947.06	1027.03		900.18	894.62	1001.16	1006.93		913.32
48	990.69	1074.34		941.65	935.83	1047.28	1053.31		955.40	990.69	1074.34		941.65	935.83	1047.28	1053.31		955.40
49	1033.71	1121.00		982.54	976.47	1092.75	1099.05		996.89	1033.71	1121.00		982.54	976.47	1092.75	1099.05		996.89
50	1082.18	1173.56		1028.61	1022.26	1144.00	1150.59		1043.63	1082.18	1173.56		1028.61	1022.26	1144.00	1150.59		1043.63
51	1130.05	1225.47		1074.11	1067.48	1194.60	1201.48		1089.80	1130.05	1225.47		1074.11	1067.48	1194.60	1201.48		1089.80
52	1182.77	1282.64		1124.22	1117.28	1250.33	1257.53		1140.63	1182.77	1282.64		1124.22	1117.28	1250.33	1257.53		1140.63
53	1236.09	1340.47		1174.90	1167.65	1306.69	1314.22		1192.06	1236.09	1340.47		1174.90	1167.65	1306.69	1314.22		1192.06
54	1293.65	1402.89		1229.61	1222.02	1367.54	1375.42		1247.57	1293.65	1402.89		1229.61	1222.02	1367.54	1375.42		1247.57
55	1351.22	1465.31		1284.33	1276.40	1428.40	1436.63		1303.08	1351.22	1465.31		1284.33	1276.40	1428.40	1436.63		1303.08
56	1413.63	1532.99		1343.65	1335.35	1494.37	1502.98		1363.27	1413.63	1532.99		1343.65	1335.35	1494.37	1502.98		1363.27
57	1476.64	1601.33		1403.54	1394.88	1560.99	1569.98		1424.04	1476.64	1601.33		1403.54	1394.88	1560.99	1569.98		1424.04
58	1543.90	1674.27		1467.47	1458.41	1632.09	1641.49		1488.90	1543.90	1674.27		1467.47	1458.41	1632.09	1641.49		1488.90
59	1577.23	1710.41		1499.15	1489.89	1667.32	1676.92		1521.04	1577.23	1710.41		1499.15	1489.89	1667.32	1676.92		1521.04
60	1644.48	1783.34		1563.08	1553.43	1738.41	1748.43		1585.90	1644.48	1783.34		1563.08	1553.43	1738.41	1748.43		1585.90
61	1702.65	1846.42		1618.37	1608.37	1799.91	1810.28		1642.00	1702.65	1846.42		1618.37	1608.37	1799.91	1810.28		1642.00
62	1740.83	1887.82		1654.65	1644.43	1840.26	1850.86		1678.81	1740.83	1887.82		1654.65	1644.43	1840.26	1850.86		1678.81
63	1788.70	1939.73		1700.15	1689.65	1890.86	1901.76		1724.97	1788.70	1939.73		1700.15	1689.65	1890.86	1901.76		1724.97
64 and over	1817.78	1971.27		1727.79	1717.13	1921.61	1932.68		1753.02	1817.78	1971.27		1727.79	1717.13	1921.61	1932.68		1753.02

UnitedHealthcare of Oregon, Inc.
RATE SCHEDULE

Plan Information

Plan Name: UHC Gold Value HSA (Off Exchange Only)
HIOS Plan ID: 62650WA0020027
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	Yes	King
2	Yes	Clallam, Grays Harbor, Jefferson
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Mason, Pierce, Thurston
6	Yes	Kittitas, Yakima
7	Yes	Adams
8	No	
9	Yes	Whitman

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	441.13	478.38		419.29	416.70	466.33	469.01		425.42	441.13	478.38		419.29	416.70	466.33	469.01		425.42
15	480.34	520.90		456.56	453.74	507.78	510.70		463.23	480.34	520.90		456.56	453.74	507.78	510.70		463.23
16	495.33	537.16		470.81	467.91	523.63	526.64		477.69	495.33	537.16		470.81	467.91	523.63	526.64		477.69
17	510.33	553.42		485.06	482.07	539.48	542.58		492.15	510.33	553.42		485.06	482.07	539.48	542.58		492.15
18	526.47	570.93		500.41	497.32	556.54	559.75		507.72	526.47	570.93		500.41	497.32	556.54	559.75		507.72
19	542.62	588.44		515.76	512.57	573.61	576.92		523.29	542.62	588.44		515.76	512.57	573.61	576.92		523.29
20	559.34	606.57		531.65	528.37	591.29	594.70		539.42	559.34	606.57		531.65	528.37	591.29	594.70		539.42
21	576.64	625.33		548.10	544.71	609.58	613.09		556.10	576.64	625.33		548.10	544.71	609.58	613.09		556.10
22	576.64	625.33		548.10	544.71	609.58	613.09		556.10	576.64	625.33		548.10	544.71	609.58	613.09		556.10
23	576.64	625.33		548.10	544.71	609.58	613.09		556.10	576.64	625.33		548.10	544.71	609.58	613.09		556.10
24	576.64	625.33		548.10	544.71	609.58	613.09		556.10	576.64	625.33		548.10	544.71	609.58	613.09		556.10
25	578.95	627.83		550.29	546.89	612.02	615.54		558.32	578.95	627.83		550.29	546.89	612.02	615.54		558.32
26	590.48	640.34		561.25	557.78	624.21	627.80		569.44	590.48	640.34		561.25	557.78	624.21	627.80		569.44
27	604.32	655.35		574.40	570.86	638.84	642.52		582.79	604.32	655.35		574.40	570.86	638.84	642.52		582.79
28	626.81	679.74		595.78	592.10	662.61	666.43		604.48	626.81	679.74		595.78	592.10	662.61	666.43		604.48
29	645.26	699.75		613.32	609.53	682.12	686.05		622.27	645.26	699.75		613.32	609.53	682.12	686.05		622.27
30	654.49	709.75		622.09	618.25	691.87	695.86		631.17	654.49	709.75		622.09	618.25	691.87	695.86		631.17
31	668.33	724.76		635.24	631.32	706.50	710.57		644.52	668.33	724.76		635.24	631.32	706.50	710.57		644.52
32	682.17	739.77		648.40	644.39	721.13	725.28		657.86	682.17	739.77		648.40	644.39	721.13	725.28		657.86
33	690.82	749.15		656.62	652.56	730.27	734.48		666.21	690.82	749.15		656.62	652.56	730.27	734.48		666.21
34	700.04	759.15		665.39	661.28	740.03	744.29		675.10	700.04	759.15		665.39	661.28	740.03	744.29		675.10
35	704.65	764.16		669.77	665.64	744.90	749.20		679.55	704.65	764.16		669.77	665.64	744.90	749.20		679.55
36	709.27	769.16		674.16	669.99	749.78	754.10		684.00	709.27	769.16		674.16	669.99	749.78	754.10		684.00
37	713.88	774.16		678.54	674.35	754.66	759.00		688.45	713.88	774.16		678.54	674.35	754.66	759.00		688.45
38	718.49	779.16		682.93	678.71	759.53	763.91		692.90	718.49	779.16		682.93	678.71	759.53	763.91		692.90
39	727.72	789.17		691.70	687.42	769.29	773.72		701.80	727.72	789.17		691.70	687.42	769.29	773.72		701.80
40	736.95	799.17		700.47	696.14	779.04	783.53		710.69	736.95	799.17		700.47	696.14	779.04	783.53		710.69
41	750.79	814.18		713.62	709.21	793.67	798.24		724.04	750.79	814.18		713.62	709.21	793.67	798.24		724.04
42	764.05	828.56		726.23	721.74	807.69	812.34		736.83	764.05	828.56		726.23	721.74	807.69	812.34		736.83
43	782.50	848.58		743.77	739.17	827.20	831.96		754.63	782.50	848.58		743.77	739.17	827.20	831.96		754.63
44	805.57	873.59		765.69	760.96	851.58	856.49		776.87	805.57	873.59		765.69	760.96	851.58	856.49		776.87
45	832.67	902.98		791.45	786.56	880.23	885.30		803.01	832.67	902.98		791.45	786.56	880.23	885.30		803.01
46	864.96	938.00		822.14	817.07	914.37	919.63		834.15	864.96	938.00		822.14	817.07	914.37	919.63		834.15
47	901.29	977.39		856.67	851.38	952.77	958.26		869.18	901.29	977.39		856.67	851.38	952.77	958.26		869.18
48	942.81	1022.42		896.14	890.60	996.66	1002.40		909.22	942.81	1022.42		896.14	890.60	996.66	1002.40		909.22
49	983.75	1066.82		935.05	929.28	1039.94	1045.93		948.70	983.75	1066.82		935.05	929.28	1039.94	1045.93		948.70
50	1029.88	1116.84		978.90	972.85	1088.71	1094.98		993.19	1029.88	1116.84		978.90	972.85	1088.71	1094.98		993.19
51	1075.43	1166.24		1022.20	1015.89	1136.86	1143.41		1037.12	1075.43	1166.24		1022.20	1015.89	1136.86	1143.41		1037.12
52	1125.60	1220.65		1069.88	1063.28	1189.90	1196.75		1085.50	1125.60	1220.65		1069.88	1063.28	1189.90	1196.75		1085.50
53	1176.35	1275.68		1118.11	1111.21	1243.54	1250.70		1134.44	1176.35	1275.68		1118.11	1111.21	1243.54	1250.70		1134.44
54	1231.13	1335.08		1170.18	1162.96	1301.45	1308.95		1187.27	1231.13	1335.08		1170.18	1162.96	1301.45	1308.95		1187.27
55	1285.91	1394.49		1222.25	1214.70	1359.36	1367.19		1240.10	1285.91	1394.49		1222.25	1214.70	1359.36	1367.19		1240.10
56	1345.30	1458.90		1278.71	1270.81	1422.14	1430.34		1297.38	1345.30	1458.90		1278.71	1270.81	1422.14	1430.34		1297.38
57	1405.27	1523.93		1335.71	1327.46	1485.54	1494.10		1355.21	1405.27	1523.93		1335.71	1327.46	1485.54	1494.10		1355.21
58	1469.28	1593.35		1396.55	1387.92	1553.20	1562.15		1416.94	1469.28	1593.35		1396.55	1387.92	1553.20	1562.15		1416.94
59	1501.00	1627.74		1426.69	1417.88	1586.73	1595.87		1447.52	1501.00	1627.74		1426.69	1417.88	1586.73	1595.87		1447.52
60	1565.00	1697.15		1487.53	1478.34	1654.39	1663.92		1509.25	1565.00	1697.15		1487.53	1478.34	1654.39	1663.92		1509.25
61	1620.36	1757.18		1540.15	1530.64	1712.91	1722.78		1562.64	1620.36	1757.18		1540.15	1530.64	1712.91	1722.78		1562.64
62	1656.69	1796.58		1574.68	1564.95	1751.32	1761.41		1597.67	1656.69	1796.58		1574.68	1564.95	1751.32	1761.41		1597.67
63	1702.24	1845.98		1617.98	1607.99	1799.47	1809.84		1641.60	1702.24	1845.98		1617.98	1607.99	1799.47	1809.84		1641.60
64 and over	1729.92	1875.99		1644.29	1634.13	1828.73	1839.27		1668.29	1729.92	1875.99		1644.29	1634.13	1828.73	1839.27		1668.29

UnitedHealthcare of Oregon, Inc.
RATE SCHEDULE

Plan Information

Plan Name: UHC Gold Copay Focus (Off Exchange Only)
HIOS Plan ID: 62650WA0020028
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	Yes	King
2	Yes	Clallam, Grays Harbor, Jefferson
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Mason, Pierce, Thurston
6	Yes	Kittitas, Yakima
7	Yes	Adams
8	No	
9	Yes	Whitman

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	453.47	491.76		431.02	428.36	479.37	482.13		437.31	453.47	491.76		431.02	428.36	479.37	482.13		437.31
15	493.77	535.47		469.33	466.43	521.98	524.98		476.18	493.77	535.47		469.33	466.43	521.98	524.98		476.18
16	509.19	552.18		483.98	480.99	538.27	541.37		491.05	509.19	552.18		483.98	480.99	538.27	541.37		491.05
17	524.60	568.89		498.63	495.55	554.56	557.76		505.91	524.60	568.89		498.63	495.55	554.56	557.76		505.91
18	541.19	586.89		514.40	511.23	572.11	575.40		521.91	541.19	586.89		514.40	511.23	572.11	575.40		521.91
19	557.79	604.89		530.18	526.91	589.65	593.05		537.92	557.79	604.89		530.18	526.91	589.65	593.05		537.92
20	574.98	623.53		546.52	543.14	607.82	611.33		554.50	574.98	623.53		546.52	543.14	607.82	611.33		554.50
21	592.77	642.82		563.42	559.94	626.62	630.23		571.65	592.77	642.82		563.42	559.94	626.62	630.23		571.65
22	592.77	642.82		563.42	559.94	626.62	630.23		571.65	592.77	642.82		563.42	559.94	626.62	630.23		571.65
23	592.77	642.82		563.42	559.94	626.62	630.23		571.65	592.77	642.82		563.42	559.94	626.62	630.23		571.65
24	592.77	642.82		563.42	559.94	626.62	630.23		571.65	592.77	642.82		563.42	559.94	626.62	630.23		571.65
25	595.14	645.39		565.68	562.18	629.13	632.75		573.93	595.14	645.39		565.68	562.18	629.13	632.75		573.93
26	606.99	658.25		576.94	573.38	641.66	645.36		585.37	606.99	658.25		576.94	573.38	641.66	645.36		585.37
27	621.22	673.67		590.47	586.82	656.70	660.48		599.09	621.22	673.67		590.47	586.82	656.70	660.48		599.09
28	644.34	698.74		612.44	608.66	681.14	685.06		621.38	644.34	698.74		612.44	608.66	681.14	685.06		621.38
29	663.30	719.31		630.47	626.58	701.19	705.23		639.67	663.30	719.31		630.47	626.58	701.19	705.23		639.67
30	672.79	729.60		639.48	635.53	711.22	715.31		648.82	672.79	729.60		639.48	635.53	711.22	715.31		648.82
31	687.01	745.03		653.01	648.97	726.26	730.44		662.54	687.01	745.03		653.01	648.97	726.26	730.44		662.54
32	701.24	760.45		666.53	662.41	741.29	745.57		676.26	701.24	760.45		666.53	662.41	741.29	745.57		676.26
33	710.13	770.10		674.98	670.81	750.69	755.02		684.83	710.13	770.10		674.98	670.81	750.69	755.02		684.83
34	719.62	780.38		683.99	679.77	760.72	765.10		693.98	719.62	780.38		683.99	679.77	760.72	765.10		693.98
35	724.36	785.52		688.50	684.25	765.73	770.14		698.55	724.36	785.52		688.50	684.25	765.73	770.14		698.55
36	729.10	790.67		693.01	688.73	770.75	775.19		703.13	729.10	790.67		693.01	688.73	770.75	775.19		703.13
37	733.84	795.81		697.52	693.21	775.76	780.23		707.70	733.84	795.81		697.52	693.21	775.76	780.23		707.70
38	738.59	800.95		702.02	697.69	780.77	785.27		712.27	738.59	800.95		702.02	697.69	780.77	785.27		712.27
39	748.07	811.24		711.04	706.65	790.80	795.35		721.42	748.07	811.24		711.04	706.65	790.80	795.35		721.42
40	757.55	821.52		720.05	715.61	800.82	805.44		730.57	757.55	821.52		720.05	715.61	800.82	805.44		730.57
41	771.78	836.95		733.57	729.04	815.86	820.56		744.29	771.78	836.95		733.57	729.04	815.86	820.56		744.29
42	785.41	851.73		746.53	741.92	830.28	835.06		757.43	785.41	851.73		746.53	741.92	830.28	835.06		757.43
43	804.38	872.30		764.56	759.84	850.33	855.23		775.73	804.38	872.30		764.56	759.84	850.33	855.23		775.73
44	828.09	898.02		787.10	782.24	875.39	880.44		798.59	828.09	898.02		787.10	782.24	875.39	880.44		798.59
45	855.95	928.23		813.58	808.56	904.84	910.06		825.46	855.95	928.23		813.58	808.56	904.84	910.06		825.46
46	889.15	964.23		845.13	839.91	939.93	945.35		857.47	889.15	964.23		845.13	839.91	939.93	945.35		857.47
47	926.49	1004.72		880.63	875.19	979.41	985.05		893.49	926.49	1004.72		880.63	875.19	979.41	985.05		893.49
48	969.17	1051.01		921.19	915.51	1024.53	1030.43		934.64	969.17	1051.01		921.19	915.51	1024.53	1030.43		934.64
49	1011.26	1096.65		961.20	955.26	1069.02	1075.18		975.23	1011.26	1096.65		961.20	955.26	1069.02	1075.18		975.23
50	1058.68	1148.07		1006.27	1000.06	1119.15	1125.60		1020.96	1058.68	1148.07		1006.27	1000.06	1119.15	1125.60		1020.96
51	1105.51	1198.86		1050.78	1044.29	1168.65	1175.38		1066.12	1105.51	1198.86		1050.78	1044.29	1168.65	1175.38		1066.12
52	1157.08	1254.78		1099.80	1093.01	1223.17	1230.22		1115.86	1157.08	1254.78		1099.80	1093.01	1223.17	1230.22		1115.86
53	1209.24	1311.35		1149.38	1142.28	1278.31	1285.68		1166.16	1209.24	1311.35		1149.38	1142.28	1278.31	1285.68		1166.16
54	1265.55	1372.42		1202.90	1195.48	1337.84	1345.55		1220.47	1265.55	1372.42		1202.90	1195.48	1337.84	1345.55		1220.47
55	1321.87	1433.48		1256.43	1248.67	1397.37	1405.42		1274.78	1321.87	1433.48		1256.43	1248.67	1397.37	1405.42		1274.78
56	1382.92	1499.69		1314.46	1306.35	1461.91	1470.33		1333.66	1382.92	1499.69		1314.46	1306.35	1461.91	1470.33		1333.66
57	1444.57	1566.55		1373.06	1364.58	1527.08	1535.88		1393.11	1444.57	1566.55		1373.06	1364.58	1527.08	1535.88		1393.11
58	1510.37	1637.90		1435.60	1426.73	1596.64	1605.83		1456.56	1510.37	1637.90		1435.60	1426.73	1596.64	1605.83		1456.56
59	1542.97	1673.26		1466.59	1457.53	1631.10	1640.50		1488.00	1542.97	1673.26		1466.59	1457.53	1631.10	1640.50		1488.00
60	1608.76	1744.61		1529.13	1519.68	1700.65	1710.45		1551.45	1608.76	1744.61		1529.13	1519.68	1700.65	1710.45		1551.45
61	1665.67	1806.32		1583.21	1573.44	1760.81	1770.96		1606.33	1665.67	1806.32		1583.21	1573.44	1760.81	1770.96		1606.33
62	1703.01	1846.82		1618.71	1608.71	1800.29	1810.66		1642.35	1703.01	1846.82		1618.71	1608.71	1800.29	1810.66		1642.35
63	1749.84	1897.60		1663.22	1652.95	1849.79	1860.45		1687.51	1749.84	1897.60		1663.22	1652.95	1849.79	1860.45		1687.51
64 and over	1778.30	1928.45		1690.26	1679.82	1879.86	1890.69		1714.94	1778.30	1928.45		1690.26	1679.82	1879.86	1890.69		1714.94

UnitedHealthcare of Oregon, Inc.
RATE SCHEDULE

Plan Information

Plan Name: UHC Gold Advantage
HIOS Plan ID: 62650WA0020020
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Both inside and 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	Yes	King
2	Yes	Clallam, Grays Harbor, Jefferson
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Mason, Pierce, Thurston
6	Yes	Kittitas, Yakima
7	Yes	Adams
8	No	
9	Yes	Whitman

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	459.05	497.81		436.32	433.63	485.27	488.06		442.69	459.05	497.81		436.32	433.63	485.27	488.06		442.69
15	499.85	542.06		475.11	472.17	528.40	531.45		482.04	499.85	542.06		475.11	472.17	528.40	531.45		482.04
16	515.45	558.98		489.94	486.91	544.89	548.03		497.09	515.45	558.98		489.94	486.91	544.89	548.03		497.09
17	531.05	575.90		504.76	501.65	561.39	564.62		512.14	531.05	575.90		504.76	501.65	561.39	564.62		512.14
18	547.86	594.12		520.73	517.52	579.15	582.48		528.34	547.86	594.12		520.73	517.52	579.15	582.48		528.34
19	564.66	612.34		536.70	533.39	596.91	600.35		544.54	564.66	612.34		536.70	533.39	596.91	600.35		544.54
20	582.06	631.21		553.25	549.83	615.31	618.85		561.32	582.06	631.21		553.25	549.83	615.31	618.85		561.32
21	600.06	650.73		570.36	566.83	634.34	637.99		578.68	600.06	650.73		570.36	566.83	634.34	637.99		578.68
22	600.06	650.73		570.36	566.83	634.34	637.99		578.68	600.06	650.73		570.36	566.83	634.34	637.99		578.68
23	600.06	650.73		570.36	566.83	634.34	637.99		578.68	600.06	650.73		570.36	566.83	634.34	637.99		578.68
24	600.06	650.73		570.36	566.83	634.34	637.99		578.68	600.06	650.73		570.36	566.83	634.34	637.99		578.68
25	602.46	653.33		572.64	569.10	636.87	640.54		581.00	602.46	653.33		572.64	569.10	636.87	640.54		581.00
26	614.46	666.35		584.04	580.44	649.56	653.30		592.57	614.46	666.35		584.04	580.44	649.56	653.30		592.57
27	628.86	681.96		597.73	594.04	664.78	668.61		606.46	628.86	681.96		597.73	594.04	664.78	668.61		606.46
28	652.27	707.34		619.98	616.15	689.52	693.50		629.03	652.27	707.34		619.98	616.15	689.52	693.50		629.03
29	671.47	728.17		638.23	634.29	709.82	713.91		647.55	671.47	728.17		638.23	634.29	709.82	713.91		647.55
30	681.07	738.58		647.35	643.36	719.97	724.12		656.81	681.07	738.58		647.35	643.36	719.97	724.12		656.81
31	695.47	754.20		661.04	656.96	735.19	739.43		670.69	695.47	754.20		661.04	656.96	735.19	739.43		670.69
32	709.87	769.81		674.73	670.56	750.42	754.74		684.58	709.87	769.81		674.73	670.56	750.42	754.74		684.58
33	718.87	779.57		683.29	679.07	759.93	764.31		693.26	718.87	779.57		683.29	679.07	759.93	764.31		693.26
34	728.47	789.99		692.41	688.14	770.08	774.52		702.52	728.47	789.99		692.41	688.14	770.08	774.52		702.52
35	733.27	795.19		696.97	692.67	775.16	779.62		707.15	733.27	795.19		696.97	692.67	775.16	779.62		707.15
36	738.07	800.40		701.54	697.21	780.23	784.73		711.78	738.07	800.40		701.54	697.21	780.23	784.73		711.78
37	742.88	805.60		706.10	701.74	785.31	789.83		716.41	742.88	805.60		706.10	701.74	785.31	789.83		716.41
38	747.68	810.81		710.66	706.28	790.38	794.94		721.04	747.68	810.81		710.66	706.28	790.38	794.94		721.04
39	757.28	821.22		719.79	715.34	800.53	805.14		730.30	757.28	821.22		719.79	715.34	800.53	805.14		730.30
40	766.88	831.63		728.91	724.41	810.68	815.35		739.56	766.88	831.63		728.91	724.41	810.68	815.35		739.56
41	781.28	847.25		742.60	738.02	825.90	830.66		753.45	781.28	847.25		742.60	738.02	825.90	830.66		753.45
42	795.08	862.22		755.72	751.06	840.49	845.34		766.76	795.08	862.22		755.72	751.06	840.49	845.34		766.76
43	814.28	883.04		773.97	769.19	860.79	865.75		785.27	814.28	883.04		773.97	769.19	860.79	865.75		785.27
44	838.28	909.07		796.79	791.87	886.17	891.27		808.42	838.28	909.07		796.79	791.87	886.17	891.27		808.42
45	866.49	939.65		823.59	818.51	915.98	921.26		835.62	866.49	939.65		823.59	818.51	915.98	921.26		835.62
46	900.09	976.09		855.53	850.25	951.50	956.98		868.03	900.09	976.09		855.53	850.25	951.50	956.98		868.03
47	937.90	1017.09		891.47	885.96	991.47	997.18		904.48	937.90	1017.09		891.47	885.96	991.47	997.18		904.48
48	981.10	1063.94		932.53	926.77	1037.14	1043.11		946.15	981.10	1063.94		932.53	926.77	1037.14	1043.11		946.15
49	1023.70	1110.14		973.03	967.02	1082.18	1088.41		987.23	1023.70	1110.14		973.03	967.02	1082.18	1088.41		987.23
50	1071.71	1162.20		1018.66	1012.37	1132.92	1139.45		1033.53	1071.71	1162.20		1018.66	1012.37	1132.92	1139.45		1033.53
51	1119.11	1213.61		1063.71	1057.15	1183.04	1189.85		1079.25	1119.11	1213.61		1063.71	1057.15	1183.04	1189.85		1079.25
52	1171.32	1270.22		1113.33	1106.46	1238.22	1245.36		1129.59	1171.32	1270.22		1113.33	1106.46	1238.22	1245.36		1129.59
53	1224.12	1327.49		1163.53	1156.34	1294.04	1301.50		1180.52	1224.12	1327.49		1163.53	1156.34	1294.04	1301.50		1180.52
54	1281.13	1389.31		1217.71	1210.19	1354.31	1362.11		1235.49	1281.13	1389.31		1217.71	1210.19	1354.31	1362.11		1235.49
55	1338.14	1451.13		1271.89	1264.04	1414.57	1422.72		1290.47	1338.14	1451.13		1271.89	1264.04	1414.57	1422.72		1290.47
56	1399.94	1518.15		1330.64	1322.42	1479.90	1488.43		1350.07	1399.94	1518.15		1330.64	1322.42	1479.90	1488.43		1350.07
57	1462.35	1585.83		1389.96	1381.37	1545.88	1554.78		1410.25	1462.35	1585.83		1389.96	1381.37	1545.88	1554.78		1410.25
58	1528.95	1658.06		1453.27	1444.29	1616.29	1625.60		1474.49	1528.95	1658.06		1453.27	1444.29	1616.29	1625.60		1474.49
59	1561.96	1693.85		1484.64	1475.47	1651.17	1660.69		1506.31	1561.96	1693.85		1484.64	1475.47	1651.17	1660.69		1506.31
60	1628.57	1766.08		1547.95	1538.39	1721.59	1731.50		1570.55	1628.57	1766.08		1547.95	1538.39	1721.59	1731.50		1570.55
61	1686.17	1828.55		1602.70	1592.80	1782.48	1792.75		1626.10	1686.17	1828.55		1602.70	1592.80	1782.48	1792.75		1626.10
62	1723.97	1869.55		1638.63	1628.51	1822.45	1832.95		1662.56	1723.97	1869.55		1638.63	1628.51	1822.45	1832.95		1662.56
63	1771.38	1920.95		1683.69	1673.29	1872.56	1883.35		1708.28	1771.38	1920.95		1683.69	1673.29	1872.56	1883.35		1708.28
64 and over	1800.18	1952.19		1711.07	1700.49	1903.01	1913.97		1736.04	1800.18	1952.19		1711.07	1700.49	1903.01	1913.97		1736.04

UnitedHealthcare of Oregon, Inc.
RATE SCHEDULE

Plan Information

Plan Name: UnitedHealthcare of Oregon, Inc. Cascade Vital Gold
HIOS Plan ID: 62650WA0020026
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Both inside and outside the exchange
Metal Level: Gold
Plan Type: Standardized Non-Public Option Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Clallam, Grays Harbor, Jefferson
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Mason, Pierce, Thurston
6	Yes	Kittitas, Yakima
7	Yes	Adams
8	No	
9	Yes	Whitman

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	435.34	472.10		413.79	411.23	460.20	462.85		419.83	435.34	472.10		413.79	411.23	460.20	462.85		419.83
15	474.03	514.06		450.57	447.78	501.11	504.00		457.15	474.03	514.06		450.57	447.78	501.11	504.00		457.15
16	488.83	530.11		464.63	461.76	516.75	519.73		471.41	488.83	530.11		464.63	461.76	516.75	519.73		471.41
17	503.62	546.15		478.69	475.74	532.39	535.46		485.68	503.62	546.15		478.69	475.74	532.39	535.46		485.68
18	519.56	563.43		493.84	490.79	549.24	552.40		501.05	519.56	563.43		493.84	490.79	549.24	552.40		501.05
19	535.49	580.71		508.98	505.84	566.08	569.34		516.42	535.49	580.71		508.98	505.84	566.08	569.34		516.42
20	552.00	598.61		524.67	521.43	583.52	586.89		532.33	552.00	598.61		524.67	521.43	583.52	586.89		532.33
21	569.07	617.12		540.90	537.56	601.57	605.04		548.79	569.07	617.12		540.90	537.56	601.57	605.04		548.79
22	569.07	617.12		540.90	537.56	601.57	605.04		548.79	569.07	617.12		540.90	537.56	601.57	605.04		548.79
23	569.07	617.12		540.90	537.56	601.57	605.04		548.79	569.07	617.12		540.90	537.56	601.57	605.04		548.79
24	569.07	617.12		540.90	537.56	601.57	605.04		548.79	569.07	617.12		540.90	537.56	601.57	605.04		548.79
25	571.34	619.59		543.06	539.71	603.98	607.46		550.99	571.34	619.59		543.06	539.71	603.98	607.46		550.99
26	582.73	631.93		553.88	550.46	616.01	619.56		561.97	582.73	631.93		553.88	550.46	616.01	619.56		561.97
27	596.38	646.74		566.86	563.36	630.45	634.08		575.14	596.38	646.74		566.86	563.36	630.45	634.08		575.14
28	618.58	670.81		587.95	584.32	653.91	657.68		596.54	618.58	670.81		587.95	584.32	653.91	657.68		596.54
29	636.79	690.56		605.26	601.53	673.16	677.04		614.10	636.79	690.56		605.26	601.53	673.16	677.04		614.10
30	645.89	700.43		613.92	610.13	682.78	686.72		622.88	645.89	700.43		613.92	610.13	682.78	686.72		622.88
31	659.55	715.24		626.90	623.03	697.22	701.24		636.05	659.55	715.24		626.90	623.03	697.22	701.24		636.05
32	673.21	730.05		639.88	635.93	711.66	715.76		649.22	673.21	730.05		639.88	635.93	711.66	715.76		649.22
33	681.74	739.31		647.99	643.99	720.68	724.84		657.46	681.74	739.31		647.99	643.99	720.68	724.84		657.46
34	690.85	749.18		656.65	652.59	730.31	734.52		666.24	690.85	749.18		656.65	652.59	730.31	734.52		666.24
35	695.40	754.12		660.98	656.89	735.12	739.36		670.63	695.40	754.12		660.98	656.89	735.12	739.36		670.63
36	699.95	759.06		665.30	661.20	739.93	744.20		675.02	699.95	759.06		665.30	661.20	739.93	744.20		675.02
37	704.51	763.99		669.63	665.50	744.75	749.04		679.41	704.51	763.99		669.63	665.50	744.75	749.04		679.41
38	709.06	768.93		673.96	669.80	749.56	753.88		683.80	709.06	768.93		673.96	669.80	749.56	753.88		683.80
39	718.16	778.80		682.61	678.40	759.18	763.56		692.58	718.16	778.80		682.61	678.40	759.18	763.56		692.58
40	727.27	788.68		691.27	687.00	768.81	773.24		701.36	727.27	788.68		691.27	687.00	768.81	773.24		701.36
41	740.93	803.49		704.25	699.90	783.25	787.76		714.53	740.93	803.49		704.25	699.90	783.25	787.76		714.53
42	754.01	817.68		716.69	712.26	797.08	801.67		727.15	754.01	817.68		716.69	712.26	797.08	801.67		727.15
43	772.22	837.43		734.00	729.46	816.33	821.04		744.71	772.22	837.43		734.00	729.46	816.33	821.04		744.71
44	794.99	862.12		755.63	750.97	840.40	845.24		766.67	794.99	862.12		755.63	750.97	840.40	845.24		766.67
45	821.73	891.12		781.06	776.23	868.67	873.67		792.46	821.73	891.12		781.06	776.23	868.67	873.67		792.46
46	853.60	925.68		811.35	806.34	902.36	907.56		823.19	853.60	925.68		811.35	806.34	902.36	907.56		823.19
47	889.45	964.56		845.42	840.20	940.26	945.67		857.77	889.45	964.56		845.42	840.20	940.26	945.67		857.77
48	930.43	1008.99		884.37	878.91	983.57	989.24		897.28	930.43	1008.99		884.37	878.91	983.57	989.24		897.28
49	970.83	1052.81		922.77	917.07	1026.28	1032.19		936.24	970.83	1052.81		922.77	917.07	1026.28	1032.19		936.24
50	1016.35	1102.18		966.04	960.08	1074.41	1080.60		980.15	1016.35	1102.18		966.04	960.08	1074.41	1080.60		980.15
51	1061.31	1150.93		1008.77	1002.54	1121.93	1128.40		1023.50	1061.31	1150.93		1008.77	1002.54	1121.93	1128.40		1023.50
52	1110.82	1204.62		1055.83	1049.31	1174.27	1181.03		1071.25	1110.82	1204.62		1055.83	1049.31	1174.27	1181.03		1071.25
53	1160.90	1258.92		1103.43	1096.62	1227.21	1234.28		1119.54	1160.90	1258.92		1103.43	1096.62	1227.21	1234.28		1119.54
54	1214.96	1317.55		1154.81	1147.68	1284.36	1291.76		1171.68	1214.96	1317.55		1154.81	1147.68	1284.36	1291.76		1171.68
55	1269.02	1376.18		1206.20	1198.75	1341.51	1349.23		1223.81	1269.02	1376.18		1206.20	1198.75	1341.51	1349.23		1223.81
56	1327.63	1439.74		1261.91	1254.12	1403.47	1411.55		1280.34	1327.63	1439.74		1261.91	1254.12	1403.47	1411.55		1280.34
57	1386.82	1503.92		1318.17	1310.03	1466.03	1474.48		1337.41	1386.82	1503.92		1318.17	1310.03	1466.03	1474.48		1337.41
58	1449.98	1572.42		1378.21	1369.70	1532.80	1541.64		1398.33	1449.98	1572.42		1378.21	1369.70	1532.80	1541.64		1398.33
59	1481.28	1606.36		1407.95	1399.26	1565.89	1574.91		1428.51	1481.28	1606.36		1407.95	1399.26	1565.89	1574.91		1428.51
60	1544.45	1674.86		1467.99	1458.93	1632.67	1642.07		1489.43	1544.45	1674.86		1467.99	1458.93	1632.67	1642.07		1489.43
61	1599.08	1734.11		1519.92	1510.54	1690.42	1700.16		1542.11	1599.08	1734.11		1519.92	1510.54	1690.42	1700.16		1542.11
62	1634.93	1772.98		1554.00	1544.40	1728.32	1738.27		1576.69	1634.93	1772.98		1554.00	1544.40	1728.32	1738.27		1576.69
63	1679.89	1821.74		1596.73	1586.87	1775.84	1786.07		1620.04	1679.89	1821.74		1596.73	1586.87	1775.84	1786.07		1620.04
64 and over	1707.20	1851.36		1622.69	1612.67	1804.71	1815.11		1646.37	1707.20	1851.36		1622.69	1612.67	1804.71	1815.11		1646.37

SERFF Tracking #:	UHLC-134536151	State Tracking #:	484692	Company Tracking #:	2026 NON-GRANDFATHERED INDIVIDUAL UHCO...
State:	Washington	Filing Company:	UnitedHealthcare of Oregon, Inc.		
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other				
Product Name:	2026 Non-grandfathered Individual UHCOR 20260101 IEX EPO				
Project Name/Number:	UHC of OR Individual 20260101/UHC of OR Individual 20260101				

URRT

State Determination

Review Status:	Incomplete
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SERFF Tracking #:	UHLC-134536151	State Tracking #:	484692	Company Tracking #:	2026 NON-GRANDFATHERED INDIVIDUAL UHCO...
State:	Washington	Filing Company:	UnitedHealthcare of Oregon, Inc.		
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other				
Product Name:	2026 Non-grandfathered Individual UHCOR 20260101 IEX EPO				
Project Name/Number:	UHC of OR Individual 20260101/UHC of OR Individual 20260101				

URRT Items

Item Name	Attachment(s)
Unified Rate Review Template	Part_I_Unified_Rate_Review_Template_Duplicate.xml
Actuarial Memorandum	Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf
Actuarial Memorandum - Redacted	Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum_redacted.pdf
Consumer Justification Narrative	Part_II_Written_Description_Justifying_the_Rate_Increase.pdf
Other Supporting Documents	Part_I_Unified_Rate_Review_Template.pdf



UnitedHealthcare of Oregon, Inc.

Part III: Actuarial Memorandum

Washington 2026 Individual Exchange Rates

May 15, 2025



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1 Actuarial Memorandum

This memorandum documents the development of individual market health insurance premium rates for UnitedHealthcare of Oregon, Inc. (“UHCOR”). UHCOR is offering individual health insurance products on and off the Exchange in the Bronze, Silver, and Gold metal tiers, with the premium rates documented in this memorandum effective January 1, 2026. The proposed plans are shown in Appendix A.

Considerations for Cost Sharing Reduction Funding (CSR)

The rates presented and submitted here were developed assuming that CSR payments are not funded by the federal government in 2026 and the cost of these payments will instead be funded through member premiums and Advanced Premium Tax Credits (APTC). The submission of these rates does not guarantee that UHCOR will continue to participate in the individual market in 2026.

2 General Information Section

Company Identifying Information

Company Legal Name:	UnitedHealthcare of Oregon, Inc.
State:	Washington
HIOS Issuer ID:	62650
NAIC Number	95893
SERFF Tracking No	UHLIC-134513588
Market:	Individual
Effective Date:	January 1, 2026

Company Contact Information

Primary Contact Name:	Blake Harris
Primary Contact Telephone Number:	(415) 547-5268
Primary Contact Email Address:	blake.harris@uhc.com

3 Proposed Rate Changes

UHCOR will sell individual policies with an effective date of January 1, 2026. The 2026 aggregate rate increase as shown in the URRT is 37.35%. Rate changes by plan are found in Worksheet 2, row 1.11 of the URRT. The composite rate increase for all plans, based on projected membership, is illustrated as the total in the table below. The quantitative impact for all significant factors driving the proposed rate change is shown in the table below.



Components of Rate Change	% Change
Base Experience	1.76%
Trend	8.81%
Change in Morbidity	5.71%
Demographic Shifts	0.03%
Plan Design Changes	3.33%
Reinsurance	0.00%
Risk Adjustment	2.61%
Exchange User Fees	-0.27%
Benefit Design and CSR Load	12.66%
Provider Network	-1.98%
Benefits in Addition to EHBs	-0.08%
Admin, Taxes and Fees, IOI	-2.16%
Other	2.76%
Total	37.35%

Given that the rate changes are based on the same single risk pool, the rate changes vary by plan due to plan design changes. The explanation of rate changes below are from the experience to the projection period unless otherwise indicated.

- **Base Experience** reflects the change in our expected 2025 allowed claim level to provide essential health benefits from our 2025 to our 2026 pricing build ups.
- **Trend** indicates the allowed level trends from 2025 to 2026.
- **Change in Morbidity** captures the expected changes to UHCOR and Washington level morbidity of the population.
- **Demographic Shifts** explain expected changes in the age, gender and metal mix selection of the population.
- **Plan Design Changes** estimates Washington or federal rating requirements that are not captured through the Actuarial Value and Cost-Sharing Design values for each plan.
- **Reinsurance** displays the expected change, if any, to the Index Rate due to state reinsurance programs.
- **Risk Adjustment** reflects the expected change to the Index Rate due to the federal risk adjustment program. The estimate is net of any state reinsurance program.
- **Exchange User Fees** reflects the expected change, if any, to the rate level on account of federal and state Marketplace user fees.
- **Benefit Design and CSR Load** indicates the premium-weighted average change in the renewing plan-specific Actuarial Value and Cost Sharing Design factors from 2025 to 2026.
- **Provider Network** shows the premium-weighted average change in the renewing plan-specific provider network factors from 2025 to 2026.
- **Benefits in Addition to EHBs** showcase anticipated costs due to supplementary benefits.
- **Admin, Taxes and Fees, Internal Operating Income (IOI)** capture the premium-weighted average change in the renewing plan-specific administrative costs factors from 2025 to 2026.
- **Other** reflects any changes to the rates not already captured above. Some allowance has been made for rounding error.

There might be small differences compared to the URRT due to rounding error.



Explicit aggregate rate change calculation can be found in two places in this filing: the Uniform Product Modification Justification Q5 and the URRT Part 1 Worksheet 2 Fields 1.12 and 1.13. There are a few differences in how these rate changes are calculated. The URRT only uses renewal plans while the UPMJ uses both renewal and mapped plans. The URRT uses total premium weighted while the UPMJ uses a member weighted. The rate change by plan is identical in both templates.

4 Market Experience

4.1 Experience and Current Period Premium, Claims, and Enrollment

Paid Through Date: April 1, 2025

Current Date: April 1, 2025

Allowed and Incurred Claims Incurred During the Experience Period

Allowed claims and incurred claims are pulled from the same source(s) and calculated using a similar methodology. Only claim amounts for members in the Individual Single Risk Pool for claims which have already been processed are included in our claims data (incomplete claims). Pharmacy rebates are processed outside the claims system and are equal on an incurred and allowed basis. These have been offset against the claims processed through the issuer's claim system.

A set of completion factors is applied to the incomplete claims to develop the expected allowed and incurred claims for the experience period.

	Allowed Claims	Incurred Claims
Claims processed through issuer's claims system for experience period and paid through date above	\$56,420,680	\$47,579,385
Estimate of claims incurred but not paid (IBNP) as of paid through date above	\$2,392,483	\$2,070,587
Estimated claims incurred during experience period	\$58,813,163	\$49,649,972

The same methodology was used to develop the estimate of claims incurred but not paid for both allowed claims and incurred claims in the experience period. The methodology incorporates estimates based upon developed completion factors. Model results are evaluated for reasonableness and actuarial judgment may be applied.

The claims used to develop completion factors reflect the experience period claims for the information submitted. The incurred but not paid claims are not unusually high or unusually low relative to the experience period claims paid.



4.2 *Benefit Categories*

Claims processed through UHCOR's systems were mapped to the benefit categories in Worksheet 1, Section II of the URRT based on where services were administered and the types of medical services rendered.

- **Inpatient Hospital** includes non-capitated facility services for medical, surgical, maternity, mental health and substance abuse, skilled nursing, and other services provided in an inpatient facility setting and billed by the facility.
- **Outpatient Hospital** includes non-capitated facility services for surgical, emergency room, laboratory, radiology, therapeutic, observation, and other services provided in an outpatient facility setting and billed by the facility.
- **Professional** includes non-capitated primary care, specialist care, therapeutic, the professional component of laboratory and radiology, and other professional services, other than hospital based professionals whose payments are included in facility fees.
- **Other Medical** includes non-capitated ambulatory, home health care, durable medical equipment, prosthetics, supplies, vision exams, dental services and other services.
- **Capitation** includes all services provided under one or more capitated agreements.
- **Prescription Drug** includes drugs dispensed by a pharmacy. This amount is net of rebates received from drug manufacturers.

The benefit categories were defined by our claims department using standard industry definitions.

4.3 *Projection Factors*

The following describes the factors used to project experience period allowed claims to the 2026 projection period.

4.3.1 Trend Factors

A trend assumption was applied to translate 2024 experience year claims costs to calendar year 2026 claims costs.

The assumptions shown in "Year 1 Trend" and "Year 2 Trend" of Worksheet 1 of the URRT represent 12 months of ongoing increases in utilization, unit costs, and technology. The combined, annualized trend assumption implied is 7.4%. This assumption is based on a review of recent rate filings in the Washington market, expected changes in unit costs for provider contracting, an evaluation of trends observed in UnitedHealthcare's nationwide Individual ACA business and actuarial judgment. This trend assumption does not include any expected changes in demographics, morbidity or benefit changes.

To account for uncertainty regarding tariffs and/or the onshoring of manufacturing and their impact on total medical costs, most notably on pharmaceuticals, a total price impact of 2.20% is built into the initially submitted rate filing. UHC would like to reserve the right to adjust the initially submitted impact as more clarity becomes available.



4.3.2 Adjustments to Trended EHB Allowed Claims PMPM

This section explains adjustments other than trend that are made to the Experience Period claims in order to develop the projected Index Rate.

Morbidity Adjustment

The Morbidity Adjustment factor is 1.057 as shown on Worksheet 1 of the URRT.

MORBIDITY

An adjustment was applied to account for anticipated changes in UHCOR internal morbidity levels. This adjustment was developed by re-weighting experience period allowed claims by the projected member mix and normalizing for anticipated changes in demographics and benefits. The factors used in the calculation of the adjustment are consistent with that of the risk adjustment transfer calculation described in Section 4.3.6.

Expiration of Enhanced Subsidies and Other Regulatory Changes

An adjustment was applied to account for additional anticipated changes in morbidity due to the expiration of enhanced premium subsidies and other regulatory changes.

Demographic Shift

The Demographic Shift adjustment factor is 1.000 as shown on Worksheet 1 of the URRT.

AGE

An adjustment was applied to account for anticipated changes in the distribution of members by age. The projected distribution of members by age was developed based on the membership mix as of April 1, 2025 with additional consideration to the current Individual ACA Open Enrollment Period reports and the regulatory landscape. Experience period allowed claims were re-weighted by the projected age mix. The difference in claim levels before and after re-weighting determined the impact of age differences.

GEOGRAPHY

A geographic adjustment was applied to account for anticipated changes in the distribution of members by rating region. The projected distribution of members by rating region was developed based on the membership mix as of April 1, 2025 and is consistent with the description provided in Section 6.2. The proposed rating factors by rating region were used to develop the adjustment.

Plan Design Changes

The Plan Design Changes adjustment factor is 1.033 as shown on Worksheet 1 of the URRT.



CHANGES TO EHB INDEX

An adjustment was applied to account for changes to the state benchmark plan. The adjustment uses the calculated impact from the report published by Wakely on April 1, 2024 titled “Benchmark Plan Benefit Valuation Report”.

INDUCED DEMAND

An adjustment was applied to account for anticipated changes in induced demand levels. The adjustment was developed by comparing the calculated average induced demand factor in the experience and projection periods. The federal induced demand factors (i.e., 1.00, 1.03, and 1.08 for Bronze, Silver, and Gold metal levels) were used to develop the adjustment.

GATEKEEPER

An adjustment was applied to account for anticipated changes in allowed claims levels due to the change in gatekeeper requirements for the projection year plan offerings.

MAMMOGRAPHY

An adjustment was applied to account for anticipated changes in mammography claims due to new cost sharing regulations effective January 1, 2024. The adjustment was developed using UnitedHealthcare of Oregon, Inc.’s Washington experience to project the increase in plan paid claims in 2026.

Other

The Other adjustment factor is 1.010 as shown on Worksheet 1 of the URRT.

PROVIDER CONTRACTING

An adjustment was applied to account for anticipated changes in provider contracting. This adjustment is separate from and does not double count the impact of unit cost trends.

PRICING AV GUARDRAILS

An adjustment was applied to account for the plan-specific Pricing AV guardrails set by WAC 284-43-6810.

TOBACCO ADJUSTMENT

An adjustment was applied to account for the removal of the tobacco surcharge effective January 1, 2026.

4.3.3 Manual Rate Adjustments

A description of the manual rate adjustments used follows.



Source and Appropriateness of Experience Data Used

UnitedHealthcare Individual ACA experience claims, membership and premium was used to develop the manual rate ("UHC manual data"). The individual experience data informed the utilization pattern (types of services, underlying morbidity level, etc.) that was used to build up the manual rate.

Average trends from comparable UnitedHealthcare business were used to trend the data.

The preliminary CMS risk adjustment report for 2024 was also used to study market average morbidity in Washington.

Adjustments Made to the Data

The base period allowed PMPMs were adjusted for items including differences in membership mix by provider contracts, trend, and morbidity. Below is a summary of the methodology and source information for the adjustments.

TREND FACTORS

Trend estimates used in the UHCOR 2026 rate development were based on a review of recent rate filings in the Washington market, expected changes in unit costs for provider contracting, an evaluation of trends observed in UnitedHealthcare's nationwide Individual ACA business and actuarial judgment. This trend assumption does not include any expected changes in demographics, morbidity or benefit changes.

To account for uncertainty regarding tariffs and/or the onshoring of manufacturing and their impact on total medical costs, most notably on pharmaceuticals, a total price impact of 2.20% is built into the initially submitted rate filing. UHC would like to reserve the right to adjust the initially submitted impact as more clarity becomes available.

MORBIDITY

An adjustment was applied to account for anticipated changes between the UHC manual data and projected 2026 UHCOR internal morbidity levels. The adjustment was developed by comparing risk scores normalized for demographics and benefits. The factors used in the calculation of the adjustment are consistent with that of the risk adjustment transfer calculation described in Section 4.3.6.

Expiration of Enhanced Subsidies and Other Regulatory Changes

An adjustment was applied to account for additional anticipated changes in morbidity due to the expiration of enhanced premium subsidies and other regulatory changes.

AGE

An adjustment was applied to account for anticipated changes in the distribution of members by age. The projected distribution of members by age was developed based on the membership mix as of April 1, 2025 with additional consideration to the current Individual ACA Open Enrollment Period reports and the regulatory landscape. Experience period allowed claims were



re-weighted by the projected age mix. The difference in claim levels before and after re-weighting determined the impact of age differences.

GEOGRAPHY

A geographic adjustment was applied to account for anticipated differences between the UHC manual data, Washington and the service areas UHCOR intends to service. The projected distribution of members by rating region was developed based on the UHCOR membership mix as of April 1, 2025 and informed by similar distributions in current Individual ACA Open Enrollment Period reports.

CHANGES TO EHB INDEX

An adjustment was applied to account for changes to the state benchmark plan. The adjustment uses the calculated impact from the report published by Wakely on April 1, 2024 titled "Benchmark Plan Benefit Valuation Report".

INDUCED DEMAND

An adjustment was applied to account for anticipated changes in induced demand levels between the UHC manual data and Washington. The adjustment was developed by comparing the calculated average induced demand factor in the experience and projection periods. The federal induced demand factors (i.e., 1.00, 1.03, and 1.08 for Bronze, Silver, and Gold metal levels) were used to develop the adjustment.

GATEKEEPER

An adjustment was applied to account for anticipated changes in allowed claims levels due to the change in gatekeeper requirements for the projection year plan offerings.

MAMMOGRAPHY

An adjustment was applied to account for anticipated changes in mammography claims due to new cost sharing regulations effective January 1, 2024. The adjustment was developed using UnitedHealthcare of Oregon, Inc.'s Washington experience to project the increase in plan paid claims in 2026.

PROVIDER CONTRACTING

UHCOR's projected provider contracted rates in each rating area were analyzed relative to contracts comprising the UHC manual data experience. The contracts were provided as a percent of Medicare payment rates in 2026. UHC manual data has also been re-priced on a percent of Medicare basis. These reference based pricing levels for the UHC manual data and UHCOR 2026 contracts were used to adjust the UHCOR unit cost to expected UHCOR 2026 unit costs. Pharmacy costs were trended using from the experience to the projection period.

PRICING AV GUARDRAILS

An adjustment was applied to account for the plan-specific Pricing AV guardrails set by WAC 284-43-6810.



TOBACCO ADJUSTMENT

An adjustment was applied to account for the removal of the tobacco surcharge effective January 1, 2026.

PHARMACY REBATES

An adjustment was applied to account for anticipated pharmacy rebates differences between the UHC manual data and projected UHCOR values. This adjustment is separate from and does not double count the impact of unit cost trends.

Inclusion of Capitation Payments

Pediatric vision services are capitated for plan year 2026.

4.3.4 Credibility of Experience

UHCOR has assigned 88.7% credibility to its experience period data. The experience has been appropriately adjusted and weighted with the manual rate to reflect the material changes anticipated between the experience period and the projection period.

The manual rate's allowed PMPM medical costs were developed using UnitedHealthcare Individual ACA 2024 market data. This data contains detailed claims and membership information for members covered by Individual ACA non-grandfathered plans. The data was trended to 2026. Provider contracting adjustments were made to reflect the payment rates and expected degree of utilization management and drug rebates. The data was also adjusted to reflect Washington state average morbidity using the preliminary CMS risk adjustment report and comparing the risk scores normalized for actuarial values between the UnitedHealthcare and the risk adjustment report.

The following formula was used for assigning credibility to the experience period:

$$Z = \min \left[1, \left(\frac{MM}{FC} \right)^{.5} \right]$$

Where,

- Z is the credibility percentage applied to the experience data,
- MM is the experience period member months and
- FC is the member months required for full credibility

The determination of full credibility depends on the assumed variation in the claim experience. It was based on an application of classical credibility theory and actuarial judgement. Full credibility is assigned to 97,000 member months and was determined based on the number of randomly selected individuals needed to have a probability of 95% of being within 10% of the expected claim amount. The credibility threshold was calculated using random samples from a large database containing ACA members and claims.

Consideration was given to guidance provided in Actuarial Standards of Practice #25, *Credibility Procedures*.



4.3.5 Establishing the Index Rate

As shown on Worksheet 1 of the URRT, the Index Rate for this filing is \$967.87. It estimates the total combined allowed claims PMPM for essential health benefits in the Washington Individual market.

4.3.6 Development of the Market-wide Adjusted Index Rate

The Market-wide Adjusted Index Rate (MAIR) for the projection period is \$1,009.32 as shown on Worksheet 1 of the URRT. The MAIR is calculated as the Index Rate adjusted for all allowable market-wide modifiers defined in the market rating rules, 45 CFR 156.80(d)(1). The Index Rate and market level adjustments are on an allowed claims basis.

Projected Index Rate for January 1, 2026	\$967.87
Reinsurance	\$0.00
Risk Adjustment Payment/Charge	-\$36.55
Exchange User Fees	0.49%
Market-wide Adjusted Index Rate	\$1,009.32

Reinsurance

UHCOR does not expect any reinsurance recoveries from federal or state reinsurance programs.

Risk Adjustment Payment/Charge

The projection period risk adjustment charge was developed by estimating the individual components of the risk adjustment transfer formula (e.g., PLRS, AV, etc.) for both UHCOR and the statewide average. The experience period risk adjustment transfer amount is based on the preliminary CMS summary report for benefit year 2024. A description of the development of each component is described below:

- PLRS: the average 2024 risk score as provided in the preliminary CMS summary report for benefit year 2024 adjusted for expected changes in risk score coefficients we anticipate will occur from 2024 to 2026.
- IDF: the average induced demand factor based on the federal induced demand factors (i.e., 1.00, 1.03, and 1.08 for Bronze, Silver, and Gold metal levels) and projected distribution of members by metal level
- GCF: the average geographic factor as provided in the preliminary CMS summary report for 2024 average GCF and adjusted for anticipated changes in the distribution of members by rating region
- ARF: the average age factor based on the federally prescribed 3:1 age curve and projected distribution of members by age
- AV: the average metal AV factor based on the projected distribution of members by metal level
- Statewide average premium: the reported 2024 statewide average premium from the preliminary CMS summary report adjusted for anticipated market-wide rate increases we anticipate will occur from 2024 to 2026.



The projected risk adjustment payable/receivable was converted to an allowed basis when developing the MAIR.

The risk adjustment fee of \$0.20 PMPM was incorporated into 2026 rates and included within the taxes and fees.

The projected risk adjustment payable/receivable includes the projected HCRP assessment on an allowed basis. No HCRP recoveries are assumed within these rates and no adjustments are assumed for RADV. Risk adjustment transfers were applied at the market level in the development of the market adjusted index rate

Exchange User Fees

The 2026 Washington Exchange User Fee is \$4.30 PMPM. We applied the fee to 84.1% of UHCOR's expected enrollment to come from within the Exchange, \$4.30 PMPM was included in the development of the MAIR.

4.4 Plan Adjusted Index Rate

The Plan Adjusted Index Rates (PAIR) were developed by applying allowable plan level adjustments to the MAIR. The allowable plan-level adjustments are shown in Appendix C.

The following describes how each component of the adjustment was developed.

Actuarial Value and Cost-Sharing Design

The Pricing AVs reflecting the actuarial value and cost-sharing design of each plan was developed using a simulation methodology whereby a large dataset of Individual ACA enrollment and claims were calibrated to the market population and member-level claims were re-adjudicated using the cost-sharing parameters of each plan design. Each plan was developed using the same dataset and population adjusted only for the expected induced utilization by metal level ensuring the same risk profile informs all Pricing AVs.

Induced Demand Factors

Induced Demand factors were calculated using Pricing AVs inputted in the Federal induced demand formula, shown below, as required by regulation WAC 284-43-6810:

$$\text{Induced Demand Factor} = 1.24 - \text{AV} + \text{AV}^2$$

CSR LOAD

We have included an adjustment to the filed plans to reflect the impact of CSRs no longer being funded by the federal government. The regulation still requires CSR variant plans to be offered to low-income members, under the same federal AV requirements (keeping similar plan design and cost sharing structures as the current regulations), but the subsidy amounts will instead be a liability to the insurers and not the government. To reflect the additional cost of the CSRs on the Silver plans to UHCOR, we have increased the Pricing AVs.



As requested in the bulletin published by CMS on May 2, 2025 titled “Plan Year 2026 Individual Market Rate Filing Instructions”, UHC’s estimated CSR payment for 2024 is \$1,649,133. The estimated CSR payment was determined by comparing actual 2024 incurred claims for members enrolled in a CSR variant against claims re-adjudicated under the base variant plan design. The Silver load by plan was determined by comparing projected 2026 pricing AVs by CSR variant, blended by the projected distribution of members by CSR variant, against the base variant pricing AV. Across all Silver on-Exchange plans, the average 2026 Silver load is 1.1907.

We have applied a Silver load consistent with the filing requirements in Washington. The Silver load is anticipated to produce more revenue than the CSR payment made if funded by the federal government.

NON-HYDE ABORTION

Consistent with 45 CFR 156.280(e)(4), we made an adjustment to the Pricing AVs associated with non-Hyde abortion services. This adjustment is offset by adding \$1.00 PMPM as a plan level non-EHB adjustment, as described in the “Benefits in Addition to EHBs” below.

Provider Network, Delivery System Characteristics and Utilization Management Practices

The network factors represent the unit cost differences between the various networks. The network factors do not reflect morbidity differences or selection impact by network. The network factors were calibrated.

Benefits in Addition to EHBs

UHCOR will offer benefits in addition to EHBs in Washington. These benefits include allergy testing and accidental dental services.

An adjustment has been applied for voluntary abortion service coverage required by the state. This cost has been estimated using the mandatory minimum of \$1.00 PMPM per 45 CFR 156.280(e)(4), although the actual estimated costs for these services is less than this amount.

Administrative Costs

Non-benefit administrative costs were applied on a percent of premium basis and on PMPM basis. They are bucketed into three categories as shown on Worksheet 2 of the URRT: (1) administrative expenses, (2) taxes and fees and (3) profit and risk load.

ADMINISTRATIVE EXPENSE

UHCOR expects to incur \$61.10 PMPM in general administrative expenses for the individual ACA block of business in Washington for 2026. We expect to incur an additional \$6.90 PMPM in broker commissions over this period.

Health Care Quality Improvement and Fraud Detection Expenses were estimated as 0.36% of premium and were included in the administrative expense load.

The administrative expense load does not vary between metal levels.



TAXES AND FEES

Taxes and regulatory fees included in the development of 2026 rates include the following:

- Risk Adjustment User Fee: \$0.20 PMPM
- PCORI Fee: \$0.32 PMPM
- State Premium Tax: 2.00% of premium
- WSHIP Fee: \$0.38 PMPM
- WAPAL Assessment: \$0.06 PMPM
- Regulatory surcharges: 0.09% of premium
- WA Ins Fraud surcharge: 0.01% of premium
- Federal Income Tax: 1.05% of premium
- Health Insurer Fee: 0% of premium

The Exchange User Fee load is not included here. It was previously built into the MAIR as discussed in Section 4.3.6.

PROFIT AND RISK LOAD

The proposed 2026 premiums allocate 3.95% to profit and risk margin on a post-tax basis. This filing does not propose a decrease to profit margin. The same load is applied to all plans as a percent of premium.

Catastrophic Plans

UHCOR will not offer Catastrophic plans in Washington for 2026.

4.5 Calibration

Age Curve Calibration

The approximate age calibration factor is 0.5774. It was determined as follows:

$$ACF = \frac{\sum Members}{\sum Members * Age Factor}$$

Where:

- ACF is the age calibration factor,
- Members are the projected members and
- Age Factor is the rating factor associated with each member.

An age factor of 0 is used for members who are not expected to pay premium.

Section 4.6 demonstrates how the PAIRs and age curve are used to generate a schedule of premiums.

Geographic Factor Calibration

The geographic calibration factor is 0.9994. It was determined as follows:



$$GCF = \frac{\sum Members}{\sum Members * Area Factor}$$

Where:

- GCF is the geographic calibration factor,
- Members are the projected members and
- Area Factor is the rating factor associated with each member.

Geographic area factors are calculated based upon expected reimbursement rates UHCOR aims to achieve by rating area. These factors are relative to the membership-weighted average reimbursement rate for all areas UHCOR will service in Washington. The state rating factor only reflects differences in the costs of delivery (which can include unit cost and provider practice pattern differences) and not differences in population morbidity by geographic area.

Section 4.6 demonstrates how the PAIRs and area factors are used to generate a schedule of premiums.

Tobacco Use Rating Factor Calibration

The tobacco calibration factor is 1.0000. It was determined as follows:

$$TCF = \frac{\sum Members}{\sum Members * Tobacco Factor}$$

Where:

- TCF is the tobacco calibration factor,
- Members are the projected members and
- Tobacco Factor is the rating factor associated with each member.

Washington OIC requires issuers to set the tobacco rating multiplier at 1.0 for all individual plans that will be offered starting with the 2026 plan year to be eligible for Cascade Care Savings.

Application of Calibration Factors

The age, geographic and tobacco calibration adjustments are not plan specific. These adjustments are applied uniformly to all plans.

The age rating curve used by UHCOR in Washington is the curve indicated in the HHS Notice of Benefit and Payment Parameters for 2018 Final Rule.

4.6 Consumer Adjusted Premium Rate Development

The member's premium rate is calculated by first multiplying the PAIR by the calibration factors. This is the Calibrated PAIR, which is shown on Worksheet 2, row 3.14 of the URRT. The result can then be multiplied by the member's specific age, geographic and tobacco rating factors to determine the approximate member rate.



$$CPAIR = PAIR \times ACF \times GCF \times TCF$$

$$CAPR = CPAIR \times \text{Age Factor} \times \text{Geographic Factor} \times \text{Tobacco Factor}$$

Where:

- CPAIR is the Calibrated Plan Adjusted Index Rate,
- PAIR is the Plan Adjusted Index Rate,
- ACF is the age calibration factor,
- GCF is the geographic calibration factor,
- TCF is the tobacco calibration factor,
- CAPR is the Consumer Adjusted Premium Rate and
- Area, Geographic and Tobacco Factors are the rating factors associated with each member.

The premium for family coverage is determined by summing the premiums for each individual family member, provided at most three child dependents under age 21 are taken into account.

The rate manual and a demonstration of how the allowable rating factors are applied to the Calibrated PAIR to determine the Consumer Adjusted Premium Rate are shown in Appendix B.

5 Projected Loss Ratio

The projected minimum loss ratio (MLR) for the individual line of business is 89.41%. This was calculated using the federally prescribed MLR methodology.

UHCOR does not anticipate paying out consumer rebates for the 2026 calendar year. Taxes and regulatory fees were excluded from premium in the calculation of this value. The calculation for the projected federal MLR is included in Appendix D.

6 Plan Product Information

6.1 AV Metal Values

The federal Actuarial Value Calculator was used to generate the AV metal tiers shown on Worksheet 2, row 1.5 of the URRT. Please refer to the Unique Plan Design Justification and Documentation document for the impact of plans and cost sharing inputs modifications made in order to enter these into the federal Actuarial Value Calculator.

6.2 Membership Projections

The total membership projections for 2026 were based upon internal modeling of market share estimates for the Washington counties we intend to service. The percentage of membership distributions by metal tier and variant was based on the metal, cost-sharing subsidy variants and rating area/county distribution enrollments for Washington from actual UHCOR enrollment and



informed by current Individual ACA Open Enrollment Period reports. Refinements to this data are applied for strategic initiatives and actuarial judgment.

Projected enrollment in cost-sharing reduction subsidy eligible Silver plans was informed by actual UHCOR enrollment and similar distributions in the Open Enrollment Period reports. The resulting projected enrollment by plan and subsidy level is provided in Appendix E.

6.3 *Terminated Plans and Products*

Not applicable.

6.4 *Plan Type*

The drop downs in Worksheet 2, Section 1 of the URRT describe the issuer's plan appropriately.

7 Miscellaneous Instructions

7.1 *Effective Rate Review Information*

Not applicable.

7.2 *Pricing AV Justification*

On March 10, the OIC issued a memo to carriers titled “*Addressing Actuarial Concerns Related to PY2026 CSR Silver Loading Rule & Rate Filing Implementation*.” In this guidance, the OIC acknowledged carrier concerns that the previously defined allowable Actuarial Value (AV) pricing range was too narrow to accommodate plan designs with structural features not captured by the federal AV calculator (AVC). These limitations could unintentionally restrict plan offerings. In response, the OIC revised the rule to allow an additional $\pm 1\%$ adjustment to the AV pricing range for plans with features not reflected in the AVC-derived metal values—expanding the total allowable range to $\pm 3\%$.

Our analysis supports the need for this broader range. A comparison of historical paid-to-allowed ratios (from tab “WA Exh 7 - w2AggregateFactors”) and federal AVC metal AVs (from tab “WA Exh 6 - Actuarial Values”) in the *2026 Individual and Nongrandfathered Health Exhibits* workbook shows variance beyond the $\pm 3\%$ threshold. This variance highlights inherent plan design characteristics that are not adequately captured by the federal AVC. Accordingly, we are applying the full $\pm 3\%$ range to ensure pricing AVs that more appropriately align with the actuarial value of our plan designs.

7.3 *Reliance*

I have relied upon financial data, summaries and analyses prepared by officers and employees of UnitedHealthcare of Oregon, Inc. (“UHCOR”). My analysis included such review of the assumptions as I considered necessary.



7.4 Actuarial Certification

I, Blake Harris, am a Member of the American Academy of Actuaries (MAAA). I meet the Qualification Standards of Actuarial Opinion as adopted by the American Academy of Actuaries for preparing premium rate filings for insurers.

This actuarial certification applies to the UnitedHealthcare of Oregon, Inc. Individual product to be offered in the federal health exchange. I certify that the projected Index Rate is:

- In compliance with all applicable state and federal statutes and regulations (45 CFR 156.80 and 147.102)
- Developed in compliance with applicable Actuarial Standards of Practice, including:
 - ASOP No. 5, *Incurred Health and Disability Claims*
 - ASOP No. 8, *Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits*
 - ASOP No. 12, *Risk Classification*
 - ASOP No. 23, *Data Quality*
 - ASOP No. 25, *Credibility Procedures*
 - ASOP No. 41, *Actuarial Communications*
 - ASOP No. 50, *Determining Minimum Value and Actuarial Value under the Affordable Care Act*
- Reasonable in relation to the benefits provided and the population anticipated to be covered
- Neither excessive nor deficient, and any excess on Silver On Exchange plans can be attributed to the Rate Guidance of the WA OIC pertaining to the use of the 1.435 CSR Defunding Adjustment.
- Developed in accordance with the guidance issued by WA OIC regarding:
 - 1.435 CSR defunding adjustment on Silver On Exchange plans
 - 1.0 mandated tobacco rating factor
 - Induced Demand factors calculated using Pricing AVs inputted in the Federal induced demand formula
 - Pricing AVs within an allowable range in accordance to WAC 284-43-6810

The Index Rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.

The geographic rating factors reflect only differences in the cost of delivery (which can include unit cost and provider practice pattern differences) and do not include differences for population morbidity by geographic area.

The federal AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Unified Rate Review Template for all plans. Any alternate methodologies are described in the Unique Plan Design Justification and Documentation.

The Part I Unified Rate Review Template does not demonstrate the process used to develop the rates. Rather it represents information required by federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally



facilitated exchanges and for certification that the Index Rate is developed in accordance with federal regulation and used consistently and only adjusted by the allowable modifiers.

Sincerely,

A handwritten signature in black ink, appearing to read 'B/Harris', with a stylized flourish at the end.

Blake Harris, FSA, MAAA

Associate Director, Actuarial Services

May 15, 2025



Appendix A: Proposed Plans

SCID	Exchange
62650WA0020002	Yes
62650WA0020005	Yes
62650WA0020006	No
62650WA0020008	No
62650WA0020021	Yes
62650WA0020022	No
62650WA0020003	Yes
62650WA0020017	Yes
62650WA0020023	No
62650WA0020024	No
62650WA0020025	No
62650WA0020001	Yes
62650WA0020020	Yes
62650WA0020026	Yes
62650WA0020027	No
62650WA0020028	No



Appendix B: Rate Manual

Rating Area Area Factor			Rating Area Area Factor			Rating Area Area Factor		
Rating Area 1 1.0000			Rating Area 5 0.9446			Rating Area 9 0.9644		
Rating Area 2 1.0844			Rating Area 6 1.0571					
Rating Area 4 0.9505			Rating Area 7 1.0632					
Age Age Tobacco			Age Age Tobacco			Age Age Tobacco		
Age	Factor	Load	Age	Factor	Load	Age	Factor	Load
0-14	0.765	1.000	32	1.183	1.000	50	1.786	1.000
15	0.833	1.000	33	1.198	1.000	51	1.865	1.000
16	0.859	1.000	34	1.214	1.000	52	1.952	1.000
17	0.885	1.000	35	1.222	1.000	53	2.040	1.000
18	0.913	1.000	36	1.230	1.000	54	2.135	1.000
19	0.941	1.000	37	1.238	1.000	55	2.230	1.000
20	0.970	1.000	38	1.246	1.000	56	2.333	1.000
21	1.000	1.000	39	1.262	1.000	57	2.437	1.000
22	1.000	1.000	40	1.278	1.000	58	2.548	1.000
23	1.000	1.000	41	1.302	1.000	59	2.603	1.000
24	1.000	1.000	42	1.325	1.000	60	2.714	1.000
25	1.004	1.000	43	1.357	1.000	61	2.810	1.000
26	1.024	1.000	44	1.397	1.000	62	2.873	1.000
27	1.048	1.000	45	1.444	1.000	63	2.952	1.000
28	1.087	1.000	46	1.500	1.000	64+	3.000	1.000
29	1.119	1.000	47	1.563	1.000			
30	1.135	1.000	48	1.635	1.000			
31	1.159	1.000	49	1.706	1.000			

Consumer Adjusted Premium Rate Example

Plan Name: UnitedHealthcare of Oregon, Inc. Cascade Bronze

Plan ID: 62650WA0020002

Area: 1

Member ID	Relationship	Age	Calibrated PAIR	Area Factor	Age Factor	Tobacco Load	Premium
Member 1	Subscriber	45	\$458.03	1.0000	1.444	1.0000	\$661.40
Member 2	Spouse	40	\$458.03	1.0000	1.278	1.0000	\$585.37
Member 3	Child 1	18	\$458.03	1.0000	0.913	1.0000	\$418.18
Member 4	Child 2	15	\$458.03	1.0000	0.833	1.0000	\$381.54
Member 5	Child 3	7	\$458.03	1.0000	0.765	1.0000	\$350.39
Member 6	Child 4	1	\$458.03	1.0000	0.765	1.0000	*
Total Monthly Premium							\$2,396.88

There might be small differences between the premium rates shown above and those implied by the URRT due to rounding.



Appendix C: Plan-Level Modifiers

SCID	Metal	MAIR	AV and Cost Sharing	Provider Network	Benefits in Addition to EHBs	Non-Benefit Expenses	Plan Adjusted Index Rate
62650WA0020002	Bronze	\$1,009.32	0.6613	1.0000	1.0016	1.1874	\$793.77
62650WA0020005	Bronze	\$1,009.32	0.5947	1.0000	1.0018	1.1998	\$721.48
62650WA0020006	Bronze	\$1,009.32	0.5947	1.0000	1.0018	1.1998	\$721.48
62650WA0020008	Bronze	\$1,009.32	0.6444	1.0000	1.0017	1.1903	\$775.49
62650WA0020021	Bronze	\$1,009.32	0.6444	1.0000	1.0017	1.1903	\$775.49
62650WA0020022	Bronze	\$1,009.32	0.6573	1.0000	1.0016	1.1881	\$789.46
62650WA0020003	Silver	\$1,009.32	1.0755	1.0000	1.0010	1.1447	\$1243.79
62650WA0020017	Silver	\$1,009.32	1.0761	1.0000	1.0010	1.1446	\$1244.43
62650WA0020023	Silver	\$1,009.32	0.7501	1.0000	1.0014	1.1743	\$890.31
62650WA0020024	Silver	\$1,009.32	0.7462	1.0000	1.0014	1.1748	\$886.04
62650WA0020025	Silver	\$1,009.32	0.7493	1.0000	1.0014	1.1744	\$889.43
62650WA0020001	Gold	\$1,009.32	0.8972	1.0000	1.0012	1.1582	\$1050.07
62650WA0020020	Gold	\$1,009.32	0.8878	1.0000	1.0012	1.1591	\$1039.91
62650WA0020026	Gold	\$1,009.32	0.8384	1.0000	1.0013	1.1640	\$986.20
62650WA0020027	Gold	\$1,009.32	0.8505	1.0000	1.0013	1.1627	\$999.32
62650WA0020028	Gold	\$1,009.32	0.8762	1.0000	1.0012	1.1602	\$1027.26



Appendix D: MLR Calculation

MLR Components	PMPM
Calculated Incurred Claims PMPM	\$850.20
- Risk Adjustment Payment/Charge	(\$32.07)
+ Reinsurance Recovery	\$0.00
+ Quality Improvement Expenses	\$3.68
+ Other Adjustments	\$0.00
= Projected Federal MLR Numerator	\$885.95
Calculated Premium Rate PMPM	\$1,028.49
- Federal and State Taxes and Assessments	\$32.78
- PCORI Fees	\$0.32
- ACA Risk Adjustment User Fees	\$0.20
- ACA Insurer Fees	\$0.00
- Exchange User Fees	\$4.30
- Other Adjustments	\$0.00
= Projected Federal MLR Denominator	\$990.89
Medical Loss Ratio	89.41%

Some numbers were adjusted for rounding. The projected MLR exceeds 80%.



Appendix E: CSR Enrollment

Projected CSR Enrollment

SCID	Off-Exchange	Silver	Silver CSR74	Silver CSR87	Silver CSR94	Total
62650WA0020003	903	6,784	1,995	3,922	1,473	15,077
62650WA0020017	351	2,634	774	1,522	572	5,853
62650WA0020023	60	0	0	0	0	60
62650WA0020024	308	0	0	0	0	308
62650WA0020025	60	0	0	0	0	60





UnitedHealthcare of Oregon, Inc.

Part III: Actuarial Memorandum

Washington 2026 Individual Exchange Rates

May 15, 2025



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1 Actuarial Memorandum

This memorandum documents the development of individual market health insurance premium rates for UnitedHealthcare of Oregon, Inc. (“UHCOR”). UHCOR is offering individual health insurance products on and off the Exchange in the Bronze, Silver, and Gold metal tiers, with the premium rates documented in this memorandum effective January 1, 2026. The proposed plans are shown in Appendix A.

Considerations for Cost Sharing Reduction Funding (CSR)

The rates presented and submitted here were developed assuming that CSR payments are not funded by the federal government in 2026 and the cost of these payments will instead be funded through member premiums and Advanced Premium Tax Credits (APTC). The submission of these rates does not guarantee that UHCOR will continue to participate in the individual market in 2026.

2 General Information Section

Company Identifying Information

Company Legal Name:	UnitedHealthcare of Oregon, Inc.
State:	Washington
HIOS Issuer ID:	62650
NAIC Number	95893
SERFF Tracking No	UHLIC-134513588
Market:	Individual
Effective Date:	January 1, 2026

Company Contact Information

Primary Contact Name:	Blake Harris
Primary Contact Telephone Number:	(415) 547-5268
Primary Contact Email Address:	blake.harris@uhc.com

3 Proposed Rate Changes

UHCOR will sell individual policies with an effective date of January 1, 2026. The 2026 aggregate rate increase as shown in the URRT is 37.35%. Rate changes by plan are found in Worksheet 2, row 1.11 of the URRT. The composite rate increase for all plans, based on projected membership, is illustrated as the total in the table below. The quantitative impact for all significant factors driving the proposed rate change is shown in the table below.



Components of Rate Change	% Change
Base Experience	1.76%
Trend	8.81%
Change in Morbidity	5.71%
Demographic Shifts	0.03%
Plan Design Changes	3.33%
Reinsurance	0.00%
Risk Adjustment	2.61%
Exchange User Fees	-0.27%
Benefit Design and CSR Load	12.66%
Provider Network	-1.98%
Benefits in Addition to EHBs	-0.08%
Admin, Taxes and Fees, IOI	-2.16%
Other	2.76%
Total	37.35%

Given that the rate changes are based on the same single risk pool, the rate changes vary by plan due to plan design changes. The explanation of rate changes below are from the experience to the projection period unless otherwise indicated.

- **Base Experience** reflects the change in our expected 2025 allowed claim level to provide essential health benefits from our 2025 to our 2026 pricing build ups.
- **Trend** indicates the allowed level trends from 2025 to 2026.
- **Change in Morbidity** captures the expected changes to UHCOR and Washington level morbidity of the population.
- **Demographic Shifts** explain expected changes in the age, gender and metal mix selection of the population.
- **Plan Design Changes** estimates Washington or federal rating requirements that are not captured through the Actuarial Value and Cost-Sharing Design values for each plan.
- **Reinsurance** displays the expected change, if any, to the Index Rate due to state reinsurance programs.
- **Risk Adjustment** reflects the expected change to the Index Rate due to the federal risk adjustment program. The estimate is net of any state reinsurance program.
- **Exchange User Fees** reflects the expected change, if any, to the rate level on account of federal and state Marketplace user fees.
- **Benefit Design and CSR Load** indicates the premium-weighted average change in the renewing plan-specific Actuarial Value and Cost Sharing Design factors from 2025 to 2026.
- **Provider Network** shows the premium-weighted average change in the renewing plan-specific provider network factors from 2025 to 2026.
- **Benefits in Addition to EHBs** showcase anticipated costs due to supplementary benefits.
- **Admin, Taxes and Fees, Internal Operating Income (IOI)** capture the premium-weighted average change in the renewing plan-specific administrative costs factors from 2025 to 2026.
- **Other** reflects any changes to the rates not already captured above. Some allowance has been made for rounding error.

There might be small differences compared to the URRT due to rounding error.



Explicit aggregate rate change calculation can be found in two places in this filing: the Uniform Product Modification Justification Q5 and the URRT Part 1 Worksheet 2 Fields 1.12 and 1.13. There are a few differences in how these rate changes are calculated. The URRT only uses renewal plans while the UPMJ uses both renewal and mapped plans. The URRT uses total premium weighted while the UPMJ uses a member weighted. The rate change by plan is identical in both templates.

4 Market Experience

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

Paid Through Date: April 1, 2025

Current Date: April 1, 2025

Allowed and Incurred Claims Incurred During the Experience Period

Allowed claims and incurred claims are pulled from the same source(s) and calculated using a similar methodology. Only claim amounts for members in the Individual Single Risk Pool for claims which have already been processed are included in our claims data (incomplete claims). Pharmacy rebates are processed outside the claims system and are equal on an incurred and allowed basis. These have been offset against the claims processed through the issuer's claim system.

A set of completion factors is applied to the incomplete claims to develop the expected allowed and incurred claims for the experience period.

	Allowed Claims	Incurred Claims
Claims processed through issuer's claims system for experience period and paid through date above	\$56,420,680	\$47,579,385
Estimate of claims incurred but not paid (IBNP) as of paid through date above	\$2,392,483	\$2,070,587
Estimated claims incurred during experience period	\$58,813,163	\$49,649,972

The same methodology was used to develop the estimate of claims incurred but not paid for both allowed claims and incurred claims in the experience period. The methodology incorporates estimates based upon developed completion factors. Model results are evaluated for reasonableness and actuarial judgment may be applied.

The claims used to develop completion factors reflect the experience period claims for the information submitted. The incurred but not paid claims are not unusually high or unusually low relative to the experience period claims paid.



4.2 *Benefit Categories*

Claims processed through UHCOR's systems were mapped to the benefit categories in Worksheet 1, Section II of the URRT based on where services were administered and the types of medical services rendered.

- **Inpatient Hospital** includes non-capitated facility services for medical, surgical, maternity, mental health and substance abuse, skilled nursing, and other services provided in an inpatient facility setting and billed by the facility.
- **Outpatient Hospital** includes non-capitated facility services for surgical, emergency room, laboratory, radiology, therapeutic, observation, and other services provided in an outpatient facility setting and billed by the facility.
- **Professional** includes non-capitated primary care, specialist care, therapeutic, the professional component of laboratory and radiology, and other professional services, other than hospital based professionals whose payments are included in facility fees.
- **Other Medical** includes non-capitated ambulatory, home health care, durable medical equipment, prosthetics, supplies, vision exams, dental services and other services.
- **Capitation** includes all services provided under one or more capitated agreements.
- **Prescription Drug** includes drugs dispensed by a pharmacy. This amount is net of rebates received from drug manufacturers.

The benefit categories were defined by our claims department using standard industry definitions.

4.3 *Projection Factors*

The following describes the factors used to project experience period allowed claims to the 2026 projection period.

4.3.1 Trend Factors

A trend assumption was applied to translate 2024 experience year claims costs to calendar year 2026 claims costs.

The assumptions shown in "Year 1 Trend" and "Year 2 Trend" of Worksheet 1 of the URRT represent 12 months of ongoing increases in utilization, unit costs, and technology. The combined, annualized trend assumption implied is 7.4%. This assumption is based on a review of recent rate filings in the Washington market, expected changes in unit costs for provider contracting, an evaluation of trends observed in UnitedHealthcare's nationwide Individual ACA business and actuarial judgment. This trend assumption does not include any expected changes in demographics, morbidity or benefit changes.

To account for uncertainty regarding tariffs and/or the onshoring of manufacturing and their impact on total medical costs, most notably on pharmaceuticals, a total price impact of 2.20% is built into the initially submitted rate filing. UHC would like to reserve the right to adjust the initially submitted impact as more clarity becomes available.



4.3.2 Adjustments to Trended EHB Allowed Claims PMPM

This section explains adjustments other than trend that are made to the Experience Period claims in order to develop the projected Index Rate.

Morbidity Adjustment

The Morbidity Adjustment factor is 1.057 as shown on Worksheet 1 of the URRT.

MORBIDITY

An adjustment was applied to account for anticipated changes in UHCOR internal morbidity levels. This adjustment was developed by re-weighting experience period allowed claims by the projected member mix and normalizing for anticipated changes in demographics and benefits. The factors used in the calculation of the adjustment are consistent with that of the risk adjustment transfer calculation described in Section 4.3.6.

Expiration of Enhanced Subsidies and Other Regulatory Changes

An adjustment was applied to account for additional anticipated changes in morbidity due to the expiration of enhanced premium subsidies and other regulatory changes.

Demographic Shift

The Demographic Shift adjustment factor is 1.000 as shown on Worksheet 1 of the URRT.

AGE

An adjustment was applied to account for anticipated changes in the distribution of members by age. The projected distribution of members by age was developed based on the membership mix as of April 1, 2025 with additional consideration to the current Individual ACA Open Enrollment Period reports and the regulatory landscape. Experience period allowed claims were re-weighted by the projected age mix. The difference in claim levels before and after re-weighting determined the impact of age differences.

GEOGRAPHY

A geographic adjustment was applied to account for anticipated changes in the distribution of members by rating region. The projected distribution of members by rating region was developed based on the membership mix as of April 1, 2025 and is consistent with the description provided in Section 6.2. The proposed rating factors by rating region were used to develop the adjustment.

Plan Design Changes

The Plan Design Changes adjustment factor is 1.033 as shown on Worksheet 1 of the URRT.



CHANGES TO EHB INDEX

An adjustment was applied to account for changes to the state benchmark plan. The adjustment uses the calculated impact from the report published by Wakely on April 1, 2024 titled “Benchmark Plan Benefit Valuation Report”.

INDUCED DEMAND

An adjustment was applied to account for anticipated changes in induced demand levels. The adjustment was developed by comparing the calculated average induced demand factor in the experience and projection periods. The federal induced demand factors (i.e., 1.00, 1.03, and 1.08 for Bronze, Silver, and Gold metal levels) were used to develop the adjustment.

GATEKEEPER

An adjustment was applied to account for anticipated changes in allowed claims levels due to the change in gatekeeper requirements for the projection year plan offerings.

MAMMOGRAPHY

An adjustment was applied to account for anticipated changes in mammography claims due to new cost sharing regulations effective January 1, 2024. The adjustment was developed using UnitedHealthcare of Oregon, Inc.’s Washington experience to project the increase in plan paid claims in 2026.

Other

The Other adjustment factor is 1.010 as shown on Worksheet 1 of the URRT.

PROVIDER CONTRACTING

An adjustment was applied to account for anticipated changes in provider contracting. This adjustment is separate from and does not double count the impact of unit cost trends.

PRICING AV GUARDRAILS

An adjustment was applied to account for the plan-specific Pricing AV guardrails set by WAC 284-43-6810.

TOBACCO ADJUSTMENT

An adjustment was applied to account for the removal of the tobacco surcharge effective January 1, 2026.

4.3.3 Manual Rate Adjustments

A description of the manual rate adjustments used follows.



Source and Appropriateness of Experience Data Used

UnitedHealthcare Individual ACA experience claims, membership and premium was used to develop the manual rate ("UHC manual data"). The individual experience data informed the utilization pattern (types of services, underlying morbidity level, etc.) that was used to build up the manual rate.

Average trends from comparable UnitedHealthcare business were used to trend the data.

The preliminary CMS risk adjustment report for 2024 was also used to study market average morbidity in Washington.

Adjustments Made to the Data

The base period allowed PMPMs were adjusted for items including differences in membership mix by provider contracts, trend, and morbidity. Below is a summary of the methodology and source information for the adjustments.

TREND FACTORS

Trend estimates used in the UHCOR 2026 rate development were based on a review of recent rate filings in the Washington market, expected changes in unit costs for provider contracting, an evaluation of trends observed in UnitedHealthcare's nationwide Individual ACA business and actuarial judgment. This trend assumption does not include any expected changes in demographics, morbidity or benefit changes.

To account for uncertainty regarding tariffs and/or the onshoring of manufacturing and their impact on total medical costs, most notably on pharmaceuticals, a total price impact of 2.20% is built into the initially submitted rate filing. UHC would like to reserve the right to adjust the initially submitted impact as more clarity becomes available.

MORBIDITY

An adjustment was applied to account for anticipated changes between the UHC manual data and projected 2026 UHCOR internal morbidity levels. The adjustment was developed by comparing risk scores normalized for demographics and benefits. The factors used in the calculation of the adjustment are consistent with that of the risk adjustment transfer calculation described in Section 4.3.6.

Expiration of Enhanced Subsidies and Other Regulatory Changes

An adjustment was applied to account for additional anticipated changes in morbidity due to the expiration of enhanced premium subsidies and other regulatory changes.

AGE

An adjustment was applied to account for anticipated changes in the distribution of members by age. The projected distribution of members by age was developed based on the membership mix as of April 1, 2025 with additional consideration to the current Individual ACA Open Enrollment Period reports and the regulatory landscape. Experience period allowed claims were



re-weighted by the projected age mix. The difference in claim levels before and after re-weighting determined the impact of age differences.

GEOGRAPHY

A geographic adjustment was applied to account for anticipated differences between the UHC manual data, Washington and the service areas UHCOR intends to service. The projected distribution of members by rating region was developed based on the UHCOR membership mix as of April 1, 2025 and informed by similar distributions in current Individual ACA Open Enrollment Period reports.

CHANGES TO EHB INDEX

An adjustment was applied to account for changes to the state benchmark plan. The adjustment uses the calculated impact from the report published by Wakely on April 1, 2024 titled "Benchmark Plan Benefit Valuation Report".

INDUCED DEMAND

An adjustment was applied to account for anticipated changes in induced demand levels between the UHC manual data and Washington. The adjustment was developed by comparing the calculated average induced demand factor in the experience and projection periods. The federal induced demand factors (i.e., 1.00, 1.03, and 1.08 for Bronze, Silver, and Gold metal levels) were used to develop the adjustment.

GATEKEEPER

An adjustment was applied to account for anticipated changes in allowed claims levels due to the change in gatekeeper requirements for the projection year plan offerings.

MAMMOGRAPHY

An adjustment was applied to account for anticipated changes in mammography claims due to new cost sharing regulations effective January 1, 2024. The adjustment was developed using UnitedHealthcare of Oregon, Inc.'s Washington experience to project the increase in plan paid claims in 2026.

PROVIDER CONTRACTING

UHCOR's projected provider contracted rates in each rating area were analyzed relative to contracts comprising the UHC manual data experience. The contracts were provided as a percent of Medicare payment rates in 2026. UHC manual data has also been re-priced on a percent of Medicare basis. These reference based pricing levels for the UHC manual data and UHCOR 2026 contracts were used to adjust the UHCOR unit cost to expected UHCOR 2026 unit costs. Pharmacy costs were trended using from the experience to the projection period.

PRICING AV GUARDRAILS

An adjustment was applied to account for the plan-specific Pricing AV guardrails set by WAC 284-43-6810.



TOBACCO ADJUSTMENT

An adjustment was applied to account for the removal of the tobacco surcharge effective January 1, 2026.

PHARMACY REBATES

An adjustment was applied to account for anticipated pharmacy rebates differences between the UHC manual data and projected UHCOR values. This adjustment is separate from and does not double count the impact of unit cost trends.

Inclusion of Capitation Payments

Pediatric vision services are capitated for plan year 2026.

4.3.4 Credibility of Experience

UHCOR has assigned 88.7% credibility to its experience period data. The experience has been appropriately adjusted and weighted with the manual rate to reflect the material changes anticipated between the experience period and the projection period.

The manual rate's allowed PMPM medical costs were developed using UnitedHealthcare Individual ACA 2024 market data. This data contains detailed claims and membership information for members covered by Individual ACA non-grandfathered plans. The data was trended to 2026. Provider contracting adjustments were made to reflect the payment rates and expected degree of utilization management and drug rebates. The data was also adjusted to reflect Washington state average morbidity using the preliminary CMS risk adjustment report and comparing the risk scores normalized for actuarial values between the UnitedHealthcare and the risk adjustment report.

The following formula was used for assigning credibility to the experience period:

$$Z = \min \left[1, \left(\frac{MM}{FC} \right)^{.5} \right]$$

Where,

- Z is the credibility percentage applied to the experience data,
- MM is the experience period member months and
- FC is the member months required for full credibility

The determination of full credibility depends on the assumed variation in the claim experience. It was based on an application of classical credibility theory and actuarial judgement. Full credibility is assigned to 97,000 member months and was determined based on the number of randomly selected individuals needed to have a probability of 95% of being within 10% of the expected claim amount. The credibility threshold was calculated using random samples from a large database containing ACA members and claims.

Consideration was given to guidance provided in Actuarial Standards of Practice #25, *Credibility Procedures*.



4.3.5 Establishing the Index Rate

As shown on Worksheet 1 of the URRT, the Index Rate for this filing is \$967.87. It estimates the total combined allowed claims PMPM for essential health benefits in the Washington Individual market.

4.3.6 Development of the Market-wide Adjusted Index Rate

The Market-wide Adjusted Index Rate (MAIR) for the projection period is \$1,009.32 as shown on Worksheet 1 of the URRT. The MAIR is calculated as the Index Rate adjusted for all allowable market-wide modifiers defined in the market rating rules, 45 CFR 156.80(d)(1). The Index Rate and market level adjustments are on an allowed claims basis.

Projected Index Rate for January 1, 2026	\$967.87
Reinsurance	\$0.00
Risk Adjustment Payment/Charge	-\$36.55
Exchange User Fees	0.49%
Market-wide Adjusted Index Rate	\$1,009.32

Reinsurance

UHCOR does not expect any reinsurance recoveries from federal or state reinsurance programs.

Risk Adjustment Payment/Charge

The projection period risk adjustment charge was developed by estimating the individual components of the risk adjustment transfer formula (e.g., PLRS, AV, etc.) for both UHCOR and the statewide average. The experience period risk adjustment transfer amount is based on the preliminary CMS summary report for benefit year 2024. A description of the development of each component is described below:

- PLRS: the average 2024 risk score as provided in the preliminary CMS summary report for benefit year 2024 adjusted for expected changes in risk score coefficients we anticipate will occur from 2024 to 2026.
- IDF: the average induced demand factor based on the federal induced demand factors (i.e., 1.00, 1.03, and 1.08 for Bronze, Silver, and Gold metal levels) and projected distribution of members by metal level
- GCF: the average geographic factor as provided in the preliminary CMS summary report for 2024 average GCF and adjusted for anticipated changes in the distribution of members by rating region
- ARF: the average age factor based on the federally prescribed 3:1 age curve and projected distribution of members by age
- AV: the average metal AV factor based on the projected distribution of members by metal level
- Statewide average premium: the reported 2024 statewide average premium from the preliminary CMS summary report adjusted for anticipated market-wide rate increases we anticipate will occur from 2024 to 2026.



The projected risk adjustment payable/receivable was converted to an allowed basis when developing the MAIR.

The risk adjustment fee of \$0.20 PMPM was incorporated into 2026 rates and included within the taxes and fees.

The projected risk adjustment payable/receivable includes the projected HCRP assessment on an allowed basis. No HCRP recoveries are assumed within these rates and no adjustments are assumed for RADV. Risk adjustment transfers were applied at the market level in the development of the market adjusted index rate

Exchange User Fees

The 2026 Washington Exchange User Fee is \$4.30 PMPM. We applied the fee to 84.1% of UHCOR's expected enrollment to come from within the Exchange, \$4.30 PMPM was included in the development of the MAIR.

4.4 Plan Adjusted Index Rate

The Plan Adjusted Index Rates (PAIR) were developed by applying allowable plan level adjustments to the MAIR. The allowable plan-level adjustments are shown in Appendix C.

The following describes how each component of the adjustment was developed.

Actuarial Value and Cost-Sharing Design

The Pricing AVs reflecting the actuarial value and cost-sharing design of each plan was developed using a simulation methodology whereby a large dataset of Individual ACA enrollment and claims were calibrated to the market population and member-level claims were re-adjudicated using the cost-sharing parameters of each plan design. Each plan was developed using the same dataset and population adjusted only for the expected induced utilization by metal level ensuring the same risk profile informs all Pricing AVs.

Induced Demand Factors

Induced Demand factors were calculated using Pricing AVs inputted in the Federal induced demand formula, shown below, as required by regulation WAC 284-43-6810:

$$\text{Induced Demand Factor} = 1.24 - \text{AV} + \text{AV}^2$$

CSR LOAD

We have included an adjustment to the filed plans to reflect the impact of CSRs no longer being funded by the federal government. The regulation still requires CSR variant plans to be offered to low-income members, under the same federal AV requirements (keeping similar plan design and cost sharing structures as the current regulations), but the subsidy amounts will instead be a liability to the insurers and not the government. To reflect the additional cost of the CSRs on the Silver plans to UHCOR, we have increased the Pricing AVs.



As requested in the bulletin published by CMS on May 2, 2025 titled “Plan Year 2026 Individual Market Rate Filing Instructions”, UHC’s estimated CSR payment for 2024 is \$1,649,133. The estimated CSR payment was determined by comparing actual 2024 incurred claims for members enrolled in a CSR variant against claims re-adjudicated under the base variant plan design. The Silver load by plan was determined by comparing projected 2026 pricing AVs by CSR variant, blended by the projected distribution of members by CSR variant, against the base variant pricing AV. Across all Silver on-Exchange plans, the average 2026 Silver load is 1.1907.

We have applied a Silver load consistent with the filing requirements in Washington. The Silver load is anticipated to produce more revenue than the CSR payment made if funded by the federal government.

NON-HYDE ABORTION

Consistent with 45 CFR 156.280(e)(4), we made an adjustment to the Pricing AVs associated with non-Hyde abortion services. This adjustment is offset by adding \$1.00 PMPM as a plan level non-EHB adjustment, as described in the “Benefits in Addition to EHBs” below.

Provider Network, Delivery System Characteristics and Utilization Management Practices

The network factors represent the unit cost differences between the various networks. The network factors do not reflect morbidity differences or selection impact by network. The network factors were calibrated.

Benefits in Addition to EHBs

UHCOR will offer benefits in addition to EHBs in Washington. These benefits include allergy testing and accidental dental services.

An adjustment has been applied for voluntary abortion service coverage required by the state. This cost has been estimated using the mandatory minimum of \$1.00 PMPM per 45 CFR 156.280(e)(4), although the actual estimated costs for these services is less than this amount.

Administrative Costs

Non-benefit administrative costs were applied on a percent of premium basis and on PMPM basis. They are bucketed into three categories as shown on Worksheet 2 of the URRT: (1) administrative expenses, (2) taxes and fees and (3) profit and risk load.

ADMINISTRATIVE EXPENSE

UHCOR expects to incur \$61.10 PMPM in general administrative expenses for the individual ACA block of business in Washington for 2026. We expect to incur an additional \$6.90 PMPM in broker commissions over this period.

Health Care Quality Improvement and Fraud Detection Expenses were estimated as 0.36% of premium and were included in the administrative expense load.

The administrative expense load does not vary between metal levels.



TAXES AND FEES

Taxes and regulatory fees included in the development of 2026 rates include the following:

- Risk Adjustment User Fee: \$0.20 PMPM
- PCORI Fee: \$0.32 PMPM
- State Premium Tax: 2.00% of premium
- WSHIP Fee: \$0.38 PMPM
- WAPAL Assessment: \$0.06 PMPM
- Regulatory surcharges: 0.09% of premium
- WA Ins Fraud surcharge: 0.01% of premium
- Federal Income Tax: 1.05% of premium
- Health Insurer Fee: 0% of premium

The Exchange User Fee load is not included here. It was previously built into the MAIR as discussed in Section 4.3.6.

PROFIT AND RISK LOAD

The proposed 2026 premiums allocate 3.95% to profit and risk margin on a post-tax basis. This filing does not propose a decrease to profit margin. The same load is applied to all plans as a percent of premium.

Catastrophic Plans

UHCOR will not offer Catastrophic plans in Washington for 2026.

4.5 Calibration

Age Curve Calibration

The approximate age calibration factor is 0.5774. It was determined as follows:

$$ACF = \frac{\sum Members}{\sum Members * Age Factor}$$

Where:

- ACF is the age calibration factor,
- Members are the projected members and
- Age Factor is the rating factor associated with each member.

An age factor of 0 is used for members who are not expected to pay premium.

Section 4.6 demonstrates how the PAIRs and age curve are used to generate a schedule of premiums.

Geographic Factor Calibration

The geographic calibration factor is 0.9994. It was determined as follows:



$$GCF = \frac{\sum Members}{\sum Members * Area Factor}$$

Where:

- GCF is the geographic calibration factor,
- Members are the projected members and
- Area Factor is the rating factor associated with each member.

Geographic area factors are calculated based upon expected reimbursement rates UHCOR aims to achieve by rating area. These factors are relative to the membership-weighted average reimbursement rate for all areas UHCOR will service in Washington. The state rating factor only reflects differences in the costs of delivery (which can include unit cost and provider practice pattern differences) and not differences in population morbidity by geographic area.

Section 4.6 demonstrates how the PAIRs and area factors are used to generate a schedule of premiums.

Tobacco Use Rating Factor Calibration

The tobacco calibration factor is 1.0000. It was determined as follows:

$$TCF = \frac{\sum Members}{\sum Members * Tobacco Factor}$$

Where:

- TCF is the tobacco calibration factor,
- Members are the projected members and
- Tobacco Factor is the rating factor associated with each member.

Washington OIC requires issuers to set the tobacco rating multiplier at 1.0 for all individual plans that will be offered starting with the 2026 plan year to be eligible for Cascade Care Savings.

Application of Calibration Factors

The age, geographic and tobacco calibration adjustments are not plan specific. These adjustments are applied uniformly to all plans.

The age rating curve used by UHCOR in Washington is the curve indicated in the HHS Notice of Benefit and Payment Parameters for 2018 Final Rule.

4.6 Consumer Adjusted Premium Rate Development

The member's premium rate is calculated by first multiplying the PAIR by the calibration factors. This is the Calibrated PAIR, which is shown on Worksheet 2, row 3.14 of the URRT. The result can then be multiplied by the member's specific age, geographic and tobacco rating factors to determine the approximate member rate.



$$CPAIR = PAIR \times ACF \times GCF \times TCF$$

$$CAPR = CPAIR \times \text{Age Factor} \times \text{Geographic Factor} \times \text{Tobacco Factor}$$

Where:

- CPAIR is the Calibrated Plan Adjusted Index Rate,
- PAIR is the Plan Adjusted Index Rate,
- ACF is the age calibration factor,
- GCF is the geographic calibration factor,
- TCF is the tobacco calibration factor,
- CAPR is the Consumer Adjusted Premium Rate and
- Area, Geographic and Tobacco Factors are the rating factors associated with each member.

The premium for family coverage is determined by summing the premiums for each individual family member, provided at most three child dependents under age 21 are taken into account.

The rate manual and a demonstration of how the allowable rating factors are applied to the Calibrated PAIR to determine the Consumer Adjusted Premium Rate are shown in Appendix B.

5 Projected Loss Ratio

The projected minimum loss ratio (MLR) for the individual line of business is 89.41%. This was calculated using the federally prescribed MLR methodology.

UHCOR does not anticipate paying out consumer rebates for the 2026 calendar year. Taxes and regulatory fees were excluded from premium in the calculation of this value. The calculation for the projected federal MLR is included in Appendix D.

6 Plan Product Information

6.1 AV Metal Values

The federal Actuarial Value Calculator was used to generate the AV metal tiers shown on Worksheet 2, row 1.5 of the URRT. Please refer to the Unique Plan Design Justification and Documentation document for the impact of plans and cost sharing inputs modifications made in order to enter these into the federal Actuarial Value Calculator.

6.2 Membership Projections

The total membership projections for 2026 were based upon internal modeling of market share estimates for the Washington counties we intend to service. The percentage of membership distributions by metal tier and variant was based on the metal, cost-sharing subsidy variants and rating area/county distribution enrollments for Washington from actual UHCOR enrollment and



informed by current Individual ACA Open Enrollment Period reports. Refinements to this data are applied for strategic initiatives and actuarial judgment.

Projected enrollment in cost-sharing reduction subsidy eligible Silver plans was informed by actual UHCOR enrollment and similar distributions in the Open Enrollment Period reports. The resulting projected enrollment by plan and subsidy level is provided in Appendix E.

6.3 *Terminated Plans and Products*

Not applicable.

6.4 *Plan Type*

The drop downs in Worksheet 2, Section 1 of the URRT describe the issuer's plan appropriately.

7 Miscellaneous Instructions

7.1 *Effective Rate Review Information*

Not applicable.

7.2 *Pricing AV Justification*

On March 10, the OIC issued a memo to carriers titled “*Addressing Actuarial Concerns Related to PY2026 CSR Silver Loading Rule & Rate Filing Implementation*.” In this guidance, the OIC acknowledged carrier concerns that the previously defined allowable Actuarial Value (AV) pricing range was too narrow to accommodate plan designs with structural features not captured by the federal AV calculator (AVC). These limitations could unintentionally restrict plan offerings. In response, the OIC revised the rule to allow an additional $\pm 1\%$ adjustment to the AV pricing range for plans with features not reflected in the AVC-derived metal values—expanding the total allowable range to $\pm 3\%$.

Our analysis supports the need for this broader range. A comparison of historical paid-to-allowed ratios (from tab “WA Exh 7 - w2AggregateFactors”) and federal AVC metal AVs (from tab “WA Exh 6 - Actuarial Values”) in the *2026 Individual and Nongrandfathered Health Exhibits* workbook shows variance beyond the $\pm 3\%$ threshold. This variance highlights inherent plan design characteristics that are not adequately captured by the federal AVC. Accordingly, we are applying the full $\pm 3\%$ range to ensure pricing AVs that more appropriately align with the actuarial value of our plan designs.

7.3 *Reliance*

I have relied upon financial data, summaries and analyses prepared by officers and employees of UnitedHealthcare of Oregon, Inc. (“UHCOR”). My analysis included such review of the assumptions as I considered necessary.



7.4 Actuarial Certification

I, Blake Harris, am a Member of the American Academy of Actuaries (MAAA). I meet the Qualification Standards of Actuarial Opinion as adopted by the American Academy of Actuaries for preparing premium rate filings for insurers.

This actuarial certification applies to the UnitedHealthcare of Oregon, Inc. Individual product to be offered in the federal health exchange. I certify that the projected Index Rate is:

- In compliance with all applicable state and federal statutes and regulations (45 CFR 156.80 and 147.102)
- Developed in compliance with applicable Actuarial Standards of Practice, including:
 - ASOP No. 5, *Incurred Health and Disability Claims*
 - ASOP No. 8, *Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits*
 - ASOP No. 12, *Risk Classification*
 - ASOP No. 23, *Data Quality*
 - ASOP No. 25, *Credibility Procedures*
 - ASOP No. 41, *Actuarial Communications*
 - ASOP No. 50, *Determining Minimum Value and Actuarial Value under the Affordable Care Act*
- Reasonable in relation to the benefits provided and the population anticipated to be covered
- Neither excessive nor deficient, and any excess on Silver On Exchange plans can be attributed to the Rate Guidance of the WA OIC pertaining to the use of the 1.435 CSR Defunding Adjustment.
- Developed in accordance with the guidance issued by WA OIC regarding:
 - 1.435 CSR defunding adjustment on Silver On Exchange plans
 - 1.0 mandated tobacco rating factor
 - Induced Demand factors calculated using Pricing AVs inputted in the Federal induced demand formula
 - Pricing AVs within an allowable range in accordance to WAC 284-43-6810

The Index Rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.

The geographic rating factors reflect only differences in the cost of delivery (which can include unit cost and provider practice pattern differences) and do not include differences for population morbidity by geographic area.

The federal AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Unified Rate Review Template for all plans. Any alternate methodologies are described in the Unique Plan Design Justification and Documentation.

The Part I Unified Rate Review Template does not demonstrate the process used to develop the rates. Rather it represents information required by federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally



facilitated exchanges and for certification that the Index Rate is developed in accordance with federal regulation and used consistently and only adjusted by the allowable modifiers.

Sincerely,

A handwritten signature in black ink, appearing to read 'B/Harris', with a stylized flourish at the end.

Blake Harris, FSA, MAAA

Associate Director, Actuarial Services

May 15, 2025



Appendix A: Proposed Plans

SCID	Exchange
62650WA0020002	Yes
62650WA0020005	Yes
62650WA0020006	No
62650WA0020008	No
62650WA0020021	Yes
62650WA0020022	No
62650WA0020003	Yes
62650WA0020017	Yes
62650WA0020023	No
62650WA0020024	No
62650WA0020025	No
62650WA0020001	Yes
62650WA0020020	Yes
62650WA0020026	Yes
62650WA0020027	No
62650WA0020028	No



Appendix B: Rate Manual

Rating Area Area Factor			Rating Area Area Factor			Rating Area Area Factor		
Rating Area 1 1.0000			Rating Area 5 0.9446			Rating Area 9 0.9644		
Rating Area 2 1.0844			Rating Area 6 1.0571					
Rating Area 4 0.9505			Rating Area 7 1.0632					
Age	Age Factor	Tobacco Load	Age	Age Factor	Tobacco Load	Age	Age Factor	Tobacco Load
0-14	0.765	1.000	32	1.183	1.000	50	1.786	1.000
15	0.833	1.000	33	1.198	1.000	51	1.865	1.000
16	0.859	1.000	34	1.214	1.000	52	1.952	1.000
17	0.885	1.000	35	1.222	1.000	53	2.040	1.000
18	0.913	1.000	36	1.230	1.000	54	2.135	1.000
19	0.941	1.000	37	1.238	1.000	55	2.230	1.000
20	0.970	1.000	38	1.246	1.000	56	2.333	1.000
21	1.000	1.000	39	1.262	1.000	57	2.437	1.000
22	1.000	1.000	40	1.278	1.000	58	2.548	1.000
23	1.000	1.000	41	1.302	1.000	59	2.603	1.000
24	1.000	1.000	42	1.325	1.000	60	2.714	1.000
25	1.004	1.000	43	1.357	1.000	61	2.810	1.000
26	1.024	1.000	44	1.397	1.000	62	2.873	1.000
27	1.048	1.000	45	1.444	1.000	63	2.952	1.000
28	1.087	1.000	46	1.500	1.000	64+	3.000	1.000
29	1.119	1.000	47	1.563	1.000			
30	1.135	1.000	48	1.635	1.000			
31	1.159	1.000	49	1.706	1.000			

Consumer Adjusted Premium Rate Example

Plan Name: UnitedHealthcare of Oregon, Inc. Cascade Bronze
Plan ID: 62650WA0020002
Area: 1

Member ID	Relationship	Age	Calibrated PAIR	Area Factor	Age Factor	Tobacco Load	Premium
Member 1	Subscriber	45	\$458.03	1.0000	1.444	1.0000	\$661.40
Member 2	Spouse	40	\$458.03	1.0000	1.278	1.0000	\$585.37
Member 3	Child 1	18	\$458.03	1.0000	0.913	1.0000	\$418.18
Member 4	Child 2	15	\$458.03	1.0000	0.833	1.0000	\$381.54
Member 5	Child 3	7	\$458.03	1.0000	0.765	1.0000	\$350.39
Member 6	Child 4	1	\$458.03	1.0000	0.765	1.0000	*
Total Monthly Premium							\$2,396.88

There might be small differences between the premium rates shown above and those implied by the URRT due to rounding.



Appendix C: Plan-Level Modifiers

SCID	Metal	MAIR	AV and Cost Sharing	Provider Network	Benefits in Addition to EHBs	Non-Benefit Expenses	Plan Adjusted Index Rate
62650WA0020002	Bronze	\$1,009.32	0.6613	1.0000	1.0016	1.1874	\$793.77
62650WA0020005	Bronze	\$1,009.32	0.5947	1.0000	1.0018	1.1998	\$721.48
62650WA0020006	Bronze	\$1,009.32	0.5947	1.0000	1.0018	1.1998	\$721.48
62650WA0020008	Bronze	\$1,009.32	0.6444	1.0000	1.0017	1.1903	\$775.49
62650WA0020021	Bronze	\$1,009.32	0.6444	1.0000	1.0017	1.1903	\$775.49
62650WA0020022	Bronze	\$1,009.32	0.6573	1.0000	1.0016	1.1881	\$789.46
62650WA0020003	Silver	\$1,009.32	1.0755	1.0000	1.0010	1.1447	\$1243.79
62650WA0020017	Silver	\$1,009.32	1.0761	1.0000	1.0010	1.1446	\$1244.43
62650WA0020023	Silver	\$1,009.32	0.7501	1.0000	1.0014	1.1743	\$890.31
62650WA0020024	Silver	\$1,009.32	0.7462	1.0000	1.0014	1.1748	\$886.04
62650WA0020025	Silver	\$1,009.32	0.7493	1.0000	1.0014	1.1744	\$889.43
62650WA0020001	Gold	\$1,009.32	0.8972	1.0000	1.0012	1.1582	\$1050.07
62650WA0020020	Gold	\$1,009.32	0.8878	1.0000	1.0012	1.1591	\$1039.91
62650WA0020026	Gold	\$1,009.32	0.8384	1.0000	1.0013	1.1640	\$986.20
62650WA0020027	Gold	\$1,009.32	0.8505	1.0000	1.0013	1.1627	\$999.32
62650WA0020028	Gold	\$1,009.32	0.8762	1.0000	1.0012	1.1602	\$1027.26



Appendix D: MLR Calculation

MLR Components	PMPM
Calculated Incurred Claims PMPM	\$850.20
- Risk Adjustment Payment/Charge	(\$32.07)
+ Reinsurance Recovery	\$0.00
+ Quality Improvement Expenses	\$3.68
+ Other Adjustments	\$0.00
= Projected Federal MLR Numerator	\$885.95
Calculated Premium Rate PMPM	\$1,028.49
- Federal and State Taxes and Assessments	\$32.78
- PCORI Fees	\$0.32
- ACA Risk Adjustment User Fees	\$0.20
- ACA Insurer Fees	\$0.00
- Exchange User Fees	\$4.30
- Other Adjustments	\$0.00
= Projected Federal MLR Denominator	\$990.89
Medical Loss Ratio	89.41%

Some numbers were adjusted for rounding. The projected MLR exceeds 80%.



Appendix E: CSR Enrollment

Projected CSR Enrollment

SCID	Off-Exchange	Silver	Silver CSR74	Silver CSR87	Silver CSR94	Total
62650WA0020003	903	6,784	1,995	3,922	1,473	15,077
62650WA0020017	351	2,634	774	1,522	572	5,853
62650WA0020023	60	0	0	0	0	60
62650WA0020024	308	0	0	0	0	308
62650WA0020025	60	0	0	0	0	60





UnitedHealthcare of Oregon, Inc.

Part II: Written Justification of Rate Increase

Washington 2026 Individual Exchange Rates

May 15, 2025



Part II: Written Description Justifying the Rate Increase

The following memorandum describes the key drivers of the rate changes of individual rates for UnitedHealthcare of Oregon, Inc. ("UHCOR"). UHCOR policies are individual medical plans offered in Washington and are fully compliant with the Patient Protection and Affordable Care Act.

Scope and Range of the Rate Increase

UHCOR is filing 2026 rates for individual products. The proposed rate change is 37.35% and will affect 6,180 individuals. The rate changes vary between 13.12% and 58.51%. Given that the rate changes are based on the same single risk pool, the rate changes vary by plan due to plan design changes.

The impact of cost share changes is -0.83%, the impact of benefit changes is +0.10%, and the rate change due to experience and trend is +38.32%.

Financial Experience of the Product

The below chart illustrates the financial experience of the UHCOR license in Washington for the previous 3 years.

	Experience Period	First Prior Period	Second Prior Period
	From 1/1/2024 To 12/31/2024	From 1/1/2023 To 12/31/2023	From 1/1/2022 To 12/31/2022
Member Months	76,231	54,936	42,982
Earned Premium	\$46,981,986.99	\$35,154,513.10	\$24,756,600.45
Paid Claims	\$47,579,384.77	\$29,247,760.00	\$17,856,583.07
Beginning Claim Reserve	\$1,306,886.27	\$876,433.98	\$234,388.00
Ending Claim Reserve	\$3,377,473.27	\$1,306,886.27	\$876,433.98
Incurred Claims	\$49,649,971.77	\$29,678,212.29	\$18,498,629.05
Expenses	\$4,000,867.63	\$4,130,907.47	\$3,981,586.53
Gain/Loss	-\$6,668,852.41	\$1,345,393.34	\$2,276,384.87
Loss Ratio Percentage	105.68%	84.42%	74.72%
(i) Risk Adjustment Transfer	-\$2,442,117.96	-\$1,318,462.16	-\$822,377.19
(ii) Total HCRP Transfer	\$520,707.00	\$0.00	\$0.00
(iii) Total HCRP Assessment	-\$178,663.75	-\$126,799.17	-\$90,447.78
(iv) HHS-RADV Adjustments	\$0.00	\$0.00	\$0.00
(v) Total Reinsurance	\$0.00	\$0.00	\$0.00
(vi) Adjusted Gain/Loss	-\$9,289,634.12	-\$99,867.99	\$1,363,559.90
(vi) Adjusted Loss Ratio Percentage	111.92%	88.04%	77.58%
(vii) Total Anticipated MLR Rebates	\$0	\$0	\$0

The rate change of 37.35%, for UHCOR, is projected to yield an assumed profit of 3.95% after taxes. The premium collected in plan year 2024 was \$46,981,987. Incurred claims during this period were \$47,579,385 and UHC expects payments of \$2,063,988 for risk adjustment. The loss ratio, or portion of premium required to pay medical claims, for plan year 2024 is 110.07%.

Changes in Medical Service Costs

There are many different healthcare cost trends that contribute to increases in the overall U.S. healthcare spending each year. These trend factors affect health insurance premiums, which can mean a premium rate increase to cover costs. Some of the key healthcare cost trends that have affected this year's rate actions include:



- Increasing cost of medical services: Annual increases in reimbursement rates to healthcare providers, such as hospitals, doctors, and pharmaceutical companies.
- Increased utilization: The number of office visits and other services continues to grow. In addition, total healthcare spending will vary by the intensity of care and use of different types of health services. The price of care can be affected using expensive procedures such as surgery versus simply monitoring or providing medications.
- Higher costs from deductible leveraging: Healthcare costs continue to rise every year. If deductibles and copayments remain the same, a higher percentage of healthcare costs need to be covered by health insurance premiums each year.
- Impact of new technology: Improvements to medical technology and clinical practice often result in the use of more expensive services, leading to increased healthcare spending and utilization.
- Expiration of enhanced premium tax credits: Expanded and enhanced federal premium tax credits for consumers will expire at the end of 2025. As a result, post-tax credit premiums will increase for calendar year 2026.
- Changes in market morbidity: Premiums reflect the expected increase in the average cost per member due to healthier members leaving the market if enhanced ATPCs are allowed to expire.

Changes in Benefits

Changes in benefits impact costs and therefore affect premium changes. Plan benefits are typically changed for one of three reasons: to comply with the requirements of the Affordable Care Act or state law, to respond to consumer feedback, or to address a particular medical cost issue to provide greater long-term affordability of the product.

The Affordable Care Act implemented requirements for the “value” that must be offered by plan designs in the Individual and Small Group markets. These are called “metal levels”. For a benefit plan to remain classified within a particular metal level from year to year, adjustments to deductibles, copayments or coinsurance are sometimes required. These adjustments impact the cost and therefore the premium increases for the plan.

Additionally, Washington revised their Benchmark Plan effective in the plan year 2026. As a result, additional EHBs have been incorporated into plan designs.

Administrative Costs and Anticipated Margins

UHCOR works to directly control administrative expenses by adopting better processes and technology and developing programs and innovations that make healthcare more affordable. We have led the marketplace by introducing key innovations that make healthcare services more accessible and affordable for customers, improve the quality and coordination of healthcare services, and help individuals and their physicians make more informed healthcare decisions.



Taxes and fees imposed by the state and federal government are significant factors that impact healthcare spending and must be included as additional administrative costs associated with the plans. These fees include Affordable Care Act taxes and fees which impact health insurance costs and need to be reflected in premium. Another component of premium is margin, which is set to address expected volatility and risk in the market.

The requested rate change is anticipated to be sufficient to cover the projected benefit and administrative costs for the 2026 plan year.



Unified Rate Review v6.0

Company Legal Name:UnitedHealthcare of Oregon, Inc.

HIOS Issuer ID:62650

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.

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		\$58,813,162.67	\$771.51
Reinsurance		\$0.00	\$0.00
Incurred Claims in Experience Period		\$49,649,971.94	\$651.31
Risk Adjustment		-\$2,063,987.75	-\$27.08
Experience Period Premium		\$46,981,986.99	\$616.31
Experience Period Member Months		76,231	

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	\$141.36	1.035	1.022	1.035	1.022	\$158.19
Outpatient Hospital	\$263.04	1.013	1.028	1.013	1.028	\$285.18
Professional	\$205.76	1.028	1.024	1.028	1.024	\$227.89
Other Medical	\$16.76	1.018	1.024	1.018	1.024	\$18.23
Capitation	\$0.00	1.000	1.000	1.000	1.000	\$0.00
Prescription Drug	\$144.53	1.029	1.077	1.160	1.077	\$199.98
Total	\$771.45					\$889.45

Morbidity Adjustment	1.057
Demographic Shift	1.000
Plan Design Changes	1.033
Other	1.010
Adjusted Trended EHB Allowed Claims PMPM for 1/1/2026	\$981.97

Manual EHB Allowed Claims PMPM	\$857.72
Applied Credibility %	88.65%

Projected Period Totals			
Projected Index Rate for 1/1/2026	\$967.87	\$47,009,445.90	
Reinsurance	\$0.00	\$0.00	
Risk Adjustment Payment/Charge	-\$36.55	-\$1,775,367.21	
Exchange User Fees	0.49%	\$238,007.12	
Market Adjusted Index Rate	\$1,009.32	\$49,022,820.24	
Projected Member Months	48,570		

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

Product-Plan Data Collection

Company Legal Name: UnitedHealthcare of Oregon, Inc. WA
HIOS Issuer ID: 62650 State: WA
Effective Date of Rate Change(s): 1/1/2026 Market: Individual

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

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

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

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

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

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

Product/Plan Level Calculations

Field # Section I: General Product and Plan Information

1.1 Product Name	UHC IND EPO															
1.2 Product ID	62650WA002															
1.3 Plan Name	of Oregon, Inc.	HSA (Off Exchange)	Focus (Off	of Oregon, Inc.	Advantage	HSA (Off Exchange)	of Oregon, Inc.	Focus (Off	of Oregon, Inc.	Essential	Essential (Off	HSA (Off Exchange)	Focus (Off	of Oregon, Inc.	HSA	
1.4 Plan ID (Standard Component ID)	62650WA0020026	62650WA0020027	62650WA0020028	62650WA0020029	62650WA0020030	62650WA0020031	62650WA0020032	62650WA0020033	62650WA0020034	62650WA0020035	62650WA0020036	62650WA0020037	62650WA0020038	62650WA0020039	62650WA0020040	62650WA0020041
1.5 Metal	Gold	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze
1.6 AV Metal Value	0.781	0.789	0.805	0.818	0.812	0.719	0.716	0.718	0.718	0.592	0.592	0.636	0.646	0.650	0.636	0.636
1.7 Plan Category	New	New	New	Renewing	Renewing	New	New	New	Renewing	Renewing	New	New	New	New	Renewing	Renewing
1.8 Plan Type	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
1.9 Exchange Plan?	Yes	No	No	Yes	Yes	No	No	No	Yes	Yes	No	No	No	No	Yes	Yes
1.10 Effective Date of Proposed Rates	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026
1.11 Cumulative Rate Change % (over 12 mos prior)	0.00%	0.00%	0.00%	13.12%	13.57%	0.00%	0.00%	0.00%	58.51%	56.62%	0.00%	0.00%	0.00%	0.00%	24.51%	22.79%
1.12 Product Rate Increase %																
1.13 Submission Level Rate Increase %																

Worksheet 1 Totals

Section II: Experience Period and Current Plan Level Information

2.1 Plan ID (Standard Component ID)	Total	62650WA0020026	62650WA0020027	62650WA0020028	62650WA0020029	62650WA0020030	62650WA0020031	62650WA0020032	62650WA0020033	62650WA0020034	62650WA0020035	62650WA0020036	62650WA0020037	62650WA0020038	62650WA0020039	62650WA0020040	62650WA0020041
2.2 Allowed Claims	\$58,813,163	\$0	\$0	\$0	\$15,414,628	\$4,375,978	\$0	\$0	\$0	\$24,507,596	\$5,103,790	\$0	\$0	\$0	\$0	\$7,149,256	\$2,261,914
2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$713	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.4 Member Cost Sharing	\$9,163,191	\$0	\$0	\$0	\$1,184,239	\$565,049	\$0	\$0	\$0	\$1,158,654	\$798,464	\$0	\$0	\$0	\$0	\$2,779,577	\$677,208
2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.6 Incurred Claims	\$49,649,972	\$0	\$0	\$0	\$14,230,389	\$3,810,929	\$0	\$0	\$0	\$21,348,943	\$4,305,326	\$0	\$0	\$0	\$0	\$4,369,679	\$1,584,706
2.7 Risk Adjustment Transfer Amount	-\$2,063,988	\$0	\$0	\$0	-\$291,586	-\$91,999	\$0	\$0	\$0	-\$845,393	-\$187,381	\$0	\$0	\$0	\$0	-\$500,196	-\$147,434
2.8 Premium	\$46,981,987	\$0	\$0	\$0	\$6,637,290	\$2,094,138	\$0	\$0	\$0	\$19,243,454	\$4,265,294	\$0	\$0	\$0	\$0	\$11,385,823	\$3,354,985
2.9 Experience Period Member Months	76,231	0	0	0	9,347	3,246	0	0	0	25,186	6,858	0	0	0	0	21,299	6,485
2.10 Current Enrollment	6,180	0	0	0	753	299	0	0	0	2,261	484	0	0	0	0	1,665	718
2.11 Current Premium PMPM	\$771.54	\$0.00	\$0.00	\$0.00	\$887.98	\$773.40	\$0.00	\$0.00	\$0.00	\$831.31	\$787.34	\$0.00	\$0.00	\$0.00	\$0.00	\$679.85	\$662.41
2.12 Loss Ratio	110.53%	#DIV/0!	#DIV/0!	#DIV/0!	224.25%	190.34%	#DIV/0!	#DIV/0!	#DIV/0!	116.04%	105.58%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	40.14%	49.39%
Per Member Per Month																	
2.13 Allowed Claims	\$771.51	#DIV/0!	#DIV/0!	#DIV/0!	\$1,685.21	\$1,348.11	#DIV/0!	#DIV/0!	#DIV/0!	\$839.70	\$744.21	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$335.66	\$348.25
2.14 Reinsurance	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00	\$0.00
2.15 Member Cost Sharing	\$120.20	#DIV/0!	#DIV/0!	#DIV/0!	\$129.47	\$174.08	#DIV/0!	#DIV/0!	#DIV/0!	\$108.22	\$116.43	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$130.50	\$104.27
2.16 Cost Sharing Reduction	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00	\$0.00
2.17 Incurred Claims	\$651.11	#DIV/0!	#DIV/0!	#DIV/0!	\$1,655.14	\$1,114.04	#DIV/0!	#DIV/0!	#DIV/0!	\$731.48	\$627.78	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$305.14	\$243.99
2.18 Risk Adjustment Transfer Amount	-\$27.08	#DIV/0!	#DIV/0!	#DIV/0!	-\$31.88	-\$28.34	#DIV/0!	#DIV/0!	#DIV/0!	-\$29.07	-\$27.32	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	-\$23.48	-\$22.70
2.19 Premium	\$616.31	#DIV/0!	#DIV/0!	#DIV/0!	\$725.62	\$645.14	#DIV/0!	#DIV/0!	#DIV/0!	\$659.34	\$621.94	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$534.57	\$516.70

Section III: Plan Adjustment Factors

3.1 Plan ID (Standard Component ID)	Total	62650WA0020026	62650WA0020027	62650WA0020028	62650WA0020029	62650WA0020030	62650WA0020031	62650WA0020032	62650WA0020033	62650WA0020034	62650WA0020035	62650WA0020036	62650WA0020037	62650WA0020038	62650WA0020039	62650WA0020040	62650WA0020041
3.2 Market Adjusted Index Rate										\$1,009.32							
3.3 AV and Cost Sharing Design of Plan		0.8384	0.8505	0.8762	0.8972	0.8878	0.7501	0.7462	0.7493	1.0755	1.0761	0.5947	0.5947	0.6444	0.6573	0.6613	0.6444
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
3.5 Benefits in Addition to EHB		1.0013	1.0013	1.0012	1.0012	1.0012	1.0014	1.0014	1.0014	1.0010	1.0010	1.0018	1.0018	1.0017	1.0016	1.0016	1.0017
Administrative Costs																	
3.6 Administrative Expense		6.90%	6.80%	6.62%	6.48%	6.54%	7.64%	7.67%	7.65%	5.47%	5.46%	9.43%	9.43%	8.77%	8.61%	8.57%	8.77%
3.7 Taxes and Fees		3.24%	3.24%	3.24%	3.24%	3.24%	3.25%	3.25%	3.25%	3.22%	3.22%	3.28%	3.28%	3.27%	3.27%	3.26%	3.27%
3.8 Profit & Risk Load		3.95%	3.95%	3.95%	3.95%	3.95%	3.95%	3.95%	3.95%	3.95%	3.95%	3.95%	3.95%	3.95%	3.95%	3.95%	3.95%
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
3.10 Plan Adjusted Index Rate		\$986.20	\$999.32	\$1,027.26	\$1,050.07	\$1,039.91	\$890.31	\$886.04	\$889.43	\$1,243.79	\$1,244.43	\$721.48	\$721.48	\$775.49	\$789.46	\$793.77	\$775.49
3.11 Age Calibration Factor		0.5774							0.5774								
3.12 Geographic Calibration Factor		0.9994							0.9994								
3.13 Tobacco Calibration Factor		1.0000							1.0000								
3.14 Calibrated Plan Adjusted Index Rate		\$569.07	\$576.64	\$592.77	\$605.93	\$600.06	\$511.74	\$511.28	\$513.23	\$717.71	\$718.08	\$416.32	\$416.32	\$447.48	\$455.54	\$458.03	\$447.48

Section IV: Projected Plan Level Information

4.1 Plan ID (Standard Component ID)	Total	62650WA0020026	62650WA0020027	62650WA0020028	62650WA0020029	62650WA0020030	62650WA0020031	62650WA0020032	62650WA0020033	62650WA0020034	62650WA0020035	62650WA0020036	62650WA0020037	62650WA0020038	62650WA0020039	62650WA0020040	62650WA0020041
4.2 Allowed Claims	\$47,062,073	\$3,020,932	\$31,245	\$31,553	\$3,089,540	\$3,126,470	\$58,293	\$298,828	\$58,276	\$14,643,164	\$5,685,387	\$1,401,337	\$114,149	\$1,418,803	\$1,423,948	\$11,241,347	\$1,418,803
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$5,767,894	\$574,434	\$5,694	\$5,230	\$471,693	\$495,454	\$14,668	\$76,053	\$14,698	\$1,067,253	\$416,821	\$530,535	\$43,236	\$475,348	\$461,708	\$3,607,889	\$475,348
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$41,294,179	\$2,446,498	\$25,551	\$26,322	\$2,617,847	\$2,631,016	\$43,626	\$222,775	\$43,579	\$15,710,417	\$6,102,208	\$870,802	\$70,933	\$943,454	\$962,240	\$7,633,458	\$943,454
4.7 Risk Adjustment Transfer Amount	-\$1,557,529	\$1,149,339	\$11,833	\$11,833	\$1,149,339	\$1,167,279	-\$1,667	-\$8,258	-\$1,667	-\$249,936	-\$162,634	-\$372,168	-\$30,316	-\$372,168	-\$372,168	-\$2,934,703	-\$372,168
4.8 Premium	\$49,933,706	\$2,960,434	\$30,979	\$31,845	\$3,161,767	\$3,180,035	\$53,419	\$272,902	\$53,366	\$18,752,640	\$7,283,030	\$1,089,842	\$88,743	\$1,170,992	\$1,182,077	\$9,431,435	\$1,170,992
4.9 Projected Member Months	48,570	3,011	31	31	3,011	3,058	60	308	60	15,077	5,853	1,510	123	1,510	1,510	11,907	1,510
4.10 Loss Ratio	85.33%	59.40%	59.68%	60.26%	60.72%	60.52%	84.30%	84.27%	84.29%	85.69%	85.69%	121.40%	121.40%	118.11%	117.36%	117.14%	118.11%
Per Member Per Month																	
4.11 Allowed Claims	\$968.95	\$1,003.30	\$1,007.89	\$1,017.83	\$1,026.08	\$1,022.39	\$971.55	\$970.22	\$971.27	\$971.23	\$971.36	\$928.04	\$928.04	\$939.60	\$943.01	\$944.10	\$939.60
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
4.13 Member Cost Sharing	\$118.75	\$190.78	\$183.68	\$168.72	\$156.66	\$162.02	\$244.45	\$246.93	\$244.96	-\$70.79	-\$71.21	\$351.35	\$351.35	\$314.80	\$305.77	\$303.01	\$314.80
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
4.15 Incurred Claims	\$850.20	\$812.52	\$824.21	\$849.11	\$869.43	\$860.37	\$727.10	\$723.30	\$726.31	\$1,042.01	\$1,042.58	\$576.69	\$576.69	\$624.80	\$637.24	\$641.09	\$624.80
4.16 Risk Adjustment Transfer Amount	-\$32.07	\$381.71	\$381.71	\$381.71	\$381.71	\$381.71	-\$27.79	-\$27.79	-\$27.79	-\$27.79	-\$27.79	-\$246.47	-\$246.47	-\$246.47	-\$246.47	-\$246.47	-\$246.47
4.17 Premium	\$1,028.49	\$986.20	\$999.32	\$1,027.26	\$1,050.07	\$1,039.91	\$890.31	\$886.04	\$889.43	\$1,243.79	\$1,244.43	\$721.48	\$721.48	\$775.49	\$789.46	\$793.77	\$775.49

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 1	1.0000
Rating Area 2	1.0844
Rating Area 4	0.9505
Rating Area 5	0.9446
Rating Area 6	1.0571
Rating Area 7	1.0632
Rating Area 9	0.9644

SERFF Tracking #:	UHLC-134536151	State Tracking #:	484692	Company Tracking #:	2026 NON-GRANDFATHERED INDIVIDUAL UHCO...
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State:	Washington	Filing Company:	UnitedHealthcare of Oregon, Inc.
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	2026 Non-grandfathered Individual UHCOR 20260101 IEX EPO		
Project Name/Number:	UHC of OR Individual 20260101/UHC of OR Individual 20260101		

Supporting Document Schedules

Satisfied - Item:	Written Description Justifying the Rate Increase
Comments:	
Attachment(s):	Part_II_Written_Description_Justifying_the_Rate_Increase.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Commission Attestation
Comments:	
Attachment(s):	WA PY2026 Commission Certification.pdf
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:	Mental Health and Substance Use Disorder Financial Requirement Checklist
Comments:	
Attachment(s):	2026 MHSUD Financial Reqs Certification.pdf 2026 MHSUD Parity Calculations.pdf 2026 MHSUD Parity Calculations Duplicate.xlsm
Item Status:	
Status Date:	

Satisfied - Item:	Rate Checklist
Comments:	

SERFF Tracking #:	UHLC-134536151	State Tracking #:	484692	Company Tracking #:	2026 NON-GRANDFATHERED INDIVIDUAL UHCO...
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State:	Washington	Filing Company:	UnitedHealthcare of Oregon, Inc.
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	2026 Non-grandfathered Individual UHCOR 20260101 IEX EPO		
Project Name/Number:	UHC of OR Individual 20260101/UHC of OR Individual 20260101		

Attachment(s):	Checklist-Rates - 2026 Individual Nongrandfathered Health Plans.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Benefit Components
Comments:	
Attachment(s):	Benefit Components.pdf Benefit Components Duplicate.xlsm
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Value Calculator and Unique Plan Design - Supporting Documentation and Justification
Comments:	
Attachment(s):	wa_62650_uhcor_on_ind_upj_uhc_v01_20250515.pdf wa_62650_uhcor_on_ind_upj_uhc_readable_v01_20250515.pdf wa_62650_uhcor_on_ind_avc_uhc_v01_05-15-25.pdf Wakely - WAHBE 2026 Medical AV Certification 20250415.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Rate Development Support
Comments:	
Attachment(s):	UHC 2026 WA Rate Development.pdf 2024 UHCOR ADS.pdf UHC 2026 WA Rate Development Duplicate.xlsx
Item Status:	
Status Date:	
Satisfied - Item:	1332 Waiver Checklist
Comments:	
Attachment(s):	Checklist-Rates - 2026 Individual Supplemental 1332 Checklist.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Rating Documents for Extended ARPA Subsidies
Comments:	This section contains the second set of rates due uncertainty related to expanded American Rescue Plan Act (ARPA) subsidies; default rates assume ARPA subsidies are not extended through PY2026. Part III Actuarial Memorandum includes actuarial certification for these rates.

SERFF Tracking #:	UHLC-134536151	State Tracking #:	484692	Company Tracking #:	2026 NON-GRANDFATHERED INDIVIDUAL UHCO...
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State:	Washington	Filing Company:	UnitedHealthcare of Oregon, Inc.
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	2026 Non-grandfathered Individual UHCOR 20260101 IEX EPO		
Project Name/Number:	UHC of OR Individual 20260101/UHC of OR Individual 20260101		

Attachment(s):	Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum with ARPA extension.pdf Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum with ARPA extension_redacted.pdf Rate Schedule with ARPA Extension.pdf Part_I_Unified_Rate_Review_Template_Duplicate with ARPA Extension.xlsm Part_I_Unified_Rate_Review_Template with ARPA Extension.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Individual Nongrandfathered Health Exhibits
Comments:	
Attachment(s):	2026 Individual Nongrandfathered Health Exhibits.pdf 2026 Individual Nongrandfathered Health Exhibits Duplicate.xlsx
Item Status:	
Status Date:	



UnitedHealthcare of Oregon, Inc.

Part II: Written Justification of Rate Increase

Washington 2026 Individual Exchange Rates

May 15, 2025



Part II: Written Description Justifying the Rate Increase

The following memorandum describes the key drivers of the rate changes of individual rates for UnitedHealthcare of Oregon, Inc. ("UHCOR"). UHCOR policies are individual medical plans offered in Washington and are fully compliant with the Patient Protection and Affordable Care Act.

Scope and Range of the Rate Increase

UHCOR is filing 2026 rates for individual products. The proposed rate change is 37.35% and will affect 6,180 individuals. The rate changes vary between 13.12% and 58.51%. Given that the rate changes are based on the same single risk pool, the rate changes vary by plan due to plan design changes.

The impact of cost share changes is -0.83%, the impact of benefit changes is +0.10%, and the rate change due to experience and trend is +38.32%.

Financial Experience of the Product

The below chart illustrates the financial experience of the UHCOR license in Washington for the previous 3 years.

	Experience Period		First Prior Period		Second Prior Period	
	From 1/1/2024	To 12/31/2024	From 1/1/2023	To 12/31/2023	From 1/1/2022	To 12/31/2022
Member Months	76,231		54,936		42,982	
Earned Premium	\$46,981,986.99		\$35,154,513.10		\$24,756,600.45	
Paid Claims	\$47,579,384.77		\$29,247,760.00		\$17,856,583.07	
Beginning Claim Reserve	\$1,306,886.27		\$876,433.98		\$234,388.00	
Ending Claim Reserve	\$3,377,473.27		\$1,306,886.27		\$876,433.98	
Incurred Claims	\$49,649,971.77		\$29,678,212.29		\$18,498,629.05	
Expenses	\$4,000,867.63		\$4,130,907.47		\$3,981,586.53	
Gain/Loss	-\$6,668,852.41		\$1,345,393.34		\$2,276,384.87	
Loss Ratio Percentage	105.68%		84.42%		74.72%	
(i) Risk Adjustment Transfer	-\$2,442,117.96		-\$1,318,462.16		-\$822,377.19	
(ii) Total HCRP Transfer	\$520,707.00		\$0.00		\$0.00	
(iii) Total HCRP Assessment	-\$178,663.75		-\$126,799.17		-\$90,447.78	
(iv) HHS-RADV Adjustments	\$0.00		\$0.00		\$0.00	
(v) Total Reinsurance	\$0.00		\$0.00		\$0.00	
(vi) Adjusted Gain/Loss	-\$9,289,634.12		-\$99,867.99		\$1,363,559.90	
(vi) Adjusted Loss Ratio Percentage	111.92%		88.04%		77.58%	
(vii) Total Anticipated MLR Rebates	\$0		\$0		\$0	

The rate change of 37.35%, for UHCOR, is projected to yield an assumed profit of 3.95% after taxes. The premium collected in plan year 2024 was \$46,981,987. Incurred claims during this period were \$47,579,385 and UHC expects payments of \$2,063,988 for risk adjustment. The loss ratio, or portion of premium required to pay medical claims, for plan year 2024 is 110.07%.

Changes in Medical Service Costs

There are many different healthcare cost trends that contribute to increases in the overall U.S. healthcare spending each year. These trend factors affect health insurance premiums, which can mean a premium rate increase to cover costs. Some of the key healthcare cost trends that have affected this year's rate actions include:



- Increasing cost of medical services: Annual increases in reimbursement rates to healthcare providers, such as hospitals, doctors, and pharmaceutical companies.
- Increased utilization: The number of office visits and other services continues to grow. In addition, total healthcare spending will vary by the intensity of care and use of different types of health services. The price of care can be affected using expensive procedures such as surgery versus simply monitoring or providing medications.
- Higher costs from deductible leveraging: Healthcare costs continue to rise every year. If deductibles and copayments remain the same, a higher percentage of healthcare costs need to be covered by health insurance premiums each year.
- Impact of new technology: Improvements to medical technology and clinical practice often result in the use of more expensive services, leading to increased healthcare spending and utilization.
- Expiration of enhanced premium tax credits: Expanded and enhanced federal premium tax credits for consumers will expire at the end of 2025. As a result, post-tax credit premiums will increase for calendar year 2026.
- Changes in market morbidity: Premiums reflect the expected increase in the average cost per member due to healthier members leaving the market if enhanced ATPCs are allowed to expire.

Changes in Benefits

Changes in benefits impact costs and therefore affect premium changes. Plan benefits are typically changed for one of three reasons: to comply with the requirements of the Affordable Care Act or state law, to respond to consumer feedback, or to address a particular medical cost issue to provide greater long-term affordability of the product.

The Affordable Care Act implemented requirements for the “value” that must be offered by plan designs in the Individual and Small Group markets. These are called “metal levels”. For a benefit plan to remain classified within a particular metal level from year to year, adjustments to deductibles, copayments or coinsurance are sometimes required. These adjustments impact the cost and therefore the premium increases for the plan.

Additionally, Washington revised their Benchmark Plan effective in the plan year 2026. As a result, additional EHBs have been incorporated into plan designs.

Administrative Costs and Anticipated Margins

UHCOR works to directly control administrative expenses by adopting better processes and technology and developing programs and innovations that make healthcare more affordable. We have led the marketplace by introducing key innovations that make healthcare services more accessible and affordable for customers, improve the quality and coordination of healthcare services, and help individuals and their physicians make more informed healthcare decisions.



Taxes and fees imposed by the state and federal government are significant factors that impact healthcare spending and must be included as additional administrative costs associated with the plans. These fees include Affordable Care Act taxes and fees which impact health insurance costs and need to be reflected in premium. Another component of premium is margin, which is set to address expected volatility and risk in the market.

The requested rate change is anticipated to be sufficient to cover the projected benefit and administrative costs for the 2026 plan year.





The following commission schedule will be effective as of January 1, 2026 for individual market coverage offered by UnitedHealthcare of Oregon, Inc. ("UHCOR"):

- \$25 Per Member Per Month (PMPM) E-Alliance
- \$23 Per Member Per Month (PMPM) Broker – New
- \$21 Per Member Per Month (PMPM) Broker – Renewal

I, Nyle Brent Cottington, am Vice President of UHCOR. I certify, to the best of my knowledge, that the commission information provided above is accurate as of the date of UHCOR's rate submission for plan year 2026.

A handwritten signature in black ink that reads "N. B. Cottington". The signature is written over a horizontal line.

Nyle Brent Cottington

Vice President

UnitedHealthcare of Oregon, Inc.

05/06/2025

Date



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:	UnitedHealthcare of Oregon, Inc.
HIOS Issuer ID:	62650
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
62650WA0020002	UnitedHealthcare of Oregon, Inc. Cascade Bronze	UnitedHealthcare of Oregon, Inc. Cascade Bronze	Renewal	1,665
62650WA0020003	UnitedHealthcare of Oregon, Inc. Cascade Silver	UnitedHealthcare of Oregon, Inc. Cascade Silver	Renewal	2,261
62650WA0020001	UnitedHealthcare of Oregon, Inc. Cascade Gold	UnitedHealthcare of Oregon, Inc. Cascade Gold	Renewal	753
62650WA0020021	UHC Bronze Value HSA	UHC Bronze Value HSA	Renewal	718
62650WA0020017	UHC Silver Copay Focus	UHC Silver Copay Focus	Renewal	484
62650WA0020020	UHC Gold Advantage	UHC Gold Advantage	Renewal	299
62650WA0020022	N/A	UHC Bronze Copay Focus (Off Exchange Only)	New	-
62650WA0020008	N/A	UHC Bronze Value HSA (Off Exchange Only)	New	-
62650WA0020006	N/A	UHC Bronze Essential (Off Exchange Only)	New	-
62650WA0020005	N/A	UHC Bronze Essential	New	-
62650WA0020023	N/A	UHC Silver Value HSA (Off Exchange Only)	New	-
62650WA0020024	N/A	UnitedHealthcare of Oregon, Inc. Cascade Silver (Off Exchange Only)	New	-
62650WA0020025	N/A	UHC Silver Copay Focus (Off Exchange Only)	New	-
62650WA0020027	N/A	UHC Gold Value HSA (Off Exchange Only)	New	-
62650WA0020028	N/A	UHC Gold Copay Focus (Off Exchange Only)	New	-
62650WA0020026	N/A	UnitedHealthcare of Oregon, Inc. Cascade Vital Gold	New	-
Total				6,180

Question 2:

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

Response:

All plans are being renewed, including the Cascade Care Standard Plans and the UHC Bronze, UHC Silver, and UHC Gold plans. The renewal products meet the following criteria:

- i. The product is offered by the same health insurance issuer (within the meaning of section 2791(b)(2) of the PHS Act); or if the issuer is a member of a controlled group (as described in 45 CFR §147.106(d)(4), any other health insurance issuer that is a member of such controlled group);
- ii. The product is offered as the same product network type (for example, health maintenance organization, preferred provider organization, exclusive provider organization, point of service, or indemnity);
- iii. The product continues to cover at least a majority of the same service area;
- iv. Within the product, each plan has the same cost-sharing structure as before the modification, except for any variation in cost sharing solely related to changes in cost and utilization of medical care, or to maintain the same metal tier level described in sections 1302(d) and (e) of the Affordable Care Act; and
- v. The product provides the same covered benefits, except for any changes in benefits that cumulatively impact the plan-adjusted index rate for any plan within the product within an allowable variation of +/- 2 percentage points (not including changes pursuant to applicable Federal or State requirements).

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?
	UHC Bronze Essential	This plan is a new design being offered alongside existing On Exchange Bronze plans where the deductible equals the maximum out of pocket.
	UHC Bronze Essential (Off Exchange Only)	This plan is a new design being offered off the exchange, where the deductible equals the maximum out of pocket.
	UHC Bronze Value HSA (Off Exchange Only)	This is an existing plan design offered on the exchange, however will be a new standalone plan offered off the exchange.
	UHC Bronze Copay Focus (Off Exchange Only)	This is an existing plan design offered on the exchange, however will be a new standalone plan offered off the exchange.
	UHC Silver Value HSA (Off Exchange Only)	This plan is a new, unique HSA design being offered off the exchange.
	UnitedHealthcare of Oregon, Inc. Cascade Silver (Off Exchange Only)	This is an existing plan design offered on the exchange, however will be a new standalone plan offered off the exchange.
	UHC Silver Copay Focus (Off Exchange Only)	This is an existing plan design offered on the exchange, however will be a new standalone plan offered off the exchange.
	UHC Gold Value HSA (Off Exchange Only)	This plan is a new, unique HSA design being offered off the exchange.
	UHC Gold Copay Focus (Off Exchange Only)	This is an existing plan design offered on the exchange, however will be a new standalone plan offered off the 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)
62650WA0020002	UnitedHealthcare of Oregon, Inc. Cascade Bronze	N/A - Same as 2025		Addition of Hearing Aids and Infertility	Maximum Out-of-Pocket (Individual)	\$9,200	\$10,150
62650WA0020002					Maximum Out-of-Pocket (Family)	\$18,400	\$20,300
62650WA0020002					Physician's Office Services - Sickness and Injury (Primary Care Visit 1-2)	\$50	\$40
62650WA0020002					Virtual Care Services (Visits 1-3)	\$50	\$40
62650WA0020002					Virtual Care Services (Visits 4+)	\$50	\$40
62650WA0020003	UnitedHealthcare of Oregon, Inc. Cascade Silver	N/A - Same as 2025		Addition of Hearing Aids and Infertility	Maximum Out-of-Pocket (Individual)	\$9,200	\$9,750
62650WA0020003					Maximum Out-of-Pocket (Family)	\$18,400	\$19,500
62650WA0020001	UnitedHealthcare of Oregon, Inc. Cascade Gold	N/A - Same as 2025		Addition of Hearing Aids and Infertility	Annual Deductible (Individual)	\$600	\$1,000
62650WA0020001					Annual Deductible (Family)	\$1,200	\$2,000
62650WA0020021	UHC Bronze Value HSA	N/A - Same as 2025		Addition of Hearing Aids and Infertility	None		
62650WA0020017	UHC Silver Copay Focus	N/A - Same as 2025		Addition of Hearing Aids and Infertility	Maximum Out-of-Pocket (Individual)	\$7,850	\$9,750
62650WA0020017					Maximum Out-of-Pocket (Family)	\$15,700	\$19,500
62650WA0020017					Rx Deductible (Individual)	\$1,500	\$2,500
62650WA0020017					Rx Deductible (Family)	\$3,000	\$5,000
62650WA0020020	UHC Gold Advantage	N/A - Same as 2025		Addition of Hearing Aids and Infertility	None		

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)
	No terminated plans in 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):	6,180
Overall Average Rate Change (weighted by 03/31/2025 enrollment) 5(l):	37.35%

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
62650WA0020002	UnitedHealthcare of Oregon, Inc. Cascade Bronze	Renewal	1,665	n/a	n/a	26.59%	0.08%	-1.72%	24.51%
62650WA0020003	UnitedHealthcare of Oregon, Inc. Cascade Silver	Renewal	2,261	n/a	n/a	58.73%	0.13%	-0.27%	58.51%
62650WA0020001	UnitedHealthcare of Oregon, Inc. Cascade Gold	Renewal	753	n/a	n/a	14.05%	0.10%	-0.91%	13.12%
62650WA0020021	UHC Bronze Value HSA	Renewal	718	n/a	n/a	22.70%	0.08%	-0.01%	22.79%
62650WA0020017	UHC Silver Copay Focus	Renewal	484	n/a	n/a	59.19%	0.13%	-1.74%	56.62%
62650WA0020020	UHC Gold Advantage	Renewal	299	n/a	n/a	14.04%	0.10%	-0.51%	13.57%

INDIVIDUAL AND SMALL GROUP FILING SUMMARY

Carrier Name	UnitedHealthcare of Oregon, Inc.
Address	Five Centerpointe Dr., Suite 600 Lake Oswego, OR 97035
Carrier Identification Number	Issuer HIOS ID 62650, NAIC Number: 95893

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

Proposed Rate Summary

Current community rate:	\$748.83	per month
Proposed community rate:	\$1,028.49	per month
Percentage change:	37.35%	%
Portion of carrier's total enrollment affected:	100.00	%
Portion of carrier's total premium revenue affected:	100.00	%

Components of Proposed Community Rate

	Dollars Per Month	% of Total
a) Claims	\$886.57	86.20%
b) Expenses	\$101.30	9.85%
c) Contribution to surplus contingency charges, or risk charges	\$40.63	3.95%
d) Investment earnings	\$0.00	0.00%
e) Total (a + b + c - d)	\$1,028.49	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
Member Months	76231		54936		42982	
Earned Premium	\$46,981,986.99		\$35,154,513.10		\$24,756,600.45	
Paid Claims	\$47,579,384.77		\$29,247,760.00		\$17,856,583.07	
Beginning Claim Reserve	\$1,306,886.27		\$876,433.98		\$234,388.00	
Ending Claim Reserve	\$2,070,587.00		\$1,306,886.27		\$876,433.98	
Incurred Claims	\$49,649,971.77		\$29,678,212.29		\$18,498,629.05	
Expenses	\$4,000,867.63		\$4,130,907.47		\$3,981,586.53	
Gain/Loss	-\$6,668,852.41		\$1,345,393.34		\$2,276,384.87	
Loss Ratio Percentage	105.68%		84.42%		74.72%	

General Information

1. Trend Factor Summary

Types of Service	Annual Trend Assumed	Portion of Claim Dollars
Hospital	7.97%	54.40%
Professional	6.24%	25.02%
Prescription Drugs	19.30%	18.41%
Dental	N/A	0.00%
Other	4.27%	2.17%

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

1)

1/1/2025	23.51%
Date	%

2)

1/1/2024	-0.47%
Date	%

3)

1/1/2023	15.28%
Date	%

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

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

6. Preparer's Information

Name:	Blake Harris, FSA, MAAA
Title:	Associate Director, Actuarial Services
Telephone Number:	(312) 582-0435

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:	UnitedHealthcare of Oregon, Inc.
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:

[2026 MHSUD Parity Calculations Duplicate.xlsm](#)

[2026 MHSUD Parity Calculations.pdf](#)

**Actuarial Certification
of MHSUD Financial Requirement Parity
for the PY2026 ACA Rate Filing:**

I, [Blake Harris, FSA, MAAA](#), certify the following:

- ☒ I am an employee of [UnitedHealthcare of Oregon, Inc.](#) or
☐ I am a consultant associated with the firm of [Not Applicable](#);
- ☒ 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 ([2026 MHSUD Parity Calculations Duplicate.xlsm](#)) 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: [Not Applicable](#).
- 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: [Not Applicable](#).
- 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: [Not Applicable](#).
- 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: [Not Applicable](#).
- 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: Blake Harris, FSA, MAAA



Recoverable Signature

X Blake Harris

Blake Harris, FSA, MAAA
Associate Director, Actuarial Services
Signed by: Blake Harris

Signature:

Title: Associate Director, Actuarial Services

Contact Information: blake.harris@uhc.com

Date of Attestation: 05/15/2025

Mental Health/Substance Use Disorder (MHSUD) Financial Requirement Parity Workbook for Plan Year (PY) 2026 Individual or Small Group Market Rate Filing

Last Updated: 4/7/2025

Purpose

- Issuers and plans must comply with the federal Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) and related regulations and guidance such as Chapter 284-43 WAC Subchapter K, Mental Health and Substance Use Disorder. For ease of reference highlighted excerpts of relevant citations are included at the bottom of this page.
- 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 workbook provides a framework to demonstrate compliance with these financial requirements.
- Populate this workbook in addition to the Word document that further certifies parity of Mental Health and Substance Use Disorder Financial Requirements.

'Summary' Worksheet

- Populate only one 'Summary' worksheet for each Excel file.
Unless file size limitations dictate otherwise, only create one Excel file per filing.
See specific instructions on the 'Summary' worksheet.
- Note that the [GENERATE TESTING TEMPLATES] macro button on the Summary worksheet creates one testing worksheet per plan, using the HIOS Plan ID field for the tab names.

'Data Information' Worksheet

- Populate only one 'Data Information' worksheet for each Excel file.
See specific instructions on the 'Data Information' worksheet.

'Mapping Information' Worksheet

- Populate only one 'Mapping Information' worksheet for each Excel file.
See specific instructions on the 'Mapping Information' worksheet.

'Template' Worksheet - One worksheet for each plan

● PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

● **Results By Benefit Classification:**

For each benefit classification, make a selection in the second column (labeled column "B"). Select "Yes" if all cost shares for medical/surgical services in the benefit classification are the same as those for MH/SUD services in the benefit classification; consider cost shares in terms of deductible, copay, coinsurance, and out-of-pocket maximum.

Note: The remaining columns will auto-update based on entries here and elsewhere in the file.

---- IMPORTANT ----

Test results will appear in this table after all PART 1 and PART 2 entries are made in the worksheet.

No Benefit Classification results should reflect "Fail" after all PART 1 and 2 entries have been made.

If any result still reflects "Fail" after all entries have been made, please revisit PART 1 and 2 entries. Check that information was entered accurately and flows through as expected. If needed, edit the plan's medical/surgical and/or MHSUD service financial requirements to bring the results into compliance.

● **Testing Options** (located to the right of Results by Benefit Classification):

○ Out-of-network Tier?

If out-of-network benefits apply, select "Yes;" if not, select "No."

When "No," you can leave blank the corresponding out-of-network section(s) in the upcoming PARTS 1 and 2.

○ Outpatient Benefit Testing:

Indicate whether outpatient parity will be demonstrated "All Combined" or with "Office Visits Separate."

Select "All Combined" to use the single outpatient classification.

Select "Office Visits Separate" to use the subclassifications described in WAC 284-43-7020(6),

namely (i) Office visits (a.k.a. Outpatient - Office visits) and

(ii) All other outpatient items and services (a.k.a. Outpatient - all other).

Note: If "Office Visits Separate" is selected, testing must be performed for both subclassifications.

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

For each benefit classification/subclassification that requires testing (see table Results by Benefit Classification):

List services and cost shares for covered medical/surgical benefits + other embedded non-MHSUD benefits like pediatric dental.

Include every possible financial requirement type and level for each benefit classification/subclassification.

Include preventive services and other services with no cost shares.

● **Service Description:**

Briefly describe the service.

Be consistent with what is in the 'Mapping Information' worksheet in this file, the Form filing, the Plans and Benefits Template (PBT) in the Binder filing, the Benefit Components file, and other information in this rate filing.

● **Cost-Share Description:**

Describe the member's cost-shares.

Be consistent with what is in the Form filing, the Plans and Benefits Template (PBT) in the Binder filing, the Benefit Components file, and other information in this rate filing.

This entry should contain the wording "Before Deductible", "After Deductible", or "Before and After Deductible" to describe when the cost shares apply, similarly to the Benefit Components file.

This entry should contain the wording "Accrues towards deductible" if the cost share accrues towards the deductible.

If the cost share does not accrue towards the deductible, the entry should not contain the word "Accrues" at all.

● **Plan Projected Allowed Amount:**

Enter a projected "allowed" dollar amount for each plan and listed service.

Reminder: Dollar amounts should reflect what the plan "allows," before accounting for enrollee cost sharing and should be consistent with projections for the rate filing. The amounts should generally be specific to each plan.

[WAC 284-43-7040(1)(c)]

● **Deductible:**

Enter the deductible level that applies to each service. If not subject to deductible, enter "N/A".

Every row in PART 1 should have a deductible value entered of "N/A" or greater than \$0.

In other words: The deductible should only be blank in extra data rows

or if an entire benefit classification section is not used (e.g., when there are no out-of-network benefits).

● **Copayment:**

Enter the copayment level that applies to each service. If not applicable, enter "N/A".

● **Coinsurance:**

Enter the coinsurance level that applies to each service. If not applicable, enter "N/A".

● **Out-of-Pocket Maximum (OOPM):**

Enter the OOPM level that applies to each service. If not applicable, enter "N/A".

● **No Cost Share:**

Leave this column blank unless the member has no cost share for the service.

If no cost share applies, enter "x" in this column and enter "N/A" for Deductible, Copayment, Coinsurance, and OOPM.

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

Note: the remaining columns of the top table will auto-populate after entries are made throughout PARTS 1 and 2.

For each benefit classification/subclassification that requires testing (see table Results by Benefit Classification):

● **MHSUD Cost Shares in Plan Design:**

Indicate the plan design's MHSUD benefit financial requirements for each benefit classification/subclassification.

If a particular type of financial requirement does not apply, enter "N/A".

● **Step 1 Substantially All:**

This table will auto-populate from PARTS 1 and 2.

Confirm details appear as expected. If not, revisit information entered elsewhere in PARTS 1 and 2.

● **Step 2 Predominant Level:**

For each financial type that passed the Step 1 Substantially All test:

Inputs are required in each section.

Enter every unique amount (a.k.a. level), from smallest to largest, separately by financial requirement type (i.e., deductible, copayment, coinsurance, and OOPM).

If a particular type of financial requirement does not apply, simply leave blank those value fields.

If you need room to enter additional unique amounts for a particular type of financial requirement, you can insert rows.

For example, to enter an additional deductible amount, insert a row above the "Total" row in the deductible table; to do so, click in the bottom-right white cell of the deductible section and click [Tab].

The remaining fields will auto-populate using other information from PARTS 1 and 2.

Confirm details flow through as expected. If not, revisit information entered elsewhere in PARTS 1 and 2.

Sample of Relevant Requirements, Citations, and Definitions

1. Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA)

and Chapter 284-43 WAC Subchapter K, Mental Health and Substance Use Disorder:

Financial requirements applicable to mental health/substance use disorder (MHSUD) benefits cannot be more restrictive than those applicable to medical/surgical benefits.

2. Financial requirements:

[WAC 284-43-7010] Financial requirements are cost sharing measures such as deductibles, copayments, coinsurance, and out-of-pocket maximums but do not include aggregate lifetime or annual dollar limits.

3. See WAC 284-43-7010 for descriptions of "Medical/surgical benefits," "Mental health benefits," and "Substance use disorder benefits."

4. Substantially all:

[WAC 284-43-7010] A type of financial requirement or quantitative treatment limitation is considered to apply to substantially all medical/surgical benefits in a classification of benefits 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).

5. Predominant level:

[WAC 284-43-7010] If a type of financial requirement or quantitative treatment limitation 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 or quantitative treatment limitation.

6. Data used in the calculations:

[WAC 284-43-7040(1)(c)] The determination of the portion of medical/surgical benefits in a classification of benefits subject to a financial requirement or quantitative treatment limitation (or subject to any level of a financial requirement or quantitative treatment limitation) is based on the dollar amount of all plan payments for medical/surgical benefits in the classification expected to be paid under the plan for the plan year.

See WAC 284-43-7040(1)(c) (i) and (ii) for additional details.

7. Classification of Benefits [WAC 284-43-7020]:

a) Inpatient, in-network:

Benefits furnished on an inpatient basis and within a network of providers established or recognized under a plan or health insurance coverage.

b) Inpatient, out-of-network:

Benefits furnished on an inpatient basis and outside any network of providers established or recognized under a plan or health insurance coverage; also includes inpatient benefits under a plan (or health insurance coverage) that has no network of providers.

c) Outpatient, in-network:

Benefits furnished on an outpatient basis and within a network of providers established or recognized under a plan or health insurance coverage.

Note: outpatient can optionally be subclassified into "Office Visits" and "All Other Outpatient Items and Services."

d) Outpatient, out-of-network:

Benefits furnished on an outpatient basis and outside any network of providers established or recognized under a plan or health insurance coverage; also includes outpatient benefits under a plan (or health insurance coverage) that has no network of providers.

Note: outpatient can optionally be subclassified into "Office Visits" and "All Other Outpatient Items and Services."

e) Emergency care:

Benefits for treatment of an emergency condition related to a mental health or substance use disorder.

Such benefits must comply with the requirements for emergency medical services in RCW 48.43.093.

Medically necessary detoxification must be covered as an emergency medical condition according to RCW 48.43.093, and may be provided in hospitals licensed under chapter 70.41 RCW. Medically necessary detoxification services must not require prenotification.

f) Prescription drugs:

Benefits for prescription drugs.

MHSUD Financial Requirement Parity Testing -- Summary

Issuer and Filing Information

Issuer Name:	UnitedHealthcare of Oregon, Inc.
HIOS Issuer ID:	62650
Market:	Individual
Plan Year:	2026

Worksheet Instructions

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

Step 2) Enter Plans.

- List HIOS Plan IDs and Plan Names in the first two columns of the table below. Include silver base and CSR plan variants.
- When a plan has multiple in-network tiers, load information for each tier. Enter each in-network tier here in this file as a separate "plan" record with the plan ID formatted as "12345WA0010001_INN-T1." This will create a separate worksheet for each in-network tier and allows for parity to be analyzed for each tier.
- Confirm all HIOS Plan IDs are included in the table-object and then remove any extra rows in the table.
- For ease of review, we request that plans in this file be in the same order as they are in the Benefits 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
62650WA0020002-01	UnitedHealthcare of Oregon, Inc. Cascade Bronze	Pass	
62650WA0020003-01	UnitedHealthcare of Oregon, Inc. Cascade Silver	Pass	
62650WA0020003-04	UnitedHealthcare of Oregon, Inc. Cascade Silver	Pass	
62650WA0020003-05	UnitedHealthcare of Oregon, Inc. Cascade Silver	Pass	
62650WA0020003-06	UnitedHealthcare of Oregon, Inc. Cascade Silver	Pass	
62650WA0020001-01	UnitedHealthcare of Oregon, Inc. Cascade Complete Gold	Pass	
62650WA0020026-01	UnitedHealthcare of Oregon, Inc. Cascade Vital Gold	Pass	
62650WA0020021-01	UHC Bronze Value HSA	Pass	
62650WA0020008-00	UHC Bronze Value HSA (Off Exchange Only)	Pass	
62650WA0020005-01	UHC Bronze Essential	Pass	
62650WA0020006-00	UHC Bronze Essential (Off Exchange Only)	Pass	
62650WA0020022-00	UHC Bronze Copay Focus (Off Exchange Only)	Pass	
62650WA0020017-01	UHC Silver Copay Focus	Pass	
62650WA0020017-04	UHC Silver Copay Focus	Pass	
62650WA0020017-05	UHC Silver Copay Focus	Pass	
62650WA0020017-06	UHC Silver Copay Focus	Pass	
62650WA0020025-00	UHC Silver Copay Focus (Off Exchange Only)	Pass	
62650WA0020023-00	UHC Silver Value HSA (Off Exchange Only)	Pass	
62650WA0020024-00	UnitedHealthcare of Oregon, Inc. Cascade Silver (Off Exchange Only)	Pass	
62650WA0020020-01	UHC Gold Advantage	Pass	
62650WA0020027-00	UHC Gold Value HSA (Off Exchange Only)	Pass	
62650WA0020028-00	UHC Gold Copay Focus (Off Exchange Only)	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>UHC 2026 pricing data is used to estimate allowed claims for the purpose of MHSUD parity testing. The pricing data source is a blend of 2024 UHC WA plan experience and UHC Individual ACA 2024 market data.</u></p>
2	<p>Identify the period (i.e., date range) represented in the data.</p> <p><u>Plan year 2024</u></p>
3	<p>Address the credibility of the data used in your MHSUD financial requirement parity testing.</p> <p><u>UHC's 2024 WA plan experience, with 76,231 member months, was not fully credible. When blended with UHC Individual ACA 2024 market data, the data set is fully 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>UHC WA plan data from 2024 was not fully credible. Due to this, it is blended with UHC individual ACA non-grandfathered HMO plans. When credibility blended, the data for rate development is fully credible and</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
Inpatient Hospital Services (e.g., Hospital Stay)	Inpatient		
Skilled Nursing Facility	Inpatient		
Primary Care Visit to Treat an Injury or Illness (Visit 1-2)	Outpatient - Office Visits		
Primary Care Visit to Treat an Injury or Illness (Visit 3+)	Outpatient - Office Visits		
Specialist Visit	Outpatient - Office Visits		
Outpatient Surgery Physician/Surgical Services - Office	Outpatient - Office Visits		
Preventive Care/Screening/Immunization	Outpatient - Office Visits		
Virtual Urgent Care	Outpatient - All Other		
Preventive Care/Screening/Immunization	Outpatient - All Other		
Allergy Testing	Outpatient - All Other		
Chiropractic Services	Outpatient - All Other		
Urgent Care	Outpatient - All Other		
Imaging (CT/PET Scans, MRIs) - Hospital	Outpatient - All Other		
Imaging (CT/PET Scans, MRIs) - Office	Outpatient - All Other		
Laboratory Outpatient and Professional Services - Hospital	Outpatient - All Other		
Laboratory Outpatient and Professional Services - Office	Outpatient - All Other		
X-rays and Diagnostic Imaging - Hospital	Outpatient - All Other		
X-rays and Diagnostic Imaging - Office	Outpatient - All Other		
Outpatient Surgery Physician/Surgical Services - Hospital	Outpatient - All Other		
Rehabilitative Speech Therapy	Outpatient - All Other		
Rehabilitative Occupational and Rehabilitative Physical Therapy	Outpatient - All Other		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Outpatient - All Other		
Dental Services - Accident Only	Outpatient - All Other		
Chemotherapy	Outpatient - All Other		
Dialysis	Outpatient - All Other		
Radiation	Outpatient - All Other		
Infusion Therapy	Outpatient - All Other		
Other Professional and Outpatient Services	Outpatient - All Other		

Workbook info

[Link back to Summary Sheet](#)

User inputs Cell Format

See the Example worksheet for additional details.

lower / Market: UnitedHealthcare of Oregon, Inc.
Market: Individual

PLAN INFORMATION

Plan Name:	UnitedHealthcare of Oregon, Inc. Cascade Bronze	cccThis will auto populate from summary sheet macro
Plan ID:	62652WIA0020002-01	cccThis will auto populate from summary sheet macro
Plan Description:		cccIf 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 INN	Move to OP INN	Move to OP-Cl INN	Move to OP-AO INN
Move to OP INN	Move to OP-Cl INN	Move to OP-AO INN	Move to EE	Move to BK

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?

Results By Benefit Classification

[illegible]

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

Issuer / Market: UnitedHealthcare of Oregon, Inc.
Market: Individual

Worksheet Info

[Link back to Worksheet Home](#)
[View results \(Self-Report\)](#)
[See the Example worksheet for additional details.](#)

PLAN INFORMATION

Plan Name: UnitedHealthcare of Oregon, Inc. Cascade Silver
Plan ID: CSD0000000000015

****This will auto-populate from summary sheet inputs
****This will auto-populate from summary sheet inputs
****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 govt directly to the stated endscreen****

View the P. 154
View the P. 155
View the P. 156

View the P. 157
View the P. 158
View the P. 159

Testing Options

Option: Selection

Cost of Network's Test: Enter Value Separately

Column Options

No Errors Found! Pass

Results By Benefit Classification						
A. Benefit Classification	B1. Do the MHSUD cost shares match all Medical/Original cost shares in the Benefit Classification? (In-Network)	C1. Test Required? (In-Network)	B2. Do the MHSUD cost shares match all Medical/Original cost shares in the Benefit Classification? (Out of Network)	C2. Test Required? (Out of Network)	B3. In-Network, Inc.	F. Test Results
Original	No	No			Pass	Pass
Original	No	No			Pass	Pass
Original (Self-Report)	No	No			Pass	Pass
Original	No	No			Pass	Pass
Original	No	No			Pass	Pass
A. Benefit Classification	B. Do the MHSUD cost shares match all Medical/Original cost shares in the Benefit Classification?	C. Test Required?	B. Test Results			
Emergency Care	No	No	Pass			
Emergency Care	No	No	Pass			

2024 MHSUD Parity Calculations Template

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CSD0000000000015 Worksheet

[illegible]

Financial Policy for (Ba) Outpatient - Office Visits, In-Network (OP-OWN) (NN)				Senior Healthcare Business Development	
Cost Share Type	IMPACTED COST TYPE (as a % of total medical benefit)	Professional Services (as a % of total medical benefit)	IMPACTED COST TYPE (as a % of total medical benefit)		
Indemnitor		0.00	0.00		
Co-insurance		0.00	0.00		
Co-payment		0.00	0.00		
Out-of-Pocket		0.00	0.00		
Out-of-Pocket		0.00	0.00		
Overall				0.00	

**If not applicable, enter "N/A"*

Step 1 - Supplemental A/E / S = a % of (medical/surgical benefit)			
	0.00	0.00	0.00
Indemnitor	\$40,518.66	0.00	0.00
Co-payment	\$108,388.11	\$9,231	OP-OWN (NN)
Co-insurance	0.00	0.00	0.00
Out-of-Pocket	\$118,418.00	\$10,000	OP-OWN (NN)
Total Proposed	\$118,418.00	\$10,000	OP-OWN (NN)

A. Prepaid expenses				
Prepaid expenses – (Prepaid expenses) – Office supplies, in thousands (\$PP \$PP \$PP)				
Prepaid expenses are recorded at the amount of cash paid for the services. In the classification, \$0.00 is different expense amounts from cash paid to the supplier.				
Debit/Credit	Amount (\$PP)	Percent	Pre-Adoption \$	After-Cloning \$
Total	100.00	100.00	0.00	0.00
Prepaid expenses – (Prepaid expenses) – Office supplies, in thousands (\$PP \$PP \$PP)				
Prepaid expenses are recorded at the amount of cash paid for the services. In the classification, \$0.00 is different expense amounts from cash paid to the supplier.				
Debit/Credit	Amount (\$PP)	Percent	Pre-Adoption \$	After-Cloning \$
Total	100.00	100.00	0.00	0.00
Prepaid expenses – (Prepaid expenses) – Office supplies, in thousands (\$PP \$PP \$PP)				
Prepaid expenses are recorded at the amount of cash paid for the services. In the classification, \$0.00 is different expense amounts from cash paid to the supplier.				
Debit/Credit	Amount (\$PP)	Percent	Pre-Adoption \$	After-Cloning \$
Total	100.00	100.00	0.00	0.00
Prepaid expenses – (Prepaid expenses) – Office supplies, in thousands (\$PP \$PP \$PP)				
Prepaid expenses are recorded at the amount of cash paid for the services. In the classification, \$0.00 is different expense amounts from cash paid to the supplier.				
Debit/Credit	Amount (\$PP)	Percent	Pre-Adoption \$	After-Cloning \$
Total	100.00	100.00	0.00	0.00

(2b) Outpatient - All Other, In-Network (OP-AO INN)

Click on the button. The Smart found:

Click the links in the cells below to scroll directly to the stated sections

Move to IP IN	Move to IP DOG	Move to OP IN	Move to OP-Op IN	Move to OP-AD IN
Move to OP DOG	Move to OP-Op DOG	Move to OP-AD DOG	Move to EE	Move to EE

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification: [2b] 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.

[illegible]

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

[illegible]

Workbook info

[Link back to Summary Sheet](#)

User inputs Cell-Format

See the Example worksheet for additional details.

Issuer / Market: UnitedHealthcare of Oregon, Inc.
Market: Individual

PLAN INFORMATION

Plan Name: UnitedHealthcare of Oregon, Inc. Cascade Silver
Plan ID: 63652WIA0020003-04

cccThis will auto populate from summary sheet macro
cccThis will auto populate from summary sheet macro

Plant Description: CSR72

-----if the plan is a CSR variant, identify it here. Otherwise

Overall Result: Pass

Overall Result:	Pass
-----------------	------

Click the links in the cells below to scroll directly to the stated sections			
	Move to IP OON	Move to OP INV	Move to OP-Or

Move to CP.COM	Move to CP-CY.COM	Move to CP-AD.COM	Move to EE	Move to EE
--------------------------------	-----------------------------------	-----------------------------------	----------------------------	----------------------------

Testing Options	
Online	

Upgrade	54.98 (23.42)
Out-of-Network Tier?	No

Volume

Has Effect Score?

True

Results By Benefit Classification

A. Benefit Classification		B. Is the MRO/UCI cert shows match of Individual/Original cert class in the Benefit Classification (No Network)		C. Test Required?		D. Test Results	
Benefit Type	Benefit Description	Yes/No	Yes/No	Yes/No	Yes/No	D1: In Network	D2: Out of Network
Supplemental		Yes	Yes	Yes	Yes	Pass	Pass
Disability		Yes	Yes	Yes	Yes	Pass	Pass
Life Insurance		Yes	Yes	Yes	Yes	Pass	Pass
Health Insurance		Yes	Yes	Yes	Yes	Pass	Pass
Life Insurance		Yes	Yes	Yes	Yes	Pass	Pass
Health Insurance		Yes	Yes	Yes	Yes	Pass	Pass
Life Insurance		Yes	Yes	Yes	Yes	Pass	Pass
Health Insurance		Yes	Yes	Yes	Yes	Pass	Pass
Life Insurance		Yes	Yes	Yes	Yes	Pass	Pass
Health Insurance		Yes	Yes	Yes	Yes	Pass	Pass
Life Insurance		Yes	Yes	Yes	Yes	Pass	Pass
Health Insurance		Yes	Yes	Yes	Yes	Pass	Pass
Life Insurance		Yes	Yes	Yes	Yes	Pass	Pass
Health Insurance		Yes	Yes	Yes	Yes	Pass	Pass
Life Insurance		Yes	Yes	Yes	Yes	Pass	Pass
Health Insurance		Yes	Yes	Yes	Yes	Pass	Pass
Life Insurance		Yes	Yes	Yes	Yes	Pass	Pass
Health Insurance		Yes	Yes	Yes	Yes	Pass	Pass
Life Insurance		Yes	Yes	Yes	Yes	Pass	Pass
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Life Insurance		Yes	Yes	Yes	Yes	Pass	Pass
Health Insurance		Yes	Yes	Yes	Yes	Pass	Pass
Life Insurance		Yes	Yes	Yes	Yes	Pass	Pass
Health Insurance		Yes	Yes	Yes	Yes	Pass	Pass
Life Insurance		Yes	Yes	Yes	Yes	Pass	Pass
Health Insurance		Yes	Yes	Yes	Yes	Pass	Pass
Life Insurance		Yes	Yes	Yes	Yes	Pass	Pass
Health Insurance		Yes	Yes	Yes	Yes	Pass	Pass
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Health Insurance		Yes	Yes	Yes	Yes	Pass	Pass
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Health Insurance		Yes	Yes	Yes	Yes	Pass	Pass
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Health Insurance		Yes	Yes	Yes	Yes	Pass	Pass
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Health Insurance		Yes	Yes	Yes	Yes	Pass	Pass
Life Insurance		Yes	Yes	Yes	Yes	Pass	Pass
Health Insurance		Yes	Yes	Yes	Yes	Pass	Pass
Life Insurance		Yes	Yes	Yes	Yes	Pass	Pass
Health Insurance		Yes	Yes	Yes	Yes	Pass	Pass
Life Insurance		Yes	Yes	Yes	Yes	Pass	Pass
Health Insurance		Yes	Yes	Yes	Yes	Pass	Pass
Life Insurance		Yes	Yes	Yes	Yes	Pass	Pass
Health Insurance		Yes	Yes	Yes	Yes	Pass	Pass
Life Insurance		Yes	Yes	Yes	Yes	Pass	Pass
Health Insurance		Yes	Yes	Yes	Yes	Pass	Pass
Life Insurance		Yes	Yes	Yes	Yes	Pass	Pass
Health Insurance							

Click the links in the cells below to scroll directly to the stated section:				
Move to IP IN	Move to IP COIN	Move to OP IN	Move to OP OV IN	Move to OP AO
Move to OP COIN	Move to OP OV COIN	Move to OP AO CO	Move to EE	Move to EE

[illegible]

	\$0.00			
	\$0.00			

(2b) Outpatient - All Other, In-Network (OP-AO INN)

Click on the	Errors found:	
Click the link in the cells below to scroll directly to the stated section		
IF IN	Move to IF DOG	Move to OP IN
OP DOG	Move to OP-DO DOG	Move to IF-AD IN
	Move to IF-DO DOG	Move to IF
		Move to IF

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

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

[illegible]

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for 1931 Outpatient, All Other, to Network (OP-AD-NN)								
Category	Non-Preferred Rate	Preferred Rate	Member Rate	Member Rate Plus Fee	<div> <div></div> <div> <div></div> <div></div> </div> </div>			
Co-insurance	25.00%	25.00%	25.00%	25.00%				
Out-of-Pocket	1,000.00	1,000.00	1,000.00	1,000.00				
Out-of-Pocket	1,000.00	1,000.00	1,000.00	1,000.00				
Out-of-Pocket	1,000.00	1,000.00	1,000.00	1,000.00				
Total	2,000.00	2,000.00	2,000.00	2,000.00				
*If not available, enter "N/A"								
Step 1 Subsidy of 20% (i.e., 15% of member's eligible benefit)								
Co-insurance	25.00%	25.00%	25.00%	25.00%	OP-AD-NN Outpatient			
Out-of-Pocket	1,000.00	1,000.00	1,000.00	1,000.00	OP-AD-NN Outpatient			
Out-of-Pocket	1,000.00	1,000.00	1,000.00	1,000.00	OP-AD-NN Outpatient			
Out-of-Pocket	1,000.00	1,000.00	1,000.00	1,000.00	OP-AD-NN Outpatient			
Total	2,000.00	2,000.00	2,000.00	2,000.00	OP-AD-NN Outpatient			
Step 2 Predominant Level								
Network – 100% Outpatient, All Other, to Network (OP-AD-NN)				Breakdown				
Applies to subsidy of member's eligible benefit to this classification. (N/A) different capitated amounts from another to target								
Excludable	Allowed Class	Position	Predominant & Member	Breakdown	Breakdown			
Co-insurance	25.00%	25.00%	25.00%	25.00%				
Out-of-Pocket	1,000.00	1,000.00	1,000.00	1,000.00				
Out-of-Pocket	1,000.00	1,000.00	1,000.00	1,000.00				
Out-of-Pocket	1,000.00	1,000.00	1,000.00	1,000.00				
Total	2,000.00	2,000.00	2,000.00	2,000.00				
Reimbursement – 100% Outpatient, All Other, to Network (OP-AD-NN)								
Applies to subsidy of member's eligible benefit to this classification. (N/A) different capitated amounts from another to target								
Expendable	Allowed Class	Position	Predominant & Member	Breakdown	Breakdown			
Co-insurance	25.00%	25.00%	25.00%	25.00%				
Out-of-Pocket	1,000.00	1,000.00	1,000.00	1,000.00				
Out-of-Pocket	1,000.00	1,000.00	1,000.00	1,000.00				
Out-of-Pocket	1,000.00	1,000.00	1,000.00	1,000.00				
Total	2,000.00	2,000.00	2,000.00	2,000.00				
Reimbursement – 100% Outpatient, All Other, to Network (OP-AD-NN)								
Applies to subsidy of member's eligible benefit to this classification. (N/A) different capitated amounts from another to target								
Expendable	Allowed Class	Position	Predominant & Member	Breakdown	Breakdown			
Co-insurance	25.00%	25.00%	25.00%	25.00%				
Out-of-Pocket	1,000.00	1,000.00	1,000.00	1,000.00				
Out-of-Pocket	1,000.00	1,000.00	1,000.00	1,000.00				
Out-of-Pocket	1,000.00	1,000.00	1,000.00	1,000.00				
Total	2,000.00	2,000.00	2,000.00	2,000.00				
Reimbursement – 100% Outpatient, All Other, to Network (OP-AD-NN)								
Applies to subsidy of member's eligible benefit to this classification. (N/A) different capitated amounts from another to target								
Expendable	Allowed Class	Position	Predominant & Member	Breakdown	Breakdown			
Co-insurance	25.00%	25.00%	25.00%	25.00%				
Out-of-Pocket	1,000.00	1,000.00	1,000.00	1,000.00				
Out-of-Pocket	1,000.00	1,000.00	1,000.00	1,000.00				
Out-of-Pocket	1,000.00	1,000.00	1,000.00	1,000.00				
Total	2,000.00	2,000.00	2,000.00	2,000.00				

Workbook info

[Link back to Summary Sheet](#)

User inputs Cell-Format

See the Example worksheet for additional details.

cccThis will auto populate from summary sheet macro
cccThis will auto populate from summary sheet macro
cccIf the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

-----Click the links in the cells below to scroll directly to the stated section-----				
Move to IF IN	Move to IF CON	Move to OF IN	Move to OF-Str IN	Move to OF-AQ IN
Move to OF CON	Move to OF-Str CON	Move to OF-AQ CON	Move to EE	Move to EE

Overall Result: A

-----Click the links in the cells below to scroll directly to the stated section-----				
Move to IF IN	Move to IF CON	Move to OF IN	Move to OF-Str IN	Move to OF-AQ IN
Move to OF CON	Move to OF-Str CON	Move to OF-AQ CON	Move to EE	Move to EE

Column Options
Unhide Columns
Hide/Unhide All Columns

A. Baseline Classification		B. Is the MITIGD cost there match of Mitigal/Target cost there is the Baseline Classification? (No Network)		C. Test Requested?		D. Test Results	
Question	Answer	Yes	No	Yes	No	Yes	No
Question 1	Answer	Yes	No	Yes	No	Yes	No
Question 2	Answer	Yes	No	Yes	No	Yes	No
Question 3	Answer	Yes	No	Yes	No	Yes	No
Question 4	Answer	Yes	No	Yes	No	Yes	No
Question 5	Answer	Yes	No	Yes	No	Yes	No
Question 6	Answer	Yes	No	Yes	No	Yes	No
Question 7	Answer	Yes	No	Yes	No	Yes	No
Question 8	Answer	Yes	No	Yes	No	Yes	No
Question 9	Answer	Yes	No	Yes	No	Yes	No
Question 10	Answer	Yes	No	Yes	No	Yes	No
Question 11	Answer	Yes	No	Yes	No	Yes	No
Question 12	Answer	Yes	No	Yes	No	Yes	No
Question 13	Answer	Yes	No	Yes	No	Yes	No
Question 14	Answer	Yes	No	Yes	No	Yes	No
Question 15	Answer	Yes	No	Yes	No	Yes	No
Question 16	Answer	Yes	No	Yes	No	Yes	No
Question 17	Answer	Yes	No	Yes	No	Yes	No
Question 18	Answer	Yes	No	Yes	No	Yes	No
Question 19	Answer	Yes	No	Yes	No	Yes	No
Question 20	Answer	Yes	No	Yes	No	Yes	No
Question 21	Answer	Yes	No	Yes	No	Yes	No
Question 22	Answer	Yes	No	Yes	No	Yes	No
Question 23	Answer	Yes	No	Yes	No	Yes	No
Question 24	Answer	Yes	No	Yes	No	Yes	No
Question 25	Answer	Yes	No	Yes	No	Yes	No
Question 26	Answer	Yes	No	Yes	No	Yes	No
Question 27	Answer	Yes	No	Yes	No	Yes	No
Question 28	Answer	Yes	No	Yes	No	Yes	No
Question 29	Answer	Yes	No	Yes	No	Yes	No
Question 30	Answer	Yes	No	Yes	No	Yes	No
Question 31	Answer	Yes	No	Yes	No	Yes	No
Question 32	Answer	Yes	No	Yes	No	Yes	No
Question 33	Answer	Yes	No	Yes	No	Yes	No
Question 34	Answer	Yes	No	Yes	No	Yes	No
Question 35	Answer	Yes	No	Yes	No	Yes	No
Question 36	Answer	Yes	No	Yes	No	Yes	No
Question 37	Answer	Yes	No	Yes	No	Yes	No
Question 38	Answer	Yes	No	Yes	No	Yes	No
Question 39	Answer	Yes	No	Yes	No	Yes	No
Question 40	Answer	Yes	No	Yes	No	Yes	No
Question 41	Answer	Yes	No	Yes	No	Yes	No
Question 42	Answer	Yes	No	Yes	No	Yes	No
Question 43	Answer	Yes	No	Yes	No	Yes	No
Question 44	Answer	Yes	No	Yes	No	Yes	No
Question 45	Answer	Yes	No	Yes	No	Yes	No
Question 46	Answer	Yes	No	Yes	No	Yes	No
Question 47	Answer	Yes	No	Yes	No	Yes	No
Question 48	Answer	Yes	No	Yes	No	Yes	No
Question 49	Answer	Yes	No	Yes	No	Yes	No
Question 50	Answer	Yes	No	Yes	No	Yes	No
Question 51	Answer	Yes	No	Yes	No	Yes	No
Question 52	Answer	Yes	No	Yes	No	Yes	No
Question 53	Answer	Yes	No	Yes	No	Yes	No
Question 54	Answer	Yes	No	Yes	No	Yes	No
Question 55	Answer	Yes	No	Yes	No	Yes	No
Question 56	Answer	Yes	No	Yes	No	Yes	No
Question 57	Answer	Yes	No	Yes	No	Yes	No
Question 58	Answer	Yes	No	Yes	No	Yes	No
Question 59	Answer	Yes	No	Yes	No	Yes	No
Question 60	Answer	Yes	No	Yes	No	Yes	No
Question 61	Answer	Yes	No	Yes	No	Yes	No
Question 62	Answer	Yes	No	Yes	No	Yes	No
Question 63	Answer	Yes	No	Yes			

Benefit Classification	(2a) Outpatient - All Other, In-Network (OP-AO INN)
------------------------	---

Click on the **Time** button. The **Smart found:** button will be highlighted.

Click the links in the cells below to scroll directly to the stated section				
Move to IF IN	Move to IF OCN	Move to OP IN	Move to OP-OP IN	Move to OP-OP IN
Move to OP OCN	Move to OP-OP OCN	Move to OP-OP OCN	Move to E	Move to R

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification: [2b] Outpatient - All Other, In-Network (OP-AO INN)
Notes: Use this table if you are separately billing outpatient office visits and all other outpatient services.

[illegible]

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

Financial Parity for (3b) Outpatient - All Other, In-Network (OP-AO INN)				Other Penalties
Grid-Share Type	EMMIS Cost Share	Predecessor Cost (or)	EMMIS Financial Policy Result	
Deductible	\$0.00	\$750.00	Pass	
Copayment	\$20.00	\$225.00	Pass	
Coinsurance	\$0.00	\$0.00	Pass	
OPM	\$1,850.00	\$2,850.00	Pass	
Overall			Pass	

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ 2% of medical/surgical benefits)			
Deductible	\$352,834.70	75.91%	OP-AD INN Deductible
Copayment	\$346,867.40	74.63%	OP-AD INN Copayment
Coinurance	\$78,756.00	16.35%	Fail
OCPM	\$464,779.11	100.00%	OP-AD INN OCPM
Total Projects	\$464,779.11		

Step 2 Predominant Level

Deductible → EMR Deductible → AC Order → Network IDP → AC Order					Enter Amount:	
Applies to deduct entirely all medical/surgical benefits in this classification. ENTER different deductible amounts from smallest to largest.						
Deductible	Allowed Claims	Portion	Predominant & Smaller	Smr Checking		
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
\$750.00	\$750.00	\$750.00	\$750.00	\$750.00		
Total	\$666,776.51	\$666,776.51				

Comment — (b) Outpatient - All Other, In-Network (P-AQ 100)

Copyright	Allowed Claims	Parties	Predecessor & Smaller	Error Checking
\$20.00	\$30,084.88	11,27%	\$20.00	
\$50.00	\$6,745.00	1.86%	\$50.00	
\$60.00	\$26,909.75	7.76%	\$60.00	
\$120.00	\$74,870.88	21.61%	\$120.00	
\$25.00	\$9,89,304.95	67.49%	\$235.00	
Total	\$246,867.48	\$20.00		

Colvarante 3161 Outlook 31 Other, Is Network IDP Ad INSO

Coinurance	Allowed Claims	Particip	Preferential & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

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COOPM	Allowed Claims	Portion	Pre-dominant & Smaller	Error Checking
\$1,854,000	\$464,776.11	100.00%	\$7,850.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$464,776.11	100.00%		

Workbook info

[Link back to Summary Sheet](#)

User inputs Cell-Format

See the Example worksheet for additional details.

<<<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

<p>Click the links in the cells below to scroll directly to the stated section:</p>				
Move to IP IN	Move to IP OCN	Move to OP IN	Move to OP-ON IN	Move to OP-AQ IN
Move to OP OCN	Move to OP-ON OCN	Move to OP-AQ OCN	Move to EE	Move to EE

Overall Result: A

<p>Click the links in the cells below to scroll directly to the stated section:</p>				
Move to IF INN	Move to IF OON	Move to OF INN	Move to OF-OV INN	Move to OF-AQ INN
Move to OF OON	Move to OF-OV OON	Move to OF-AQ OON	Move to EE	Move to EE

[illegible]

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

View details of this data source Download Data							
Service Description	Case Count	Planned / Allowed Amount	Deductible	Co-payment	Co-insurance	Out-of-Pocket Maximum	No Cash Share If at All
Primary Care Visit to Treat an Acute Illness (Office Visit)	15,629	\$1,527.71	\$0.00	\$1.00	N/A	\$2,400.00	
Primary Care Visit to Treat an Acute Illness (Office Visit)	15,646	\$1,646.21	\$0.00	\$1.00	N/A	\$2,400.00	
Primary Care Visit to Treat an Acute Illness (Home Visit)	15,726	\$1,726.21	\$0.00	\$1.00	N/A	\$2,400.00	
Occupational Surgery	120	\$8,240.40	\$0.00	\$20.00	N/A	\$2,400.00	
Occupational Medical Services	10	\$4,453.75	\$0.00	N/A	N/A	\$2,400.00	
Total Rows		\$41,383.28					2

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

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

Financial parity for (3a) Outpatient - Office visits, in-network (OP-OV rate)				
Cost Share Type	MMUC Cost Share	Predecessor Level/Rate	MMUC Proposal	
Deductible	\$0	\$0	\$0	Pass
Copayment	\$2.00	\$25.00	\$0	Pass
Coinurance	0%	50%	\$0	Pass
OCOP	\$2,400-\$0	\$2,400-\$0	\$0	Pass
Overall				Pass

*If not available, enter "N/A"

Step 1 Substantially All (i.e., ≥ 2% of medical/surgical benefits)				
Deductible	\$0.00	0.00%		Fail
Copayment	\$36,707.06	89.22%	OP-UV INN Copayment	
Coinsurance	\$0.00	0.00%		Fail
COPM	\$43,342.85	100.00%	OP-UV INN COPM	
Total Projected	\$43,342.85			

Step 2 Predominant Level

Se detektile I dal Outstream - Office VBA in Network SPP-Q2 2020

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$40,342.95	100.00%		
Total	\$40,342.95	100.00%		

Cooperation — Fish Outpatient — 01

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

ENTER different copayment amounts from smallest to largest.

Cogayment	Allowed Claims	Portion	Predominant & Co-Editor	Error Checking
\$1.00	\$11,354.27	30.41%	\$1.00	
\$15.00	\$17,396.33	47.39%	\$15.00	
\$25.00	\$8,186.46	22.99%		
	\$0.00			
Total	\$36,936.06	100.00%		

Covariance: [\[Full Covariance - Office Value, Insurtech \(P.000.000\)\]](#) **Errors found:**
 Does not seem to substantially affect modified-based benefits in this classification

Coincidence	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	00.00			
	00.00			
	00.00			
	00.00			

applies to substantially all medical/surgical benefits in this classification

ENTER different copin amounts from smallest to largest.

OPFM	Allowed Claims	Portion	Pre-dominant &	Error Checkin
\$2,430.00	\$40,342.95	100.00%	\$2,430.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$40,342.95	100.00%		

(2b) Outpatient - All Other, In-Network (OP-AO INN)

Clicks: [Home](#)

Click the links in the cells below to scroll directly to the stated section				
Move to IP INN	Move to IP OOI	Move to OP INN	Move to OP-OV INN	Move to OP-AG INN
Move to OP OOI	Move to OP-OV OOI	Move to OP-AG OOI	Move to EE	Move to BE

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

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

[illegible]

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	Member Cost Share	Product and Small Grp	Member Financial Parity Result	
Deductible	N/A	Full	Pass	
Copayment	\$1.00	\$2.00.00	Pass	
Coinsurance	N/A	Full	Pass	
OOPM	\$2,400.00	\$2,400.00	Pass	
Overall			Pass	

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ 5% of medical/surgical benefits)			
Deductible	\$0.00	0.00%	Fail
Copayment	\$5.00/\$25.00	74.63%	OP-AD INN Copayment
Coinurance	\$20/\$70.00	14.92%	Fail
OPDM	\$0.74, \$55.05	100.00%	OP-AD INN OPDM
Total Projects	\$0.74, \$55.05		

Step 2 Predominant Level

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
<p><u>Deductible – FIRM Deductible – All Other to Network STOP-NO PAY</u></p> <p>Does not apply to substantially all medical/surgical benefits in this classification.</p> <p>DELETE any values in the left hand column below.</p>				
	\$0 TO \$155.00		\$155.00	
Total	\$0 TO \$155.00		\$155.00	

Consentment — (1) Defendant — All

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

Copayment	Mixed Claims	Partisan	Predominant & Smaller	Error Checking
\$0.00	\$34,679.00	11.27%		\$0.00
\$10.00		8.27%		\$10.00
\$25.00	\$8,378.29	4.42%		\$25.00
\$100.00	\$88,855.48	73.58%		\$100.00
Total	\$50,273.50	100.00%		

Colourance fibb Outastint - 88

<p>Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.</p>				
Consequence	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	00.000			
	00.000			
	00.000			
	00.000			
	00.000			
Total	00.000	0.000		

QOPM — QM Content — All QMs

OCOP	Allowed Claims	Portion	Predominant & Smaller	Error Checking
12-000-000	\$176,555.00	100.00%	\$1,400.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$176,555.00	100.00%		

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

Plan Name: **UnitedHealthcare of Oregon, Inc. Cascade Complete Gold**
Plan ID: **CSCDWNE0000-01**
CSR Variant Description:

Issue / Market: **UnitedHealthcare of Oregon, Inc.**
Market: **Individual**

Plan Name: **UnitedHealthcare of Oregon, Inc. Cascade Complete Gold**
Plan ID: **CSCDWNE0000-01**
CSR Variant Description:

Plan Name: **UnitedHealthcare of Oregon, Inc. Cascade Complete Gold**
Plan ID: **CSCDWNE0000-01**
CSR Variant Description:

Worksheet title

Link back to Worksheet Book

Open Worksheet History

See the changes worksheet for additional details.

PLAN INFORMATION

Plan Name: **UnitedHealthcare of Oregon, Inc. Cascade Complete Gold**
Plan ID: **CSCDWNE0000-01**
CSR Variant Description:

Plan Name: **UnitedHealthcare of Oregon, Inc. Cascade Complete Gold**
Plan ID: **CSCDWNE0000-01**
CSR Variant Description:

Plan Name: **UnitedHealthcare of Oregon, Inc. Cascade Complete Gold**
Plan ID: **CSCDWNE0000-01**
CSR Variant Description:

Plan Name: **UnitedHealthcare of Oregon, Inc. Cascade Complete Gold**
Plan ID: **CSCDWNE0000-01**
CSR Variant Description:

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: **Pass**

Link only work for sections that are not already hidden/locked

Testing Options

Option

Selection

Out of Network Test

Out of Network Testing

Column Options

No Errors Found!

Results by Benefit Classification

A. Benefit Classification

B. Do the MHSUD cost shares match all Medical/Original cost shares in the Benefit Classification? (In-Network)

C. Test Required? (In-Network)

D. Do the MHSUD cost shares match all Medical/Original cost shares in the Benefit Classification? (Out of Network)

E. Test Required? (Out of Network)

F. In-Network

G. Out of Network

H. Test Results

2024 MHSUD Parity Calculations Duplicate

Page 14 of 89

CSCDWNE0000-01 Worksheet

[Move to IP IN](#)
[Move to IP OCN](#)
[Move to OP IN](#)
[Move to OP OV IN](#)
[Move to OP AO IN](#)
[Move to OP OCN](#)
[Move to OP OV OCN](#)
[Move to OP AO OCN](#)
[Move to EE](#)
[Move to EE](#)

[illegible]

COBRA - Flat Reimbursement - Office Visits to Network DPO-SV 2016					Errors found:	0
Applies to substantially all medical/surgical benefits in this classification. ENTER different copay amounts from smallest to largest.						
COBRA	Amount	Portion	Predefined %	Error Checking		
	\$7,000.00	\$87,595.14	100.00%	\$7,000.00		
		\$0.00				
		\$0.00				
		\$0.00				
		\$0.00				
		\$0.00				
	Total	\$87,595.14	100.00%			

(2b) Outpatient - All Other, In-Network (OP-AO INN)

Click on [Home](#)

PART 1

(2b) Outpatient - All Other, In-Network (OP-AO INN)

Outpatient - All Other	OP-AQ
In-Network	NN
3b	OP-AQ NN

PART 2

Financial Parity for (3b) Outpatient - All Other, In-Network (OP-AO INN)

Enter Participant

ally All file... 2 % of med-

\$216,222.26	75.91%	OP-AD INN Deductible
\$346,570.52	83.70%	OP-AD INN Copayment
\$32,609.46	7.88%	Fall
\$454,062.07	100.00%	OP-AD INN OOPM
\$454,062.07		

Step 2 Predominant Level

<p>Reductive --- IBM eServer - All Other is Network IOP and IOPS</p>	<p>Empty Space</p>
---	---------------------------

Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$88,728.82	24.08%	\$0.00	
\$266,233.36	75.91%	\$1,000.00	
\$414,962.17	100.00%		

Copayment ---- (2b) Outpatient - All Other, In-Network (CP-60 000)	Errors found
--	--------------

Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$26,592.79	7.67%	\$20.00	
\$8,226.00	2.22%	\$25.00	
\$23,872.31	6.42%	\$30.00	

\$11.00	\$6,000.00	5.45%	
\$75.00	\$66,790.00	19.27%	

\$15,851.68	15.42%	\$300.00
\$105,801.99	30.53%	
\$51,480.00	14.67%	
\$346,570.52	100.00%	

100 percent - All Other, In-Network GDP-Q0 (N/A) Enroll Count: 1
 1 activity, all medical/financial benefits in this classification.

UNITS OF VALUES IN THE OPTIMUM LOCATION SETTING.

Almond Chalice	Portion	Preportioned & Sealed	Inner Chalice
50.00			
50.00			
50.00			
50.00			
50.00	0.00%		

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

Allowed Claims	Portion	Predominant & Smaller	Error Checking
----------------	---------	-----------------------	----------------

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

Plan Name: **UnitedHealthcare of Oregon, Inc. Cascade Vital Gold**
Plan ID: **0320NAN00000-01**
CSR Variant Description: **CSR Variant Description**

Notes / Market: **UnitedHealthcare of Oregon, Inc.**
Market: **Individual**

Plan Name: **UnitedHealthcare of Oregon, Inc. Cascade Vital Gold**
Plan ID: **0320NAN00000-01**
CSR Variant Description: **CSR Variant Description**

Notes / Market: **UnitedHealthcare of Oregon, Inc.**
Market: **Individual**

Plan Name: **UnitedHealthcare of Oregon, Inc. Cascade Vital Gold**
Plan ID: **0320NAN00000-01**
CSR Variant Description: **CSR Variant Description**

Notes / Market: **UnitedHealthcare of Oregon, Inc.**
Market: **Individual**

Plan Name: **UnitedHealthcare of Oregon, Inc. Cascade Vital Gold**
Plan ID: **0320NAN00000-01**
CSR Variant Description: **CSR Variant Description**

Notes / Market: **UnitedHealthcare of Oregon, Inc.**
Market: **Individual**

Plan Name: **UnitedHealthcare of Oregon, Inc. Cascade Vital Gold**
Plan ID: **0320NAN00000-01**
CSR Variant Description: **CSR Variant Description**

PLAN INFORMATION

Plan Name: **UnitedHealthcare of Oregon, Inc. Cascade Vital Gold**
Plan ID: **0320NAN00000-01**
CSR Variant Description: **CSR Variant Description**

Notes / Market: **UnitedHealthcare of Oregon, Inc.**
Market: **Individual**

Plan Name: **UnitedHealthcare of Oregon, Inc. Cascade Vital Gold**
Plan ID: **0320NAN00000-01**
CSR Variant Description: **CSR Variant Description**

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: **Pass**

Links only work for sections that are not already hidden/expanded

Testing Options

Option

Selection

Out of Network Test

Out of Network Test

Out of Network Test

Out of Network Test

Column Options

No Errors Found!

Results by Benefit Classification

A. Benefit Classification

B. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification? (In-Network)

C. Test Required? (In-Network)

D. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification? (Out of Network)

E. Test Required? (Out of Network)

F. Test Results

Medical/Surgical

Yes

Yes

Yes

Yes

Pass

Prescription Drugs

Yes

Yes

Yes

Yes

Pass

Emergency Care

Yes

Yes

Yes

Yes

Pass

Prescription Drugs

Yes

Yes

Yes

Yes

Pass

2024 MHSUD Parity Calculations Duplicate

Page 14 of 59

0320NAN00000-01 Worksheet

Benefit Classification (1) Inpatient, In-Network (IP INH)

Click here to select

Errors found

Click the data in the cells below as well directly to the stated end-user view

View by IP INH	View by IP INH	View by IP INH	View by IP INH	View by IP INH
View by IP INH	View by IP INH	View by IP INH	View by IP INH	View by IP INH

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

Benefit Classification (1) Inpatient, In-Network (IP INH)

Classification	Inpatient	
Network In/Out of State	In/Out of State	
Classification Code	IP INH	
Table Name	IP INH	
Number of Rows	7	

Service Description	Cost Share Description	Year Reported Amount	Deductible	Co-payment	Co-insurance	Out of Pocket Maximum (OPOM)	No. Days of Pymt. Allow. Yr.
Inpatient Hospital	IP INH						
Outpatient Hospital	IP INH						
Physician Services	IP INH						
Prescription Drugs	IP INH						
Other Services	IP INH						
Total Row							

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

Financial Parity for (1) Inpatient, In-Network (IP INH)	
Classification	Inpatient
Network In/Out of State	In/Out of State
Classification Code	IP INH
Table Name	IP INH
Number of Rows	7

Service Description	Cost Share Description	Year Reported Amount	Deductible	Co-payment	Co-insurance	Out of Pocket Maximum (OPOM)	No. Days of Pymt. Allow. Yr.
Inpatient Hospital	IP INH						
Outpatient Hospital	IP INH						
Physician Services	IP INH						
Prescription Drugs	IP INH						
Other Services	IP INH						
Total Row							

Step 1: Subsidy (e.g., % of medical/surgical benefit)	
Deductible	\$10,000.00
Co-payment	\$50.00
Co-insurance	20.00%
Out of Pocket	\$2,000.00
Total Row	

Step 2: Premium Level	
Classification	Inpatient
Network In/Out of State	In/Out of State
Classification Code	IP INH
Table Name	IP INH
Number of Rows	7

Service Description	Cost Share Description	Year Reported Amount	Deductible	Co-payment	Co-insurance	Out of Pocket Maximum (OPOM)	No. Days of Pymt. Allow. Yr.
Inpatient Hospital	IP INH						
Outpatient Hospital	IP INH						
Physician Services	IP INH						
Prescription Drugs	IP INH						
Other Services	IP INH						
Total Row							

Step 3: Premium Level	
Classification	Inpatient
Network In/Out of State	In/Out of State
Classification Code	IP INH
Table Name	IP INH
Number of Rows	7

Service Description	Cost Share Description	Year Reported Amount	Deductible	Co-payment	Co-insurance	Out of Pocket Maximum (OPOM)	No. Days of Pymt. Allow. Yr.
Inpatient Hospital	IP INH						
Outpatient Hospital	IP INH						
Physician Services	IP INH						
Prescription Drugs	IP INH						
Other Services	IP INH						
Total Row							

Step 4: Premium Level	
Classification	Inpatient
Network In/Out of State	In/Out of State
Classification Code	IP INH
Table Name	IP INH
Number of Rows	7

Service Description	Cost Share Description	Year Reported Amount	Deductible	Co-payment	Co-insurance	Out of Pocket Maximum (OPOM)	No. Days of Pymt. Allow. Yr.
Inpatient Hospital	IP INH						
Outpatient Hospital	IP INH						
Physician Services	IP INH						
Prescription Drugs	IP INH						
Other Services	IP INH						
Total Row							

Click the links in the cells below to scroll directly to the stated sections>>>>				
To IF INN	Move to IF DOO	Move to OF INN	Move to OF-OF INN	Move to OF-AD INN
To OF DOO	Move to OF-OF DOO	Move to OF-AD DOO	Move to EE	Move to EE

[illegible]

Enter Periodates

Step 2 Predominant Level

Colourcode ---- HEM Dysplastict - All Other In-Situ ICD-A9 INH	Erasmus found:	
---	-----------------------	--

Does not apply to substantially all medical/surgical benefits in this classification.
 DELETE any values in the left-hand column below.

2024	2025-2026	2027-2028	
------	-----------	-----------	--

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

Issuer / Market: UnitedHealthcare of Oregon, Inc.
Market: Individual

Workbook tip

[Link back to Summary Sheet](#)

Use Values Left Column

Get the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: UHC Bronze Value HD
Plan ID: 435000000000-05
CSR Version Description:
once this will auto populate from summary sheet menu
once this will auto populate from summary sheet menu
once if the plan is a CSR contract, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result:

Pass

Link only work for sections that are not already highlighted

once click this link in the cells below to go directly to the signal section below

Go to the 01-01-2024

Go to the 02-01-2024

Go to the 03-01-2024

Go to the 04-01-2024

Go to the 05-01-2024

Testing Options

Options

Selection

Set of Network Test

Deployment Benefit Testing

Column Options

Link to the 01-01-2024

No Error Found

Test

Results By Benefit Classification

A. Benefit Classification	B. Do the MHSUD cost share match all Medical/Surgical cost shares in the Benefit Classification? (In-Network)	C. Test Required? (In-Network)	D. Do the MHSUD cost share match all Medical/Surgical cost shares in the Benefit Classification? (Out of Network)	E. Test Required? (Out of Network)	A. By Network Test		F. Test Results
					01. In-Network	02. Out of Network	
Supplemental	Yes	No			Pass		Pass
Disability	Yes	No			Pass		Pass
Prescription Drug	Yes	No			Pass		Pass
Other	Yes	No			Pass		Pass
A. Benefit Classification	B. Do the MHSUD cost share match all Medical/Surgical cost shares in the Benefit Classification?	C. Test Required?	D. Test Results				
Emergency Care	Yes	No	Pass				
Prescription Drug	Yes	No	Pass				

[illegible]

COPM --- (3a) Outpatient - Office visits, to Network (OP-Or-NR)				Errors found:
Applies to substantially all medical/surgical benefits in this classification. ENTER different copm amounts from smallest to largest.				
COPM	Allowed Claims	Portion	Predominant &	Error Checking
\$0.00-50.00	\$49,761.14	100.00%	\$0.00-50.00	
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			

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

Issuer / Market:

UnitedHealthcare of Oregon, Inc.

Market: Individual

Plan Name:

UHC Bronze Value GSA (OP Exchange D46)

Plan ID:

CSD000000000-00

CSR Variant Description:

***This will auto-populate from summary sheet inputs

***This will auto-populate from summary sheet inputs

***If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

Worksheet info

[Link back to Summary Sheet](#)

[View Input CSR Details](#)

[See the Example worksheet for additional details.](#)

PLAN INFORMATION

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result:

Pass

Click the links in the cells below to scroll directly to the input cells below

Return to P 100

Return to P 100

Return to P 100

Return to P 100

Return to P 100

Links only work for sections that are not already highlighted

Testing Options

Option

Selection

Out of Network Test

Yes

Outpatient Benefit Testing

Yes

Column Options

Available Columns

No Errors Found?

Yes

Results by Benefit Classification

A. Benefit Classification	B.1. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification? (In-Network)	C.1. Test Required? (In-Network)	B.2. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification? (Out of Network)	C.2. Test Required? (Out of Network)	B.3. In-Network Test	D. Out of Network Test	E. Test Results
Inpatient	Yes	No			Yes		Pass
Outpatient	Yes	No			Yes		Pass
Emergency Care	Yes	No			Yes		Pass
Prescription Drugs	Yes	No			Yes		Pass

[illegible]

DDPM --- (24) Outpatient - Office Visits, In-Network (OP-0V-24)				Errors found:	0
Applies to substantially all medical/surgical benefits in this classification.					
ENTER different capex amounts from smallest to largest.					
DDPM	Amount	Portion	Predominate %	Error Checking	
55,050.00	\$38,791.14	100.00%	\$4,550.00		
	\$0.00				
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$38,791.14	100.00%			

Benefit Classification	(2a) Outpatient - All Other, In-Network (OP-AO INN)
------------------------	---

Click on the **Home** button found in the **Green** box.

Click the links in the cells below to scroll directly to the stated sections:

Move to IP IN	Move to IP CON	Move to IP IN	Move to CP-IV IN	Move to CP-AD IN
Move to CP CON	Move to CP-IV CON	Move to CP-AD CON	Move to EG	Move to EG

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification: [2b] Outpatient - All Other, In-Network (OP-AO INN)
Notes: Use this table if you are separately billing outpatient office visits and all other outpatient services.

[illegible]

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3b) Outpatient - All Other, In-Network (OP-AO INN)				Other Features	
Cost Share Type	SMCSC Cost Share	Prevalent Level Fee	SMCSC Financial Parity Result		
Deductible	\$4,500.00	\$3,300.00	Pass		
Copayment	N/A	\$0	Pass		
Coinsurance	30%	30%	Pass		
OOPM	\$4,050.00	\$3,020.00	Pass		
Overall			Pass		

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ 6% of medical/surgical benefits)			
Deductible	\$54,855.54	84.02%	OP-AD RN Deductible
Copayment	\$5,638.29	3.23%	Fail
Coinsurance	\$135,033.50	80.58%	OP-AD RN Coinsurance
ODPM	\$548,820.83	100.00%	OP-AD RN ODPM
Total Payments	\$548,820.83		

Step 2 Predominant Level

Deductible — EMI Deductible — All Other — Non-qualifying Other Other	Smart Checking
Applies to substantially all medical/surgical benefits in this classification. ENTER different deductible amounts from smallest to largest.	
Deductible	Smart Checking
\$0.00	\$0.00
\$0.00	\$0.00
Total	Smart Checking

Does not apply to substantially all medical/surgical benefits in this classification.
DELETE any values in the left-hand column below.

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

Coinurance --- (H) Outpatient - All Other, In-Network (IP-A) (NA)

Applies to substantially all medical/surgical benefits in this classification.
 UNTR different coinurance amounts from smallest to largest.

Colours/area	Allowed Colours	Partials	Predominant & Neutral	Blue Chalkline
90%	51.08, 512.44	71.62%		100%
50%	527, 508.03	20.37%		
	50.00			
	50.00			
Total	52.36, 502.54	100.00%		

COFPE --- (21) Outpatient - All Other, In-Network (OP-AD INN)
Applies to substantially all medical/surgical benefits in this classification.
ENTER different COFPE amounts from smallest to largest

DDMM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
04/01/00	\$248,820.38	100.00%	\$8,050.00	
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$248,820.38	100.00%		

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

Issuer / Market: UnitedHealthcare of Oregon, Inc.
Market: Individual

Workbook tip

[Link back to Summary Sheet](#)

Use Values Left Column

Get the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: UHC Bronze Essential
Plan ID: 43500W000000-05
CSR Version Description: CSR
Overall Result: Pass
Link only work for sections that are not already highlighted

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Testing Options

Options

Selection

Column Options

No Errors Found

Results By Benefit Classification

A. Benefit Classification	B. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification? (In-Network)	C. Test Required? (In-Network)	D. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification? (Out of Network)	E. Test Required? (Out of Network)	F. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification? (Out of Network)	G. Test Results
Supplemental	Yes	No	Yes	No	Pass	Pass
Disability	Yes	No	Yes	No	Pass	Pass
Prescription Drug	Yes	No	Yes	No	Pass	Pass
Other	Yes	No	Yes	No	Pass	Pass
A. Benefit Classification	B. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification?	C. Test Required?	D. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification?	E. Test Required?	F. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification?	G. Test Results
Prescription Drug	Yes	No	Yes	No	Pass	Pass
Other	Yes	No	Yes	No	Pass	Pass

[illegible]

		2020-2021		
		\$0.00		
	Work of	2020-2021, a.a.	0.00, 0.00	

(2b) Outpatient - All Other, In-Network (OP-AO INN)

Click on the **Home** button in the top left corner of the application. The **Home** button is highlighted in blue. The **Smart found:** button is highlighted in green.

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-AG INN
Move to OP OON	Move to OP-OV OON	Move to OP-AG OON	Move to EX	Move to EX

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification: (20) 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.

[illegible]

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Party for [3b] Outpatient: All Other, In-Network (OP-AO INN)				
Self-Share Type	MEMBER (Self-Share)	Employer (Self-Share)	MEMBER Employee Family Benefit	Enter Realization
Deductible	\$15,000.00	\$15,000.00	Pass	
Copayment	N/A	Full	Pass	
Coinurance	N/A	Full	Pass	
COBRA	\$15,000.00	\$15,000.00	Pass	

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ 2% of medical/surgical benefits)			
Deductible	\$154,404.43	91.46%	OP-AO INN Deductible
Copayment	\$0.00	0.00%	Fail
Coinurance	\$0.00	0.00%	Fail
OCPM	\$168,820.38	100.00%	OP-AO INN OCPM
Total Projects	\$168,820.38		

Step 2 Predominant Level

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	\$14,495.77	8.54%	\$0.00	
\$10-\$100.00	\$154,404.43	91.46%	\$10,150.00	
Total	\$168,900.20	100.00%		

Copyright © 1994 Outsource - All Other in-Network ISP-AQ 1994	Errors found:	0
---	---------------	---

Does not apply to substantially all medical/surgical benefits in this classification.
DELETE any values in the left-hand column below.

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

Colourcode --- (IN Olygiteert - Al Other, Is Network IDP-AD INM)	Ernst found	5
--	-------------	---

Does not apply to substantially all medical/surgical benefits in this classification.
 (b) FTE, see values in the left-hand column below.

Factor/Source	Amount/Pctg	Duration	Duration/Inst & Another	Time/Duration
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

COFM --- (11) Outpatient - All Other, In-Network (OP-AD INN)	Errors found:	0
--	---------------	---

Applies to substantially all medical/surgical benefits in this classification.
 GNTR different room amounts from smallest to largest.

ODM	Allowed Charge	Ratio	Predominant & Smaller	Error Checking
\$18,150.00	\$568,800.00	100.00%	\$18,150.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$568,800.00	100.00%		

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

Issuer / Market: UnitedHealthcare of Oregon, Inc.
Market: Individual

Workbook tip
[Link back to Summary Sheet](#)
Use Values Left Column
Get the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: UHC Bronze Essential (DP Exchange-DNA)
Plan ID: 43500W000000-00
CSR Version Description:

once this will auto populate from summary sheet menu
once this will auto populate from summary sheet menu
once if the plan is a CSR contract, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result:

Pass

once click this link in the cells below to go directly to the signal section below

Link only work for sections that are not already highlighted

Testing Options

Options

Selection

Set of Network Test
Outpatient Benefit Testing

Column Options

Column Options

No Errors Found?

True

Results By Benefit Classification							
A. Benefit Classification	B. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification? (In-Network)	C. Test Required? (In-Network)	D. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification? (Out of Network)	E. Test Required? (Out of Network)	F. By Network Type		G. Test Results
	Signal		Signal		DL	OL	
	Outpatient	Yes	No		Pass		Pass
	Outpatient - Out of State	No					
	Outpatient - Out of State	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				
	Signal	Yes	Yes				
	Outpatient - Out of State	No	No				
	Outpatient - Out of State	No	No				
	Outpatient - Out of State	No	No				

Click here to view details

Errors Found: 0

See Click the links in the table below to send directly to the stated end-user.

Link to OP-100	Link to OP-101	Link to OP-102	Link to OP-103	Link to OP-104
Link to OP-105	Link to OP-106	Link to OP-107	Link to OP-108	Link to OP-109

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

Benefit Classification (Self-Insured - Office Visits, In-Network (OP-OU-100))

Note: Use this table if you are separately tracking independent office visits and all other independent services.

Classification: (Self-Insured - Office Visits, In-Network (OP-OU-100))

Network Start/End: (Self-Insured - Office Visits, In-Network (OP-OU-100))

Classification Code: (Self-Insured - Office Visits, In-Network (OP-OU-100))

Table Name: (Self-Insured - Office Visits, In-Network (OP-OU-100))

Number of Rows: 0

Service Description	Year/Date	Non-Projected Allowed Amount	Deductible	Co-payment	Co-insurance	Out-of-Pocket Maximum	No Cost Share (Y/N)
Primary Care Visit (In-Network)	2024-01-01	\$20.00	\$0.00	\$0.00	0%	\$0.00	Y
Primary Care Visit (Out-of-Network)	2024-01-01	\$20.00	\$0.00	\$0.00	0%	\$0.00	Y
Specialty Care Visit (In-Network)	2024-01-01	\$20.00	\$0.00	\$0.00	0%	\$0.00	Y
Specialty Care Visit (Out-of-Network)	2024-01-01	\$20.00	\$0.00	\$0.00	0%	\$0.00	Y
Emergency Room (In-Network)	2024-01-01	\$20.00	\$0.00	\$0.00	0%	\$0.00	Y
Emergency Room (Out-of-Network)	2024-01-01	\$20.00	\$0.00	\$0.00	0%	\$0.00	Y
Intensive Care Unit (In-Network)	2024-01-01	\$20.00	\$0.00	\$0.00	0%	\$0.00	Y
Intensive Care Unit (Out-of-Network)	2024-01-01	\$20.00	\$0.00	\$0.00	0%	\$0.00	Y
Outpatient Surgery (In-Network)	2024-01-01	\$20.00	\$0.00	\$0.00	0%	\$0.00	Y
Outpatient Surgery (Out-of-Network)	2024-01-01	\$20.00	\$0.00	\$0.00	0%	\$0.00	Y
Outpatient Services (In-Network)	2024-01-01	\$20.00	\$0.00	\$0.00	0%	\$0.00	Y
Outpatient Services (Out-of-Network)	2024-01-01	\$20.00	\$0.00	\$0.00	0%	\$0.00	Y
Total Row		\$20.00	\$0.00	\$0.00	0%	\$0.00	Y

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

Financial Parity for (Self-Insured - Office Visits, In-Network (OP-OU-100))

Note: Use this table if you are separately tracking independent office visits and all other independent services.

Classification: (Self-Insured - Office Visits, In-Network (OP-OU-100))

Network Start/End: (Self-Insured - Office Visits, In-Network (OP-OU-100))

Classification Code: (Self-Insured - Office Visits, In-Network (OP-OU-100))

Table Name: (Self-Insured - Office Visits, In-Network (OP-OU-100))

Number of Rows: 0

Service Description	Year/Date	Non-Projected Allowed Amount	Deductible	Co-payment	Co-insurance	Out-of-Pocket Maximum	No Cost Share (Y/N)
Primary Care Visit (In-Network)	2024-01-01	\$20.00	\$0.00	\$0.00	0%	\$0.00	Y
Primary Care Visit (Out-of-Network)	2024-01-01	\$20.00	\$0.00	\$0.00	0%	\$0.00	Y
Specialty Care Visit (In-Network)	2024-01-01	\$20.00	\$0.00	\$0.00	0%	\$0.00	Y
Specialty Care Visit (Out-of-Network)	2024-01-01	\$20.00	\$0.00	\$0.00	0%	\$0.00	Y
Emergency Room (In-Network)	2024-01-01	\$20.00	\$0.00	\$0.00	0%	\$0.00	Y
Emergency Room (Out-of-Network)	2024-01-01	\$20.00	\$0.00	\$0.00	0%	\$0.00	Y
Intensive Care Unit (In-Network)	2024-01-01	\$20.00	\$0.00	\$0.00	0%	\$0.00	Y
Intensive Care Unit (Out-of-Network)	2024-01-01	\$20.00	\$0.00	\$0.00	0%	\$0.00	Y
Outpatient Surgery (In-Network)	2024-01-01	\$20.00	\$0.00	\$0.00	0%	\$0.00	Y
Outpatient Surgery (Out-of-Network)	2024-01-01	\$20.00	\$0.00	\$0.00	0%	\$0.00	Y
Outpatient Services (In-Network)	2024-01-01	\$20.00	\$0.00	\$0.00	0%	\$0.00	Y
Outpatient Services (Out-of-Network)	2024-01-01	\$20.00	\$0.00	\$0.00	0%	\$0.00	Y
Total Row		\$20.00	\$0.00	\$0.00	0%	\$0.00	Y

Benefit Classification	(2a) Outpatient - All Other, In-Network (OP-AO INN)
------------------------	---

Click on the **Home** button found in the **Green** box.

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

Move to IP IN	Move to IP CON	Move to IP IN	Move to CP-IP IN	Move to CP-AD IN
Move to CP CON	Move to CP-CP CON	Move to CP-AD CON	Move to EG	Move to EG

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification: [2b] 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.

[illegible]

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

[illegible]

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

Issuer / Market:	UnitedHealthcare of Oregon, Inc.
Market:	Individual

Workbook tip:
Link back to Summary Sheet
Use filters left column
Get the Example worksheet for additional details.

PLAN INFORMATION
Plan Name: UHC Bronze Copy Select (PFF Exchange 046) <small>click this will auto populate from summary sheet menu</small>
Plan ID: 435000000000000000000000 <small>click this will auto populate from summary sheet menu</small>
CSR Version Description: CSR Version Description <small>click if the plan is a CSR contract, identify it here. Otherwise, leave the field blank.</small>

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION				
Overall Result: Pass <small>click this link to the cells below to go directly to the signal section below</small>				
<small>Link only work for sections that are not already highlighted</small>				
<table><tr><td>Testing Options</td></tr><tr><td>Options</td></tr><tr><td>Set of Network Test</td></tr><tr><td>Outpatient Benefit Testing</td></tr></table>	Testing Options	Options	Set of Network Test	Outpatient Benefit Testing
Testing Options				
Options				
Set of Network Test				
Outpatient Benefit Testing				

Column Options
Column Options
No Error Found
Test

Results By Benefit Classification						
A. Benefit Classification	B. Do the MHSUD cost share match all Medical/Surgical cost shares in the Benefit Classification? (In-Network)	C. Test Required? (In-Network)	D. Do the MHSUD cost share match all Medical/Surgical cost shares in the Benefit Classification? (Out of Network)	E. Test Required? (Out of Network)	F. A. Network Test	G. Test Results
Outpatient	Yes	No			Out of Network	Pass
Outpatient - Out of Network	Yes	No			Out of Network	Pass
Outpatient - Out of Network	Yes	No			Out of Network	Pass
Outpatient - Out of Network	Yes	No			Out of Network	Pass
Outpatient - Out of Network	Yes	No			Out of Network	Pass
A. Benefit Classification	B. Do the MHSUD cost share match all Medical/Surgical cost shares in the Benefit Classification?	C. Test Required?	D. Test Results			
Outpatient - Out of Network	Yes	No	Pass			
Outpatient - Out of Network	Yes	No	Pass			

<p align="center">***Click the links in the cells below to scroll directly to the stated sections***</p>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AG INN
Move to OP OON	Move to OP-OV OON	Move to OP-AG OON	Move to EE	Move to EE

Classification		Fiscal Year		Fiscal Year		Fiscal Year		Fiscal Year	
Network (N/A)		Network (N/A)		Network (N/A)		Network (N/A)		Network (N/A)	
Classification Code		Classification Code		Classification Code		Classification Code		Classification Code	
Table Name		Table Name		Table Name		Table Name		Table Name	
The following table provides a summary of the "Total" for each of the four categories:									
Service Description	Cost Share Description	Plan Proposed Amount (A)	Deadline	Engagement	Cost of Project	Maximum Allowable	No Cost Share (if any, N/A)	No Cost Share (if any, N/A)	No Cost Share (if any, N/A)
Emergency Care Visit to Treat or Prevent a Patient's Health Condition	Emergency Care	\$7,253.67	10/01/2020	10/01/2020	\$10,000.00	\$10,000.00	\$0.00	\$0.00	\$0.00
Emergency Care Visit to Treat or Prevent a Patient's Health Condition	Emergency Care	\$1,524.75	10/01/2020	10/01/2020	\$10,000.00	\$10,000.00	\$0.00	\$0.00	\$0.00
Emergency Care Visit to Treat or Prevent a Patient's Health Condition	Emergency Care	\$10,000.00	10/01/2020	10/01/2020	\$10,000.00	\$10,000.00	\$0.00	\$0.00	\$0.00
Emergency Care Visit to Treat or Prevent a Patient's Health Condition	Emergency Care	\$7,253.67	10/01/2020	10/01/2020	\$10,000.00	\$10,000.00	\$0.00	\$0.00	\$0.00
Emergency Care Visit to Treat or Prevent a Patient's Health Condition	Emergency Care	\$10,000.00	10/01/2020	10/01/2020	\$10,000.00	\$10,000.00	\$0.00	\$0.00	\$0.00
Total Due		\$28,761.14							

	\$0.00			
Total	\$28,291.14	100.00%		

Click: Name: Email found:

Click the links in the cells below to scroll directly to the stated sections:

Move to IF IN	Move to IF DOIN	Move to OF IN	Move to OF-OF IN	Move to OF-AD IN
Move to OF DOIN	Move to OF-OF DOIN	Move to OF-AD DOIN	Move to EE	Move to BE

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

[illegible]

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Policy for 1931 Outpatient, All Other, In-network (OP-AD-NN)							
Membership Type	Member Cost Share	Professional Fee	Maximum Allowed Party Rate	Rate Reduction			
Individual	\$0.00	\$0.00	\$0.00	<div></div>			
Corporate	\$0.00	\$0.00	\$0.00				
Government	\$0.00	\$0.00	\$0.00				
Group	\$0.00	\$0.00	\$0.00				
Other	\$0.00	\$0.00	\$0.00				
*If not specified, enter "N/A"							
Step 1 Subcategory (OP-AD-NN, 1-5) of medical/surgical benefit							
Subcategory	Rate	Rate	Rate				
Corporate	\$0.00	\$0.00	\$0.00	<div></div>			
Individual	\$0.00	\$0.00	\$0.00				
Government	\$0.00	\$0.00	\$0.00				
Group	\$0.00	\$0.00	\$0.00				
Other	\$0.00	\$0.00	\$0.00				
Step 2 Prepayment Level							
			Rate Range				
Prepayment = 100.00 percent, All Other, In-network (OP-AD-NN) Enter net rates to subcategory of medical/surgical benefit in the classification. All rates apply to the left-hand column table.							
Subcategory	Allowed Claims	Payable	Prepayment % and/or	Rate Checking			
Corporate	\$0.00	\$0.00	100.00%				
Individual	\$0.00	\$0.00	100.00%				
Government	\$0.00	\$0.00	100.00%				
Group	\$0.00	\$0.00	100.00%				
Other	\$0.00	\$0.00	100.00%				
Prepayment = 100.00 percent, All Other, In-network (OP-AD-NN)							
Enter net rates to subcategory of medical/surgical benefit in the classification. All rates different category amounts from another to impact.							
Subcategory	Allowed Claims	Payable	Prepayment % and/or	Rate Checking			
Corporate	\$0.00	\$0.00	100.00%				
Individual	\$0.00	\$0.00	100.00%				
Government	\$0.00	\$0.00	100.00%				
Group	\$0.00	\$0.00	100.00%				
Other	\$0.00	\$0.00	100.00%				
Prepayment = 100.00 percent, All Other, In-network (OP-AD-NN)							
Enter net rates to subcategory of medical/surgical benefit in the classification. All rates different category amounts from another to impact.							
Subcategory	Allowed Claims	Payable	Prepayment % and/or	Rate Checking			
Corporate	\$0.00	\$0.00	100.00%				
Individual	\$0.00	\$0.00	100.00%				
Government	\$0.00	\$0.00	100.00%				
Group	\$0.00	\$0.00	100.00%				
Other	\$0.00	\$0.00	100.00%				
Prepayment = 100.00 percent, All Other, In-network (OP-AD-NN)							
Enter net rates to subcategory of medical/surgical benefit in the classification. All rates different category amounts from another to impact.							
Subcategory	Allowed Claims	Payable	Prepayment % and/or	Rate Checking			
Corporate	\$0.00	\$0.00	100.00%				
Individual	\$0.00	\$0.00	100.00%				
Government	\$0.00	\$0.00	100.00%				
Group	\$0.00	\$0.00	100.00%				
Other	\$0.00	\$0.00	100.00%				

	6000		
100	100000000	100000000	

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

Issuer / Member:

UnitedHealthcare of Oregon, Inc.

Market:

Individual

Worksheet title

Benefits

PLAN INFORMATION

Plan Name:

UNC Clear Choice Select

Plan ID:

43020WAS00017-01

CSR Variant Description:

====This will auto-populate from summary sheet master

====This will auto-populate from summary sheet master

====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 table below to go directly to the sheet tab(s) below.

Link to the Plan

Link to the Plan

Link to the Plan

Link to the Plan

Link to the Plan

Testing Options

Option

Solution

Column Options

Electronic Record

Set of Network Tests

Set of Network Tests

Set of Network Tests

Set of Network Tests

Results by Benefit Classification						
A. Benefit Classification	B. Is the MHSUD cost share model of Medical/Pharmacy cost share in the benefit classification? (In Network)	C. Test Required? (Out of Network)	D. Is the MHSUD cost share model of Medical/Pharmacy cost share in the benefit classification? (Out of Network)	E. Test Required? (Out of Network)	F. Network	G. Test Results
Medical	Yes	Yes	Yes	Yes	Yes	Pass
Pharmacy	Yes	Yes	Yes	Yes	Yes	Pass
Medical/Pharmacy	Yes	Yes	Yes	Yes	Yes	Pass
Medical/Pharmacy	Yes	Yes	Yes	Yes	Yes	Pass
Medical/Pharmacy	Yes	Yes	Yes	Yes	Yes	Pass
A. Benefit Classification	B. Is the MHSUD cost share model of Medical/Pharmacy cost share in the benefit classification?	C. Test Required?	D. Test Results			
Medical/Pharmacy	Yes	Yes	Pass			
Medical/Pharmacy	Yes	Yes	Pass			

Benefits

01

Member

02/01/2025

Realization	(R) Outpatient, In-Network (OIP INN)
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Click on

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

Move to IP 000	Move to IP 000	Move to IP 000	Move to IP 000 000	Move to IP 000 000
Move to IP 000	Move to IP 000	Move to IP 000 000	Move to IP	Move to IP

[illegible][illegible]

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

Issuer / Member:	UnitedHealthcare of Oregon, Inc.
Market:	Individual

Worksheet title
Worksheet name
Worksheet description
Worksheet notes

Plan Name:	UNC Clear Choice Select	====This will auto-populate from summary sheet master
Plan ID:	43020WAS00017-04	====This will auto-populate from summary sheet master
CSR Variant Description:	CSR01	====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 table below to go directly to the sheet for each row.							
	Pass or Fail	Pass or Fail	Pass or Fail	Pass or Fail	Pass or Fail	Pass or Fail	Pass or Fail	Pass or Fail	Pass or Fail

Testing Options		Column Options	No Errors Found?
Option	Selection		
Out-of-Network Test?	Yes	Configure Columns	Yes/No
Outpatient Benefit Testing	AD Combined	Include/Exclude AD Columns	

Parity by Benefit Classification					
A. Benefit Classification	B. Is the MHSUD cost share model at least as favorable as the network's cost share model? (If Yes, enter "Yes")	C. Test Required? (If Yes, enter "Yes")	D. Is the MHSUD cost share model at least as favorable as the network's cost share model? (If Yes, enter "Yes")	E. Test Required? (If Yes, enter "Yes")	F. Test Results
Medical	Yes	Yes	Yes	Yes	Pass
Prescription	Yes	Yes	Yes	Yes	Pass
Prescription	Yes	Yes	Yes	Yes	Pass
Prescription	Yes	Yes	Yes	Yes	Pass
Prescription	Yes	Yes	Yes	Yes	Pass
A. Benefit Classification	B. Is the MHSUD cost share model at least as favorable as the network's cost share model? (If Yes, enter "Yes")	C. Test Required? (If Yes, enter "Yes")	D. Is the MHSUD cost share model at least as favorable as the network's cost share model? (If Yes, enter "Yes")	E. Test Required? (If Yes, enter "Yes")	F. Test Results
Medical	Yes	Yes	Yes	Yes	Pass
Prescription	Yes	Yes	Yes	Yes	Pass

Worksheet
Page
Page
Page

Verification	(X) Outpatient, In-Network (OP IN)
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Click on Home

Click the links in the cells below to scroll directly to the stated section				
Move to IP IN	Move to IP OUT	Move to OP IN	Move to OP Or IN	Move to OP-OR IN
Move to OP OUT	Move to OP-Or OUT	Move to OP-Or OUT	Move to SR	Move to BR

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Verification	(X) Outpatient, In-Network (OP IN)
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Notes: Use this table if you are billing all outpatient services combined.

16 (M/Dur)	10-10-2016	10/10
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alias Code	8	CP-045
table Name		CP-045-01

Number of Rows 26

Work Description	Start Date/Completion	Estimated Amount	Estimate	Completion	Comments	Est. of Time Required	Est. Cost
General maintenance of the building	01/01/2023	100000	100000	100%	Completed	100000	100000
Replacement of roof tiles	02/01/2023	50000	50000	100%	Completed	50000	50000
Painting of exterior walls	03/01/2023	30000	30000	100%	Completed	30000	30000
Installation of new windows	04/01/2023	20000	20000	100%	Completed	20000	20000
Replacement of old doors	05/01/2023	10000	10000	100%	Completed	10000	10000
Installation of new lighting	06/01/2023	5000	5000	100%	Completed	5000	5000
Replacement of old pipes	07/01/2023	15000	15000	100%	Completed	15000	15000
Installation of new heating system	08/01/2023	40000	40000	100%	Completed	40000	40000
Replacement of old roof	09/01/2023	60000	60000	100%	Completed	60000	60000
Installation of new roof tiles	10/01/2023	50000	50000	100%	Completed	50000	50000
Painting of interior walls	11/01/2023	20000	20000	100%	Completed	20000	20000
Replacement of old floor	12/01/2023	10000	10000	100%	Completed	10000	10000
Installation of new floor	13/01/2023	10000	10000	100%	Completed	10000	10000
Replacement of old roof	14/01/2023	60000	60000	100%	Completed	60000	60000
Installation of new roof tiles	15/01/2023	50000	50000	100%	Completed	50000	50000
Painting of exterior walls	16/01/2023	30000	30000	100%	Completed	30000	30000
Installation of new windows	17/01/2023	20000	20000	100%	Completed	20000	20000
Replacement of old doors	18/01/2023	10000	10000	100%	Completed	10000	10000
Installation of new lighting	19/01/2023	5000	5000	100%	Completed	5000	5000
Replacement of old pipes	20/01/2023	15000	15000	100%	Completed	15000	15000
Installation of new heating system	21/01/2023	40000	40000	100%	Completed	40000	40000
Replacement of old roof	22/01/2023	60000	60000	100%	Completed	60000	60000
Installation of new roof tiles	23/01/2023	50000	50000	100%	Completed	50000	50000
Painting of interior walls	24/01/2023	20000	20000	100%	Completed	20000	20000
Replacement of old floor	25/01/2023	10000	10000	100%	Completed	10000	10000
Installation of new floor	26/01/2023	10000	10000	100%	Completed	10000	10000
Replacement of old roof	27/01/2023	60000	60000	100%	Completed	60000	60000
Installation of new roof tiles	28/01/2023	50000	50000	100%	Completed	50000	50000
Painting of exterior walls	29/01/2023	30000	30000	100%	Completed	30000	30000
Installation of new windows	30/01/2023	20000	20000	100%	Completed	20000	20000
Replacement of old doors	31/01/2023	10000	10000	100%	Completed	10000	10000
Installation of new lighting	01/02/2023	5000	5000	100%	Completed	5000	5000
Replacement of old pipes	02/02/2023	15000	15000	100%	Completed	15000	15000
Installation of new heating system	03/02/2023	40000	40000	100%	Completed	40000	40000
Replacement of old roof	04/02/2023	60000	60000	100%	Completed	60000	60000
Installation of new roof tiles	05/02/2023	50000	50000	100%	Completed	50000	50000
Painting of interior walls	06/02/2023	20000	20000	100%	Completed	20000	20000
Replacement of old floor	07/02/2023	10000	10000	100%	Completed	10000	10000
Installation of new floor	08/02/2023	10000	10000	100%	Completed	10000	10000
Replacement of old roof	09/02/2023	60000	60000	100%	Completed	60000	60000
Installation of new roof tiles	10/02/2023	50000	50000	100%	Completed	50000	50000
Painting of exterior walls	11/02/2023	30000	30000	100%	Completed	30000	30000
Installation of new windows	12/02/2023	20000	20000	100%	Completed	20000	20000
Replacement of old doors	13/02/2023	10000	10000	100%	Completed	10000	10000
Installation of new lighting	14/02/2023	5000	5000	100%	Completed	5000	5000
Replacement of old pipes	15/02/2023	15000	15000	100%	Completed	15000	15000
Installation of new heating system	16/02/2023	40000	40000	100%	Completed	40000	40000
Replacement of old roof	17/02/2023	60000	60000	100%	Completed	60000	60000
Installation of new roof tiles	18/02/2023	50000	50000	100%	Completed	50000	50000
Painting of interior walls	19/02/2023	20000	20000	100%	Completed	20000	20000
Replacement of old floor	20/02/2023	10000	10000	100%	Completed	10000	10000
Installation of new floor	21/02/2023	10000	10000	100%	Completed	10000	10000
Replacement of old roof	22/02/2023	60000	60000	100%	Completed	60000	60000
Installation of new roof tiles	23/02/2023	50000	50000	100%	Completed	50000	50000
Painting of exterior walls	24/02/2023	30000	30000	100%	Completed	30000	30000
Installation of new windows	25/02/2023	20000	20000	100%	Completed	20000	20000
Replacement of old doors	26/02/2023	10000	10000	100%	Completed	10000	10000
Installation of new lighting	27/02/2023	5000	5000	100%	Completed	5000	5000
Replacement of old pipes	28/02/2023	15000	15000	100%	Completed	15000	15000
Installation of new heating system	29/02/2023	40000	40000	100%	Completed	40000	40000
Replacement of old roof	30/02/2023	60000	60000	100%	Completed	60000	60000
Installation of new roof tiles	01/03/2023	50000	50000	100%	Completed	50000	50000
Painting of interior walls	02/03/2023	20000	20000	100%	Completed	20000	20000
Replacement of old floor	03/03/2023	10000	10000	100%	Completed	10000	10000
Installation of new floor	04/03/2023	10000	10000	100%	Completed	10000	10000
Replacement of old roof	05/03/2023	60000	60000	100%	Completed	60000	60000
Installation of new roof tiles	06/03/2023	50000	50000	100%	Completed	50000	50000
Painting of exterior walls	07/03/2023	30000	30000	100%	Completed	30000	30000
Installation of new windows	08/03/2023	20000	20000	100%	Completed	20000	20000
Replacement of old doors	09/03/2023	10000	10000	100%	Completed	10000	10000
Installation of new lighting	10/03/2023	5000	5000	100%	Completed	5000	5000
Replacement of old pipes	11/03/2023	15000	15000	100%	Completed	15000	15000
Installation of new heating system	12/03/2023	40000	40000	100%	Completed	40000	40000
Replacement of old roof	13/03/2023	60000	60000	100%	Completed	60000	60000
Installation of new roof tiles	14/03/2023	50000	50000	100%	Completed	50000	50000
Painting of interior walls	15/03/2023	20000	20000	100%	Completed	20000	20000
Replacement of old floor	16/03/2023	10000	10000	100%	Completed	10000	10000
Installation of new floor	17/03/2023	10000	10000	100%	Completed	10000	10000
Replacement of old roof	18/03/2023	60000	60000	100%	Completed	60000	60000
Installation of new roof tiles	19/03/2023	50000	50000	100%	Completed	50000	50000
Painting of exterior walls	20/03/2023	30000	30000	100%	Completed	30000	30000
Installation of new windows	21/03/2023	20000	20000	100%	Completed	20000	20000
Replacement of old doors	22/03/2023	10000	10000	100%	Completed	10000	10000
Installation of new lighting	23/03/2023	5000	5000	100%	Completed	5000	5000
Replacement of old pipes	24/03/2023	15000	15000	100%	Completed	15000	15000
Installation of new heating system	25/03/2023	40000	40000	100%	Completed	40000	40000
Replacement of old roof	26/03/2023	60000	60000	100%	Completed	60000	60000
Installation of new roof tiles	27/03/2023	50000	50000	100%	Completed	50000	50000
Painting of interior walls	28/03/2023	20000	20000	100%	Completed	20000	20000
Replacement of old floor	29/03/2023	10000	10000	100%	Completed	10000	10000
Installation of new floor	30/03/2023	10000	10000	100%	Completed	10000	10000
Replacement of old roof	31/03/2023	60000	60000	100%	Completed	60000	60000
Installation of new roof tiles	01/04/2023	50000	50000	100%	Completed	50000	50000
Painting of exterior walls	02/04/2023	30000	30000	100%	Completed	30000	30000
Installation of new windows	03/04/2023	20000	20000	100%	Completed	20000	20000
Replacement of old doors	04/04/2023	10000	10000	100%	Completed	10000	10000
Installation of new lighting	05/04/2023	5000	5000	100%	Completed	5000	5000
Replacement of old pipes	06/04/2023	15000	15000	100%	Completed	15000	15000
Installation of new heating system	07/04/2023	40000	40000	100%	Completed	40000	40000
Replacement of old roof	08/04/2023	60000	60000	100%	Completed	60000	60000
Installation of new roof tiles	09/04/2023	50000	50000	100%	Completed	50000	50000
Painting of interior walls	10/04/2023	20000	20000	100%	Completed	20000	20000
Replacement of old floor	11/04/2023	10000	10000	100%	Completed	10000	10000
Installation of new floor	12/04/2023	10000	10000	100%	Completed	10000	10000
Replacement of old roof	13/04/2023	60000	60000	100%	Completed	60000	60000
Installation of new roof tiles	14/04/2023	50000	50000	100%	Completed	50000	50000
Painting of exterior walls	15/04/2023	30000	30000	100%	Completed	30000	30000
Installation of new windows	16/04/2023	20000	20000	100%	Completed	20000	20000
Replacement of old doors	17/04/2023	10000	10000	100%	Completed	10000	10000
Installation of new lighting	18/04/2023	5000	5000	100%	Completed	5000	5000
Replacement of old pipes	19/04/2023	15000	15000	100%	Completed	15000	15000
Installation of new heating system	20/04/2023	40000	40000	100%	Completed	40000	40000
Replacement of old roof	21/04/2023	60000	60000	100%	Completed	60000	60000
Installation of new roof tiles	22/04/2023	50000	50000	100%	Completed	50000	50000
Painting of interior walls	23/04/2023	20000	20000	100%	Completed	20000	20000
Replacement of old floor	24/04/2023	10000	10000	100%	Completed	10000	10000
Installation of new floor	25/04/2023	10000	10000	100%	Completed	10000	10000
Replacement of old roof	26/04/2023	60000	60000	100%	Completed	60000	60000
Installation of new roof tiles	27/04/2023	50000	50000	100%	Completed	50000	50000
Painting of exterior walls	28/04/2023	30000	30000	100%	Completed	30000	30000
Installation of new windows	29/04/2023	20000	20000	100%	Completed	20000	20000
Replacement of old doors	30/04/2023	10000	10000	100%	Completed	10000	10000
Installation of new lighting	01/05/2023	5000	5000	100%	Completed	5000	5000
Replacement of old pipes	02/05/2023	15000	15000	100%	Completed	15000	15000
Installation of new heating system	03/05/2023	40000	40000	100%	Completed	40000	40000
Replacement of old roof	04/05/2023	60000	60000	100%	Completed	60000	60000
Installation of new roof tiles	05/05/2023	50000	50000	100%	Completed	50000	50000
Painting of interior walls	06/05/2023	20000	20000	100%	Completed	20000	20000
Replacement of old floor	07/05/2023	10000	10000	100%	Completed	10000	10000
Installation of new floor	08/05/2023	10000	10000	100%	Completed	10000	10000
Replacement of old roof	09/05/2023	60000	60000	100%	Completed	60000	60000
Installation of new roof tiles	10/05/2023	50000	50000	100%	Completed	50000	50000
Painting of exterior walls	11/05/2023	30000	30000	100%	Completed	30000	30000
Installation of new windows	12/05/2023	20000	20000	100%	Completed	20000	20000
Replacement of old doors	13/05/2023	10000	10000	100%	Completed	10000	10000
Installation of new lighting	14/05/2023	5000	5000	100%	Completed	5000	5000
Replacement of old pipes	15/05/2023	15000	15000	100%	Completed	15000	15000
Installation of new heating system	16/05/2023	40000	40000	100%	Completed	40000	40000
Replacement of old roof	17/05/2023	60000	60000	100%	Completed	60000	60000
Installation of new roof tiles	18/05/2023	50000	50000	100%	Completed	50000	50000
Painting of interior walls	19/05/2023	20000	20000	100%	Completed	20000	20000
Replacement of old floor	20/05/2023	10000	10000	100%	Completed	10000	10000
Installation of new floor	21/05/2023	10000	10000	100%	Completed	10000	10000
Replacement of old roof	22/05/2023	60000	60000	100%	Completed	60000	60000
Installation of new roof tiles	23/05/2023	50000	50000	100%	Completed	50000	50000
Painting of exterior walls	24/05/2023	30000	30000	100%	Completed	30000	30000
Installation of new windows	25/05/2023	20000	20000	100%	Completed	20000	20000
Replacement of old doors	26/05/2023	10000	10000	100%	Completed	10000	10000
Installation of new lighting	27/05/2023	5000	5000	100%	Completed	5000	5000
Replacement of old pipes	28/05/2023	15000	15000	100%	Completed	15000	15000
Installation							

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

Financial Parity for (3) Outpatient, In-Network (CP INN)

Coal Share Type	MMSD Coal Shares (as of 12/31/2019)	Payment Limit for MMSD Coal Shares	MMSD Financial Party Result
Debt/Equity	75.3%	\$90	Pass
Creditors/Debt	\$100-\$20	\$100-\$20	Pass
Common/Equity	75.3%	\$90	Pass
DDPSA	\$0, \$100-\$90	\$0, \$100-\$90	Pass
Overall			Pass

Enter Faxination
See yourself about

MSBUD Copayment entered under "Financials" Party for [X] Copayment, in Network [OPINQ] represents the highest MSBUD copayment across services in this classification, in any MSBUD 2007

*If not applicable, enter "N/A"

Plan Component	2019	2020	Impact
COBRA	\$0.00	\$0.00	OP ANN COBRA
Continued Care	\$0.00	\$0.00	OP ANN COBRA
COBRA	\$0.00	\$0.00	OP ANN COBRA
Continued Care	\$0.00	\$0.00	OP ANN COBRA

Step 2: Predominant Levels

Defensible III Defensible in Network for JRM

Does not apply to substantially all residential/urgent
 CARES anywhere in the left-hand column below.

[illegible]

Debt/Equity	Alliance Claims	Parties	Predominant & Smaller	Group Checking
	2013-2014	2013-2014		
Total	2013-2014	2013-2014		

Continued — (If Continued, See Schedule 102-2001)

Applies to substantially all medical/surgical benefits
ENTER different comment numbers for each

[illegible]

Category	Assigned Classes	Number	Prerequisite & Transfer	Senior Standing
1-400-000	99-000A-101	33-020		5-6-200
1-400-000	99-000A-102	4-010		5-6-200
1-400-000	99-000A-103	2-010		5-6-200
1-400-000	99-000A-104	2-020		5-6-200
1-400-000	99-000A-105	3-010		5-6-200
1-400-000	99-000A-106	3-020		5-6-200
1-400-000	99-000A-107	3-030		5-6-200
1-400-000	99-000A-108	3-040		5-6-200
1-400-000	99-000A-109	3-050		5-6-200
1-400-000	99-000A-110	3-060		5-6-200
1-400-000	99-000A-111	3-070		5-6-200
1-400-000	99-000A-112	3-080		5-6-200
1-400-000	99-000A-113	3-090		5-6-200
1-400-000	99-000A-114	3-100		5-6-200
1-400-000	99-000A-115	3-110		5-6-200
1-400-000	99-000A-116	3-120		5-6-200
1-400-000	99-000A-117	3-130		5-6-200
1-400-000	99-000A-118	3-140		5-6-200
1-400-000	99-000A-119	3-150		5-6-200
1-400-000	99-000A-120	3-160		5-6-200
1-400-000	99-000A-121	3-170		5-6-200
1-400-000	99-000A-122	3-180		5-6-200
1-400-000	99-000A-123	3-190		5-6-200
1-400-000	99-000A-124	3-200		5-6-200
1-400-000	99-000A-125	3-210		5-6-200
1-400-000	99-000A-126	3-220		5-6-200
1-400-000	99-000A-127	3-230		5-6-200
1-400-000	99-000A-128	3-240		5-6-200
1-400-000	99-000A-129	3-250		5-6-200
1-400-000	99-000A-130	3-260		5-6-200
1-400-000	99-000A-131	3-270		5-6-200
1-400-000	99-000A-132	3-280		5-6-200
1-400-000	99-000A-133	3-290		5-6-200
1-400-000	99-000A-134	3-300		5-6-200
1-400-000	99-000A-135	3-310		5-6-200
1-400-000	99-000A-136	3-320		5-6-200
1-400-000	99-000A-137	3-330		5-6-200
1-400-000	99-000A-138	3-340		5-6-200
1-400-000	99-000A-139	3-350		5-6-200
1-400-000	99-000A-140	3-360		5-6-200
1-400-000	99-000A-141	3-370		5-6-200
1-400-000	99-000A-142	3-380		5-6-200
1-400-000	99-000A-143	3-390		5-6-200
1-400-000	99-000A-144	3-400		5-6-200
1-400-000	99-000A-145	3-410		5-6-200
1-400-000	99-000A-146	3-420		5-6-200
1-400-000	99-000A-147	3-430		5-6-200
1-400-000	99-000A-148	3-440		5-6-200
1-400-000	99-000A-149	3-450		5-6-200
1-400-000	99-000A-150	3-460		5-6-200
1-400-000	99-000A-151	3-470		5-6-200
1-400-000	99-000A-152	3-480		5-6-200
1-400-000	99-000A-153	3-490		5-6-200
1-400-000	99-000A-154	3-500		5-6-200
1-400-000	99-000A-155	3-510		5-6-200
1-400-000	99-000A-156	3-520		5-6-200
1-400-000	99-000A-157	3-530		5-6-200
1-400-000	99-000A-158	3-540		5-6-200
1-400-000	99-000A-159	3-550		5-6-200
1-400-000	99-000A-160	3-560		5-6-200
1-400-000	99-000A-161	3-570		5-6-200
1-400-000	99-000A-162	3-580		5-6-200
1-400-000	99-000A-163	3-590		5-6-200
1-400-000	99-000A-164	3-600		5-6-200
1-400-000	99-000A-165	3-610		5-6-200
1-400-000	99-000A-166	3-620		5-6-200
1-400-000	99-000A-167	3-630		5-6-200
1-400-000	99-000A-168	3-640		5-6-200
1-400-000	99-000A-169	3-650		5-6-200
1-400-000	99-000A-170	3-660		5-6-200
1-400-000	99-000A-171	3-670		5-6-200
1-400-000	99-000A-172	3-680		5-6-200
1-400-000	99-000A-173	3-690		5-6-200
1-400-000	99-000A-174	3-700		5-6-200
1-400-000	99-000A-175	3-710		5-6-200
1-400-000	99-000A-176	3-720		5-6-200
1-400-000	99-000A-177	3-730		5-6-200
1-400-000	99-000A-178	3-740		5-6-200
1-400-000	99-000A-179	3-750		5-6-200
1-400-000	99-000A-180	3-760		5-6-200
1-400-000	99-000A-181	3-770		5-6-200
1-400-000	99-000A-182	3-780		5-6-200
1-400-000	99-000A-183	3-790		5-6-200
1-400-000	99-000A-184	3-800		5-6-200
1-400-000	99-000A-185	3-810		5-6-200
1-400-000	99-000A-186	3-820		5-6-200
1-400-000	99-000A-187	3-830		5-6-200
1-400-000	99-000A-188	3-840		5-6-200
1-400-000	99-000A-189	3-850		5-6-200
1-400-000	99-000A-190	3-860		5-6-200
1-400-000	99-000A-191	3-870		5-6-200
1-400-000	99-000A-192	3-880		5-6-200
1-400-000	99-000A-193	3-890		5-6-200
1-400-000	99-000A-194	3-900		5-6-200
1-400-000	99-000A-195	3-910		5-6-200
1-400-000	99-000A-196	3-920		5-6-200
1-400-000	99-000A-197	3-930		5-6-200
1-400-000	99-000A-198	3-940		5-6-200
1-400-000	99-000A-199	3-950		5-6-200
1-400-000	99-000A-200	3-960		5-6-200
1-400-000	99-000A-201	3-970		5-6-200
1-400-000	99-000A-202	3-980		5-6-200
1-400-000	99-000A-203	3-990		5-6-200
1-400-000	99-000A-204	3-000		5-6-200
1-400-000	99-000A-205	3-000		5-6-200
1-400-000	99-000A-206	3-000		5-6-200
1-400-000	99-000A-207	3-000		5-6-200
1-400-000	99-000A-208	3-000		5-6-200
1-400-000	99-000A-209	3-000		5-6-200
1-400-000	99-000A-210	3-000		5-6-200
1-400-000	99-000A-211	3-000		5-6-200
1-400-000	99-000A-212	3-000		5-6-200
1-400-000	99-000A-213	3-000		5-6-200
1-400-000	99-000A-214	3-000		5-6-200
1-400-000	99-000A-215	3-000		5-6-200
1-400-000	99-000A-216	3-000		5-6-200
1-400-000	99-000A-217	3-000		5-6-200
1-400-000	99-000A-218	3-000		5-6-200
1-400-000	99-000A-219	3-000		5-6-200
1-400-000	99-000A-220	3-000		5-6-200
1-400-000	99-000A-221	3-000		5-6-200
1-400-000	99-000A-222	3-000		5-6-200
1-400-000	99-000A-223	3-000		5-6-200
1-400-000	99-000A-224	3-000		5-6-200
1-400-000	99-000A-225	3-000		5-6-200
1-400-000	99-000A-226	3-000		5-6-200
1-400-000	99-000A-227	3-000		5-6-200
1-400-000	99-000A-228	3-000		5-6-200
1-400-000	99-000A-229	3-000		5-6-200
1-400-000	99-000A-230	3-000		5-6-200
1-400-000	99-000A-231	3-000		5-6-200
1-400-000	99-000A-232	3-000		5-6-200
1-400-000	99-000A-233	3-000		5-6-200
1-400-000	99-000A-234	3-000		5-6-200
1-400-000	99-000A-235	3-000		5-6-200
1-400-000	99-000A-236	3-000		5-6-200
1-400-000	99-000A-237	3-000		5-6-200
1-400-000	99-000A-238	3-000		5-6-200
1-400-000	99-000A-239	3-000		5-6-200
1-400-000	99-000A-240	3-000		5-6-200
1-400-000	99-000A-241	3-000		5-6-200
1-400-000	99-000A-242	3-000		5-6-200
1-400-000	99-000A-243	3-000		5-6-200
1-400-000	99-000A-244	3-000		5-6-200
1-400-000	99-000A-245	3-000		5-6-200
1-400-000	99-000A-246	3-000		5-6-200
1-400-000	99-000A-247	3-000		5-6-200
1-400-000	99-000A-248	3-000		5-6-200
1-400-000	99-000A-249	3-000		5-6-200
1-400-000	99-000A-250	3-000		5-6-200
1-400-000	99-000A-251	3-000		5-6-200
1-400-000	99-000A-252	3-000		5-6-200
1-400-000	99-000A-253	3-000		5-6-200
1-400-000	99-000A-254	3-000		5-6-200
1-400-000	99-000A-255	3-000		5-6-200
1-400-000	99-000A-256	3-000		5-6-200
1-400-000	99-000A-257	3-000		5-6-200
1-400-000	99-000A-258	3-000		5-6-200
1-400-000	99-000A-259	3-000		5-6-200
1-400-000	99-000A-260	3-000		5-6-200
1-400-000	99-000A-261	3-000		5-6-200
1-400-000	99-000A-262	3-000		5-6-200
1-400-000	99-000A-263	3-000		5-6-200
1-400-000	99-000A-264	3-000		5-6-200
1-400-000	99-000A-265	3-000		5-6-200
1-400-000	99-000A-266	3-000		5-6-200
1-400-000	99-000A-267	3-000		5-6-200
1-400-000	99-000A-268	3-000		5-6-200
1-400-000	99-000A-269	3-000		5-6-200
1-400-000	99-000A-270	3-000		5-6-200
1-400-000	99-000A-271	3-000		5-6-200
1-400-000	99-000A-272	3-000		5-6-200
1-400-000	99-000A-273	3-000		5-6-200
1-400-000	99-000A-274	3-000		5-6-200
1-400-000	99-000A-275	3-000		5-6-200
1-400-000	99-000A-276	3-000		5-6-200
1-400-000	99-000A-277	3-000		5-6-200
1-400-000	99-000A-278	3-000		5-6-200
1-400-000	99-000A-279	3-000		5-6-200
1-400-000	99-000A-280	3-000		5-6-200
1-400-000	99-000A-281	3-000		5-6-200
1-400-000	99-000A-282	3-000		5-6-200
1-400-000	99-000A-283	3-000		5-6-200
1-400-000	99-000A-284	3-000		5-6-200
1-400-000	99-000A-285	3-000		5-6-200
1-400-000	99-000A-286	3-000		5-6-200
1-400-000	99-000A-287	3-000		5-6-200
1-400-000	99-000A-288	3-000		5-6-200
1-400-000	99-000A-289	3-000		5-6-200
1-400-000	99-000A-290	3-000		5-6-200
1-400-000	99-000A-291	3-000		5-6-200
1-400-000	99-000A-292	3-000		5-6-200
1-400-000	99-000A-293	3-000		5-6-200
1-400-000	99-000A-294	3-000		5-6-200
1-400-000	99-000A-295	3-000		5-6-200
1-400-000	99-000A-296	3-000		5-6-200
1-400-000	99-000A-297	3-000		5-6-200
1-400-000	99-000A-298	3-000		5-6-200
1-400-000	99-000A-299	3-000		5-6-200
1-400-000	99-000A-300	3-000		5-6-200
1-400-000	99-000A-301	3-000		5-6-200
1-400-000	99-000A-302	3-000		5-6-200
1-400-000	99-000A-303	3-000		5-6-200
1-400-000	99-000A-304	3-000		5-6-200
1-400-000	99-000A-305	3-000		5-6-200
1-400-000	99-000A-306	3-000</		

Abstract — This paper presents a new approach to the problem of finding a minimum cost path in a network. The approach is based on the use of a heuristic function to estimate the cost of the path. The heuristic function is defined as the sum of the cost of the path and the cost of the remaining path. The cost of the remaining path is estimated by the heuristic function. The heuristic function is used to select the next node to visit. The process is repeated until the goal node is reached. The heuristic function is used to select the next node to visit. The process is repeated until the goal node is reached.

DELETE any values in the left-hand column below.

Category	Allowed Claims	Period	Paid amount & length	Error Checking
	01-01			
	01-01			
	01-01			
	01-01			
	01-01			
Total	01-01	01-01		

--	--	--	--	--	--

DOPM --- [X] Outpatient, In Network [CP 300]

INTEN different copay amounts from students by

DDMM	Allowed Claims	Refuse	Paid/Deposit & Insurer	Error Checking
04/04/2019	01/01/2019-01/01/2019	01/01/2019	\$4,000.00	
	01/01/2019			
	01/01/2019			
	01/01/2019			
04/04/2019	01/01/2019-01/01/2019	01/01/2019		

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

Issuer / Market:	UnitedHealthcare of Oregon, Inc.
Market:	Individual

Workbook tip:
Link back to Summary Sheet
Use Values Left Column
Get the Example worksheet for additional details.

PLAN INFORMATION

Plan Name:	UHC Silver Choice Focus	once this will auto populate from summary sheet menu
Plan ID:	4350NAN000001-05	once this will auto populate from summary sheet menu
CSR Version Description:	(SPT)	once if the plan is a CSR contract, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result:	Pass	once this will auto populate from summary sheet menu
Link only work for sections that are not already highlighted		

Testing Options	Column Options	No Error Found?
Option	Selection	
Set of Network Test	Test	
Outpatient Benefit Testing	Test	

Results by Benefit Classification						
A. Benefit Classification	B. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification? (In-Network)	C. Test Required? (In-Network)	D. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification? (Out of Network)	E. Test Required? (Out of Network)	F. No Network Test	
					G1. Out of Network	G2. Out of Network
Supplemental	Yes	No			Pass	Pass
Outpatient	Yes	No			Pass	Pass
Outpatient - Out of Network	Yes	No			Pass	Pass
CD	Yes	No			Pass	Pass
A. Benefit Classification		B. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification?	C. Test Required?	D. Test Results		
Emergency Care	Yes	No	Pass			
Prescription Drug	Yes	No	Pass			

<p>Click the links in the cells below to scroll directly to the stated section(s)</p>				
Move to IP IN	Move to IP COIN	Move to OP IN	Move to OP-OP IN	Move to OP-AD
Move to OP COIN	Move to OP-OP COIN	Move to OP-AD CO	Move to EL	Move to EL

[illegible]

COFM	Allowed Claims	Portion	Predominant &	Error Checkline
\$2,250.00	\$43,327.71	100.00%	\$2,250.00	
	\$0.00			
	\$0.00			
	\$0.00			

Benefit Classification	(2a) Outpatient - All Other, In-Network (OP-AO INN)
------------------------	---

Click on the **Home** button found in the **Green** box.

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

Move to IP IN	Move to IP CON	Move to IP IN	Move to CP-IP IN	Move to CP-AD IN
Move to CP CON	Move to CP-CP CON	Move to CP-AD CON	Move to EG	Move to EG

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification: [2b] Outpatient - All Other, In-Network (OP-AO INN)
Notes: Use this table if you are separately billing outpatient office visits and all other outpatient services.

[illegible]

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

[illegible]

2024	2025-2026	2027-2028	
------	-----------	-----------	--

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

Issuer / Market: UnitedHealthcare of Oregon, Inc.
Market: Individual

Worksheet Help
Link back to Summary Sheet
Return to the Worksheet
See the example worksheet for additional details.

PLAN INFORMATION

Plan Name: UHC Short Costs Share [View this and other popular plans from summary sheet reports](#)
Plan ID: CLOSORAG0000017-00 [View this and other popular plans from summary sheet reports](#)
CSR Market Segment: 0000 [View this plan in a CSR report, identify all other differences, review the Test Results](#)

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: **Pass**
[Link to only work for questions that are not already addressed in a](#)

Click the links in the cells below to go directly to the report worksheets			
View the CSRs	View the CSRs	View the CSRs	View the CSRs
View the CSRs	View the CSRs	View the CSRs	View the CSRs

Testing Options		Submit Options	
Submit	Submit	Submit Options	Are Errors Found?
Out of Network Test	Yes	Submit Options	Yes
Outpatient Network Testing	Submit Options	Submit Options	Submit Options

Results by Benefit Classification		A. Test Required?		B. Test Results	
A. Benefit Classification	B. Do the MHSUD cost share match all Medical/Therapeutic cost shares in the benefit classification? (In Network)	C. Test Required?	D. Do the MHSUD cost share match all Medical/Therapeutic cost shares in the benefit classification? (Out of Network)	E. Test Required?	F. Test Results
Supplemental	Yes	No		Yes	Pass
Supplemental - All	Yes	No		Yes	Pass
Supplemental - All	Yes	No		Yes	Pass
Supplemental - All	Yes	No		Yes	Pass
A. Benefit Classification		B. Do the MHSUD cost share match all Medical/Therapeutic cost shares in the benefit classification?	C. Test Required?	D. Test Results	
Supplemental Cost	Yes	No	Yes	Pass	
Supplemental Cost	Yes	No	Yes	Pass	

(2b) Outpatient - All Other, In-Network (OP-AO INN)

Click..... Errors found:

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

to IF IN	Move to IF CON	Move to CP IN	Move to CP OV IN	Move to CP-AC IN
to CP CON	Move to CP-OV CON	Move to CP-AC CON	Move to ER	Move to BR

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

[2b] Outpatient - All Other, In-Network (OP-AO INN)
Use this table if you are separately billing outpatient office visits and all other outpatient services.

[illegible]

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

Financial Parity for FBO Outpatient All Other, In-Network (OP-AD INN)				All Other, Out-Of-Network (OP-AD OON)	
Cost Share Type	Member Cost Share	Employer/union Cost Share	OP-AD Preferred Provider Share	OP-AD Non-Preferred Provider Share	Other Member
Outpatient	10%	0%	0%	0%	
Copayment	\$20	\$100.00	\$0.00	\$0.00	
Coinurance	20%	0%	0%	0%	
Out-of-pocket	\$1,000	\$0.00	\$0.00	\$0.00	
Out-of-pocket	\$1,000	\$0.00	\$0.00	\$0.00	

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ 5% of medical/surgical benefits)

Category	OP-AD INN	OP-AD OON	OP-AD PPN	OP-AD NPN
Enrollment	20,143.76	83,443.1	OP-AD PPN Enrollment	0
Enrollment %	55.28614	2.6761	0%	0%
OSM	\$21,212.0	100,000.0	OP-AD PPN OSM	0
Total Revenue	\$21,212.0	100,000.0	0	0

2019 - 2020		2020 - 2021		2021 - 2022		2022 - 2023		2023 - 2024		2024 - 2025		2025 - 2026		2026 - 2027		2027 - 2028		2028 - 2029		2029 - 2030		2030 - 2031		2031 - 2032		2032 - 2033		2033 - 2034		2034 - 2035		2035 - 2036		2036 - 2037		2037 - 2038		2038 - 2039		2039 - 2040		2040 - 2041		2041 - 2042		2042 - 2043		2043 - 2044		2044 - 2045		2045 - 2046		2046 - 2047		2047 - 2048		2048 - 2049		2049 - 2050		2050 - 2051		2051 - 2052		2052 - 2053		2053 - 2054		2054 - 2055		2055 - 2056		2056 - 2057		2057 - 2058		2058 - 2059		2059 - 2060		2060 - 2061		2061 - 2062		2062 - 2063		2063 - 2064		2064 - 2065		2065 - 2066		2066 - 2067		2067 - 2068		2068 - 2069		2069 - 2070		2070 - 2071		2071 - 2072		2072 - 2073		2073 - 2074		2074 - 2075		2075 - 2076		2076 - 2077		2077 - 2078		2078 - 2079		2079 - 2080		2080 - 2081		2081 - 2082		2082 - 2083		2083 - 2084		2084 - 2085		2085 - 2086		2086 - 2087		2087 - 2088		2088 - 2089		2089 - 2090		2090 - 2091		2091 - 2092		2092 - 2093		2093 - 2094		2094 - 2095		2095 - 2096		2096 - 2097		2097 - 2098		2098 - 2099		2099 - 2100		2100 - 2101		2101 - 2102		2102 - 2103		2103 - 2104		2104 - 2105		2105 - 2106		2106 - 2107		2107 - 2108		2108 - 2109		2109 - 2110		2110 - 2111		2111 - 2112		2112 - 2113		2113 - 2114		2114 - 2115		2115 - 2116		2116 - 2117		2117 - 2118		2118 - 2119		2119 - 2120		2120 - 2121		2121 - 2122		2122 - 2123		2123 - 2124		2124 - 2125		2125 - 2126		2126 - 2127		2127 - 2128		2128 - 2129		2129 - 2130		2130 - 2131		2131 - 2132		2132 - 2133		2133 - 2134		2134 - 2135		2135 - 2136		2136 - 2137		2137 - 2138		2138 - 2139		2139 - 2140		2140 - 2141		2141 - 2142		2142 - 2143		2143 - 2144		2144 - 2145		2145 - 2146		2146 - 2147		2147 - 2148		2148 - 2149		2149 - 2150		2150 - 2151		2151 - 2152		2152 - 2153		2153 - 2154		2154 - 2155		2155 - 2156		2156 - 2157		2157 - 2158		2158 - 2159		2159 - 2160		2160 - 2161		2161 - 2162		2162 - 2163		2163 - 2164		2164 - 2165		2165 - 2166		2166 - 2167		2167 - 2168		2168 - 2169		2169 - 2170		2170 - 2171		2171 - 2172		2172 - 2173		2173 - 2174		2174 - 2175		2175 - 2176		2176 - 2177		2177 - 2178		2178 - 2179		2179 - 2180		2180 - 2181		2181 - 2182		2182 - 2183		2183 - 2184		2184 - 2185		2185 - 2186		2186 - 2187		2187 - 2188		2188 - 2189		2189 - 2190		2190 - 2191		2191 - 2192		2192 - 2193		2193 - 2194		2194 - 2195		2195 - 2196		2196 - 2197		2197 - 2198		2198 - 2199		2199 - 2200		2200 - 2201		2201 - 2202		2202 - 2203		2203 - 2204		2204 - 2205		2205 - 2206		2206 - 2207		2207 - 2208		2208 - 2209		2209 - 2210		2210 - 2211		2211 - 2212		2212 - 2213		2213 - 2214		2214 - 2215		2215 - 2216		2216 - 2217		2217 - 2218		2218 - 2219		2219 - 2220		2220 - 2221		2221 - 2222		2222 - 2223		2223 - 2224		2224 - 2225		2225 - 2226		2226 - 2227		2227 - 2228		2228 - 2229		2229 - 2230		2230 - 2231		2231 - 2232		2232 - 2233		2233 - 2234	
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Issuer / Market: UnitedHealthcare of Oregon, Inc.
Market: Individual

See the [Workshop worksheet](#) for additional details.

Plan ID:	63659WAG00000000	cccThis will auto populate from summary sheet macro
CSR Variant Description:		cccdif the plan is a CSR variant, identify it here. Otherwise, leave the field blank

Links also work for sections that are not always highlighted					
Testing Options		Columns Options		No Rows Found?	
Options	Information				
Out of Network Test	Yes	Editable Columns		Yes	
Outgoing Benefit Testing	Yes/No/None	Under/Include All Columns			

[illegible]

Close

Click on the button found in the box.

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

Move to IP 100	Move to IP 1000	Move to IP 10000	Move to IP 100 000	Move to IP 100 000 000
Move to IP 100 000	Move to IP 100 000 000	Move to IP 10 000 000	Move to IP	Move to 00

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Verification: (R) Outpatient, In-Network (DP WNC)
Use the table below as a portion of a contract.

Benefit Classification	(2a) Outpatient - All Other, In-Network (OP-AO INN)
------------------------	---

Click on the **Time** button. The **Smart found:** button will be highlighted.

Click the links in the cells below to scroll directly to the stated section				
Move to IF IN	Move to IF OCN	Move to OP IN	Move to OP-OP IN	Move to OP-OP IN
Move to OP OCN	Move to OP-OP OCN	Move to OP-OP OCN	Move to FB	Move to RI

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification: [2b] Outpatient - All Other, In-Network [OP-AO INN]
Notes: Use this table if you are separately billing outpatient office visits and all other outpatient services.

[illegible]

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3b) Outpatient - All Other, In-Network (OP-AO INN)

Cost-Benefit Type	SMMSD Cost Benefit	Prevalence-Based Level Fee	SMMSD Financial Priority Result	Enter Priorities
Deductible	\$C 300.00	\$C 300.00	Pass	
Copayment	0%	Pass	Pass	
Coinurance	0%	Pass	Pass	
ODM	\$C 300.00	\$C 300.00	Pass	
Overall			Pass	

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., $\geq 1\%$ of medical/surgical benefits)			
Deductible	\$6,511.54	91.58%	OP-AD INN Deductible
Copayment	\$0.00	0.00%	Fail
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$7,330.58	100.00%	OP-AD INN OOPM

Step 2 Predominant Level

Deductible: <input type="checkbox"/> All Deductibles - All Other: <input type="checkbox"/> Network <input type="checkbox"/> Out of Network	Group: <input type="text"/>	Plan: <input type="text"/>
--	-----------------------------	----------------------------

INTER different deductible amounts from smallest to largest.

[illegible]

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$0.00	\$0.00	0.0%	\$0.00	
\$5,000.00	\$6,511.54	91.58%	\$5,000.00	
Total	\$7,110.58	100.00%		

Does not apply to substantially all medically-used benefits in this plan.

DELETE any values in the left-hand column below.

Comment	Abused Child

Copyment	Allowed Claims	Portion	Predominant & Smaller	Similar Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

	100.00	100.00

Coverage --- (H) Outpatient - All Other, In-Network (OP-AD IN)	
--	--

Followers	Abused Followers	Outliers	Deafened and B. Smother	Score (0-100)
	50-50			
	50-50			

	\$0.00	
	\$0.00	

Total	50.00	
-------	-------	--

<p>GOPM --- (11) Outpatient - All Other, In-Network (OP-AD IN)</p> <p>Applies to substantially all medical/surgical benefits in this classification.</p> <p>ENTER different gopm amounts from smallest to largest.</p>		<p>Grant found:</p>
---	--	---------------------

GSN	Following Claims	Percentage
\$6,300.00	\$7,120.58	10

	50.00	
	50.00	

	\$0.00			
	\$0.00			
Total	\$7,130.58	100.00%		

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

Issuer / Member: UnitedHealthcare of Oregon, Inc.
Market: Individual

Worksheet title
Link back to Summary Sheet
Use Impact Cost Summary
See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: UnitedHealthcare of Oregon, Inc. Cascade Silver (PFF Exchange Only)
Plan ID: C2020M00000000-00
CSR Version Description: CSR version description
csc00This will auto populate from summary sheet name
csc01This will auto populate from summary sheet name
csc02If 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/seen

Testing Options

Options

Selection

Test of Network Test 1: Yes
Outpatient Benefit Testing: Yes - Value Required

Column Options

No Errors Found? True

Results by Benefit Classification

A. Benefit Classification	B. Do the MHSUD cost shares match all Medical/Target cost shares in the Benefit Classification? (Out of Network)	C. Test Required? (Out of Network)	D. Do the MHSUD cost shares match all Medical/Target cost shares in the Benefit Classification? (Out of Network)	C. Test Required? (Out of Network)	D. Out of Network	E. Out of Network	F. Test Results
Supplemental	No	No			Pass		Pass
Outpatient	No	No			Pass		Pass
Outpatient - Self-pay	No	No			Pass		Pass
Other	No	No			Pass		Pass
A. Benefit Classification	B. Do the MHSUD cost shares match all Medical/Target cost shares in the Benefit Classification?	C. Test Required?	D. Test Results				
Emergency Care	No	No	Pass				
Prescription Drugs	No	No	Pass				

Click the links in the cells below to scroll directly to the stated section:				
Move to IP IN	Move to IP COIN	Move to OP IN	Move to OP OV IN	Move to OP AO
Move to OP COIN	Move to OP OV COIN	Move to OP AO CO	Move to EE	Move to EE

[illegible]

Total	58,603.23	100.00%		
-------	-----------	---------	--	--

Benefit Classification [2a] Outpatient - All Other, In-Network (OP-AO INN)

Click >>>>

-----Click the links in the calls below to scroll directly to the stated section-----

Move to IP IN	Move to IP OCN	Move to IP INF	Move to OP-QV IN	Move to OP-AD IN
Move to OP OCN	Move to OP-QV OCN	Move to AD-AD OCN	Move to EG	Move to EG

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification: [2b] Outpatient - All Other, In-Network [OP-AO INN]
Notes: Use this table if you are separately billing outpatient office visits and all other outpatient services.

[illegible]

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

[illegible]

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

Issuer / Market: UnitedHealthcare of Oregon, Inc.
Market: Individual

Workbook tip

[Link back to Summary Sheet](#)
Use Values Left Column
Get the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: UHC Gold Advantage
Plan ID: 4350NNA000000-05

once this will auto populate from summary sheet inputs

once this will auto populate from summary sheet inputs

once if the plan is a CSR contract, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: Pass

once click this link in the cells below to go directly to the signal section below

View by ID Only

View by ID Only

View by ID Only

View by ID Only

View by ID Only

Testing Options

Options

Selection

Column Options

No Error Found?

Results By Benefit Classification						
A. Benefit Classification	B. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification? (In-Network)	C. Test Required? (In-Network)	D. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification? (Out of Network)	E. Test Required? (Out of Network)	F. No Network Test	
					G1. Out of Network	G2. Out of Network
Supplemental	Yes	No			Pass	Pass
Disability	Yes	No			Pass	Pass
Prescription Drug	Yes	No			Pass	Pass
Other	Yes	No			Pass	Pass
A. Benefit Classification	B. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification?	C. Test Required?	D. Test Results			
Supplemental	Yes	No	Pass			
Disability	Yes	No	Pass			
Prescription Drug	Yes	No	Pass			
Other	Yes	No	Pass			

Benefit Classification	[2a] Outpatient - All Other, In-Network (OP-AO INN)
------------------------	---

Click on the **Time** button. The **Smart found:** button will be highlighted.

Click the links in the cells below to scroll directly to the stated sections				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OW INN	Move to OP-AD INN
Move to OP OON	Move to OP-OW OON	Move to OP-AD OON	Move to EE	Move to EE

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification: [2b] 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.

[illegible]

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3b) Outpatient - All Other, In-Network (OP-AO INN)				Enter Priorities	
Cost Share Type	SMHSC Cost Share	Prevalent Level Cost	SMHSC Financial Parity Result		
Deductible	\$0.00	\$0.00	Pass		
Copayment	\$2.00	\$20.00	Pass		
Coinsurance	N/A	5%	Pass		
OOPM	\$7,500.00	\$7,500.00	Pass		
Overall			Pass		

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ 2% of medical/surgical benefits)			
Deductible	\$251,303.52	83.64%	OP-AP INN Deductible
Copayment	\$251,064.87	83.65%	OP-AP INN Copayment
Coinurance	\$32,791.85	7.79%	Fail
OPPM	\$419,486.14	100.00%	OP-AP INN OPPM
Total Income	\$419,486.14		

Step 2 Predominant Level

Orderable ... (1) Out of stock - All Order to Network 10/24/2004	Order found:	
--	--------------	--

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

[illegible]

Deductible	Award Claim	Portion	Predominant & Smaller	Error Checking
\$0.00	\$68,582.54	16.3%	\$0.00	
\$500.00	\$351,302.57	83.6%	\$500.00	
Total	\$419,885.11	100.0%		

Continuum — (2b) Outpatient - All Other, In-Network (OP-60-NN)

Applies to substantially all medical/surgical benefits in this classification.
CUTER different co-payment amounts from smallest to largest

INTER different copayment amounts from smallest to large

Copyright	Abroad Claims	Purities	Predominant & Smaller	Minor/Checking
\$12.00	\$18,063.60	5.14%	\$12.00	
\$35.00	\$7,823.60	2.26%	\$35.00	
\$50.00	\$5,465.40	1.58%	\$50.00	
\$64.00	\$30,450.27	8.69%	\$64.00	
\$75.00	\$47,668.32	13.57%	\$75.00	
\$120.00	\$11,881.65	3.48%	\$120.00	
\$163.00	\$16,379.32	46.67%	\$163.00	
\$164.00	\$31,549.26	9.25%	\$164.00	
\$300.00	\$56,549.23	16.13%	\$300.00	
Total	\$312,084.87	100.00%		

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

DELETE any values in the left-hand column below.

Collocation	Allowed Claims	Parties	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

COPIES -- 011 Outcastest - All Other, in-Network IOP-60 0001

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

ENTER different origin antibodies with identical isotypes.

DPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$7,500.00	\$429,686.34	100.00%	\$7,500.00	
	50.00			

	2023		
	2024		
Total	2023-2024	2023-2024	

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

Issuer / Market: UnitedHealthcare of Oregon, Inc.
Market: Individual

Workbook Info

[Link back to Summary Sheet](#)

PLAN INFORMATION

Plan Name: UHC Gold Value HSA (Off Exchange Only)
Blue ID: 630704140020033_00

cccThis will auto populate from summary sheet macro
cccThis will auto populate from summary sheet macro

ant Description:

-----if the plan is a CSR variant, identify it here. Otherwise

RESULTS, BY BENEFIT CLASSIFICATION

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<><><

Testing Options	
1. Pre-Test	2. Post-Test
3. Mid-Test	4. Final Test

Option	Selection
Out-of-Network Tier?	No
Outpatient Benefit Tying	Office Visits Separate

Column 8: Options

Update Columns
Hide/Unhide All Columns

No Errors Found?
Yes

10.4

Results by Benefit Classification

A. Security Classification		B. Is the MIBID user shares match all MIBID/Original user shares in the Security Classification?		C. Test Requested?		D. Test Results		E. Test Results
Original User	Classification (if not same)	Yes	No	Yes (if Network)	No (if Network)	Yes (if Network)	No (if Network)	
Original User	Classification (if not same)	Yes	No	Yes (if Network)	No (if Network)	Yes (if Network)	No (if Network)	
Original User	Classification (if not same)	Yes	No	Yes (if Network)	No (if Network)	Yes (if Network)	No (if Network)	
Original User	Classification (if not same)	Yes	No	Yes (if Network)	No (if Network)	Yes (if Network)	No (if Network)	
Original User	Classification (if not same)	Yes	No	Yes (if Network)	No (if Network)	Yes (if Network)	No (if Network)	
Original User	Classification (if not same)	Yes	No	Yes (if Network)	No (if Network)	Yes (if Network)	No (if Network)	
A. Security Classification		B. Is the MIBID user shares match all MIBID/Original user shares in the Security Classification?		C. Test Requested?		D. Test Results		
Original User	Classification (if not same)	Yes	No	Yes (if Network)	No (if Network)	Yes (if Network)	No (if Network)	
Original User	Classification (if not same)	Yes	No	Yes (if Network)	No (if Network)	Yes (if Network)	No (if Network)	
Original User	Classification (if not same)	Yes	No	Yes (if Network)	No (if Network)	Yes (if Network)	No (if Network)	
Original User	Classification (if not same)	Yes	No	Yes (if Network)	No (if Network)	Yes (if Network)	No (if Network)	

[illegible]

Financial Parity for (3a) Outpatient - Office Visits, In-Network (OP-OV INN)				Order Position	
Cost Share Type	MMHC Cost Share	Predecessor Level 1a	MMHC Financial		
Deductible	\$3,400.00	\$3,400.00	Pass		
Copayment	7.50.00	(\$0.00)	Pass		
Coinurance	40%	50%	Fail		
OOPM	\$4,000.00	\$4,000.00	Pass		
Overall			Pass		

Step 1 Substantially All (i.e., ≥ % of medical/surgical benefits)			
Deductible	\$896.47	89.22%	OP-OWN Deductible
Co-payment	\$807.51	89.42%	OP-OWN Co-payment
Co-insurance	\$108.95	93.83%	Full
COOPM	\$1,004.80	100.00%	OP-OWN COOPM
Total Expected	\$1,004.80		

Step 2 Predominant/verbal				
Deductible – Full Outpatient Office visits to Network POP-OP only Applies to substantially all medical/surgical benefits in this classification. INTER different deductible amounts from unified to target.				Errors found: 0
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$0.00	0.008.23	90.78%	\$0.00	
\$1,400.00	0.096.47	89.22%	\$1,400.00	
Total	\$1,004.80	100.00%		

Equipment — Fair Market Value — Office Visits, in-Hospital, 800-PPV, 100%			Errors found:	3
applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.				
Copayment	Allowed Claims	Perctn	Predominant % Couples	Error Checking
\$20.00	5,772.66	39.50%	\$20.00	
\$25.00	5,424.88	63.91%	\$20.00	
\$0.00				
\$0.00				
Total	2497.51	100.00%		

Colourscore	Allowed Claims	Portion	Predominant &	Issue Checking
0.00%				
0.00%				
0.00%				
0.00%				
0.00%				
Total	0.00%	0.00%		

COFPA – (3rd Quarter) – Office Visits to Network (OP-29 302)

Errors found: 0

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

ENTER different copay amounts from smallest to largest.

COFPA	Allowed Charges	Portion	Predetermined %	Error Checking
\$4,000.00	\$1,004.80	100.00%	\$4,000.00	
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$1,004.80	100.00%		

Benefit Classification	(2a) Outpatient - All Other, In-Network (OP-AO INN)
------------------------	---

Click on the **Time** button. The **Smart found:** button will be highlighted.

Click the links in the cells below to scroll directly to the stated section				
Move to IP INN	Move to IP COIN	Move to OP INN	Move to OP-OV INN	Move to OP-AG INN
Move to OP COIN	Move to OP-OV COIN	Move to OP-AG COIN	Move to EB	Move to BX

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification: [2b] Outpatient - All Other, In-Network (OP-AO INN)
Notes: Use this table if you are separately billing outpatient office visits and all other outpatient services.

[illegible]

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Card-Maker Type	MMHC Cost Share	Reimbursement Level (C)	MMHC Financial Policy Result
Deductible	\$3,000.00	\$3,000.00	Pass
Copayment	N/A	0.00	Pass
Coinurance	20%	20%	Pass
OOPM	\$4,000.00	\$4,000.00	Pass
Overall			Pass

Other Policies

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ 9% of medical/surgical benefits)			
Deductible	\$3,542.10	84.00%	OP-AD INN Deductible
Copayment	\$57.40	1.35%	Fail
Coinurance	\$3.59.78	82.57%	OP-AD INN Coinurance
OCOPM	\$4,243.01	100.00%	OP-AD INN OCOPM
Total Prospects	\$4,243.01		

Step 2 Predominant Level

Deductible – (FIM Outpatient – All Other) or Network OOP (if applicable)		Errors Found:		
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	\$6,680.90	13.87%	\$0.00	
\$1,000.00	\$1,542.20	3.12%	\$3,400.00	
\$4,000.00	\$4,342.80	90.00%		

Does not apply to substantially all medical/surgical benefits in this classification.
DELETE any values in the left-hand column below.

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

Coinurance --- (H) Outpatient - All Other, In-Network (IP-A) INN

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

Collocation	Allowed Charge	Passes	Proportion & Smaller	Base Charge
20%	\$1,500.70	100.00%	20%	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$1,500.70	100.00%		

COFM --- (11) Outpatient - All Other, In-Network (OP-AD INN)	
--	--

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

OPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$4,000.00	\$4,294.00	200.00%	\$4,000.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$4,294.00	100.00%		

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

Issuer / Market: UnitedHealthcare of Oregon, Inc.
Market: Individual

Workbook tip
[Link back to Worksheet Header](#)
Use ribbon Left Column
Get the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: UHC Gold Copy Focus (DP Exchange Only)
Plan ID: 435000000000000000
CSR Version Description:

once this will auto populate from summary sheet master
once this will auto populate from summary sheet master
once if the plan is a CSR contract, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result:

Pass

once click this link in the cells below to go directly to the signal section below

Link only work for sections that are not already highlighted

Testing Options

Options

Selection

Set of Network Test
Outpatient Benefit Testing

Column Options

No Error Found
Error

Results By Benefit Classification							
A. Benefit Classification	B. Do the MHSUD cost share match all Medical/Surgical cost shares in the Benefit Classification? (In-Network)	C. Test Required? (In-Network)	D. Do the MHSUD cost share match all Medical/Surgical cost shares in the Benefit Classification? (Out of Network)	E. Test Required? (Out of Network)	F. No Network Test		G. Test Results
	Signal				DL	OL	
	Outpatient	Yes	No		Pass		
	Outpatient - Out of Network	Yes	No		Pass		
	Outpatient - Out of Network	Yes	No		Pass		
A. Benefit Classification	B. Do the MHSUD cost share match all Medical/Surgical cost shares in the Benefit Classification?	C. Test Required?	D. Test Results				
	Signal						
	Outpatient	Yes	No				
	Outpatient - Out of Network	Yes	No				
	Outpatient - Out of Network	Yes	No				

(2b) Outpatient - All Other, In-Network (OP-AO INN)

Click on	Home	Errors found:	0
=====Click the links in the cells below to scroll directly to the stated sections=====			
to IP INN	Move to IP INN	Move to CP INN	Move to CP-CH INN
to CP INN	Move to CP-CH INN	Move to CP-CH INN	Move to E.R.

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification	(2a) 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 Business Unit Classification Code Task Name	Organization: <u> </u> <u> </u>		FTE: <u> </u>		Number of Rows			
	Classification: <u> </u> <u> </u>		FTE: <u> </u>					
	Task: <u> </u> <u> </u>							
	Task Name: <u> </u> <u> </u>							
For each row, enter the number of the category with the highest number of hours.								
Category	Service Description	Client/Event Description	Time (Projected/Actual)	On-Budget	Equipment	Consumables	Out of Pocket Materials	Not Captured (If any)
			Amount					
1	Account Executive	Recharge	24.00	24.00	Yes	Yes	Yes	
	Executive	Recharge	2,215.11	2,215.11	Yes	Yes	Yes	2,215.11
	Executive/Manager/Supervisor	Recharge	24.00	24.00	Yes	Yes	Yes	
	Manager	Recharge	24.00	24.00	Yes	Yes	Yes	2,215.11
	Manager/Supervisor	Recharge	24.00	24.00	Yes	Yes	Yes	
	Supervisor	Recharge	24.00	24.00	Yes	Yes	Yes	
	Agent Core	3-5 Lines	237.00	237.00	Yes	Yes	Yes	2,215.11
	Agent Core	3-5 Lines	2,215.11	2,215.11	Yes	Yes	Yes	2,215.11
	Agent Core	3-5 Lines	237.00	237.00	Yes	Yes	Yes	2,215.11
	Agent Core	3-5 Lines	2,215.11	2,215.11	Yes	Yes	Yes	2,215.11
	Agent Core	3-5 Lines	237.00	237.00	Yes	Yes	Yes	2,215.11
	Agent Core	3-5 Lines	2,215.11	2,215.11	Yes	Yes	Yes	2,215.11
	Agent Core	3-5 Lines	237.00	237.00	Yes	Yes	Yes	2,215.11
	Agent Core	3-5 Lines	2,215.11	2,215.11	Yes	Yes	Yes	2,215.11
	Agent Core	3-5 Lines	237.00	237.00	Yes	Yes	Yes	2,215.11
Total			52,245.77					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

[illegible]

	2023		
2024	2025	2026	

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: UnitedHealthcare of Oregon, Inc.

A. **Market:** Medical – Individual

B. **Exchange Intentions:** Check only one box.

☐ Exchange Only ☐ Outside Market Only ☒ Exchange and Outside Market

Note: The Exchange Intentions field on the General Information tab in SERFF should match the wording for the item selected above (see the Additional Information section for the Sub-TOI by searching by TOI under Filing Rules/Submission Requirements in SERFF).

C. **We will offer the following:** Check all boxes that apply.

☐ Catastrophic plan offered only through the Exchange. See RCW 48.43.700(3).

☒ At least one qualified health plan (QHP) silver plan and at least one QHP gold plan in each service area in which we offer coverage through the Exchange. See 45 CFR §156.200(c)(1).

☒ At least one standardized gold plan on the Exchange and at least one standardized silver plan on the Exchange so that we can offer coverage through the Exchange. Additionally, if bronze plans are offered through the Exchange, at least one standardized bronze plan is offered on the Exchange. See RCW 43.71.095(2)(a).

☒ In each county where we offer a qualified health plan:

a standardized health plan under RCW 43.71.095 **and** at most two non-standardized gold plans, two non-standardized bronze plans, one non-standardized silver plan, one non-standardized platinum plan, and one non-standardized catastrophic plan. See RCW 43.71.095(2)(b)(i).

☒ Each non-standardized silver health plan offered on the Exchange has an AV Metal Value that is not less than the AV Metal Value of the standardized silver health plan with the lowest AV Metal Value. See RCW 43.71.095(2)(b)(iii).

☒ At least one silver plan and one gold plan throughout each service area outside the Exchange whenever we offer a bronze plan outside the Exchange. See RCW 48.43.700.

☒ One or more plans with a unique benefit design. See Section II #9 below.

☐ Pediatric dental embedded.

☒ Non-essential health benefits (Non-EHBs). See Section II #13 below.

☒ New plans have been added, and we confirm that no previously retired Plan IDs have been reused in this rate filing. We are aware that the reuse of retired Plan IDs can cause risk adjustment reconciliation complications.

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Standard Plans Offered (excluding the subsidized benefit plan variations)

HIOS Plan ID	Standard Plan Name	Public Option Plan (Yes, Cascade Select/ No, Cascade)	Metal Level	AV Metal Value
62650WA0020001	UnitedHealthcare of Oregon, Inc. Cascade Complete Gold	No	Gold	81.81%
62650WA0020026	UnitedHealthcare of Oregon, Inc. Cascade Vital Gold	No	Gold	78.06%
62650WA0020003	UnitedHealthcare of Oregon, Inc. Cascade Silver	No	Silver	71.84%
62650WA0020024	UnitedHealthcare of Oregon, Inc. Cascade Silver (Off Exchange Only)	No	Silver	71.62%
62650WA0020002	UnitedHealthcare of Oregon, Inc. Cascade Bronze	No	Bronze	64.97%

All Plans Offered (excluding the subsidized benefit plan variations)

HIOS Plan ID	Plan Name	Unique Benefit Design (UBD)		Pediatric Dental Embedded (Yes/No)	Description of Non-Essential Health Benefits (Non-EHBs)
		(Yes/No)	If yes, briefly explain why. If no, "N/A."		
62650WA0020001	UnitedHealthcare of Oregon, Inc. Cascade Complete Gold	No	N/A	No	Allergy Testing; Accidental Dental Services
62650WA0020026	UnitedHealthcare of Oregon, Inc. Cascade Vital Gold	No	N/A	No	Allergy Testing; Accidental Dental Services
62650WA0020003	UnitedHealthcare of Oregon, Inc. Cascade Silver	Yes	The first two PCP and MH/SUD office visits have a \$1 copay. For more details, please see "Wakely - WAHBE 2026 Medical AV Certification 20250415.pdf"	No	Allergy Testing; Accidental Dental Services
62650WA0020024	UnitedHealthcare of Oregon, Inc. Cascade Silver (Off Exchange Only)	Yes		No	Allergy Testing; Accidental Dental Services
62650WA0020002	UnitedHealthcare of Oregon, Inc. Cascade Bronze	Yes		No	Allergy Testing; Accidental Dental Services
62650WA0020005	UHC Bronze Essential	Yes		No	Allergy Testing; Accidental Dental Services
62650WA0020006	UHC Bronze Essential (Off Exchange Only)	Yes	- The plan designs require higher cost sharing for facility fees for X-Rays, Complex Imaging, and Labs/Pathology at an OP Hospital setting as opposed to a freestanding center.	No	Allergy Testing; Accidental Dental Services
62650WA0020008	UHC Bronze Value HSA (Off Exchange Only)	Yes		No	Allergy Testing; Accidental Dental Services
62650WA0020021	UHC Bronze Value HAS	Yes		No	Allergy Testing; Accidental Dental Services

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."		
62650WA0020022	UHC Bronze Copay Focus (Off Exchange Only)	Yes	<p>- The plan designs also require higher cost sharing for physician fees for Outpatient Surgeries in an OP Hospital setting as opposed to a freestanding center or an Ambulatory Surgical Center (ASC).</p> <p>- The AV calculator only has inputs for Imaging, Labs, and OP physician Surgery fees, regardless of whether or not the service took place at an OP Hospital or freestanding center/ASC, making this plan unique, as per regulations.</p> <p>- Some plans pay for x-rays at the listed x-ray benefit regardless of whether or not the x-ray was performed in an office visit setting. When the x-ray benefit is entered into the AVC at the default coinsurance value, it automatically applies The PCP and Specialist benefits to office visit-based x-rays.</p>	No	Allergy Testing; Accidental Dental Services
62650WA0020017	UHC Silver Copay Focus	Yes		No	Allergy Testing; Accidental Dental Services
62650WA0020023	UHC Silver Value HSA (Off Exchange Only)	Yes		No	Allergy Testing; Accidental Dental Services
62650WA0020025	UHC Silver Copay Focus (Off Exchange Only)	Yes		No	Allergy Testing; Accidental Dental Services
62650WA0020020	UHC Gold Advantage	Yes		No	Allergy Testing; Accidental Dental Services
62650WA0020027	UHC Gold Value HSA (Off Exchange Only)	Yes		No	Allergy Testing; Accidental Dental Services
62650WA0020028	UHC Gold Copay Focus (Off Exchange Only)	Yes		No	Allergy Testing; Accidental Dental Services

D. Do you have any expanded bronze plans as described under 45 CFR §156.140(c) in which the variation in AV Metal Value is between +2% and +5% (i.e., the AV is between 62% and 65%)?

☐ No

Washington State OIC 2026 Individual Medical Rate Filing Checklist

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

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

(b) That each plan is either

(1) A High Deductible Health Plan 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
62650WA0020002	UnitedHealthcare of Oregon, Inc. Cascade Bronze	No	Yes	Primary Care Office Visits
62650WA0020022	UHC Bronze Copay Focus (Off Exchange Only)	No	Yes	Primary Care Office Visits, Specialist Office Visits, Inpatient Hospital Services, Emergency Room Services, Generic Drugs
62650WA0020008	UHC Bronze Value HSA (Off Exchange Only)	Yes	No	
62650WA0020021	UHC Bronze Value HSA	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	Grays Harbor	
3		
4	Spokane	
5	Thurston	
6		
7		
8		
9		

F. Network Information:

Network Name	Type (EPO, HMO, POS, or PPO)	Tiered or Single	Date Filed
Charter	EPO	Single	5/15/2025

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>	UHC 2026 WA Rate Development Duplicate.xlsx	Consistent Financial Data

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
b	Support for URRT Worksheet 1, Section I experience period data for 2024: Provide separately for medical and prescription drugs (Rx), as appropriate:	UHC 2026 WA Rate Development Duplicate.xlsx	URRT Worksheet 1, Section 1 Support
	<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 		URRT Worksheet 1, Section 2 Support
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>2026 Individual Nongrandfathered Health Exhibits.xlsx</p> <p>UHC 2026 WA Rate Development Duplicate.xlsx</p>	<p>Exhibit 1</p> <p>URRT Worksheet 1, Section 2 Support</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.	2026 Individual Nongrandfathered Health Exhibits.xlsx	Exhibit 2
	e Split up experience if you are terminating any counties in 2025 and/or 2026: If you are terminating any counties for plan year 2025 and/or 2026, include a table splitting URRT Worksheet 1, Section I experience between continuing and terminated counties. If you are not terminating any counties, respond "N/A."	N/A	
2	Manual EHB Allowed Claims: If credibility is 100%, respond "N/A" for each item. <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.	Part III Rate Filing Documentation and Actuarial Memorandum.pdf	4.3.3 Manual Rate Adjustments
	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. 	UHC 2026 WA Rate Development Duplicate.xlsx	Manual EHB Development

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"> Justify any adjustments made to the data, such as adjustments for trend, morbidity, demographics, plan design, and geographic areas. Your response should clearly identify how your estimate considers the cost and utilization characteristics of your individual health plan market service area in the State of Washington. Note: the manual rate must be developed in a manner consistent with 100% credibility. See #2.c below. 	UHC 2026 WA Rate Development Duplicate.xlsx	Development of Morbidity, Demographic and Plan Design Change Adjustment for Manual Rate Development
c	<p>Credibility of experience data: Describe the credibility methodology and assumptions used, per Actuarial Standard of Practice (ASOP) No. 25.</p> <ul style="list-style-type: none"> Identify the actuarially sound and appropriate credibility procedure used to develop your credibility estimate. At what level is experience determined to be more than 0% credible? How is partial credibility determined? At what level is experience determined to be 100% credible? 	Part III Rate Filing Documentation and Actuarial Memorandum.pdf	4.3.4 Credibility of Experience
d	Show how you estimated credibility of the 2024 allowed claims and member months used in rate development. Use your credibility procedure.	UHC 2026 WA Rate Development Duplicate.xlsx	Credibility Estimate
3	Experience in WAC 284-43-6660 Summary, and Summary of Pooled Experience with Adjustments:		

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	a WAC 284-43-6660 summary, experience: Complete the WAC 284-43-6660 summary for Individual and Small Group Contract filings. <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 284-43-6600.xlsx UHC did not make accelerated medical loss ratio (MLR) payments.	
	b Summary of Pooled Experience with Adjustments: <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. Start with the "Summary of Pooled Experience" table from the WAC 284-43-6660 summary and add the following rows: <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. 	UHC 2026 WA Rate Development Duplicate.xlsx	Summary of Pooled Experience with Adjustments

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<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. 		
	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.	UHC 2026 WA Rate Development Duplicate.xlsx	2022 & 2023 Changes
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. 	UHC 2026 WA Rate Development Duplicate.xlsx	Plan Level Experience and Current Data

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
TREND FACTORS			
5	<p>Allowed Claims Trends:</p> <p>Trend assumptions should reflect your best estimates by URRT Worksheet 1 benefit category and one or more categories of non-EHBs, as applicable.</p> <p>Rely on market-specific information for Washington State to the extent possible. Justify use of any alternative data.</p> <p>As indicated in URR Instructions, describe the trend development in the Part III actuarial memorandum.</p>		
	<p>a Allowed claims EHB trend analysis:</p> <ul style="list-style-type: none">In WA Exhibit 3, provide annual EHB trends by benefit category. See instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.In WA Exhibit 4, provide your retrospective analysis of normalized EHB allowed claim trends. See instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.In WA Exhibit 5, provide aggregate actual experience (A) EHB trends, projected (i.e., expected; E) EHB trends, and actual-to-expected (a.k.a. A:E) EHB trend analysis. See instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.	2026 Individual Nongrandfathered Health Exhibits.xlsx	Exhibit 3 Exhibit 4 Exhibit 5
	<p>b Allowed claims non-EHB trend analysis:</p> <p>If applicable, include an exhibit that develops the non-EHB allowed claims trend.</p>	N/A	
	<p>c 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).	2026 Individual Nongrandfathered Health Exhibits.xlsx	Exhibit 3 Exhibit 4

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
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	<ul style="list-style-type: none"> Further break the EHB trends down into utilization, unit cost, and service mix/intensity components. Upload relevant EHB details to WA Exhibit 3; see instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file. If your overall trend, indicated in URRT Worksheet 1, Section II, differs materially from the retrospective trend indicated in WA Exhibit 4, provide detailed actuarial support for the difference. Address the following: <ul style="list-style-type: none"> Actuarial support must provide both qualitative and quantitative bases for the difference. Refer to other WA Exhibits and/or separate issuer-developed actuarial exhibits for support, where appropriate. Prospective trend adjustments should identify all data, assumptions, methods, and models. Note that prospective trend adjustments are NOT exempt from actuarial support requirements. Reliance statements do not exempt carriers from actuarial support requirements. Address how your estimates reflect trends specific to the State of Washington. Note that nationwide trend analysis is not sufficient support for Washington State unit cost trend projections. <ul style="list-style-type: none"> Address whether and how unit cost projections reflect projected network and provider contract changes for the projection period. Comment about how much of the provider contracting is already complete for plan year 2026 and how much of the projected reimbursement trend is already locked in for plan year 2026. 	Part III Rate Filing Documentation and Actuarial Memorandum.pdf	4.3.1 Trend Factors 4.3.3 Manual Rate Adjustments
d	Independence of various utilization changes: <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.pdf	4.3.2 Adjustments to Trended EHB Allowed Claims PMPM 4.3.3 Manual Rate Adjustments

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
6	Incurred Claims Trends: <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 Incurred claims projected trend (EHB & non-EHB): (see also #32.c of this checklist) <ul style="list-style-type: none"> Include an exhibit that develops the incurred claims trend percentages entered in the WAC 284-43-6660 summary. Justify the projected incurred claims trend percentages. Show how to calculate the Portion of Claim Dollars for trends in the WAC 284-43-6660 summary. Note: the percentages should be based on the 2024 incurred claims dollars by trend category. The total incurred claims used in the calculation should be consistent with the incurred claims PMPM in URRT Worksheet 2, Section II Experience Period and Current Plan Level Information, Field 2.17. Demonstrate that the overall incurred claims annual trend (EHB and non-EHB) matches (1) the annualized trend from URRT Worksheet 1, Section I General Product and Plan Information to URRT 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). 	UHC 2026 WA Rate Development Duplicate.xlsx	Incurred Claims Projection Trend
URRT WORKSHEET 1, SECTION II EXPERIENCE PERIOD and CURRENT PLAN LEVEL INFORMATION, NON-TREND EHB ADJUSTMENT FACTORS			
7	URRT Worksheet 1, Section II Non-Trend EHB Factors: Explain and show the detailed calculations for actuarial assumptions underlying each non-trend EHB factor used in URRT Worksheet 1, Section II Experience Period and Current Plan Level Information. Provide actual experience, projections, and actual-to-expected information in WA Exhibit 5; see instructions in the exhibit template. <ul style="list-style-type: none"> Morbidity Adjustment 	UHC 2026 WA Rate Development Duplicate.xlsx	URRT Worksheet 1, Section II Non-Trend Factors

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> 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>		
URRT WORKSHEET 2, SECTION I GENERAL PRODUCT and PLAN INFORMATION, AV METAL VALUES			
8	<p>AVC Screenshots: (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/cciio/resources/regulations-and-guidance/index.html <p>Please do not submit AVC screenshots for every CSR plan variation (i.e., 73%, 87%, and 94%), however, be mindful of the de minimis variation limit of 0/+1 percentage points.</p> <p>NOTE: if you rely on AV Metal Values calculated by the Exchange's actuaries, do not submit your own AVC screenshot copies for standardized plans. Instead, document such reliance in your Part III actuarial memorandum and include in SERFF Supporting Documentation a copy of the Exchange's actuarial certification of AV Metal Values for standardized plans.</p> <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. 	<p>Wakely - WAHBE 2026 Medical AV Certification 20250415.pdf</p>	

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	<ul style="list-style-type: none"> <u>Metal Levels</u> Platinum – 90%, range -2/+2% Gold – 80%, range -2/+2% Silver – 70%, range -2/+2% for non-QHPs and 0/+2% for QHPs Bronze – 60%, range -2/+2% or Expanded Bronze +2/+5% Catastrophic – The AV requirements are not specified by law 		
9	<p>Unique Benefit Design for AVC (Actuarial Value Calculator): Note: Address this item in conjunction with #8 above.</p> <ul style="list-style-type: none"> The actuary would be prudent to attempt to use data and assumptions that are consistent with the calculators as much as possible when adjusting for unique plan designs (https://www.actuary.org/sites/default/files/files/MVPN_042314.pdf). The continuance tables in the AVC should be used, if possible, so that the adjustments are consistent with the AVC calculations. Do any plans have a unique benefit design? If yes, for each such plan, you must: <ul style="list-style-type: none"> Use one of the two methods, 45 CFR §156.135(b)(2) or 45 CFR §156.135(b)(3), to certify the Metal Value and provide the exact AV Metal Value for the plan. You must also provide detailed support for your unique plan design AVs. Please provide supporting unique AV calculations in your rate filing memorandum and exhibits. <ul style="list-style-type: none"> Include enough detail for the reviewer to determine whether the methods, assumptions, and results are appropriate and reasonable. 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. 		

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

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Line		Task	Issuer Response:	
			Document Name	Section / Page / Exhibit Number
	a	<p>If using the unique benefit design certification method in 45 CFR §156.135(b)(2):</p> <ul style="list-style-type: none"> 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. 	<p>UHC 2026 WA Rate Development Duplicate.xlsx</p> <p>Wakely - WAHBE 2026 Medical AV Certification 20250415.pdf</p> <p>wa_62650_uhcor_on_ind_upj_uhc_v01_20250515.pdf</p> <p>wa_62650_uhcor_on_ind_avc_uhc_v01_05-15-25.pdf</p>	AVC Certification
	b	<p>If using the unique benefit design certification method in 45 CFR §156.135(b)(3):</p> <ul style="list-style-type: none"> Provide the required actuarial certification language as well as justification and <u>detailed calculations</u> of (i) how the AVC was used to determine the AV Metal Value for the plan provisions that fit within the calculator parameters while (ii) appropriate adjustments were made to the AVC output(s) for plan design features that deviate substantially from AVC parameters. Submit two or more AVC screenshots including at least one extreme high AV Metal Value and one extreme low AV Metal Value based on features like those of the plan. Using the filed AVC screenshot results, explain how adjustments are made to generate each plan's EXACT final AV Metal Value used in the URRT. 	N/A	

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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.	Wakely - WAHBE 2026 Medical AV Certification 20250415.pdf wa_62650_uhcor_ on_ind_upj_uhc_v 01_20250515.pdf	
	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	
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.	2026 Individual Nongrandfathered Health Exhibits.xlsx	Exhibit 6
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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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<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>2026 Individual Nongrandfathered Health Exhibits.xlsx</p> <p>Part III Rate Filing Documentation and Actuarial Memorandum.pdf</p>	<p>Exhibit 9</p> <p>7.2 Pricing AV Justification</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"> ▪ 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. 	2026 Individual Nongrandfathered Health Exhibits.xlsx	Exhibit 9

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).	UHC 2026 WA Rate Development Duplicate.xlsx 2026 Individual Nongrandfathered Health Exhibits.xlsx Part III Rate Filing Documentation and Actuarial Memorandum.pdf	Comparison of Actuarial Values Exhibit 7 4.4 Plan Adjusted Index Rate
	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.	2026 Individual Nongrandfathered Health Exhibits.xlsx	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)	UHC 2026 WA Rate Development Duplicate.xlsx	Development of MAIR and PAIR
	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.	UHC 2026 WA Rate Development Duplicate.xlsx	Actual vs Projected

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
12	<p>Provider Network Adjustment Factors: (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.4) Demonstrate the build-up of the provider network factors. If you only have one network, please respond "N/A," and use a factor of 1.0000.</p> <p>The network factors should be normalized so that there is no change to the overall weighted average of the claim costs after the Provider Network Adjustment factors are applied. Include an exhibit demonstrating the normalization (i.e., normalize the network factors such that the following amounts match):</p> <ul style="list-style-type: none"> Average incurred claims with risk adjustment and Exchange user fee: Sum product of the projected membership x MAIR x (AV and Cost Sharing Design of Plan) x (Benefits in Addition to EHB) x (Catastrophic Adjustment) divided by the total projected membership. Average incurred claims with risk adjustment and Exchange fee as well as provider network adjustment factors: Sum product as described above with Provider Network Adjustment factors also incorporated. <p>If applicable, include a discussion of the network for the public option plans (i.e., Cascade Select plans).</p>	N/A	
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. 	UHC 2026 WA Rate Development Duplicate.xlsx	<p>Development of Non-EHB Adjustment Factor</p> <p>Non-Hyde Abortion Adjustment</p>

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
14	Catastrophic Adjustment Factors: (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.9) Document and justify any such factor(s). Include aggregate actual experience, projections, and actual-to-expected analysis in WA Exhibit 7; see the instructions in the exhibit template.	N/A	
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.	UHC 2026 WA Rate Development Duplicate.xlsx	Summary of Pricing Assumptions
	b Age calibration factors, projected versus prior: Compare the 2026 age calibration factor to the 2023, 2024, and 2025 factors.	UHC 2026 WA Rate Development Duplicate.xlsx	Summary of Pricing Assumptions
	c Average age: Show the average age and provide actuarial justification for the methodology employed to calculate the average age.	UHC 2026 WA Rate Development Duplicate.xlsx	Summary of Pricing Assumptions
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:		

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<p>Note: if your service area is limited to a single area, please respond "N/A," since the area factor is 1.0000.</p> <p>Demonstrate the build-up of the geographic rating area factors.</p> <p>Document and justify the 2026 factors with details including, but not limited to, the following:</p> <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. ○ Medical condition of enrollees or the population in an area including physical, mental, and behavioral health illnesses. ○ Claims experience. ○ Health services utilization in the area. ○ Medical history of enrollees or the population in an area. ○ Genetic information of enrollees or the population in an area. ○ Disability status of enrollees or the population in an area. ○ Other evidence of insurability applicable in the area. • Clarify how projected unit cost changes were considered for each area. Also, clarify how credibility was considered. Like trends, you should not solely rely on historical information, especially if it is not considered to be 100% credible or if significant changes are projected in the future. 	<p>UHC 2026 WA Rate Development Duplicate.xlsx</p> <p>Part III Rate Filing Documentation and Actuarial Memorandum.pdf</p>	<p>Summary of Pricing Assumptions</p> <p>Development of Geographic Factors</p> <p>7.3 Actuarial Certification</p>
	<p>b Area factors, highest versus lowest:</p> <p>Demonstrate that your geographic rating area factors comply with WAC 284-43-6681 highest to lowest cost ratio requirements of</p> <ul style="list-style-type: none"> • 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. 	<p>UHC 2026 WA Rate Development Duplicate.xlsx</p>	<p>Summary of Pricing Assumptions</p>
	<p>c Area factors, projected versus prior:</p> <p>Compare the 2026 area factors and calibration factor to the 2023, 2024, and 2025 factors. If the 2026 factors did not change from those in the prior filing, indicate why the factors did not change; indicate when the factors were last evaluated and what data was used in that evaluation.</p> <p>Note: Our opinion is that the geographic area factors should be regularly evaluated.</p>	<p>UHC 2026 WA Rate Development Duplicate.xlsx</p>	<p>Summary of Pricing Assumptions</p>

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	d URRT geographic calibration factor: Provide the calculation of the geographic calibration factor used in URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.12. Note: each calibration factor (age, geographic, and tobacco) must be calculated independently.	UHC 2026 WA Rate Development Duplicate.xlsx	Summary of Pricing Assumptions
	e Load area factors into URRT: Provide the geographic rating areas and rating factors in URRT Worksheet 3.	URRT W/S 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. 	UHC 2026 WA Rate Development Duplicate.xlsx	Summary of Pricing Assumptions
	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.	UHC 2026 WA Rate Development Duplicate.xlsx	Summary of Pricing Assumptions
	c Tobacco factors, projected versus prior: Compare the 2026 tobacco use factor and calibration factor to amounts for 2023, 2024, and 2025.	UHC 2026 WA Rate Development Duplicate.xlsx	Summary of Pricing Assumptions
RISK ADJUSTMENT AND HIGH-COST RISK POOL (HCRP)			
18	Experience Period Risk Adjustment & HCRP:		

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
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.	2026 Individual Nongrandfathered Health Exhibits.xlsx	Exhibit 10
	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.	UHC 2026 WA Rate Development Duplicate.xlsx	Development of MAIR and PAIR
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.	2026 Individual Nongrandfathered Health Exhibits.xlsx	Exhibit 10
	b Projection period risk adjustment & HCRP for URRT Worksheet 2 (on incurred claims basis), Development and justification: (URRT Worksheet 2, Section IV Projected Plan Level Information, Fields 4.7 and 4.16) <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. 	2026 Individual Nongrandfathered Health Exhibits.xlsx Part III Rate Filing Documentation and Actuarial Memorandum.pdf	Exhibit 10 4.3.6 Development of the Market-wide Adjusted Index Rate

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> Explain 2026 HCRP estimated assessments and receipts. We expect the following: <ul style="list-style-type: none"> Since the URRT applies total pool-level projected risk adjustment in Worksheet 1, Section II, the projected risk adjustment loaded into Worksheet 2, Section IV can use total pool-level projections rather than metal/catastrophic or plan projections. Applicable risk adjustment transfer amount parameters projected for your own risk pool will be consistent with assumptions in the rate development (e.g., population and other factors in URRT, age and geographic calibration factors, etc.). Please explain any deviations. 		
c	<p>Projection period risk adjustment & HCRP for URRT Worksheet 1 (on allowed claims basis): (URRT Worksheet 1, Section II Projections)</p> <p>Provide the calculation of the projected Risk Adjustment Payment/Charge, on an allowed claim dollar basis, as entered in URRT Worksheet 1, Section II. For additional details, see #28 of this checklist.</p>	2026 Individual Nongrandfathered Health Exhibits.xlsx	Exhibit 10
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>	2026 Individual Nongrandfathered Health Exhibits.xlsx	Exhibit 10
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>	UHC 2026 WA Rate Development Duplicate.xlsx	HCRP 2026 versus Prior
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>	UHC 2026 WA Rate Development Duplicate.xlsx	Development of MAIR and PAIR

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:	
		Document Name	Section / Page / Exhibit Number
21	<p>Taxes and Fees: (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.7) Provide the requested information in WA Exhibit 11; see instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.</p> <p>Projection period taxes and fees' development:</p> <ul style="list-style-type: none"> In the Part III actuarial memorandum and supporting exhibits, justify the 2026 PMPM and/or percent of premium load for each item, and explain why various amounts do or do not vary by plan. In the Part III actuarial memorandum, justify any item with a \$0.00 load. Note: it is insufficient to simply state that an amount is considered immaterial. At a minimum, include detailed calculations of the following projected amounts: <ul style="list-style-type: none"> Premium Tax [RCW 48.14.020 or 0201] Federal Income Tax Regulatory Surcharge [RCW 48.02.190] Include a discussion of the current information available at https://www.insurance.wa.gov/regulatory-surcharge-calculation. Insurance Fraud Surcharge [RCW 48.02.190] Include a discussion of the current information available at https://www.insurance.wa.gov/fraud-surcharge-calculation. Risk Adjustment user fee The 2026 per capita risk adjustment user fee is set at \$0.20 PMPM. PCORI Patient-Centered Outcomes Research Institute (PCORI) Fee (Internal Revenue Code sections 4375 and 4376). Include a discussion of the latest information on the IRS website and the National Health Expenditure (NHE) trend projections. Note that the fee changes annually by policy end date; for this Individual market rate filing, assume all plans end 12/31/2026. Mitigating Inequity Fee [WAC 284-43-6590], if applicable (see also #38 of this checklist). 		

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

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
23	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. 	UHC 2026 WA Rate Development Duplicate.xlsx Uniform Product Modification Justification Duplicate.xlsx	Company Rate Information and View Rate Review Detail
	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) 	UHC 2026 WA Rate Development Duplicate.xlsx	Rate Review Detail

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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>	UHC 2026 WA Rate Development Duplicate.xlsx	Current Enrollment
	<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>	UHC 2026 WA Rate Development Duplicate.xlsx	Projected Enrollment
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.	UHC 2026 WA Rate Development Duplicate.xlsx	Impacts of Changes 45 CFR §154.301(a)(4)
	(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.	UHC 2026 WA Rate Development Duplicate.xlsx	Impacts of Changes 45 CFR §154.301(a)(4)
	(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.	UHC 2026 WA Rate Development Duplicate.xlsx	Impacts of Changes 45 CFR §154.301(a)(4)
	(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.	UHC 2026 WA Rate Development Duplicate.xlsx	Impacts of Changes 45 CFR §154.301(a)(4)
	(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.	UHC 2026 WA Rate Development Duplicate.xlsx	Impacts of Changes 45 CFR §154.301(a)(4)
	(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.	UHC 2026 WA Rate Development Duplicate.xlsx	Impacts of Changes 45 CFR §154.301(a)(4)

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Line	Task	Issuer Response:	
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	(vii) The impact of <u>changes in</u> reserve needs. Include a discussion of any change in reserve needs.	UHC 2026 WA Rate Development Duplicate.xlsx	Impacts of Changes 45 CFR §154.301(a)(4)
	(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.	UHC 2026 WA Rate Development Duplicate.xlsx	Impacts of Changes 45 CFR §154.301(a)(4)
	(ix) The impact of <u>changes in</u> other administrative costs. Include a discussion of any such changes.	UHC 2026 WA Rate Development Duplicate.xlsx	Impacts of Changes 45 CFR §154.301(a)(4)
	(x) The impact of <u>changes in</u> applicable taxes, licensing, or regulatory fees. Include a discussion of any such changes.	UHC 2026 WA Rate Development Duplicate.xlsx	Impacts of Changes 45 CFR §154.301(a)(4)
	<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> Incurred claims [45 CFR §158.140(a)] 	UHC 2026 WA Rate Development Duplicate.xlsx	Medical Loss Ratio Calculation

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	<ul style="list-style-type: none"> – Net Risk Adjustment, including HCRP amounts (receivables positive; payables negative, which means that payables subtract negative amounts) + Quality Improvement Expenses [45 CFR §158.150(a)] ○ <u>Denominator:</u> <ul style="list-style-type: none"> 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> <ul style="list-style-type: none"> Incurred claims [45 CFR §158.140(a)] + Quality Improvement Expenses [45 CFR §158.150(a)] ○ <u>Denominator:</u> <ul style="list-style-type: none"> 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. 		

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	<ul style="list-style-type: none"> ▪ Please address the impact, if any, of capping CBE for MLR purposes. ▪ MLR reporting instructions say <u>federal tax-exempt issuers</u> may report a value for both state premium taxes and CBE if reported CBE do not exceed the allowable capped amount (as outlined above). If you are a federal tax-exempt issuer, please confirm this requirement has been met. ○ For <u>non-federal tax-exempt issuers</u>: <ul style="list-style-type: none"> ▪ CBE are limited to: The highest health insurance coverage premium tax rate in the State for which the report is being submitted, multiplied by the issuer's earned premium in the applicable State market. ▪ Please address the impact, if any, of capping CBE for MLR purposes. ▪ MLR reporting instructions say <u>non-federal tax-exempt issuers</u> may report a value for state premium taxes or CBE but not both. Issuers may not report zero (\$0) CBE in lieu of negative State premium taxes and may not enter CBE more than the allowable capped amount. If you are a non-federal tax-exempt issuer, please confirm this requirement has been met. • Credibility adjustment, if any [45 CFR §158.232] • Comment about how the following recent MLR reporting regulation changes were considered: [See, for example: 45 CFR §158 and related sections as well as various Final plan year NBPPs] <ul style="list-style-type: none"> ○ Adjustments to the numerator: <ul style="list-style-type: none"> ▪ Deduct from incurred claims not only prescription drug rebates received by the issuer, but also any price concessions received and retained by the issuer, and any prescription drug rebates, and other price concessions received and retained by an entity providing pharmacy benefit management services to the issuer. [45 CFR 158.140(b) and 2022 NBPP] ▪ Beginning with the 2020 MLR reporting year, an issuer may include in the numerator of the MLR any shared savings payments the issuer has made to an enrollee as a result of the enrollee choosing to obtain health care from a lower-cost, higher-value provider. [45 CFR §158.221(b)(8)] 		

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	<ul style="list-style-type: none"> ○ Report expenses for services outsourced to or provided by other entities in the same manner as expenses for non-outsourced (i.e., incurred directly by the issuer) services. [45 CFR §158.110(a) and 2021 NBPP] ○ Quality Improvement Activity (QIA) expenses: <ul style="list-style-type: none"> ▪ Allowance for the Individual market to report certain wellness incentives described in 45 CFR §158.150(b)(2)(iv)(A)(5)(ii) (see also 2021 NBPP) as QIA expenses. ▪ Only those provider incentives and bonuses that are tied to clearly defined, objectively measurable, and well-documented clinical or quality improvement standards that apply to providers may be included in incurred claims for MLR reporting and rebate calculation purposes. (e.g., see 2023 NBPP) ▪ Only expenditures directly related to activities that improve health care quality may be included in QIA (Quality Improvement Activity) expenses for MLR reporting and rebate calculation purposes. [45 CFR §158.150(a) and 2023 NBPP] ▪ <u>Removing</u> the option for issuers to report an amount equal to 0.8 percent of earned premium in the relevant State and market in lieu of reporting the issuer's actual expenditures for activities that improve health care quality (e.g., see 2022 NBPP). ○ MLR rebate prepayment and safe harbor [45 CFR §158.240(g)]: Allowance to prepay a portion or 100% of an estimated MLR rebate for a given MLR reporting year, and establishing a safe harbor allowing such issuers, under certain conditions, to defer the payment of rebates remaining after prepayment until the following MLR reporting year (e.g., see 2022 NBPP). ○ Replacement formula for qualifying issuers (e.g., see 45 CFR §158.103 for definition of qualifying issuer), written with variables: If $(ra / p) > \text{or} = 50\%$, then: Adjusted MLR = $[(i + q - s + nc - rc) / \{(p + s - nc + rc) - t - f - (s - nc + rc) - na + ra\}] + c$ where <ul style="list-style-type: none"> i = incurred claims q = expenditures on quality improving activities p = earned premiums t = Federal and State taxes 		

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Line	Task	Issuer Response:	
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	<p>f = licensing and regulatory fees including \$0 for transitional reinsurance contributions</p> <p>s = issuer's transitional reinsurance receipts (= \$0)</p> <p>na = issuer's risk adjustment related payments</p> <p>nc = issuer's risk corridors related payments (= \$0)</p> <p>ra = issuer's risk adjustment related receipts</p> <p>rc = issuer's risk corridors related receipts (= \$0)</p> <p>c = credibility adjustment, if any</p>		
	<p>(xii) The health insurance issuer's capital and surplus (i.e., if and how rate development considered your issuer's current capital and surplus levels). For example, are changes required to your issuer's premium to surplus ratio? Include a discussion in the Part III actuarial memorandum.</p> <p>Note: This is one of only two 45 CFR §154.301(a)(4) items not written in terms of the impact of changes; the other is (xi) for MLR.</p>	We are requesting no change in surplus between the 2024 filing and this 2025 filing.	
	(xiii) The impacts of geographic factors and variations.	UHC 2026 WA Rate Development Duplicate.xlsx	Impacts of Changes 45 CFR §154.301(a)(4)
	(xiv) The impact of <u>changes within</u> a single risk pool to all products or plans within the risk pool.	UHC 2026 WA Rate Development Duplicate.xlsx	Impacts of Changes 45 CFR §154.301(a)(4)
	(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.	UHC 2026 WA Rate Development Duplicate.xlsx	Impacts of Changes 45 CFR §154.301(a)(4)

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Line	Task	Issuer Response:	
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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.	Not Implementing	
26	Financial Statement Analysis:		
a	Reconcile to Additional Data Statement (ADS) for the year ending December 31, 2024: <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. 	UHC 2026 WA Rate Development Duplicate.xlsx	Reconcile to 2024 Calendar Year ADS

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Line	Task	Issuer Response:	
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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>	UHC 2026 WA Rate Development Duplicate.xlsx	Reconcile to 2024 Calendar Year ADS
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 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>	Part III Rate Filing Documentation and Actuarial Memorandum.pdf	4.4 Plan Adjusted Index Rate Non-Hyde Abortion Adjustment
<p>SEPARATE DOCUMENTS</p> <p>Address the following items together with other relevant items covered elsewhere in this checklist.</p>			
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</p>		

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	<p>input for URRT Worksheet 1 Section II, please use and reference the applicable amount(s) calculated in the URRT.</p> <p>Please do not disable the macros in the Excel version of the URRT; please submit a macro-enabled URRT workbook.</p> <p>The URRT worksheets allow up to 16 characters including decimal places. Only apply rounding to amounts directly loaded into the URRT and only to the extent necessary to meet the 16-character limitation. Do not round any intermediate amounts.</p>		
	<p>a URRT Exchange User Fees: (URRT Worksheet 1, Section II Projections) If the issuer is only outside the exchange, please respond "N/A."</p> <p>The Exchange user fee for 2026 is \$5.11 PMPM.</p> <ul style="list-style-type: none"> For issuers marketing both inside and outside the Exchange, confirm that the Exchange user fees, or Exchange assessment fees, are spread across the entire pool. For issuers only marketing inside the Exchange: The default expectation is that 100% of membership will be on the Exchange. If your project less than 100% Exchange membership, include an explanation in the Part III actuarial memorandum. Justify the Exchange User Fees' percentage load entered in URRT Worksheet 1, Section II. Compare the result against the required amount per member per month (PMPM). There should be a reasonable assumption for the distribution of enrollees inside and outside the Exchange. If any Exchange membership is projected for plan year 2026, please check that a nonzero dollar amount flows through to URRT Worksheet 1, Section II Exchange User Fees. Ensure the amount is adjusted to reflect an allowed dollar basis as discussed in #28.b of this checklist. 	<p>Part_I_Unified_Rate_Review_Template_Duplicate.xlsm</p> <p>UHC 2026 WA Rate Development Duplicate.xlsx</p> <p>2026 Individual Nongrandfathered Health Exhibits.xlsx</p>	<p>Wksh 1 – Market Experience</p> <p>Development of MAIR and PAIR</p> <p>Exhibit 12</p>
	<p>b URRT factor to toggle between worksheet 1 and worksheet 2 amounts for risk adjustment transfers and Exchange user fees: Justify the factor used to develop Risk Adjustment Payment/Charge and Exchange User Fees for URRT Worksheet 1, Section II. The adjustment should be the aggregate impact of the four plan factors from URRT Worksheet 2, Section III Plan Adjustment Factors (i.e., Fields 3.3, 3.4, 3.5, and 3.9). Later URRT steps</p>	<p>2026 Individual Nongrandfathered Health Exhibits.xlsx</p>	<p>Exhibit 7</p>

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	apply the plan factors through multiplication; to neutralize the overall impact, URRT Worksheet 1 needs to divide by their aggregate impact.		
c	URRT Worksheet 1, Section II, 2026 versus 2025: Compare the projections in URRT Worksheet 1, Section II in this year's filing for 2026 versus those in last year's filing for 2025.	2026 Individual Nongrandfathered Health Exhibits.xlsx	Incurred Claims Projection Trend
d	URRT Worksheet 2 terminated plan mapping: Document and justify URRT Worksheet 2 product and plan mapping for terminated plans, in accordance with the following: <ul style="list-style-type: none"> For the inside Exchange plans and plans that are both inside and outside Exchange, follow the mapping information you (the issuer) provided to WAHBE and as required by 45 CFR §155.335(j). For the outside Exchange plans, follow your procedure as indicated in the letter(s) provided to the policyholder(s) and consistent with Uniform Product Modification Justification (UPMJ). Note: each 2025 plan should map all members in the plan to the same 2026 plan. Respond "N/A" if no 2025 plans are terminating.	N/A	
e	URRT Worksheet 2, Section I, general product and plan information, Cumulative rate change % for composite plans: For any plan in URRT Worksheet 2 which is the composite of more than one plan in UPMJ Q5, include an exhibit detailing the calculation of the Cumulative Rate Change % (over 12 mos. prior) based on the overall average rate change by plan in UPMJ Q5. If there are no composite plan rate changes, respond as "N/A."	N/A	
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. 	2026 Individual Nongrandfathered Health Exhibits.xlsx	Development of MAIR and PAIR

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	<ul style="list-style-type: none"> For clarity, please also show calculations of the plan-specific and aggregate projected PMPM amounts for Fields 4.11 through 4.17. Aggregate amounts should reconcile as demonstrated in WA Exhibit 12; see instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file. <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. 		
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 opining actuary relied on membership projections from another area of your company, please indicate as such in the reliance section of the actuarial certification. 	Part III Rate Filing Documentation and Actuarial Memorandum.pdf	Section 6.2 Membership Projections
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>	2026 Individual Nongrandfathered Health Exhibits.xlsx	Development of MAIR and PAIR

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Line	Task	Issuer Response:	
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i	<p>URRT controlled group renewal clarification:</p> <p>Based on input from CMS/CCIIO, if you are an issuer renewing only one 2025 plan that will be offered by a health insurance issuer within your controlled group, please include the following (see also #30.b and #31.c of this checklist).</p> <p>If not applicable, indicate "N/A."</p> <p>In URRT Worksheet 2 Section I General Product and Plan Information and Section II Experience Period and Current Plan Level Information, for the current and new issuers:</p> <ul style="list-style-type: none"> • The Plan Name (Field 1.3) and Plan ID (Field 1.4) will be unique to each issuer. • Indicate the plan as a renewing plan (Field 1.7). • Include the current rate from the current issuer (Field 2.11) in the new issuer's URRT. • Use the current rate in the calculation of the rate increase (Field 1.11) in the new issuer's URRT. • For consistency across the worksheets, only include experience in the current issuer's URRT Worksheets 1 and 2. 	N/A	
29	<p>Part II Written Description Justifying the Rate Increase:</p> <p>(a) Follow content guidance outlined in URR Instructions.</p> <p>(b) Include key drivers of the risk pool's rate increase as well as relevant plan details such as those described below.</p> <ul style="list-style-type: none"> • Changes in Benefits: Consumers tend to view cost-share changes as "benefit changes," so a summary of the cost-share changes should be included in this section along with other significant benefit changes. Note: the cost-share changes in this document should just be an overview of major changes, such as general discussion of the range of deductibles or changes in copays, rather than a repeat of the detailed list in UPMJ Q4a & 4b. • Administrative Costs and Anticipated Margins: Consumers tend to view all retention loads, other than profit, as "administrative costs," so taxes and fees should be included in this section along with other administrative expenses. • Please also note the pool's projected profit & risk load. 	Part_II_Written_Description_Justifying_the_Rate_Increase.pdf	

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Line	Task	Issuer Response:	
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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 certification and update the date throughout the filing review season, as needed, if assumptions or rates change.	Part III Rate Filing Documentation and Actuarial Memorandum.pdf	7.3 Actuarial Certification
	b Controlled group renewal clarification for Part III: Based on input from CMS/CCIIO, if you are an issuer renewing only one 2025 plan that will be offered by a health insurance issuer within your controlled group, please include the following (see also #28.i and #31.c of this checklist). If not applicable, indicate "N/A." In both the current and new issuers' Part III actuarial memorandums, add a crosswalk detailing the current and renewing plan information. Include: <ul style="list-style-type: none"> The name of the current and new issuers offering the plan. A comparison of the 2025 and 2026 HIOS Plan IDs and plan names. A comparison of the 2025 counties in the service area for the renewing plan and the 2026 counties offered by the new issuer to demonstrate meeting the requirement to cover a majority of the same service area. 	N/A	

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	<ul style="list-style-type: none"> Discuss the cost-share changes to the plan and confirm that the product network type and covered benefits remain the same. 		
c	<p>UPMJ versus URRT rate changes:</p> <p>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.pdf	Section 3 Proposed Rate Changes
31	<p>Uniform Product Modification Justification (UPMJ):</p> <p>Review and follow the general instructions as well as the UPMJ instructions for each question. The UPMJ template can be found on the Washington State OIC website.</p>		
a	<p>UPMJ Q4a & 4b:</p> <ul style="list-style-type: none"> For UPMJ Q4a, keep in mind that the content will ultimately be included in our decision memorandum that is posted for public consumption, so explain the cost-share changes as you would to an existing or prospective member. For each cost-share amount listed in UPMJ Q4a, include dollar, comma, and percent symbols as well as numeric amounts. Spell out the first occurrence of each acronym in Q4a and Q4b. For example, "Maximum Out-of-Pocket (MOOP)." Note: For plans that add or remove out-of-network (OON) coverage, the change should be listed as a member cost-share change rather than a benefit change. 	Uniform Product Modification Justification Duplicate.xlsm	UPMJ Q4a UPMJ Q4b
b	<p>UPMJ Q5:</p> <p>(i) Column 5(d):</p> <ul style="list-style-type: none"> Only include enrollment from renewing counties. If you are exiting any counties, please address the following: Since you are exiting counties, total enrollment in Q5 may not match the UPMJ Q1 total, so include an exhibit in the filing with current enrollment by plan split between renewing and 	Uniform Product Modification Justification Duplicate.xlsm	UPMJ Q5 Impact of Cost Sharing Changes

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<p>terminating counties. Note that UPMJ Q1 should include all enrollment before reductions for terminating counties.</p> <p>(ii) Display rate changes for every renewing and terminated plan, even if the 03/31/2025 enrollment is 0. A plan should only reflect 0.00% across columns 5(g), 5(h), 5(i), and 5(j) if there are no experience, benefit, and cost-share rate changes for the plan.</p> <p>(iii) Submit an exhibit supporting rate changes for each UPMJ Q5 column.</p> <ul style="list-style-type: none"> • Ensure UPMJ Q5 rate changes are consistent with the benefit and cost-share changes in UPMJ Q4a and Q4b. • Justify each rate change by showing the calculation or explaining how the percentages were determined and ensure rate filing documents consistently support the rate changes. • Explain how plan-specific rate changes disregard the morbidity of the population expected to enroll in each plan. • Note that it is acceptable to back into column 5(g), Experience Rate Change for Plan, using justified amounts for 5(j), Overall Average Rate Change for Plan; 5(i), Cost-Share Rate Change for Plan; and 5(h), Benefit Rate Change for Plan. • Explain any large plan variations in 5(g), Experience Rate Change for Plan. We expect that there should be little variability due to the single risk pool requirement. • Specify the source of the 2025 and 2026 rates used to calculate the overall increase for each plan. The changes should be consistent with the changes to the Rate Schedule. They should be weighted by the plan's current enrollment distribution for age, geographic area, and tobacco status (see URR Instructions 2.2.1 and 4.3). 	UHC 2026 WA Rate Development Duplicate.xlsx	
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. 	N/A	

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> <i>New issuer:</i> UPMJ Q4a must include the benefit changes from the current issuer's plan to the new issuer's plan. Q5 should include a line with the new plan's rate change percentage with zero members. 		
32	WAC 284-43-6660 summary: Complete and submit the template "Format – Rates – WAC 284-43-6660 Summary Duplicate" provided on the Washington State OIC website . See below for additional information.		
a	Proposed rate summary: <ul style="list-style-type: none"> Proposed Community Rate must be consistent with the aggregate projected premium PMPM in URRT Worksheet 2, Section IV Projected Plan Level Information, Field 4.17. Percentage Change must be consistent with the overall average rate change in UPMJ Q5. Current Community Rate = (Proposed Community Rate) / (1 + Percentage Change). 	WAC 284-43-6660	
b	Components of proposed community rate: <ul style="list-style-type: none"> Component (a) Claims should match (URRT Worksheet 2, Section IV Projected Plan Level Information, Field 4.15 Incurred Claims PMPM) minus (URRT Worksheet 2, Section IV Projected Plan Level Information, Field 4.16 Risk Adjustment Transfer Amount PMPM). Component (b) Expenses combined with component (d) Investment Earnings must be consistent with the combined values of (Exchange User Fees in URRT Worksheet 1, Section II) + (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.6 Administrative Expense) + (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.7 Taxes and Fees). Component (c) Contribution to Surplus Contingency Charges, or Risk Charges must be consistent with (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.8 Profit & Risk Load). Total row (e) must match the Proposed Community Rate from #32.a above (i.e., Proposed rate summary) in the WAC 284-43-6660 summary. 	WAC 284-43-6660	
c	Trend factor summary: (see also #6.b of this checklist)	UHC 2026 WA Rate Development Duplicate.xlsx	Incurred Claims Projection Trend

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"> If the WAC 284-43-6660 summary shows the same trend for each type of service, please explain whether you expect any variation by type of service. If variation is expected, please explain the choice of a single trend factor for this summary. For plans with embedded dental (pediatric or adult), ensure the embedded dental trend is included in the Other trend category, and then add a note to the General Information section #5 that the embedded dental trend is included in the Other trend category. This is to be consistent with the URR Instructions, section 2.1.3.1. 		
d	General Information section #4: Respond with "See Rate Schedule."	See Rate Schedule	
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 Duplicate.xlsm	

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
34	Mental Health and Substance Use Disorder (MH/SUD) Financial Requirement Parity:		
a	<p>MH/SUD financial requirement parity certification: Complete the "Mental Health and Substance Use Disorder Financial Requirement Parity Certification" Speed-to-Market Tool.</p> <p>See file "Certification – Rates – 2026 Mental Health and Substance Use Disorder Financial Req Parity" on the Washington State OIC website.</p>	2026 MHSUD Financial Reqs Certification.pdf	
b	<p>MH/SUD parity calculations: Complete an MH/SUD Parity Speed-to-Market Tool that documents MHSUD financial requirement parity testing calculations.</p> <p>See file template "Certification - Rates - 2026 Mental Health and Substance Use Disorder Financial Req Parity Calculations" on the Washington State OIC website.</p> <ul style="list-style-type: none"> • In the Mapping Information and each MHSUD Parity Testing Worksheet, please use the same benefit descriptions listed (both EHB and non-EHB) in the Benefit Components. The list should include all benefits, including inpatient, emergency care and prescription drugs. • Carriers must either test all outpatient services in one category or test both outpatient office visits and all other outpatient services separately. • Categories can be split in some cases if, for example, you want to split services between office visits and all other outpatient services. If you combine categories, indicate in the notes which categories are included. For example, a therapies category in the testing can combine rehabilitative speech therapy and rehabilitative occupational and physical therapies from the Benefit Components. • For easy comparison, enter the plans in the same order and use the same tab names in the MHSUD Parity and Benefit Components workbooks. It would also be helpful if the Service Descriptions in the worksheets are in the same order as the Benefit Components. • Plan projected allowed amounts should be annual dollar amounts which reflect a reasonable projected dollar amount [WAC 284-43-7040(1)(c)(ii)] as attested to in the MH/SUD Financial Requirement Parity Certification (section II.B.2). The amounts should be consistent with the allowed claims projected in URRT Worksheet 2, Section IV Projected Plan Level Information. 	2026 MHSUD Parity Calculations Duplicate.xlsm	

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> The cost-shares for all embedded benefits, including dental and vision, must have every different cost-share visible, such as for different kinds of pediatric dental care, in the list of medical/surgical benefits. Include the parity calculations for the Exchange silver plan CSR variations. As noted in WAC 284-43-7020(5)(a), a plan or issuer must treat the least restrictive level of the financial requirement limitation that applies to at least two-thirds of medical/surgical benefits across all provider tiers in a classification as the predominant level that it may apply to mental health or substance use disorder benefits in the same classification. <p>In the case of multiple cost shares across provider tiers, we recommend demonstrating parity by comparing each tier's MH/SUD cost shares versus the least restrictive level of medical/surgical benefit cost shares across all provider tiers in the classification.</p>		
35	<p>Commission Certification: (see also #20.a of this checklist)</p> <p>Provide detailed proposed commission schedules, even if no commissions are expected to be paid for this block of business for plan year 2026. They should be signed and dated by an officer or a senior manager of your company who oversees commission schedule implementation. The officer or senior manager should certify that the information is accurate to the best of their knowledge at the time of the rate submission. The commission schedule must comply with CMS guidance below and 45 CFR §147.104(e) and §156.225(b).</p> <p>https://www.cms.gov/files/document/agent-broker-compensation-and-guaranteed-availability-coverage.pdf?utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term=</p> <p>Commission schedules should not differ for special enrollment periods.</p> <p>Broker bonus programs determined across multiple lines of business are not part of this certification, but they should be noted and accounted for in the rate development.</p> <p>Note: Commission schedules filed in individual and small group rate filings must be finalized prior to the final disposition. The commission schedule will not be allowed to change after the rate filing is approved.</p>	WA PY2026 Commission Certification	

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
36	Rate Schedule: Provide a complete rate schedule using the " Format - Rates - 2026 Individual Non-grandfathered Health Plan Rate Schedule template ." Be mindful of the following: <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 Duplicate.xlsx	
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 Duplicate.xlsx	Rate Schedule
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	

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
39	<p>Use of Artificial Intelligence, Machine Learning, and/or Predictive Modeling:</p> <p>In preparing assumptions and premium rates for this rate filing, did your company rely on artificial intelligence techniques, machine learning techniques, and/or other predictive modeling methods? Please explain any such reliance including the models and where the results applied to the rate filing. Please explain how your actuary fulfilled professionalism requirements including those in the Code of Professional Conduct and Actuarial Standards of Practice (ASOPs), such as ASOP No. 56, <i>Modeling</i>. Include comments about how you evaluated results for reasonableness.</p> <p>Consider, for example, the September 2024 professionalism discussion paper, "Actuarial Professionalism Considerations for Generative AI," published by the American Academy of Actuaries.</p>	N/A	
40	<p>1332 waiver checklist:</p> <p>Complete and submit the file "Checklist – Rates – 2026 Individual Supplemental Checklist for 1332 Waiver Reporting."</p>	Checklist-Rates - 2026 Individual Supplemental 1332 Checklist	

Benefit Components Template for Individual and Small Group Medical Filings

Instructions

Version 3.2

Purpose

The purpose of this document is to enable carriers to summarize the benefits of each of their plans in a consistent way while capturing all the information needed to assess the plan designs for compliance. Compared to the Plans and Benefits Template and Actuarial Value Calculator, this template allows significantly more flexibility in both the benefit categories and cost-sharing structures that can be entered. Carriers should enter their plan designs as best as the template will accommodate and make notes of plan features that do not fit into the template (see instructions below).

Understanding the Template

You are currently on the Instructions sheet of this document. Please read this sheet fully before beginning the process of completing the templates. Once you are ready to begin, you can use the "Add Plan Worksheet" button (above) to add exactly one sheet for each plan (and each CSR variation) you are offering. Under the added sheets, you will see six more buttons, which allow you to add or subtract lines from the benefits table as needed to accommodate your plan design. You will need to fill out the plan information at the top of the template and then fill out the table below to display a summary of your plan's benefits and cost sharing structure. Note that the "Update Plan Worksheet Names" button (above) is used to update all of the plan sheet names to the HIOS Plan IDs entered under Line 1.1 in each of the corresponding sheets (which should be done before this document is submitted in the rate filing).

Plan Worksheet Cell Legend	
Cell Format	Cell Color and Further Explanation
Entry Required	These cells require a user entry or selection.
"Yes" Entry	Cells with a value of "Yes" will take on a yellow-orange color.
	These cells are not applicable based on user entries or selections in the corresponding plan sheet. If you believe an entry should be made, consider why this cell is deemed not applicable based on your other entries in the sheet. Make a note in the sheet if necessary.
Delete Text	Some cells start out like this when the template is first copied. After you enter a plan design into the template, you must delete the text from any remaining cells formatted this way (grey cells with red text). As indicated above, grey cells are not applicable and therefore should have no entries.
Unique Plan Design	These cells indicate that the cost-sharing structure you entered in the plan sheet creates a unique plan design for the purpose of calculating the actuarial value (AV) based on the functionality of the federal AV calculator or that the entry is an error. The format of these cells changes from the "Entry Required" format above to the format shown to the left based on the user's entry in the cells. Please see the "Automatic Checks" table below for details. Note that if your plan design is unique, you must submit an exhibit in the rate filing showing and justifying your adjustment to the AV calculation.

Instructions

Sheet	Guidance
Instructions	Fully read through these instructions before beginning. This will almost surely save you time in the long run. There are specific ways in which the plans must be entered, as explained below. If, as you are entering a plan, there seems to be ambiguity about how it should be entered, please recheck these instructions, contact the OIC with your question, and/or make a note (as allowed in the template).

Instructions	Add one sheet with the "Add Plan Sheet" button (found at the top of this sheet) for each plan you are offering (and one of each CSR variation). You may not include two plans on one sheet. If you have plans that are identical (or nearly so) you may find that it is faster to fill out one sheet and then duplicate it, making any changes necessary from that starting point. To do this, right click the sheet found at the bottom of the Excel application and click "More or Copy...", then check "Create a Copy", highlight (i.e., click) the sheet you want this new sheet to come before in the "Before Sheet" box, then click "OK". If you choose to duplicate sheets to save time, be very careful not to miss plan differences when adjusting the duplicated sheets. We recommend you duplicate tabs sparingly.
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Plan Sheets (Section 1)	In Section 1, enter the HIOS Plan ID, Plan Name, Metal Level, and whether this is a CSR plan variant. Ensure that the Plan Name matches the forms, binder and rate filing documents exactly.
Plan Sheets (Section 2)	In Section 2, enter the Plan Design Information. Lines 2.2-2.10 should be entered the same way as they are entered in the AV Calculator. On Line 2.11, if you enter "Yes" to indicate different cost-sharing between virtual care and non-virtual care, add a note ("Note 1") under the underlined "Notes" header at the bottom of the page. In this note, explain how the cost-sharing is different and how you are accounting for those differences in this template, in the Plans and Benefits template, and in the AV Calculator. Be aware that the instructions for Section 4 (below) include that you should add rows to the benefit table to reflect any differing virtual cost shares.
Plan Sheets (Section 3)	In Section 3, enter the network and tier information. Based on your selection in Line 3.3 and Line 3.7, the table below will allow up to four tiers (including one for out-of-network benefits). The tiers will be part of the table in Section 4.
Plan Sheets (Section 4)	In Section 4, enter a tier name or description in Line 4.1. Do this for all tiers. The entries should describe the tiers in enough detail so that the tiers can be understood. For example, you might write "In-Network Tier," "Without-Referral Tier," or "Virtual Tier."
Plan Sheets (Section 4)	<p>Customize the table to match the benefits you offer for the plan. The six buttons at the top of the sheet can be used to add or subtract rows from the table. There are 4 sections of the table:</p> <p>(1) Medical Benefits: Most of these categories are identical to those in the AV Calculator, with a few additions. Fill in all of these rows unless the benefit is not offered.</p> <p>(2) Other EHB Categories: If the plan offers EHBs not shown in the Medical Benefits section above, add a row for each such benefit. This section should also be used whenever the Medical Benefit categories above do not adequately describe the cost-sharing structure; for example, if you split the Outpatient Facility Fee benefits into multiple categories, you can add rows to display the different subcategory cost shares. Make sure to title the categories appropriately and add notes as necessary for the sake of clarity.</p> <p>(3) Non-EHB Benefits: Add rows for non-EHB benefits that the plan offers.</p> <p>(4) Drug Benefit Tiers: These drug tiers are the 4 standard tiers, as seen in the AV Calculator. If your plan design has more than 4 tiers, add more rows and title them appropriately.</p> <p>*** It is assumed that your plan designs cover virtual visits at the same cost shares as in-person visits. If this is not the case for one or more categories of services, add rows to the table as necessary to reflect the differing cost shares.</p>
Plan Sheets (Section 4)	<p>Enter the cost-sharing information in the table. Guidance is provided below:</p> <p>(1) Upfront Visits or Copays?: Enter "Yes" if the upfront visits or upfront copays are applicable to the benefit category; otherwise, enter "No." Upfront visits are associated with the "Begin Primary Care Cost-Sharing After a Set Number of Visits" field, and upfront copays are associated with the "Begin Primary Care Deductible/Coinsurance After a Set Number of Copays" field.</p> <p>(2) Subject to Deductible?: If the member's cost-share for the benefit category depends on whether a deductible is met, select "Yes"; otherwise, select "No."</p> <p>(3) Amount (Copays): Enter the amount of the copay, if applicable. Otherwise, leave the cell blank to indicate that a copay is not applicable.</p> <p>(4) Applies (Copays): If there is a copay, enter whether the copay applies before, after, or before and after the deductible. Note that if the benefit is subject to the deductible and copay applies before the deductible, first the copay applies to the allowed charge, and then the rest of the charge applies toward the deductible. In this case, the copay does not accumulate toward the deductible. If the whole amount that the member pays (the allowed charge) accumulates toward the deductible, you should select "After Deductible."</p> <p>(5) Amount (Coinsurance): Enter the member's coinsurance (%) rate, not the carrier's portion. Otherwise, leave the cell blank to indicate that a coinsurance is not applicable.</p>

Plan Sheets (Section 4)	<p>(6) Applies (Coinsurance): Enter whether the coinsurance applies before, after, or before and after the deductible. Note that a coinsurance applying before the deductible has been met is a unique plan design (see below).</p> <p>(7) Accrues Toward Deductible (Copays or Coinsurance): If applicable, enter whether or not the copay or coinsurance paid by the member accrues toward meeting the deductible.</p> <p>(8) Comments: Whenever the plan design is not accommodated by the template (or other clarification is deemed necessary), add a note in the "Comments" column. You will select a note number, which you will then need to also select below, in the Notes section. Add your written comment in this Notes section, explaining what about your plan design is not captured in the template (or otherwise providing clarity).</p> <p>*** If the benefit is fully covered (no member cost share), enter "No" under "Subject to Deductible?" Enter "0" for the Copay "Amount" and "Before and After Deductible" in the "Applies" column.</p> <p>*** If there is no copay or no coinsurance applicable to a particular benefit, leave all three column entries under the particular header ("Copays" or "Coinsurance") blank. Make sure to delete any existing text from those columns.</p> <p>*** If the benefit is not covered by the plan, enter "No" under "Subject to Deductible?," "100%" for the Coinsurance "Amount," "Before and After Deductible" in the "Applies" column, and "No" in the "Accrues Toward Deductible?" column. Also, add a note to clarify that the benefit is not covered.</p> <p>*** If an individual benefit does not have tiered cost sharing within a plan with multiple tiers, enter the cost sharing features (e.g., copays, coinsurances, whether the deductible applies, etc.) identically to how they were entered in tier 1 when filling out other tiers.</p>
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Plan Sheets (Final Notes)	Review the unique plan design elements. The table below describes some (but not necessarily all) of the unique plan design elements that a plan may have. If any of these unique design elements is applicable to your plan, you will need to adjust your Actuarial Value Calculation in an actuarially justifiable way and provide the justification in a unique plan design justification rate filing exhibit. In such an exhibit, you must include all calculations, data or data sources, plan design descriptions, etc., necessary for thorough review.
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Automatic Checks (Automatically Highlighted in Orange)	
Column Header	Explanation (What Does Orange Highlighting Mean?)
Upfront Visits or Copays?	Cells in this column are highlighted whenever "Yes" is entered for a benefit other than "Primary Care Visit to Treat an Injury or Illness."
Subject to Deductible?	[Only for the "Primary Care Visit to Treat an Injury or Illness" benefit category] If "Subject to Deductible?" is "No" and "Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?" (Line 2.8) is not "N/A," the Cell will be highlighted. This sort of design is not logically consistent and therefore should be corrected. Note that this combination of entries also causes an error in the AV Calculator.
Copays: Applies	Cells in this column are highlighted whenever both a copay and coinsurance apply after the deductible (including when either or both apply before and after the deductible).
Copays: Accrues toward Deductible?	Cells in this column are highlighted whenever "No" is entered under "Subject to Deductible?" and "Yes" is entered under "Accrues Toward Deductible?"
Coinsurance: Applies	Cells in this column are highlighted whenever it is indicated that a coinsurance applies before (or before and after) the deductible.

Manual Checks (Not Automatically Highlighted and Not Always Accommodated by the Template)	
Column Header	Explanation
More Than 4 Drug Tiers	If the plan incorporates more than 4 tiers of drug cost shares, this is a unique design.
Maximum Coinsurance	If a coinsurance is applied up to a limit for a benefit other than Specialty Drugs (Tier 4 Drugs), this is a unique plan design.
Multiple Cost Share Tiers for One Benefit Category	The AV Calculator has certain benefit categories and allows one copay and/or coinsurance for each. If your plan involves subdividing the AV Calculator's benefit categories and providing different cost shares for each subcategory, this is a unique plan design. A unique plan design AV adjustment will be required; for example, a utilization-weighted blended copay and/or coinsurance may be appropriate.

Plan Sheets	Review the cells that are greyed out. Text in such cells will be red. Delete all such text. If you believe something is missing from the representation of the plan as shown in the template, please add a note explaining why. Also, review the "Errors/Warnings" columns. If there are any numbers in these columns, use the guidance in the "Errors/Warnings" section below to correct the issues.
Instructions	Press the "Update Plan Worksheet Names" button (found at the top of this sheet) to automatically rename all of the sheets to the HIOS Plan IDs entered on Line 1.1 in the plans' sheets. Note that you may press this button multiple times as you work through the templates if doing so make it easier for you to navigate throughout the document.

All	Delete any extra sheets before submitting the document in the rate filing. There should be exactly one sheet added for each plan you will be offering and one sheet for each CSR variation. Remove the Illustrative Example sheet before submitting both the Excel version and PDF version of this document. Note that we do not recommend that you delete this Instructions worksheet, because doing so will also remove your ability to use the two buttons at the top in the case that any corrections are required.
All	Make a PDF copy of this document. Make sure that the PDF shows each and every sheet and cell in this document. You should check the PDF to be sure that this is the case and that no text is cut off due to formatting. If necessary, adjust the print area in the plan sheets to allow the text to show in the PDF.
All	Submit both the Excel version and PDF version of this document. Name the PDF version "Benefit Components.pdf" and name the Excel version "Benefit Components Duplicate.xlsm."

Errors/Warnings

The "Errors/Warnings" columns in Section 4 of the plan sheets are designed to check for common mistakes in each row. Please review these columns and correct all errors. Specific guidance for each error is provided in the table below. If you receive an error and do not believe it should be an error, please add a note to clarify the plan design.

Errors/Warnings	
Error/Warning Number	Explanation
1	<u>Why is this error showing?</u> This error is shown whenever the "Preventive Care/Screening/Immunization" benefit category's cost sharing information is entered incorrectly.
	<u>How do I fix this error?</u> This benefit category should be entered to have a copay of \$0 that applies "Before and After the Deductible." No coinsurance information should be entered.
2	<u>Why is this error showing?</u> This error is shown whenever a logically inconsistent plan design was entered, whenever there is text in a cell that should be blank, and whenever an entry was expected in a cell but not entered.
	<u>How do I fix this error?</u> Make sure that the row is filled out completely and that there is no red text in any grey cell. If only a copay or only a coinsurance is applicable to the benefit category, do not enter anything for the other cost share (i.e., leave all three corresponding columns blank). Make sure that all of the entries in the row follow the data validation rules (i.e., that they are options from the dropdown, numbers when they are supposed to be numbers, etc.).

3	<p><u>Why is this error showing?</u></p> <p>This error is shown whenever you have indicated that a benefit category is not subject to the deductible but have not indicated what cost share applies in both phases of cost sharing (i.e., before the deductible and after the deductible).</p> <p><u>How do I fix this error?</u></p> <p>One of the copay or the coinsurance must apply before and after the deductible, or one must apply before and one must apply after. Otherwise, you have not specified the cost share in all phases. For example, if a copay applies before the deductible and there is no member cost share after the deductible, enter the copay amount and select "Before Deductible" and enter a 0% coinsurance and select "After Deductible." Common plan designs include the following:</p> <ul style="list-style-type: none"> Copay (Before and After Deductible) Coinsurance (Before and After Deductible) Copay (Before Deductible) and Coinsurance (After Deductible)
4	<p><u>Why is this error showing?</u></p> <p>This error is shown whenever the Deductible, Default Coinsurance, or MOOP entries are missing or inconsistent with the entries in Line 2.2 or Line 2.5.</p> <p><u>How do I fix this error?</u></p> <p>Make sure that all yellow cells have entries and all grey cells are blank (i.e., no red text). If this would result in a misrepresentation of the plan's actual design, review the entries in Line 2.2 and Line 2.5.</p> <p>For out-of-network tiers, if there is no applicable deductible, enter \$0. If there is no applicable default coinsurance, enter 100%. If there is no applicable MOOP, enter "UNLIMITED".</p>

Benefit Components

Company: UnitedHealthcare of Oregon, Inc.

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1

HIOS Plan ID

62650WA0020002

Line 1.2

Plan Name

UnitedHealthcare of Oregon, Inc. Cascade Bronze

Line 1.3

Metal Level

Expanded Bronze

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 Charging an IP Copay

N/A

Line 2.7

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

2

Line 2.8

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

N/A

Line 2.9

HSA Plan?

No

Line 2.10

HSA Employer Contribution Amount

Line 2.11

Different Cost-Sharing for Virtual vs Non-Virtual Care?

No

Line 2.12

Pediatric Dental Embedded?

No

Line 2.13

Includes Non-EHBs?

Yes

Section 3: Network and Tier Information

Line 3.1

Network Type

EPO

Line 3.2

Network Name

UHC IND EPO

Line 3.3

In-Network Tiers (P)

1

Line 3.4

Tier 1 Utilization

100.00%

Line 3.5

Tier 2 Utilization

Line 3.6

Tier 3 Utilization

Line 3.7

Out-of-Network Benefits?

No

Section 4: Cost-Share Designs

Line 4.1

In-Network Tier 1:

UHC IND EPO

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$6,000	
Default Coinsurance			40%	
MOOP			\$10,150	

	Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Amount	Copays 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 1	
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			
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	Yes	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services		No	Yes				40%	After Deductible			
X-rays and Diagnostic Imaging		No	Yes				40%	After Deductible			
Skilled Nursing Facility		No	Yes				40%	After Deductible			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		No	Yes				40%	After Deductible			
Outpatient Surgery Physician/Surgical Services		No	Yes				40%	After Deductible			
Urgent Care		No	No	\$ 100	Before and After Deductible	No					
Emergency Transportation		No	Yes				40%	After Deductible			
Other EHB Categories											
Virtual Urgent Care		No	No	\$ 40	Before and After Deductible	No					
Imaging (CT/PET Scans, MRIs) - Hospital			Yes				40%	After Deductible		Note 3	
Laboratory Outpatient and Professional Services - Hospital			Yes				40%	After Deductible		Note 3	
X-rays and Diagnostic Imaging - Hospital			Yes				40%	After Deductible		Note 3	
Outpatient Surgery Physician/Surgical Services - Hospital			Yes				40%	After Deductible		Note 3	
Other Professional and Outpatient Services			Yes				40%	After Deductible		Note 4	
Chiropractic Services			Yes				40%	After Deductible			
Chemotherapy			Yes				40%	After Deductible			
Dialysis			Yes				40%	After Deductible			
Radiation			Yes				40%	After Deductible			
Infusion Therapy			Yes				40%	After Deductible			
Non-EHB Benefits											
Dental Services - Accident Only		No	Yes				40%	After Deductible			
Allergy Testing		No	Yes				40%	After Deductible			
Drug Benefit Tiers (add/modify descriptions as necessary)		Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)			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: Primary Care Visit to Treat an Injury or Illness - WA mandated two \$1 visits

Note 2: Mental Health & Substance Use Disorder Office Visits - WA mandated two \$1 visits

Note 3: No cost share variance between hospital and office based for standard plans

Note 4: Other Professional and Outpatient Services includes outpatient and professional services not identified in the Medical Benefits or Other EHB Categories that have the same cost share, prosthetics, medical supplies, orthotics, and durable medical equipment (DME)

Version 3.2

Notes:

Note 1: Primary Care Visit to Treat an injury or illness - WA mandated two \$1 visits

Note 2: Mental Health & Substance Use Disorder Office Visits - WA mandated two \$1 visits

Note 3: No cost difference between hospital and office based for standard plan

Note 4: Other Professional and Outpatient Services includes outpatient and professional services not identified in the Medical Benefits or Other EHB Categories that have the same cost share, prosthetics, medical supplies, orthotics, and durable medical equipment (DME)

Benefit Components

Worksheet
Controls

Company: UnitedHealthcare of Oregon, Inc.

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	62650WA002003	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	Both On and Off Exchange
Line 1.2	Plan Name	UnitedHealthcare of Oregon, Inc. Cascade Silver	Line 1.4	Cost-Share Reduction (CSR) Plan?	73% AV Level Silver Plan	Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	Yes
Line 2.6	Maximum Number of Days for Charging an IP Copay	5
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	2
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	UHC IND EPO
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	UHC IND EPO
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$2,500	
Default Coinsurance			30%	
MOOP			\$7,950	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Amount	Copays Applies	Accrues toward Deductible?	Amount	Coinsurance Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Emergency Room Services	No	Yes	\$ 800	After Deductible						
Inpatient Hospital Services (e.g., Hospital Stay)	No	Yes	\$ 800	After Deductible						
Primary Care Visit to Treat an Injury or Illness	Yes	No	\$ 20	Before and After Deductible	No				Note 1	
Specialist Visit	No	No	\$ 65	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits	No	No	\$ 20	Before and After Deductible	No					
Mental Health & Substance Use Disorder All Other OP Services	No	No	\$ 30	Before and After Deductible	No				Note 2	
Imaging (CT/PET Scans, MRIs)	No	Yes				30%	After Deductible			
Rehabilitative Speech Therapy	No	No	\$ 40	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	No	\$ 40	Before and After Deductible	No					
Preventive Care/Screening/Immunization	No	No	\$ -	Before and After Deductible	No					
Laboratory Outpatient and Professional Services	No	No	\$ 40	Before and After Deductible	No					
X-rays and Diagnostic Imaging	No	No	\$ 65	Before and After Deductible	No					
Skilled Nursing Facility	No	Yes	\$ 800	After Deductible						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	No	Yes	\$ 600	After Deductible						
Outpatient Surgery Physician/Surgical Services	No	Yes	\$ 200	After Deductible						
Urgent Care	No	No	\$ 40	Before and After Deductible	No					
Emergency Transportation	No	No	\$ 325	Before and After Deductible	No					
Other EHB Categories										
Virtual Urgent Care	No	No	\$ 65	Before and After Deductible	No					
Imaging (CT/PET Scans, MRIs) - Hospital		Yes				30%	After Deductible		Note 3	
Laboratory Outpatient and Professional Services - Hospital		No	\$ 40	Before and After Deductible	No				Note 3	
X-rays and Diagnostic Imaging - Hospital		No	\$ 65	Before and After Deductible	No				Note 3	
Outpatient Surgery Physician/Surgical Services - Hospital		Yes	\$ 200	After Deductible					Note 3	
Other Professional and Outpatient Services		Yes				30%	After Deductible		Note 4	
Chiropractic Services		Yes				30%	After Deductible			
Chemotherapy		Yes	\$ 600	After Deductible						
Dialysis		Yes	\$ 600	After Deductible						
Radiation		Yes	\$ 600	After Deductible						
Infusion Therapy		Yes	\$ 200	After Deductible						
Non-EHB Benefits										
Dental Services - Accident Only	No	Yes				30%	After Deductible			
Allergy Testing	No	Yes				30%	After Deductible			
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$ 24	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		No	\$ 75	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3)		Yes	\$ 250	After Deductible						
Specialty Drugs (Tier 4)		Yes	\$ 250	After Deductible						

Notes

- Note 1: Primary Care Visit to Treat an Injury or Illness - WA mandated two \$1 visits
Note 2: Mental Health & Substance Use Disorder Office Visits - WA mandated two \$1 visits
Note 3: No cost share variance between hospital and office based for standard plans
Note 4: Other Professional and Outpatient Services includes outpatient and professional services not identified in the Medical Benefits or Other EHB Categories that have the same cost share, prosthetics, medical supplies, orthotics, and durable medical equipment (DME)

Benefit Components

Company: UnitedHealthcare of Oregon, Inc. Market: Individual Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	62650WA002003	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	Both On and Off Exchange
Line 1.2	Plan Name	UnitedHealthcare of Oregon, Inc. 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?	Yes
Line 2.6	Maximum Number of Days for Charging an IP Copay	5
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	2
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	UHC IND EPO
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1 In-Network Tier 1: UHC IND EPO

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$ 1750	
Default Coinsurance			20%	
MOOP			\$2,890	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Amount	Coinsurance		Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?		Applies	Accrues toward Deductible?		
Emergency Room Services	No	Yes	\$ 425	After Deductible						
Inpatient Hospital Services (e.g., Hospital Stay)	No	Yes	\$ 425	After Deductible						
Primary Care Visit to Treat an Injury or Illness	Yes	No	\$ 5	Before and After Deductible	No				Note 1	
Specialist Visit	No	No	\$ 30	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits	No	No	\$ 5	Before and After Deductible	No				Note 2	
Mental Health & Substance Use Disorder All Other OP Services	No	No	\$ 10	Before and After Deductible	No					
Imaging (CT/PET Scans, MRIs)	No	Yes				20%	After Deductible			
Rehabilitative Speech Therapy	No	No	\$ 20	Before and After Deductible	No					
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										
Virtual Urgent Care	No	No	\$ 30	Before and After Deductible	No					
Imaging (CT/PET Scans, MRIs) - Hospital		Yes				20%	After Deductible		Note 3	
Laboratory Outpatient and Professional Services - Hospital		No	\$ 20	Before and After Deductible	No				Note 3	
X-rays and Diagnostic Imaging - Hospital		No	\$ 40	Before and After Deductible	No				Note 3	
Outpatient Surgery Physician/Surgical Services - Hospital		Yes	\$ 120	After Deductible					Note 3	
Other Professional and Outpatient Services		Yes				20%	After Deductible		Note 4	
Chiropractic Services		Yes				20%	After Deductible			
Chemotherapy		Yes	\$ 325	After Deductible						
Dialysis		Yes	\$ 325	After Deductible						
Radiation		Yes	\$ 325	After Deductible						
Infusion Therapy		Yes	\$ 120	After Deductible						
Non-EHB Benefits										
Dental Services - Accident Only	No	Yes				20%	After Deductible			
Allergy Testing	No	Yes				20%	After Deductible			
Drug Benefit Tiers (add/modify descriptions as necessary)										
Generic Drugs (Tier 1)		No	\$ 12	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		No	\$ 35	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3)		No	\$ 160	Before and After Deductible	No					
Specialty Drugs (Tier 4)		No	\$ 160	Before and After Deductible	No					

Notes

- Note 1: Primary Care Visit to Treat an Injury or Illness - WA mandated two \$1 visits
Note 2: Mental Health & Substance Use Disorder Office Visits - WA mandated two \$1 visits
Note 3: No cost share variance between hospital and office based for standard plans
Note 4: Other Professional and Outpatient Services includes outpatient and professional services not identified in the Medical Benefits or Other EHB Categories that have the same cost share, prosthetics, medical supplies, orthotics, and durable medical equipment (DME)

Benefit Components

Company: UnitedHealthcare of Oregon, Inc. Market: Individual Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	62650WA002003	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	Both On and Off Exchange
Line 1.2	Plan Name	UnitedHealthcare of Oregon, Inc. 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?	Yes
Line 2.6	Maximum Number of Days for Charging an IP Copay	5
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	2
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	UHC IND EPO
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1 In-Network Tier 1: UHC IND EPO

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$0	
Default Coinsurance			15%	
MOOP			\$2,400	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Amount	Coinsurance		Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?		Applies	Accrues toward Deductible?		
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					
Primary Care Visit to Treat an Injury or Illness	Yes	No	\$ 1	Before and After Deductible	No				Note 1	
Specialist Visit	No	No	\$ 15	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits	No	No	\$ 1	Before and After Deductible	No				Note 2	
Mental Health & Substance Use Disorder All Other OP Services	No	No	\$ 5	Before and After Deductible	No					
Imaging (CT/PET Scans, MRIs)	No	No				15%	Before and After Deductible	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	\$ -	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										
Virtual Urgent Care	No	No	\$ 15	Before and After Deductible	No					
Imaging (CT/PET Scans, MRIs) - Hospital	No	No				15%	Before and After Deductible	No	Note 3	
Laboratory Outpatient and Professional Services - Hospital	No	No	\$ 5	Before and After Deductible	No				Note 3	
X-rays and Diagnostic Imaging - Hospital	No	No	\$ 15	Before and After Deductible	No				Note 3	
Outpatient Surgery Physician/Surgical Services - Hospital	No	No	\$ 25	Before and After Deductible	No				Note 3	
Other Professional and Outpatient Services	No	No				15%	Before and After Deductible	No	Note 4	
Chiropractic Services	No	No				15%	Before and After Deductible	No		
Chemotherapy	No	No	\$ 100	Before and After Deductible	No					
Dialysis	No	No	\$ 100	Before and After Deductible	No					
Radiation	No	No	\$ 100	Before and After Deductible	No					
Infusion Therapy	No	No	\$ 100	Before and After Deductible	No					
Non-EHB Benefits										
Dental Services - Accident Only	No	No				15%	Before and After Deductible	No		
Allergy Testing	No	Yes				15%	After Deductible			
Drug Benefit Tiers (add/modify descriptions as necessary)										
Generic Drugs (Tier 1)		No	\$ 5	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		No	\$ 11	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3)		No	\$ 35	Before and After Deductible	No					
Specialty Drugs (Tier 4)		No	\$ 35	Before and After Deductible	No					

Notes

- Note 1: Primary Care Visit to Treat an Injury or Illness - WA mandated two \$1 visits
Note 2: Mental Health & Substance Use Disorder Office Visits - WA mandated two \$1 visits
Note 3: No cost share variance between hospital and office based for standard plans
Note 4: Other Professional and Outpatient Services includes outpatient and professional services not identified in the Medical Benefits or Other EHB Categories that have the same cost share, prosthetics, medical supplies, orthotics, and durable medical equipment (DME)

Benefit Components

Worksheet
Controls

Company: UnitedHealthcare of Oregon, Inc.

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	62650WA0020001	Line 1.3	Metal Level	Gold	Line 1.5	Exchange Status	Both On and Off Exchange
Line 1.2	Plan Name	UnitedHealthcare of Oregon, Inc. Cascade Complete Gold	Line 1.4	Cost-Share Reduction (CSR) Plan?		Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charging an IP Copay	5
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	UHC IND EPO
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	UHC IND EPO
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$1,000	
Default Coinsurance			20%	
MOOP			\$7,000	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Amount	Copays Applies	Accrues toward Deductible?	Amount	Coinsurance Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Emergency Room Services		Yes	\$ 450	After Deductible						
Inpatient Hospital Services (e.g., Hospital Stay)		No	\$ 525	Before and After Deductible	No					
Primary Care Visit to Treat an Injury or Illness		No	\$ 15	Before and After Deductible	No					
Specialist Visit		No	\$ 40	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits		No	\$ 15	Before and After Deductible	No					
Mental Health & Substance Use Disorder All Other OP Services		No	\$ 15	Before and After Deductible	No					
Imaging (CT/PET Scans, MRIs)		Yes	\$ 300	After Deductible						
Rehabilitative Speech Therapy		No	\$ 25	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy		No	\$ 25	Before and After Deductible	No					
Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services		No	\$ 20	Before and After Deductible	No					
X-rays and Diagnostic Imaging		No	\$ 30	Before and After Deductible	No					
Skilled Nursing Facility		Yes	\$ 350	After Deductible						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Yes	\$ 350	After Deductible						
Outpatient Surgery Physician/Surgical Services		Yes	\$ 75	After Deductible						
Urgent Care		No	\$ 25	Before and After Deductible	No					
Emergency Transportation		No	\$ 375	Before and After Deductible	No					
Other EHB Categories										
Virtual Urgent Care		No	\$ 35	Before and After Deductible	No					
Imaging (CT/PET Scans, MRIs) - Hospital		Yes	\$ 300	After Deductible					Note 1	
Laboratory Outpatient and Professional Services - Hospital		No	\$ 20	Before and After Deductible	No				Note 1	
X-rays and Diagnostic Imaging - Hospital		No	\$ 30	Before and After Deductible	No				Note 1	
Outpatient Surgery Physician/Surgical Services - Hospital		Yes	\$ 75	After Deductible					Note 1	
Other Professional and Outpatient Services		Yes				20%	After Deductible		Note 2	
Chiropractic Services		Yes				20%	After Deductible			
Chemotherapy		Yes	\$ 500	After Deductible						
Dialysis		Yes	\$ 300	After Deductible						
Radiation		Yes	\$ 350	After Deductible						
Infusion Therapy		Yes	\$ 75	After Deductible						
Non-EHB Benefits										
Dental Services - Accident Only		Yes				20%	After Deductible			
Allergy Testing		Yes				20%	After Deductible			
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$ 10	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		No	\$ 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: No cost share variance between hospital and office based for standard plans
Note 2: Other Professional and Outpatient Services includes outpatient and professional services not identified in the Medical Benefits or Other EHB Categories that have the same cost share, prosthetics, medical supplies, orthotics, and durable medical equipment (DME)

Notes:

Note 1: No cost share variance between hospital and office based for standard plans

Note 2: Other Professional and Outpatient Services includes outpatient and professional services not identified in the Medical Benefits or Other EHB Categories that have the same cost share, prosthetics, medical supplies, orthotics, and durable medical equipment (DME)

Benefit Components

Company: UnitedHealthcare of Oregon, Inc.

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1

HIOS Plan ID

62650WA0020021

Line 1.2

Plan Name

UHC Bronze Value HSA

Line 1.3

Metal Level

Expanded Bronze

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 Charging an IP Copay

N/A

Line 2.7

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

N/A

Line 2.8

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

N/A

Line 2.9

HSA Plan?

Yes

Line 2.10

HSA Employer Contribution Amount

Line 2.11

Different Cost-Sharing for Virtual vs Non-Virtual Care?

No

Line 2.12

Pediatric Dental Embedded?

No

Line 2.13

Includes Non-EHBs?

Yes

Section 3: Network and Tier Information

Line 3.1

Network Type

EPO

Line 3.2

Network Name

UHC IND EPO

Line 3.3

In-Network Tiers (P)

1

Line 3.4

Tier 1 Utilization

100.00%

Line 3.5

Tier 2 Utilization

Line 3.6

Tier 3 Utilization

Line 3.7

Out-of-Network Benefits?

No

Section 4: Cost-Share Designs

Line 4.1

In-Network Tier 1:

UHC IND EPO

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$6,100	
Default Coinsurance			30%	
MOOP			\$8,050	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Amount	Copays Applies	Accrues toward Deductible?	Amount	Coinsurance Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Emergency Room Services		Yes				30%	After Deductible			
Inpatient Hospital Services (e.g., Hospital Stay)		Yes				30%	After Deductible			
Primary Care Visit to Treat an Injury or Illness		Yes	\$ 50	After Deductible						
Specialist Visit		Yes	\$ 100	After Deductible						
Mental Health & Substance Use Disorder Office Visits		Yes	\$ 100	After Deductible						
Mental Health & Substance Use Disorder All Other OP Services		Yes				30%	After Deductible			
Imaging (CT/PET Scans, MRIs)		Yes				30%	After Deductible			
Rehabilitative Speech Therapy		Yes	\$ 100	After Deductible						
Rehabilitative Occupational and Rehabilitative Physical Therapy		Yes	\$ 100	After Deductible						
Preventive Care/Screening/Immunization		Yes	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services		Yes				30%	After Deductible			
X-rays and Diagnostic Imaging		Yes				30%	After Deductible			
Skilled Nursing Facility		Yes				30%	After Deductible			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Yes				30%	After Deductible			
Outpatient Surgery Physician/Surgical Services		Yes				30%	After Deductible			
Urgent Care		Yes	\$ 25	After Deductible						
Emergency Transportation		Yes				30%	After Deductible			
Other EHB Categories										
Virtual Urgent Care		Yes				0%	After Deductible			
Imaging (CT/PET Scans, MRIs) - Hospital		Yes				50%	After Deductible		Note 1	
Laboratory Outpatient and Professional Services - Hospital		Yes				50%	After Deductible		Note 2	
X-rays and Diagnostic Imaging - Hospital		Yes				50%	After Deductible		Note 3	
Outpatient Surgery Physician/Surgical Services - Hospital		Yes				50%	After Deductible		Note 4	
Other Professional and Outpatient Services		Yes				30%	After Deductible		Note 5	
Chiropractic Services		Yes				30%	After Deductible			
Chemotherapy		Yes				30%	After Deductible			
Dialysis		Yes				30%	After Deductible			
Radiation		Yes				30%	After Deductible			
Infusion Therapy		Yes				30%	After Deductible			
Non-EHB Benefits										
Dental Services - Accident Only		Yes				30%	After Deductible			
Allergy Testing		Yes				30%	After Deductible			
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		Yes	\$ 30	After Deductible						
Preferred Brand Drugs (Tier 2)		Yes				35%	After Deductible			
Non-Preferred Brand Drugs (Tier 3)		Yes				45%	After Deductible			
Specialty Drugs (Tier 4)		Yes				50%	After Deductible			

Notes

Note 1: Imaging (CT/PET Scans, MRIs) - Cost sharing varies by place of service. The listed 50% is in a hospital setting - this changes to 30% in an office setting.

Note 2: Laboratory Outpatient and Professional Services - Cost sharing varies by place of service. The listed 50% is in a hospital setting - this changes to 30% in an office setting.

Note 3: X-rays and Diagnostic Imaging - Cost sharing varies by place of service. The listed 50% is in a hospital setting - this changes to 30% in an office setting.

Note 4: Outpatient Surgery Physician/Surgical Services - Cost sharing varies by place of service. The listed 50% is in a hospital setting - this changes to 30% in an office setting.

Note 5: Other Professional and Outpatient Services includes outpatient and professional services not identified in the Medical Benefits or Other EHB Categories that have the same cost share, including prosthetics, medical supplies, orthotics, and durable medical equipment (DME)

Version 3.2

Benefit Components

Company: UnitedHealthcare of Oregon, Inc. Market: Individual Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	62650WA0020008	Line 1.3	Metal Level	Expanded Bronze	Line 1.5	Exchange Status	Off Exchange
Line 1.2	Plan Name	UHC Bronze Value HSA (Off Exchange Only)	Line 1.4	Cost-Share Reduction (CSR) Plan?		Line 1.6	New or Renewing	New

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charging an IP Copay	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	Yes
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	UHC IND EPO
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1 In-Network Tier 1: UHC IND EPO

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$6,100	
Default Coinsurance			30%	
MOOP			\$8,050	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays		Amount	Coinsurance		Comments	Errors/Warnings
			Amount	Applies		Applies	Accrues toward Deductible?		
Emergency Room Services		Yes			30%	After Deductible			
Inpatient Hospital Services (e.g., Hospital Stay)		Yes			30%	After Deductible			
Primary Care Visit to Treat an Injury or Illness		Yes	\$ 50	After Deductible					
Specialist Visit		Yes	\$ 100	After Deductible					
Mental Health & Substance Use Disorder Office Visits		Yes	\$ 100	After Deductible					
Mental Health & Substance Use Disorder All Other OP Services		Yes			30%	After Deductible			
Imaging (CT/PET Scans, MRIs)		Yes			30%	After Deductible			
Rehabilitative Speech Therapy		Yes	\$ 100	After Deductible					
Rehabilitative Occupational and Rehabilitative Physical Therapy		Yes	\$ 100	After Deductible					
Preventive Care/Screening/Immunization		Yes	\$ -	Before and After Deductible					
Laboratory Outpatient and Professional Services		Yes			30%	After Deductible			
X-rays and Diagnostic Imaging		Yes			30%	After Deductible			
Skilled Nursing Facility		Yes			30%	After Deductible			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Yes			30%	After Deductible			
Outpatient Surgery Physician/Surgical Services		Yes			30%	After Deductible			
Urgent Care		Yes	\$ 25	After Deductible					
Emergency Transportation		Yes			30%	After Deductible			
Other EHB Categories									
Virtual Urgent Care		Yes			0%	After Deductible			
Imaging (CT/PET Scans, MRIs) - Hospital		Yes			50%	After Deductible		Note 1	
Laboratory Outpatient and Professional Services - Hospital		Yes			50%	After Deductible		Note 2	
X-rays and Diagnostic Imaging - Hospital		Yes			50%	After Deductible		Note 3	
Outpatient Surgery Physician/Surgical Services - Hospital		Yes			50%	After Deductible		Note 4	
Other Professional and Outpatient Services		Yes			30%	After Deductible		Note 5	
Chiropractic Services		Yes			30%	After Deductible			
Chemotherapy		Yes			30%	After Deductible			
Dialysis		Yes			30%	After Deductible			
Radiation		Yes			30%	After Deductible			
Infusion Therapy		Yes			30%	After Deductible			
Non-EHB Benefits									
Dental Services - Accident Only		Yes			30%	After Deductible			
Allergy Testing		Yes			30%	After Deductible			
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments Errors/Warnings
Generic Drugs (Tier 1)		Yes	\$ 30	After Deductible					
Preferred Brand Drugs (Tier 2)		Yes			35%	After Deductible			
Non-Preferred Brand Drugs (Tier 3)		Yes			45%	After Deductible			
Specialty Drugs (Tier 4)		Yes			50%	After Deductible			

Notes

- Note 1: Imaging (CT/PET Scans, MRIs) - Cost sharing varies by place of service. The listed 50% is in a hospital setting - this changes to 30% in an office setting.
- Note 2: Laboratory Outpatient and Professional Services - Cost sharing varies by place of service. The listed 50% is in a hospital setting - this changes to 30% in an office setting.
- Note 3: X-rays and Diagnostic Imaging - Cost sharing varies by place of service. The listed 50% is in a hospital setting - this changes to 30% in an office setting.
- Note 4: Outpatient Surgery Physician/Surgical Services - Cost sharing varies by place of service. The listed 50% is in a hospital setting - this changes to 30% in an office setting.
- Note 5: Other Professional and Outpatient Services includes outpatient and professional services not identified in the Medical Benefits or Other EHB Categories that have the same cost share, including prosthetics, medical supplies, orthotics, and durable medical equipment (DME)

Benefit Components

Company: UnitedHealthcare of Oregon, Inc. Market: Individual Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	62650WA0020005	Line 1.3	Metal Level	Bronze	Line 1.5	Exchange Status	Both On and Off Exchange
Line 1.2	Plan Name	UHC Bronze Essential	Line 1.4	Cost-Share Reduction (CSR) Plan?		Line 1.6	New or Renewing	New

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charging an IP Copay	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	UHC IND EPO
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1 In-Network Tier 1: UHC IND EPO

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$10,150	
Default Coinsurance			0%	
MOOP			\$10,150	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays		Amount	Coinsurance		Comments	Errors/Warnings
			Amount	Applies		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		Yes			0%	After Deductible			
Specialist Visit		Yes			0%	After Deductible			
Mental Health & Substance Use Disorder Office Visits		Yes			0%	After Deductible			
Mental Health & Substance Use Disorder All Other OP Services		Yes			0%	After Deductible			
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		Yes			0%	After Deductible			
Laboratory Outpatient and Professional Services		No	\$ -	Before and After Deductible	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									
Virtual Urgent Care		No			0%	Before and After Deductible			
Imaging (CT/PET Scans, MRIs) - Hospital		Yes			0%	After Deductible			
Laboratory Outpatient and Professional Services - Hospital		Yes			0%	After Deductible			
X-rays and Diagnostic Imaging - Hospital		Yes			0%	After Deductible			
Outpatient Surgery Physician/Surgical Services - Hospital		Yes			0%	After Deductible			
Other Professional and Outpatient Services		Yes			0%	After Deductible		Note 1	
Chiropractic Services		Yes			0%	After Deductible			
Chemotherapy		Yes			0%	After Deductible			
Dialysis		Yes			0%	After Deductible			
Radiation		Yes			0%	After Deductible			
Infusion Therapy		Yes			0%	After Deductible			
Non-EHB Benefits									
Dental Services - Accident Only		Yes			0%	After Deductible			
Allergy Testing		Yes			0%	After Deductible			
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments Errors/Warnings
Generic Drugs (Tier 1)		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: Other Professional and Outpatient Services includes outpatient and professional services not identified in the Medical Benefits or Other EHB Categories that have the same cost share, including prosthetics, medical supplies, orthotics, and durable medical equipment (DME)

Benefit Components

Company: UnitedHealthcare of Oregon, Inc. Market: Individual Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	62650WA002006	Line 1.3	Metal Level	Bronze	Line 1.5	Exchange Status	Off Exchange
Line 1.2	Plan Name	UHC Bronze Essential (Off Exchange Only)	Line 1.4	Cost-Share Reduction (CSR) Plan?		Line 1.6	New or Renewing	New

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charging an IP Copay	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	UHC IND EPO
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1 In-Network Tier 1: UHC IND EPO

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$10,150	
Default Coinsurance			0%	
MOOP			\$10,150	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays		Amount	Coinsurance		Comments	Errors/Warnings
			Amount	Applies		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		Yes			0%	After Deductible			
Specialist Visit		Yes			0%	After Deductible			
Mental Health & Substance Use Disorder Office Visits		Yes			0%	After Deductible			
Mental Health & Substance Use Disorder All Other OP Services		Yes			0%	After Deductible			
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		Yes			0%	After Deductible			
Laboratory Outpatient and Professional Services		No	\$ -	Before and After Deductible	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									
Virtual Urgent Care		No			0%	Before and After Deductible			
Imaging (CT/PET Scans, MRIs) - Hospital		Yes			0%	After Deductible			
Laboratory Outpatient and Professional Services - Hospital		Yes			0%	After Deductible			
X-rays and Diagnostic Imaging - Hospital		Yes			0%	After Deductible			
Outpatient Surgery Physician/Surgical Services - Hospital		Yes			0%	After Deductible			
Other Professional and Outpatient Services		Yes			0%	After Deductible		Note 1	
Chiropractic Services		Yes			0%	After Deductible			
Chemotherapy		Yes			0%	After Deductible			
Dialysis		Yes			0%	After Deductible			
Radiation		Yes			0%	After Deductible			
Infusion Therapy		Yes			0%	After Deductible			
Non-EHB Benefits									
Dental Services - Accident Only		Yes			0%	After Deductible			
Allergy Testing		Yes			0%	After Deductible			
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments Errors/Warnings
Generic Drugs (Tier 1)		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: Other Professional and Outpatient Services includes outpatient and professional services not identified in the Medical Benefits or Other EHB Categories that have the same cost share, including prosthetics, medical supplies, orthotics, and durable medical equipment (DME)

Benefit Components

Worksheet
Controls

Company: UnitedHealthcare of Oregon, Inc.

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	62650WA002022	Line 1.3	Metal Level	Expanded Bronze	Line 1.5	Exchange Status	Off Exchange
Line 1.2	Plan Name	UHC Bronze Copay Focus (Off Exchange Only)	Line 1.4	Cost-Share Reduction (CSR) Plan?		Line 1.6	New or Renewing	New

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	No
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	No
Line 2.6	Maximum Number of Days for Charging an IP Copay	3
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	UHC IND EPO
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1 In-Network Tier 1: UHC IND EPO

	Medical	Drug	Combined	Errors/Warnings
Deductible	\$0	\$4,500		
Default Coinsurance	50%	0%		
MOOP			\$10,150	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Amount	Coinsurance		Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?		Applies	Accrues toward Deductible?		
Emergency Room Services		No	\$ 2,005	Before and After Deductible	No					
Inpatient Hospital Services (e.g., Hospital Stay)		No	\$ 3,000	Before and After Deductible	No					
Primary Care Visit to Treat an Injury or Illness		No	\$ 40	Before and After Deductible	No					
Specialist Visit		No	\$ 115	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits		No	\$ 40	Before and After Deductible	No					
Mental Health & Substance Use Disorder All Other OP Services		No	\$ 75	Before and After Deductible	No					
Imaging (CT/PET Scans, MRIs)		No	\$ 200	Before and After Deductible	No					
Rehabilitative Speech Therapy		No	\$ 115	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy		No	\$ 115	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		No	\$ 3,000	Before and After Deductible	No					
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		No	\$ 500	Before and After Deductible	No					
Outpatient Surgery Physician/Surgical Services		No	\$ 500	Before and After Deductible	No					
Urgent Care		No	\$ 100	Before and After Deductible	No					
Emergency Transportation		No	\$ 2,005	Before and After Deductible	No					
Other EHB Categories										
Virtual Urgent Care		No				0%	Before and After Deductible			
Imaging (CT/PET Scans, MRIs) - Hospital		No	\$ 800	Before and After Deductible	No				Note 1	
Laboratory Outpatient and Professional Services - Hospital		No	\$ 150	Before and After Deductible	No				Note 2	
X-rays and Diagnostic Imaging - Hospital		No	\$ 150	Before and After Deductible	No				Note 3	
Outpatient Surgery Physician/Surgical Services - Hospital		No	\$ 900	Before and After Deductible	No				Note 4	
Other Professional and Outpatient Services		No				50%	Before and After Deductible	No	Note 5	
Chiropractic Services		No				50%	Before and After Deductible	No		
Chemotherapy		No	\$ 750	Before and After Deductible	No					
Dialysis		No	\$ 500	Before and After Deductible	No					
Radiation		No	\$ 500	Before and After Deductible	No					
Infusion Therapy		No	\$ 150	Before and After Deductible	No					
Non-EHB Benefits										
Dental Services - Accident Only		No				50%	Before and After Deductible	No		
Allergy Testing		No				50%	Before and After Deductible	No		
Drug Benefit Tiers (add/modify descriptions as necessary)										
Generic Drugs (Tier 1)		No	\$ 25	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		Yes				40%	After Deductible			
Non-Preferred Brand Drugs (Tier 3)		Yes				45%	After Deductible			
Specialty Drugs (Tier 4)		Yes				50%	After Deductible			

Notes

- Note 1: Imaging (CT/PET Scans, MRIs) - Cost sharing varies by place of service. The listed \$800 is in a hospital setting - this changes to \$200 in an office setting.
Note 2: Laboratory Outpatient and Professional Services - Cost sharing varies by place of service. The listed \$150 is in a hospital setting - this changes to \$50 in an office setting.
Note 3: X-rays and Diagnostic Imaging - Cost sharing varies by place of service. The listed \$150 is in a hospital setting - this changes to \$100 in an office setting.
Note 4: Outpatient Surgery Physician/Surgical Services - Cost sharing varies by place of service. The listed \$900 is in a hospital setting - this changes to \$500 in an office setting.
Note 5: Other Professional and Outpatient Services includes outpatient and professional services not identified in the Medical Benefits or Other EHB Categories that have the same cost share, including prosthetics, medical supplies, orthotics, and durable medical equipment (DME)

Benefit Components

Worksheet
Controls

Company: UnitedHealthcare of Oregon, Inc.

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	62650WA0020017	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	Both On and Off Exchange
Line 1.2	Plan Name	UHC Silver Copay Focus	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?	No
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	No
Line 2.6	Maximum Number of Days for Charging an IP Copay	3
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	UHC IND EPO
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1

In-Network Tier 1:

UHC IND EPO

	Medical	Drug	Combined	Errors/Warnings
Deductible	\$0	\$2,500		
Default Coinsurance	30%	0%		
MOOP			\$8,750	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Amount	Coinsurance		Comments	Errors/Warnings	
			Amount	Applies	Accrues toward Deductible?		Applies	Accrues toward Deductible?			
Emergency Room Services		No	\$ 900	Before and After Deductible	No						
Inpatient Hospital Services (e.g., Hospital Stay)		No	\$ 2,500	Before and After Deductible	No						
Primary Care Visit to Treat an Injury or Illness		No	\$ 20	Before and After Deductible	No						
Specialist Visit		No	\$ 40	Before and After Deductible	No						
Mental Health & Substance Use Disorder Office Visits		No	\$ 45	Before and After Deductible	No						
Mental Health & Substance Use Disorder All Other OP Services		No	\$ 60	Before and After Deductible	No						
Imaging (CT/PET Scans, MRIs)		No	\$ 275	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	\$ 20	Before and After Deductible	No						
X-rays and Diagnostic Imaging		No	\$ 65	Before and After Deductible	No						
Skilled Nursing Facility		No	\$ 2,500	Before and After Deductible	No						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		No	\$ 500	Before and After Deductible	No						
Outpatient Surgery Physician/Surgical Services		No	\$ 400	Before and After Deductible	No						
Urgent Care		No	\$ 75	Before and After Deductible	No						
Emergency Transportation		No	\$ 900	Before and After Deductible	No						
Other EHB Categories											
Virtual Urgent Care		No				0%	Before and After Deductible				
Imaging (CT/PET Scans, MRIs) - Hospital		No	\$ 600	Before and After Deductible	No				Note 1		
Laboratory Outpatient and Professional Services - Hospital		No	\$ 120	Before and After Deductible	No				Note 2		
X-rays and Diagnostic Imaging - Hospital		No	\$ 120	Before and After Deductible	No				Note 3		
Outpatient Surgery Physician/Surgical Services - Hospital		No	\$ 750	Before and After Deductible	No				Note 4		
Other Professional and Outpatient Services		No				30%	Before and After Deductible	No	Note 5		
Chiropractic Services		No				30%	Before and After Deductible	No			
Chemotherapy		No	\$ 750	Before and After Deductible	No						
Dialysis		No	\$ 500	Before and After Deductible	No						
Radiation		No	\$ 500	Before and After Deductible	No						
Infusion Therapy		No	\$ 100	Before and After Deductible	No						
Non-EHB Benefits											
Dental Services - Accident Only		No				30%	Before and After Deductible	No			
Allergy Testing		No				30%	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	\$ 20	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)			Yes	\$ 85	After Deductible						
Non-Preferred Brand Drugs (Tier 3)							40%	After Deductible			
Specialty Drugs (Tier 4)			Yes				50%	After Deductible			

Notes

- Note 1: Imaging (CT/PET Scans, MRIs) - Cost sharing varies by place of service. The listed \$600 is in a hospital setting - this changes to \$275 in an office setting.
- Note 2: Laboratory Outpatient and Professional Services - Cost sharing varies by place of service. The listed \$120 is in a hospital setting - this changes to \$20 in an office setting.
- Note 3: X-rays and Diagnostic Imaging - Cost sharing varies by place of service. The listed \$120 is in a hospital setting - this changes to \$65 in an office setting.
- Note 4: Outpatient Surgery Physician/Surgical Services - Cost sharing varies by place of service. The listed \$750 is in a hospital setting - this changes to \$400 in an office setting.
- Note 5: Other Professional and Outpatient Services includes outpatient and professional services not identified in the Medical Benefits or Other EHB Categories that have the same cost share, including prosthetics, medical supplies, orthotics, and durable medical equipment (DME)

Benefit Components

Worksheet
Controls

Company: UnitedHealthcare of Oregon, Inc.

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	62650WA0020017	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	Both On and Off Exchange
Line 1.2	Plan Name	UHC Silver Copay Focus	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?	No
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	No
Line 2.6	Maximum Number of Days for Charging an IP Copay	3
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	UHC IND EPO
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1

In-Network Tier 1:

UHC IND EPO

	Medical	Drug	Combined	Errors/Warnings
Deductible	\$0	\$1,700		
Default Coinsurance	30%	0%		
MOOP			\$8,100	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Amount	Coinsurance		Comments	Errors/Warnings	
			Amount	Applies	Accrues toward Deductible?		Applies	Accrues toward Deductible?			
Emergency Room Services		No	\$ 900	Before and After Deductible	No						
Inpatient Hospital Services (e.g., Hospital Stay)		No	\$ 2,500	Before and After Deductible	No						
Primary Care Visit to Treat an Injury or Illness		No	\$ 20	Before and After Deductible	No						
Specialist Visit		No	\$ 40	Before and After Deductible	No						
Mental Health & Substance Use Disorder Office Visits		No	\$ 45	Before and After Deductible	No						
Mental Health & Substance Use Disorder All Other OP Services		No	\$ 60	Before and After Deductible	No						
Imaging (CT/PET Scans, MRIs)		No	\$ 275	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							
Laboratory Outpatient and Professional Services		No	\$ 20	Before and After Deductible	No						
X-rays and Diagnostic Imaging		No	\$ 65	Before and After Deductible	No						
Skilled Nursing Facility		No	\$ 2,500	Before and After Deductible	No						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		No	\$ 500	Before and After Deductible	No						
Outpatient Surgery Physician/Surgical Services		No	\$ 400	Before and After Deductible	No						
Urgent Care		No	\$ 75	Before and After Deductible	No						
Emergency Transportation		No	\$ 900	Before and After Deductible	No						
Other EHB Categories											
Virtual Urgent Care		No				0%	Before and After Deductible				
Imaging (CT/PET Scans, MRIs) - Hospital		No	\$ 600	Before and After Deductible	No				Note 1		
Laboratory Outpatient and Professional Services - Hospital		No	\$ 120	Before and After Deductible	No				Note 2		
X-rays and Diagnostic Imaging - Hospital		No	\$ 120	Before and After Deductible	No				Note 3		
Outpatient Surgery Physician/Surgical Services - Hospital		No	\$ 750	Before and After Deductible	No				Note 4		
Other Professional and Outpatient Services		No				30%	Before and After Deductible	No	Note 5		
Chiropractic Services		No				30%	Before and After Deductible	No			
Chemotherapy		No	\$ 750	Before and After Deductible	No						
Dialysis		No	\$ 500	Before and After Deductible	No						
Radiation		No	\$ 500	Before and After Deductible	No						
Infusion Therapy		No	\$ 100	Before and After Deductible	No						
Non-EHB Benefits											
Dental Services - Accident Only		No				30%	Before and After Deductible	No			
Allergy Testing		No				30%	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	\$ 20	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)			Yes	\$ 85	After Deductible						
Non-Preferred Brand Drugs (Tier 3)			Yes				40%	After Deductible			
Specialty Drugs (Tier 4)			Yes				50%	After Deductible			

Notes

- Note 1: Imaging (CT/PET Scans, MRIs) - Cost sharing varies by place of service. The listed \$600 is in a hospital setting - this changes to \$275 in an office setting.
- Note 2: Laboratory Outpatient and Professional Services - Cost sharing varies by place of service. The listed \$120 is in a hospital setting - this changes to \$20 in an office setting.
- Note 3: X-rays and Diagnostic Imaging - Cost sharing varies by place of service. The listed \$120 is in a hospital setting - this changes to \$65 in an office setting.
- Note 4: Outpatient Surgery Physician/Surgical Services - Cost sharing varies by place of service. The listed \$750 is in a hospital setting - this changes to \$400 in an office setting.
- Note 5: Other Professional and Outpatient Services includes outpatient and professional services not identified in the Medical Benefits or Other EHB Categories that have the same cost share, including prosthetics, medical supplies, orthotics, and durable medical equipment (DME)

Benefit Components

Worksheet
Controls

Company: UnitedHealthcare of Oregon, Inc.

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	62650WA0020017	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	Both On and Off Exchange
Line 1.2	Plan Name	UHC Silver Copay Focus	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?	No
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	No
Line 2.6	Maximum Number of Days for Charging an IP Copay	3
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	UHC IND EPO
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	UHC IND EPO
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	Medical	Drug	Combined	Errors/Warnings
Deductible	\$0	\$1,500		
Default Coinsurance	25%	0%		
MOOP			\$3,150	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Amount	Copays Applies	Accrues toward Deductible?	Amount	Coinsurance Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Emergency Room Services		No	\$ 500	Before and After Deductible	No					
Inpatient Hospital Services (e.g., Hospital Stay)		No	\$ 1,000	Before and After Deductible	No					
Primary Care Visit to Treat an Injury or Illness		No	\$ 1	Before and After Deductible	No					
Specialist Visit		No	\$ 30	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits		No	\$ 30	Before and After Deductible	No					
Mental Health & Substance Use Disorder All Other OP Services		No	\$ 50	Before and After Deductible	No					
Imaging (CT/PET Scans, MRIs)		No	\$ 50	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	\$ 20	Before and After Deductible	No					
X-rays and Diagnostic Imaging		No	\$ 15	Before and After Deductible	No					
Skilled Nursing Facility		No	\$ 1,000	Before and After Deductible	No					
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		No	\$ 400	Before and After Deductible	No					
Outpatient Surgery Physician/Surgical Services		No	\$ 250	Before and After Deductible	No					
Urgent Care		No	\$ 30	Before and After Deductible	No					
Emergency Transportation		No	\$ 500	Before and After Deductible	No					
Other EHB Categories										
Virtual Urgent Care		No				0%	Before and After Deductible			
Imaging (CT/PET Scans, MRIs) - Hospital		No	\$ 150	Before and After Deductible	No				Note 1	
Laboratory Outpatient and Professional Services - Hospital		No	\$ 30	Before and After Deductible	No				Note 2	
X-rays and Diagnostic Imaging - Hospital		No	\$ 75	Before and After Deductible	No				Note 3	
Outpatient Surgery Physician/Surgical Services - Hospital		No	\$ 500	Before and After Deductible	No				Note 4	
Other Professional and Outpatient Services		No				25%	Before and After Deductible	No	Note 5	
Chiropractic Services		No				25%	Before and After Deductible	No		
Chemotherapy		No	\$ 500	Before and After Deductible	No					
Dialysis		No	\$ 300	Before and After Deductible	No					
Radiation		No	\$ 400	Before and After Deductible	No					
Infusion Therapy		No	\$ 75	Before and After Deductible	No					
Non-EHB Benefits										
Dental Services - Accident Only		No				25%	Before and After Deductible	No		
Allergy Testing		No				25%	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	\$ 3	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		Yes	\$ 45	After Deductible						
Non-Preferred Brand Drugs (Tier 3)						40%	After Deductible			
Specialty Drugs (Tier 4)		Yes				50%	After Deductible			

Notes

- Note 1: Imaging (CT/PET Scans, MRIs) - Cost sharing varies by place of service. The listed \$150 is in a hospital setting - this changes to \$50 in an office setting.
- Note 2: Laboratory Outpatient and Professional Services - Cost sharing varies by place of service. The listed \$50 is in a hospital setting - this changes to \$20 in an office setting.
- Note 3: X-rays and Diagnostic Imaging - Cost sharing varies by place of service. The listed \$75 is in a hospital setting - this changes to \$15 in an office setting.
- Note 4: Outpatient Surgery Physician/Surgical Services - Cost sharing varies by place of service. The listed \$500 is in a hospital setting - this changes to \$250 in an office setting.
- Note 5: Other Professional and Outpatient Services includes outpatient and professional services not identified in the Medical Benefits or Other EHB Categories that have the same cost share, including prosthetics, medical supplies, orthotics, and durable medical equipment (DME)

Benefit Components

Worksheet
Controls

Company: UnitedHealthcare of Oregon, Inc.

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	62650WA0020017	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	Both On and Off Exchange
Line 1.2	Plan Name	UHC Silver Copay Focus	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?	No
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	No
Line 2.6	Maximum Number of Days for Charging an IP Copay	3
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	UHC IND EPO
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	UHC IND EPO
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	Medical	Drug	Combined	Errors/Warnings
Deductible	\$0	\$150		
Default Coinsurance	5%	0%		
MOOP			\$1,100	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Amount	Copays Applies	Accrues toward Deductible?	Amount	Coinsurance Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Emergency Room Services		No	\$ 75	Before and After Deductible	No					
Inpatient Hospital Services (e.g., Hospital Stay)		No	\$ 500	Before and After Deductible	No					
Primary Care Visit to Treat an Injury or Illness		No	\$ 1	Before and After Deductible	No					
Specialist Visit		No	\$ 5	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits		No	\$ 5	Before and After Deductible	No					
Mental Health & Substance Use Disorder All Other OP Services		No	\$ 10	Before and After Deductible	No					
Imaging (CT/PET Scans, MRIs)		No	\$ 25	Before and After Deductible	No					
Rehabilitative Speech Therapy		No	\$ 15	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy		No	\$ 15	Before and After Deductible	No					
Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services		No	\$ 1	Before and After Deductible	No					
X-rays and Diagnostic Imaging		No	\$ 5	Before and After Deductible	No					
Skilled Nursing Facility		No	\$ 500	Before and After Deductible	No					
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		No	\$ 150	Before and After Deductible	No					
Outpatient Surgery Physician/Surgical Services		No	\$ 200	Before and After Deductible	No					
Urgent Care		No	\$ 30	Before and After Deductible	No					
Emergency Transportation		No	\$ 75	Before and After Deductible	No					
Other EHB Categories										
Virtual Urgent Care		No				0%	Before and After Deductible			
Imaging (CT/PET Scans, MRIs) - Hospital		No	\$ 70	Before and After Deductible	No				Note 1	
Laboratory Outpatient and Professional Services - Hospital		No	\$ 30	Before and After Deductible	No				Note 2	
X-rays and Diagnostic Imaging - Hospital		No	\$ 40	Before and After Deductible	No				Note 3	
Outpatient Surgery Physician/Surgical Services - Hospital		No	\$ 450	Before and After Deductible	No				Note 4	
Other Professional and Outpatient Services		No				5%	Before and After Deductible	No	Note 5	
Chiropractic Services		No				5%	Before and After Deductible	No		
Chemotherapy		No	\$ 150	Before and After Deductible	No					
Dialysis		No	\$ 100	Before and After Deductible	No					
Radiation		No	\$ 150	Before and After Deductible	No					
Infusion Therapy		No	\$ 30	Before and After Deductible	No					
Non-EHB Benefits										
Dental Services - Accident Only		No				5%	Before and After Deductible	No		
Allergy Testing		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	\$ 1	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		Yes	\$ 30	After Deductible						
Non-Preferred Brand Drugs (Tier 3)		Yes				40%	After Deductible			
Specialty Drugs (Tier 4)		Yes				50%	After Deductible			

Notes

- Note 1: Imaging (CT/PET Scans, MRIs) - Cost sharing varies by place of service. The listed \$70 is in a hospital setting - this changes to \$25 in an office setting.
- Note 2: Laboratory Outpatient and Professional Services - Cost sharing varies by place of service. The listed \$30 is in a hospital setting - this changes to \$1 in an office setting.
- Note 3: X-rays and Diagnostic Imaging - Cost sharing varies by place of service. The listed \$40 is in a hospital setting - this changes to \$5 in an office setting.
- Note 4: Outpatient Surgery Physician/Surgical Services - Cost sharing varies by place of service. The listed \$450 is in a hospital setting - this changes to \$200 in an office setting.
- Note 5: Other Professional and Outpatient Services includes outpatient and professional services not identified in the Medical Benefits or Other EHB Categories that have the same cost share, including prosthetics, medical supplies, orthotics, and durable medical equipment (DME)

Benefit Components

Worksheet
Controls

Company: UnitedHealthcare of Oregon, Inc.

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	62650WA0020025	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	Off Exchange
Line 1.2	Plan Name	UHC Silver Copay Focus (Off Exchange Only)	Line 1.4	Cost-Share Reduction (CSR) Plan?	No	Line 1.6	New or Renewing	New

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	No
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	No
Line 2.6	Maximum Number of Days for Charging an IP Copay	3
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	UHC IND EPO
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	UHC IND EPO
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	Medical	Drug	Combined	Errors/Warnings
Deductible	\$0	\$2,500		
Default Coinsurance	30%	0%		
MOOP			\$5,500	

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		No	\$ 905	Before and After Deductible	No					
Inpatient Hospital Services (e.g., Hospital Stay)		No	\$ 2,500	Before and After Deductible	No					
Primary Care Visit to Treat an Injury or Illness		No	\$ 20	Before and After Deductible	No					
Specialist Visit		No	\$ 40	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits		No	\$ 45	Before and After Deductible	No					
Mental Health & Substance Use Disorder All Other OP Services		No	\$ 60	Before and After Deductible	No					
Imaging (CT/PET Scans, MRIs)		No	\$ 275	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						
Laboratory Outpatient and Professional Services		No	\$ 40	Before and After Deductible	No					
X-rays and Diagnostic Imaging		No	\$ 65	Before and After Deductible	No					
Skilled Nursing Facility		No	\$ 2,500	Before and After Deductible	No					
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		No	\$ 500	Before and After Deductible	No					
Outpatient Surgery Physician/Surgical Services		No	\$ 400	Before and After Deductible	No					
Urgent Care		No	\$ 75	Before and After Deductible	No					
Emergency Transportation		No	\$ 905	Before and After Deductible	No					
Other EHB Categories										
Virtual Urgent Care		No				0%	Before and After Deductible			
Imaging (CT/PET Scans, MRIs) - Hospital		No	\$ 600	Before and After Deductible	No				Note 1	
Laboratory Outpatient and Professional Services - Hospital		No	\$ 120	Before and After Deductible	No				Note 2	
X-rays and Diagnostic Imaging - Hospital		No	\$ 120	Before and After Deductible	No				Note 3	
Outpatient Surgery Physician/Surgical Services - Hospital		No	\$ 750	Before and After Deductible	No				Note 4	
Other Professional and Outpatient Services		No				30%	Before and After Deductible	No	Note 5	
Chiropractic Services		No				30%	Before and After Deductible	No		
Chemotherapy		No	\$ 750	Before and After Deductible	No					
Dialysis		No	\$ 500	Before and After Deductible	No					
Radiation		No	\$ 500	Before and After Deductible	No					
Infusion Therapy		No	\$ 100	Before and After Deductible	No					
Non-EHB Benefits										
Dental Services - Accident Only		No				30%	Before and After Deductible	No		
Allergy Testing		No				30%	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	\$ 20	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		Yes	\$ 85	After Deductible						
Non-Preferred Brand Drugs (Tier 3)						40%	After Deductible			
Specialty Drugs (Tier 4)		Yes				50%	After Deductible			

Notes

- Note 1: Imaging (CT/PET Scans, MRIs) - Cost sharing varies by place of service. The listed \$600 is in a hospital setting - this changes to \$275 in an office setting.
- Note 2: Laboratory Outpatient and Professional Services - Cost sharing varies by place of service. The listed \$120 is in a hospital setting - this changes to \$40 in an office setting.
- Note 3: X-rays and Diagnostic Imaging - Cost sharing varies by place of service. The listed \$120 is in a hospital setting - this changes to \$65 in an office setting.
- Note 4: Outpatient Surgery Physician/Surgical Services - Cost sharing varies by place of service. The listed \$750 is in a hospital setting - this changes to \$400 in an office setting.
- Note 5: Other Professional and Outpatient Services includes outpatient and professional services not identified in the Medical Benefits or Other EHB Categories that have the same cost share, including prosthetics, medical supplies, orthotics, and durable medical equipment (DME)

Benefit Components

Company: UnitedHealthcare of Oregon, Inc.

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1

HIOS Plan ID

G2650WA0020023

Line 1.3

Metal Level

Silver

Line 1.5

Exchange Status

Off Exchange

Line 1.2

Plan Name

UHC Silver Value HSA (Off Exchange Only)

Line 1.4

Cost-Share Reduction (CSR) Plan?

No

Line 1.6

New or Renewing

New

Section 2: Plan Design Information

Line 2.1

Unique Plan Design

Yes

Line 3.1

Network Type

EPO

Line 2.2

Use Integrated Medical & Drug Deductible?

Yes

Line 3.2

Network Name

UHC IND EPO

Line 2.3

Apply Inpatient Copay per Day?

No

Line 3.3

In-Network Tiers (P)

1

Line 2.4

Apply Skilled Nursing Facility Copay per Day?

No

Line 3.4

Tier 1 Utilization

100.00%

Line 2.5

Separate MOOP for Medical & Drug Spending?

No

Line 3.5

Tier 2 Utilization

Line 2.6

Maximum Number of Days for Charging an IP Copay

N/A

Line 3.6

Tier 3 Utilization

Line 2.7

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

N/A

Line 3.7

Out-of-Network Benefits?

No

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?

No

Line 2.12

Pediatric Dental Embedded?

No

Line 2.13

Includes Non-EHBs?

Yes

Section 4: Cost-Share Designs

Line 4.1

In-Network Tier 1:

UHC IND EPO

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$5,900	
Default Coinsurance			0%	
MOOP			\$5,900	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Amount	Copays Applies	Accrues toward Deductible?	Amount	Coinsurance 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			
Mental Health & Substance Use Disorder All Other OP Services		Yes				0%	After Deductible			
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		0%	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										
Virtual Urgent Care		Yes				0%	After Deductible			
Imaging (CT/PET Scans, MRIs) - Hospital		Yes				0%	After Deductible			
Laboratory Outpatient and Professional Services - Hospital		Yes				0%	After Deductible			
X-rays and Diagnostic Imaging - Hospital		Yes				0%	After Deductible			
Outpatient Surgery Physician/Surgical Services - Hospital		Yes				0%	After Deductible			
Other Professional and Outpatient Services		Yes				0%	After Deductible		Note 1	
Chiropractic Services		Yes				0%	After Deductible			
Chemotherapy		Yes				0%	After Deductible			
Dialysis		Yes				0%	After Deductible			
Radiation		Yes				0%	After Deductible			
Infusion Therapy		Yes				0%	After Deductible			
Non-EHB Benefits										
Dental Services - Accident Only		Yes				0%	After Deductible			
Allergy Testing		Yes				0%	After Deductible			
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		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: Other Professional and Outpatient Services includes outpatient and professional services not identified in the Medical Benefits or Other EHB Categories that have the same cost share, including prosthetics, medical supplies, orthotics, and durable medical equipment (DME)

Benefit Components

Company: UnitedHealthcare of Oregon, Inc. Market: Individual Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	62650WA0020024	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	Off Exchange
Line 1.2	Plan Name	UnitedHealthcare of Oregon, Inc. Cascade Silver (Off Exchange Only)	Line 1.4	Cost-Share Reduction (CSR) Plan?	No	Line 1.6	New or Renewing	New

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	Yes
Line 2.6	Maximum Number of Days for Charging an IP Copay	5
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	UHC IND EPO
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1 In-Network Tier 1: UHC IND EPO

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$2,500	
Default Coinsurance			30%	
MOOP			\$5,850	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Amount	Coinsurance		Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?		Applies	Accrues toward Deductible?		
Emergency Room Services		Yes	\$ 805	After Deductible						
Inpatient Hospital Services (e.g., Hospital Stay)		Yes	\$ 800	After Deductible						
Primary Care Visit to Treat an Injury or Illness		No	\$ 20	Before and After Deductible	No				Note 1	
Specialist Visit		No	\$ 65	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	\$ 30	Before and After Deductible	No					
Imaging (CT/PET Scans, MRIs)		Yes				30%	After Deductible			
Rehabilitative Speech Therapy		No	\$ 40	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy		No	\$ 40	Before and After Deductible	No					
Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services		No	\$ 40	Before and After Deductible	No					
X-rays and Diagnostic Imaging		No	\$ 65	Before and After Deductible	No					
Skilled Nursing Facility		Yes	\$ 800	After Deductible						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Yes	\$ 600	After Deductible						
Outpatient Surgery Physician/Surgical Services		Yes	\$ 200	After Deductible						
Urgent Care		No	\$ 65	Before and After Deductible	No					
Emergency Transportation		No	\$ 350	Before and After Deductible	No					
Other EHB Categories										
Virtual Urgent Care		No	\$ 65	Before and After Deductible	No					
Imaging (CT/PET Scans, MRIs) - Hospital		Yes				30%	After Deductible			
Laboratory Outpatient and Professional Services - Hospital		No	\$ 40	Before and After Deductible	No					
X-rays and Diagnostic Imaging - Hospital		No	\$ 65	Before and After Deductible	No					
Outpatient Surgery Physician/Surgical Services - Hospital		Yes	\$ 200	After Deductible						
Other Professional and Outpatient Services		Yes				30%	After Deductible		Note 3	
Chiropractic Services		Yes				30%	After Deductible			
Chemotherapy		Yes	\$ 600	After Deductible						
Dialysis		Yes	\$ 600	After Deductible						
Radiation		Yes	\$ 600	After Deductible						
Infusion Therapy		Yes	\$ 200	After Deductible						
Non-EHB Benefits										
Dental Services - Accident Only		Yes				30%	After Deductible			
Allergy Testing		Yes				30%	After Deductible			
Drug Benefit Tiers (add/modify descriptions as necessary)										
Generic Drugs (Tier 1)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Preferred Brand Drugs (Tier 2)		No	\$ 25	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3)		No	\$ 75	Before and After Deductible	No					
Specialty Drugs (Tier 4)		Yes	\$ 250	After Deductible						
		Yes	\$ 250	After Deductible						

Notes

- Note 1: Primary Care Visit to Treat an Injury or Illness - WA mandated two \$1 visits
Note 2: Mental Health & Substance Use Disorder Office Visits - WA mandated two \$1 visits
Note 3: Other Professional and Outpatient Services includes outpatient and professional services not identified in the Medical Benefits or Other EHB Categories that have the same cost share, including prosthetics, medical supplies, orthotics, and durable medical equipment (DME)

Benefit Components

Worksheet
Controls

Company: UnitedHealthcare of Oregon, Inc.

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1

HIOS Plan ID

62650WA0020020

Line 1.2

Plan Name

UHC Gold Advantage

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?

Yes

Line 2.4

Apply Skilled Nursing Facility Copay per Day?

Yes

Line 2.5

Separate MOOP for Medical & Drug Spending?

Line 2.6

Maximum Number of Days for Charging an IP Copay

3

Line 2.7

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

N/A

Line 2.8

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

N/A

Line 2.9

HSA Plan?

No

Line 2.10

HSA Employer Contribution Amount

Line 2.11

Different Cost-Sharing for Virtual vs Non-Virtual Care?

No

Line 2.12

Pediatric Dental Embedded?

No

Line 2.13

Includes Non-EHBs?

Yes

Section 3: Network and Tier Information

Line 3.1

Network Type

EPO

Line 3.2

Network Name

UHC IND EPO

Line 3.3

In-Network Tiers (P)

1

Line 3.4

Tier 1 Utilization

100.00%

Line 3.5

Tier 2 Utilization

Line 3.6

Tier 3 Utilization

Line 3.7

Out-of-Network Benefits?

No

Section 4: Cost-Share Designs

Line 4.1

In-Network Tier 1:

UHC IND EPO

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$500	
Default Coinsurance			45%	
MOOP			\$7,500	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Amount	Copays Applies	Accrues toward Deductible?	Amount	Coinsurance Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Emergency Room Services		Yes	\$ 500	After Deductible						
Inpatient Hospital Services (e.g., Hospital Stay)		Yes	\$ 1,500	After Deductible						
Primary Care Visit to Treat an Injury or Illness		No	\$ 10	Before and After Deductible	No					
Specialist Visit		No	\$ 40	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits		No	\$ 35	Before and After Deductible	No					
Mental Health & Substance Use Disorder All Other OP Services		Yes	\$ 120	After Deductible						
Imaging (CT/PET Scans, MRIs)		Yes	\$ 300	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		No	\$ 10	Before and After Deductible	No					
X-rays and Diagnostic Imaging		Yes	\$ 65	After Deductible						
Skilled Nursing Facility		Yes	\$ 1,500	After Deductible						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Yes	\$ 300	After Deductible						
Outpatient Surgery Physician/Surgical Services		Yes	\$ 300	After Deductible						
Urgent Care		No	\$ 40	Before and After Deductible	No					
Emergency Transportation		Yes	\$ 500	After Deductible						
Other EHB Categories										
Virtual Urgent Care		No				0%	Before and After Deductible			
Imaging (CT/PET Scans, MRIs) - Hospital		Yes	\$ 300	After Deductible						
Laboratory Outpatient and Professional Services - Hospital		No	\$ 65	Before and After Deductible	No				Note 1	
X-rays and Diagnostic Imaging - Hospital		Yes	\$ 120	After Deductible					Note 2	
Outpatient Surgery Physician/Surgical Services - Hospital		Yes	\$ 450	After Deductible					Note 3	
Other Professional and Outpatient Services		Yes				45%	After Deductible		Note 4	
Chiropractic Services		Yes				45%	After Deductible			
Chemotherapy		Yes	\$ 500	After Deductible						
Dialysis		Yes	\$ 300	After Deductible						
Radiation		Yes	\$ 300	After Deductible						
Infusion Therapy		Yes	\$ 75	After Deductible						
Non-EHB Benefits										
Dental Services - Accident Only		Yes				45%	After Deductible			
Allergy Testing		Yes				45%	After Deductible			
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$ 3	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		No	\$ 60	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3)		Yes				30%	After Deductible			
Specialty Drugs (Tier 4)		Yes				40%	After Deductible			

Notes

Note 1: Laboratory Outpatient and Professional Services - Cost sharing varies by place of service. The listed \$65 is in a hospital setting - this changes to \$10 in an office setting.

Note 2: X-rays and Diagnostic Imaging - Cost sharing varies by place of service. The listed \$120 is in a hospital setting - this changes to \$65 in an office setting.

Note 3: Outpatient Surgery Physician/Surgical Services - Cost sharing varies by place of service. The listed \$450 is in a hospital setting - this changes to \$300 in an office setting.

Note 4: Other Professional and Outpatient Services includes outpatient and professional services not identified in the Medical Benefits or Other EHB Categories that have the same cost share, including prosthetics, medical supplies, orthotics, and durable medical equipment (DME)

Version 3.2

Benefit Components

Company: UnitedHealthcare of Oregon, Inc.

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1HIOS Plan ID62650WA0020027

Line 1.2Plan NameUHC Gold Value HSA (Off Exchange Only)

Line 1.3Metal LevelGold

Line 1.4Cost-Share Reduction (CSR) Plan?

Line 1.5Exchange StatusOff Exchange

Line 1.6New or RenewingNew

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 Charging 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?Yes

Line 2.10HSA Employer Contribution Amount

Line 2.11Different Cost-Sharing for Virtual vs Non-Virtual Care?No

Line 2.12Pediatric Dental Embedded?No

Line 2.13Includes Non-EHBs?Yes

Section 3: Network and Tier Information

Line 3.1Network TypeEPO

Line 3.2Network NameUHC IND EPO

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:UHC IND EPO

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$3,400	
Default Coinsurance			20%	
MOOP			\$4,000	

	Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Amount	Copays Applies	Accrues toward Deductible?	Amount	Coinsurance 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	\$ 50	After Deductible						
Mental Health & Substance Use Disorder Office Visits			Yes	\$ 20	After Deductible						
Mental Health & Substance Use Disorder All Other OP Services			Yes				20%	After Deductible			
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			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	\$ 50	After Deductible			After Deductible			
Emergency Transportation			Yes				20%	After Deductible			
Other EHB Categories											
Virtual Urgent Care			Yes				0%	After Deductible			
Imaging (CT/PET Scans, MRIs) - Hospital			Yes				20%	After Deductible			
Laboratory Outpatient and Professional Services - Hospital			Yes				20%	After Deductible			
X-rays and Diagnostic Imaging - Hospital			Yes				20%	After Deductible			
Outpatient Surgery Physician/Surgical Services - Hospital			Yes				20%	After Deductible			
Other Professional and Outpatient Services			Yes				20%	After Deductible		Note 1	
Chiropractic Services			Yes				20%	After Deductible			
Chemotherapy			Yes				20%	After Deductible			
Dialysis			Yes				20%	After Deductible			
Radiation			Yes				20%	After Deductible			
Infusion Therapy			Yes				20%	After Deductible			
Non-EHB Benefits											
Dental Services - Accident Only			Yes				20%	After Deductible			
Allergy Testing			Yes				20%	After Deductible			
Drug Benefit Tiers (add/modify descriptions as necessary)		Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)			Yes	\$ 3	After Deductible						
Preferred Brand Drugs (Tier 2)			Yes				20%	After Deductible			
Non-Preferred Brand Drugs (Tier 3)			Yes				45%	After Deductible			
Specialty Drugs (Tier 4)			Yes				50%	After Deductible			

Notes

Note 1: Other Professional and Outpatient Services includes outpatient and professional services not identified in the Medical Benefits or Other EHB Categories that have the same cost share, prosthetics, medical supplies, orthotics, and durable medical equipment (DME)

Benefit Components

Company: UnitedHealthcare of Oregon, Inc. Market: Individual Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	62650WA0020028	Line 1.3	Metal Level	Gold	Line 1.5	Exchange Status	Off Exchange
Line 1.2	Plan Name	UHC Gold Copay Focus (Off Exchange Only)	Line 1.4	Cost-Share Reduction (CSR) Plan?		Line 1.6	New or Renewing	New

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	No
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	No
Line 2.6	Maximum Number of Days for Charging an IP Copay	3
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	Yes

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	UHC IND EPO
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1 In-Network Tier 1: UHC IND EPO

	Medical	Drug	Combined	Errors/Warnings
Deductible	\$0	\$500		
Default Coinsurance	45%	0%		
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		No	\$ 1,205	Before and After Deductible	No					
Inpatient Hospital Services (e.g., Hospital Stay)		No	\$ 1,200	Before and After Deductible	No					
Primary Care Visit to Treat an Injury or Illness		No	\$ 10	Before and After Deductible	No					
Specialist Visit		No	\$ 45	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits		No	\$ 10	Before and After Deductible	No					
Mental Health & Substance Use Disorder All Other OP Services		No	\$ 45	Before and After Deductible	No					
Imaging (CT/PET Scans, MRIs)		No	\$ 300	Before and After Deductible	No					
Rehabilitative Speech Therapy		No	\$ 75	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy		No	\$ 75	Before and After Deductible	No					
Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services		No	\$ 15	Before and After Deductible	No					
X-rays and Diagnostic Imaging		No	\$ 65	Before and After Deductible	No					
Skilled Nursing Facility		No	\$ 1,200	Before and After Deductible	No					
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		No	\$ 400	Before and After Deductible	No					
Outpatient Surgery Physician/Surgical Services		No	\$ 350	Before and After Deductible	No					
Urgent Care		No	\$ 75	Before and After Deductible	No					
Emergency Transportation		No	\$ 1,205	Before and After Deductible	No					
Other EHB Categories										
Virtual Urgent Care		No				0%	Before and After Deductible			
Imaging (CT/PET Scans, MRIs) - Hospital		No	\$ 600	Before and After Deductible	No				Note 1	
Laboratory Outpatient and Professional Services - Hospital		No	\$ 65	Before and After Deductible	No				Note 2	
X-rays and Diagnostic Imaging - Hospital		No	\$ 100	Before and After Deductible	No				Note 3	
Outpatient Surgery Physician/Surgical Services - Hospital		No	\$ 450	Before and After Deductible	No				Note 4	
Other Professional and Outpatient Services		No				45%	Before and After Deductible	No	Note 5	
Chiropractic Services		No				45%	Before and After Deductible	No		
Chemotherapy		No	\$ 500	Before and After Deductible	No					
Dialysis		No	\$ 300	Before and After Deductible	No					
Radiation		No	\$ 400	Before and After Deductible	No					
Infusion Therapy		No	\$ 75	Before and After Deductible	No					
Non-EHB Benefits										
Dental Services - Accident Only		No				45%	Before and After Deductible	No		
Allergy Testing		No				45%	Before and After Deductible	No		
Drug Benefit Tiers (add/modify descriptions as necessary)										
Generic Drugs (Tier 1)	No	No	\$ 10	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)	No	No	\$ 30	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3)		Yes				45%	After Deductible			
Specialty Drugs (Tier 4)		Yes				50%	After Deductible			

Notes

- Note 1: Imaging (CT/PET Scans, MRIs) - Cost sharing varies by place of service. The listed \$600 is in a hospital setting - this changes to \$300 in an office setting.
- Note 2: Laboratory Outpatient and Professional Services - Cost sharing varies by place of service. The listed \$65 is in a hospital setting - this changes to \$15 in an office setting.
- Note 3: X-rays and Diagnostic Imaging - Cost sharing varies by place of service. The listed \$100 is in a hospital setting - this changes to \$65 in an office setting.
- Note 4: Outpatient Surgery Physician/Surgical Services - Cost sharing varies by place of service. The listed \$450 is in a hospital setting - this changes to \$350 in an office setting.
- Note 5: Other Professional and Outpatient Services includes outpatient and professional services not identified in the Medical Benefits or Other EHB Categories that have the same cost share, including prosthetics, medical supplies, orthotics, and durable medical equipment (DME)

Unique Plan Design—Supporting Documentation and Justification

Issuers must fill in the following information.

Health Insurance Oversight System (HIOS) Issuer ID:

62650

HIOS Product IDs:

62650WA002

Applicable HIOS Plan IDs (Standard Component):

62650WA0020005,62650WA0020006,62650WA0020008,62650WA0020021,62650WA0020022,62650WA0020017,62650WA0020023,62650WA0020025,62650WA0020020,62650WA0020027,62650WA0020028

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:

- The plan designs require higher cost sharing for facility fees for X-Rays, Complex Imaging, and Labs/Pathology at an OP Hospital setting as opposed to a freestanding center.

- The plan designs also require higher cost sharing for physician fees for Outpatient Surgeries in an OP Hospital setting as opposed to a freestanding center or an

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

A fit of these plan designs were estimated into the parameters of the AV Calculator, as per CFR 156.135(b)(2)

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

Confirmed

Description of the standardized plan population data used:

The standardized population used was both from the AV calculator detailed parameters, and where additional detail was necessary we used UnitedHealthcare's Individual and Family Plan Nationwide Database, UHC NW, which includes data from over 1 million

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:

See below: "Description of How the benefits were modified to fit the parameters of the AVC, as per CFR 156.135(b)(2)"

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

Not applicable

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: Blake Harris

Digitally signed by Blake Harris
Date: 2025.05.12 15:35:24 -06'00'

Actuary Printed Name: Blake Harris, FSA, MAAA

Date: 05/12/2025

Description of how the benefits were modified to fit the parameters of the AVC, as per CFR 156.135(b)(2):

- For plans where the plan deductible and higher copay/coinsurance applies to Imaging, Labs, and Outpatient Surgery Professional services performed in an Outpatient Hospital setting, a weighted average copay/coinsurance was developed based on the proportion of allowed charges expected to be adjudicated at each cost-share level. The proportion was developed first by splitting the facility and professional portions from the AV calculator continuance tables. The remaining facility fee was further split between hospital OP and Freestanding facilities using UHC NW data for Labs and Outpatient Surgery, and using industry estimates of utilization of freestanding imaging centers. Finally, we expect an additional proportion of services to be steered to the freestanding centers as a result of cost-sharing differences resulting in additional utilization at the freestanding facility and ASC cost-share amounts.

- For plans where a higher copay/coinsurance applies to X-Rays performed in an Outpatient Hospital Setting, a weighted average copay/coinsurance was developed based on the proportion of the number of services expected to be adjudicated at each cost-share level. The proportion was developed first by splitting the X-Ray category between the unclassified portion from the care provided by PCP's and Specialists from the AV calculator continuance tables. The Unclassified portion was further split between Hospital OP and Freestanding facilities using UHC NW data. Finally, we expect an

The PDF for the Unique Plan Design Supporting Documentation and Justification is built to use scrolling capabilities that we cannot edit in the CMS template. To facilitate readability for consumers we have copied the full response in a separate document.

Unique Plan Design—Supporting Documentation and Justification

Fill in the following information.

Health Insurance Oversight System (HIOS) Issuer ID:

62650

HIOS Product IDs:

62650WA002

Applicable HIOS Plan IDs (Standard Component):

62650WA0020005,62650WA0020006,62650WA0020008,62650WA0020021,62650WA0020022,62650WA0020017,62650WA0020023,62650WA0020025,62650WA0020020,62650WA0020027,62650WA0020028

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:

- The plan designs require higher cost sharing for facility fees for X-Rays, Complex Imaging, and Labs/Pathology at an OP Hospital setting as opposed to a freestanding center.
- The plan designs also require higher cost sharing for physician fees for Outpatient Surgeries in an OP Hospital setting as opposed to a freestanding center or an Ambulatory Surgical Center (ASC).
- The AV calculator only has inputs for Imaging, Labs, and OP physician Surgery fees, regardless of whether or not the service took place at an OP Hospital or freestanding center/ASC, making this plan unique, as per regulations.
- Some plans pay for x-rays at the listed x-ray benefit regardless of whether or not the x-ray was performed in an office visit setting. When the x-ray benefit is entered into the AVC at the default coinsurance value, it automatically applies The PCP and Specialist benefits to office visit-based x-rays.

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

A fit of these plan designs were estimated into the parameters of the AV Calculator, as per CFR 156.135(b)(2)

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

Confirmed

Description of the standardized plan population data used:

The standardized population used was both from the AV calculator detailed parameters, and where additional detail was necessary we used UnitedHealthcare's Individual and Family Plan Nationwide Database, UHC NW, which includes data from over 1 million Individual market lives in 2024.

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:

See below: "Description of How the benefits were modified to fit the parameters of the AVC, as per CFR 156.135(b)(2)"

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

Not applicable

Certification Language:

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 Printed Name: Blake Harris, FSA, MAAA

Date: 5/12/2025

Description of how the benefits were modified to fit the parameters of the AVC, as per CFR 156.135(b)(2):

- For plans where the plan deductible and higher copay/coinsurance applies to Imaging, Labs, and Outpatient Surgery Professional services performed in an Outpatient Hospital setting, a weighted average copay/coinsurance was developed based on the proportion of allowed charges expected to be adjudicated at each cost-share level. The proportion was developed first by splitting the facility and professional portions from the AV calculator continuance tables. The remaining facility fee was further split between hospital OP and Freestanding facilities using UHC NW data for Labs and Outpatient Surgery, and using industry estimates of utilization of freestanding imaging centers. Finally, we expect an additional proportion of services to be steered to the freestanding centers as a result of cost-sharing differences resulting in additional utilization at the freestanding facility and ASC cost-share amounts.

- For plans where a higher copay/coinsurance applies to X-Rays performed in an Outpatient Hospital Setting, a weighted average copay/coinsurance was developed based on the proportion of the number of services expected to be adjudicated at each cost-share level. The proportion was developed first by splitting the X-Ray category between the unclassified portion from the care provided by PCP's and Specialists from the AV calculator continuance tables. The Unclassified portion was further split between Hospital OP and Freestanding facilities using UHC NW data. Finally, we expect an additional proportion of services to be steered to the freestanding centers as a result of cost-sharing differences resulting in additional utilization at the freestanding facility and ASC cost-share amounts.

- Some plans pay for x-rays at the listed x-ray benefit regardless of whether or not the x-ray was performed in an office visit setting. When the x-ray benefit is entered into the AVC at the default coinsurance value, it automatically applies the PCP and Specialist benefits to office visit-based x-rays. In order to prevent that from happening, we entered an x-ray benefit that is immaterially (0.00000001%) lower than the default coinsurance value when applicable.

This analysis was done in accordance with Actuarial Standard of Practice No. 50: DETERMINING MINIMUM VALUE AND ACTUARIAL VALUE UNDER THE AFFORDABLE CARE ACT.



Actuarial Value Calculator Screenshots

UnitedHealthcare of Oregon, Inc.

Issuer HIOS ID: 62650

Washington 2026 Individual Health Insurance Filing

May 6, 2025

A large, decorative blue wavy line that spans across the middle of the page, starting from the left edge and ending on the right edge, with a central dip and a smaller wave on the right.

Developed by:

Blake Harris, FSA, MAAA

P.O. Box 9472

Minneapolis, MN 55440-9472

(312) 582-0435 | blake.harris@uhc.com

Federal AV Calculator Output

Metal (Variant)	Plan Name	HIOS Plan ID	Federal AV Value
Expanded Bronze	UnitedHealthcare of Oregon, Inc. Cascade Bronze	62650WA0020002-01	64.97%
Expanded Bronze	UHC Bronze Copay Focus (Off Exchange Only)	62650WA0020022-00	64.64%
Expanded Bronze	UHC Bronze Value HSA (Off Exchange Only)	62650WA0020008-00	63.56%
Expanded Bronze	UHC Bronze Value HSA	62650WA0020021-01	63.56%
Bronze	UHC Bronze Essential (Off Exchange Only)	62650WA0020006-00	59.20%
Bronze	UHC Bronze Essential	62650WA0020005-01	59.20%
Silver	UnitedHealthcare of Oregon, Inc. Cascade Silver	62650WA0020003-01	71.84%
Silver (CSR - 73%)	UnitedHealthcare of Oregon, Inc. Cascade Silver	62650WA0020003-04	73.95%
Silver (CSR - 87%)	UnitedHealthcare of Oregon, Inc. Cascade Silver	62650WA0020003-05	87.87%
Silver (CSR - 94%)	UnitedHealthcare of Oregon, Inc. Cascade Silver	62650WA0020003-06	94.86%
Silver	UHC Silver Copay Focus	62650WA0020017-01	71.87%
Silver (CSR - 73%)	UHC Silver Copay Focus	62650WA0020017-04	73.98%
Silver (CSR - 87%)	UHC Silver Copay Focus	62650WA0020017-05	87.94%
Silver (CSR - 94%)	UHC Silver Copay Focus	62650WA0020017-06	94.87%
Silver	UHC Silver Value HSA (Off Exchange Only)	62650WA0020023-00	71.91%
Silver	UnitedHealthcare of Oregon, Inc. Cascade Silver (Off Exchange Only)	62650WA0020024-00	71.62%
Silver	UHC Silver Copay Focus (Off Exchange Only)	62650WA0020025-00	71.85%
Gold	UnitedHealthcare of Oregon, Inc. Cascade Complete Gold	62650WA0020001-01	81.81%
Gold	UHC Gold Value HSA (Off Exchange Only)	62650WA0020027-00	78.92%
Gold	UHC Gold Copay Focus (Off Exchange Only)	62650WA0020028-00	80.50%
Gold	UHC Gold Advantage	62650WA0020020-01	81.23%
Gold	UnitedHealthcare of Oregon, Inc. Cascade Vital Gold	62650WA0020026-01	78.06%

UHC Bronze Copay Focus (Off Exchange Only)
HIOS ID: 62650WA0020022-00

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
Deductible (\$) \$0.00
Coinsurance (% , Insurer's Cost Share) 50.00%
MOOP (\$) \$10,150.00
MOOP if Separate (\$)

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
\$0.00	\$4,500.00				
50.00%	50.00%				
\$10,150.00					

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2		
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?		Copay applies only after deductible?		
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$2,005.00	<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"/>		\$3,000.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$115.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$46.41	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$644.25	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$115.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$115.00	<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"/>		\$59.48	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$126.23	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$3,000.00	<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"/>		\$887.13	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$582.79	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	55%		<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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? ☐
Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? ☒
Days (1-10): 3
Begin Primary Care Cost-Sharing After a Set Number of Visits? ☐
Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? ☐
Copays (1-10):

Plan Description:

Name: UHC Bronze Copay Focus (Off Exchange Only)
Plan HIOS ID: 62650WA0020022-00
Issuer HIOS ID: 62650
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.

64.64%

Bronze

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

0.3906 seconds

UHC Bronze Value HSA (Off Exchange Only)
HIOS ID: 62650WA0020008-00

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

Deductible (\$

Coinurance (% , Insurer's Cost Share)

MOOP (\$

MOOP if Separate (\$

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?		Tiered Network Plan?	
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
		\$6,300.00			
		70.00%			
		\$8,050.00			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<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 type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$95.77	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	55%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" 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"/>	64%		<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"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	65%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	65%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	55%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?☐

Specialty Rx Coinsurance Maximum:

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

Days (1-10):

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

Visits (1-10):

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

Copays (1-10):

Plan Description:
Name: UHC Bronze Value HSA (Off Exchange Only)
Plan HIOS ID: 62650WA0020008-00
Issuer HIOS ID: 62650
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

63.56%

Actuarial Value:

Bronze

Metal Tier:

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:

0.3203 seconds

Revised Final 2026 AV Calculator

UHC Bronze Value HSA
HIOS ID: 62650WA0020021-01

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

Deductible (\$)

Coinurance (% , Insurer's Cost Share)

MOOP (\$)

MOOP if Separate (\$)

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
		\$6,300.00
		70.00%
		\$8,050.00

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?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$95.77	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	55%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" 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"/>	64%		<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"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	65%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	65%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	55%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?☐

Specialty Rx Coinsurance Maximum:

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

Days (1-10):

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

Visits (1-10):

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

Copays (1-10):

Plan Description:

Name: UHC Bronze Value HSA
Plan HIOS ID: 62650WA0020021-01
Issuer HIOS ID: 62650
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.
63.56%
Bronze
NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
0.3281 seconds

UHC Bronze Essential (Off Exchange Only)
HIOS ID: 62650WA0020006-00

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			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$10,150.00			
		100.00%			
		\$10,150.00			

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?☐

Specialty Rx Coinsurance Maximum:

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

Days (1-10):

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

Visits (1-10):

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

Copays (1-10):

Plan Description:

Name: UHC Bronze Essential (Off Exchange Only)
Plan HIOS ID: 62650WA0020006-00
Issuer HIOS ID: 62650
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 59.20%
Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.3789 seconds
Revised Final 2026 AV Calculator

UHC Bronze Essential
HIOS ID: 62650WA0020005-01

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			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$10,150.00			
		100.00%			
		\$10,150.00			

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

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: UHC Bronze Essential
Plan HIOS ID: 62650WA0020005-01
Issuer HIOS ID: 62650
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 59.20%
Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.3867 seconds
Revised Final 2026 AV Calculator

UHC Silver Copay Focus
HIOS ID: 62650WA0020017-01

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

Deductible (\$

\$0.00

Coinurance (% , Insurer's Cost Share)

70.00%

MOOP (\$

\$9,750.00

MOOP if Separate (\$

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?		Tiered Network Plan?	
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
\$0.00	\$2,500.00				
70.00%	70.00%				
\$9,750.00					

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$900.00	<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"/>		\$2,500.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$42.46	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$515.64	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$29.48	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$93.85	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$2,500.00	<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"/>		\$801.10	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$472.44	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$85.00	<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"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?☐

Specialty Rx Coinsurance Maximum:

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

Days (1-10):

3

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

Visits (1-10):

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

Copays (1-10):

Plan Description:

Name: UHC Silver Copay Focus
Plan HIOS ID: 62650WA0020017-01
Issuer HIOS ID: 62650
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

71.87%

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:

Revised Final 2026 AV Calculator

0.3203 seconds

UHC Silver Copay Focus
HIOS ID: 62650WA0020017-04

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

Deductible (\$

\$0.00

Coinurance (% , Insurer's Cost Share)

70.00%

MOOP (\$

\$8,100.00

MOOP if Separate (\$

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?		Tiered Network Plan?	
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
\$0.00	\$1,700.00				
70.00%	70.00%				
\$8,100.00					

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$900.00	<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"/>		\$2,500.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$42.46	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$515.64	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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"/>		\$29.48	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$93.85	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$2,500.00	<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"/>		\$801.10	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$472.44	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$85.00	<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"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?☐

Specialty Rx Coinsurance Maximum:

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

Days (1-10):

3

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

Visits (1-10):

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

Copays (1-10):

Plan Description:

Name: UHC Silver Copay Focus
Plan HIOS ID: 62650WA0020017-04
Issuer HIOS ID: 62650
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.
73.98%
Silver
NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
0.3516 seconds

UHC Silver Copay Focus
HIOS ID: 62650WA0020017-05

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

Deductible (\$)

\$0.00

Coinsurance (% , Insurer's Cost Share)

75.00%

MOOP (\$)

\$3,150.00

MOOP if Separate (\$)

HSA/HRA Options

HSA/HRA Employer Contribution?

☐

Tiered Network Option

Tiered Network Plan?

☐

Annual Contribution Amount:

1st Tier Utilization:

2nd Tier Utilization:

Tier 1 Plan Benefit Design

Medical

\$0.00

Drug

\$1,500.00

Combined

75.00%

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?		
Emergency Room Services	<input type="checkbox"/> All	<input type="checkbox"/> All		\$500.00	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$1.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$27.55	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$124.04	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input checked="" 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"/>		\$22.84	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$46.47	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<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"/>		\$615.07	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$301.74	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<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"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

☐

Specialty Rx Coinsurance Maximum:

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

☒

Days (1-10):

3

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

☐

Visits (1-10):

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

☐

Copays (1-10):

Plan Description:

Name:

UHC Silver Copay Focus

Plan HIOS ID:

62650WA0020017-05

Issuer HIOS ID:

62650

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.

87.94%

Gold

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

0.3906 seconds

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UHC Silver Copay Focus
HIOS ID: 62650WA0020017-06

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

Deductible (\$

\$0.00

Coinurance (% , Insurer's Cost Share)

95.00%

MOOP (\$

\$1,100.00

MOOP if Separate (\$

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?		Tiered Network Plan?	
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
\$0.00	\$150.00				
95.00%	95.00%				
\$1,100.00					

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<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"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$1.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$4.66	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$58.32	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<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"/>		\$3.75	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$23.36	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<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"/>		\$236.03	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$251.74	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$1.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<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"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?☐

Specialty Rx Coinsurance Maximum:

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

Days (1-10):

3

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

Visits (1-10):

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

Copays (1-10):

Plan Description:

Name: UHC Silver Copay Focus
Plan HIOS ID: 62650WA0020017-06
Issuer HIOS ID: 62650
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.

94.87%

Platinum

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

0.3828 seconds

UHC Silver Value HSA (Off Exchange Only)
HIOS ID: 62650WA0020023-00

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			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$5,300.00			
		100.00%			
		\$5,300.00			

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

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: UHC Silver Value HSA (Off Exchange Only)
Plan HIOS ID: 62650WA0020023-00
Issuer HIOS ID: 62650
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

71.91%

Metal Tier:

Silver

Additional Notes:

Calculation Time:

0.4766 seconds

Revised Final 2026 AV Calculator

UnitedHealthcare of Oregon, Inc. Cascade Silver (Off Exchange Only)
HIOS ID: 62650WA0020024-00

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			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$2,500.00			
		70.00%			
		\$9,850.00			

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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 type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$805.00	<input 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 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"/>		\$2.66	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$19.97	<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"/>	70%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<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"/>		\$40.00	<input 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input 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 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 type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input 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 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 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 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: UnitedHealthcare of Oregon, Inc. Cascade Silver (Off Exchange Only)
Plan HIOS ID: 62650WA0020024-00
Issuer HIOS ID: 62650
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

71.62%

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:

Revised Final 2026 AV Calculator

0.4141 seconds

UHC Silver Copay Focus (Off Exchange Only)
HIOS ID: 62650WA0020025-00

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			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$2,500.00			
Coinsurance (%; Insurer's Cost Share)	70.00%	70.00%			
MOOP (\$)	\$9,500.00				
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2		
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?		Copay applies only after deductible?		
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$905.00	<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"/>		\$2,500.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$42.46	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$515.64	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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"/>		\$47.59	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$93.85	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$2,500.00	<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"/>		\$801.10	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$472.44	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$85.00	<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"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?☐

Specialty Rx Coinsurance Maximum:

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

Days (1-10):

3

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

Visits (1-10):

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

Copays (1-10):

Plan Description:

Name: UHC Silver Copay Focus (Off Exchange Only)
Plan HIOS ID: 62650WA0020025-00
Issuer HIOS ID: 62650
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

71.85%

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:

Revised Final 2026 AV Calculator

0.3398 seconds

UHC Gold Value HSA (Off Exchange Only)
HIOS ID: 62650WA0020027-00

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
		\$3,400.00			
		80.00%			
		\$4,000.00			

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2		
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?		Copay applies only after deductible?		
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<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 type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$22.56	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" 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"/>	80%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$3.00	<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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	55%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$150
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: UHC Gold Value HSA (Off Exchange Only)
Plan HIOS ID: 62650WA0020027-00
Issuer HIOS ID: 62650
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 78.92%
Metal Tier: Gold

Additional Notes:

Calculation Time: 0.3164 seconds
Revised Final 2026 AV Calculator

UHC Gold Copay Focus (Off Exchange Only)
HIOS ID: 62650WA0020028-00

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

Deductible (\$

\$0.00

Coinurance (% , Insurer's Cost Share)

55.00%

MOOP (\$

\$7,300.00

MOOP if Separate (\$

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	\$500.00	
55.00%	55.00%	
\$7,300.00		

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?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?		Copay applies only after deductible?		
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$1,205.00	<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"/>		\$1,200.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$12.99	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$522.13	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<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"/>		\$19.74	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$83.36	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$1,200.00	<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"/>		\$486.03	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$370.70	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<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"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?☒

Specialty Rx Coinsurance Maximum:

\$150

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

Days (1-10):

3

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

Visits (1-10):

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

Copays (1-10):

Plan Description:

Name: UHC Gold Copay Focus (Off Exchange Only)
Plan HIOS ID: 62650WA0020028-00
Issuer HIOS ID: 62650
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

80.50%

Gold

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

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

0.3906 seconds

UHC Gold Advantage
HIOS ID: 62650WA0020020-01

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
		\$500.00			
		55.00%			
		\$7,500.00			

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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?		Copay applies only after deductible?		
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input 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"/>		\$1,500.00	<input 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"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$33.31	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" 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"/>		\$15.22	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$93.85	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input 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"/>		\$300.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$331.05	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<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"/>	60%		<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):	3
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: UHC Gold Advantage
Plan HIOS ID: 62650WA0020020-01
Issuer HIOS ID: 62650
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

81.23%

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:

0.4258 seconds

Revised Final 2026 AV Calculator



April 15, 2025

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

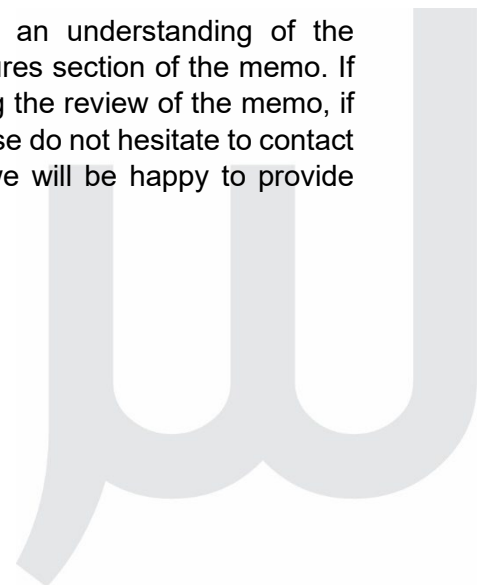
RE: CERTIFICATION FOR WAHBE 2026 STANDARD PLAN DESIGNS

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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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

$\text{1-Visit Factor} = \text{Col (2)} / \text{Col (1)}$

1-Visit Factor:	59.0%
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Up To	Mental Health - OP Facility	Mental Health - OP Prof.
\$10,000	\$2.80	\$159.77

Office Visit Factors:	54.29%	83.23%	<i>Factors from Table 1</i>
Office Visit Share of Cost:	\$1.52	\$132.98	

Total MHSUD Office Visit Cost:	\$134.50
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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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

78.06%

Gold

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

Additional Notes:

Calculation Time:

0.1523 seconds

Revised Final 2026 AV Calculator

Individual Market Standard Silver Plan

User Inputs for Plan Parameters

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

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

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
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

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

71.33%

Silver

Additional Notes:

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

Calculation Time:

0.1172 seconds

Revised Final 2026 AV Calculator

Individual Market Standard Silver, CSR 73% Plan

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$2,500.00
		70.00%
		\$7,950.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
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

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



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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 & 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

UnitedHealthcare of Oregon, Inc.
2026 WA Rate Filing
Definitions

Acronym	Definition
ACA	Affordable Care Act
ARPA	American Rescue Plan Act
AV	Actuarial Value
AVC	Actuarial Value Calculator
Comm	Commissions
CMS	Centers for Medicare & Medicaid Services
CSR	Cost Sharing Reduction
CT	Computed Tomography
EHB	Essential Health Benefit
EPO	Exclusive Provider Organization
Fed.	Federal
HCRP	High Cost Risk Pool
HHS	United States Department of Health and Human Services
HIOS	Health Insurance Oversight System
HMO	Health Maintenance Organization
ID	Induced Demand (also known as Induced Demand Factor or Induced Utilization)
IOI	Internal Operating Income
MAIR	Market Adjusted Index Rate
MHSUD	Mental Health and Substance Use Disorder Services
MLR	Medical Loss Ratio
MRI	Magnetic Resonance Imaging
Norm'd	Normalized
OP	Outpatient
PAF	Paid-to-Allowed Factor
PAIR	Plan Adjusted Index Rate
PCORI	Patient-Centered Outcomes Research Institute
PET	Positron Emission Tomography
PLRS	Plan Liability Risk Score
PMPM	Per Member Per Month
Pref	Preferred
Prof	Professional
RA	Risk Adjustment
RRD	Rate Review Detail
Rx	Pharmacy
SG	Small Group
UHC	UnitedHealthcare of Oregon, Inc.
URRT	Uniform Rate Review Template
WA	Washington
WACA	Wakely ACA Database
WID	Wakely Internal Database
WNRAR	Wakely National Risk Adjustment Report
WSHIP	Washington State Health Insurance Pool

UnitedHealthcare of Oregon, Inc.
2026 WA Rate Filing
Proposed Plan Designs

Product	Plan ID	Plan Name	Exchange	Service Area
62650WA002	62650WA0020002	UnitedHealthcare of Oregon, Inc. Cascade Bronze	On	Rating Areas 1, 2, 4, 5, 6, 7, 9
62650WA002	62650WA0020005	UHC Bronze Essential	Both	
62650WA002	62650WA0020006	UHC Bronze Essential (Off Exchange Only)	Off	
62650WA002	62650WA0020008	UHC Bronze Value HSA (Off Exchange Only)	Off	
62650WA002	62650WA0020021	UHC Bronze Value HSA	Both	
62650WA002	62650WA0020022	UHC Bronze Copay Focus (Off Exchange Only)	Off	
62650WA002	62650WA0020003	UnitedHealthcare of Oregon, Inc. Cascade Silver	On	
62650WA002	62650WA0020017	UHC Silver Copay Focus	Both	
62650WA002	62650WA0020023	UHC Silver Value HSA (Off Exchange Only)	Off	
62650WA002	62650WA0020024	UnitedHealthcare of Oregon, Inc. Cascade Silver (Off Exchange Only)	Off	
62650WA002	62650WA0020025	UHC Silver Copay Focus (Off Exchange Only)	Off	
62650WA002	62650WA0020001	UnitedHealthcare of Oregon, Inc. Cascade Complete Gold	On	
62650WA002	62650WA0020020	UHC Gold Advantage	Both	
62650WA002	62650WA0020026	UnitedHealthcare of Oregon, Inc. Cascade Vital Gold	On	
62650WA002	62650WA0020027	UHC Gold Value HSA (Off Exchange Only)	Off	
62650WA002	62650WA0020028	UHC Gold Copay Focus (Off Exchange Only)	Off	

UnitedHealthcare of Oregon, Inc.
2026 WA Rate Filing
Consistent Financial Data

URRT Worksheet 1, Section I

Section I: Experience Period Data

Experience Period:	1/1/2024	to	12/31/2024
		Total	PMPM
Allowed Claims		\$58,813,163	\$771.51
Reinsurance		\$0	\$0.00
Incurred Claims in Experience Period		\$49,649,972	\$651.31
Risk Adjustment		-\$2,063,988	-\$27.08
Experience Period Premium		\$46,981,987	\$616.31
Experience Period Member Months		76,231	-

URRT Worksheet 1, Section II

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	\$141.36	1.035	1.022	1.035	1.022	\$158.19
Outpatient Hospital	\$263.04	1.013	1.028	1.013	1.028	\$285.18
Professional	\$205.76	1.028	1.024	1.028	1.024	\$227.89
Other Medical	\$16.76	1.018	1.024	1.018	1.024	\$18.23
Capitation	\$0.00	1.000	1.000	1.000	1.000	\$0.00
Prescription Drug	\$144.53	1.029	1.077	1.160	1.077	\$199.98
Total	\$771.45					\$889.45

URRT Worksheet 2, Section II

Section II: Experience Period and Current Plan Level Information

Plan ID (Standard Component ID)	Total
Allowed Claims	\$58,813,163
Reinsurance	\$0
Member Cost Sharing	\$9,163,191
Cost Sharing Reduction	\$0
Incurred Claims	\$49,649,972
Risk Adjustment Transfer Amount	-\$2,063,988
Premium	\$46,981,987
Experience Period Member Months	76,231
Current Enrollment	6,180
Current Premium PMPM	\$771.54
Loss Ratio	110.53%
Per Member Per Month	
Allowed Claims	\$771.51
Reinsurance	\$0.00
Member Cost Sharing	\$120.20
Cost Sharing Reduction	\$0.00
Incurred Claims	\$651.31
Risk Adjustment Transfer Amount	-\$27.08
Premium	\$616.31

WAC 284-43-6660 Summary

	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
		76,231		54,936		42,982
Earned Premium		\$46,981,986.99		\$35,154,513.10		\$24,756,600.45
Paid Claims		\$47,579,384.77		\$29,247,760.00		\$17,856,583.07
Beginning Claim Reserve		\$1,306,886.27		\$876,433.98		\$234,388.00
Ending Claim Reserve		\$3,377,473.27		\$1,306,886.27		\$876,433.98
Incurred Claims		\$49,649,971.77		\$29,678,212.29		\$18,498,629.05
Expenses		\$4,000,867.63		\$4,130,907.47		\$3,981,586.53
Gain/Loss		-\$6,668,852.41		\$1,345,393.34		\$2,276,384.87
Loss Ratio Percentage		105.68%		84.42%		74.72%

UnitedHealthcare of Oregon, Inc.
2026 WA Rate Filing
URRT Worksheet 1, Section 1 Support

Medical Allowed

	Paid																
Incurred	202401	202402	202403	202404	202405	202406	202407	202408	202409	202410	202411	202412	202501	202502	202503	Total	
202401	\$ 482,866	\$ 1,535,960	\$ 477,627	\$ 436,639	\$ 214,487	\$ 12,341	\$ 17,035	\$ 39,845	\$ (32,054)	\$ 16,901	\$ 20,633	\$ 4,943	\$ 16,365	\$ (3,227)	\$ 3,074	\$ 3,243,436	
202402		\$ 315,606	\$ 1,676,877	\$ 264,543	\$ 420,858	\$ 140,434	\$ 21,252	\$ 13,736	\$ 40,636	\$ 21,665	\$ 14,448	\$ 29,529	\$ (2,981)	\$ 17,370	\$ 9,757	\$ 2,983,730	
202403			\$ 672,491	\$ 1,629,440	\$ 406,007	\$ 183,994	\$ 20,298	\$ 38,703	\$ (28,139)	\$ 11,451	\$ 30,755	\$ (2,541)	\$ 8,422	\$ 17,995	\$ 9,723	\$ 2,998,599	
202404				\$ 689,297	\$ 2,081,834	\$ 465,894	\$ 83,865	\$ 86,490	\$ 23,933	\$ 99,047	\$ 49,722	\$ (295,632)	\$ 290,039	\$ (19,256)	\$ (2,583)	\$ 3,552,650	
202405					\$ 598,011	\$ 1,959,974	\$ 768,885	\$ 397,070	\$ 35,298	\$ 16,969	\$ 93,144	\$ 10,101	\$ (8,371)	\$ (1,810)	\$ (28,202)	\$ 3,841,069	
202406						\$ 695,902	\$ 1,965,907	\$ 1,455,115	\$ 283,681	\$ 69,465	\$ 17,375	\$ 2,320	\$ (3,309)	\$ (3,860)	\$ 13,320	\$ 4,495,915	
202407							\$ 765,633	\$ 1,893,070	\$ 322,060	\$ 140,660	\$ 50,015	\$ 121,228	\$ 6,073	\$ 14,648	\$ 16,973	\$ 3,330,358	
202408								\$ 907,796	\$ 3,095,275	\$ 428,166	\$ 142,701	\$ 74,502	\$ 12,256	\$ 43,568	\$ 46,198	\$ 4,750,462	
202409									\$ 813,083	\$ 2,352,635	\$ 203,891	\$ 120,193	\$ 11,469	\$ 122,219	\$ 13,053	\$ 3,636,543	
202410										\$ 753,214	\$ 2,533,193	\$ 966,661	\$ 101,397	\$ 43,745	\$ 22,837	\$ 4,421,047	
202411											\$ 810,136	\$ 2,400,962	\$ 342,316	\$ 265,657	\$ 142,800	\$ 3,961,871	
202412												\$ 1,061,799	\$ 2,605,862	\$ 293,917	\$ 226,019	\$ 4,187,597	
Total	\$ 482,866	\$ 1,851,567	\$ 2,826,995	\$ 3,019,919	\$ 3,721,196	\$ 3,458,539	\$ 3,642,874	\$ 4,831,825	\$ 4,553,772	\$ 3,910,173	\$ 3,966,013	\$ 4,494,064	\$ 3,379,539	\$ 790,966	\$ 472,968	\$ 45,403,276	

Medical Incurred

	Paid																
Incurred	202401	202402	202403	202404	202405	202406	202407	202408	202409	202410	202411	202412	202501	202502	202503	Total	
202401	\$ 408,791	\$ 1,300,332	\$ 404,356	\$ 369,655	\$ 181,583	\$ 10,447	\$ 14,421	\$ 33,732	\$ (27,137)	\$ 14,308	\$ 17,468	\$ 4,184	\$ 13,855	\$ (2,732)	\$ 2,603	\$ 2,745,868	
202402		\$ 267,190	\$ 1,419,631	\$ 223,960	\$ 356,295	\$ 118,890	\$ 17,991	\$ 11,629	\$ 34,402	\$ 18,341	\$ 12,232	\$ 24,999	\$ (2,524)	\$ 14,705	\$ 8,260	\$ 2,526,002	
202403			\$ 569,326	\$ 1,379,471	\$ 343,722	\$ 155,768	\$ 17,184	\$ 32,766	\$ (23,823)	\$ 9,695	\$ 26,037	\$ (2,151)	\$ 7,130	\$ 15,235	\$ 8,231	\$ 2,538,591	
202404				\$ 583,553	\$ 1,762,464	\$ 394,423	\$ 71,000	\$ 73,222	\$ 20,261	\$ 83,853	\$ 42,094	\$ (250,280)	\$ 245,545	\$ (16,302)	\$ (2,187)	\$ 3,007,646	
202405					\$ 506,271	\$ 1,659,299	\$ 650,932	\$ 336,156	\$ 29,883	\$ 14,366	\$ 78,855	\$ 8,551	\$ (7,087)	\$ (1,532)	\$ (23,876)	\$ 3,251,819	
202406						\$ 589,145	\$ 1,664,322	\$ 1,231,889	\$ 240,162	\$ 58,808	\$ 14,709	\$ 1,964	\$ (2,801)	\$ (3,268)	\$ 11,276	\$ 3,806,207	
202407							\$ 648,179	\$ 1,602,658	\$ 272,653	\$ 119,081	\$ 42,342	\$ 102,631	\$ 5,141	\$ 12,401	\$ 14,369	\$ 2,819,456	
202408								\$ 768,533	\$ 2,620,436	\$ 362,482	\$ 120,809	\$ 63,073	\$ 10,376	\$ 36,884	\$ 39,111	\$ 4,021,704	
202409									\$ 688,350	\$ 1,991,722	\$ 172,613	\$ 101,754	\$ 9,709	\$ 103,470	\$ 11,050	\$ 3,078,669	
202410										\$ 637,665	\$ 2,144,581	\$ 818,368	\$ 85,842	\$ 37,034	\$ 19,333	\$ 3,742,824	
202411											\$ 685,855	\$ 2,032,635	\$ 289,802	\$ 224,903	\$ 120,894	\$ 3,354,090	
202412												\$ 898,911	\$ 2,206,103	\$ 248,827	\$ 191,346	\$ 3,545,187	
Total	\$ 408,791	\$ 1,567,522	\$ 2,393,312	\$ 2,556,640	\$ 3,150,336	\$ 2,927,972	\$ 3,084,029	\$ 4,090,586	\$ 3,855,188	\$ 3,310,322	\$ 3,357,596	\$ 3,804,640	\$ 2,861,091	\$ 669,626	\$ 400,411	\$ 38,438,062	

Rx Allowed

	Paid															
Incurred	202401	202402	202403	202404	202405	202406	202407	202408	202409	202410	202411	202412	202501	202502	202503	Total
202401	\$ 225,501	\$ 425,425	\$ (30,415)	\$ 92	\$ 111	\$ 349	\$ 1,115	\$ 213	\$ 9				\$ 15			\$ 622,415
202402			\$ 659,572	\$ (9,948)	\$ 536	\$ 2,114	\$ 1,128	\$ 27					\$ 23			\$ 653,453
202403			\$ 414,164	\$ 285,190		\$ (12,282)	\$ 640	\$ 315	\$ 52	\$ 138	\$ 145	\$ 101	\$ 13		\$ 286	\$ 688,763
202404					\$ 822,546	\$ (56)	\$ 235	\$ 11	\$ 230	\$ 135		\$ 109	\$ 1		\$ 95	\$ 823,307
202405				\$ 582,927	\$ 493,522		\$ (37,153)	\$ 126	\$ 296	\$ 1		\$ 424	\$ 1			\$ 1,040,144
202406							\$ 804,097	\$ (66)	\$ 149	\$ 180	\$ 537	\$ 129	\$ 107	\$ 20		\$ 805,153
202407							\$ 501,264	\$ 426,829	\$ (5,464)	\$ 2,499	\$ 1,219	\$ 484	\$ 439			\$ 927,270
202408								\$ 543,697	\$ 579,262	\$ (74,441)	\$ 1,143	\$ 1,610	\$ 65			\$ 1,051,337
202409										\$ 1,068,810	\$ 705	\$ 623	\$ 39	\$ 15	\$ 51	\$ 1,070,243
202410										\$ 651,551	\$ 540,099	\$ (12,351)	\$ (221)	\$ 122		\$ 1,179,198
202411											\$ 1	\$ 1,019,273	\$ (227)	\$ 1,316	\$ 74	\$ 1,020,437
202412												\$ 593,931	\$ 539,831	\$ (104)	\$ 2,026	\$ 1,135,684
Total	\$ 225,501	\$ 425,425	\$ 1,043,321	\$ 275,335	\$ 1,393,839	\$ 496,569	\$ 1,271,001	\$ 970,889	\$ 574,620	\$ 1,648,880	\$ 543,704	\$ 1,604,334	\$ 540,086	\$ 1,369	\$ 2,531	\$ 11,017,404

Rx Incurred

	Paid																
Incurred	202401	202402	202403	202404	202405	202406	202407	202408	202409	202410	202411	202412	202501	202502	202503	Total	
202401	\$ 187,102	\$ 352,982	\$ (25,236)	\$ 76	\$ 92	\$ 290	\$ 925	\$ 177	\$ 8				\$ 13			\$ 516,428	
202402			\$ 547,258	\$ (8,254)	\$ 445	\$ 1,754	\$ 936	\$ 23					\$ 19			\$ 542,181	
202403			\$ 343,639	\$ 236,627	\$ (10,190)	\$ 531	\$ 261	\$ 43	\$ 115	\$ 121		\$ 84	\$ 11		\$ 237	\$ 571,478	
202404					\$ 682,480	\$ (46)	\$ 195	\$ 9	\$ 191	\$ 112		\$ 91	\$ 1		\$ 79	\$ 683,112	
202405					\$ 483,665	\$ 409,483	\$ (30,827)	\$ 104	\$ 246	\$ 1		\$ 352	\$ 1			\$ 863,025	
202406							\$ 667,173	\$ (55)	\$ 123	\$ 149	\$ 446	\$ 107	\$ 89	\$ 17		\$ 668,049	
202407							\$ 415,907	\$ 354,147	\$ (4,534)	\$ 2,073	\$ 1,011	\$ 402	\$ 364			\$ 769,371	
202408								\$ 451,115	\$ 480,623	\$ (61,765)	\$ 948	\$ 1,336	\$ 54			\$ 872,312	
202409										\$ 886,810	\$ 585	\$ 517	\$ 32	\$ 12	\$ 42	\$ 887,998	
202410										\$ 540,602	\$ 448,129	\$ (10,248)	\$ (184)	\$ 101		\$ 978,400	
202411											\$ 1	\$ 845,708	\$ (189)	\$ 1,092	\$ 61	\$ 846,673	
202412												\$ 492,794	\$ 447,907	\$ (86)	\$ 1,681	\$ 942,296	
Total	\$ 187,102	\$ 352,982	\$ 865,661	\$ 228,450	\$ 1,156,492	\$ 412,012	\$ 1,054,570	\$ 805,563	\$ 476,772	\$ 1,368,103	\$ 451,120	\$ 1,331,143	\$ 448,118	\$ 1,136	\$ 2,100	\$ 9,141,323	

UnitedHealthcare of Oregon, Inc.
2026 WA Rate Filing
URRT Worksheet 1, Section 1 Support

Med + Rx

Incurred Month	Total Allowed	Allowed Reserve	Total Allowed	Total Paid	Paid Reserve	Total Incurred
Total	\$56,420,680	\$2,392,483	\$58,813,163	\$47,579,385	\$2,070,587	\$49,649,972

Premium

202401	\$ 3,751,444
202402	\$ 3,795,305
202403	\$ 3,757,891
202404	\$ 3,757,597
202405	\$ 3,806,713
202406	\$ 3,887,219
202407	\$ 3,947,092
202408	\$ 3,995,135
202409	\$ 4,043,254
202410	\$ 4,064,164
202411	\$ 4,122,374
202412	\$ 4,053,799
Total	\$46,981,987

Membership

202401	5,962
202402	6,082
202403	6,018
202404	6,036
202405	6,132
202406	6,305
202407	6,431
202408	6,539
202409	6,653
202410	6,679
202411	6,757
202412	6,637
Total	76,231

2024 Risk Adjustment Estimate

	PMPM	MMs	Dollars
Risk Transfer	-\$32.04	76,231	(2,442,118)
HCRP Assessment			342,043
Total Risk Adjustment Receivable/(Payable)			-\$2,100,075

Development of Allowed Reserve			
		IBNR Factor Diff	
Paid Reserve	\$2,070,587	Allowed Reserve	\$2,392,483
IBNR Factor	1.044	IBNR Factor	1.042
			0.11%
Steps for developing allowed reserve			
UHC reserving team provides an annual incurred claim estimate for 2024 paid claims as of 4/1/2025			
UHC calculates an IBNR factor by comparing claims paid to date to the annual incurred claims estimate.			
IBNR factor for paid claims is applied to the allowed claims to estimate an allowed reserve.			
To put the IBNR on a monthly basis (Exhibit 1c) a standard multiple by service category is applied to all months.			
Actual IBNR factor between Paid/Allowed varies slightly due to rounding and is done prior to applying Rx rebates.			

UnitedHealthcare of Oregon, Inc.
2026 WA Rate Filing
URRT Worksheet 1, Section 2 Support

(i) **Allowed Claims**

	January	February	March	April	May	June	July	August	September	October	November	December	2024 Total	Member Months	Allowed PMPM
Inpatient Hospital	\$ 797,881	\$ 473,143	\$ 452,422	\$ 1,029,000	\$ 1,064,269	\$ 1,553,855	\$ 554,193	\$ 1,430,696	\$ 600,903	\$ 979,019	\$ 1,002,851	\$ 838,034	\$ 10,776,267		\$ 195.80
Outpatient Hospital	\$ 1,376,836	\$ 1,516,846	\$ 1,549,404	\$ 1,215,694	\$ 1,511,926	\$ 1,691,809	\$ 1,660,435	\$ 1,924,219	\$ 1,822,445	\$ 2,149,202	\$ 1,723,995	\$ 1,908,951	\$ 20,051,762		\$ 364.33
Professional	\$ 1,062,175	\$ 1,156,495	\$ 1,192,697	\$ 1,378,939	\$ 1,310,395	\$ 1,204,685	\$ 1,254,612	\$ 1,264,545	\$ 1,406,063	\$ 1,502,384	\$ 1,454,109	\$ 1,497,933	\$ 15,685,032		\$ 284.99
Other Medical	\$ 237,511	\$ 61,764	\$ 78,419	\$ 93,709	\$ 83,230	\$ 84,862	\$ 21,997	\$ 135,838	\$ 29,273	\$ 49,582	\$ 90,886	\$ 310,905	\$ 1,277,974		\$ 23.22
Capitation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
Prescription Drug	\$ 713,094	\$ 689,133	\$ 705,022	\$ 842,263	\$ 1,011,744	\$ 801,565	\$ 926,708	\$ 1,032,582	\$ 1,046,049	\$ 1,156,636	\$ 994,299	\$ 1,098,308	\$ 11,017,404		\$ 200.18
Allergy Testing*	\$ -	\$ 441	\$ 417	\$ 493	\$ -	\$ 891	\$ 458	\$ 2,024	\$ -	\$ -	\$ -	\$ -	\$ 4,723		\$ 0.09
Accidental Dental*	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
Total	\$ 4,187,496	\$ 3,897,822	\$ 3,978,380	\$ 4,560,098	\$ 4,981,565	\$ 5,337,667	\$ 4,418,403	\$ 5,789,904	\$ 4,904,733	\$ 5,836,823	\$ 5,266,139	\$ 5,654,132	\$ 58,813,163	55,038	\$ 1,068.59

*Allergy Testing and Accidental Dental are non-EHBs

Incurred Claims

	January	February	March	April	May	June	July	August	September	October	November	December	2024 Total	Member Months	Incurred PMPM
Inpatient Hospital	\$ 752,004	\$ 435,756	\$ 375,867	\$ 982,286	\$ 1,005,647	\$ 1,477,177	\$ 506,662	\$ 1,396,504	\$ 545,109	\$ 930,633	\$ 959,958	\$ 759,073	\$ 10,126,675		\$ 183.99
Outpatient Hospital	\$ 1,045,877	\$ 1,248,087	\$ 1,241,079	\$ 952,391	\$ 1,234,719	\$ 1,454,721	\$ 1,428,986	\$ 1,678,887	\$ 1,552,329	\$ 1,901,815	\$ 1,485,054	\$ 1,657,948	\$ 16,881,892		\$ 306.73
Professional	\$ 784,706	\$ 854,922	\$ 928,252	\$ 1,087,221	\$ 1,039,345	\$ 927,541	\$ 997,482	\$ 1,002,854	\$ 1,167,442	\$ 1,213,615	\$ 1,163,797	\$ 1,255,606	\$ 12,422,783		\$ 225.71
Other Medical	\$ 211,346	\$ 33,091	\$ 58,284	\$ 73,277	\$ 71,862	\$ 66,295	\$ 14,149	\$ 114,642	\$ 19,226	\$ 36,135	\$ 76,183	\$ 301,264	\$ 1,075,754		\$ 19.55
Capitation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
Prescription Drug	\$ 477,170	\$ 526,445	\$ 564,124	\$ 674,804	\$ 874,700	\$ 669,574	\$ 769,433	\$ 879,975	\$ 898,531	\$ 988,779	\$ 858,548	\$ 959,239	\$ 9,141,323		\$ 166.09
Allergy Testing*	\$ -	\$ -	\$ 292	\$ 160	\$ -	\$ 351	\$ -	\$ 741	\$ -	\$ -	\$ -	\$ -	\$ 1,544		\$ 0.03
Accidental Dental*	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
Total	\$ 3,271,103	\$ 3,098,300	\$ 3,167,897	\$ 3,770,139	\$ 4,226,274	\$ 4,595,659	\$ 3,716,713	\$ 5,073,603	\$ 4,182,637	\$ 5,070,977	\$ 4,543,540	\$ 4,933,130	\$ 49,649,972	55,038	\$ 902.10

*Allergy Testing and Accidental Dental are non-EHBs

Incurred Claim Reserve

	Medical	Rx	Total
Beginning Reserve	\$1,306,886	\$0	\$1,306,886
Ending Reserve	\$3,377,473	\$0	\$3,377,473

Allowed Claim Reserve

	Medical	Rx	Total
Beginning Reserve	\$1,512,250	\$0	\$1,512,250
Ending Reserve	\$3,904,733	\$0	\$3,904,733

Total Allowed Claims

Inpatient Hospital	\$10,776,267
Outpatient Hospital	\$20,051,762
Professional	\$15,685,032
Other Medical	\$1,277,974
Capitation	\$0
Prescription Drug	\$11,017,404
Total	\$58,813,163

Total Incurred Claims

Inpatient Hospital	\$10,126,675
Outpatient Hospital	\$16,881,892
Professional	\$12,422,783
Other Medical	\$1,075,754
Capitation	\$0
Prescription Drug	\$9,141,323
Total	\$49,649,972

Allowed Claims PMPM

	January	February	March	April	May	June	July	August	September	October	November	December	2024 Total
Member Months	5,962	6,082	6,018	6,036	6,132	6,305	6,431	6,539	6,653	6,679	6,757	6,637	76,231
Inpatient Hospital	\$ 133.83	\$ 77.79	\$ 75.18	\$ 170.48	\$ 173.56	\$ 246.45	\$ 86.18	\$ 218.79	\$ 90.32	\$ 146.58	\$ 148.42	\$ 126.27	\$ 141.36
Outpatient Hospital	\$ 230.94	\$ 249.40	\$ 257.46	\$ 201.41	\$ 246.56	\$ 268.33	\$ 258.19	\$ 294.27	\$ 273.93	\$ 321.79	\$ 255.14	\$ 287.62	\$ 263.04
Professional	\$ 178.16	\$ 190.15	\$ 198.19	\$ 228.45	\$ 213.70	\$ 191.07	\$ 195.09	\$ 193.39	\$ 211.34	\$ 224.94	\$ 215.20	\$ 225.69	\$ 205.76
Other Medical	\$ 39.84	\$ 10.16	\$ 13.03	\$ 15.52	\$ 13.57	\$ 13.46	\$ 3.42	\$ 20.77	\$ 4.40	\$ 7.42	\$ 13.45	\$ 46.84	\$ 16.76
Capitation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Prescription Drug	\$ 119.61	\$ 113.31	\$ 117.15	\$ 139.54	\$ 164.99	\$ 127.13	\$ 144.10	\$ 157.91	\$ 157.23	\$ 173.18	\$ 147.15	\$ 165.48	\$ 144.53
Non-EHB	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ 702.36	\$ 640.88	\$ 661.08	\$ 755.48	\$ 812.39	\$ 846.58	\$ 687.05	\$ 885.44	\$ 737.22	\$ 873.91	\$ 779.36	\$ 851.91	\$ 771.51

Incurred Claims PMPM

	January	February	March	April	May	June	July	August	September	October	November	December	2024 Total
Member Months	5,962	6,082	6,018	6,036	6,132	6,305	6,431	6,539	6,653	6,679	6,757	6,637	76,231
Inpatient Hospital	\$ 126.13	\$ 71.65	\$ 62.46	\$ 162.74	\$ 164.00	\$ 234.29	\$ 78.78	\$ 213.57	\$ 81.93	\$ 139.34	\$ 142.07	\$ 114.37	\$ 132.84
Outpatient Hospital	\$ 175.42	\$ 205.21	\$ 206.23	\$ 157.79	\$ 201.36	\$ 230.72	\$ 222.20	\$ 256.75	\$ 233.33	\$ 284.75	\$ 219.78	\$ 249.80	\$ 221.46
Professional	\$ 131.62	\$ 140.57	\$ 154.25	\$ 180.12	\$ 169.50	\$ 147.11	\$ 155.11	\$ 153.37	\$ 175.48	\$ 181.71	\$ 172.24	\$ 189.18	\$ 162.96
Other Medical	\$ 35.45	\$ 5.44	\$ 9.68	\$ 12.14	\$ 11.72	\$ 10.51	\$ 2.20	\$ 17.53	\$ 2.89	\$ 5.41	\$ 11.27	\$ 45.39	\$ 14.11
Capitation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Prescription Drug	\$ 80.04	\$ 86.56	\$ 93.74	\$ 111.80	\$ 142.65	\$ 106.20	\$ 119.64	\$ 134.57	\$ 135.06	\$ 148.04	\$ 127.06	\$ 144.53	\$ 119.92
Non-EHB	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ 548.66	\$ 509.42	\$ 526.40	\$ 624.61	\$ 689.22	\$ 728.89	\$ 577.94	\$ 775.90	\$ 628.68	\$ 759.24	\$ 672.42	\$ 743.28	\$ 651.31

Paid-to-Allowed Factors

Inpatient Hospital	0.9397
Outpatient Hospital	0.8419
Professional	0.7920
Other Medical	0.8418
Capitation	0.0000
Prescription Drug	0.8297
Total	0.8442

(ii)

EHB allowed claims were obtained from claims records.

UnitedHealthcare of Oregon, Inc.
2026 WA Rate Filing
Manual EHB Development

Trend Development	2026 UHC Projected					
	Inpatient	Outpatient	Professional	Other	Rx	Total
Base Claims PMPM ¹	\$141.81	\$ 80.71	\$106.37	\$22.77	\$59.36	\$ 411.03
Util Trend Y1	1.0222	1.0279	1.0241	1.0241	1.0765	1.0318
Cost Trend Y1	1.0522	1.0360	1.0148	1.0343	1.0292	1.0350
Util Trend Y2	1.0222	1.0279	1.0241	1.0241	1.0765	1.0321
Cost Trend Y2	1.0522	1.0360	1.0148	1.0343	1.1601	1.0556

Manual EHB Development	
Trended Base Claims PMPM	\$478.19
Morbidity Adjustment ²	1.1000
Demographic Adjustment	1.0689
Plan Design Changes Adjustment	1.0461
Provider Contracting	1.4426
Other Adjustment	1.0308
Rx Rebate Adjustment	0.9807
Manual Rate	\$857.68

[1] Base period medical and Rx claims are 2024 UnitedHealthcare Individual ACA PMPMs.

[2] Morbidity adjustment, util and cost trend are from the *Utilization and Cost Trends* exhibit

UnitedHealthcare of Oregon, Inc.
2026 WA Rate Filing
Development of Morbidity, Demographic and Plan Design Change Adjustment for Manual Rate Development

IDF Adjustment - Manual adjusted to WA

Metal	Variant	Manual Enrollment Distribution	Projected WA Distribution	IDF Adjustment
Bronze	01	68%	36%	1.000
Silver	01	8%	22%	1.030
Silver	04	5%	7%	1.030
Silver	05	8%	13%	1.030
Silver	06	9%	5%	1.030
Gold	01	3%	16%	1.080
IDF Adjustment		100%	100%	1.0158

Age Adjustment - Manual adjusted to WA

2024 Average Manual Age Factor	1.615
2024 Average WA Age Factor	1.726
Age Adjustment	1.069

Age	Manual Age Factor	WA Age Factor	Membership Distribution	
			Manual Distribution	WA Distribution
0	0.765	0.765	0.90%	0.80%
1	0.765	0.765	0.69%	0.42%
2	0.765	0.765	0.66%	0.39%
3	0.765	0.765	0.62%	0.42%
4	0.765	0.765	0.65%	0.39%
5	0.765	0.765	0.67%	0.31%
6	0.765	0.765	0.63%	0.53%
7	0.765	0.765	0.71%	0.47%
8	0.765	0.765	0.70%	0.42%
9	0.765	0.765	0.67%	0.48%
10	0.765	0.765	0.75%	0.50%
11	0.765	0.765	0.71%	0.47%
12	0.765	0.765	0.76%	0.57%
13	0.765	0.765	0.72%	0.49%
14	0.765	0.765	0.78%	0.70%
15	0.833	0.833	0.82%	0.67%
16	0.859	0.859	0.90%	0.54%
17	0.885	0.885	0.90%	0.55%
18	0.913	0.913	0.97%	0.67%
19	0.941	0.941	1.18%	1.11%
20	0.970	0.970	1.22%	1.00%
21	1.000	1.000	1.16%	1.11%
22	1.000	1.000	1.17%	1.12%
23	1.000	1.000	1.14%	0.99%
24	1.000	1.000	1.14%	0.98%
25	1.004	1.004	1.18%	1.23%
26	1.024	1.024	1.78%	2.96%
27	1.048	1.048	1.60%	2.03%
28	1.087	1.087	1.61%	1.81%
29	1.119	1.119	1.53%	1.79%
30	1.135	1.135	1.67%	1.61%
31	1.159	1.159	1.64%	1.72%
32	1.183	1.183	1.72%	1.89%
33	1.198	1.198	1.82%	1.87%
34	1.214	1.214	1.74%	1.81%
35	1.222	1.222	1.84%	1.68%
36	1.230	1.230	1.81%	1.62%
37	1.238	1.238	1.70%	1.71%
38	1.246	1.246	1.73%	1.69%
39	1.262	1.262	1.83%	1.60%
40	1.278	1.278	1.72%	1.16%
41	1.302	1.302	1.77%	1.83%
42	1.325	1.325	1.85%	1.72%
43	1.357	1.357	1.84%	1.67%
44	1.397	1.397	1.80%	1.53%
45	1.444	1.444	1.82%	1.40%
46	1.500	1.500	1.75%	1.51%
47	1.563	1.563	1.78%	1.83%
48	1.635	1.635	1.80%	1.54%
49	1.706	1.706	1.85%	1.46%
50	1.786	1.786	1.89%	1.48%
51	1.865	1.865	1.90%	1.97%
52	1.952	1.952	2.04%	1.91%
53	2.040	2.040	2.22%	1.83%
54	2.135	2.135	2.14%	2.09%
55	2.230	2.230	2.16%	2.01%
56	2.333	2.333	2.20%	2.27%
57	2.437	2.437	2.25%	2.35%
58	2.548	2.548	2.33%	2.67%
59	2.603	2.603	2.58%	2.99%
60	2.714	2.714	2.67%	3.53%
61	2.810	2.810	2.83%	3.91%
62	2.873	2.873	3.16%	4.68%
63	2.952	2.952	3.08%	4.31%
64+	3.000	3.000	2.17%	3.25%

Relative Risk Adjustment - Manual adjusted to WA

Risk Component	Manual PLRS	WA PLRS
PLRS	0.972	1.159
IDF	1.011	1.027
GCF	0.974	0.992
ARF	1.627	1.742
AV	0.635	0.680
Relative Risk	0.941	0.979
PLRS Adjustment		1.040

Back out ARF and AV since impacts are already accounted for in the PLRS

Changes in EHB Index

Benefit	Alw PMPM	
	Removed from Manual	Added to Manual
Abortion	\$0.00	\$0.09
Acupuncture	\$0.00	\$0.26
Pediatric Dental	-\$1.17	\$0.00
Pediatric Vision	-\$0.06	\$0.15
Hearing Aids	-\$0.16	\$0.00
Total	-\$1.40	\$0.50

Manual	
Total Allowed PMPM	\$468.94
CSR Load	1.1907
Paid to Allowed	0.7368
Manual to WA Adjustment	0.9966
Projection Adjustment	1.0012
Total Adjustment	0.9978

UnitedHealthcare of Oregon, Inc.
2026 WA Rate Filing
Credibility Estimate

UHC 2024 Member Months	76,231
Full Credibility	97,000
Credibility	88.65%

UnitedHealthcare of Oregon, Inc.
2026 WA Rate Filing
Summary of Pooled Experience with Adjustments

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
		76,231		54,936		42,982
Earned Premium		\$46,981,986.99		\$35,154,513.10		\$24,756,600.45
Paid Claims		\$47,579,384.77		\$29,247,760.00		\$17,856,583.07
Beginning Claim Reserve		\$1,306,886.27		\$876,433.98		\$234,388.00
Ending Claim Reserve		\$3,377,473.27		\$1,306,886.27		\$876,433.98
Incurred Claims		\$49,649,971.77		\$29,678,212.29		\$18,498,629.05
Expenses		\$4,000,867.63		\$4,130,907.47		\$3,981,586.53
Gain/Loss		-\$6,668,852.41		\$1,345,393.34		\$2,276,384.87
Loss Ratio Percentage		105.68%		84.42%		74.72%
(i) Risk Adjustment Transfer		-\$2,442,117.96		-\$1,318,462.16		-\$822,377.19
(ii) Total HCRP Transfer		\$520,707.00		\$0.00		\$0.00
(iii) Total HCRP Assessment		-\$178,663.75		-\$126,799.17		-\$90,447.78
(iv) HHS-RADV Adjustments		\$0.00		\$0.00		\$0.00
(v) Total Reinsurance		\$0.00		\$0.00		\$0.00
(vi) Adjusted Gain/Loss		-\$9,289,634.12		-\$99,867.99		\$1,363,559.90
(vi) Adjusted Loss Ratio Percentage		111.92%		88.04%		77.58%
(vii) Total Anticipated MLR Rebates		\$0		\$0		\$0

UnitedHealthcare of Oregon, Inc.
2026 WA Rate Filing
2022 & 2023 Changes

	2025 Final Rate Filing		2026 Current Rate Filing		2025 vs 2026 Comparison	
	2023	2022	2023	2022	2023	2022
Member Months	55,038	43,021	54,936	42,982	-0.19%	-0.09%
Earned Premium	\$35,198,233.52	\$24,776,099.87	\$35,154,513.10	\$24,756,600.45	-0.12%	-0.08%
Paid Claims	\$28,823,259.87	\$17,759,306.59	\$29,247,760.00	\$17,856,583.07	1.47%	0.55%
Beginning Claim Reserve	\$876,433.98	\$234,388.00	\$876,433.98	\$234,388.00	0.00%	0.00%
Ending Claim Reserve	\$1,306,886.27	\$876,433.98	\$1,306,886.27	\$876,433.98	0.00%	0.00%
Incurred Claims	\$29,253,712.16	\$18,401,352.57	\$29,678,212.29	\$18,498,629.05	1.45%	0.53%
Expenses	\$4,130,907.47	\$3,981,586.53	\$4,130,907.47	\$3,981,586.53	0.00%	0.00%
Gain/Loss	\$1,813,613.89	\$2,393,160.77	\$1,345,393.34	\$2,276,384.87	-25.82%	-4.88%
Loss Ratio Percentage	83.11%	74.27%	84.42%	74.72%	1.58%	0.61%
(i) Risk Adjustment Transfer	-\$1,318,462.14	-\$822,377.19	-\$1,318,462.16	-\$822,377.19	0.00%	0.00%
(ii) Total HCRP Transfer	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	0.00%
(iii) Total HCRP Assessment	-\$126,799.17	-\$90,447.78	-\$126,799.17	-\$90,447.78	0.00%	0.00%
(iv) HHS-RADV Adjustments	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	0.00%
(v) Total Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	0.00%
(vi) Adjusted Gain/Loss	\$368,352.58	\$1,480,335.80	-\$99,867.99	\$1,363,559.90	-127.11%	-7.89%
(vi) Adjusted Loss Ratio Percentage	86.67%	77.11%	88.04%	77.58%	1.58%	0.61%
(vii) Total Anticipated MLR Rebates	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	0.00%

Notes:

- (1) 2022 and 2023 enrollment, premiums, paid claims, and incurred claims have been revised to reflect the most recent information available.
- (2) Gain/loss and loss ratio shifted as a result of the updated premiums and incurred claims.

UnitedHealthcare of Oregon, Inc.
2026 WA Rate Filing
Plan Level Experience and Current Data

Section II: Experience Period and Current Plan Level Information							
Plan ID (Standard Component ID)	Total	62650WA0020001	62650WA0020020	62650WA0020003	62650WA0020017	62650WA0020002	62650WA0020021
Allowed Claims	\$58,813,163	\$15,414,628	\$4,375,978	\$24,507,596	\$5,103,790	\$7,149,256	\$2,261,914
Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Member Cost Sharing	\$9,163,191	\$1,184,239	\$565,049	\$3,158,654	\$798,464	\$2,779,577	\$677,208
Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Incurred Claims	\$49,649,972	\$14,230,389	\$3,810,929	\$21,348,943	\$4,305,326	\$4,369,679	\$1,584,706
Risk Adjustment Transfer Amount	-\$2,063,988	-\$291,586	-\$91,999	-\$845,393	-\$187,381	-\$500,196	-\$147,434
Premium	\$46,981,987	\$6,637,290	\$2,094,138	\$19,243,454	\$4,265,294	\$11,385,822	\$3,355,989
Experience Period Member Months	76,231	9,147	3,246	29,186	6,858	21,299	6,495
Current Enrollment	6,180	753	299	2,261	484	1,665	718
Current Premium PMPM	\$771.54	\$887.98	\$773.40	\$831.31	\$787.34	\$679.85	\$662.41
Loss Ratio	110.53%	224.00%	190.00%	116.00%	106.00%	40.00%	49.00%
Per Member Per Month							
Allowed Claims	\$771.51	\$1,685.21	\$1,348.11	\$839.70	\$744.21	\$335.66	\$348.25
Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Cost Sharing	\$120.20	\$129.47	\$174.08	\$108.22	\$116.43	\$130.50	\$104.27
Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Incurred Claims	\$651.31	\$1,555.74	\$1,174.04	\$731.48	\$627.78	\$205.16	\$243.99
Risk Adjustment Transfer Amount	-\$27.08	-\$31.88	-\$28.34	-\$28.97	-\$27.32	-\$23.48	-\$22.70
Premium	\$616.31	\$725.62	\$645.14	\$659.34	\$621.94	\$534.57	\$516.70

UnitedHealthcare of Oregon, Inc.
2026 WA Rate Filing
Incurred Claims Projection Trend

Service Category	Portion of Incurred Claim Dollars	Allowed Claims Trends		Leveraging Trends*		Annualized Incurred Claims Trends
		24-25	25-26	24-25	25-26	
Inpatient	\$ 0.20	5.78%	5.78%	3.57%	3.57%	9.56%
Outpatient	\$ 0.34	4.12%	4.12%	2.78%	2.78%	7.01%
Professional	\$ 0.25	5.24%	5.24%	0.95%	0.95%	6.24%
Other	2.17%	4.27%	4.27%	0.00%	0.00%	4.27%
Prescription Drugs	\$ 0.18	10.79%	24.89%	0.63%	2.20%	19.30%
Non-EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

*The impact of cost share leveraging is included as an implicit adjustment in the calculation of the incurred claims trend and represents the difference between the allowed trend and the annual incurred claims projected trend from URRT. This is inclusive of the impact of morbidity, demographic shift, plan design, leveraging, and other changes.

Types of Service	Annual Trend Assumed	Portion of Incurred Claim Dollars
Hospital	7.97%	54.40%
Professional	6.24%	25.02%
Prescription Drugs	19.30%	18.41%
Dental	N/A	0.00%
Other	4.27%	2.17%
Aggregate Trend	9.54%	100.00%

Comparison of the current and prior data in Worksheet 1, Section II in

Morbidity Adjustment	1.0571
Demographic Shift	1.0003
Plan Design Changes	1.0333
Other	1.0104
Adjusted Trended EHB Allowed Cla	\$982.00
Manual EHB Allowed Claims PMPM	\$857.68
Applied Credibility %	88.65%

2025 URRT W/S 1 Section II

1.0523
0.9923
1.0337
0.9890
\$796.55
\$757.58
93.73%

Projected Index Rate for	\$967.89
Reinsurance	\$0.00
Risk Adjustment Payment/Charge	-\$36.55
Exchange User Fees*	0.49%
Market Adjusted Index Rate	\$1,009.34

\$794.11
\$0.00
-\$9.06
0.76%
\$809.31

*MAIR is calculated using the unrounded projection factors with the Exchange user fee line used as a balance to net to the appropriate MAIR.

UnitedHealthcare of Oregon, Inc.
2026 WA Rate Filing
URRT Worksheet 1, Section II Non-Trend Factors

(a) Morbidity Adjustment

Morbidity Factor (Metal Mix x PLRS)		1.0571					
(1) Metal Mix Adjustment							
		Experience	Experience		Projected	Allowed PMPM -	IDF
Metal	Variant	MMs	Distribution	Allowed PMPM	Distribution	reweighted for WA	WA/Manual
Bronze	01	27.794	36%	\$344.31	37%	\$344.31	Adj.
Silver	01	16.539	22%	\$648.59	23%	\$648.59	1.030
Silver	04	5.642	7%	\$776.98	6%	\$776.98	1.030
Silver	05	10.115	13%	\$1,043.57	11%	\$1,043.57	1.030
Silver	06	3.748	5%	\$1,221.80	4%	\$1,221.80	1.030
Gold	01	12.393	16%	\$1,714.33	19%	\$1,714.33	1.080
Total		76.231	100%	\$801.00	100%	\$811.72	1.001
						Morbidity due to Metal Mix	1.012
(2)PLRS Adjustment							
Experience PLRS (After Metal Adjustment)		1.249					
Conversion Factor		-4.9%					
Projected PLRS		1.181					
PLRS Adjustment		0.994					
(3)ARPA Expiration Morbidity Impact		1.050					

(b) Demographic Shift

Demographic Factor (Age x Geo)		1.000	
(1) Geographic Adjustment			
Rating Area	2026 Area Factors	Membership Distribution	
		2024 UHC Experience	2026 UHC Projection
Rating Area 1	1.0000	65.00%	67.23%
Rating Area 2	1.0844	11.88%	8.91%
Rating Area 4	0.9505	0.05%	0.05%
Rating Area 5	0.9446	16.13%	17.09%
Rating Area 6	1.0571	4.36%	4.84%
Rating Area 7	1.0632	0.75%	0.46%
Rating Area 9	0.9644	1.82%	1.41%
2024 Membership with 2026 Area Factors		1.0034	
2026 Projected Membership with 2026 Area Factors		1.0006	
		Pricing Impact	0.9972

(2) Age Adjustment

age_group	Experience MMs	Experience Distribution	Allowed PMPM	Projected Distribution	Allowed PMPM - reweighted for WA age distribution
00-17	7,401	10%	\$333.84	9%	\$333.84
18-25	6,128	8%	\$509.95	8%	\$509.95
26-34	13,106	17%	\$782.55	16%	\$782.55
35-44	12,293	16%	\$726.16	16%	\$726.16
45-54	12,994	17%	\$811.17	17%	\$811.17
55-64	23,431	31%	\$1,060.18	31%	\$1,060.18
65+	878	1%	\$1,957.55	1%	\$1,957.55
Total	76,231	100%	\$811.72	100%	\$814.23
				Age Adjustment	1.003

(c) Plan Design Changes

Metal	Federal IDF	2024 WA	2026 WA
		Membership	Membership
Platinum	1.15	0%	0%
Gold	1.08	16%	19%
Silver	1.03	47%	44%
Bronze	1.00	36%	37%
Total		1.027	1.028
IDF Change			1.001
Mammography Cost Share Removal			
PMPM Impact	\$ 0.08		
Projected Allowed PMPM	\$889.45		
Mammography Impact	1.0001		
Gating Removal Impact	1.0309		
Total Plan Design Impact	1.0321		

(d) Other

Provider Contracting							
2025 Provider Contracting Factor		1.000					
2026 Provider Contracting Factor		0.980					
Pricing Impact		0.980					
Pricing AV Guardrails							
Plan	Prj Mbr	Orig IDF	Adj IDF	Federal AV	0.7587 Original Pricing AV	0.7377 Pricing AV after Guardrail	Adjustment
62650W/A0020002	24.5%	1.0235	1.0223	64.97%	68.31%	67.97%	1.029
62650W/A0020002	3.1%	1.0392	1.0211	64.64%	72.17%	67.64%	
62650W/A0020002	3.1%	1.0267	1.0174	63.56%	69.15%	66.56%	
62650W/A0020002	3.1%	1.0268	1.0174	63.56%	69.18%	66.56%	
62650W/A0020002	0.3%	1.0120	1.0049	59.20%	64.83%	62.20%	
62650W/A0020002	3.1%	1.0120	1.0049	59.20%	64.84%	62.20%	
62650W/A0020002	31.0%	1.0677	1.0517	71.84%	77.88%	74.84%	
62650W/A0020002	12.1%	1.0690	1.0519	71.87%	78.11%	74.87%	
62650W/A0020002	0.1%	1.0580	1.0521	71.91%	76.07%	74.91%	
62650W/A0020002	0.6%	1.0674	1.0506	71.62%	77.82%	74.62%	
62650W/A0020002	0.1%	1.0691	1.0518	71.85%	78.13%	74.85%	
62650W/A0020002	6.2%	1.1231	1.1112	81.81%	86.48%	84.81%	
62650W/A0020002	0.1%	1.0915	1.0915	78.92%	81.85%	81.85%	
62650W/A0020002	0.1%	1.1035	1.1022	80.50%	83.68%	83.50%	
62650W/A0020002	6.3%	1.1125	1.1072	81.23%	85.01%	84.23%	
62650W/A0020002	6.2%	1.0963	1.0865	78.06%	82.60%	81.06%	

Tobacco Load

2025 Distribution			
Age	Smoking	Total	Smoking Factor
0	0.00%	0.48%	1.0000
1	0.00%	0.48%	1.0000
2	0.00%	0.48%	1.0000
3	0.00%	0.48%	1.0000
4	0.00%	0.48%	1.0000
5	0.00%	0.45%	1.0000
6	0.00%	0.45%	1.0000
7	0.00%	0.45%	1.0000
8	0.00%	0.45%	1.0000
9	0.00%	0.45%	1.0000
10	0.00%	0.56%	1.0000
11	0.00%	0.56%	1.0000
12	0.00%	0.56%	1.0000
13	0.00%	0.56%	1.0000
14	0.00%	0.56%	1.0000
15	0.00%	0.69%	1.0000
16	0.00%	0.69%	1.0000
17	0.00%	0.69%	1.0000
18	0.00%	0.69%	1.0000
19	0.00%	0.69%	1.0000
20	0.00%	1.02%	1.0000
21	1.95%	1.02%	1.1500
22	1.95%	1.02%	1.1500
23	1.95%	1.02%	1.1500
24	1.95%	1.02%	1.1500
25	1.95%	1.90%	1.1500
26	1.12%	1.90%	1.1500
27	1.12%	1.90%	1.1500
28	1.12%	1.90%	1.1500
29	1.12%	1.90%	1.1500
30	1.12%	1.76%	1.1500
31	1.24%	1.76%	1.1500
32	1.24%	1.76%	1.1500
33	1.24%	1.76%	1.1500
34	1.24%	1.76%	1.1500
35	1.24%	1.64%	1.1500
36	0.96%	1.64%	1.1500
37	0.96%	1.64%	1.1500
38	0.96%	1.64%	1.1500
39	0.96%	1.64%	1.1500
40	0.96%	1.54%	1.1500
41	0.89%	1.54%	1.1500
42	0.89%	1.54%	1.1500
43	0.89%	1.54%	1.1500
44	0.89%	1.54%	1.1500
45	0.89%	1.61%	1.1500
46	1.70%	1.61%	1.1500
47	1.70%	1.61%	1.1500
48	1.70%	1.61%	1.1500
49	1.70%	1.61%	1.1500
50	1.70%	1.86%	1.1500
51	2.20%	1.86%	1.1500
52	2.20%	1.86%	1.1500
53	2.20%	1.86%	1.1500
54	2.20%	1.86%	1.1500
55	2.20%	2.59%	1.1500
56	1.94%	2.59%	1.1500
57	1.94%	2.59%	1.1500
58	1.94%	2.59%	1.1500
59	1.94%	2.59%	1.1500
60	1.94%	3.68%	1.1500
61	2.45%	3.68%	1.1500
62	2.45%	3.68%	1.1500
63	2.45%	3.68%	1.1500
64	2.45%	3.68%	1.1500
65	2.45%	0.11%	1.1500
66	0.00%	0.11%	1.1500
67	0.00%	0.11%	1.1500
68	0.00%	0.11%	1.1500
69	0.00%	0.11%	1.1500
70	0.00%	0.05%	1.1500
71	0.00%	0.05%	1.1500
72	0.00%	0.05%	1.1500
73	0.00%	0.05%	1.1500
74	0.00%	0.05%	1.1500
75	0.00%	0.05%	1.1500
76	0.00%	0.05%	1.1500
77	0.00%	0.05%	1.1500
78	0.00%	0.05%	1.1500
79	0.00%	0.05%	1.1500
80	0.00%	0.03%	1.1500
81	0.00%	0.03%	1.1500
82	0.00%	0.03%	1.1500
83	0.00%	0.03%	1.1500
84	0.00%	0.03%	1.1500
85	0.00%	0.01%	1.1500
86	0.00%	0.01%	1.1500
87	0.00%	0.01%	1.1500
88	0.00%	0.01%	1.1500
89	0.00%	0.01%	1.1500
90	0.00%	0.00%	1.1500
91	0.00%	0.00%	1.1500
92	0.00%	0.00%	1.1500
93	0.00%	0.00%	1.1500
94	0.00%	0.00%	1.1500
95	0.00%	0.00%	1.1500
96	0.00%	0.00%	1.1500
97	0.00%	0.00%	1.1500
98	0.00%	0.00%	1.1500
99	0.00%	0.00%	1.1500

Total Other Impact

1.010

Tobacco MAIR Adj
1.002

UnitedHealthcare of Oregon, Inc.
2026 WA Rate Filing
11/19/2025

The following chart shows the varying cost-share level for each benefit at the metal level addressed in this objection and the final AVC input reflected in the screenshots.

Asset		Asset Details		Asset Performance		Asset Valuation		Asset Risk		Asset Liquidity		Asset Volatility		Asset Correlation		Asset Beta		Asset Alpha		Asset Sharpe		Asset Sortino		Asset Treynor		Asset Jensen		Asset Merton		Asset Fama		Asset Carhart		Asset Moskowitz		Asset Chaboud		Asset Wright		Asset Kilian		Asset Gorton		Asset Andersen		Asset Bollerslev		Asset Engle		Asset GARCH		Asset SV		Asset Heston		Asset SABR		Asset G2		Asset G3		Asset G4		Asset G5		Asset G6		Asset G7		Asset G8		Asset G9		Asset G10		Asset G11		Asset G12		Asset G13		Asset G14		Asset G15		Asset G16		Asset G17		Asset G18		Asset G19		Asset G20		Asset G21		Asset G22		Asset G23		Asset G24		Asset G25		Asset G26		Asset G27		Asset G28		Asset G29		Asset G30		Asset G31		Asset G32		Asset G33		Asset G34		Asset G35		Asset G36		Asset G37		Asset G38		Asset G39		Asset G40		Asset G41		Asset G42		Asset G43		Asset G44		Asset G45		Asset G46		Asset G47		Asset G48		Asset G49		Asset G50		Asset G51		Asset G52		Asset G53		Asset G54		Asset G55		Asset G56		Asset G57		Asset G58		Asset G59		Asset G60		Asset G61		Asset G62		Asset G63		Asset G64		Asset G65		Asset G66		Asset G67		Asset G68		Asset G69		Asset G70		Asset G71		Asset G72		Asset G73		Asset G74		Asset G75		Asset G76		Asset G77		Asset G78		Asset G79		Asset G80		Asset G81		Asset G82		Asset G83		Asset G84		Asset G85		Asset G86		Asset G87		Asset G88		Asset G89		Asset G90		Asset G91		Asset G92		Asset G93		Asset G94		Asset G95		Asset G96		Asset G97		Asset G98		Asset G99		Asset G100																																																																																																																																																																																																																																																																																																																																																																		
Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset	Asset

Benefit 1: Imaging (CT/PET Scans, MRIs)

Blended AVC Benefit: Imaging (CT/PET Scans, MRIs)	Concourse				Coow			
	Bronze	Silver	Gold	Platinum	Bronze	Silver	Gold	Platinum
% Subject to higher historical cost share based on LHC historical data	74.22%	74.32%	74.22%	74.22%	74.04%	74.04%	74.04%	74.04%

For plans where the plan deductible and higher coinsurance applies to Imaging performed in an Outpatient Hospital setting, a weighted average coinsurance was developed based on the proportion of allowed claim lines expected to be adjudicated at each cost-share level. For plans where the plan deductible and higher copay applies to Imaging performed in an Outpatient Hospital setting, a weighted average copay was developed based on the proportion of allowed claims expected to be adjudicated at each cost-share level.

The same methodology is used across all non-standard plans in our portfolio to calculate effective copays and coinsurances, when we differ in Hospital vs Office cost-sharing amounts.

Benefit 2: Laboratory Outpatient and Professional Services

Blended AWC Benefit: Laboratory Consultant and Professional Services	Coinsurance				Copay			
	Bronze	Silver	Gold	Platinum	Bronze	Silver	Gold	Platinum
% Subject to highest hospital cost share based on UHC historical data	31.45%	31.45%	31.45%	31.45%	0.45%	0.45%	0.45%	0.45%

For plans where the plan deductible and higher coinsurance applies to Labs performed in an Outpatient Hospital setting, a weighted average coinsurance was developed based on the proportion of allowed claim lines expected to be adjudicated at each cost-share level. For plans where the plan deductible and higher copay applies to Labs performed in an Outpatient Hospital setting, a weighted average copay was developed based on the proportion of allowed claims expected to be adjudicated at each cost-share level.

The same methodology is used across all non-standard plans in our portfolio to calculate effective copays and coinsurances, when we differ in Hospital vs Office cost-sharing amounts.

Benefit 3: X-rays and Diagnostic Imaging

	Conscience				Cspay			
	Bronze	Silver	Gold	Platinum	Bronze	Silver	Gold	Platinum
% Subject to higher hospital cost share based on UHC historical data	49.54%	49.54%	49.54%	49.54%	52.45%	52.45%	52.45%	52.45%

For plans where the plan deductible and higher coinsurance applies to X-Rays performed in an Outpatient Hospital setting, a weighted average coinsurance was developed based on the proportion of allowed claim lines expected to be adjudicated at each cost-share level. For plans where the plan deductible and higher copay applies to X-Rays performed in an Outpatient Hospital setting, a weighted average copay was developed based on the proportion of allowed claims expected to be adjudicated at each cost-share level.

The same methodology is used across all non-standard plans in our portfolio to calculate effective copays and coinsurances, when we differ in Hospital vs Office cost-sharing amounts.

Benefit 4: Outpatient Surgery Physician/Surgical Services

	Concurrence				Concur			
	Bronze	Silver	Gold	Platinum	Bronze	Silver	Gold	Platinum
Banded AWC Benefit: Outpatient Surgery Physician/Surgical Services								
% Subject to higher hospital cost share based on U.S. ¹ historical data	26.63%	26.63%	26.63%	26.63%	20.70%	20.70%	20.70%	20.70%

For plans where the plan deductible and higher coinsurance applies to Outpatient Surgery Physician/Surgical Services performed in an Outpatient Hospital setting, a weighted average coinsurance was developed based on the proportion of allowed claim lines expected to be adjudicated at each cost-share level. For plans where the plan deductible and higher copay applies to Outpatient Surgery Physician/Surgical Services performed in an Outpatient Hospital setting, a weighted average copay was developed based on the proportion of allowed claim lines expected to be adjudicated at each cost-share level.

expressed as the equivalent of 1000 mg of 100% pure compound.

Benefit 5: Mental/Behavioral Health and Substance Use Disorder Outpatient

	Conor	Constance
Benefit	Utilization Distribution	Allowed Cost Distribution
MH/SUD Office Visit	83.00%	85.25%
MH/SUD PCP	8.48%	7.25%
MH/SUD Specialist Visit	8.54%	7.50%

Utilization and Allowed cost distribution based on UHC historical data

Benefit 6: OP Facility Fee (e.g., Ambulatory Surgery Center)

Benefit	Distribution
Hospital	86.03%
Freestanding	13.97%

Allowed cost distribution based on UHC historical data

UnitedHealthcare of Oregon, Inc.
2026 WA Rate Filing
Comparison of Actuarial Values

Metal	HIOS ID	Federal AVC		Pricing AV without		Fed. AVC vs. Pricing AV
		Value	Norm'd AVC Value	CSR Load	Norm'd Pricing AV	
Bronze	62650WA0020002	64.97%	0.7942	66.13%	0.7370	-6%
Bronze	62650WA0020005	59.20%	0.7236	59.47%	0.6629	-6%
Bronze	62650WA0020006	59.20%	0.7236	59.47%	0.6629	-6%
Bronze	62650WA0020008	63.56%	0.7769	64.44%	0.7183	-6%
Bronze	62650WA0020021	63.56%	0.7769	64.44%	0.7183	-6%
Bronze	62650WA0020022	64.64%	0.7901	65.73%	0.7326	-6%
Silver	62650WA0020003	71.84%	0.8781	74.95%	0.8354	-4%
Silver	62650WA0020017	71.87%	0.8785	74.99%	0.8358	-4%
Silver	62650WA0020023	71.91%	0.8790	75.01%	0.8361	-4%
Silver	62650WA0020024	71.62%	0.8754	74.62%	0.8317	-4%
Silver	62650WA0020025	71.85%	0.8783	74.93%	0.8352	-4%
Gold	62650WA0020001	81.81%	1.0000	89.72%	1.0000	0%
Gold	62650WA0020020	81.23%	0.9929	88.78%	0.9896	0%
Gold	62650WA0020026	78.06%	0.9542	83.84%	0.9345	-2%
Gold	62650WA0020027	78.92%	0.9647	85.05%	0.9479	-2%
Gold	62650WA0020028	80.50%	0.9840	87.62%	0.9766	-1%

Metal	HIOS ID	Projected Enrollment	Induced Demand Factor (IDF)	Paid-to-Allowed Factor (PAF)	Non-hyde Abortion Adjustment	Paid-to-Allowed Factor Adjusted (PAFA)	PAFA x IDF	(Normalized) PAFA x IDF	CSR Load	Pricing AV Factor
Bronze	62650WA0020002	24.52%	1.0223	67.97%	0.9985	67.87%	0.6938	0.6613	1.0000	0.6613
Bronze	62650WA0020005	3.11%	1.0049	62.20%	0.9983	62.10%	0.6240	0.5947	1.0000	0.5947
Bronze	62650WA0020006	0.25%	1.0049	62.20%	0.9983	62.10%	0.6240	0.5947	1.0000	0.5947
Bronze	62650WA0020008	3.11%	1.0174	66.56%	0.9985	66.46%	0.6762	0.6444	1.0000	0.6444
Bronze	62650WA0020021	3.11%	1.0174	66.56%	0.9985	66.46%	0.6762	0.6444	1.0000	0.6444
Bronze	62650WA0020022	3.11%	1.0211	67.64%	0.9985	67.54%	0.6896	0.6573	1.0000	0.6573
Silver	62650WA0020003	31.04%	1.0517	74.84%	0.9991	74.77%	0.7864	0.7495	1.4350	1.0755
Silver	62650WA0020017	12.05%	1.0519	74.87%	0.9991	74.80%	0.7868	0.7499	1.4350	1.0761
Silver	62650WA0020023	0.12%	1.0521	74.91%	0.9987	74.81%	0.7871	0.7501	1.0000	0.7501
Silver	62650WA0020024	0.63%	1.0506	74.62%	0.9987	74.52%	0.7829	0.7462	1.0000	0.7462
Silver	62650WA0020025	0.12%	1.0518	74.85%	0.9987	74.75%	0.7862	0.7493	1.0000	0.7493
Gold	62650WA0020001	6.20%	1.1112	84.81%	0.9989	84.72%	0.9413	0.8972	1.0000	0.8972
Gold	62650WA0020020	6.30%	1.1072	84.23%	0.9989	84.14%	0.9315	0.8878	1.0000	0.8878
Gold	62650WA0020026	6.20%	1.0865	81.06%	0.9988	80.96%	0.8797	0.8384	1.0000	0.8384
Gold	62650WA0020027	0.06%	1.0915	81.85%	0.9988	81.76%	0.8923	0.8505	1.0000	0.8505
Gold	62650WA0020028	0.06%	1.1022	83.50%	0.9989	83.41%	0.9193	0.8762	1.0000	0.8762
Weighted Average		100.00%	1.0492	73.77%	0.9988	73.68%	0.7731	73.68%	1.1907	87.73%

* 87.73% is the paid-to-allowed factor applied on URRT W/S 1 and 2

UnitedHealthcare of Oregon, Inc.
2026 WA Rate Filing
Non-Hyde Abortion Adjustment

HIOS ID	EHB Paid PMPM before Non-Hyde Abortion Adjustment	EHB Paid PMPM after Non-Hyde Abortion Adjustment	Non-Hyde Abortion Adjustment	Non-Hyde Abortion Removed
62650WA0020002	\$668.42	\$667.42	0.9985	\$1.00
62650WA0020005	\$601.26	\$600.26	0.9983	\$1.00
62650WA0020006	\$601.26	\$600.26	0.9983	\$1.00
62650WA0020008	\$651.43	\$650.43	0.9985	\$1.00
62650WA0020021	\$651.43	\$650.43	0.9985	\$1.00
62650WA0020022	\$664.41	\$663.41	0.9985	\$1.00
62650WA0020003	\$1,086.51	\$1,085.51	0.9991	\$1.00
62650WA0020017	\$1,087.10	\$1,086.10	0.9991	\$1.00
62650WA0020023	\$758.11	\$757.11	0.9987	\$1.00
62650WA0020024	\$754.14	\$753.14	0.9987	\$1.00
62650WA0020025	\$757.29	\$756.29	0.9987	\$1.00
62650WA0020001	\$906.53	\$905.53	0.9989	\$1.00
62650WA0020020	\$897.09	\$896.09	0.9989	\$1.00
62650WA0020026	\$847.19	\$846.19	0.9988	\$1.00
62650WA0020027	\$859.38	\$858.38	0.9988	\$1.00
62650WA0020028	\$885.34	\$884.34	0.9989	\$1.00

UnitedHealthcare of Oregon, Inc.
2026 WA Rate Filing
Summary of Pricing Assumptions

Enrollment by Metal Tier		
Distribution by Metal		
Metal		UHC Projected
Platinum		0.00%
Gold		18.82%
Silver		22.85%
CSR73		5.70%
CSR87		11.21%
CSR94		4.21%
Bronze		37.20%
Catastrophic		0.00%

Enrollment by Age		
Distribution by Age		
Age		UHC Projected
Age <18		9.49%
Age 18-25		8.37%
Age 26-34		16.39%
Age 35-44		15.87%
Age 45-54		17.34%
Age 55-63		27.66%
Age ≥ 64		4.88%

Area Factors									
Rating Area	Projected Enrollment	Final Area Factors (Limit to 15%)	2025 Area Factors	Comparison of 2025 to 2026	2024 Area Factors	Comparison of 2024 to 2026	2023 Area Factors	Comparison of 2023 to 2026	
Rating Area 1	67.23%	1.0000	1.0000	0.00%	1.0000	0.00%	1.0000	0.00%	
Rating Area 2	8.91%	1.0844	1.0710	1.26%	1.1003	-1.44%	0.9586	13.13%	
Rating Area 4	0.05%	0.9505	1.0710	-11.25%	1.0480	-9.31%	0.8881	7.03%	
Rating Area 5	17.09%	0.9446	1.0047	-5.98%	1.0465	-9.73%	0.9541	-0.99%	
Rating Area 6	4.84%	1.0571	0.9449	11.88%	1.0193	3.71%	0.9784	8.05%	
Rating Area 7	0.46%	1.0632	0.9980	6.54%	0.9593	10.83%	0.8718	21.95%	
Rating Area 9	1.41%	0.9644	0.9321	3.46%	1.0021	-3.76%	0.9050	6.56%	
Total Calibration Factor (Inverse of Weighted Average Factor)	100.00%	0.9994	0.9924	0.71%	0.9646	3.61%	0.9988	0.06%	

Highest vs Lowest Area Factors	
Rating Area 2- Highest	1.0844
Rating Area 5- Lowest	0.9446
Difference	14.80%

Age and Tobacco Factors	Age	Tobacco	Average Actuarial Age
2026 Weighted Average Factors	1.7320	1.0000	50
2026 Calibration Factors	0.5774	1.0000	
2025 Weighted Average Factors	1.7241	1.0031	
2025 Calibration Factors	0.5800	0.9969	
2024 Weighted Average Factors	1.7604	1.0015	
2024 Calibration Factors	0.5681	0.9985	
2023 Weighted Average Factors	1.7459	1.0059	
2023 Calibration Factors	0.5728	0.9942	
Comparison of 2025 to 2026	-0.46%	0.31%	
Comparison of 2024 to 2026	1.64%	0.15%	
Comparison of 2023 to 2026	0.81%	0.59%	

UnitedHealthcare of Oregon, Inc.
2026 WA Rate Filing
Summary of Pricing Assumptions

Age	Projected %	ACA Age Factors	Tobacco Load	% of Smoker within each age
0	0.47%	0.7650	1.0000	0.00%
1	0.47%	0.7650	1.0000	0.00%
2	0.47%	0.7650	1.0000	0.00%
3	0.47%	0.7650	1.0000	0.00%
4	0.47%	0.7650	1.0000	0.00%
5	0.44%	0.7650	1.0000	0.00%
6	0.44%	0.7650	1.0000	0.00%
7	0.44%	0.7650	1.0000	0.00%
8	0.44%	0.7650	1.0000	0.00%
9	0.44%	0.7650	1.0000	0.00%
10	0.56%	0.7650	1.0000	0.00%
11	0.56%	0.7650	1.0000	0.00%
12	0.56%	0.7650	1.0000	0.00%
13	0.56%	0.7650	1.0000	0.00%
14	0.56%	0.7650	1.0000	0.00%
15	0.69%	0.8330	1.0000	0.00%
16	0.69%	0.8590	1.0000	0.00%
17	0.69%	0.8850	1.0000	0.00%
18	0.69%	0.9130	1.0000	0.00%
19	0.69%	0.9410	1.0000	0.00%
20	1.01%	0.9700	1.0000	0.00%
21	1.02%	1.0000	1.0000	0.00%
22	1.02%	1.0000	1.0000	0.00%
23	1.02%	1.0000	1.0000	0.00%
24	1.02%	1.0000	1.0000	0.00%
25	1.90%	1.0040	1.0000	0.00%
26	1.90%	1.0240	1.0000	0.00%
27	1.90%	1.0480	1.0000	0.00%
28	1.90%	1.0870	1.0000	0.00%
29	1.90%	1.1190	1.0000	0.00%
30	1.76%	1.1350	1.0000	0.00%
31	1.76%	1.1590	1.0000	0.00%
32	1.76%	1.1830	1.0000	0.00%
33	1.76%	1.1980	1.0000	0.00%
34	1.76%	1.2140	1.0000	0.00%
35	1.64%	1.2220	1.0000	0.00%
36	1.64%	1.2300	1.0000	0.00%
37	1.64%	1.2380	1.0000	0.00%
38	1.64%	1.2460	1.0000	0.00%
39	1.64%	1.2620	1.0000	0.00%
40	1.54%	1.2780	1.0000	0.00%
41	1.54%	1.3020	1.0000	0.00%
42	1.54%	1.3250	1.0000	0.00%
43	1.54%	1.3570	1.0000	0.00%
44	1.54%	1.3970	1.0000	0.00%
45	1.61%	1.4440	1.0000	0.00%
46	1.61%	1.5000	1.0000	0.00%
47	1.61%	1.5630	1.0000	0.00%
48	1.61%	1.6350	1.0000	0.00%
49	1.61%	1.7060	1.0000	0.00%
50	1.86%	1.7860	1.0000	0.00%
51	1.86%	1.8650	1.0000	0.00%
52	1.86%	1.9520	1.0000	0.00%
53	1.86%	2.0400	1.0000	0.00%
54	1.86%	2.1350	1.0000	0.00%
55	2.59%	2.2300	1.0000	0.00%
56	2.59%	2.3330	1.0000	0.00%
57	2.59%	2.4370	1.0000	0.00%
58	2.59%	2.5480	1.0000	0.00%
59	2.59%	2.6030	1.0000	0.00%
60	3.68%	2.7140	1.0000	0.00%
61	3.68%	2.8100	1.0000	0.00%
62	3.68%	2.8730	1.0000	0.00%
63	3.68%	2.9520	1.0000	0.00%
64+	4.88%	3.0000	1.0000	0.00%

UnitedHealthcare of Oregon, Inc.
2026 WA Rate Filing
Development of MAIR and PAIR

			Total	Allowed Basis	Exchange Fee	Allowed Basis		
				\$967.87	(\$36.55)	0.49%	\$0.00	\$1,009.32
Plan Name	Metal	On/Off Exchange	HIOS ID	Starting Allowed PMPM	Risk Adjustment Net of Fees	Exchange Fee	State Reinsurance	MAIR
UnitedHealthcare of Oregon, Inc. Cascade Bronze	Bronze	On	62650W A0020002	\$967.87	(\$36.55)	0.49%	\$0.00	\$983.40
UHC Bronze Essential	Bronze	Both	62650W A0020005	\$967.87	(\$36.55)	0.49%	\$0.00	\$966.65
UHC Bronze Essential (Off Exchange Only)	Bronze	Off	62650W A0020006	\$967.87	(\$36.55)	0.49%	\$0.00	\$966.65
UHC Bronze Value HSA (Off Exchange Only)	Bronze	Off	62650W A0020008	\$967.87	(\$36.55)	0.49%	\$0.00	\$978.72
UHC Bronze Value HSA	Bronze	Both	62650W A0020021	\$967.87	(\$36.55)	0.49%	\$0.00	\$978.72
UHC Bronze Copay Focus (Off Exchange Only)	Bronze	Off	62650W A0020022	\$967.87	(\$36.55)	0.49%	\$0.00	\$982.27
UnitedHealthcare of Oregon, Inc. Cascade Silver	Silver	On	62650W A0020003	\$967.87	(\$36.55)	0.49%	\$0.00	\$1,011.89
UHC Silver Copay Focus	Silver	Both	62650W A0020017	\$967.87	(\$36.55)	0.49%	\$0.00	\$1,011.84
UHC Silver Value HSA (Off Exchange Only)	Silver	Off	62650W A0020023	\$967.87	(\$36.55)	0.49%	\$0.00	\$1,012.03
UnitedHealthcare of Oregon, Inc. Cascade Silver (Off Exchange Only)	Silver	Off	62650W A0020024	\$967.87	(\$36.55)	0.49%	\$0.00	\$1,010.65
UHC Silver Copay Focus (Off Exchange Only)	Silver	Off	62650W A0020025	\$967.87	(\$36.55)	0.49%	\$0.00	\$1,011.74
UnitedHealthcare of Oregon, Inc. Cascade Complete Gold	Gold	On	62650W A0020001	\$967.87	(\$36.55)	0.49%	\$0.00	\$1,068.90
UHC Gold Advantage	Gold	Both	62650W A0020020	\$967.87	(\$36.55)	0.49%	\$0.00	\$1,065.05
UnitedHealthcare of Oregon, Inc. Cascade Vital Gold	Gold	On	62650W A0020026	\$967.87	(\$36.55)	0.49%	\$0.00	\$1,045.14
UHC Gold Value HSA (Off Exchange Only)	Gold	Off	62650W A0020027	\$967.87	(\$36.55)	0.49%	\$0.00	\$1,049.93
UHC Gold Copay Focus (Off Exchange Only)	Gold	Off	62650W A0020028	\$967.87	(\$36.55)	0.49%	\$0.00	\$1,060.29

Development of Exchange Fee %

	2024 Actual Membership Split	2026 Projected Membership Split
% of Members on Exchange	95.9%	84.1%
Exchange Fee PMPM	\$4.90	\$4.30
PAF x IDF x CSR Load	0.8773	0.8773
Normalized Exchange Fee PMPM	\$5.59	\$4.90
Projected Index Rate	\$967.87	\$967.87
Risk Adjustment PMPM	(\$36.55)	(\$36.55)
Exchange Fee %	0.55%	0.49%

UnitedHealthcare of Oregon, Inc.
2026 WA Rate Filing
Development of MAIR and PAIR

			Total
Plan Name	Metal	On/Off Exchange	HIOS ID
UnitedHealthcare of Oregon, Inc. Cascade Bronze	Bronze	On	62650W A0020002
UHC Bronze Essential	Bronze	Both	62650W A0020005
UHC Bronze Essential (Off Exchange Only)	Bronze	Off	62650W A0020006
UHC Bronze Value HSA (Off Exchange Only)	Bronze	Off	62650W A0020008
UHC Bronze Value HSA	Bronze	Both	62650W A0020021
UHC Bronze Copay Focus (Off Exchange Only)	Bronze	Off	62650W A0020022
UnitedHealthcare of Oregon, Inc. Cascade Silver	Silver	On	62650W A0020003
UHC Silver Copay Focus	Silver	Both	62650W A0020017
UHC Silver Value HSA (Off Exchange Only)	Silver	Off	62650W A0020023
UnitedHealthcare of Oregon, Inc. Cascade Silver (Off Exchange Only)	Silver	Off	62650W A0020024
UHC Silver Copay Focus (Off Exchange Only)	Silver	Off	62650W A0020025
UnitedHealthcare of Oregon, Inc. Cascade Complete Gold	Gold	On	62650W A0020001
UHC Gold Advantage	Gold	Both	62650W A0020020
UnitedHealthcare of Oregon, Inc. Cascade Vital Gold	Gold	On	62650W A0020026
UHC Gold Value HSA (Off Exchange Only)	Gold	Off	62650W A0020027
UHC Gold Copay Focus (Off Exchange Only)	Gold	Off	62650W A0020028

	100%					48,570
Plan Name	Projected Enrollment %	Base Silver %	Silver 73%	Silver 87%	Silver 94%	Projected Enrollment MMs
UnitedHealthcare of Oregon, Inc. Cascade Bronze	24.5%					11,907
UHC Bronze Essential	3.1%					1,510
UHC Bronze Essential (Off Exchange Only)	0.3%					123
UHC Bronze Value HSA (Off Exchange Only)	3.1%					1,510
UHC Bronze Value HSA	3.1%					1,510
UHC Bronze Copay Focus (Off Exchange Only)	3.1%					1,510
UnitedHealthcare of Oregon, Inc. Cascade Silver	31.0%	14.9%	4.4%	8.6%	3.2%	15,077
UHC Silver Copay Focus	12.1%	5.8%	1.7%	3.3%	1.3%	5,853
UHC Silver Value HSA (Off Exchange Only)	0.1%	0.1%	0.0%	0.0%	0.0%	60
UnitedHealthcare of Oregon, Inc. Cascade Silver (Off Exchange Only)	0.6%	0.6%	0.0%	0.0%	0.0%	308
UHC Silver Copay Focus (Off Exchange Only)	0.1%	0.1%	0.0%	0.0%	0.0%	60
UnitedHealthcare of Oregon, Inc. Cascade Complete Gold	6.2%					3,011
UHC Gold Advantage	6.3%					3,058
UnitedHealthcare of Oregon, Inc. Cascade Vital Gold	6.2%					3,011
UHC Gold Value HSA (Off Exchange Only)	0.1%					31
UHC Gold Copay Focus (Off Exchange Only)	0.1%					31

					TRUE
1.0013	0.8773	1.0000	1.0000	\$886.57	
Benefits in Addition to EHB	AV and Cost Sharing Design of Plan	Provider Network Adjustment	Catastrophic Adjustment	Paid PMPM	
1.0016	0.6613	1.0000	1.0000	\$668.50	
1.0018	0.5947	1.0000	1.0000	\$601.34	
1.0018	0.5947	1.0000	1.0000	\$601.34	
1.0017	0.6444	1.0000	1.0000	\$651.52	
1.0017	0.6444	1.0000	1.0000	\$651.52	
1.0016	0.6573	1.0000	1.0000	\$664.49	
1.0010	1.0755	1.0000	1.0000	\$1,086.59	
1.0010	1.0761	1.0000	1.0000	\$1,087.18	
1.0014	0.7501	1.0000	1.0000	\$758.19	
1.0014	0.7462	1.0000	1.0000	\$754.23	
1.0014	0.7493	1.0000	1.0000	\$757.37	
1.0012	0.8972	1.0000	1.0000	\$906.62	
1.0012	0.8878	1.0000	1.0000	\$897.17	
1.0013	0.8364	1.0000	1.0000	\$847.27	
1.0013	0.8505	1.0000	1.0000	\$859.47	
1.0012	0.8762	1.0000	1.0000	\$886.43	

UnitedHealthcare of Oregon, Inc.
2026 WA Rate Filing
Development of MAIR and PAIR

				Information for URRT													
Plan Name	Metal	On/Off Exchange	HIOS ID	Plan Name	Admin PMPM	Admin % of Prem	Broker Comm PMPM	Quality and IT	Non-reform Taxes/Fees \$	Non-reform Taxes/Fees %	PCORI Fees PMPM	RA Fee PMPM	Profit / Margin % (post-tax)	Administrative Expense	Taxes and Fees	Profit and Risk Load	PAIR
UnitedHealthcare of Oregon, Inc. Cascade Bronze	Bronze	On	62650W A0020002	UnitedHealthcare of Oregon, Inc. Cascade Bronze	\$57.41	0.00%	\$6.90	\$3.68	\$0.44	3.14%	\$0.32	\$0.20	3.95%	8.57%	3.26%	3.95%	\$793.77
UHC Bronze Essential	Bronze	Both	62650W A0020005	UHC Bronze Essential	\$57.41	0.00%	\$6.90	\$3.68	\$0.44	3.14%	\$0.32	\$0.20	3.95%	9.43%	3.28%	3.95%	\$721.48
UHC Bronze Essential (Off Exchange Only)	Bronze	Off	62650W A0020006	UHC Bronze Essential (Off Exchange Only)	\$57.41	0.00%	\$6.90	\$3.68	\$0.44	3.14%	\$0.32	\$0.20	3.95%	9.43%	3.28%	3.95%	\$721.48
UHC Bronze Value HSA (Off Exchange Only)	Bronze	Off	62650W A0020008	UHC Bronze Value HSA (Off Exchange Only)	\$57.41	0.00%	\$6.90	\$3.68	\$0.44	3.14%	\$0.32	\$0.20	3.95%	8.77%	3.27%	3.95%	\$775.49
UHC Bronze Value HSA	Bronze	Both	62650W A0020021	UHC Bronze Value HSA	\$57.41	0.00%	\$6.90	\$3.68	\$0.44	3.14%	\$0.32	\$0.20	3.95%	8.77%	3.27%	3.95%	\$775.49
UHC Bronze Copay Focus (Off Exchange Only)	Bronze	Off	62650W A0020022	UHC Bronze Copay Focus (Off Exchange Only)	\$57.41	0.00%	\$6.90	\$3.68	\$0.44	3.14%	\$0.32	\$0.20	3.95%	8.61%	3.27%	3.95%	\$789.46
UnitedHealthcare of Oregon, Inc. Cascade Silver	Silver	On	62650W A0020003	UnitedHealthcare of Oregon, Inc. Cascade Silver	\$57.41	0.00%	\$6.90	\$3.68	\$0.44	3.14%	\$0.32	\$0.20	3.95%	5.47%	3.22%	3.95%	\$1,243.79
UHC Silver Copay Focus	Silver	Both	62650W A0020017	UHC Silver Copay Focus	\$57.41	0.00%	\$6.90	\$3.68	\$0.44	3.14%	\$0.32	\$0.20	3.95%	5.46%	3.22%	3.95%	\$1,244.43
UHC Silver Value HSA (Off Exchange Only)	Silver	Off	62650W A0020023	UHC Silver Value HSA (Off Exchange Only)	\$57.41	0.00%	\$6.90	\$3.68	\$0.44	3.14%	\$0.32	\$0.20	3.95%	7.64%	3.25%	3.95%	\$890.31
UnitedHealthcare of Oregon, Inc. Cascade Silver (Off Exchange Only)	Silver	Off	62650W A0020024	UnitedHealthcare of Oregon, Inc. Cascade Silver (Off Exchange Only)	\$57.41	0.00%	\$6.90	\$3.68	\$0.44	3.14%	\$0.32	\$0.20	3.95%	7.67%	3.25%	3.95%	\$886.04
UHC Silver Copay Focus (Off Exchange Only)	Silver	Off	62650W A0020025	UHC Silver Copay Focus (Off Exchange Only)	\$57.41	0.00%	\$6.90	\$3.68	\$0.44	3.14%	\$0.32	\$0.20	3.95%	7.65%	3.25%	3.95%	\$889.43
UnitedHealthcare of Oregon, Inc. Cascade Complete Gold	Gold	On	62650W A0020001	UnitedHealthcare of Oregon, Inc. Cascade Complete Gold	\$57.41	0.00%	\$6.90	\$3.68	\$0.44	3.14%	\$0.32	\$0.20	3.95%	6.48%	3.24%	3.95%	\$1,050.07
UHC Gold Advantage	Gold	Both	62650W A0020020	UHC Gold Advantage	\$57.41	0.00%	\$6.90	\$3.68	\$0.44	3.14%	\$0.32	\$0.20	3.95%	6.54%	3.24%	3.95%	\$1,039.91
UnitedHealthcare of Oregon, Inc. Cascade Vital Gold	Gold	On	62650W A0020026	UnitedHealthcare of Oregon, Inc. Cascade Vital Gold	\$57.41	0.00%	\$6.90	\$3.68	\$0.44	3.14%	\$0.32	\$0.20	3.95%	6.90%	3.24%	3.95%	\$986.20
UHC Gold Value HSA (Off Exchange Only)	Gold	Off	62650W A0020027	UHC Gold Value HSA (Off Exchange Only)	\$57.41	0.00%	\$6.90	\$3.68	\$0.44	3.14%	\$0.32	\$0.20	3.95%	6.80%	3.24%	3.95%	\$999.32
UHC Gold Copay Focus (Off Exchange Only)	Gold	Off	62650W A0020028	UHC Gold Copay Focus (Off Exchange Only)	\$57.41	0.00%	\$6.90	\$3.68	\$0.44	3.14%	\$0.32	\$0.20	3.95%	6.62%	3.24%	3.95%	\$1,027.26

UnitedHealthcare of Oregon, Inc.
2026 WA Rate Filing
Development of MAIR and PAIR

				Total					0.5774	0.9994	1.0000	\$593.47	\$593.47	
Plan Name	Metal	On/Off Exchange	HIOS ID	Plan Name	Age Calibration n°	Area Calibration n°	Tobacco Calibration n°	PAIR (with 1.00 area, age, & tobacco factors)	PAIR in URRT	Difference				
UnitedHealthcare of Oregon, Inc. Cascade Bronze	Bronze	On	62650W A0020002	UnitedHealthcare of Oregon, Inc. Cascade Bronze	0.5774	0.9994	1.0000	\$458.03	\$458.03	-				
UHC Bronze Essential	Bronze	Both	62650W A0020005	UHC Bronze Essential	0.5774	0.9994	1.0000	\$416.32	\$416.32	-				
UHC Bronze Essential (Off Exchange Only)	Bronze	Off	62650W A0020006	UHC Bronze Essential (Off Exchange Only)	0.5774	0.9994	1.0000	\$416.32	\$416.32	-				
UHC Bronze Value HSA (Off Exchange Only)	Bronze	Off	62650W A0020008	UHC Bronze Value HSA (Off Exchange Only)	0.5774	0.9994	1.0000	\$447.48	\$447.48	-				
UHC Bronze Value HSA	Bronze	Both	62650W A0020021	UHC Bronze Value HSA	0.5774	0.9994	1.0000	\$447.48	\$447.48	-				
UHC Bronze Copay Focus (Off Exchange Only)	Bronze	Off	62650W A0020022	UHC Bronze Copay Focus (Off Exchange Only)	0.5774	0.9994	1.0000	\$455.54	\$455.54	-				
UnitedHealthcare of Oregon, Inc. Cascade Silver	Silver	On	62650W A0020003	UnitedHealthcare of Oregon, Inc. Cascade Silver	0.5774	0.9994	1.0000	\$717.71	\$717.71	-				
UHC Silver Copay Focus	Silver	Both	62650W A0020017	UHC Silver Copay Focus	0.5774	0.9994	1.0000	\$718.08	\$718.08	-				
UHC Silver Value HSA (Off Exchange Only)	Silver	Off	62650W A0020023	UHC Silver Value HSA (Off Exchange Only)	0.5774	0.9994	1.0000	\$513.74	\$513.74	-				
UnitedHealthcare of Oregon, Inc. Cascade Silver (Off Exchange Only)	Silver	Off	62650W A0020024	UnitedHealthcare of Oregon, Inc. Cascade Silver (Off Exchange Only)	0.5774	0.9994	1.0000	\$511.28	\$511.28	-				
UHC Silver Copay Focus (Off Exchange Only)	Silver	Off	62650W A0020025	UHC Silver Copay Focus (Off Exchange Only)	0.5774	0.9994	1.0000	\$513.23	\$513.23	-				
UnitedHealthcare of Oregon, Inc. Cascade Complete Gold	Gold	On	62650W A0020001	UnitedHealthcare of Oregon, Inc. Cascade Complete Gold	0.5774	0.9994	1.0000	\$605.93	\$605.93	-				
UHC Gold Advantage	Gold	Both	62650W A0020020	UHC Gold Advantage	0.5774	0.9994	1.0000	\$600.06	\$600.06	-				
UnitedHealthcare of Oregon, Inc. Cascade Vital Gold	Gold	On	62650W A0020026	UnitedHealthcare of Oregon, Inc. Cascade Vital Gold	0.5774	0.9994	1.0000	\$569.07	\$569.07	-				
UHC Gold Value HSA (Off Exchange Only)	Gold	Off	62650W A0020027	UHC Gold Value HSA (Off Exchange Only)	0.5774	0.9994	1.0000	\$576.64	\$576.64	-				
UHC Gold Copay Focus (Off Exchange Only)	Gold	Off	62650W A0020028	UHC Gold Copay Focus (Off Exchange Only)	0.5774	0.9994	1.0000	\$592.77	\$592.77	-				

*Rounded to the nearest 16th to mirror URRT

Calculations for URRT

				URRT Item #												
				\$437.84	35.54%	4.11	4.13	4.15		4.17	4.16	4.2	4.6	4.4	4.8	
				2025 PAIR (with 1.00 area, age, & tobacco factors)	2025 - 2026 Rate Change (for RA 1, age 21, non- smoker)	\$968.95	\$118.75	\$850.20	\$105.60	\$40.63	\$1,028.49	(\$32.07)				
Plan Name	Metal	On/Off Exchange	HIOS ID	Plan Name		Allowed	Member Cost Share	Incurred	Non- Benefit Expense	Profit Margin	Premium	Risk Adjustment	Allowed Claims	Incurred Claims	Member Cost Sharing	Premium
UnitedHealthcare of Oregon, Inc. Cascade Bronze	Bronze	On	62650W A0020002	UnitedHealthcare of Oregon, Inc. Cascade Bronze	\$368.57	\$944.10	\$477.19	\$466.91	\$97.16	\$31.35	\$793.77	(\$246.56)	\$11,241,347.00	\$5,559,456.00	\$5,681,891.00	\$9,451,435.00
UHC Bronze Essential	Bronze	Both	62650W A0020005	UHC Bronze Essential		\$928.04	\$522.81	\$405.23	\$94.56	\$28.50	\$721.48	(\$246.56)	\$1,401,337.00	\$611,894.00	\$789,443.00	\$1,089,442.00
UHC Bronze Essential (Off Exchange Only)	Bronze	Off	62650W A0020006	UHC Bronze Essential (Off Exchange Only)		\$928.04	\$522.81	\$405.23	\$94.56	\$28.50	\$721.48	(\$246.56)	\$114,149.00	\$49,843.00	\$64,306.00	\$88,743.00
UHC Bronze Value HSA (Off Exchange Only)	Bronze	Off	62650W A0020008	UHC Bronze Value HSA (Off Exchange Only)		\$939.60	\$488.30	\$451.31	\$96.50	\$30.63	\$775.49	(\$246.56)	\$1,418,803.00	\$681,476.00	\$737,326.00	\$1,170,992.00
UHC Bronze Value HSA	Bronze	Both	62650W A0020021	UHC Bronze Value HSA	\$366.16	\$939.60	\$488.30	\$451.31	\$96.50	\$30.63	\$775.49	(\$246.56)	\$1,418,803.00	\$681,476.00	\$737,326.00	\$1,170,992.00
UHC Bronze Copay Focus (Off Exchange Only)	Bronze	Off	62650W A0020022	UHC Bronze Copay Focus (Off Exchange Only)		\$943.01	\$479.79	\$463.22	\$97.00	\$31.18	\$789.46	(\$246.56)	\$1,423,948.00	\$699,468.00	\$724,480.00	\$1,192,077.00
UnitedHealthcare of Oregon, Inc. Cascade Silver	Silver	On	62650W A0020003	UnitedHealthcare of Oregon, Inc. Cascade Silver	\$453.75	\$971.23	\$1,037.63	\$113.34	\$49.13	\$1,243.79	(\$27.71)	(\$27.71)	\$14,643,164.00	\$15,644,339.00	(\$1,001,175.00)	\$18,752,649.00
UHC Silver Copay Focus	Silver	Both	62650W A0020017	UHC Silver Copay Focus	\$459.56	\$971.96	(\$66.81)	\$1,038.17	\$113.36	\$49.15	\$1,244.43	(\$27.71)	\$5,685,387.00	\$6,076,416.00	(\$391,029.00)	\$7,283,630.00
UHC Silver Value HSA (Off Exchange Only)	Silver	Off	62650W A0020023	UHC Silver Value HSA (Off Exchange Only)		\$971.55	\$235.52	\$736.02	\$100.63	\$35.17	\$890.31	(\$27.71)	\$58,293.00	\$44,161.00	\$14,131.00	\$53,419.00
UnitedHealthcare of Oregon, Inc. Cascade Silver (Off Exchange Only)	Silver	Off	62650W A0020024	UnitedHealthcare of Oregon, Inc. Cascade Silver (Off Exchange Only)		\$970.22	\$237.84	\$732.38	\$100.47	\$35.00	\$886.04	(\$27.71)	\$298,828.00	\$225,573.00	\$73,255.00	\$272,902.00
UHC Silver Copay Focus (Off Exchange Only)	Silver	Off	62650W A0020025	UHC Silver Copay Focus (Off Exchange Only)		\$971.27	\$236.00	\$735.27	\$100.60	\$35.13	\$889.43	(\$27.71)	\$58,276.00	\$44,116.00	\$14,160.00	\$53,366.00
UnitedHealthcare of Oregon, Inc. Cascade Complete Gold	Gold	On	62650W A0020001	UnitedHealthcare of Oregon, Inc. Cascade Complete Gold	\$536.21	\$1,026.08	(\$195.59)	\$1,221.67	\$106.37	\$41.48	\$1,050.07	\$381.71	\$3,089,540.00	\$3,678,461.00	(\$588,921.00)	\$3,161,767.00
UHC Gold Advantage	Gold	Both	62650W A0020020	UHC Gold Advantage	\$526.09	\$1,022.39	(\$190.61)	\$1,213.00	\$106.01	\$41.08	\$1,039.91	\$381.71	\$3,126,470.00	\$3,709,356.00	(\$582,886.00)	\$3,180,035.00
UnitedHealthcare of Oregon, Inc. Cascade Vital Gold	Gold	On	62650W A0020026	UnitedHealthcare of Oregon, Inc. Cascade Vital Gold	\$1,003.30	\$1,003.30	(\$163.87)	\$1,167.17	\$104.08	\$38.95	\$986.20	\$381.71	\$3,020,932.00	\$3,514,353.00	(\$493,420.00)	\$2,969,434.00
UHC Gold Value HSA (Off Exchange Only)	Gold	Off	62650W A0020027	UHC Gold Value HSA (Off Exchange Only)		\$1,007.89	(\$170.48)	\$1,178.37	\$104.55	\$39.47	\$999.32	\$381.71	\$31,245.00	\$36,529.00	(\$5,285.00)	\$30,979.00
UHC Gold Copay Focus (Off Exchange Only)	Gold	Off	62650W A0020028	UHC Gold Copay Focus (Off Exchange Only)		\$1,017.83	(\$184.38)	\$1,202.21	\$105.55	\$40.58	\$1,027.26	\$381.71	\$31,553.00	\$37,269.00	(\$5,716.00)	\$31,845.00

UnitedHealthcare of Oregon, Inc.
2026 WA Rate Filing
Development of Non-EHB Adjustment Factor

HIOS ID	EHB Paid PMPM	Cost of Voluntary Abortion Services*	Cost of Allergy Testing Services	Cost of Accidental Dental Services	Paid PMPM Total with non-EHB	2026 Non-EHB Adjustment Factor
62650WA0020002	\$667.42	\$1.00	\$0.02	\$0.06	\$668.50	1.0016
62650WA0020005	\$600.26	\$1.00	\$0.02	\$0.06	\$601.34	1.0018
62650WA0020006	\$600.26	\$1.00	\$0.02	\$0.06	\$601.34	1.0018
62650WA0020008	\$650.43	\$1.00	\$0.02	\$0.06	\$651.52	1.0017
62650WA0020021	\$650.43	\$1.00	\$0.02	\$0.06	\$651.52	1.0017
62650WA0020022	\$663.41	\$1.00	\$0.02	\$0.06	\$664.49	1.0016
62650WA0020003	\$1,085.51	\$1.00	\$0.02	\$0.06	\$1,086.59	1.0010
62650WA0020017	\$1,086.10	\$1.00	\$0.02	\$0.06	\$1,087.18	1.0010
62650WA0020023	\$757.11	\$1.00	\$0.02	\$0.06	\$758.19	1.0014
62650WA0020024	\$753.14	\$1.00	\$0.02	\$0.06	\$754.23	1.0014
62650WA0020025	\$756.29	\$1.00	\$0.02	\$0.06	\$757.37	1.0014
62650WA0020001	\$905.53	\$1.00	\$0.02	\$0.06	\$906.62	1.0012
62650WA0020020	\$896.09	\$1.00	\$0.02	\$0.06	\$897.17	1.0012
62650WA0020026	\$846.19	\$1.00	\$0.02	\$0.06	\$847.27	1.0013
62650WA0020027	\$858.38	\$1.00	\$0.02	\$0.06	\$859.47	1.0013
62650WA0020028	\$884.34	\$1.00	\$0.02	\$0.06	\$885.43	1.0012

*Voluntary abortion services are reported as \$1.00 PMPM to reflect the minimum required amount under 45 CFR 156.280(e)(4). The actual estimated cost of these services is less than \$1.00 PMPM.

Non-EHB Adjustment	Allowed PMPM	Paid to Allowed	Cost of Service
Allergy Testing	\$0.03	73.68%	\$0.02
Accidental Dental	\$0.08	73.68%	\$0.06

UnitedHealthcare of Oregon, Inc.**2026 WA Rate Filing****Actual vs Projected****2024 Actual vs Projected Paid Claims**

2024 HIOS ID	Metal	2024 Projected Member Months	2024 Projected Paid Claim PMPM	2024 Member Months	2024 Paid Claim PMPM	2026 HIOS ID
62650WA0020001	Gold	9,789	\$864.10	9,147	\$1,555.74	62650WA0020001
62650WA0020002	Bronze	25,825	\$305.69	21,299	\$205.16	62650WA0020002
62650WA0020003	Silver	25,965	\$494.32	29,186	\$731.48	62650WA0020003
62650WA0020020	Gold	3,372	\$827.94	3,246	\$1,174.04	62650WA0020020
62650WA0020017	Silver	10,091	\$493.62	6,858	\$627.78	62650WA0020017
62650WA0020021	Bronze	5,254	\$302.14	6,495	\$243.99	62650WA0020021
Total		80,296	\$480.08	76,231	\$651.31	

2024 Actual Paid-to-Allowed

2024 HIOS ID	Metal	2024 Allowed PMPM	2024 Paid PMPM	2024 Paid-to- Allowed	2026 HIOS ID
62650WA0020001	Gold	\$1,685.21	\$1,555.74	0.9232	62650WA0020001
62650WA0020002	Bronze	\$335.66	\$205.16	0.6112	62650WA0020002
62650WA0020003	Silver	\$839.70	\$731.48	0.8711	62650WA0020003
62650WA0020020	Gold	\$1,348.11	\$1,174.04	0.8709	62650WA0020020
62650WA0020017	Silver	\$744.21	\$627.78	0.8436	62650WA0020017
62650WA0020021	Bronze	\$348.25	\$243.99	0.7006	62650WA0020021
Total		\$771.51	\$651.31	0.8442	

UnitedHealthcare of Oregon, Inc.
2026 WA Rate Filing
Development of Geographic Factors

Rating Area	2026 Projected UHC Distribution	Costs Relative to RA01	Adjustment to be within 15% Difference	Adjusted Area Factors	Final Area Factors w RA01 = 1.0
Rating Area 1	67.23%	1.0000	0.9834	0.9834	1.0000
Rating Area 2	8.91%	0.9859	1.0816	1.0664	1.0844
Rating Area 4	0.05%	0.9107	1.0264	0.9347	0.9505
Rating Area 5	17.09%	0.9144	1.0159	0.9289	0.9446
Rating Area 6	4.84%	1.0028	1.0367	1.0396	1.0571
Rating Area 7	0.46%	1.0969	0.9532	1.0455	1.0632
Rating Area 9	1.41%	0.9104	1.0416	0.9483	0.9644
All Rating Areas	100.00%	0.9834	1.0010	0.9840	1.0006

UnitedHealthcare of Oregon, Inc.

2026 WA Rate Filing

HCRP 2026 versus Prior

Projected	2022	2023	2024	2025	2026
Assessment	-\$19,665	-\$70,169	-\$207,550	-\$237,104	-\$249,287
Receipt	\$0	\$0	\$0	\$0	\$0

**2026 Projected HCRP is higher than prior years as a result of higher projected membership*

Actual	2022	2023	2024
Assessment	-\$90,448	-\$126,799	-\$178,664
Receipt	\$0	\$0	\$520,707

UnitedHealthcare of Oregon, Inc.

2026 WA Rate Filing

Company Rate Information and View Rate Review Detail

(i) Covered Lives	6,180	
(ii) Rate Change	Min	13.12%
	Max	58.51%
(iii)	Average	37.35%
(iv) 2026 Earned Premium	49,953,706	
2026 Premium Change	21,561,961	

UnitedHealthcare of Oregon, Inc.
2026 WA Rate Filing
Rate Review Detail (RRD)

Item	Description	Input
	Company Name:	UnitedHealthcare of Oregon, Inc.
	HHS Issuer ID:	62650
	Products	UHC IND EPO
	HIOS Product ID	
	HIOS Submission ID	
(i)	Number of Covered Lives as of March 2025 [1]	6,180
(ii)	Requested Rate Change Information	
(a)	Member months for 2024 experience period	76,231
(b)	Minimum Rate Change [2]	13.12%
	Maximum Rate Change [2]	58.51%
	Weighted Average Rate Change [2]	37.35%
(iii)	Prior Rate	
(a)	Projected earned premiums 2025 [3a]	\$57,734,488
	Projected incurred claims for 2025 [3b]	\$47,133,008
(b)	Minimum PMPM [3c]	\$260.91
	Maximum PMPM [3c]	\$1,721.33
(c)	Weighted Average [3d]	\$762.43
(iv)	Requested Rate	
(a)	Projected earned premiums 2026 [4]	\$49,953,706
	Projected incurred claims for 2026 [4]	\$41,294,179
(b)	Minimum PMPM [5]	\$300.85
	Maximum PMPM [5]	\$2,336.13
(c)	Initial weighted average PMPM [4]	\$1,028.49
(v)	Assumed aggregate annual trend of 9.54%. Detailed breakdown is as follows:	
	Hospital: 7.97%	
	Professional: 6.24%	
	Prescription Drugs: 19.3%	
	Other: 4.27%	

Notes

[1] UHC March 2025 membership

[2] Uniform Product Modification Justification Duplicate

[3a] 2025 SERFF filing Premium PMPM x Mar 2025 MM x 12

[3b] 2025 SERFF filing Claims PMPM x Mar 2025 MM x 12

[3c] 2025 SERFF filing

[3d] WAC 284-43-6660 Duplicate

[4] Part I Unified Rate Review Template Duplicate

[5] Rate Schedule Duplicate

New Policy Forms: POL26.I.2022.IEX.WA0001, POL26.I.2022.IEX.WA0003, POL26.I.2022.IEX.WA0005, POL26.I.2022.IEX.WA0008, POL26.I.2022.IEX.WA0022, POL26.I.2022.IEX.WA0023 POL26.I.2022.IEX.WA0027 POL26.I.2022.IEX.WA0028

Item	Description	Input
	Company Rate Change	Increase
	Overall % Indicated Change	37.35%
	Overall % Rate Impact	37.35%
	Written Premium Change for this Program	\$21,561,960.82
	Number of Policy Holders Affected for this Program	6,180
	Written Premium for this Program	\$57,734,488
	Maximum % Change	58.51%
	Minimum % Change	13.12%

UnitedHealthcare of Oregon, Inc.
2026 WA Rate Filing
Current Enrollment

Current Enrollment	
RRD	6,180
URRT Worksheet 2 Field 2.10	6,180
UPMJ Q1 Enrollment as of 3/31/2025	6,180

UnitedHealthcare of Oregon, Inc.
2026 WA Rate Filing
Projected Enrollment

Current Enrollment	
RRD	48,570
URRT Worksheet 2 Field 4.9	48,570

Projected 2026 member months of 48,570 is consistent across RRD, URRT Worksheet 2, Part II written explanation, and all Part III supporting exhibits

UnitedHealthcare of Oregon, Inc.

2026 WA Rate Filing

Medical Loss Ratio Calculation

MLR Calculation Component	Value
Calculated Incurred Claims PMPM	\$850.20
- Risk Transfer Receipt (Payment)	(\$32.07)
+ Quality Improvement Expenses	\$3.68
+ Other Adjustments	\$0.00
Total Adjusted Medical Expense	\$885.95
Calculated Overall Premium Rate PMPM	\$1,028.49
- PCORI Fees	\$0.32
- ACA Risk Adjustment Fees	\$0.20
- Exchange User Fees	\$4.30
- State Premium Taxes	\$20.57
- WSHIP	\$ 0.38
- Regulatory Surcharge	\$0.92
- WAPAL Assessment	\$ 0.06
- Insurance Fraud Surcharge	\$0.05
- Federal Income Tax	\$10.80
Total Adjusted Premium	\$990.89
Federal MLR	89.41%

UnitedHealthcare of Oregon, Inc.
2026 WA Rate Filing
Impacts of Changes 45 CFR §154.301(a)(4):

(i) Medical Trend:	The annual cost trend used to project forward the claims experience increased by 0.9% from the prior year's rate filing. An illustration of the unit cost trend development can be found in "UHC 2026 WA Rate Development Duplicate", Utilization and Costs Trend tab		
Cost Trend	PY 2025	PY 2026	Differences
	4.0%	4.9%	0.9%
(ii) Utilization Changes:	The annual utilization trend used to trend the allowed claims experience from calendar years 2024 to 2026 is 5.4% representing a 1.9% increase relative to the prior year's rate filing. An illustration of the utilization trend development can be found in "UHC 2026 WA Rate Development Duplicate", Utilization and Costs Trend tab		
Utilization Trend	PY 2025	PY 2026	Differences
	3.5%	5.4%	1.9%
(iii) Cost Sharing Changes by Plan:	We are offering 16 plans, 6 of which are renewing. Specific cost sharing changes and rate changes for the renewing plans can be found in the <i>Uniform Product Modification Justification</i> .		
(iv) Benefit Changes:	This filing is for ACA compliant plans which include state and federal mandated benefits. Benefits in 2026 that are not reflected in 2024 experience include the addition of accidental dental as non-EHBs; the benefit changes for the current and proposed plans can be found in the Uniform Product Modification Justification.		
(v) Enrollee Risk Profile Change:	We are projecting a slight increase in average member morbidity, which aligns with the 2024 experience. We're also building in an additional morbidity increase for the expiration of enhanced premium subsidies and other regulatory changes. For the morbidity buildup in Worksheet 1 of the URRRT, please see the URRT Worksheet 1, Section II Non-Trend Factors section of the "UHC 2026 WA Rate Development Duplicate" file.		
(vi) Medical Trend Actual to Expected	2024 experience trends are higher than 2023 to 2024 trends applied in 2024 pricing. Experience utilization trends are higher compared to 2023 to 2024 trends applied in 2024 pricing. Experience unit cost trends are significantly higher compared to 2023 to 2024 trends applied in 2024 pricing, mostly driven by unfavorable hospital and prescription drug experience and uncertainly regarding tariffs. Note that 2024 experience is not fully credible.		
2024 Pricing	Utilization	Unit Cost	Total
2024 Claims	3.6%	6.7%	10.5%
	9.6%	5.5%	15.6%
(vii) Changes in Reserve Needs	We are not requesting any changes to rates in this filing as a result of changes to reserve needs.		
(viii) Administrative Quality Improvements	Quality improvement expenses decreased by -9.2% from the 1/1/2025 filing. For historical QI expenses please see the "WA Exh 11 - Retention" section of the "2026 Individual Nongrandfathered Health Exhibits" file.		
Quality Improvement Expenses	PY 2025	PY 2026	Changes
	\$4.06	\$ 3.68	-9.2%
(ix) Other Administrative Changes	Other Administrative Costs increased by 5.9% from the 1/1/2025 filing. For historical administrative costs please see the "WA Exh 11 - Retention" section of the "2026 Individual Nongrandfathered Health Exhibits" file.		
Other Admin Load	PY 2025	PY 2026	Changes
Base Admin	\$55.92	\$57.41	2.7%
Broker Commissions	\$4.82	\$ 6.90	43.4%
Total	\$60.73	\$64.32	5.9%
(x) Applicable Taxes and Other Fees	Applicable taxes and fees increased by 35% from the 1/1/2025 filing. For historical taxes and fees please see the "WA Exh 11 - Retention" section of the "2026 Individual Nongrandfathered Health Exhibits" file.		
Taxes and Fees	PY 2025	PY 2026	Changes
Applicable Taxes / Fees (excluding profit load tax)	\$16.63	\$22.50	35.3%
Federal Income Tax	\$8.01	\$10.80	34.8%
Total with profit load tax	\$54.78	\$73.92	35.0%
(xi) Medical Loss Ratio	The projected Federal MLR is at least 89.41%, as calculated on the "Medical Loss Ratio Calculation" tab of the "UHC 2026 WA Rate Development Duplicate" file.		
(xii) Surplus Changes	We are requesting no change in surplus between the 2025 and 2026 filing.		
(xiii) Geographic Factor Changes	The Geographic Factors were updated to coincide with the 2026 contracting changes. Please see "Summary of Pricing Assumptions" tab of the "UHC 2026 WA Rate Development Duplicate" file for differences in prior years area factors.		
(xiv) Single Risk Pool Changes	We are not requesting any changes to the single risk pool from the 1/1/2025 filing.		
(xv) Risk Adjustment Payment Changes	Please see the "WA Exh 10 - Risk Adjustment" tab of the "2026 Individual Nongrandfathered Health Exhibits" file for changes to the Risk Adjustment for the 2026 projection period.		

UnitedHealthcare of Oregon, Inc.
2026 WA Rate Filing
Reconcile to 2024 Calendar Year ADS

	ADS	This Filing	Summary of Pooled Experience	Difference	Reconciled Amount (See Notes below)	Unreconciled Amount	Unreconciled Percent
1 Net Premium Income	\$44,819,395	\$46,981,987	\$46,981,987	-\$2,162,592	-\$2,162,592	\$0	0.0%
15 Subtotal (Lines 8-14 Incurred Claims)	\$49,203,533	\$49,649,972	\$49,649,972	-\$446,439	-\$446,439	\$0	0.0%
19 Claims Adjustment Expense and 20 Total General and Administrative	\$3,410,772	\$3,026,868	\$3,026,868	\$383,904	\$383,904	\$0	0.0%

Notes

1 Net Premium Income in ADS includes net premium income net of risk adjustment program. This filing and Summary of Pooled Experience shows direct premiums only and is not net risk adjustment.
1 Net Premium Income in ADS includes RADV accrual. This filing and Summary of Pooled Experience shows direct premiums only and does not include RADV accrual.
15 Subtotal (Lines 8-14 Incurred Claims) in ADS variance represents change in final incurred estimates net of pharmacy rebates between annual statement and filing due to claims runoff.
19 Claims Adjustment Expense and 20 Total General and Administrative difference between the ADS and this filing can be reconciled primarily due to allocation methodology, account mapping, and timing. Allocation in ADS is based project coding and account mapping used in Supplemental Healthcare Exhibit (SHCE) while this filing is based on internal Generally Accepted Accounting Principles (GAAP) accounts.

Member Months

	ADS*	URRT	Difference	% Difference
202401	6,013	5,962	-51	-1%
202402	6,013	6,082	69	1%
202403	6,013	6,018	5	0%
202404	6,381	6,036	-345	-5%
202405	6,381	6,132	-249	-4%
202406	6,381	6,305	-76	-1%
202407	6,788	6,431	-357	-5%
202408	6,788	6,539	-249	-4%
202409	6,788	6,653	-135	-2%
202410	6,746	6,679	-67	-1%
202411	6,746	6,757	11	0%
202412	6,746	6,637	-109	-2%
Total	77,784	76,231	-1,553	-2%

*Quarter end counts distributed through the quarter; Membership reported on the ADS is point in time while the URRT membership is restated as of 3/31/2025

Months of Surplus

Looking at the Annual Statement for UHC of OR:

Page 3, Line 33: Total capital and surplus 223,056,516
Page 4, Line 18: Total hospital and medical 45,287,344

Months of Surplus 59.10

UnitedHealthcare of Oregon, Inc.
2026 WA Rate Filing
Impact of Cost Sharing Changes

Plan ID (2025)	Plan ID (2026)	2025* Premium	Cost Sharing Change	Benefit Changes	Experience Changes	2026** Premium	2026 Rate Change	2025 Current Enrollment %
62650W/A0020002	62650W/A0020002	\$679.85	-1.72%	0.08%	26.59%	\$846.48	24.51%	26.9%
62650W/A0020005	62650W/A0020005							
62650W/A0020006	62650W/A0020006							
62650W/A0020008	62650W/A0020008							
62650W/A0020021	62650W/A0020021	\$662.41	-0.01%	0.08%	22.70%	\$813.40	22.79%	11.6%
62650W/A0020022	62650W/A0020022							
62650W/A0020003	62650W/A0020003	\$831.31	-0.27%	0.13%	58.73%	\$1,317.68	58.51%	36.6%
62650W/A0020017	62650W/A0020017	\$787.34	-1.74%	0.13%	59.19%	\$1,233.11	56.62%	7.8%
62650W/A0020023	62650W/A0020023							
62650W/A0020024	62650W/A0020024							
62650W/A0020025	62650W/A0020025							
62650W/A0020001	62650W/A0020001	\$887.98	-0.91%	0.10%	14.05%	\$1,004.53	13.12%	12.2%
62650W/A0020020	62650W/A0020020	\$773.40	-0.51%	0.10%	14.04%	\$878.38	13.57%	4.8%
62650W/A0020026	62650W/A0020026							
62650W/A0020027	62650W/A0020027							
62650W/A0020028	62650W/A0020028							
Total		\$771.54	-0.83%	0.10%	38.32%	\$1,066.11	37.35%	100.0%

*2025 Premium is calculated by taking the current premium for all ages within each plan ID and rating area divided by the current membership. This amount will tie to URRRT W/S 2, Section 2.11.

**2026 Premium is calculating by taking the current premium for all ages multiplied by the rate change at each plan and rating area combination and divided by the current membership.

Please see the buildup below for the full calculation

Cost Sharing Change Development				
Plan ID (2025)	Plan ID (2026)	2026 Cost Sharing Factor	2025 Cost Sharing Factor	Cost Sharing Changes
62650W/A0020002	62650W/A0020002	0.6843	0.6963	-1.72%
62650W/A0020005	62650W/A0020005	0.6495		
62650W/A0020006	62650W/A0020006	0.6416		
62650W/A0020008	62650W/A0020008	0.6925		
62650W/A0020021	62650W/A0020021	0.6928	0.6928	-0.01%
62650W/A0020022	62650W/A0020022	0.7236		
62650W/A0020003	62650W/A0020003	0.7806	0.7827	-0.27%
62650W/A0020017	62650W/A0020017	0.7831	0.7970	-1.74%
62650W/A0020023	62650W/A0020023	0.7615		
62650W/A0020024	62650W/A0020024	0.7800		
62650W/A0020025	62650W/A0020025	0.7834		
62650W/A0020001	62650W/A0020001	0.8663	0.8743	-0.91%
62650W/A0020020	62650W/A0020020	0.8513	0.8556	-0.51%
62650W/A0020026	62650W/A0020026	0.8277		
62650W/A0020027	62650W/A0020027	0.8191		
62650W/A0020028	62650W/A0020028	0.8383		

Development of 2026 Premiums									
2025 SCID	2026 SCID	Metal	Rating Area	Current Enrollment	Current Premium	2025 Age 21 Rate	2026 Age 21 Rate	Rate Change	2026 Premium
62650W/A0020001	62650W/A0020001	Gold	Rating Area 1	563	\$485,323	\$536.21	\$605.93	13.00%	\$548,423
62650W/A0020001	62650W/A0020001	Gold	Rating Area 2	49	\$54,939	\$536.21	\$657.09	22.54%	\$67,324
62650W/A0020001	62650W/A0020001	Gold	Rating Area 5	107	\$95,007	\$536.21	\$572.37	6.74%	\$101,415
62650W/A0020001	62650W/A0020001	Gold	Rating Area 6	26	\$27,371	\$536.21	\$640.54	19.46%	\$32,696
62650W/A0020001	62650W/A0020001	Gold	Rating Area 9	8	\$6,013	\$536.21	\$584.34	8.98%	\$6,553
62650W/A0020002	62650W/A0020002	Bronze	Rating Area 1	1,182	\$785,383	\$368.57	\$458.03	24.27%	\$976,018
62650W/A0020002	62650W/A0020002	Bronze	Rating Area 2	149	\$116,312	\$368.57	\$496.71	34.77%	\$156,750
62650W/A0020002	62650W/A0020002	Bronze	Rating Area 4	2	\$1,717	\$368.57	\$435.36	18.12%	\$2,028
62650W/A0020002	62650W/A0020002	Bronze	Rating Area 5	260	\$177,973	\$368.57	\$432.67	17.39%	\$208,925
62650W/A0020002	62650W/A0020002	Bronze	Rating Area 6	53	\$37,005	\$368.57	\$484.19	31.37%	\$48,614
62650W/A0020002	62650W/A0020002	Bronze	Rating Area 7	9	\$6,556	\$368.57	\$486.98	32.13%	\$8,663
62650W/A0020002	62650W/A0020002	Bronze	Rating Area 9	10	\$6,997	\$368.57	\$441.72	19.85%	\$8,385
62650W/A0020003	62650W/A0020003	Silver	Rating Area 1	1,449	\$1,186,515	\$453.75	\$717.71	58.17%	\$1,876,744
62650W/A0020003	62650W/A0020003	Silver	Rating Area 2	205	\$202,495	\$453.75	\$778.31	71.53%	\$347,337
62650W/A0020003	62650W/A0020003	Silver	Rating Area 4	3	\$3,039	\$453.75	\$682.18	50.34%	\$4,570
62650W/A0020003	62650W/A0020003	Silver	Rating Area 5	418	\$341,437	\$453.75	\$677.97	49.41%	\$510,155
62650W/A0020003	62650W/A0020003	Silver	Rating Area 6	127	\$102,021	\$453.75	\$758.70	67.21%	\$170,587
62650W/A0020003	62650W/A0020003	Silver	Rating Area 7	21	\$16,891	\$453.75	\$763.07	68.17%	\$28,405
62650W/A0020003	62650W/A0020003	Silver	Rating Area 9	38	\$27,195	\$453.75	\$692.14	52.54%	\$41,483
62650W/A0020017	62650W/A0020017	Silver	Rating Area 1	331	\$246,524	\$459.56	\$718.08	56.25%	\$385,201
62650W/A0020017	62650W/A0020017	Silver	Rating Area 2	47	\$46,179	\$459.56	\$778.71	69.45%	\$78,248
62650W/A0020017	62650W/A0020017	Silver	Rating Area 5	78	\$66,146	\$459.56	\$678.31	47.60%	\$97,632
62650W/A0020017	62650W/A0020017	Silver	Rating Area 6	19	\$15,574	\$459.56	\$759.09	65.18%	\$25,724
62650W/A0020017	62650W/A0020017	Silver	Rating Area 9	9	\$6,651	\$459.56	\$692.49	50.69%	\$10,022
62650W/A0020020	62650W/A0020020	Gold	Rating Area 1	227	\$178,894	\$526.09	\$600.06	14.06%	\$204,048
62650W/A0020020	62650W/A0020020	Gold	Rating Area 2	6	\$6,712	\$526.09	\$650.73	23.69%	\$8,302
62650W/A0020020	62650W/A0020020	Gold	Rating Area 5	50	\$34,349	\$526.09	\$566.83	7.74%	\$37,009
62650W/A0020020	62650W/A0020020	Gold	Rating Area 6	7	\$6,394	\$526.09	\$634.34	20.58%	\$7,710
62650W/A0020020	62650W/A0020020	Gold	Rating Area 7	3	\$1,597	\$526.09	\$637.99	21.27%	\$1,937
62650W/A0020020	62650W/A0020020	Gold	Rating Area 9	6	\$3,299	\$526.09	\$578.68	10.00%	\$3,629
62650W/A0020021	62650W/A0020021	Bronze	Rating Area 1	414	\$271,363	\$366.16	\$447.48	22.21%	\$331,632
62650W/A0020021	62650W/A0020021	Bronze	Rating Area 2	83	\$66,998	\$366.16	\$485.27	32.53%	\$88,792
62650W/A0020021	62650W/A0020021	Bronze	Rating Area 5	139	\$94,157	\$366.16	\$422.71	15.44%	\$108,698
62650W/A0020021	62650W/A0020021	Bronze	Rating Area 6	70	\$36,251	\$366.16	\$473.04	29.19%	\$46,833
62650W/A0020021	62650W/A0020021	Bronze	Rating Area 9	12	\$6,845	\$366.16	\$431.54	17.86%	\$8,067

UnitedHealthcare of Oregon, Inc.
2026 WA Rate Filing
1332 Waiver Checklist Calculations

Rating Area	Enrollment Distribution	Waiver, only (Members per Year)	Without Waiver (Members per Year)	Total With Waiver (Members per Year)
Rating Area 1	67.23%	8	2,714	2,721
Rating Area 2	8.91%	1	359	360
Rating Area 4	0.05%	0	2	2
Rating Area 5	17.09%	2	690	692
Rating Area 6	4.84%	1	195	196
Rating Area 7	0.46%	0	19	19
Rating Area 9	1.41%	0	57	57
Total	100.00%	11	4,036	4,048

Rating Area	Area Factors	Waiver, only Average Premium (PMPY)	Waiver, only Premium (Annualized = PMPY x Members per Year)	Without Waiver Average Premium (PMPY)	Without Waiver Premium (Annualized = PMPY x Members per Year)	Total With Waiver Average Premium (PMPY)	Total With Waiver (Annualized = PMPY x Members per Year)	Check with and without waiver average premium are equal
Rating Area 1	1.000	\$12,334.63	\$93,872.33	\$12,334.63	\$33,472,668.28	\$12,334.63	\$33,566,540.61	TRUE
Rating Area 2	1.084	\$13,376.16	\$13,485.33	\$13,376.16	\$4,808,552.32	\$13,376.16	\$4,822,037.65	TRUE
Rating Area 4	0.950	\$11,724.02	\$69.16	\$11,724.02	\$24,861.39	\$11,724.02	\$24,730.55	TRUE
Rating Area 5	0.945	\$11,651.63	\$22,544.92	\$11,651.63	\$8,038,989.31	\$11,651.63	\$8,061,534.23	TRUE
Rating Area 6	1.057	\$13,039.16	\$7,145.84	\$13,039.16	\$2,548,040.17	\$13,039.16	\$2,555,186.01	TRUE
Rating Area 7	1.063	\$13,114.29	\$688.53	\$13,114.29	\$245,513.59	\$13,114.29	\$246,202.12	TRUE
Rating Area 9	0.864	\$11,895.21	\$1,894.63	\$11,895.21	\$675,580.23	\$11,895.21	\$677,474.86	TRUE
Total	1.001	\$12,341.87	\$139,700.74	\$12,341.87	\$49,614,005.30	\$12,341.87	\$49,853,706.05	TRUE

HIOS ID	Projected Enrollment	With Waiver Projected Enrollment	Without Waiver Projected Enrollment	Total Projected Enrollment
62650W A0020002	25%	3	989	992
62650W A0020005	3%	0	125	126
62650W A0020006	0%	0	10	10
62650W A0020008	3%	0	125	126
62650W A0020021	3%	0	125	126
62650W A0020022	3%	0	125	126
62650W A0020003	31%	4	1,253	1,256
62650W A0020017	12%	1	486	488
62650W A0020023	0%	0	5	5
62650W A0020024	1%	0	26	26
62650W A0020025	0%	0	5	5
62650W A0020001	6%	1	250	251
62650W A0020020	6%	1	254	255
62650W A0020026	6%	1	250	251
62650W A0020027	0%	0	3	3
62650W A0020028	0%	0	3	3
Total	100%	11	4,036	4,048

	Waiver, only Average Spending (PMPY)	Waiver, only Spending (Annualized = PMPY x Members per Year)	Without Waiver Average Spending (PMPY)	Without Waiver Spending (Annualized = PMPY x Members per Year)	Total With Waiver Average Spending (PMPY)	Total With Waiver Spending (Annualized = PMPY x Members per Year)	Check with and without waiver average spending are equal
Total Medical Spending (Allowed)	\$11,627.44	\$131,613.99	\$11,627.44	\$46,930,459.38	\$11,627.44	\$47,062,073.37	TRUE
Member Cost Sharing	\$1,425.05	\$16,130.52	\$1,425.05	\$5,751,763.45	\$1,425.05	\$5,767,893.97	TRUE
Incurred Claims	\$10,202.39	\$15,483.47	\$10,202.39	\$41,178,695.93	\$10,202.39	\$41,294,179.40	TRUE

Q3

Rating Area	Enrollment Distribution	Total With Waiver (Members per Year)
Rating Area 1	67.23%	2,721
Rating Area 2	8.91%	360
Rating Area 4	0.05%	2
Rating Area 5	17.09%	692
Rating Area 6	4.84%	196
Rating Area 7	0.46%	19
Rating Area 9	1.41%	57
Total	100.00%	4,048

Q4

Rating Area	Enrollment Distribution	Without Waiver (Members per Year)
Rating Area 1	67.23%	2,714
Rating Area 2	8.91%	359
Rating Area 4	0.05%	2
Rating Area 5	17.09%	690
Rating Area 6	4.84%	195
Rating Area 7	0.46%	19
Rating Area 9	1.41%	57
Total	100.00%	4,036

Q5

HIOS ID	Projected Enrollment	Projected Enrollment With Waiver	Projected Enrollment Without Waiver
62650W A0020002	25%	992	989
62650W A0020005	3%	126	125
62650W A0020006	0%	10	10
62650W A0020008	3%	126	125
62650W A0020021	3%	126	125
62650W A0020022	3%	126	125
62650W A0020003	31%	1,256	1,253
62650W A0020017	12%	488	486
62650W A0020023	0%	5	5
62650W A0020024	1%	26	26
62650W A0020025	0%	5	5
62650W A0020001	6%	251	250
62650W A0020020	6%	255	254
62650W A0020026	6%	251	250
62650W A0020027	0%	3	3
62650W A0020028	0%	3	3
Total	100%	4,048	4,036

Q6	Rating Area	Area Factors	Total With Waiver Average Premium (PMPY)	Total With Waiver Members per Year (from Question 3)	Total With Waiver (Annualized = PMPY x Members per Year)
	Rating Area 1	1.000	\$12,334.63	2,721	\$33,566,540.61
	Rating Area 2	1.084	\$13,376.16	360	\$4,822,037.65
	Rating Area 4	0.950	\$11,724.02	2	\$24,730.55
	Rating Area 5	0.945	\$11,651.63	692	\$8,061,534.23
	Rating Area 6	1.057	\$13,039.16	196	\$2,555,186.01
	Rating Area 7	1.063	\$13,114.29	19	\$246,202.12
	Rating Area 9	0.964	\$11,895.21	57	\$677,474.86
	Total	1.001	\$12,341.87	4,048	\$49,953,706.05

Q7	Rating Area	Area Factors	Without Waiver Average Premium (PMPY)	Total Without Waiver Members per Year (from Question 4)	Without Waiver Premium (Annualized = PMPY x Members per Year)
	Rating Area 1	1.000	\$12,334.63	2,714	\$33,472,668.28
	Rating Area 2	1.084	\$13,376.16	359	\$4,808,552.32
	Rating Area 4	0.950	\$11,724.02	2	\$24,661.39
	Rating Area 5	0.945	\$11,651.63	690	\$8,038,989.31
	Rating Area 6	1.057	\$13,039.16	195	\$2,548,040.17
	Rating Area 7	1.063	\$13,114.29	19	\$245,513.59
	Rating Area 9	0.964	\$11,895.21	57	\$675,580.23
	Total	1.001	\$12,341.87	4,036	\$49,814,005.30

Q11	Rating Area	With Waiver Members per Year (from Question 3)	With Waiver Medical Average Allowed Spending (PMPY)	With Waiver Member Cost Sharing (PMPY)	With Waiver Incurred Claims (PMPY)	Total With Waiver Medical Allowed Spending (Annualized = PMPY x Members per Year)	Total With Waiver Member Cost Sharing (Annualized = PMPY x Members per Year)	Total With Waiver Incurred Claims (Annualized = PMPY x Members per Year)
	Rating Area 1	2,721	\$11,620.62	\$1,424.22	\$10,196.41	\$31,623,499.47	\$3,875,753.42	\$27,747,746.05
	Rating Area 2	360	\$12,601.86	\$1,544.48	\$11,057.39	\$4,542,907.98	\$556,775.54	\$3,986,132.44
	Rating Area 4	2	\$11,045.36	\$1,353.71	\$9,691.65	\$23,298.99	\$2,855.51	\$20,443.49
	Rating Area 5	692	\$10,977.16	\$1,345.35	\$9,631.81	\$7,594,882.25	\$930,623.32	\$6,664,058.93
	Rating Area 6	196	\$12,284.37	\$1,505.56	\$10,778.81	\$2,407,275.88	\$295,034.01	\$2,112,241.87
	Rating Area 7	19	\$12,355.15	\$1,514.24	\$10,840.91	\$231,950.41	\$28,427.68	\$203,522.73
	Rating Area 9	57	\$11,206.65	\$1,373.48	\$9,833.17	\$638,258.38	\$78,224.49	\$560,033.89
	Total	4,048	\$11,627.44	\$1,425.05	\$10,202.39	\$47,062,073.37	\$5,767,893.97	\$41,294,179.40

Q12	Rating Area	Without Waiver Members per Year (from Question 4)	Without Waiver Medical Average Allowed Spending (PMPY)	Without Waiver Member Cost Sharing (PMPY)	Without Waiver Incurred Claims (PMPY)	Total Without Waiver Medical Allowed Spending (Annualized = PMPY x Members per Year)	Total Without Waiver Member Cost Sharing (Annualized = PMPY x Members per Year)	Total Without Waiver Incurred Claims (Annualized = PMPY x Members per Year)
	Rating Area 1	2,714	\$11,620.62	\$1,424.22	\$10,196.41	\$31,535,061.06	\$3,864,914.47	\$27,670,146.59
	Rating Area 2	359	\$12,601.86	\$1,544.48	\$11,057.39	\$4,530,203.26	\$555,218.46	\$3,974,984.80
	Rating Area 4	2	\$11,045.36	\$1,353.71	\$9,691.65	\$23,233.84	\$2,847.52	\$20,386.31
	Rating Area 5	690	\$10,977.16	\$1,345.35	\$9,631.81	\$7,573,642.37	\$928,220.18	\$6,645,422.19
	Rating Area 6	195	\$12,284.37	\$1,505.56	\$10,778.81	\$2,400,543.68	\$294,208.91	\$2,106,334.77
	Rating Area 7	19	\$12,355.15	\$1,514.24	\$10,840.91	\$231,301.73	\$28,348.17	\$202,953.56
	Rating Area 9	57	\$11,206.65	\$1,373.48	\$9,833.17	\$636,473.43	\$78,005.73	\$558,467.70
	Total	4,036	\$11,627.44	\$1,425.05	\$10,202.39	\$46,930,459.38	\$5,751,763.45	\$41,178,695.93

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:	UnitedHealthcare of Oregon, Inc.
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.
 - 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.

Projected impact to total premiums is due to higher total projected enrollment, after including projected waiver 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**.

See 1332 Waiver Checklist tab of “UHC 2026 WA Rate Development Duplicate” for buildup

Rating Area	Enrollment Distribution	Total With Waiver (Members per Year)
Rating Area 1	67.23%	2,721
Rating Area 2	8.91%	360
Rating Area 4	0.05%	2
Rating Area 5	17.09%	692
Rating Area 6	4.84%	196
Rating Area 7	0.46%	19
Rating Area 9	1.41%	57
Total	100.00%	4,048

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.

See 1332 Waiver Checklist tab of “UHC 2026 WA Rate Development Duplicate” for buildup

Rating Area	Enrollment Distribution	Without Waiver (Members per Year)
Rating Area 1	67.23%	2,714
Rating Area 2	8.91%	359
Rating Area 4	0.05%	2
Rating Area 5	17.09%	690
Rating Area 6	4.84%	195
Rating Area 7	0.46%	19
Rating Area 9	1.41%	57
Total	100.00%	4,036

5. For the reporting issuer’s PY 2026 projected enrollment, please provide enrollment projections by plan. Provide both with-waiver and without-waiver projected enrollment. Describe how with-waiver and without-waiver assumptions differ. If no plan mix differences are expected, please explain.

The plan mix assumptions between with-waiver and without-waiver populations are the same, due to minimal projected enrollment for waiver members and limited credibility.

See 1332 Waiver Checklist tab of “UHC 2026 WA Rate Development Duplicate” for buildup

HIOS ID	Projected Enrollment	Projected Enrollment With Waiver	Projected Enrollment Without Waiver
62650WA0020002	25%	992	989
62650WA0020005	3%	126	125
62650WA0020006	0%	10	10
62650WA0020008	3%	126	125
62650WA0020021	3%	126	125
62650WA0020022	3%	126	125
62650WA0020003	31%	1,256	1,253
62650WA0020017	12%	488	486
62650WA0020023	0%	5	5
62650WA0020024	1%	26	26
62650WA0020025	0%	5	5
62650WA0020001	6%	251	250
62650WA0020020	6%	255	254
62650WA0020026	6%	251	250
62650WA0020027	0%	3	3
62650WA0020028	0%	3	3
Total	100%	4,048	4,036

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.

See 1332 Waiver Checklist tab of “UHC 2026 WA Rate Development Duplicate” for buildup

Rating Area	Area Factors	Total With Waiver Average Premium (PMPY)	Total With Waiver Members per Year (from Question 3)	Total With Waiver (Annualized = PMPY x Members per Year)
Rating Area 1	1.000	\$12,334.63	2,721	\$33,566,540.61
Rating Area 2	1.084	\$13,376.16	360	\$4,822,037.65
Rating Area 4	0.950	\$11,724.02	2	\$24,730.55
Rating Area 5	0.945	\$11,651.63	692	\$8,061,534.23
Rating Area 6	1.057	\$13,039.16	196	\$2,555,186.01
Rating Area 7	1.063	\$13,114.29	19	\$246,202.12
Rating Area 9	0.964	\$11,895.21	57	\$677,474.86
Total	1.001	\$12,341.87	4,048	\$49,953,706.05

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.

See 1332 Waiver Checklist tab of “UHC 2026 WA Rate Development Duplicate” for buildup

Rating Area	Area Factors	Without Waiver Average Premium (PMPY)	Total Without Waiver Members per Year (from Question 4)	Without Waiver Premium (Annualized = PMPY x Members per Year)
Rating Area 1	1.000	\$12,334.63	2,714	\$33,472,668.28
Rating Area 2	1.084	\$13,376.16	359	\$4,808,552.32
Rating Area 4	0.950	\$11,724.02	2	\$24,661.39
Rating Area 5	0.945	\$11,651.63	690	\$8,038,989.31
Rating Area 6	1.057	\$13,039.16	195	\$2,548,040.17
Rating Area 7	1.063	\$13,114.29	19	\$245,513.59
Rating Area 9	0.964	\$11,895.21	57	\$675,580.23
Total	1.001	\$12,341.87	4,036	\$49,814,005.30

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.

The assumptions and methodologies between with-waiver and without-waiver populations are the same, due to minimal projected enrollment for waiver members and limited credibility. Projected total premium is higher with the inclusion of projected waiver members.

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.

See 1332 Waiver Checklist tab of “UHC 2026 WA Rate Development Duplicate” for buildup

Rating Area	With Waiver Members per Year (from Question 3)	With Waiver Medical Average Allowed Spending (PMPY)	With Waiver Member Cost Sharing (PMPY)	With Waiver Incurred Claims (PMPY)	Total With Waiver Medical Allowed Spending (Annualized = PMPY x Members per Year)	Total With Waiver Member Cost Sharing (Annualized = PMPY x Members per Year)	Total With Waiver Incurred Claims (Annualized = PMPY x Members per Year)
Rating Area 1	2,721	\$11,620.62	\$1,424.22	\$10,196.41	\$31,623,499.47	\$3,875,753.42	\$27,747,746.05
Rating Area 2	360	\$12,601.86	\$1,544.48	\$11,057.39	\$4,542,907.98	\$556,775.54	\$3,986,132.44
Rating Area 4	2	\$11,045.36	\$1,353.71	\$9,691.65	\$23,298.99	\$2,855.51	\$20,443.49
Rating Area 5	692	\$10,977.16	\$1,345.35	\$9,631.81	\$7,594,882.25	\$930,823.32	\$6,664,058.93
Rating Area 6	196	\$12,284.37	\$1,505.56	\$10,778.81	\$2,407,275.88	\$295,034.01	\$2,112,241.87
Rating Area 7	19	\$12,355.15	\$1,514.24	\$10,840.91	\$231,950.41	\$28,427.68	\$203,522.73
Rating Area 9	57	\$11,206.65	\$1,373.48	\$9,833.17	\$638,258.38	\$78,224.49	\$560,033.89
Total	4,048	\$11,627.44	\$1,425.05	\$10,202.39	\$47,062,073.37	\$5,767,893.97	\$41,294,179.40

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.

See 1332 Waiver Checklist tab of “UHC 2026 WA Rate Development Duplicate” for buildup

Rating Area	Without Waiver Members per Year (from Question 4)	Without Waiver Medical Average Allowed Spending (PMPY)	Without Waiver Member Cost Sharing (PMPY)	Without Waiver Incurred Claims (PMPY)	Total Without Waiver Medical Allowed Spending (Annualized = PMPY x Members per Year)	Total Without Waiver Member Cost Sharing (Annualized = PMPY x Members per Year)	Total Without Waiver Incurred Claims (Annualized = PMPY x Members per Year)
Rating Area 1	2,714	\$11,620.62	\$1,424.22	\$10,196.41	\$31,535,061.06	\$3,864,914.47	\$27,670,146.59
Rating Area 2	359	\$12,601.86	\$1,544.48	\$11,057.39	\$4,530,203.26	\$555,218.46	\$3,974,984.80
Rating Area 4	2	\$11,045.36	\$1,353.71	\$9,691.65	\$23,233.84	\$2,847.52	\$20,386.31
Rating Area 5	690	\$10,977.16	\$1,345.35	\$9,631.81	\$7,573,642.37	\$928,220.18	\$6,645,422.19
Rating Area 6	195	\$12,284.37	\$1,505.56	\$10,778.81	\$2,400,543.68	\$294,208.91	\$2,106,334.77
Rating Area 7	19	\$12,355.15	\$1,514.24	\$10,840.91	\$231,301.73	\$28,348.17	\$202,953.56
Rating Area 9	57	\$11,206.65	\$1,373.48	\$9,833.17	\$636,473.43	\$78,005.73	\$558,467.70
Total	4,036	\$11,627.44	\$1,425.05	\$10,202.39	\$46,930,459.38	\$5,751,763.45	\$41,178,695.93

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.

The assumptions and methodologies between with-waiver and without-waiver populations are the same, due to minimal projected enrollment for waiver members and limited credibility. Projected total costs are higher with the inclusion of projected waiver members.

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.

We are not assuming any differences between the waiver and without waiver population as it relates to risk; therefore, there is no impact on our risk adjustment projections for the waivers.

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.

There is no assumed impact to the administrative expense projections for the waiver population.

Section II - For Informational Purposes as Background Information

The state is required to submit the [following information to CMS](#) on an annual basis.

- (a) The final Second Lowest Cost Silver Plan (SLCSP) rates for individual health insurance coverage for a representative individual (e.g., a 21-year-old non-smoker) in each rating area or service area (if premiums vary by geographies smaller than rating areas) for the applicable plan year that are actuarially certified. Also include the actuarial memoranda;
- (b) The estimate of what the final SLCSP rates for individual health insurance coverage for a representative individual in each rating area or service area (if premiums vary by geographies smaller than rating areas) would have been absent approval of this waiver for the applicable plan year, that are actuarially certified. The state must include with this information the methods and assumptions the state used to estimate the final SLCSP rates and state's estimate of what the final SLCSP rates would have been absent approval of the waiver for each rating area or service area absent approval of this waiver. Also include the actuarial memoranda;
- (c) From each issuer, the estimate of the total amount of all premiums expected to be paid for individual health insurance coverage for the applicable plan year;

- (d) From each issuer, the estimate of the total premiums that would have been expected to be paid for individual health insurance coverage for the applicable plan year without the waiver;
- (e) From each issuer, the estimate of the total amount of all medical spending expected to be paid for individual health insurance enrollees for the applicable plan year, along with any underlying analyses;
- (f) From each issuer, the estimate of the total amount of all medical spending that would have been expected to be paid for individual health insurance enrollees for applicable plan year without the waiver, along with any underlying analyses;
- (g) The state specific age curve premium variation for the current and upcoming plan year;
- (h) Reports of the estimated total state subsidy program reimbursements for the upcoming plan year;
- (i) Reports of the total enrollment estimates for individual health insurance coverage, both with and without the waiver for the upcoming plan year;
- (j) An explanation of why the experience for the upcoming plan year may vary from previous estimates and how assumptions used to estimate the impact have changed. This includes an explanation of changes in the estimated impact of the waiver on aggregate premiums, the estimated impact to the SLCS rates, and the estimated impact on enrollment. The state should also explain changes to the estimated state subsidy program estimates relative to prior estimates.



UnitedHealthcare of Oregon, Inc.

Part III: Actuarial Memorandum

Washington 2026 Individual Exchange Rates

May 15, 2025



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1 Actuarial Memorandum

This memorandum documents the development of individual market health insurance premium rates for UnitedHealthcare of Oregon, Inc. (“UHCOR”). UHCOR is offering individual health insurance products on and off the Exchange in the Bronze, Silver, and Gold metal tiers, with the premium rates documented in this memorandum effective January 1, 2026. The proposed plans are shown in Appendix A.

Considerations for Cost Sharing Reduction Funding (CSR)

The rates presented and submitted here were developed assuming that CSR payments are not funded by the federal government in 2026 and the cost of these payments will instead be funded through member premiums and Advanced Premium Tax Credits (APTC). The submission of these rates does not guarantee that UHCOR will continue to participate in the individual market in 2026.

2 General Information Section

Company Identifying Information

Company Legal Name:	UnitedHealthcare of Oregon, Inc.
State:	Washington
HIOS Issuer ID:	62650
NAIC Number	95893
SERFF Tracking No	UHLIC-134513588
Market:	Individual
Effective Date:	January 1, 2026

Company Contact Information

Primary Contact Name:	Blake Harris
Primary Contact Telephone Number:	(415) 547-5268
Primary Contact Email Address:	blake.harris@uhc.com

3 Proposed Rate Changes

UHCOR will sell individual policies with an effective date of January 1, 2026. The 2026 aggregate rate increase as shown in the URRT is 32.44%. Rate changes by plan are found in Worksheet 2, row 1.11 of the URRT. The composite rate increase for all plans, based on projected membership, is illustrated as the total in the table below. The quantitative impact for all significant factors driving the proposed rate change is shown in the table below.



Components of Rate Change	% Change
Base Experience	1.76%
Trend	8.81%
Change in Morbidity	2.70%
Demographic Shifts	0.03%
Plan Design Changes	3.33%
Reinsurance	0.00%
Risk Adjustment	2.57%
Exchange User Fees	-0.26%
Benefit Design and CSR Load	12.66%
Provider Network	-1.98%
Benefits in Addition to EHBs	-0.08%
Admin, Taxes and Fees, IOI	-2.87%
Other	2.77%
Total	32.44%

Given that the rate changes are based on the same single risk pool, the rate changes vary by plan due to plan design changes. The explanation of rate changes below are from the experience to the projection period unless otherwise indicated.

- **Base Experience** reflects the change in our expected 2025 allowed claim level to provide essential health benefits from our 2025 to our 2026 pricing build ups.
- **Trend** indicates the allowed level trends from 2025 to 2026.
- **Change in Morbidity** captures the expected changes to UHCOR and Washington level morbidity of the population.
- **Demographic Shifts** explain expected changes in the age, gender and metal mix selection of the population.
- **Plan Design Changes** estimates Washington or federal rating requirements that are not captured through the Actuarial Value and Cost-Sharing Design values for each plan.
- **Reinsurance** displays the expected change, if any, to the Index Rate due to state reinsurance programs.
- **Risk Adjustment** reflects the expected change to the Index Rate due to the federal risk adjustment program. The estimate is net of any state reinsurance program.
- **Exchange User Fees** reflects the expected change, if any, to the rate level on account of federal and state Marketplace user fees.
- **Benefit Design and CSR Load** indicates the premium-weighted average change in the renewing plan-specific Actuarial Value and Cost Sharing Design factors from 2025 to 2026.
- **Provider Network** shows the premium-weighted average change in the renewing plan-specific provider network factors from 2025 to 2026.
- **Benefits in Addition to EHBs** showcase anticipated costs due to supplementary benefits.
- **Admin, Taxes and Fees, Internal Operating Income (IOI)** capture the premium-weighted average change in the renewing plan-specific administrative costs factors from 2025 to 2026.
- **Other** reflects any changes to the rates not already captured above. Some allowance has been made for rounding error.

There might be small differences compared to the URRT due to rounding error.



Explicit aggregate rate change calculation can be found in two places in this filing: the Uniform Product Modification Justification Q5 and the URRT Part 1 Worksheet 2 Fields 1.12 and 1.13. There are a few differences in how these rate changes are calculated. The URRT only uses renewal plans while the UPMJ uses both renewal and mapped plans. The URRT uses total premium weighted while the UPMJ uses a member weighted. The rate change by plan is identical in both templates.

4 Market Experience

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

Paid Through Date: April 1, 2025

Current Date: April 1, 2025

Allowed and Incurred Claims Incurred During the Experience Period

Allowed claims and incurred claims are pulled from the same source(s) and calculated using a similar methodology. Only claim amounts for members in the Individual Single Risk Pool for claims which have already been processed are included in our claims data (incomplete claims). Pharmacy rebates are processed outside the claims system and are equal on an incurred and allowed basis. These have been offset against the claims processed through the issuer's claim system.

A set of completion factors is applied to the incomplete claims to develop the expected allowed and incurred claims for the experience period.

	Allowed Claims	Incurred Claims
Claims processed through issuer's claims system for experience period and paid through date above	\$56,420,680	\$47,579,385
Estimate of claims incurred but not paid (IBNP) as of paid through date above	\$2,392,483	\$2,070,587
Estimated claims incurred during experience period	\$58,813,163	\$49,649,972

The same methodology was used to develop the estimate of claims incurred but not paid for both allowed claims and incurred claims in the experience period. The methodology incorporates estimates based upon developed completion factors. Model results are evaluated for reasonableness and actuarial judgment may be applied.

The claims used to develop completion factors reflect the experience period claims for the information submitted. The incurred but not paid claims are not unusually high or unusually low relative to the experience period claims paid.



4.2 *Benefit Categories*

Claims processed through UHCOR's systems were mapped to the benefit categories in Worksheet 1, Section II of the URRT based on where services were administered and the types of medical services rendered.

- **Inpatient Hospital** includes non-capitated facility services for medical, surgical, maternity, mental health and substance abuse, skilled nursing, and other services provided in an inpatient facility setting and billed by the facility.
- **Outpatient Hospital** includes non-capitated facility services for surgical, emergency room, laboratory, radiology, therapeutic, observation, and other services provided in an outpatient facility setting and billed by the facility.
- **Professional** includes non-capitated primary care, specialist care, therapeutic, the professional component of laboratory and radiology, and other professional services, other than hospital based professionals whose payments are included in facility fees.
- **Other Medical** includes non-capitated ambulatory, home health care, durable medical equipment, prosthetics, supplies, vision exams, dental services and other services.
- **Capitation** includes all services provided under one or more capitated agreements.
- **Prescription Drug** includes drugs dispensed by a pharmacy. This amount is net of rebates received from drug manufacturers.

The benefit categories were defined by our claims department using standard industry definitions.

4.3 *Projection Factors*

The following describes the factors used to project experience period allowed claims to the 2026 projection period.

4.3.1 Trend Factors

A trend assumption was applied to translate 2024 experience year claims costs to calendar year 2026 claims costs.

The assumptions shown in "Year 1 Trend" and "Year 2 Trend" of Worksheet 1 of the URRT represent 12 months of ongoing increases in utilization, unit costs, and technology. The combined, annualized trend assumption implied is 7.4%. This assumption is based on a review of recent rate filings in the Washington market, expected changes in unit costs for provider contracting, an evaluation of trends observed in UnitedHealthcare's nationwide Individual ACA business and actuarial judgment. This trend assumption does not include any expected changes in demographics, morbidity or benefit changes.

To account for uncertainty regarding tariffs and/or the onshoring of manufacturing and their impact on total medical costs, most notably on pharmaceuticals, a total price impact of 2.20% is built into the initially submitted rate filing. UHC would like to reserve the right to adjust the initially submitted impact as more clarity becomes available.



4.3.2 Adjustments to Trended EHB Allowed Claims PMPM

This section explains adjustments other than trend that are made to the Experience Period claims in order to develop the projected Index Rate.

Morbidity Adjustment

The Morbidity Adjustment factor is 1.027 as shown on Worksheet 1 of the URRT.

MORBIDITY

An adjustment was applied to account for anticipated changes in UHCOR internal morbidity levels. This adjustment was developed by re-weighting experience period allowed claims by the projected member mix and normalizing for anticipated changes in demographics and benefits. The factors used in the calculation of the adjustment are consistent with that of the risk adjustment transfer calculation described in Section 4.3.6.

Demographic Shift

The Demographic Shift adjustment factor is 1.000 as shown on Worksheet 1 of the URRT.

AGE

An adjustment was applied to account for anticipated changes in the distribution of members by age. The projected distribution of members by age was developed based on the membership mix as of April 1, 2025 with additional consideration to the current Individual ACA Open Enrollment Period reports and the regulatory landscape. Experience period allowed claims were re-weighted by the projected age mix. The difference in claim levels before and after re-weighting determined the impact of age differences.

GEOGRAPHY

A geographic adjustment was applied to account for anticipated changes in the distribution of members by rating region. The projected distribution of members by rating region was developed based on the membership mix as of April 1, 2025 and is consistent with the description provided in Section 6.2. The proposed rating factors by rating region were used to develop the adjustment.

Plan Design Changes

The Plan Design Changes adjustment factor is 1.033 as shown on Worksheet 1 of the URRT.

CHANGES TO EHB INDEX

An adjustment was applied to account for changes to the state benchmark plan. The adjustment uses the calculated impact from the report published by Wakely on April 1, 2024 titled "Benchmark Plan Benefit Valuation Report".



INDUCED DEMAND

An adjustment was applied to account for anticipated changes in induced demand levels. The adjustment was developed by comparing the calculated average induced demand factor in the experience and projection periods. The federal induced demand factors (i.e., 1.00, 1.03, and 1.08 for Bronze, Silver, and Gold metal levels) were used to develop the adjustment.

GATEKEEPER

An adjustment was applied to account for anticipated changes in allowed claims levels due to the change in gatekeeper requirements for the projection year plan offerings.

MAMMOGRAPHY

An adjustment was applied to account for anticipated changes in mammography claims due to new cost sharing regulations effective January 1, 2024. The adjustment was developed using UnitedHealthcare of Oregon, Inc.'s Washington experience to project the increase in plan paid claims in 2026.

Other

The Other adjustment factor is 1.010 as shown on Worksheet 1 of the URRT.

PROVIDER CONTRACTING

An adjustment was applied to account for anticipated changes in provider contracting. This adjustment is separate from and does not double count the impact of unit cost trends.

PRICING AV GUARDRAILS

An adjustment was applied to account for the plan-specific Pricing AV guardrails set by WAC 284-43-6810.

TOBACCO ADJUSTMENT

An adjustment was applied to account for the removal of the tobacco surcharge effective January 1, 2026.

4.3.3 Manual Rate Adjustments

A description of the manual rate adjustments used follows.

Source and Appropriateness of Experience Data Used

UnitedHealthcare Individual ACA experience claims, membership and premium was used to develop the manual rate ("UHC manual data"). The individual experience data informed the utilization pattern (types of services, underlying morbidity level, etc.) that was used to build up the manual rate.

Average trends from comparable UnitedHealthcare business were used to trend the data.



The preliminary CMS risk adjustment report for 2024 was also used to study market average morbidity in Washington.

Adjustments Made to the Data

The base period allowed PMPMs were adjusted for items including differences in membership mix by provider contracts, trend, and morbidity. Below is a summary of the methodology and source information for the adjustments.

TREND FACTORS

Trend estimates used in the UHCOR 2026 rate development were based on a review of recent rate filings in the Washington market, expected changes in unit costs for provider contracting, an evaluation of trends observed in UnitedHealthcare's nationwide Individual ACA business and actuarial judgment. This trend assumption does not include any expected changes in demographics, morbidity or benefit changes.

To account for uncertainty regarding tariffs and/or the onshoring of manufacturing and their impact on total medical costs, most notably on pharmaceuticals, a total price impact of 2.20% is built into the initially submitted rate filing. UHC would like to reserve the right to adjust the initially submitted impact as more clarity becomes available.

MORBIDITY

An adjustment was applied to account for anticipated changes between the UHC manual data and projected 2026 UHCOR internal morbidity levels. The adjustment was developed by comparing risk scores normalized for demographics and benefits. The factors used in the calculation of the adjustment are consistent with that of the risk adjustment transfer calculation described in Section 4.3.6.

AGE

An adjustment was applied to account for anticipated changes in the distribution of members by age. The projected distribution of members by age was developed based on the membership mix as of April 1, 2025 with additional consideration to the current Individual ACA Open Enrollment Period reports and the regulatory landscape. Experience period allowed claims were re-weighted by the projected age mix. The difference in claim levels before and after re-weighting determined the impact of age differences.

GEOGRAPHY

A geographic adjustment was applied to account for anticipated differences between the UHC manual data, Washington and the service areas UHCOR intends to service. The projected distribution of members by rating region was developed based on the UHCOR membership mix as of April 1, 2025 and informed by similar distributions in current Individual ACA Open Enrollment Period reports.



CHANGES TO EHB INDEX

An adjustment was applied to account for changes to the state benchmark plan. The adjustment uses the calculated impact from the report published by Wakely on April 1, 2024 titled "Benchmark Plan Benefit Valuation Report".

INDUCED DEMAND

An adjustment was applied to account for anticipated changes in induced demand levels between the UHC manual data and Washington. The adjustment was developed by comparing the calculated average induced demand factor in the experience and projection periods. The federal induced demand factors (i.e., 1.00, 1.03, and 1.08 for Bronze, Silver, and Gold metal levels) were used to develop the adjustment.

GATEKEEPER

An adjustment was applied to account for anticipated changes in allowed claims levels due to the change in gatekeeper requirements for the projection year plan offerings.

MAMMOGRAPHY

An adjustment was applied to account for anticipated changes in mammography claims due to new cost sharing regulations effective January 1, 2024. The adjustment was developed using UnitedHealthcare of Oregon, Inc.'s Washington experience to project the increase in plan paid claims in 2026.

PROVIDER CONTRACTING

UHCOR's projected provider contracted rates in each rating area were analyzed relative to contracts comprising the UHC manual data experience. The contracts were provided as a percent of Medicare payment rates in 2026. UHC manual data has also been re-priced on a percent of Medicare basis. These reference based pricing levels for the UHC manual data and UHCOR 2026 contracts were used to adjust the UHCOR unit cost to expected UHCOR 2026 unit costs. Pharmacy costs were trended using from the experience to the projection period.

PRICING AV GUARDRAILS

An adjustment was applied to account for the plan-specific Pricing AV guardrails set by WAC 284-43-6810.

TOBACCO ADJUSTMENT

An adjustment was applied to account for the removal of the tobacco surcharge effective January 1, 2026.

PHARMACY REBATES

An adjustment was applied to account for anticipated pharmacy rebates differences between the UHC manual data and projected UHCOR values. This adjustment is separate from and does not double count the impact of unit cost trends.



Inclusion of Capitation Payments

Pediatric vision services are capitated for plan year 2026.

4.3.4 Credibility of Experience

UHCOR has assigned 88.7% credibility to its experience period data. The experience has been appropriately adjusted and weighted with the manual rate to reflect the material changes anticipated between the experience period and the projection period.

The manual rate's allowed PMPM medical costs were developed using UnitedHealthcare Individual ACA 2024 market data. This data contains detailed claims and membership information for members covered by Individual ACA non-grandfathered plans. The data was trended to 2026. Provider contracting adjustments were made to reflect the payment rates and expected degree of utilization management and drug rebates. The data was also adjusted to reflect Washington state average morbidity using the preliminary CMS risk adjustment report and comparing the risk scores normalized for actuarial values between the UnitedHealthcare and the risk adjustment report.

The following formula was used for assigning credibility to the experience period:

$$Z = \min \left[1, \left(\frac{MM}{FC} \right)^{.5} \right]$$

Where,

- Z is the credibility percentage applied to the experience data,
- MM is the experience period member months and
- FC is the member months required for full credibility

The determination of full credibility depends on the assumed variation in the claim experience. It was based on an application of classical credibility theory and actuarial judgement. Full credibility is assigned to 97,000 member months and was determined based on the number of randomly selected individuals needed to have a probability of 95% of being within 10% of the expected claim amount. The credibility threshold was calculated using random samples from a large database containing ACA members and claims.

Consideration was given to guidance provided in Actuarial Standards of Practice #25, *Credibility Procedures*.

4.3.5 Establishing the Index Rate

As shown on Worksheet 1 of the URRT, the Index Rate for this filing is \$940.27. It estimates the total combined allowed claims PMPM for essential health benefits in the Washington Individual market.

4.3.6 Development of the Market-wide Adjusted Index Rate

The Market-wide Adjusted Index Rate (MAIR) for the projection period is \$980.34 as shown on Worksheet 1 of the URRT. The MAIR is calculated as the Index Rate adjusted for all allowable



market-wide modifiers defined in the market rating rules, 45 CFR 156.80(d)(1). The Index Rate and market level adjustments are on an allowed claims basis.

Projected Index Rate for January 1, 2026	\$940.27
Reinsurance	\$0.00
Risk Adjustment Payment/Charge	-\$35.17
Exchange User Fees	0.50%
Market-wide Adjusted Index Rate	\$980.34

Reinsurance

UHCOR does not expect any reinsurance recoveries from federal or state reinsurance programs.

Risk Adjustment Payment/Charge

The projection period risk adjustment charge was developed by estimating the individual components of the risk adjustment transfer formula (e.g., PLRS, AV, etc.) for both UHCOR and the statewide average. The experience period risk adjustment transfer amount is based on the preliminary CMS summary report for benefit year 2024. A description of the development of each component is described below:

- PLRS: the average 2024 risk score as provided in the preliminary CMS summary report for benefit year 2024 adjusted for expected changes in risk score coefficients we anticipate will occur from 2024 to 2026.
- IDF: the average induced demand factor based on the federal induced demand factors (i.e., 1.00, 1.03, and 1.08 for Bronze, Silver, and Gold metal levels) and projected distribution of members by metal level
- GCF: the average geographic factor as provided in the preliminary CMS summary report for 2024 average GCF and adjusted for anticipated changes in the distribution of members by rating region
- ARF: the average age factor based on the federally prescribed 3:1 age curve and projected distribution of members by age
- AV: the average metal AV factor based on the projected distribution of members by metal level
- Statewide average premium: the reported 2024 statewide average premium from the preliminary CMS summary report adjusted for anticipated market-wide rate increases we anticipate will occur from 2024 to 2026.

The projected risk adjustment payable/receivable was converted to an allowed basis when developing the MAIR.

The risk adjustment fee of \$0.20 PMPM was incorporated into 2026 rates and included within the taxes and fees.

The projected risk adjustment payable/receivable includes the projected HCRP assessment on an allowed basis. No HCRP recoveries are assumed within these rates and no adjustments are assumed for RADV. Risk adjustment transfers were applied at the market level in the development of the market adjusted index rate



Exchange User Fees

The 2026 Washington Exchange User Fee is \$4.30 PMPM. We applied the fee to 84.1% of UHCOR's expected enrollment to come from within the Exchange, \$4.30 PMPM was included in the development of the MAIR.

4.4 *Plan Adjusted Index Rate*

The Plan Adjusted Index Rates (PAIR) were developed by applying allowable plan level adjustments to the MAIR. The allowable plan-level adjustments are shown in Appendix C.

The following describes how each component of the adjustment was developed.

Actuarial Value and Cost-Sharing Design

The Pricing AVs reflecting the actuarial value and cost-sharing design of each plan was developed using a simulation methodology whereby a large dataset of Individual ACA enrollment and claims were calibrated to the market population and member-level claims were re-adjudicated using the cost-sharing parameters of each plan design. Each plan was developed using the same dataset and population adjusted only for the expected induced utilization by metal level ensuring the same risk profile informs all Pricing AVs.

Induced Demand Factors

Induced Demand factors were calculated using Pricing AVs inputted in the Federal induced demand formula, shown below, as required by regulation WAC 284-43-6810:

$$\text{Induced Demand Factor} = 1.24 - \text{AV} + \text{AV}^2$$

CSR LOAD

We have included an adjustment to the filed plans to reflect the impact of CSRs no longer being funded by the federal government. The regulation still requires CSR variant plans to be offered to low-income members, under the same federal AV requirements (keeping similar plan design and cost sharing structures as the current regulations), but the subsidy amounts will instead be a liability to the insurers and not the government. To reflect the additional cost of the CSRs on the Silver plans to UHCOR, we have increased the Pricing AVs.

As requested in the bulletin published by CMS on May 2, 2025 titled "Plan Year 2026 Individual Market Rate Filing Instructions", UHC's estimated CSR payment for 2024 is \$1,649,133. The estimated CSR payment was determined by comparing actual 2024 incurred claims for members enrolled in a CSR variant against claims re-adjudicated under the base variant plan design. The Silver load by plan was determined by comparing projected 2026 pricing AVs by CSR variant, blended by the projected distribution of members by CSR variant, against the base variant pricing AV. Across all Silver on-Exchange plans, the average 2026 Silver load is 1.1907.

We have applied a Silver load consistent with the filing requirements in Washington. The Silver load is anticipated to produce more revenue than the CSR payment made if funded by the federal government.



NON-HYDE ABORTION

Consistent with 45 CFR 156.280(e)(4), we made an adjustment to the Pricing AVs associated with non-Hyde abortion services. This adjustment is offset by adding \$1.00 PMPM as a plan level non-EHB adjustment, as described in the “Benefits in Addition to EHBs” below.

Provider Network, Delivery System Characteristics and Utilization Management Practices

The network factors represent the unit cost differences between the various networks. The network factors do not reflect morbidity differences or selection impact by network. The network factors were calibrated.

Benefits in Addition to EHBs

UHCOR will offer benefits in addition to EHBs in Washington. These benefits include allergy testing and accidental dental services.

An adjustment has been applied for voluntary abortion service coverage required by the state. This cost has been estimated using the mandatory minimum of \$1.00 PMPM per 45 CFR 156.280(e)(4), although the actual estimated costs for these services is less than this amount.

Administrative Costs

Non-benefit administrative costs were applied on a percent of premium basis and on PMPM basis. They are bucketed into three categories as shown on Worksheet 2 of the URRT: (1) administrative expenses, (2) taxes and fees and (3) profit and risk load.

ADMINISTRATIVE EXPENSE

UHCOR expects to incur \$52.51 PMPM in general administrative expenses for the individual ACA block of business in Washington for 2026. We expect to incur an additional \$6.90 PMPM in broker commissions over this period.

Health Care Quality Improvement and Fraud Detection Expenses were estimated as 0.37% of premium and were included in the administrative expense load.

The administrative expense load does not vary between metal levels.

TAXES AND FEES

Taxes and regulatory fees included in the development of 2026 rates include the following:

- Risk Adjustment User Fee: \$0.20 PMPM
- PCORI Fee: \$0.32 PMPM
- State Premium Tax: 2.00% of premium
- WSHIP Fee: \$0.38 PMPM
- WAPAL Assessment: \$0.06 PMPM
- Regulatory surcharges: 0.09% of premium
- WA Ins Fraud surcharge: 0.01% of premium
- Federal Income Tax: 1.05% of premium
- Health Insurer Fee: 0% of premium



The Exchange User Fee load is not included here. It was previously built into the MAIR as discussed in Section 4.3.6.

PROFIT AND RISK LOAD

The proposed 2026 premiums allocate 3.95% to profit and risk margin on a post-tax basis. This filing does not propose a decrease to profit margin. The same load is applied to all plans as a percent of premium.

Catastrophic Plans

UHCOR will not offer Catastrophic plans in Washington for 2026.

4.5 Calibration

Age Curve Calibration

The approximate age calibration factor is 0.5774. It was determined as follows:

$$ACF = \frac{\sum Members}{\sum Members * Age Factor}$$

Where:

- ACF is the age calibration factor,
- Members are the projected members and
- Age Factor is the rating factor associated with each member.

An age factor of 0 is used for members who are not expected to pay premium.

Section 4.6 demonstrates how the PAIRs and age curve are used to generate a schedule of premiums.

Geographic Factor Calibration

The geographic calibration factor is 0.9994. It was determined as follows:

$$GCF = \frac{\sum Members}{\sum Members * Area Factor}$$

Where:

- GCF is the geographic calibration factor,
- Members are the projected members and
- Area Factor is the rating factor associated with each member.

Geographic area factors are calculated based upon expected reimbursement rates UHCOR aims to achieve by rating area. These factors are relative to the membership-weighted average reimbursement rate for all areas UHCOR will service in Washington. The state rating factor only



reflects differences in the costs of delivery (which can include unit cost and provider practice pattern differences) and not differences in population morbidity by geographic area.

Section 4.6 demonstrates how the PAIRs and area factors are used to generate a schedule of premiums.

Tobacco Use Rating Factor Calibration

The tobacco calibration factor is 1.0000. It was determined as follows:

$$TCF = \frac{\sum Members}{\sum Members * Tobacco Factor}$$

Where:

- TCF is the tobacco calibration factor,
- Members are the projected members and
- Tobacco Factor is the rating factor associated with each member.

Washington OIC requires issuers to set the tobacco rating multiplier at 1.0 for all individual plans that will be offered starting with the 2026 plan year to be eligible for Cascade Care Savings.

Application of Calibration Factors

The age, geographic and tobacco calibration adjustments are not plan specific. These adjustments are applied uniformly to all plans.

The age rating curve used by UHCOR in Washington is the curve indicated in the HHS Notice of Benefit and Payment Parameters for 2018 Final Rule.

4.6 Consumer Adjusted Premium Rate Development

The member's premium rate is calculated by first multiplying the PAIR by the calibration factors. This is the Calibrated PAIR, which is shown on Worksheet 2, row 3.14 of the URRT. The result can then be multiplied by the member's specific age, geographic and tobacco rating factors to determine the approximate member rate.

$$CPAIR = PAIR \times ACF \times GCF \times TCF$$

$$CAPR = CPAIR \times Age Factor \times Geographic Factor \times Tobacco Factor$$

Where:

- CPAIR is the Calibrated Plan Adjusted Index Rate,
- PAIR is the Plan Adjusted Index Rate,
- ACF is the age calibration factor,
- GCF is the geographic calibration factor,
- TCF is the tobacco calibration factor,
- CAPR is the Consumer Adjusted Premium Rate and
- Area, Geographic and Tobacco Factors are the rating factors associated with each member.



The premium for family coverage is determined by summing the premiums for each individual family member, provided at most three child dependents under age 21 are taken into account.

The rate manual and a demonstration of how the allowable rating factors are applied to the Calibrated PAIR to determine the Consumer Adjusted Premium Rate are shown in Appendix B.

5 Projected Loss Ratio

The projected minimum loss ratio (MLR) for the individual line of business is 90.07%. This was calculated using the federally prescribed MLR methodology.

UHCOR does not anticipate paying out consumer rebates for the 2026 calendar year. Taxes and regulatory fees were excluded from premium in the calculation of this value. The calculation for the projected federal MLR is included in Appendix D.

6 Plan Product Information

6.1 *AV Metal Values*

The federal Actuarial Value Calculator was used to generate the AV metal tiers shown on Worksheet 2, row 1.5 of the URRT. Please refer to the Unique Plan Design Justification and Documentation document for the impact of plans and cost sharing inputs modifications made in order to enter these into the federal Actuarial Value Calculator.

6.2 *Membership Projections*

The total membership projections for 2026 were based upon internal modeling of market share estimates for the Washington counties we intend to service. The percentage of membership distributions by metal tier and variant was based on the metal, cost-sharing subsidy variants and rating area/county distribution enrollments for Washington from actual UHCOR enrollment and informed by current Individual ACA Open Enrollment Period reports. Refinements to this data are applied for strategic initiatives and actuarial judgment.

Projected enrollment in cost-sharing reduction subsidy eligible Silver plans was informed by actual UHCOR enrollment and similar distributions in the Open Enrollment Period reports. The resulting projected enrollment by plan and subsidy level is provided in Appendix E.

6.3 *Terminated Plans and Products*

Not applicable.

6.4 *Plan Type*

The drop downs in Worksheet 2, Section 1 of the URRT describe the issuer's plan appropriately.



7 Miscellaneous Instructions

7.1 Effective Rate Review Information

Not applicable.

7.2 Pricing AV Justification

On March 10, the OIC issued a memo to carriers titled “*Addressing Actuarial Concerns Related to PY2026 CSR Silver Loading Rule & Rate Filing Implementation*.” In this guidance, the OIC acknowledged carrier concerns that the previously defined allowable Actuarial Value (AV) pricing range was too narrow to accommodate plan designs with structural features not captured by the federal AV calculator (AVC). These limitations could unintentionally restrict plan offerings. In response, the OIC revised the rule to allow an additional $\pm 1\%$ adjustment to the AV pricing range for plans with features not reflected in the AVC-derived metal values—expanding the total allowable range to $\pm 3\%$.

Our analysis supports the need for this broader range. A comparison of historical paid-to-allowed ratios (from tab “WA Exh 7 - w2AggregateFactors”) and federal AVC metal AVs (from tab “WA Exh 6 - Actuarial Values”) in the *2026 Individual and Nongrandfathered Health Exhibits* workbook shows variance beyond the $\pm 3\%$ threshold. This variance highlights inherent plan design characteristics that are not adequately captured by the federal AVC. Accordingly, we are applying the full $\pm 3\%$ range to ensure pricing AVs that more appropriately align with the actuarial value of our plan designs.

7.3 Reliance

I have relied upon financial data, summaries and analyses prepared by officers and employees of UnitedHealthcare of Oregon, Inc. (“UHCOR”). My analysis included such review of the assumptions as I considered necessary.

7.4 Actuarial Certification

I, Blake Harris, am a Member of the American Academy of Actuaries (MAAA). I meet the Qualification Standards of Actuarial Opinion as adopted by the American Academy of Actuaries for preparing premium rate filings for insurers.

This actuarial certification applies to the UnitedHealthcare of Oregon, Inc. Individual product to be offered in the federal health exchange. I certify that the projected Index Rate is:

- In compliance with all applicable state and federal statutes and regulations (45 CFR 156.80 and 147.102)
- Developed in compliance with applicable Actuarial Standards of Practice, including:
 - ASOP No. 5, *Incurred Health and Disability Claims*
 - ASOP No. 8, *Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits*
 - ASOP No. 12, *Risk Classification*
 - ASOP No. 23, *Data Quality*



- ASOP No. 25, *Credibility Procedures*
- ASOP No. 41, *Actuarial Communications*
- ASOP No. 50, *Determining Minimum Value and Actuarial Value under the Affordable Care Act*
- Reasonable in relation to the benefits provided and the population anticipated to be covered
- Neither excessive nor deficient, and any excess on Silver On Exchange plans can be attributed to the Rate Guidance of the WA OIC pertaining to the use of the 1.435 CSR Defunding Adjustment.
- Developed in accordance with the guidance issued by WA OIC regarding:
 - 1.435 CSR defunding adjustment on Silver On Exchange plans
 - 1.0 mandated tobacco rating factor
 - Induced Demand factors calculated using Pricing AVs inputted in the Federal induced demand formula
 - Pricing AVs within an allowable range in accordance to WAC 284-43-6810

The Index Rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.

The geographic rating factors reflect only differences in the cost of delivery (which can include unit cost and provider practice pattern differences) and do not include differences for population morbidity by geographic area.

The federal AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Unified Rate Review Template for all plans. Any alternate methodologies are described in the Unique Plan Design Justification and Documentation.

The Part I Unified Rate Review Template does not demonstrate the process used to develop the rates. Rather it represents information required by federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally facilitated exchanges and for certification that the Index Rate is developed in accordance with federal regulation and used consistently and only adjusted by the allowable modifiers.

Sincerely,



Blake Harris, FSA, MAAA

Associate Director, Actuarial Services

May 15, 2025



Appendix A: Proposed Plans

SCID	Exchange
62650WA0020002	Yes
62650WA0020005	Yes
62650WA0020006	No
62650WA0020008	No
62650WA0020021	Yes
62650WA0020022	No
62650WA0020003	Yes
62650WA0020017	Yes
62650WA0020023	No
62650WA0020024	No
62650WA0020025	No
62650WA0020001	Yes
62650WA0020020	Yes
62650WA0020026	Yes
62650WA0020027	No
62650WA0020028	No



Appendix B: Rate Manual

Rating Area Area Factor			Rating Area Area Factor			Rating Area Area Factor		
Rating Area 1 1.0000			Rating Area 5 0.9446			Rating Area 9 0.9644		
Rating Area 2 1.0844			Rating Area 6 1.0571					
Rating Area 4 0.9505			Rating Area 7 1.0632					
Age	Age Factor	Tobacco Load	Age	Age Factor	Tobacco Load	Age	Age Factor	Tobacco Load
0-14	0.765	1.000	32	1.183	1.000	50	1.786	1.000
15	0.833	1.000	33	1.198	1.000	51	1.865	1.000
16	0.859	1.000	34	1.214	1.000	52	1.952	1.000
17	0.885	1.000	35	1.222	1.000	53	2.040	1.000
18	0.913	1.000	36	1.230	1.000	54	2.135	1.000
19	0.941	1.000	37	1.238	1.000	55	2.230	1.000
20	0.970	1.000	38	1.246	1.000	56	2.333	1.000
21	1.000	1.000	39	1.262	1.000	57	2.437	1.000
22	1.000	1.000	40	1.278	1.000	58	2.548	1.000
23	1.000	1.000	41	1.302	1.000	59	2.603	1.000
24	1.000	1.000	42	1.325	1.000	60	2.714	1.000
25	1.004	1.000	43	1.357	1.000	61	2.810	1.000
26	1.024	1.000	44	1.397	1.000	62	2.873	1.000
27	1.048	1.000	45	1.444	1.000	63	2.952	1.000
28	1.087	1.000	46	1.500	1.000	64+	3.000	1.000
29	1.119	1.000	47	1.563	1.000			
30	1.135	1.000	48	1.635	1.000			
31	1.159	1.000	49	1.706	1.000			

Consumer Adjusted Premium Rate Example

Plan Name: UnitedHealthcare of Oregon, Inc. Cascade Bronze
Plan ID: 62650WA0020002
Area: 1

Member ID	Relationship	Age	Calibrated PAIR	Area Factor	Age Factor	Tobacco Load	Premium
Member 1	Subscriber	45	\$440.80	1.0000	1.444	1.0000	\$636.51
Member 2	Spouse	40	\$440.80	1.0000	1.278	1.0000	\$563.34
Member 3	Child 1	18	\$440.80	1.0000	0.913	1.0000	\$402.45
Member 4	Child 2	15	\$440.80	1.0000	0.833	1.0000	\$367.18
Member 5	Child 3	7	\$440.80	1.0000	0.765	1.0000	\$337.21
Member 6	Child 4	1	\$440.80	1.0000	0.765	1.0000	*
Total Monthly Premium							\$2,306.69

There might be small differences between the premium rates shown above and those implied by the URRT due to rounding.



Appendix C: Plan-Level Modifiers

SCID	Metal	MAIR	AV and Cost Sharing	Provider Network	Benefits in Addition to EHBs	Non-Benefit Expenses	Plan Adjusted Index Rate
62650WA0020002	Bronze	\$980.34	0.6613	1.0000	1.0017	1.1764	\$763.90
62650WA0020005	Bronze	\$980.34	0.5947	1.0000	1.0019	1.1876	\$693.69
62650WA0020006	Bronze	\$980.34	0.5947	1.0000	1.0019	1.1876	\$693.69
62650WA0020008	Bronze	\$980.34	0.6444	1.0000	1.0017	1.1790	\$746.14
62650WA0020021	Bronze	\$980.34	0.6444	1.0000	1.0017	1.1790	\$746.14
62650WA0020022	Bronze	\$980.34	0.6573	1.0000	1.0017	1.1770	\$759.71
62650WA0020003	Silver	\$980.34	1.0755	1.0000	1.0010	1.1379	\$1201.00
62650WA0020017	Silver	\$980.34	1.0761	1.0000	1.0010	1.1379	\$1201.61
62650WA0020023	Silver	\$980.34	0.7501	1.0000	1.0015	1.1646	\$857.67
62650WA0020024	Silver	\$980.34	0.7462	1.0000	1.0015	1.1651	\$853.52
62650WA0020025	Silver	\$980.34	0.7493	1.0000	1.0015	1.1647	\$856.81
62650WA0020001	Gold	\$980.34	0.8972	1.0000	1.0012	1.1502	\$1012.84
62650WA0020020	Gold	\$980.34	0.8878	1.0000	1.0012	1.1509	\$1002.97
62650WA0020026	Gold	\$980.34	0.8384	1.0000	1.0013	1.1553	\$950.80
62650WA0020027	Gold	\$980.34	0.8505	1.0000	1.0013	1.1542	\$963.55
62650WA0020028	Gold	\$980.34	0.8762	1.0000	1.0013	1.1519	\$990.69



Appendix D: MLR Calculation

MLR Components	PMPM
Calculated Incurred Claims PMPM	\$825.99
- Risk Adjustment Payment/Charge	(\$30.86)
+ Reinsurance Recovery	\$0.00
+ Quality Improvement Expenses	\$3.68
+ Other Adjustments	\$0.00
= Projected Federal MLR Numerator	\$860.53
Calculated Premium Rate PMPM	\$991.88
- Federal and State Taxes and Assessments	\$31.63
- PCORI Fees	\$0.32
- ACA Risk Adjustment User Fees	\$0.20
- ACA Insurer Fees	\$0.00
- Exchange User Fees	\$4.30
- Other Adjustments	\$0.00
= Projected Federal MLR Denominator	\$955.44
Medical Loss Ratio	90.07%

Some numbers were adjusted for rounding. The projected MLR exceeds 80%.



Appendix E: CSR Enrollment

Projected CSR Enrollment

SCID	Off-Exchange	Silver	Silver CSR74	Silver CSR87	Silver CSR94	Total
62650WA0020003	1,478	11,099	3,263	6,416	2,410	24,666
62650WA0020017	574	4,309	1,267	2,491	936	9,576
62650WA0020023	98	0	0	0	0	98
62650WA0020024	503	0	0	0	0	503
62650WA0020025	98	0	0	0	0	98





UnitedHealthcare of Oregon, Inc.

Part III: Actuarial Memorandum

Washington 2026 Individual Exchange Rates

May 15, 2025



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1 Actuarial Memorandum

This memorandum documents the development of individual market health insurance premium rates for UnitedHealthcare of Oregon, Inc. (“UHCOR”). UHCOR is offering individual health insurance products on and off the Exchange in the Bronze, Silver, and Gold metal tiers, with the premium rates documented in this memorandum effective January 1, 2026. The proposed plans are shown in Appendix A.

Considerations for Cost Sharing Reduction Funding (CSR)

The rates presented and submitted here were developed assuming that CSR payments are not funded by the federal government in 2026 and the cost of these payments will instead be funded through member premiums and Advanced Premium Tax Credits (APTC). The submission of these rates does not guarantee that UHCOR will continue to participate in the individual market in 2026.

2 General Information Section

Company Identifying Information

Company Legal Name:	UnitedHealthcare of Oregon, Inc.
State:	Washington
HIOS Issuer ID:	62650
NAIC Number	95893
SERFF Tracking No	UHLIC-134513588
Market:	Individual
Effective Date:	January 1, 2026

Company Contact Information

Primary Contact Name:	Blake Harris
Primary Contact Telephone Number:	(415) 547-5268
Primary Contact Email Address:	blake.harris@uhc.com

3 Proposed Rate Changes

UHCOR will sell individual policies with an effective date of January 1, 2026. The 2026 aggregate rate increase as shown in the URRT is 32.44%. Rate changes by plan are found in Worksheet 2, row 1.11 of the URRT. The composite rate increase for all plans, based on projected membership, is illustrated as the total in the table below. The quantitative impact for all significant factors driving the proposed rate change is shown in the table below.



Components of Rate Change	% Change
Base Experience	1.76%
Trend	8.81%
Change in Morbidity	2.70%
Demographic Shifts	0.03%
Plan Design Changes	3.33%
Reinsurance	0.00%
Risk Adjustment	2.57%
Exchange User Fees	-0.26%
Benefit Design and CSR Load	12.66%
Provider Network	-1.98%
Benefits in Addition to EHBs	-0.08%
Admin, Taxes and Fees, IOI	-2.87%
Other	2.77%
Total	32.44%

Given that the rate changes are based on the same single risk pool, the rate changes vary by plan due to plan design changes. The explanation of rate changes below are from the experience to the projection period unless otherwise indicated.

- **Base Experience** reflects the change in our expected 2025 allowed claim level to provide essential health benefits from our 2025 to our 2026 pricing build ups.
- **Trend** indicates the allowed level trends from 2025 to 2026.
- **Change in Morbidity** captures the expected changes to UHCOR and Washington level morbidity of the population.
- **Demographic Shifts** explain expected changes in the age, gender and metal mix selection of the population.
- **Plan Design Changes** estimates Washington or federal rating requirements that are not captured through the Actuarial Value and Cost-Sharing Design values for each plan.
- **Reinsurance** displays the expected change, if any, to the Index Rate due to state reinsurance programs.
- **Risk Adjustment** reflects the expected change to the Index Rate due to the federal risk adjustment program. The estimate is net of any state reinsurance program.
- **Exchange User Fees** reflects the expected change, if any, to the rate level on account of federal and state Marketplace user fees.
- **Benefit Design and CSR Load** indicates the premium-weighted average change in the renewing plan-specific Actuarial Value and Cost Sharing Design factors from 2025 to 2026.
- **Provider Network** shows the premium-weighted average change in the renewing plan-specific provider network factors from 2025 to 2026.
- **Benefits in Addition to EHBs** showcase anticipated costs due to supplementary benefits.
- **Admin, Taxes and Fees, Internal Operating Income (IOI)** capture the premium-weighted average change in the renewing plan-specific administrative costs factors from 2025 to 2026.
- **Other** reflects any changes to the rates not already captured above. Some allowance has been made for rounding error.

There might be small differences compared to the URRT due to rounding error.



Explicit aggregate rate change calculation can be found in two places in this filing: the Uniform Product Modification Justification Q5 and the URRT Part 1 Worksheet 2 Fields 1.12 and 1.13. There are a few differences in how these rate changes are calculated. The URRT only uses renewal plans while the UPMJ uses both renewal and mapped plans. The URRT uses total premium weighted while the UPMJ uses a member weighted. The rate change by plan is identical in both templates.

4 Market Experience

4.1 Experience and Current Period Premium, Claims, and Enrollment

Paid Through Date: April 1, 2025

Current Date: April 1, 2025

Allowed and Incurred Claims Incurred During the Experience Period

Allowed claims and incurred claims are pulled from the same source(s) and calculated using a similar methodology. Only claim amounts for members in the Individual Single Risk Pool for claims which have already been processed are included in our claims data (incomplete claims). Pharmacy rebates are processed outside the claims system and are equal on an incurred and allowed basis. These have been offset against the claims processed through the issuer's claim system.

A set of completion factors is applied to the incomplete claims to develop the expected allowed and incurred claims for the experience period.

	Allowed Claims	Incurred Claims
Claims processed through issuer's claims system for experience period and paid through date above	\$56,420,680	\$47,579,385
Estimate of claims incurred but not paid (IBNP) as of paid through date above	\$2,392,483	\$2,070,587
Estimated claims incurred during experience period	\$58,813,163	\$49,649,972

The same methodology was used to develop the estimate of claims incurred but not paid for both allowed claims and incurred claims in the experience period. The methodology incorporates estimates based upon developed completion factors. Model results are evaluated for reasonableness and actuarial judgment may be applied.

The claims used to develop completion factors reflect the experience period claims for the information submitted. The incurred but not paid claims are not unusually high or unusually low relative to the experience period claims paid.



4.2 *Benefit Categories*

Claims processed through UHCOR's systems were mapped to the benefit categories in Worksheet 1, Section II of the URRT based on where services were administered and the types of medical services rendered.

- **Inpatient Hospital** includes non-capitated facility services for medical, surgical, maternity, mental health and substance abuse, skilled nursing, and other services provided in an inpatient facility setting and billed by the facility.
- **Outpatient Hospital** includes non-capitated facility services for surgical, emergency room, laboratory, radiology, therapeutic, observation, and other services provided in an outpatient facility setting and billed by the facility.
- **Professional** includes non-capitated primary care, specialist care, therapeutic, the professional component of laboratory and radiology, and other professional services, other than hospital based professionals whose payments are included in facility fees.
- **Other Medical** includes non-capitated ambulatory, home health care, durable medical equipment, prosthetics, supplies, vision exams, dental services and other services.
- **Capitation** includes all services provided under one or more capitated agreements.
- **Prescription Drug** includes drugs dispensed by a pharmacy. This amount is net of rebates received from drug manufacturers.

The benefit categories were defined by our claims department using standard industry definitions.

4.3 *Projection Factors*

The following describes the factors used to project experience period allowed claims to the 2026 projection period.

4.3.1 Trend Factors

A trend assumption was applied to translate 2024 experience year claims costs to calendar year 2026 claims costs.

The assumptions shown in "Year 1 Trend" and "Year 2 Trend" of Worksheet 1 of the URRT represent 12 months of ongoing increases in utilization, unit costs, and technology. The combined, annualized trend assumption implied is 7.4%. This assumption is based on a review of recent rate filings in the Washington market, expected changes in unit costs for provider contracting, an evaluation of trends observed in UnitedHealthcare's nationwide Individual ACA business and actuarial judgment. This trend assumption does not include any expected changes in demographics, morbidity or benefit changes.

To account for uncertainty regarding tariffs and/or the onshoring of manufacturing and their impact on total medical costs, most notably on pharmaceuticals, a total price impact of 2.20% is built into the initially submitted rate filing. UHC would like to reserve the right to adjust the initially submitted impact as more clarity becomes available.



4.3.2 Adjustments to Trended EHB Allowed Claims PMPM

This section explains adjustments other than trend that are made to the Experience Period claims in order to develop the projected Index Rate.

Morbidity Adjustment

The Morbidity Adjustment factor is 1.027 as shown on Worksheet 1 of the URRT.

MORBIDITY

An adjustment was applied to account for anticipated changes in UHCOR internal morbidity levels. This adjustment was developed by re-weighting experience period allowed claims by the projected member mix and normalizing for anticipated changes in demographics and benefits. The factors used in the calculation of the adjustment are consistent with that of the risk adjustment transfer calculation described in Section 4.3.6.

Demographic Shift

The Demographic Shift adjustment factor is 1.000 as shown on Worksheet 1 of the URRT.

AGE

An adjustment was applied to account for anticipated changes in the distribution of members by age. The projected distribution of members by age was developed based on the membership mix as of April 1, 2025 with additional consideration to the current Individual ACA Open Enrollment Period reports and the regulatory landscape. Experience period allowed claims were re-weighted by the projected age mix. The difference in claim levels before and after re-weighting determined the impact of age differences.

GEOGRAPHY

A geographic adjustment was applied to account for anticipated changes in the distribution of members by rating region. The projected distribution of members by rating region was developed based on the membership mix as of April 1, 2025 and is consistent with the description provided in Section 6.2. The proposed rating factors by rating region were used to develop the adjustment.

Plan Design Changes

The Plan Design Changes adjustment factor is 1.033 as shown on Worksheet 1 of the URRT.

CHANGES TO EHB INDEX

An adjustment was applied to account for changes to the state benchmark plan. The adjustment uses the calculated impact from the report published by Wakely on April 1, 2024 titled "Benchmark Plan Benefit Valuation Report".



INDUCED DEMAND

An adjustment was applied to account for anticipated changes in induced demand levels. The adjustment was developed by comparing the calculated average induced demand factor in the experience and projection periods. The federal induced demand factors (i.e., 1.00, 1.03, and 1.08 for Bronze, Silver, and Gold metal levels) were used to develop the adjustment.

GATEKEEPER

An adjustment was applied to account for anticipated changes in allowed claims levels due to the change in gatekeeper requirements for the projection year plan offerings.

MAMMOGRAPHY

An adjustment was applied to account for anticipated changes in mammography claims due to new cost sharing regulations effective January 1, 2024. The adjustment was developed using UnitedHealthcare of Oregon, Inc.'s Washington experience to project the increase in plan paid claims in 2026.

Other

The Other adjustment factor is 1.010 as shown on Worksheet 1 of the URRT.

PROVIDER CONTRACTING

An adjustment was applied to account for anticipated changes in provider contracting. This adjustment is separate from and does not double count the impact of unit cost trends.

PRICING AV GUARDRAILS

An adjustment was applied to account for the plan-specific Pricing AV guardrails set by WAC 284-43-6810.

TOBACCO ADJUSTMENT

An adjustment was applied to account for the removal of the tobacco surcharge effective January 1, 2026.

4.3.3 Manual Rate Adjustments

A description of the manual rate adjustments used follows.

Source and Appropriateness of Experience Data Used

UnitedHealthcare Individual ACA experience claims, membership and premium was used to develop the manual rate ("UHC manual data"). The individual experience data informed the utilization pattern (types of services, underlying morbidity level, etc.) that was used to build up the manual rate.

Average trends from comparable UnitedHealthcare business were used to trend the data.



The preliminary CMS risk adjustment report for 2024 was also used to study market average morbidity in Washington.

Adjustments Made to the Data

The base period allowed PMPMs were adjusted for items including differences in membership mix by provider contracts, trend, and morbidity. Below is a summary of the methodology and source information for the adjustments.

TREND FACTORS

Trend estimates used in the UHCOR 2026 rate development were based on a review of recent rate filings in the Washington market, expected changes in unit costs for provider contracting, an evaluation of trends observed in UnitedHealthcare's nationwide Individual ACA business and actuarial judgment. This trend assumption does not include any expected changes in demographics, morbidity or benefit changes.

To account for uncertainty regarding tariffs and/or the onshoring of manufacturing and their impact on total medical costs, most notably on pharmaceuticals, a total price impact of 2.20% is built into the initially submitted rate filing. UHC would like to reserve the right to adjust the initially submitted impact as more clarity becomes available.

MORBIDITY

An adjustment was applied to account for anticipated changes between the UHC manual data and projected 2026 UHCOR internal morbidity levels. The adjustment was developed by comparing risk scores normalized for demographics and benefits. The factors used in the calculation of the adjustment are consistent with that of the risk adjustment transfer calculation described in Section 4.3.6.

AGE

An adjustment was applied to account for anticipated changes in the distribution of members by age. The projected distribution of members by age was developed based on the membership mix as of April 1, 2025 with additional consideration to the current Individual ACA Open Enrollment Period reports and the regulatory landscape. Experience period allowed claims were re-weighted by the projected age mix. The difference in claim levels before and after re-weighting determined the impact of age differences.

GEOGRAPHY

A geographic adjustment was applied to account for anticipated differences between the UHC manual data, Washington and the service areas UHCOR intends to service. The projected distribution of members by rating region was developed based on the UHCOR membership mix as of April 1, 2025 and informed by similar distributions in current Individual ACA Open Enrollment Period reports.



CHANGES TO EHB INDEX

An adjustment was applied to account for changes to the state benchmark plan. The adjustment uses the calculated impact from the report published by Wakely on April 1, 2024 titled "Benchmark Plan Benefit Valuation Report".

INDUCED DEMAND

An adjustment was applied to account for anticipated changes in induced demand levels between the UHC manual data and Washington. The adjustment was developed by comparing the calculated average induced demand factor in the experience and projection periods. The federal induced demand factors (i.e., 1.00, 1.03, and 1.08 for Bronze, Silver, and Gold metal levels) were used to develop the adjustment.

GATEKEEPER

An adjustment was applied to account for anticipated changes in allowed claims levels due to the change in gatekeeper requirements for the projection year plan offerings.

MAMMOGRAPHY

An adjustment was applied to account for anticipated changes in mammography claims due to new cost sharing regulations effective January 1, 2024. The adjustment was developed using UnitedHealthcare of Oregon, Inc.'s Washington experience to project the increase in plan paid claims in 2026.

PROVIDER CONTRACTING

UHCOR's projected provider contracted rates in each rating area were analyzed relative to contracts comprising the UHC manual data experience. The contracts were provided as a percent of Medicare payment rates in 2026. UHC manual data has also been re-priced on a percent of Medicare basis. These reference based pricing levels for the UHC manual data and UHCOR 2026 contracts were used to adjust the UHCOR unit cost to expected UHCOR 2026 unit costs. Pharmacy costs were trended using from the experience to the projection period.

PRICING AV GUARDRAILS

An adjustment was applied to account for the plan-specific Pricing AV guardrails set by WAC 284-43-6810.

TOBACCO ADJUSTMENT

An adjustment was applied to account for the removal of the tobacco surcharge effective January 1, 2026.

PHARMACY REBATES

An adjustment was applied to account for anticipated pharmacy rebates differences between the UHC manual data and projected UHCOR values. This adjustment is separate from and does not double count the impact of unit cost trends.



Inclusion of Capitation Payments

Pediatric vision services are capitated for plan year 2026.

4.3.4 Credibility of Experience

UHCOR has assigned 88.7% credibility to its experience period data. The experience has been appropriately adjusted and weighted with the manual rate to reflect the material changes anticipated between the experience period and the projection period.

The manual rate's allowed PMPM medical costs were developed using UnitedHealthcare Individual ACA 2024 market data. This data contains detailed claims and membership information for members covered by Individual ACA non-grandfathered plans. The data was trended to 2026. Provider contracting adjustments were made to reflect the payment rates and expected degree of utilization management and drug rebates. The data was also adjusted to reflect Washington state average morbidity using the preliminary CMS risk adjustment report and comparing the risk scores normalized for actuarial values between the UnitedHealthcare and the risk adjustment report.

The following formula was used for assigning credibility to the experience period:

$$Z = \min \left[1, \left(\frac{MM}{FC} \right)^{.5} \right]$$

Where,

- Z is the credibility percentage applied to the experience data,
- MM is the experience period member months and
- FC is the member months required for full credibility

The determination of full credibility depends on the assumed variation in the claim experience. It was based on an application of classical credibility theory and actuarial judgement. Full credibility is assigned to 97,000 member months and was determined based on the number of randomly selected individuals needed to have a probability of 95% of being within 10% of the expected claim amount. The credibility threshold was calculated using random samples from a large database containing ACA members and claims.

Consideration was given to guidance provided in Actuarial Standards of Practice #25, *Credibility Procedures*.

4.3.5 Establishing the Index Rate

As shown on Worksheet 1 of the URRT, the Index Rate for this filing is \$940.27. It estimates the total combined allowed claims PMPM for essential health benefits in the Washington Individual market.

4.3.6 Development of the Market-wide Adjusted Index Rate

The Market-wide Adjusted Index Rate (MAIR) for the projection period is \$980.34 as shown on Worksheet 1 of the URRT. The MAIR is calculated as the Index Rate adjusted for all allowable



market-wide modifiers defined in the market rating rules, 45 CFR 156.80(d)(1). The Index Rate and market level adjustments are on an allowed claims basis.

Projected Index Rate for January 1, 2026	\$940.27
Reinsurance	\$0.00
Risk Adjustment Payment/Charge	-\$35.17
Exchange User Fees	0.50%
Market-wide Adjusted Index Rate	\$980.34

Reinsurance

UHCOR does not expect any reinsurance recoveries from federal or state reinsurance programs.

Risk Adjustment Payment/Charge

The projection period risk adjustment charge was developed by estimating the individual components of the risk adjustment transfer formula (e.g., PLRS, AV, etc.) for both UHCOR and the statewide average. The experience period risk adjustment transfer amount is based on the preliminary CMS summary report for benefit year 2024. A description of the development of each component is described below:

- **PLRS:** the average 2024 risk score as provided in the preliminary CMS summary report for benefit year 2024 adjusted for expected changes in risk score coefficients we anticipate will occur from 2024 to 2026.
- **IDF:** the average induced demand factor based on the federal induced demand factors (i.e., 1.00, 1.03, and 1.08 for Bronze, Silver, and Gold metal levels) and projected distribution of members by metal level
- **GCF:** the average geographic factor as provided in the preliminary CMS summary report for 2024 average GCF and adjusted for anticipated changes in the distribution of members by rating region
- **ARF:** the average age factor based on the federally prescribed 3:1 age curve and projected distribution of members by age
- **AV:** the average metal AV factor based on the projected distribution of members by metal level
- **Statewide average premium:** the reported 2024 statewide average premium from the preliminary CMS summary report adjusted for anticipated market-wide rate increases we anticipate will occur from 2024 to 2026.

The projected risk adjustment payable/receivable was converted to an allowed basis when developing the MAIR.

The risk adjustment fee of \$0.20 PMPM was incorporated into 2026 rates and included within the taxes and fees.

The projected risk adjustment payable/receivable includes the projected HCRP assessment on an allowed basis. No HCRP recoveries are assumed within these rates and no adjustments are assumed for RADV. Risk adjustment transfers were applied at the market level in the development of the market adjusted index rate



Exchange User Fees

The 2026 Washington Exchange User Fee is \$4.30 PMPM. We applied the fee to 84.1% of UHCOR's expected enrollment to come from within the Exchange, \$4.30 PMPM was included in the development of the MAIR.

4.4 *Plan Adjusted Index Rate*

The Plan Adjusted Index Rates (PAIR) were developed by applying allowable plan level adjustments to the MAIR. The allowable plan-level adjustments are shown in Appendix C.

The following describes how each component of the adjustment was developed.

Actuarial Value and Cost-Sharing Design

The Pricing AVs reflecting the actuarial value and cost-sharing design of each plan was developed using a simulation methodology whereby a large dataset of Individual ACA enrollment and claims were calibrated to the market population and member-level claims were re-adjudicated using the cost-sharing parameters of each plan design. Each plan was developed using the same dataset and population adjusted only for the expected induced utilization by metal level ensuring the same risk profile informs all Pricing AVs.

Induced Demand Factors

Induced Demand factors were calculated using Pricing AVs inputted in the Federal induced demand formula, shown below, as required by regulation WAC 284-43-6810:

$$\text{Induced Demand Factor} = 1.24 - \text{AV} + \text{AV}^2$$

CSR LOAD

We have included an adjustment to the filed plans to reflect the impact of CSRs no longer being funded by the federal government. The regulation still requires CSR variant plans to be offered to low-income members, under the same federal AV requirements (keeping similar plan design and cost sharing structures as the current regulations), but the subsidy amounts will instead be a liability to the insurers and not the government. To reflect the additional cost of the CSRs on the Silver plans to UHCOR, we have increased the Pricing AVs.

As requested in the bulletin published by CMS on May 2, 2025 titled "Plan Year 2026 Individual Market Rate Filing Instructions", UHC's estimated CSR payment for 2024 is \$1,649,133. The estimated CSR payment was determined by comparing actual 2024 incurred claims for members enrolled in a CSR variant against claims re-adjudicated under the base variant plan design. The Silver load by plan was determined by comparing projected 2026 pricing AVs by CSR variant, blended by the projected distribution of members by CSR variant, against the base variant pricing AV. Across all Silver on-Exchange plans, the average 2026 Silver load is 1.1907.

We have applied a Silver load consistent with the filing requirements in Washington. The Silver load is anticipated to produce more revenue than the CSR payment made if funded by the federal government.



NON-HYDE ABORTION

Consistent with 45 CFR 156.280(e)(4), we made an adjustment to the Pricing AVs associated with non-Hyde abortion services. This adjustment is offset by adding \$1.00 PMPM as a plan level non-EHB adjustment, as described in the “Benefits in Addition to EHBs” below.

Provider Network, Delivery System Characteristics and Utilization Management Practices

The network factors represent the unit cost differences between the various networks. The network factors do not reflect morbidity differences or selection impact by network. The network factors were calibrated.

Benefits in Addition to EHBs

UHCOR will offer benefits in addition to EHBs in Washington. These benefits include allergy testing and accidental dental services.

An adjustment has been applied for voluntary abortion service coverage required by the state. This cost has been estimated using the mandatory minimum of \$1.00 PMPM per 45 CFR 156.280(e)(4), although the actual estimated costs for these services is less than this amount.

Administrative Costs

Non-benefit administrative costs were applied on a percent of premium basis and on PMPM basis. They are bucketed into three categories as shown on Worksheet 2 of the URRT: (1) administrative expenses, (2) taxes and fees and (3) profit and risk load.

ADMINISTRATIVE EXPENSE

UHCOR expects to incur \$52.51 PMPM in general administrative expenses for the individual ACA block of business in Washington for 2026. We expect to incur an additional \$6.90 PMPM in broker commissions over this period.

Health Care Quality Improvement and Fraud Detection Expenses were estimated as 0.37% of premium and were included in the administrative expense load.

The administrative expense load does not vary between metal levels.

TAXES AND FEES

Taxes and regulatory fees included in the development of 2026 rates include the following:

- Risk Adjustment User Fee: \$0.20 PMPM
- PCORI Fee: \$0.32 PMPM
- State Premium Tax: 2.00% of premium
- WSHIP Fee: \$0.38 PMPM
- WAPAL Assessment: \$0.06 PMPM
- Regulatory surcharges: 0.09% of premium
- WA Ins Fraud surcharge: 0.01% of premium
- Federal Income Tax: 1.05% of premium
- Health Insurer Fee: 0% of premium



The Exchange User Fee load is not included here. It was previously built into the MAIR as discussed in Section 4.3.6.

PROFIT AND RISK LOAD

The proposed 2026 premiums allocate 3.95% to profit and risk margin on a post-tax basis. This filing does not propose a decrease to profit margin. The same load is applied to all plans as a percent of premium.

Catastrophic Plans

UHCOR will not offer Catastrophic plans in Washington for 2026.

4.5 Calibration

Age Curve Calibration

The approximate age calibration factor is 0.5774. It was determined as follows:

$$ACF = \frac{\sum Members}{\sum Members * Age Factor}$$

Where:

- ACF is the age calibration factor,
- Members are the projected members and
- Age Factor is the rating factor associated with each member.

An age factor of 0 is used for members who are not expected to pay premium.

Section 4.6 demonstrates how the PAIRs and age curve are used to generate a schedule of premiums.

Geographic Factor Calibration

The geographic calibration factor is 0.9994. It was determined as follows:

$$GCF = \frac{\sum Members}{\sum Members * Area Factor}$$

Where:

- GCF is the geographic calibration factor,
- Members are the projected members and
- Area Factor is the rating factor associated with each member.

Geographic area factors are calculated based upon expected reimbursement rates UHCOR aims to achieve by rating area. These factors are relative to the membership-weighted average reimbursement rate for all areas UHCOR will service in Washington. The state rating factor only



reflects differences in the costs of delivery (which can include unit cost and provider practice pattern differences) and not differences in population morbidity by geographic area.

Section 4.6 demonstrates how the PAIRs and area factors are used to generate a schedule of premiums.

Tobacco Use Rating Factor Calibration

The tobacco calibration factor is 1.0000. It was determined as follows:

$$TCF = \frac{\sum Members}{\sum Members * Tobacco Factor}$$

Where:

- TCF is the tobacco calibration factor,
- Members are the projected members and
- Tobacco Factor is the rating factor associated with each member.

Washington OIC requires issuers to set the tobacco rating multiplier at 1.0 for all individual plans that will be offered starting with the 2026 plan year to be eligible for Cascade Care Savings.

Application of Calibration Factors

The age, geographic and tobacco calibration adjustments are not plan specific. These adjustments are applied uniformly to all plans.

The age rating curve used by UHCOR in Washington is the curve indicated in the HHS Notice of Benefit and Payment Parameters for 2018 Final Rule.

4.6 Consumer Adjusted Premium Rate Development

The member's premium rate is calculated by first multiplying the PAIR by the calibration factors. This is the Calibrated PAIR, which is shown on Worksheet 2, row 3.14 of the URRT. The result can then be multiplied by the member's specific age, geographic and tobacco rating factors to determine the approximate member rate.

$$CPAIR = PAIR \times ACF \times GCF \times TCF$$

$$CAPR = CPAIR \times Age Factor \times Geographic Factor \times Tobacco Factor$$

Where:

- CPAIR is the Calibrated Plan Adjusted Index Rate,
- PAIR is the Plan Adjusted Index Rate,
- ACF is the age calibration factor,
- GCF is the geographic calibration factor,
- TCF is the tobacco calibration factor,
- CAPR is the Consumer Adjusted Premium Rate and
- Area, Geographic and Tobacco Factors are the rating factors associated with each member.



The premium for family coverage is determined by summing the premiums for each individual family member, provided at most three child dependents under age 21 are taken into account.

The rate manual and a demonstration of how the allowable rating factors are applied to the Calibrated PAIR to determine the Consumer Adjusted Premium Rate are shown in Appendix B.

5 Projected Loss Ratio

The projected minimum loss ratio (MLR) for the individual line of business is 90.07%. This was calculated using the federally prescribed MLR methodology.

UHCOR does not anticipate paying out consumer rebates for the 2026 calendar year. Taxes and regulatory fees were excluded from premium in the calculation of this value. The calculation for the projected federal MLR is included in Appendix D.

6 Plan Product Information

6.1 *AV Metal Values*

The federal Actuarial Value Calculator was used to generate the AV metal tiers shown on Worksheet 2, row 1.5 of the URRT. Please refer to the Unique Plan Design Justification and Documentation document for the impact of plans and cost sharing inputs modifications made in order to enter these into the federal Actuarial Value Calculator.

6.2 *Membership Projections*

The total membership projections for 2026 were based upon internal modeling of market share estimates for the Washington counties we intend to service. The percentage of membership distributions by metal tier and variant was based on the metal, cost-sharing subsidy variants and rating area/county distribution enrollments for Washington from actual UHCOR enrollment and informed by current Individual ACA Open Enrollment Period reports. Refinements to this data are applied for strategic initiatives and actuarial judgment.

Projected enrollment in cost-sharing reduction subsidy eligible Silver plans was informed by actual UHCOR enrollment and similar distributions in the Open Enrollment Period reports. The resulting projected enrollment by plan and subsidy level is provided in Appendix E.

6.3 *Terminated Plans and Products*

Not applicable.

6.4 *Plan Type*

The drop downs in Worksheet 2, Section 1 of the URRT describe the issuer's plan appropriately.



7 Miscellaneous Instructions

7.1 Effective Rate Review Information

Not applicable.

7.2 Pricing AV Justification

On March 10, the OIC issued a memo to carriers titled “*Addressing Actuarial Concerns Related to PY2026 CSR Silver Loading Rule & Rate Filing Implementation*.” In this guidance, the OIC acknowledged carrier concerns that the previously defined allowable Actuarial Value (AV) pricing range was too narrow to accommodate plan designs with structural features not captured by the federal AV calculator (AVC). These limitations could unintentionally restrict plan offerings. In response, the OIC revised the rule to allow an additional $\pm 1\%$ adjustment to the AV pricing range for plans with features not reflected in the AVC-derived metal values—expanding the total allowable range to $\pm 3\%$.

Our analysis supports the need for this broader range. A comparison of historical paid-to-allowed ratios (from tab “WA Exh 7 - w2AggregateFactors”) and federal AVC metal AVs (from tab “WA Exh 6 - Actuarial Values”) in the *2026 Individual and Nongrandfathered Health Exhibits* workbook shows variance beyond the $\pm 3\%$ threshold. This variance highlights inherent plan design characteristics that are not adequately captured by the federal AVC. Accordingly, we are applying the full $\pm 3\%$ range to ensure pricing AVs that more appropriately align with the actuarial value of our plan designs.

7.3 Reliance

I have relied upon financial data, summaries and analyses prepared by officers and employees of UnitedHealthcare of Oregon, Inc. (“UHCOR”). My analysis included such review of the assumptions as I considered necessary.

7.4 Actuarial Certification

I, Blake Harris, am a Member of the American Academy of Actuaries (MAAA). I meet the Qualification Standards of Actuarial Opinion as adopted by the American Academy of Actuaries for preparing premium rate filings for insurers.

This actuarial certification applies to the UnitedHealthcare of Oregon, Inc. Individual product to be offered in the federal health exchange. I certify that the projected Index Rate is:

- In compliance with all applicable state and federal statutes and regulations (45 CFR 156.80 and 147.102)
- Developed in compliance with applicable Actuarial Standards of Practice, including:
 - ASOP No. 5, *Incurred Health and Disability Claims*
 - ASOP No. 8, *Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits*
 - ASOP No. 12, *Risk Classification*
 - ASOP No. 23, *Data Quality*



- ASOP No. 25, *Credibility Procedures*
- ASOP No. 41, *Actuarial Communications*
- ASOP No. 50, *Determining Minimum Value and Actuarial Value under the Affordable Care Act*
- Reasonable in relation to the benefits provided and the population anticipated to be covered
- Neither excessive nor deficient, and any excess on Silver On Exchange plans can be attributed to the Rate Guidance of the WA OIC pertaining to the use of the 1.435 CSR Defunding Adjustment.
- Developed in accordance with the guidance issued by WA OIC regarding:
 - 1.435 CSR defunding adjustment on Silver On Exchange plans
 - 1.0 mandated tobacco rating factor
 - Induced Demand factors calculated using Pricing AVs inputted in the Federal induced demand formula
 - Pricing AVs within an allowable range in accordance to WAC 284-43-6810

The Index Rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.

The geographic rating factors reflect only differences in the cost of delivery (which can include unit cost and provider practice pattern differences) and do not include differences for population morbidity by geographic area.

The federal AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Unified Rate Review Template for all plans. Any alternate methodologies are described in the Unique Plan Design Justification and Documentation.

The Part I Unified Rate Review Template does not demonstrate the process used to develop the rates. Rather it represents information required by federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally facilitated exchanges and for certification that the Index Rate is developed in accordance with federal regulation and used consistently and only adjusted by the allowable modifiers.

Sincerely,



Blake Harris, FSA, MAAA

Associate Director, Actuarial Services

May 15, 2025



Appendix A: Proposed Plans

SCID	Exchange
62650WA0020002	Yes
62650WA0020005	Yes
62650WA0020006	No
62650WA0020008	No
62650WA0020021	Yes
62650WA0020022	No
62650WA0020003	Yes
62650WA0020017	Yes
62650WA0020023	No
62650WA0020024	No
62650WA0020025	No
62650WA0020001	Yes
62650WA0020020	Yes
62650WA0020026	Yes
62650WA0020027	No
62650WA0020028	No



Appendix B: Rate Manual

Rating Area Area Factor			Rating Area Area Factor			Rating Area Area Factor		
Rating Area 1 1.0000			Rating Area 5 0.9446			Rating Area 9 0.9644		
Rating Area 2 1.0844			Rating Area 6 1.0571					
Rating Area 4 0.9505			Rating Area 7 1.0632					
Age	Age Factor	Tobacco Load	Age	Age Factor	Tobacco Load	Age	Age Factor	Tobacco Load
0-14	0.765	1.000	32	1.183	1.000	50	1.786	1.000
15	0.833	1.000	33	1.198	1.000	51	1.865	1.000
16	0.859	1.000	34	1.214	1.000	52	1.952	1.000
17	0.885	1.000	35	1.222	1.000	53	2.040	1.000
18	0.913	1.000	36	1.230	1.000	54	2.135	1.000
19	0.941	1.000	37	1.238	1.000	55	2.230	1.000
20	0.970	1.000	38	1.246	1.000	56	2.333	1.000
21	1.000	1.000	39	1.262	1.000	57	2.437	1.000
22	1.000	1.000	40	1.278	1.000	58	2.548	1.000
23	1.000	1.000	41	1.302	1.000	59	2.603	1.000
24	1.000	1.000	42	1.325	1.000	60	2.714	1.000
25	1.004	1.000	43	1.357	1.000	61	2.810	1.000
26	1.024	1.000	44	1.397	1.000	62	2.873	1.000
27	1.048	1.000	45	1.444	1.000	63	2.952	1.000
28	1.087	1.000	46	1.500	1.000	64+	3.000	1.000
29	1.119	1.000	47	1.563	1.000			
30	1.135	1.000	48	1.635	1.000			
31	1.159	1.000	49	1.706	1.000			

Consumer Adjusted Premium Rate Example

Plan Name: UnitedHealthcare of Oregon, Inc. Cascade Bronze
Plan ID: 62650WA0020002
Area: 1

Member ID	Relationship	Age	Calibrated PAIR	Area Factor	Age Factor	Tobacco Load	Premium
Member 1	Subscriber	45	\$440.80	1.0000	1.444	1.0000	\$636.51
Member 2	Spouse	40	\$440.80	1.0000	1.278	1.0000	\$563.34
Member 3	Child 1	18	\$440.80	1.0000	0.913	1.0000	\$402.45
Member 4	Child 2	15	\$440.80	1.0000	0.833	1.0000	\$367.18
Member 5	Child 3	7	\$440.80	1.0000	0.765	1.0000	\$337.21
Member 6	Child 4	1	\$440.80	1.0000	0.765	1.0000	*
Total Monthly Premium							\$2,306.69

There might be small differences between the premium rates shown above and those implied by the URRT due to rounding.



Appendix C: Plan-Level Modifiers

SCID	Metal	MAIR	AV and Cost Sharing	Provider Network	Benefits in Addition to EHBs	Non-Benefit Expenses	Plan Adjusted Index Rate
62650WA0020002	Bronze	\$980.34	0.6613	1.0000	1.0017	1.1764	\$763.90
62650WA0020005	Bronze	\$980.34	0.5947	1.0000	1.0019	1.1876	\$693.69
62650WA0020006	Bronze	\$980.34	0.5947	1.0000	1.0019	1.1876	\$693.69
62650WA0020008	Bronze	\$980.34	0.6444	1.0000	1.0017	1.1790	\$746.14
62650WA0020021	Bronze	\$980.34	0.6444	1.0000	1.0017	1.1790	\$746.14
62650WA0020022	Bronze	\$980.34	0.6573	1.0000	1.0017	1.1770	\$759.71
62650WA0020003	Silver	\$980.34	1.0755	1.0000	1.0010	1.1379	\$1201.00
62650WA0020017	Silver	\$980.34	1.0761	1.0000	1.0010	1.1379	\$1201.61
62650WA0020023	Silver	\$980.34	0.7501	1.0000	1.0015	1.1646	\$857.67
62650WA0020024	Silver	\$980.34	0.7462	1.0000	1.0015	1.1651	\$853.52
62650WA0020025	Silver	\$980.34	0.7493	1.0000	1.0015	1.1647	\$856.81
62650WA0020001	Gold	\$980.34	0.8972	1.0000	1.0012	1.1502	\$1012.84
62650WA0020020	Gold	\$980.34	0.8878	1.0000	1.0012	1.1509	\$1002.97
62650WA0020026	Gold	\$980.34	0.8384	1.0000	1.0013	1.1553	\$950.80
62650WA0020027	Gold	\$980.34	0.8505	1.0000	1.0013	1.1542	\$963.55
62650WA0020028	Gold	\$980.34	0.8762	1.0000	1.0013	1.1519	\$990.69



Appendix D: MLR Calculation

MLR Components	PMPM
Calculated Incurred Claims PMPM	\$825.99
- Risk Adjustment Payment/Charge	(\$30.86)
+ Reinsurance Recovery	\$0.00
+ Quality Improvement Expenses	\$3.68
+ Other Adjustments	\$0.00
= Projected Federal MLR Numerator	\$860.53
Calculated Premium Rate PMPM	\$991.88
- Federal and State Taxes and Assessments	\$31.63
- PCORI Fees	\$0.32
- ACA Risk Adjustment User Fees	\$0.20
- ACA Insurer Fees	\$0.00
- Exchange User Fees	\$4.30
- Other Adjustments	\$0.00
= Projected Federal MLR Denominator	\$955.44
Medical Loss Ratio	90.07%

Some numbers were adjusted for rounding. The projected MLR exceeds 80%.



Appendix E: CSR Enrollment

Projected CSR Enrollment

SCID	Off-Exchange	Silver	Silver CSR74	Silver CSR87	Silver CSR94	Total
62650WA0020003	1,478	11,099	3,263	6,416	2,410	24,666
62650WA0020017	574	4,309	1,267	2,491	936	9,576
62650WA0020023	98	0	0	0	0	98
62650WA0020024	503	0	0	0	0	503
62650WA0020025	98	0	0	0	0	98



UnitedHealthcare of Oregon, Inc.
RATE SCHEDULE

Plan Information

Plan Name: UnitedHealthcare of Oregon, Inc. Cascade Bronze
HIOS Plan ID: 62650WA0020002
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Both inside and outside the exchange
Metal Level: Bronze
Plan Type: Standardized Non-Public Option Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Clallam, Grays Harbor, Jefferson
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Mason, Pierce, Thurston
6	Yes	Kittitas, Yakima
7	Yes	Adams
8	No	
9	Yes	Whitman

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	337.21	365.68		320.52	318.54	356.47	358.52		325.20	337.21	365.68		320.52	318.54	356.47	358.52		325.20
15	367.18	398.19		349.01	346.85	388.16	390.39		354.10	367.18	398.19		349.01	346.85	388.16	390.39		354.10
16	378.64	410.62		359.90	357.68	400.27	402.58		365.15	378.64	410.62		359.90	357.68	400.27	402.58		365.15
17	390.10	423.04		370.79	368.50	412.39	414.76		376.21	390.10	423.04		370.79	368.50	412.39	414.76		376.21
18	402.45	436.43		382.52	380.16	425.43	427.88		388.11	402.45	436.43		382.52	380.16	425.43	427.88		388.11
19	414.79	449.81		394.26	391.82	438.48	441.01		400.01	414.79	449.81		394.26	391.82	438.48	441.01		400.01
20	427.57	463.68		406.41	403.90	451.99	454.60		412.34	427.57	463.68		406.41	403.90	451.99	454.60		412.34
21	440.80	478.02		418.97	416.39	465.97	468.66		425.09	440.80	478.02		418.97	416.39	465.97	468.66		425.09
22	440.80	478.02		418.97	416.39	465.97	468.66		425.09	440.80	478.02		418.97	416.39	465.97	468.66		425.09
23	440.80	478.02		418.97	416.39	465.97	468.66		425.09	440.80	478.02		418.97	416.39	465.97	468.66		425.09
24	440.80	478.02		418.97	416.39	465.97	468.66		425.09	440.80	478.02		418.97	416.39	465.97	468.66		425.09
25	442.56	479.93		420.65	418.05	467.84	470.53		426.79	442.56	479.93		420.65	418.05	467.84	470.53		426.79
26	451.37	489.49		429.03	426.38	477.16	479.91		435.29	451.37	489.49		429.03	426.38	477.16	479.91		435.29
27	461.95	500.96		439.09	436.37	488.34	491.15		445.50	461.95	500.96		439.09	436.37	488.34	491.15		445.50
28	479.14	519.60		455.43	452.61	506.51	509.43		462.08	479.14	519.60		455.43	452.61	506.51	509.43		462.08
29	493.25	534.90		468.83	465.94	521.42	524.43		475.68	493.25	534.90		468.83	465.94	521.42	524.43		475.68
30	500.30	542.55		475.54	472.60	528.88	531.93		482.48	500.30	542.55		475.54	472.60	528.88	531.93		482.48
31	510.88	554.02		485.59	482.59	540.06	543.17		492.68	510.88	554.02		485.59	482.59	540.06	543.17		492.68
32	521.46	565.49		495.65	492.59	551.25	554.42		502.88	521.46	565.49		495.65	492.59	551.25	554.42		502.88
33	528.07	572.66		501.93	498.83	558.24	561.45		509.26	528.07	572.66		501.93	498.83	558.24	561.45		509.26
34	535.13	580.31		508.64	505.49	565.69	568.95		516.06	535.13	580.31		508.64	505.49	565.69	568.95		516.06
35	538.65	584.14		511.99	508.83	569.42	572.70		519.46	538.65	584.14		511.99	508.83	569.42	572.70		519.46
36	542.18	587.96		515.34	512.16	573.15	576.45		522.86	542.18	587.96		515.34	512.16	573.15	576.45		522.86
37	545.70	591.78		518.69	515.49	576.87	580.20		526.26	545.70	591.78		518.69	515.49	576.87	580.20		526.26
38	549.23	595.61		522.04	518.82	580.60	583.95		529.67	549.23	595.61		522.04	518.82	580.60	583.95		529.67
39	556.28	603.26		528.75	525.48	588.06	591.45		536.47	556.28	603.26		528.75	525.48	588.06	591.45		536.47
40	563.34	610.90		535.45	532.14	595.51	598.94		543.27	563.34	610.90		535.45	532.14	595.51	598.94		543.27
41	573.92	622.38		545.50	542.14	606.70	610.19		553.47	573.92	622.38		545.50	542.14	606.70	610.19		553.47
42	584.05	633.37		555.14	551.71	617.41	620.97		563.25	584.05	633.37		555.14	551.71	617.41	620.97		563.25
43	598.16	648.67		568.55	565.04	632.33	635.97		576.85	598.16	648.67		568.55	565.04	632.33	635.97		576.85
44	615.79	667.79		585.31	581.69	650.96	654.71		593.85	615.79	667.79		585.31	581.69	650.96	654.71		593.85
45	636.51	690.26		605.00	601.26	672.86	676.74		613.83	636.51	690.26		605.00	601.26	672.86	676.74		613.83
46	661.19	717.02		628.46	624.58	698.96	702.99		637.64	661.19	717.02		628.46	624.58	698.96	702.99		637.64
47	688.96	747.14		654.86	650.81	728.32	732.51		664.42	688.96	747.14		654.86	650.81	728.32	732.51		664.42
48	720.70	781.56		685.02	680.79	761.87	766.26		695.03	720.70	781.56		685.02	680.79	761.87	766.26		695.03
49	752.00	815.50		714.77	710.36	794.95	799.53		725.21	752.00	815.50		714.77	710.36	794.95	799.53		725.21
50	787.26	853.74		748.29	743.67	832.23	837.02		759.21	787.26	853.74		748.29	743.67	832.23	837.02		759.21
51	822.08	891.50		781.39	776.56	869.04	874.05		792.80	822.08	891.50		781.39	776.56	869.04	874.05		792.80
52	860.43	933.09		817.84	812.79	909.58	914.82		829.78	860.43	933.09		817.84	812.79	909.58	914.82		829.78
53	899.22	975.15		854.71	849.43	950.58	956.06		867.19	899.22	975.15		854.71	849.43	950.58	956.06		867.19
54	941.10	1020.56		894.51	888.99	994.85	1000.58		907.57	941.10	1020.56		894.51	888.99	994.85	1000.58		907.57
55	982.97	1065.98		934.31	928.54	1039.12	1045.11		947.96	982.97	1065.98		934.31	928.54	1039.12	1045.11		947.96
56	1028.38	1115.21		977.47	971.43	1087.11	1093.38		991.74	1028.38	1115.21		977.47	971.43	1087.11	1093.38		991.74
57	1074.22	1164.92		1021.04	1014.74	1135.58	1142.12		1035.95	1074.22	1164.92		1021.04	1014.74	1135.58	1142.12		1035.95
58	1123.15	1217.98		1067.55	1060.96	1187.30	1194.14		1083.14	1123.15	1217.98		1067.55	1060.96	1187.30	1194.14		1083.14
59	1147.39	1244.28		1090.59	1083.86	1212.93	1219.92		1106.52	1147.39	1244.28		1090.59	1083.86	1212.93	1219.92		1106.52
60	1196.32	1297.34		1137.10	1130.08	1264.65	1271.94		1153.70	1196.32	1297.34		1137.10	1130.08	1264.65	1271.94		1153.70
61	1238.64	1343.22		1177.32	1170.05	1309.38	1316.93		1194.51	1238.64	1343.22		1177.32	1170.05	1309.38	1316.93		1194.51
62	1266.41	1373.34		1203.71	1196.28	1338.74	1346.45		1221.29	1266.41	1373.34		1203.71	1196.28	1338.74	1346.45		1221.29
63	1301.23	1411.10		1236.81	1229.18	1375.55	1383.48		1254.87	1301.23	1411.10		1236.81	1229.18	1375.55	1383.48		1254.87
64 and over	1322.39	1434.05		1256.91	1249.16	1397.91	1405.97		1275.27	1322.39	1434.05		1256.91	1249.16	1397.91	1405.97		1275.27

UnitedHealthcare of Oregon, Inc.
RATE SCHEDULE

Plan Information

Plan Name: UHC Bronze Copay Focus (Off Exchange Only)
HIOS Plan ID: 62650WA0020022
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	Yes	King
2	Yes	Clallam, Grays Harbor, Jefferson
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Mason, Pierce, Thurston
6	Yes	Kittitas, Yakima
7	Yes	Adams
8	No	
9	Yes	Whitman

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	335.36	363.68		318.76	316.79	354.51	356.56		323.41	335.36	363.68		318.76	316.79	354.51	356.56		323.41
15	365.17	396.00		347.09	344.95	386.03	388.25		352.16	365.17	396.00		347.09	344.95	386.03	388.25		352.16
16	376.57	408.36		357.92	355.71	398.07	400.37		363.15	376.57	408.36		357.92	355.71	398.07	400.37		363.15
17	387.96	420.72		368.76	366.48	410.12	412.49		374.14	387.96	420.72		368.76	366.48	410.12	412.49		374.14
18	400.24	434.03		380.42	378.08	423.10	425.54		385.98	400.24	434.03		380.42	378.08	423.10	425.54		385.98
19	412.51	447.34		392.09	389.67	436.07	438.59		397.82	412.51	447.34		392.09	389.67	436.07	438.59		397.82
20	425.23	461.13		404.18	401.68	449.51	452.10		410.08	425.23	461.13		404.18	401.68	449.51	452.10		410.08
21	438.38	475.39		416.68	414.10	463.42	466.09		422.76	438.38	475.39		416.68	414.10	463.42	466.09		422.76
22	438.38	475.39		416.68	414.10	463.42	466.09		422.76	438.38	475.39		416.68	414.10	463.42	466.09		422.76
23	438.38	475.39		416.68	414.10	463.42	466.09		422.76	438.38	475.39		416.68	414.10	463.42	466.09		422.76
24	438.38	475.39		416.68	414.10	463.42	466.09		422.76	438.38	475.39		416.68	414.10	463.42	466.09		422.76
25	440.13	477.29		418.34	415.76	465.27	467.95		424.45	440.13	477.29		418.34	415.76	465.27	467.95		424.45
26	448.90	486.80		426.68	424.04	474.54	477.27		432.91	448.90	486.80		426.68	424.04	474.54	477.27		432.91
27	459.42	498.21		436.68	433.98	485.66	488.46		443.05	459.42	498.21		436.68	433.98	485.66	488.46		443.05
28	476.52	516.75		452.93	450.13	503.73	506.64		459.54	476.52	516.75		452.93	450.13	503.73	506.64		459.54
29	490.54	531.96		466.26	463.38	518.56	521.55		473.07	490.54	531.96		466.26	463.38	518.56	521.55		473.07
30	497.56	539.57		472.93	470.01	525.98	529.01		479.83	497.56	539.57		472.93	470.01	525.98	529.01		479.83
31	508.08	550.98		482.93	479.94	537.10	540.19		489.98	508.08	550.98		482.93	479.94	537.10	540.19		489.98
32	518.60	562.39		492.93	489.88	548.22	551.38		500.12	518.60	562.39		492.93	489.88	548.22	551.38		500.12
33	525.17	569.52		499.18	496.09	555.17	558.37		506.47	525.17	569.52		499.18	496.09	555.17	558.37		506.47
34	532.19	577.13		505.84	502.72	562.59	565.83		513.23	532.19	577.13		505.84	502.72	562.59	565.83		513.23
35	535.70	580.93		509.18	506.03	566.29	569.56		516.61	535.70	580.93		509.18	506.03	566.29	569.56		516.61
36	539.20	584.73		512.51	509.35	570.00	573.29		519.99	539.20	584.73		512.51	509.35	570.00	573.29		519.99
37	542.71	588.54		515.84	512.66	573.71	577.01		523.38	542.71	588.54		515.84	512.66	573.71	577.01		523.38
38	546.22	592.34		519.18	515.97	577.42	580.74		526.76	546.22	592.34		519.18	515.97	577.42	580.74		526.76
39	553.23	599.95		525.84	522.60	584.83	588.20		533.52	553.23	599.95		525.84	522.60	584.83	588.20		533.52
40	560.25	607.55		532.51	529.22	592.25	595.66		540.29	560.25	607.55		532.51	529.22	592.25	595.66		540.29
41	570.77	618.96		542.51	539.16	603.37	606.84		550.43	570.77	618.96		542.51	539.16	603.37	606.84		550.43
42	580.85	629.90		552.09	548.69	614.03	617.56		560.16	580.85	629.90		552.09	548.69	614.03	617.56		560.16
43	594.88	645.11		565.43	561.94	628.86	632.48		573.68	594.88	645.11		565.43	561.94	628.86	632.48		573.68
44	612.41	664.12		582.10	578.50	647.39	651.12		590.60	612.41	664.12		582.10	578.50	647.39	651.12		590.60
45	633.02	686.47		601.68	597.96	669.17	673.03		610.46	633.02	686.47		601.68	597.96	669.17	673.03		610.46
46	657.56	713.09		625.01	621.15	695.12	699.13		634.14	657.56	713.09		625.01	621.15	695.12	699.13		634.14
47	685.18	743.04		651.26	647.24	724.32	728.49		660.77	685.18	743.04		651.26	647.24	724.32	728.49		660.77
48	716.75	777.27		681.26	677.06	757.68	762.05		691.21	716.75	777.27		681.26	677.06	757.68	762.05		691.21
49	747.87	811.02		710.85	706.46	790.59	795.14		721.23	747.87	811.02		710.85	706.46	790.59	795.14		721.23
50	782.94	849.05		744.18	739.59	827.66	832.43		755.05	782.94	849.05		744.18	739.59	827.66	832.43		755.05
51	817.57	886.61		777.10	772.30	864.27	869.25		788.45	817.57	886.61		777.10	772.30	864.27	869.25		788.45
52	855.71	927.97		813.35	808.33	904.59	909.80		825.23	855.71	927.97		813.35	808.33	904.59	909.80		825.23
53	894.29	969.80		850.02	844.77	945.37	950.81		862.43	894.29	969.80		850.02	844.77	945.37	950.81		862.43
54	935.93	1014.96		889.60	884.11	989.39	995.09		902.59	935.93	1014.96		889.60	884.11	989.39	995.09		902.59
55	977.58	1060.13		929.19	923.45	1033.42	1039.37		942.75	977.58	1060.13		929.19	923.45	1033.42	1039.37		942.75
56	1022.73	1109.09		972.10	966.10	1081.15	1087.38		986.30	1022.73	1109.09		972.10	966.10	1081.15	1087.38		986.30
57	1068.32	1158.53		1015.44	1009.17	1129.34	1135.85		1030.26	1068.32	1158.53		1015.44	1009.17	1129.34	1135.85		1030.26
58	1116.98	1211.30		1061.69	1055.13	1180.78	1187.59		1077.19	1116.98	1211.30		1061.69	1055.13	1180.78	1187.59		1077.19
59	1141.09	1237.45		1084.61	1077.91	1206.27	1213.22		1100.44	1141.09	1237.45		1084.61	1077.91	1206.27	1213.22		1100.44
60	1189.75	1290.22		1130.86	1123.87	1257.71	1264.96		1147.37	1189.75	1290.22		1130.86	1123.87	1257.71	1264.96		1147.37
61	1231.84	1335.85		1170.86	1163.63	1302.20	1309.70		1187.95	1231.84	1335.85		1170.86	1163.63	1302.20	1309.70		1187.95
62	1259.46	1365.80		1197.11	1189.72	1331.39	1339.06		1214.59	1259.46	1365.80		1197.11	1189.72	1331.39	1339.06		1214.59
63	1294.09	1403.36		1230.03	1222.43	1368.00	1375.88		1247.99	1294.09	1403.36		1230.03	1222.43	1368.00	1375.88		1247.99
64 and over	1315.13	1426.17		1250.03	1242.30	1390.25	1398.26		1268.28	1315.13	1426.17		1250.03	1242.30	1390.25	1398.26		1268.28

UnitedHealthcare of Oregon, Inc.
RATE SCHEDULE

Plan Information

Plan Name: UHC Bronze Value HSA (Off Exchange Only)
HIOS Plan ID: 62650WA0020008
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	Yes	King
2	Yes	Clallam, Grays Harbor, Jefferson
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Mason, Pierce, Thurston
6	Yes	Kittitas, Yakima
7	Yes	Adams
8	No	
9	Yes	Whitman

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	329.37	357.18		313.07	311.13	348.18	350.19		317.64	329.37	357.18		313.07	311.13	348.18	350.19		317.64
15	358.65	388.93		340.89	338.79	379.13	381.32		345.87	358.65	388.93		340.89	338.79	379.13	381.32		345.87
16	369.84	401.07		351.53	349.36	390.97	393.22		356.67	369.84	401.07		351.53	349.36	390.97	393.22		356.67
17	381.04	413.21		362.17	359.94	402.80	405.12		367.46	381.04	413.21		362.17	359.94	402.80	405.12		367.46
18	393.09	426.28		373.63	371.33	415.54	417.94		379.09	393.09	426.28		373.63	371.33	415.54	417.94		379.09
19	405.15	439.36		385.09	382.71	428.29	430.76		390.71	405.15	439.36		385.09	382.71	428.29	430.76		390.71
20	417.63	452.90		396.96	394.51	441.49	444.03		402.76	417.63	452.90		396.96	394.51	441.49	444.03		402.76
21	430.55	466.91		409.24	406.71	455.14	457.76		415.21	430.55	466.91		409.24	406.71	455.14	457.76		415.21
22	430.55	466.91		409.24	406.71	455.14	457.76		415.21	430.55	466.91		409.24	406.71	455.14	457.76		415.21
23	430.55	466.91		409.24	406.71	455.14	457.76		415.21	430.55	466.91		409.24	406.71	455.14	457.76		415.21
24	430.55	466.91		409.24	406.71	455.14	457.76		415.21	430.55	466.91		409.24	406.71	455.14	457.76		415.21
25	432.27	468.77		410.87	408.34	456.96	459.60		416.87	432.27	468.77		410.87	408.34	456.96	459.60		416.87
26	440.88	478.11		419.06	416.47	466.07	468.75		425.18	440.88	478.11		419.06	416.47	466.07	468.75		425.18
27	451.22	489.32		428.88	426.23	476.99	479.74		435.14	451.22	489.32		428.88	426.23	476.99	479.74		435.14
28	468.01	507.53		444.84	442.09	494.74	497.59		451.34	468.01	507.53		444.84	442.09	494.74	497.59		451.34
29	481.79	522.47		457.94	455.11	509.30	512.24		464.62	481.79	522.47		457.94	455.11	509.30	512.24		464.62
30	488.67	529.94		464.48	461.62	516.59	519.56		471.27	488.67	529.94		464.48	461.62	516.59	519.56		471.27
31	499.01	541.14		474.30	471.38	527.51	530.55		481.23	499.01	541.14		474.30	471.38	527.51	530.55		481.23
32	509.34	552.35		484.13	481.14	538.43	541.54		491.20	509.34	552.35		484.13	481.14	538.43	541.54		491.20
33	515.80	559.35		490.27	487.24	545.26	548.40		497.42	515.80	559.35		490.27	487.24	545.26	548.40		497.42
34	522.69	566.82		496.81	493.75	552.54	555.73		504.07	522.69	566.82		496.81	493.75	552.54	555.73		504.07
35	526.13	570.56		500.09	497.00	556.18	559.39		507.39	526.13	570.56		500.09	497.00	556.18	559.39		507.39
36	529.58	574.29		503.36	500.25	559.83	563.05		510.71	529.58	574.29		503.36	500.25	559.83	563.05		510.71
37	533.02	578.03		506.63	503.51	563.47	566.71		514.03	533.02	578.03		506.63	503.51	563.47	566.71		514.03
38	536.47	581.76		509.91	506.76	567.11	570.37		517.35	536.47	581.76		509.91	506.76	567.11	570.37		517.35
39	543.35	589.23		516.46	513.27	574.39	577.70		524.00	543.35	589.23		516.46	513.27	574.39	577.70		524.00
40	550.24	596.71		523.00	519.77	581.67	585.02		530.64	550.24	596.71		523.00	519.77	581.67	585.02		530.64
41	560.58	607.91		532.83	529.54	592.60	596.01		540.61	560.58	607.91		532.83	529.54	592.60	596.01		540.61
42	570.48	618.65		542.24	538.89	603.06	606.54		550.16	570.48	618.65		542.24	538.89	603.06	606.54		550.16
43	584.26	633.59		555.33	551.90	617.63	621.19		563.44	584.26	633.59		555.33	551.90	617.63	621.19		563.44
44	601.48	652.27		571.70	568.17	635.83	639.50		580.05	601.48	652.27		571.70	568.17	635.83	639.50		580.05
45	621.71	674.21		590.94	587.29	657.23	661.01		599.57	621.71	674.21		590.94	587.29	657.23	661.01		599.57
46	645.83	700.36		613.85	610.06	682.71	686.65		622.82	645.83	700.36		613.85	610.06	682.71	686.65		622.82
47	672.95	729.77		639.64	635.69	711.39	715.49		648.98	672.95	729.77		639.64	635.69	711.39	715.49		648.98
48	703.95	763.39		669.10	664.97	744.16	748.45		678.87	703.95	763.39		669.10	664.97	744.16	748.45		678.87
49	734.52	796.54		698.16	693.85	776.47	780.95		708.35	734.52	796.54		698.16	693.85	776.47	780.95		708.35
50	768.96	833.89		730.90	726.38	812.88	817.57		741.57	768.96	833.89		730.90	726.38	812.88	817.57		741.57
51	802.98	870.78		763.23	758.51	848.84	853.73		774.37	802.98	870.78		763.23	758.51	848.84	853.73		774.37
52	840.43	911.40		798.83	793.90	888.44	893.56		810.49	840.43	911.40		798.83	793.90	888.44	893.56		810.49
53	878.32	952.49		834.84	829.69	928.49	933.84		847.03	878.32	952.49		834.84	829.69	928.49	933.84		847.03
54	919.22	996.84		873.72	868.32	971.73	977.33		886.48	919.22	996.84		873.72	868.32	971.73	977.33		886.48
55	960.13	1041.20		912.60	906.96	1014.97	1020.81		925.92	960.13	1041.20		912.60	906.96	1014.97	1020.81		925.92
56	1004.47	1089.29		954.75	948.85	1061.85	1067.96		968.69	1004.47	1089.29		954.75	948.85	1061.85	1067.96		968.69
57	1049.25	1137.85		997.31	991.15	1109.18	1115.57		1011.87	1049.25	1137.85		997.31	991.15	1109.18	1115.57		1011.87
58	1097.04	1189.68		1042.73	1036.30	1159.70	1166.38		1057.96	1097.04	1189.68		1042.73	1036.30	1159.70	1166.38		1057.96
59	1120.72	1215.35		1065.24	1058.66	1184.74	1191.56		1080.80	1120.72	1215.35		1065.24	1058.66	1184.74	1191.56		1080.80
60	1168.51	1267.18		1110.67	1103.81	1235.26	1242.37		1126.89	1168.51	1267.18		1110.67	1103.81	1235.26	1242.37		1126.89
61	1209.85	1312.00		1149.95	1142.85	1278.95	1286.32		1166.75	1209.85	1312.00		1149.95	1142.85	1278.95	1286.32		1166.75
62	1236.97	1341.42		1175.74	1168.48	1307.62	1315.16		1192.90	1236.97	1341.42		1175.74	1168.48	1307.62	1315.16		1192.90
63	1270.98	1378.30		1208.07	1200.61	1343.58	1351.32		1225.71	1270.98	1378.30		1208.07	1200.61	1343.58	1351.32		1225.71
64 and over	1291.65	1400.72		1227.71	1220.13	1365.42	1373.28		1245.63	1291.65	1400.72		1227.71	1220.13	1365.42	1373.28		1245.63

UnitedHealthcare of Oregon, Inc.
RATE SCHEDULE

Plan Information

Plan Name: UHC Bronze Value HSA
HIOS Plan ID: 62650WA0020021
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Both inside and 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	Yes	King
2	Yes	Clallam, Grays Harbor, Jefferson
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Mason, Pierce, Thurston
6	Yes	Kittitas, Yakima
7	Yes	Adams
8	No	
9	Yes	Whitman

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	329.37	357.18		313.07	311.13	348.18	350.19		317.64	329.37	357.18		313.07	311.13	348.18	350.19		317.64
15	358.65	388.93		340.89	338.79	379.13	381.32		345.87	358.65	388.93		340.89	338.79	379.13	381.32		345.87
16	369.84	401.07		351.53	349.36	390.97	393.22		356.67	369.84	401.07		351.53	349.36	390.97	393.22		356.67
17	381.04	413.21		362.17	359.94	402.80	405.12		367.46	381.04	413.21		362.17	359.94	402.80	405.12		367.46
18	393.09	426.28		373.63	371.33	415.54	417.94		379.09	393.09	426.28		373.63	371.33	415.54	417.94		379.09
19	405.15	439.36		385.09	382.71	428.29	430.76		390.71	405.15	439.36		385.09	382.71	428.29	430.76		390.71
20	417.63	452.90		396.96	394.51	441.49	444.03		402.76	417.63	452.90		396.96	394.51	441.49	444.03		402.76
21	430.55	466.91		409.24	406.71	455.14	457.76		415.21	430.55	466.91		409.24	406.71	455.14	457.76		415.21
22	430.55	466.91		409.24	406.71	455.14	457.76		415.21	430.55	466.91		409.24	406.71	455.14	457.76		415.21
23	430.55	466.91		409.24	406.71	455.14	457.76		415.21	430.55	466.91		409.24	406.71	455.14	457.76		415.21
24	430.55	466.91		409.24	406.71	455.14	457.76		415.21	430.55	466.91		409.24	406.71	455.14	457.76		415.21
25	432.27	468.77		410.87	408.34	456.96	459.60		416.87	432.27	468.77		410.87	408.34	456.96	459.60		416.87
26	440.88	478.11		419.06	416.47	466.07	468.75		425.18	440.88	478.11		419.06	416.47	466.07	468.75		425.18
27	451.22	489.32		428.88	426.23	476.99	479.74		435.14	451.22	489.32		428.88	426.23	476.99	479.74		435.14
28	468.01	507.53		444.84	442.09	494.74	497.59		451.34	468.01	507.53		444.84	442.09	494.74	497.59		451.34
29	481.79	522.47		457.94	455.11	509.30	512.24		464.62	481.79	522.47		457.94	455.11	509.30	512.24		464.62
30	488.67	529.94		464.48	461.62	516.59	519.56		471.27	488.67	529.94		464.48	461.62	516.59	519.56		471.27
31	499.01	541.14		474.30	471.38	527.51	530.55		481.23	499.01	541.14		474.30	471.38	527.51	530.55		481.23
32	509.34	552.35		484.13	481.14	538.43	541.54		491.20	509.34	552.35		484.13	481.14	538.43	541.54		491.20
33	515.80	559.35		490.27	487.24	545.26	548.40		497.42	515.80	559.35		490.27	487.24	545.26	548.40		497.42
34	522.69	566.82		496.81	493.75	552.54	555.73		504.07	522.69	566.82		496.81	493.75	552.54	555.73		504.07
35	526.13	570.56		500.09	497.00	556.18	559.39		507.39	526.13	570.56		500.09	497.00	556.18	559.39		507.39
36	529.58	574.29		503.36	500.25	559.83	563.05		510.71	529.58	574.29		503.36	500.25	559.83	563.05		510.71
37	533.02	578.03		506.63	503.51	563.47	566.71		514.03	533.02	578.03		506.63	503.51	563.47	566.71		514.03
38	536.47	581.76		509.91	506.76	567.11	570.37		517.35	536.47	581.76		509.91	506.76	567.11	570.37		517.35
39	543.35	589.23		516.46	513.27	574.39	577.70		524.00	543.35	589.23		516.46	513.27	574.39	577.70		524.00
40	550.24	596.71		523.00	519.77	581.67	585.02		530.64	550.24	596.71		523.00	519.77	581.67	585.02		530.64
41	560.58	607.91		532.83	529.54	592.60	596.01		540.61	560.58	607.91		532.83	529.54	592.60	596.01		540.61
42	570.48	618.65		542.24	538.89	603.06	606.54		550.16	570.48	618.65		542.24	538.89	603.06	606.54		550.16
43	584.26	633.59		555.33	551.90	617.63	621.19		563.44	584.26	633.59		555.33	551.90	617.63	621.19		563.44
44	601.48	652.27		571.70	568.17	635.83	639.50		580.05	601.48	652.27		571.70	568.17	635.83	639.50		580.05
45	621.71	674.21		590.94	587.29	657.23	661.01		599.57	621.71	674.21		590.94	587.29	657.23	661.01		599.57
46	645.83	700.36		613.85	610.06	682.71	686.65		622.82	645.83	700.36		613.85	610.06	682.71	686.65		622.82
47	672.95	729.77		639.64	635.69	711.39	715.49		648.98	672.95	729.77		639.64	635.69	711.39	715.49		648.98
48	703.95	763.39		669.10	664.97	744.16	748.45		678.87	703.95	763.39		669.10	664.97	744.16	748.45		678.87
49	734.52	796.54		698.16	693.85	776.47	780.95		708.35	734.52	796.54		698.16	693.85	776.47	780.95		708.35
50	768.96	833.89		730.90	726.38	812.88	817.57		741.57	768.96	833.89		730.90	726.38	812.88	817.57		741.57
51	802.98	870.78		763.23	758.51	848.84	853.73		774.37	802.98	870.78		763.23	758.51	848.84	853.73		774.37
52	840.43	911.40		798.83	793.90	888.44	893.56		810.49	840.43	911.40		798.83	793.90	888.44	893.56		810.49
53	878.32	952.49		834.84	829.69	928.49	933.84		847.03	878.32	952.49		834.84	829.69	928.49	933.84		847.03
54	919.22	996.84		873.72	868.32	971.73	977.33		886.48	919.22	996.84		873.72	868.32	971.73	977.33		886.48
55	960.13	1041.20		912.60	906.96	1014.97	1020.81		925.92	960.13	1041.20		912.60	906.96	1014.97	1020.81		925.92
56	1004.47	1089.29		954.75	948.85	1061.85	1067.96		968.69	1004.47	1089.29		954.75	948.85	1061.85	1067.96		968.69
57	1049.25	1137.85		997.31	991.15	1109.18	1115.57		1011.87	1049.25	1137.85		997.31	991.15	1109.18	1115.57		1011.87
58	1097.04	1189.68		1042.73	1036.30	1159.70	1166.38		1057.96	1097.04	1189.68		1042.73	1036.30	1159.70	1166.38		1057.96
59	1120.72	1215.35		1065.24	1058.66	1184.74	1191.56		1080.80	1120.72	1215.35		1065.24	1058.66	1184.74	1191.56		1080.80
60	1168.51	1267.18		1110.67	1103.81	1235.26	1242.37		1126.89	1168.51	1267.18		1110.67	1103.81	1235.26	1242.37		1126.89
61	1209.85	1312.00		1149.95	1142.85	1278.95	1286.32		1166.75	1209.85	1312.00		1149.95	1142.85	1278.95	1286.32		1166.75
62	1236.97	1341.42		1175.74	1168.48	1307.62	1315.16		1192.90	1236.97	1341.42		1175.74	1168.48	1307.62	1315.16		1192.90
63	1270.98	1378.30		1208.07	1200.61	1343.58	1351.32		1225.71	1270.98	1378.30		1208.07	1200.61	1343.58	1351.32		1225.71
64 and over	1291.65	1400.72		1227.71	1220.13	1365.42	1373.28		1245.63	1291.65	1400.72		1227.71	1220.13	1365.42	1373.28		1245.63

UnitedHealthcare of Oregon, Inc.
RATE SCHEDULE

Plan Information

Plan Name: UHC Bronze Essential (Off Exchange Only)
HIOS Plan ID: 62650WA0020006
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	Yes	King
2	Yes	Clallam, Grays Harbor, Jefferson
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Mason, Pierce, Thurston
6	Yes	Kittitas, Yakima
7	Yes	Adams
8	No	
9	Yes	Whitman

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	306.22	332.07		291.06	289.26	323.71	325.57		295.31	306.22	332.07		291.06	289.26	323.71	325.57		295.31
15	333.43	361.59		316.93	314.97	352.48	354.51		321.56	333.43	361.59		316.93	314.97	352.48	354.51		321.56
16	343.84	372.88		326.82	324.80	363.48	365.58		331.59	343.84	372.88		326.82	324.80	363.48	365.58		331.59
17	354.25	384.16		336.71	334.63	374.48	376.64		341.63	354.25	384.16		336.71	334.63	374.48	376.64		341.63
18	365.46	396.32		347.37	345.22	386.33	388.56		352.44	365.46	396.32		347.37	345.22	386.33	388.56		352.44
19	376.66	408.47		358.02	355.81	398.18	400.47		363.25	376.66	408.47		358.02	355.81	398.18	400.47		363.25
20	388.27	421.06		369.05	366.77	410.45	412.82		374.44	388.27	421.06		369.05	366.77	410.45	412.82		374.44
21	400.28	434.08		380.47	378.12	423.14	425.58		386.02	400.28	434.08		380.47	378.12	423.14	425.58		386.02
22	400.28	434.08		380.47	378.12	423.14	425.58		386.02	400.28	434.08		380.47	378.12	423.14	425.58		386.02
23	400.28	434.08		380.47	378.12	423.14	425.58		386.02	400.28	434.08		380.47	378.12	423.14	425.58		386.02
24	400.28	434.08		380.47	378.12	423.14	425.58		386.02	400.28	434.08		380.47	378.12	423.14	425.58		386.02
25	401.88	435.82		381.99	379.63	424.84	427.29		387.57	401.88	435.82		381.99	379.63	424.84	427.29		387.57
26	409.89	444.50		389.60	387.19	433.30	435.80		395.29	409.89	444.50		389.60	387.19	433.30	435.80		395.29
27	419.49	454.92		398.73	396.27	443.46	446.01		404.55	419.49	454.92		398.73	396.27	443.46	446.01		404.55
28	435.11	471.85		413.57	411.01	459.96	462.61		419.61	435.11	471.85		413.57	411.01	459.96	462.61		419.61
29	447.91	485.74		425.74	423.11	473.50	476.23		431.96	447.91	485.74		425.74	423.11	473.50	476.23		431.96
30	454.32	492.68		431.83	429.16	480.27	483.04		438.13	454.32	492.68		431.83	429.16	480.27	483.04		438.13
31	463.93	503.10		440.96	438.24	490.42	493.25		447.40	463.93	503.10		440.96	438.24	490.42	493.25		447.40
32	473.53	513.52		450.09	447.31	500.58	503.46		456.66	473.53	513.52		450.09	447.31	500.58	503.46		456.66
33	479.54	520.03		455.80	452.98	506.93	509.85		462.45	479.54	520.03		455.80	452.98	506.93	509.85		462.45
34	485.94	526.97		461.89	459.03	513.70	516.66		468.63	485.94	526.97		461.89	459.03	513.70	516.66		468.63
35	489.14	530.45		464.93	462.06	517.08	520.06		471.72	489.14	530.45		464.93	462.06	517.08	520.06		471.72
36	492.35	533.92		467.97	465.08	520.47	523.47		474.81	492.35	533.92		467.97	465.08	520.47	523.47		474.81
37	495.55	537.39		471.02	468.11	523.85	526.87		477.89	495.55	537.39		471.02	468.11	523.85	526.87		477.89
38	498.75	540.86		474.06	471.13	527.24	530.28		480.98	498.75	540.86		474.06	471.13	527.24	530.28		480.98
39	505.16	547.81		480.15	477.18	534.01	537.09		487.16	505.16	547.81		480.15	477.18	534.01	537.09		487.16
40	511.56	554.76		486.24	483.23	540.78	543.89		493.34	511.56	554.76		486.24	483.23	540.78	543.89		493.34
41	521.17	565.17		495.37	492.31	550.93	554.11		502.60	521.17	565.17		495.37	492.31	550.93	554.11		502.60
42	530.37	575.16		504.12	501.00	560.67	563.90		511.48	530.37	575.16		504.12	501.00	560.67	563.90		511.48
43	543.18	589.05		516.29	513.10	574.21	577.52		523.83	543.18	589.05		516.29	513.10	574.21	577.52		523.83
44	559.19	606.41		531.51	528.23	591.13	594.54		539.27	559.19	606.41		531.51	528.23	591.13	594.54		539.27
45	578.01	626.81		549.39	546.00	611.02	614.54		557.42	578.01	626.81		549.39	546.00	611.02	614.54		557.42
46	600.42	651.12		570.70	567.18	634.72	638.37		579.03	600.42	651.12		570.70	567.18	634.72	638.37		579.03
47	625.64	678.47		594.67	591.00	661.38	665.19		603.35	625.64	678.47		594.67	591.00	661.38	665.19		603.35
48	654.46	709.72		622.06	618.22	691.84	695.83		631.15	654.46	709.72		622.06	618.22	691.84	695.83		631.15
49	682.88	740.54		649.08	645.07	721.89	726.04		658.55	682.88	740.54		649.08	645.07	721.89	726.04		658.55
50	714.90	775.27		679.51	675.32	755.74	760.09		689.43	714.90	775.27		679.51	675.32	755.74	760.09		689.43
51	746.52	809.56		709.57	705.19	789.17	793.71		719.93	746.52	809.56		709.57	705.19	789.17	793.71		719.93
52	781.35	847.33		742.67	738.08	825.98	830.74		753.51	781.35	847.33		742.67	738.08	825.98	830.74		753.51
53	816.57	885.53		776.15	771.36	863.22	868.19		787.48	816.57	885.53		776.15	771.36	863.22	868.19		787.48
54	854.60	926.76		812.30	807.28	903.41	908.62		824.16	854.60	926.76		812.30	807.28	903.41	908.62		824.16
55	892.63	968.00		848.44	843.20	943.61	949.05		860.83	892.63	968.00		848.44	843.20	943.61	949.05		860.83
56	933.86	1012.71		887.63	882.15	987.20	992.88		900.59	933.86	1012.71		887.63	882.15	987.20	992.88		900.59
57	975.49	1057.86		927.20	921.47	1031.20	1037.15		940.73	975.49	1057.86		927.20	921.47	1031.20	1037.15		940.73
58	1019.92	1106.04		969.43	963.44	1078.17	1084.38		983.58	1019.92	1106.04		969.43	963.44	1078.17	1084.38		983.58
59	1041.93	1129.91		990.35	984.24	1101.45	1107.79		1004.81	1041.93	1129.91		990.35	984.24	1101.45	1107.79		1004.81
60	1086.36	1178.10		1032.59	1026.21	1148.41	1155.03		1047.66	1086.36	1178.10		1032.59	1026.21	1148.41	1155.03		1047.66
61	1124.79	1219.77		1069.11	1062.51	1189.04	1195.89		1084.72	1124.79	1219.77		1069.11	1062.51	1189.04	1195.89		1084.72
62	1150.01	1247.11		1093.08	1086.33	1215.70	1222.70		1109.04	1150.01	1247.11		1093.08	1086.33	1215.70	1222.70		1109.04
63	1181.63	1281.41		1123.14	1116.20	1249.12	1256.32		1139.54	1181.63	1281.41		1123.14	1116.20	1249.12	1256.32		1139.54
64 and over	1200.84	1302.24		1141.40	1134.35	1269.42	1276.74		1158.06	1200.84	1302.24		1141.40	1134.35	1269.42	1276.74		1158.06

UnitedHealthcare of Oregon, Inc.
RATE SCHEDULE

Plan Information

Plan Name: UHC Bronze Essential
HIOS Plan ID: 62650WA0020005
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Both inside and 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	Yes	King
2	Yes	Clallam, Grays Harbor, Jefferson
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Mason, Pierce, Thurston
6	Yes	Kittitas, Yakima
7	Yes	Adams
8	No	
9	Yes	Whitman

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	306.22	332.07		291.06	289.26	323.71	325.57		295.31	306.22	332.07		291.06	289.26	323.71	325.57		295.31
15	333.43	361.59		316.93	314.97	352.48	354.51		321.56	333.43	361.59		316.93	314.97	352.48	354.51		321.56
16	343.84	372.88		326.82	324.80	363.48	365.58		331.59	343.84	372.88		326.82	324.80	363.48	365.58		331.59
17	354.25	384.16		336.71	334.63	374.48	376.64		341.63	354.25	384.16		336.71	334.63	374.48	376.64		341.63
18	365.46	396.32		347.37	345.22	386.33	388.56		352.44	365.46	396.32		347.37	345.22	386.33	388.56		352.44
19	376.66	408.47		358.02	355.81	398.18	400.47		363.25	376.66	408.47		358.02	355.81	398.18	400.47		363.25
20	388.27	421.06		369.05	366.77	410.45	412.82		374.44	388.27	421.06		369.05	366.77	410.45	412.82		374.44
21	400.28	434.08		380.47	378.12	423.14	425.58		386.02	400.28	434.08		380.47	378.12	423.14	425.58		386.02
22	400.28	434.08		380.47	378.12	423.14	425.58		386.02	400.28	434.08		380.47	378.12	423.14	425.58		386.02
23	400.28	434.08		380.47	378.12	423.14	425.58		386.02	400.28	434.08		380.47	378.12	423.14	425.58		386.02
24	400.28	434.08		380.47	378.12	423.14	425.58		386.02	400.28	434.08		380.47	378.12	423.14	425.58		386.02
25	401.88	435.82		381.99	379.63	424.84	427.29		387.57	401.88	435.82		381.99	379.63	424.84	427.29		387.57
26	409.89	444.50		389.60	387.19	433.30	435.80		395.29	409.89	444.50		389.60	387.19	433.30	435.80		395.29
27	419.49	454.92		398.73	396.27	443.46	446.01		404.55	419.49	454.92		398.73	396.27	443.46	446.01		404.55
28	435.11	471.85		413.57	411.01	459.96	462.61		419.61	435.11	471.85		413.57	411.01	459.96	462.61		419.61
29	447.91	485.74		425.74	423.11	473.50	476.23		431.96	447.91	485.74		425.74	423.11	473.50	476.23		431.96
30	454.32	492.68		431.83	429.16	480.27	483.04		438.13	454.32	492.68		431.83	429.16	480.27	483.04		438.13
31	463.93	503.10		440.96	438.24	490.42	493.25		447.40	463.93	503.10		440.96	438.24	490.42	493.25		447.40
32	473.53	513.52		450.09	447.31	500.58	503.46		456.66	473.53	513.52		450.09	447.31	500.58	503.46		456.66
33	479.54	520.03		455.80	452.98	506.93	509.85		462.45	479.54	520.03		455.80	452.98	506.93	509.85		462.45
34	485.94	526.97		461.89	459.03	513.70	516.66		468.63	485.94	526.97		461.89	459.03	513.70	516.66		468.63
35	489.14	530.45		464.93	462.06	517.08	520.06		471.72	489.14	530.45		464.93	462.06	517.08	520.06		471.72
36	492.35	533.92		467.97	465.08	520.47	523.47		474.81	492.35	533.92		467.97	465.08	520.47	523.47		474.81
37	495.55	537.39		471.02	468.11	523.85	526.87		477.89	495.55	537.39		471.02	468.11	523.85	526.87		477.89
38	498.75	540.86		474.06	471.13	527.24	530.28		480.98	498.75	540.86		474.06	471.13	527.24	530.28		480.98
39	505.16	547.81		480.15	477.18	534.01	537.09		487.16	505.16	547.81		480.15	477.18	534.01	537.09		487.16
40	511.56	554.76		486.24	483.23	540.78	543.89		493.34	511.56	554.76		486.24	483.23	540.78	543.89		493.34
41	521.17	565.17		495.37	492.31	550.93	554.11		502.60	521.17	565.17		495.37	492.31	550.93	554.11		502.60
42	530.37	575.16		504.12	501.00	560.67	563.90		511.48	530.37	575.16		504.12	501.00	560.67	563.90		511.48
43	543.18	589.05		516.29	513.10	574.21	577.52		523.83	543.18	589.05		516.29	513.10	574.21	577.52		523.83
44	559.19	606.41		531.51	528.23	591.13	594.54		539.27	559.19	606.41		531.51	528.23	591.13	594.54		539.27
45	578.01	626.81		549.39	546.00	611.02	614.54		557.42	578.01	626.81		549.39	546.00	611.02	614.54		557.42
46	600.42	651.12		570.70	567.18	634.72	638.37		579.03	600.42	651.12		570.70	567.18	634.72	638.37		579.03
47	625.64	678.47		594.67	591.00	661.38	665.19		603.35	625.64	678.47		594.67	591.00	661.38	665.19		603.35
48	654.46	709.72		622.06	618.22	691.84	695.83		631.15	654.46	709.72		622.06	618.22	691.84	695.83		631.15
49	682.88	740.54		649.08	645.07	721.89	726.04		658.55	682.88	740.54		649.08	645.07	721.89	726.04		658.55
50	714.90	775.27		679.51	675.32	755.74	760.09		689.43	714.90	775.27		679.51	675.32	755.74	760.09		689.43
51	746.52	809.56		709.57	705.19	789.17	793.71		719.93	746.52	809.56		709.57	705.19	789.17	793.71		719.93
52	781.35	847.33		742.67	738.08	825.98	830.74		753.51	781.35	847.33		742.67	738.08	825.98	830.74		753.51
53	816.57	885.53		776.15	771.36	863.22	868.19		787.48	816.57	885.53		776.15	771.36	863.22	868.19		787.48
54	854.60	926.76		812.30	807.28	903.41	908.62		824.16	854.60	926.76		812.30	807.28	903.41	908.62		824.16
55	892.63	968.00		848.44	843.20	943.61	949.05		860.83	892.63	968.00		848.44	843.20	943.61	949.05		860.83
56	933.86	1012.71		887.63	882.15	987.20	992.88		900.59	933.86	1012.71		887.63	882.15	987.20	992.88		900.59
57	975.49	1057.86		927.20	921.47	1031.20	1037.15		940.73	975.49	1057.86		927.20	921.47	1031.20	1037.15		940.73
58	1019.92	1106.04		969.43	963.44	1078.17	1084.38		983.58	1019.92	1106.04		969.43	963.44	1078.17	1084.38		983.58
59	1041.93	1129.91		990.35	984.24	1101.45	1107.79		1004.81	1041.93	1129.91		990.35	984.24	1101.45	1107.79		1004.81
60	1086.36	1178.10		1032.59	1026.21	1148.41	1155.03		1047.66	1086.36	1178.10		1032.59	1026.21	1148.41	1155.03		1047.66
61	1124.79	1219.77		1069.11	1062.51	1189.04	1195.89		1084.72	1124.79	1219.77		1069.11	1062.51	1189.04	1195.89		1084.72
62	1150.01	1247.11		1093.08	1086.33	1215.70	1222.70		1109.04	1150.01	1247.11		1093.08	1086.33	1215.70	1222.70		1109.04
63	1181.63	1281.41		1123.14	1116.20	1249.12	1256.32		1139.54	1181.63	1281.41		1123.14	1116.20	1249.12	1256.32		1139.54
64 and over	1200.84	1302.24		1141.40	1134.35	1269.42	1276.74		1158.06	1200.84	1302.24		1141.40	1134.35	1269.42	1276.74		1158.06

UnitedHealthcare of Oregon, Inc.
RATE SCHEDULE

Plan Information

Plan Name: UnitedHealthcare of Oregon, Inc. Cascade Silver
HIOS Plan ID: 62650WA0020003
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Both inside and outside the exchange
Metal Level: Silver
Plan Type: Standardized Non-Public Option Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Clallam, Grays Harbor, Jefferson
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Mason, Pierce, Thurston
6	Yes	Kittitas, Yakima
7	Yes	Adams
8	No	
9	Yes	Whitman

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	530.16	574.92		503.91	500.80	560.44	563.67		511.27	530.16	574.92		503.91	500.80	560.44	563.67		511.27
15	577.28	626.03		548.70	545.32	610.26	613.77		556.72	577.28	626.03		548.70	545.32	610.26	613.77		556.72
16	595.30	645.57		565.83	562.34	629.30	632.93		574.09	595.30	645.57		565.83	562.34	629.30	632.93		574.09
17	613.32	665.11		582.96	579.36	648.35	652.09		591.47	613.32	665.11		582.96	579.36	648.35	652.09		591.47
18	632.72	686.15		601.40	597.69	668.86	672.72		610.18	632.72	686.15		601.40	597.69	668.86	672.72		610.18
19	652.13	707.19		619.85	616.02	689.38	693.35		628.90	652.13	707.19		619.85	616.02	689.38	693.35		628.90
20	672.23	728.99		638.95	635.00	710.62	714.72		648.28	672.23	728.99		638.95	635.00	710.62	714.72		648.28
21	693.02	751.53		658.71	654.64	732.60	736.82		668.33	693.02	751.53		658.71	654.64	732.60	736.82		668.33
22	693.02	751.53		658.71	654.64	732.60	736.82		668.33	693.02	751.53		658.71	654.64	732.60	736.82		668.33
23	693.02	751.53		658.71	654.64	732.60	736.82		668.33	693.02	751.53		658.71	654.64	732.60	736.82		668.33
24	693.02	751.53		658.71	654.64	732.60	736.82		668.33	693.02	751.53		658.71	654.64	732.60	736.82		668.33
25	695.79	754.54		661.34	657.26	735.53	739.77		671.00	695.79	754.54		661.34	657.26	735.53	739.77		671.00
26	709.65	769.57		674.52	670.35	750.18	754.50		684.37	709.65	769.57		674.52	670.35	750.18	754.50		684.37
27	726.28	787.61		690.33	686.06	767.76	772.19		700.41	726.28	787.61		690.33	686.06	767.76	772.19		700.41
28	753.31	816.92		716.02	711.60	796.34	800.92		726.47	753.31	816.92		716.02	711.60	796.34	800.92		726.47
29	775.48	840.97		737.10	732.54	819.78	824.50		747.86	775.48	840.97		737.10	732.54	819.78	824.50		747.86
30	786.57	852.99		747.63	743.02	831.50	836.29		758.55	786.57	852.99		747.63	743.02	831.50	836.29		758.55
31	803.21	871.03		763.44	758.73	849.08	853.97		774.59	803.21	871.03		763.44	758.73	849.08	853.97		774.59
32	819.84	889.06		779.25	774.44	866.67	871.66		790.63	819.84	889.06		779.25	774.44	866.67	871.66		790.63
33	830.23	900.34		789.13	784.26	877.65	882.71		800.66	830.23	900.34		789.13	784.26	877.65	882.71		800.66
34	841.32	912.36		799.67	794.74	889.38	894.50		811.35	841.32	912.36		799.67	794.74	889.38	894.50		811.35
35	846.87	918.37		804.94	799.97	895.24	900.39		816.70	846.87	918.37		804.94	799.97	895.24	900.39		816.70
36	852.41	924.39		810.21	805.21	901.10	906.29		822.04	852.41	924.39		810.21	805.21	901.10	906.29		822.04
37	857.95	930.40		815.48	810.45	906.96	912.18		827.39	857.95	930.40		815.48	810.45	906.96	912.18		827.39
38	863.50	936.41		820.75	815.68	912.82	918.08		832.74	863.50	936.41		820.75	815.68	912.82	918.08		832.74
39	874.59	948.44		831.29	826.16	924.54	929.87		843.43	874.59	948.44		831.29	826.16	924.54	929.87		843.43
40	885.67	960.46		841.83	836.63	936.26	941.66		854.12	885.67	960.46		841.83	836.63	936.26	941.66		854.12
41	902.31	978.50		857.64	852.34	953.84	959.34		870.16	902.31	978.50		857.64	852.34	953.84	959.34		870.16
42	918.25	995.78		872.79	867.40	970.69	976.29		885.53	918.25	995.78		872.79	867.40	970.69	976.29		885.53
43	940.42	1019.83		893.87	888.35	994.14	999.87		906.92	940.42	1019.83		893.87	888.35	994.14	999.87		906.92
44	968.14	1049.89		920.22	914.53	1023.44	1029.34		933.65	968.14	1049.89		920.22	914.53	1023.44	1029.34		933.65
45	1000.71	1085.21		951.18	945.30	1057.87	1063.97		965.06	1000.71	1085.21		951.18	945.30	1057.87	1063.97		965.06
46	1039.52	1127.30		988.06	981.96	1098.90	1105.23		1002.49	1039.52	1127.30		988.06	981.96	1098.90	1105.23		1002.49
47	1083.18	1174.65		1029.56	1023.20	1145.05	1151.65		1044.60	1083.18	1174.65		1029.56	1023.20	1145.05	1151.65		1044.60
48	1133.08	1228.76		1076.99	1070.34	1197.80	1204.70		1092.72	1133.08	1228.76		1076.99	1070.34	1197.80	1204.70		1092.72
49	1182.28	1282.12		1123.76	1116.82	1249.81	1257.02		1140.17	1182.28	1282.12		1123.76	1116.82	1249.81	1257.02		1140.17
50	1237.73	1342.24		1176.45	1169.19	1308.42	1315.96		1193.63	1237.73	1342.24		1176.45	1169.19	1308.42	1315.96		1193.63
51	1292.47	1401.61		1228.49	1220.91	1366.30	1374.17		1246.43	1292.47	1401.61		1228.49	1220.91	1366.30	1374.17		1246.43
52	1352.77	1466.99		1285.80	1277.86	1430.03	1438.27		1304.57	1352.77	1466.99		1285.80	1277.86	1430.03	1438.27		1304.57
53	1413.75	1533.13		1343.77	1335.47	1494.50	1503.11		1363.39	1413.75	1533.13		1343.77	1335.47	1494.50	1503.11		1363.39
54	1479.59	1604.52		1406.34	1397.66	1564.10	1573.11		1426.88	1479.59	1604.52		1406.34	1397.66	1564.10	1573.11		1426.88
55	1545.42	1675.92		1468.92	1459.85	1633.70	1643.11		1490.37	1545.42	1675.92		1468.92	1459.85	1633.70	1643.11		1490.37
56	1616.81	1753.33		1536.77	1527.28	1709.15	1719.00		1559.21	1616.81	1753.33		1536.77	1527.28	1709.15	1719.00		1559.21
57	1688.88	1831.49		1605.27	1595.36	1785.34	1795.63		1628.71	1688.88	1831.49		1605.27	1595.36	1785.34	1795.63		1628.71
58	1765.80	1914.91		1678.39	1668.03	1866.66	1877.42		1702.90	1765.80	1914.91		1678.39	1668.03	1866.66	1877.42		1702.90
59	1803.92	1956.24		1714.62	1704.03	1906.96	1917.94		1739.66	1803.92	1956.24		1714.62	1704.03	1906.96	1917.94		1739.66
60	1880.84	2039.66		1787.74	1776.70	1988.28	1999.73		1813.84	1880.84	2039.66		1787.74	1776.70	1988.28	1999.73		1813.84
61	1947.37	2111.81		1850.97	1839.54	2058.60	2070.47		1878.00	1947.37	2111.81		1850.97	1839.54	2058.60	2070.47		1878.00
62	1991.03	2159.16		1892.47	1880.79	2104.76	2116.88		1920.10	1991.03	2159.16		1892.47	1880.79	2104.76	2116.88		1920.10
63	2045.78	2218.53		1944.51	1932.50	2162.63	2175.09		1972.90	2045.78	2218.53		1944.51	1932.50	2162.63	2175.09		1972.90
64 and over	2079.05	2254.59		1976.13	1963.92	2197.80	2210.46		2004.98	2079.05	2254.59		1976.13	1963.92	2197.80	2210.46		2004.98

UnitedHealthcare of Oregon, Inc.
RATE SCHEDULE

Plan Information

Plan Name: UHC Silver Copay Focus
HIOS Plan ID: 62650WA0020017
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Both inside and 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	Yes	King
2	Yes	Clallam, Grays Harbor, Jefferson
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Mason, Pierce, Thurston
6	Yes	Kittitas, Yakima
7	Yes	Adams
8	No	
9	Yes	Whitman

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	530.43	575.22		504.17	501.06	560.73	563.96		511.53	530.43	575.22		504.17	501.06	560.73	563.96		511.53
15	577.58	626.35		548.99	545.60	610.57	614.09		557.00	577.58	626.35		548.99	545.60	610.57	614.09		557.00
16	595.61	645.90		566.12	562.63	629.63	633.25		574.39	595.61	645.90		566.12	562.63	629.63	633.25		574.39
17	613.63	665.45		583.26	579.66	648.68	652.42		591.77	613.63	665.45		583.26	579.66	648.68	652.42		591.77
18	633.05	686.50		601.71	597.99	669.21	673.06		610.50	633.05	686.50		601.71	597.99	669.21	673.06		610.50
19	652.46	707.56		620.16	616.33	689.73	693.70		629.22	652.46	707.56		620.16	616.33	689.73	693.70		629.22
20	672.57	729.36		639.28	635.33	710.99	715.08		648.61	672.57	729.36		639.28	635.33	710.99	715.08		648.61
21	693.37	751.92		659.05	654.98	732.98	737.20		668.67	693.37	751.92		659.05	654.98	732.98	737.20		668.67
22	693.37	751.92		659.05	654.98	732.98	737.20		668.67	693.37	751.92		659.05	654.98	732.98	737.20		668.67
23	693.37	751.92		659.05	654.98	732.98	737.20		668.67	693.37	751.92		659.05	654.98	732.98	737.20		668.67
24	693.37	751.92		659.05	654.98	732.98	737.20		668.67	693.37	751.92		659.05	654.98	732.98	737.20		668.67
25	696.14	754.93		661.68	657.60	735.91	740.15		671.35	696.14	754.93		661.68	657.60	735.91	740.15		671.35
26	710.01	769.97		674.86	670.70	750.57	754.89		684.72	710.01	769.97		674.86	670.70	750.57	754.89		684.72
27	726.65	788.01		690.68	686.42	768.16	772.58		700.77	726.65	788.01		690.68	686.42	768.16	772.58		700.77
28	753.69	817.34		716.38	711.96	796.74	801.33		726.84	753.69	817.34		716.38	711.96	796.74	801.33		726.84
29	775.88	841.40		737.47	732.92	820.20	824.93		748.24	775.88	841.40		737.47	732.92	820.20	824.93		748.24
30	786.98	853.43		748.02	743.40	831.93	836.72		758.94	786.98	853.43		748.02	743.40	831.93	836.72		758.94
31	803.62	871.47		763.84	759.12	849.52	854.41		774.99	803.62	871.47		763.84	759.12	849.52	854.41		774.99
32	820.26	889.52		779.65	774.84	867.11	872.11		791.04	820.26	889.52		779.65	774.84	867.11	872.11		791.04
33	830.66	900.80		789.54	784.66	878.10	883.16		801.07	830.66	900.80		789.54	784.66	878.10	883.16		801.07
34	841.75	912.83		800.08	795.14	889.83	894.96		811.77	841.75	912.83		800.08	795.14	889.83	894.96		811.77
35	847.30	918.85		805.36	800.38	895.70	900.86		817.12	847.30	918.85		805.36	800.38	895.70	900.86		817.12
36	852.85	924.86		810.63	805.62	901.56	906.75		822.46	852.85	924.86		810.63	805.62	901.56	906.75		822.46
37	858.39	930.88		815.90	810.86	907.42	912.65		827.81	858.39	930.88		815.90	810.86	907.42	912.65		827.81
38	863.94	936.89		821.17	816.10	913.29	918.55		833.16	863.94	936.89		821.17	816.10	913.29	918.55		833.16
39	875.03	948.92		831.72	826.58	925.02	930.34		843.86	875.03	948.92		831.72	826.58	925.02	930.34		843.86
40	886.13	960.95		842.26	837.06	936.74	942.14		854.56	886.13	960.95		842.26	837.06	936.74	942.14		854.56
41	902.77	979.00		858.08	852.78	954.33	959.83		870.61	902.77	979.00		858.08	852.78	954.33	959.83		870.61
42	918.72	996.29		873.24	867.85	971.19	976.79		885.99	918.72	996.29		873.24	867.85	971.19	976.79		885.99
43	940.91	1020.35		894.33	888.80	994.65	1000.38		907.39	940.91	1020.35		894.33	888.80	994.65	1000.38		907.39
44	968.64	1050.43		920.69	915.00	1023.97	1029.87		934.13	968.64	1050.43		920.69	915.00	1023.97	1029.87		934.13
45	1001.23	1085.77		951.66	945.79	1058.42	1064.51		965.56	1001.23	1085.77		951.66	945.79	1058.42	1064.51		965.56
46	1040.06	1127.88		988.57	982.47	1099.46	1105.80		1003.01	1040.06	1127.88		988.57	982.47	1099.46	1105.80		1003.01
47	1083.74	1175.25		1030.09	1023.73	1145.64	1152.24		1045.13	1083.74	1175.25		1030.09	1023.73	1145.64	1152.24		1045.13
48	1133.66	1229.39		1077.54	1070.89	1198.42	1205.32		1093.28	1133.66	1229.39		1077.54	1070.89	1198.42	1205.32		1093.28
49	1182.89	1282.77		1124.33	1117.39	1250.46	1257.66		1140.75	1182.89	1282.77		1124.33	1117.39	1250.46	1257.66		1140.75
50	1238.36	1342.93		1177.06	1169.79	1309.09	1316.64		1194.25	1238.36	1342.93		1177.06	1169.79	1309.09	1316.64		1194.25
51	1293.14	1402.33		1229.12	1221.53	1367.00	1374.88		1247.07	1293.14	1402.33		1229.12	1221.53	1367.00	1374.88		1247.07
52	1353.46	1467.75		1286.46	1278.52	1430.77	1439.01		1305.24	1353.46	1467.75		1286.46	1278.52	1430.77	1439.01		1305.24
53	1414.48	1533.92		1344.46	1336.15	1495.27	1503.89		1364.09	1414.48	1533.92		1344.46	1336.15	1495.27	1503.89		1364.09
54	1480.35	1605.35		1407.07	1398.38	1564.90	1573.92		1427.61	1480.35	1605.35		1407.07	1398.38	1564.90	1573.92		1427.61
55	1546.22	1676.78		1469.68	1460.60	1634.54	1643.95		1491.14	1546.22	1676.78		1469.68	1460.60	1634.54	1643.95		1491.14
56	1617.64	1754.23		1537.56	1528.06	1710.03	1719.88		1560.01	1617.64	1754.23		1537.56	1528.06	1710.03	1719.88		1560.01
57	1689.75	1832.43		1606.10	1596.18	1786.26	1796.55		1629.55	1689.75	1832.43		1606.10	1596.18	1786.26	1796.55		1629.55
58	1766.71	1915.89		1679.25	1668.88	1867.62	1878.38		1703.77	1766.71	1915.89		1679.25	1668.88	1867.62	1878.38		1703.77
59	1804.85	1957.25		1715.50	1704.91	1907.94	1918.93		1740.55	1804.85	1957.25		1715.50	1704.91	1907.94	1918.93		1740.55
60	1881.81	2040.71		1788.65	1777.61	1989.30	2000.76		1814.77	1881.81	2040.71		1788.65	1777.61	1989.30	2000.76		1814.77
61	1948.37	2112.89		1851.92	1840.49	2059.66	2071.53		1878.96	1948.37	2112.89		1851.92	1840.49	2059.66	2071.53		1878.96
62	1992.06	2160.26		1893.44	1881.75	2105.84	2117.97		1921.09	1992.06	2160.26		1893.44	1881.75	2105.84	2117.97		1921.09
63	2046.83	2219.67		1945.51	1933.49	2163.74	2176.21		1973.92	2046.83	2219.67		1945.51	1933.49	2163.74	2176.21		1973.92
64 and over	2080.11	2255.76		1977.14	1964.93	2198.93	2211.60		2006.01	2080.11	2255.76		1977.14	1964.93	2198.93	2211.60		2006.01

UnitedHealthcare of Oregon, Inc.
RATE SCHEDULE

Plan Information

Plan Name: UHC Silver Value HSA (Off Exchange Only)
HIOS Plan ID: 62650WA0020023
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	Yes	King
2	Yes	Clallam, Grays Harbor, Jefferson
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Mason, Pierce, Thurston
6	Yes	Kittitas, Yakima
7	Yes	Adams
8	No	
9	Yes	Whitman

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	378.60	410.57		359.86	357.64	400.23	402.53		365.11	378.60	410.57		359.86	357.64	400.23	402.53		365.11
15	412.25	447.07		391.85	389.43	435.80	438.31		397.57	412.25	447.07		391.85	389.43	435.80	438.31		397.57
16	425.12	461.02		404.08	401.58	449.40	451.99		409.98	425.12	461.02		404.08	401.58	449.40	451.99		409.98
17	437.99	474.97		416.31	413.74	463.01	465.67		422.39	437.99	474.97		416.31	413.74	463.01	465.67		422.39
18	451.85	490.00		429.48	426.83	477.66	480.41		435.75	451.85	490.00		429.48	426.83	477.66	480.41		435.75
19	465.70	505.03		442.65	439.92	492.30	495.14		449.11	465.70	505.03		442.65	439.92	492.30	495.14		449.11
20	480.06	520.59		456.29	453.47	507.48	510.40		462.95	480.06	520.59		456.29	453.47	507.48	510.40		462.95
21	494.90	536.69		470.40	467.50	523.17	526.19		477.27	494.90	536.69		470.40	467.50	523.17	526.19		477.27
22	494.90	536.69		470.40	467.50	523.17	526.19		477.27	494.90	536.69		470.40	467.50	523.17	526.19		477.27
23	494.90	536.69		470.40	467.50	523.17	526.19		477.27	494.90	536.69		470.40	467.50	523.17	526.19		477.27
24	494.90	536.69		470.40	467.50	523.17	526.19		477.27	494.90	536.69		470.40	467.50	523.17	526.19		477.27
25	496.88	538.84		472.29	469.37	525.26	528.29		479.18	496.88	538.84		472.29	469.37	525.26	528.29		479.18
26	506.78	549.57		481.69	478.72	535.73	538.81		488.73	506.78	549.57		481.69	478.72	535.73	538.81		488.73
27	518.66	562.45		492.98	489.94	548.28	551.44		500.18	518.66	562.45		492.98	489.94	548.28	551.44		500.18
28	537.96	583.39		511.33	508.17	568.69	571.96		518.80	537.96	583.39		511.33	508.17	568.69	571.96		518.80
29	553.80	600.56		526.38	523.13	585.43	588.80		534.07	553.80	600.56		526.38	523.13	585.43	588.80		534.07
30	561.72	609.15		533.91	530.61	593.80	597.22		541.70	561.72	609.15		533.91	530.61	593.80	597.22		541.70
31	573.59	622.03		545.20	541.83	606.36	609.85		553.16	573.59	622.03		545.20	541.83	606.36	609.85		553.16
32	585.47	634.91		556.49	553.05	618.91	622.48		564.61	585.47	634.91		556.49	553.05	618.91	622.48		564.61
33	592.89	642.96		563.54	560.06	626.76	630.37		571.77	592.89	642.96		563.54	560.06	626.76	630.37		571.77
34	600.81	651.55		571.07	567.54	635.13	638.79		579.41	600.81	651.55		571.07	567.54	635.13	638.79		579.41
35	604.77	655.84		574.83	571.28	639.32	643.00		583.23	604.77	655.84		574.83	571.28	639.32	643.00		583.23
36	608.73	660.13		578.60	575.02	643.50	647.21		587.05	608.73	660.13		578.60	575.02	643.50	647.21		587.05
37	612.69	664.43		582.36	578.76	647.69	651.42		590.86	612.69	664.43		582.36	578.76	647.69	651.42		590.86
38	616.65	668.72		586.12	582.50	651.87	655.63		594.68	616.65	668.72		586.12	582.50	651.87	655.63		594.68
39	624.57	677.31		593.65	589.98	660.24	664.05		602.32	624.57	677.31		593.65	589.98	660.24	664.05		602.32
40	632.49	685.89		601.18	597.46	668.61	672.47		609.95	632.49	685.89		601.18	597.46	668.61	672.47		609.95
41	644.36	698.77		612.47	608.68	681.17	685.09		621.41	644.36	698.77		612.47	608.68	681.17	685.09		621.41
42	655.75	711.12		623.29	619.44	693.20	697.20		632.39	655.75	711.12		623.29	619.44	693.20	697.20		632.39
43	671.58	728.29		638.34	634.40	709.94	714.03		647.66	671.58	728.29		638.34	634.40	709.94	714.03		647.66
44	691.38	749.76		657.15	653.10	730.87	735.08		666.75	691.38	749.76		657.15	653.10	730.87	735.08		666.75
45	714.64	774.98		679.26	675.07	755.46	759.81		689.18	714.64	774.98		679.26	675.07	755.46	759.81		689.18
46	742.36	805.04		705.61	701.25	784.76	789.28		715.91	742.36	805.04		705.61	701.25	784.76	789.28		715.91
47	773.53	838.85		735.24	730.70	817.72	822.43		745.98	773.53	838.85		735.24	730.70	817.72	822.43		745.98
48	809.17	877.49		769.11	764.36	855.39	860.31		780.34	809.17	877.49		769.11	764.36	855.39	860.31		780.34
49	844.31	915.60		802.51	797.55	892.53	897.67		814.23	844.31	915.60		802.51	797.55	892.53	897.67		814.23
50	883.90	958.53		840.14	834.95	934.38	939.77		852.41	883.90	958.53		840.14	834.95	934.38	939.77		852.41
51	922.99	1000.93		877.30	871.89	975.71	981.34		890.11	922.99	1000.93		877.30	871.89	975.71	981.34		890.11
52	966.05	1047.62		918.23	912.56	1021.23	1027.11		931.64	966.05	1047.62		918.23	912.56	1021.23	1027.11		931.64
53	1009.60	1094.85		959.62	953.70	1067.27	1073.42		973.64	1009.60	1094.85		959.62	953.70	1067.27	1073.42		973.64
54	1056.62	1145.84		1004.31	998.11	1116.97	1123.41		1018.98	1056.62	1145.84		1004.31	998.11	1116.97	1123.41		1018.98
55	1103.63	1196.82		1049.00	1042.52	1166.67	1173.39		1064.32	1103.63	1196.82		1049.00	1042.52	1166.67	1173.39		1064.32
56	1154.61	1252.10		1097.45	1090.68	1220.56	1227.59		1113.48	1154.61	1252.10		1097.45	1090.68	1220.56	1227.59		1113.48
57	1206.08	1307.92		1146.37	1139.30	1274.97	1282.31		1163.11	1206.08	1307.92		1146.37	1139.30	1274.97	1282.31		1163.11
58	1261.01	1367.49		1198.59	1191.19	1333.04	1340.72		1216.09	1261.01	1367.49		1198.59	1191.19	1333.04	1340.72		1216.09
59	1288.23	1397.01		1224.46	1216.90	1361.82	1369.66		1242.34	1288.23	1397.01		1224.46	1216.90	1361.82	1369.66		1242.34
60	1343.17	1456.58		1276.68	1268.79	1419.89	1428.07		1295.32	1343.17	1456.58		1276.68	1268.79	1419.89	1428.07		1295.32
61	1390.68	1508.11		1321.84	1313.67	1470.11	1478.58		1341.14	1390.68	1508.11		1321.84	1313.67	1470.11	1478.58		1341.14
62	1421.86	1541.92		1351.47	1343.13	1503.07	1511.73		1371.20	1421.86	1541.92		1351.47	1343.13	1503.07	1511.73		1371.20
63	1460.95	1584.32		1388.63	1380.06	1544.40	1553.30		1408.91	1460.95	1584.32		1388.63	1380.06	1544.40	1553.30		1408.91
64 and over	1484.70	1610.07		1411.20	1402.50	1569.51	1578.56		1431.81	1484.70	1610.07		1411.20	1402.50	1569.51	1578.56		1431.81

UnitedHealthcare of Oregon, Inc.
RATE SCHEDULE

Plan Information

Plan Name: UnitedHealthcare of Oregon, Inc. Cascade Silver (Off Exchange Only)
HIOS Plan ID: 62650WA0020024
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Outside the exchange
Metal Level: Silver
Plan Type: Standardized Non-Public Option Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Clallam, Grays Harbor, Jefferson
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Mason, Pierce, Thurston
6	Yes	Kittitas, Yakima
7	Yes	Adams
8	No	
9	Yes	Whitman

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	376.77	408.59		358.12	355.91	398.29	400.59		363.35	376.77	408.59		358.12	355.91	398.29	400.59		363.35
15	410.26	444.90		389.95	387.54	433.70	436.19		395.65	410.26	444.90		389.95	387.54	433.70	436.19		395.65
16	423.07	458.79		402.12	399.64	447.23	449.81		408.00	423.07	458.79		402.12	399.64	447.23	449.81		408.00
17	435.87	472.68		414.30	411.74	460.77	463.42		420.34	435.87	472.68		414.30	411.74	460.77	463.42		420.34
18	449.66	487.63		427.40	424.76	475.35	478.09		433.64	449.66	487.63		427.40	424.76	475.35	478.09		433.64
19	463.45	502.59		440.51	437.79	489.92	492.75		446.94	463.45	502.59		440.51	437.79	489.92	492.75		446.94
20	477.74	518.08		454.09	451.28	505.02	507.93		460.72	477.74	518.08		454.09	451.28	505.02	507.93		460.72
21	492.51	534.10		468.13	465.24	520.64	523.64		474.97	492.51	534.10		468.13	465.24	520.64	523.64		474.97
22	492.51	534.10		468.13	465.24	520.64	523.64		474.97	492.51	534.10		468.13	465.24	520.64	523.64		474.97
23	492.51	534.10		468.13	465.24	520.64	523.64		474.97	492.51	534.10		468.13	465.24	520.64	523.64		474.97
24	492.51	534.10		468.13	465.24	520.64	523.64		474.97	492.51	534.10		468.13	465.24	520.64	523.64		474.97
25	494.48	536.23		470.00	467.10	522.72	525.74		476.87	494.48	536.23		470.00	467.10	522.72	525.74		476.87
26	504.33	546.92		479.37	476.41	533.14	536.21		486.36	504.33	546.92		479.37	476.41	533.14	536.21		486.36
27	516.15	559.73		490.60	487.57	545.63	548.78		497.76	516.15	559.73		490.60	487.57	545.63	548.78		497.76
28	535.36	580.56		508.86	505.72	565.94	569.20		516.29	535.36	580.56		508.86	505.72	565.94	569.20		516.29
29	551.12	597.66		523.84	520.60	582.60	585.96		531.49	551.12	597.66		523.84	520.60	582.60	585.96		531.49
30	559.00	606.20		531.33	528.05	590.93	594.33		539.09	559.00	606.20		531.33	528.05	590.93	594.33		539.09
31	570.82	619.02		542.56	539.21	603.42	606.90		550.49	570.82	619.02		542.56	539.21	603.42	606.90		550.49
32	582.64	631.84		553.80	550.38	615.92	619.47		561.88	582.64	631.84		553.80	550.38	615.92	619.47		561.88
33	590.03	639.85		560.82	557.36	623.73	627.32		569.01	590.03	639.85		560.82	557.36	623.73	627.32		569.01
34	597.91	648.40		568.31	564.80	632.06	635.70		576.61	597.91	648.40		568.31	564.80	632.06	635.70		576.61
35	601.85	652.67		572.05	568.52	636.22	639.89		580.41	601.85	652.67		572.05	568.52	636.22	639.89		580.41
36	605.79	656.94		575.80	572.24	640.39	644.08		584.21	605.79	656.94		575.80	572.24	640.39	644.08		584.21
37	609.73	661.21		579.54	575.97	644.56	648.27		588.01	609.73	661.21		579.54	575.97	644.56	648.27		588.01
38	613.67	665.49		583.29	579.69	648.72	652.46		591.81	613.67	665.49		583.29	579.69	648.72	652.46		591.81
39	621.55	674.03		590.78	587.13	657.05	660.84		599.41	621.55	674.03		590.78	587.13	657.05	660.84		599.41
40	629.43	682.58		598.27	594.58	665.38	669.21		607.01	629.43	682.58		598.27	594.58	665.38	669.21		607.01
41	641.25	695.40		609.51	605.74	677.88	681.78		618.41	641.25	695.40		609.51	605.74	677.88	681.78		618.41
42	652.58	707.68		620.27	616.44	689.85	693.83		629.33	652.58	707.68		620.27	616.44	689.85	693.83		629.33
43	668.34	724.77		635.25	631.33	706.51	710.58		644.53	668.34	724.77		635.25	631.33	706.51	710.58		644.53
44	688.04	746.14		653.98	649.94	727.34	731.53		663.53	688.04	746.14		653.98	649.94	727.34	731.53		663.53
45	711.19	771.24		675.98	671.81	751.81	756.14		685.85	711.19	771.24		675.98	671.81	751.81	756.14		685.85
46	738.77	801.15		702.19	697.86	780.96	785.46		712.45	738.77	801.15		702.19	697.86	780.96	785.46		712.45
47	769.79	834.80		731.69	727.17	813.76	818.45		742.37	769.79	834.80		731.69	727.17	813.76	818.45		742.37
48	805.26	873.25		765.39	760.67	851.25	856.15		776.57	805.26	873.25		765.39	760.67	851.25	856.15		776.57
49	840.22	911.17		798.63	793.70	888.22	893.33		810.29	840.22	911.17		798.63	793.70	888.22	893.33		810.29
50	879.62	953.90		836.08	830.92	929.87	935.22		848.29	879.62	953.90		836.08	830.92	929.87	935.22		848.29
51	918.53	996.09		873.06	867.67	971.00	976.59		885.81	918.53	996.09		873.06	867.67	971.00	976.59		885.81
52	961.38	1042.56		913.79	908.15	1016.29	1022.15		927.13	961.38	1042.56		913.79	908.15	1016.29	1022.15		927.13
53	1004.72	1089.56		954.99	949.09	1062.11	1068.23		968.93	1004.72	1089.56		954.99	949.09	1062.11	1068.23		968.93
54	1051.51	1140.30		999.46	993.29	1111.57	1117.98		1014.05	1051.51	1140.30		999.46	993.29	1111.57	1117.98		1014.05
55	1098.30	1191.04		1043.93	1037.48	1161.03	1167.72		1059.17	1098.30	1191.04		1043.93	1037.48	1161.03	1167.72		1059.17
56	1149.03	1246.05		1092.15	1085.40	1214.66	1221.66		1108.09	1149.03	1246.05		1092.15	1085.40	1214.66	1221.66		1108.09
57	1200.25	1301.60		1140.83	1133.79	1268.81	1276.12		1157.49	1200.25	1301.60		1140.83	1133.79	1268.81	1276.12		1157.49
58	1254.92	1360.88		1192.80	1185.43	1326.60	1334.24		1210.21	1254.92	1360.88		1192.80	1185.43	1326.60	1334.24		1210.21
59	1282.01	1390.26		1218.54	1211.02	1355.23	1363.04		1236.34	1282.01	1390.26		1218.54	1211.02	1355.23	1363.04		1236.34
60	1336.67	1449.54		1270.50	1262.66	1413.02	1421.16		1289.06	1336.67	1449.54		1270.50	1262.66	1413.02	1421.16		1289.06
61	1383.96	1500.82		1315.45	1307.32	1463.00	1471.43		1334.65	1383.96	1500.82		1315.45	1307.32	1463.00	1471.43		1334.65
62	1414.98	1534.46		1344.94	1336.63	1495.81	1504.42		1364.58	1414.98	1534.46		1344.94	1336.63	1495.81	1504.42		1364.58
63	1453.89	1576.66		1381.92	1373.39	1536.94	1545.79		1402.10	1453.89	1576.66		1381.92	1373.39	1536.94	1545.79		1402.10
64 and over	1477.53	1602.29		1404.39	1395.72	1561.92	1570.92		1424.90	1477.53	1602.29		1404.39	1395.72	1561.92	1570.92		1424.90

UnitedHealthcare of Oregon, Inc.
RATE SCHEDULE

Plan Information

Plan Name: UHC Silver Copay Focus (Off Exchange Only)
HIOS Plan ID: 62650WA0020025
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	Yes	King
2	Yes	Clallam, Grays Harbor, Jefferson
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Mason, Pierce, Thurston
6	Yes	Kittitas, Yakima
7	Yes	Adams
8	No	
9	Yes	Whitman

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	378.22	410.16		359.50	357.28	399.82	402.13		364.75	378.22	410.16		359.50	357.28	399.82	402.13		364.75
15	411.84	446.62		391.45	389.04	435.36	437.87		397.17	411.84	446.62		391.45	389.04	435.36	437.87		397.17
16	424.70	460.56		403.67	401.18	448.95	451.54		409.57	424.70	460.56		403.67	401.18	448.95	451.54		409.57
17	437.55	474.50		415.89	413.32	462.54	465.21		421.96	437.55	474.50		415.89	413.32	462.54	465.21		421.96
18	451.39	489.51		429.05	426.40	477.18	479.93		435.31	451.39	489.51		429.05	426.40	477.18	479.93		435.31
19	465.24	504.52		442.21	439.48	491.81	494.64		448.66	465.24	504.52		442.21	439.48	491.81	494.64		448.66
20	479.58	520.07		455.83	453.02	506.97	509.89		462.49	479.58	520.07		455.83	453.02	506.97	509.89		462.49
21	494.41	536.15		469.93	467.03	522.65	525.66		476.79	494.41	536.15		469.93	467.03	522.65	525.66		476.79
22	494.41	536.15		469.93	467.03	522.65	525.66		476.79	494.41	536.15		469.93	467.03	522.65	525.66		476.79
23	494.41	536.15		469.93	467.03	522.65	525.66		476.79	494.41	536.15		469.93	467.03	522.65	525.66		476.79
24	494.41	536.15		469.93	467.03	522.65	525.66		476.79	494.41	536.15		469.93	467.03	522.65	525.66		476.79
25	496.38	538.30		471.81	468.90	524.74	527.76		478.70	496.38	538.30		471.81	468.90	524.74	527.76		478.70
26	506.27	549.02		481.21	478.24	535.19	538.27		488.24	506.27	549.02		481.21	478.24	535.19	538.27		488.24
27	518.14	561.89		492.49	489.45	547.73	550.89		499.68	518.14	561.89		492.49	489.45	547.73	550.89		499.68
28	537.42	582.80		510.82	507.66	568.12	571.39		518.28	537.42	582.80		510.82	507.66	568.12	571.39		518.28
29	553.24	599.96		525.85	522.61	584.84	588.21		533.53	553.24	599.96		525.85	522.61	584.84	588.21		533.53
30	561.15	608.54		533.37	530.08	593.20	596.62		541.16	561.15	608.54		533.37	530.08	593.20	596.62		541.16
31	573.02	621.40		544.65	541.29	605.75	609.24		552.60	573.02	621.40		544.65	541.29	605.75	609.24		552.60
32	584.88	634.27		555.93	552.50	618.29	621.85		564.05	584.88	634.27		555.93	552.50	618.29	621.85		564.05
33	592.30	642.31		562.98	559.50	626.13	629.74		571.20	592.30	642.31		562.98	559.50	626.13	629.74		571.20
34	600.21	650.89		570.50	566.98	634.49	638.15		578.83	600.21	650.89		570.50	566.98	634.49	638.15		578.83
35	604.17	655.18		574.26	570.71	638.67	642.35		582.64	604.17	655.18		574.26	570.71	638.67	642.35		582.64
36	608.12	659.47		578.02	574.45	642.86	646.56		586.46	608.12	659.47		578.02	574.45	642.86	646.56		586.46
37	612.08	663.76		581.78	578.18	647.04	650.76		590.27	612.08	663.76		581.78	578.18	647.04	650.76		590.27
38	616.03	668.05		585.54	581.92	651.22	654.97		594.09	616.03	668.05		585.54	581.92	651.22	654.97		594.09
39	623.94	676.63		593.05	589.39	659.58	663.38		601.71	623.94	676.63		593.05	589.39	659.58	663.38		601.71
40	631.85	685.21		600.57	596.87	667.94	671.79		609.34	631.85	685.21		600.57	596.87	667.94	671.79		609.34
41	643.72	698.07		611.85	608.07	680.49	684.41		620.79	643.72	698.07		611.85	608.07	680.49	684.41		620.79
42	655.09	710.41		622.66	618.82	692.51	696.50		631.75	655.09	710.41		622.66	618.82	692.51	696.50		631.75
43	670.91	727.56		637.70	633.76	709.23	713.32		647.01	670.91	727.56		637.70	633.76	709.23	713.32		647.01
44	690.69	749.01		656.50	652.44	730.14	734.34		666.08	690.69	749.01		656.50	652.44	730.14	734.34		666.08
45	713.92	774.21		678.58	674.39	754.70	759.05		688.49	713.92	774.21		678.58	674.39	754.70	759.05		688.49
46	741.61	804.23		704.90	700.55	783.97	788.49		715.19	741.61	804.23		704.90	700.55	783.97	788.49		715.19
47	772.76	838.01		734.50	729.97	816.90	821.60		745.23	772.76	838.01		734.50	729.97	816.90	821.60		745.23
48	808.36	876.61		768.34	763.60	854.53	859.45		779.56	808.36	876.61		768.34	763.60	854.53	859.45		779.56
49	843.46	914.68		801.70	796.75	891.64	896.77		813.41	843.46	914.68		801.70	796.75	891.64	896.77		813.41
50	883.01	957.57		839.30	834.12	933.45	938.83		851.55	883.01	957.57		839.30	834.12	933.45	938.83		851.55
51	922.07	999.93		876.42	871.01	974.74	980.35		889.22	922.07	999.93		876.42	871.01	974.74	980.35		889.22
52	965.08	1046.57		917.31	911.64	1020.21	1026.08		930.70	965.08	1046.57		917.31	911.64	1020.21	1026.08		930.70
53	1008.59	1093.76		958.66	952.74	1066.20	1072.34		972.66	1008.59	1093.76		958.66	952.74	1066.20	1072.34		972.66
54	1055.56	1144.69		1003.31	997.11	1115.85	1122.28		1017.96	1055.56	1144.69		1003.31	997.11	1115.85	1122.28		1017.96
55	1102.53	1195.63		1047.95	1041.48	1165.50	1172.22		1063.25	1102.53	1195.63		1047.95	1041.48	1165.50	1172.22		1063.25
56	1153.45	1250.85		1096.35	1089.58	1219.34	1226.36		1112.36	1153.45	1250.85		1096.35	1089.58	1219.34	1226.36		1112.36
57	1204.87	1306.61		1145.23	1138.15	1273.69	1281.03		1161.95	1204.87	1306.61		1145.23	1138.15	1273.69	1281.03		1161.95
58	1259.75	1366.12		1197.39	1189.99	1331.70	1339.38		1214.87	1259.75	1366.12		1197.39	1189.99	1331.70	1339.38		1214.87
59	1286.94	1395.61		1223.23	1215.68	1360.45	1368.29		1241.10	1286.94	1395.61		1223.23	1215.68	1360.45	1368.29		1241.10
60	1341.82	1455.12		1275.40	1267.52	1418.46	1426.64		1294.02	1341.82	1455.12		1275.40	1267.52	1418.46	1426.64		1294.02
61	1389.28	1506.59		1320.51	1312.36	1468.64	1477.10		1339.79	1389.28	1506.59		1320.51	1312.36	1468.64	1477.10		1339.79
62	1420.43	1540.37		1350.12	1341.78	1501.56	1510.22		1369.83	1420.43	1540.37		1350.12	1341.78	1501.56	1510.22		1369.83
63	1459.49	1582.73		1387.24	1378.67	1542.85	1551.74		1407.50	1459.49	1582.73		1387.24	1378.67	1542.85	1551.74		1407.50
64 and over	1483.22	1608.45		1409.79	1401.09	1567.94	1576.97		1430.37	1483.22	1608.45		1409.79	1401.09	1567.94	1576.97		1430.37

UnitedHealthcare of Oregon, Inc.
RATE SCHEDULE

Plan Information

Plan Name: UnitedHealthcare of Oregon, Inc. Cascade Complete Gold
HIOS Plan ID: 62650WA0020001
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Both inside and outside the exchange
Metal Level: Gold
Plan Type: Standardized Non-Public Option Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Clallam, Grays Harbor, Jefferson
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Mason, Pierce, Thurston
6	Yes	Kittitas, Yakima
7	Yes	Adams
8	No	
9	Yes	Whitman

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	447.10	484.85		424.97	422.34	472.64	475.36		431.17	447.10	484.85		424.97	422.34	472.64	475.36		431.17
15	486.84	527.95		462.74	459.88	514.65	517.61		469.50	486.84	527.95		462.74	459.88	514.65	517.61		469.50
16	502.04	544.43		477.18	474.24	530.71	533.77		484.15	502.04	544.43		477.18	474.24	530.71	533.77		484.15
17	517.23	560.91		491.63	488.59	546.78	549.93		498.81	517.23	560.91		491.63	488.59	546.78	549.93		498.81
18	533.60	578.65		507.18	504.05	564.07	567.32		514.59	533.60	578.65		507.18	504.05	564.07	567.32		514.59
19	549.96	596.40		522.74	519.51	581.37	584.72		530.37	549.96	596.40		522.74	519.51	581.37	584.72		530.37
20	566.91	614.78		538.85	535.52	599.29	602.74		546.71	566.91	614.78		538.85	535.52	599.29	602.74		546.71
21	584.44	633.79		555.51	552.08	617.83	621.38		563.62	584.44	633.79		555.51	552.08	617.83	621.38		563.62
22	584.44	633.79		555.51	552.08	617.83	621.38		563.62	584.44	633.79		555.51	552.08	617.83	621.38		563.62
23	584.44	633.79		555.51	552.08	617.83	621.38		563.62	584.44	633.79		555.51	552.08	617.83	621.38		563.62
24	584.44	633.79		555.51	552.08	617.83	621.38		563.62	584.44	633.79		555.51	552.08	617.83	621.38		563.62
25	586.78	636.33		557.73	554.29	620.30	623.87		565.88	586.78	636.33		557.73	554.29	620.30	623.87		565.88
26	598.47	649.00		568.84	565.33	632.65	636.30		577.15	598.47	649.00		568.84	565.33	632.65	636.30		577.15
27	612.50	664.21		582.18	578.58	647.48	651.21		590.68	612.50	664.21		582.18	578.58	647.48	651.21		590.68
28	635.29	688.93		603.84	600.11	671.58	675.45		612.66	635.29	688.93		603.84	600.11	671.58	675.45		612.66
29	653.99	709.21		621.62	617.78	691.35	695.33		630.69	653.99	709.21		621.62	617.78	691.35	695.33		630.69
30	663.34	719.35		630.50	626.61	701.23	705.27		639.71	663.34	719.35		630.50	626.61	701.23	705.27		639.71
31	677.37	734.57		643.84	639.86	716.06	720.18		653.24	677.37	734.57		643.84	639.86	716.06	720.18		653.24
32	691.40	749.78		657.17	653.11	730.89	735.10		666.77	691.40	749.78		657.17	653.11	730.89	735.10		666.77
33	700.16	759.28		665.50	661.39	740.15	744.42		675.22	700.16	759.28		665.50	661.39	740.15	744.42		675.22
34	709.51	769.42		674.39	670.23	750.04	754.36		684.24	709.51	769.42		674.39	670.23	750.04	754.36		684.24
35	714.19	774.49		678.83	674.64	754.98	759.33		688.75	714.19	774.49		678.83	674.64	754.98	759.33		688.75
36	718.86	779.57		683.28	679.06	759.92	764.30		693.26	718.86	779.57		683.28	679.06	759.92	764.30		693.26
37	723.54	784.64		687.72	683.48	764.87	769.27		697.76	723.54	784.64		687.72	683.48	764.87	769.27		697.76
38	728.22	789.71		692.17	687.89	769.81	774.25		702.27	728.22	789.71		692.17	687.89	769.81	774.25		702.27
39	737.57	799.85		701.05	696.73	779.70	784.19		711.29	737.57	799.85		701.05	696.73	779.70	784.19		711.29
40	746.92	809.99		709.94	705.56	789.58	794.13		720.31	746.92	809.99		709.94	705.56	789.58	794.13		720.31
41	760.94	825.20		723.28	718.81	804.41	809.04		733.84	760.94	825.20		723.28	718.81	804.41	809.04		733.84
42	774.39	839.78		736.05	731.51	818.62	823.33		746.80	774.39	839.78		736.05	731.51	818.62	823.33		746.80
43	793.09	860.06		753.83	749.17	838.39	843.22		764.84	793.09	860.06		753.83	749.17	838.39	843.22		764.84
44	816.47	885.41		776.05	771.26	863.10	868.07		787.38	816.47	885.41		776.05	771.26	863.10	868.07		787.38
45	843.94	915.20		802.16	797.20	892.14	897.28		813.87	843.94	915.20		802.16	797.20	892.14	897.28		813.87
46	876.66	950.69		833.27	828.12	926.74	932.08		845.43	876.66	950.69		833.27	828.12	926.74	932.08		845.43
47	913.48	990.62		868.26	862.90	965.66	971.22		880.94	913.48	990.62		868.26	862.90	965.66	971.22		880.94
48	955.56	1036.25		908.26	902.65	1010.14	1015.96		921.52	955.56	1036.25		908.26	902.65	1010.14	1015.96		921.52
49	997.06	1081.25		947.70	941.85	1054.01	1060.08		961.54	997.06	1081.25		947.70	941.85	1054.01	1060.08		961.54
50	1043.81	1131.95		992.14	986.02	1103.44	1109.79		1006.63	1043.81	1131.95		992.14	986.02	1103.44	1109.79		1006.63
51	1089.99	1182.02		1036.03	1029.63	1152.24	1158.88		1051.16	1089.99	1182.02		1036.03	1029.63	1152.24	1158.88		1051.16
52	1140.83	1237.16		1084.36	1077.66	1205.99	1212.94		1100.19	1140.83	1237.16		1084.36	1077.66	1205.99	1212.94		1100.19
53	1192.26	1292.94		1133.24	1126.24	1260.36	1267.62		1149.79	1192.26	1292.94		1133.24	1126.24	1260.36	1267.62		1149.79
54	1247.79	1353.15		1186.02	1178.69	1319.06	1326.66		1203.33	1247.79	1353.15		1186.02	1178.69	1319.06	1326.66		1203.33
55	1303.31	1413.36		1238.79	1231.14	1377.75	1385.69		1256.88	1303.31	1413.36		1238.79	1231.14	1377.75	1385.69		1256.88
56	1363.50	1478.64		1296.01	1288.00	1441.39	1449.69		1314.93	1363.50	1478.64		1296.01	1288.00	1441.39	1449.69		1314.93
57	1424.29	1544.55		1353.78	1345.42	1505.64	1514.31		1373.55	1424.29	1544.55		1353.78	1345.42	1505.64	1514.31		1373.55
58	1489.16	1614.90		1415.44	1406.70	1574.22	1583.29		1436.11	1489.16	1614.90		1415.44	1406.70	1574.22	1583.29		1436.11
59	1521.30	1649.76		1445.99	1437.07	1608.20	1617.46		1467.11	1521.30	1649.76		1445.99	1437.07	1608.20	1617.46		1467.11
60	1586.18	1720.11		1507.66	1498.35	1676.78	1686.44		1529.67	1586.18	1720.11		1507.66	1498.35	1676.78	1686.44		1529.67
61	1642.28	1780.96		1560.99	1551.35	1736.09	1746.09		1583.78	1642.28	1780.96		1560.99	1551.35	1736.09	1746.09		1583.78
62	1679.10	1820.89		1595.98	1586.13	1775.01	1785.24		1619.29	1679.10	1820.89		1595.98	1586.13	1775.01	1785.24		1619.29
63	1725.27	1870.96		1639.87	1629.74	1823.82	1834.33		1663.81	1725.27	1870.96		1639.87	1629.74	1823.82	1834.33		1663.81
64 and over	1753.32	1901.37		1666.53	1656.24	1853.48	1864.14		1690.86	1753.32	1901.37		1666.53	1656.24	1853.48	1864.14		1690.86

UnitedHealthcare of Oregon, Inc.
RATE SCHEDULE

Plan Information

Plan Name: UHC Gold Value HSA (Off Exchange Only)
HIOS Plan ID: 62650WA0020027
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	Yes	King
2	Yes	Clallam, Grays Harbor, Jefferson
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Mason, Pierce, Thurston
6	Yes	Kittitas, Yakima
7	Yes	Adams
8	No	
9	Yes	Whitman

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	425.34	461.25		404.28	401.79	449.63	452.22		410.19	425.34	461.25		404.28	401.79	449.63	452.22		410.19
15	463.15	502.25		440.22	437.50	489.60	492.42		446.65	463.15	502.25		440.22	437.50	489.60	492.42		446.65
16	477.60	517.93		453.96	451.16	504.88	507.79		460.59	477.60	517.93		453.96	451.16	504.88	507.79		460.59
17	492.06	533.61		467.70	464.81	520.16	523.16		474.53	492.06	533.61		467.70	464.81	520.16	523.16		474.53
18	507.63	550.49		482.50	479.52	536.62	539.71		489.54	507.63	550.49		482.50	479.52	536.62	539.71		489.54
19	523.19	567.37		497.29	494.22	553.08	556.26		504.56	523.19	567.37		497.29	494.22	553.08	556.26		504.56
20	539.32	584.86		512.62	509.45	570.12	573.41		520.10	539.32	584.86		512.62	509.45	570.12	573.41		520.10
21	556.00	602.95		528.47	525.21	587.76	591.14		536.19	556.00	602.95		528.47	525.21	587.76	591.14		536.19
22	556.00	602.95		528.47	525.21	587.76	591.14		536.19	556.00	602.95		528.47	525.21	587.76	591.14		536.19
23	556.00	602.95		528.47	525.21	587.76	591.14		536.19	556.00	602.95		528.47	525.21	587.76	591.14		536.19
24	556.00	602.95		528.47	525.21	587.76	591.14		536.19	556.00	602.95		528.47	525.21	587.76	591.14		536.19
25	558.22	605.36		530.59	527.31	590.11	593.51		538.34	558.22	605.36		530.59	527.31	590.11	593.51		538.34
26	569.34	617.42		541.16	537.82	601.86	605.33		549.06	569.34	617.42		541.16	537.82	601.86	605.33		549.06
27	582.69	631.89		553.84	550.42	615.97	619.52		561.93	582.69	631.89		553.84	550.42	615.97	619.52		561.93
28	604.37	655.40		574.45	570.90	638.89	642.57		582.84	604.37	655.40		574.45	570.90	638.89	642.57		582.84
29	622.16	674.70		591.36	587.71	657.70	661.49		600.00	622.16	674.70		591.36	587.71	657.70	661.49		600.00
30	631.06	684.34		599.82	596.11	667.10	670.95		608.58	631.06	684.34		599.82	596.11	667.10	670.95		608.58
31	644.40	698.81		612.50	608.72	681.21	685.13		621.45	644.40	698.81		612.50	608.72	681.21	685.13		621.45
32	657.75	713.29		625.18	621.32	695.31	699.32		634.31	657.75	713.29		625.18	621.32	695.31	699.32		634.31
33	666.09	722.33		633.11	629.20	704.13	708.19		642.36	666.09	722.33		633.11	629.20	704.13	708.19		642.36
34	674.98	731.98		641.57	637.61	713.54	717.65		650.94	674.98	731.98		641.57	637.61	713.54	717.65		650.94
35	679.43	736.80		645.80	641.81	718.24	722.38		655.23	679.43	736.80		645.80	641.81	718.24	722.38		655.23
36	683.88	741.62		650.02	646.01	722.94	727.10		659.51	683.88	741.62		650.02	646.01	722.94	727.10		659.51
37	688.33	746.45		654.25	650.21	727.64	731.83		663.80	688.33	746.45		654.25	650.21	727.64	731.83		663.80
38	692.77	751.27		658.48	654.41	732.34	736.56		668.09	692.77	751.27		658.48	654.41	732.34	736.56		668.09
39	701.67	760.92		666.93	662.82	741.75	746.02		676.67	701.67	760.92		666.93	662.82	741.75	746.02		676.67
40	710.57	770.56		675.39	671.22	751.15	755.48		685.25	710.57	770.56		675.39	671.22	751.15	755.48		685.25
41	723.91	785.04		688.07	683.82	765.26	769.67		698.12	723.91	785.04		688.07	683.82	765.26	769.67		698.12
42	736.70	798.90		700.23	695.90	778.78	783.26		710.45	736.70	798.90		700.23	695.90	778.78	783.26		710.45
43	754.49	818.20		717.14	712.71	797.58	802.18		727.61	754.49	818.20		717.14	712.71	797.58	802.18		727.61
44	776.73	842.32		738.28	733.72	821.09	825.83		749.06	776.73	842.32		738.28	733.72	821.09	825.83		749.06
45	802.86	870.65		763.12	758.40	848.72	853.61		774.26	802.86	870.65		763.12	758.40	848.72	853.61		774.26
46	834.00	904.42		792.71	787.82	881.63	886.71		804.29	834.00	904.42		792.71	787.82	881.63	886.71		804.29
47	869.02	942.40		826.00	820.90	918.66	923.95		838.07	869.02	942.40		826.00	820.90	918.66	923.95		838.07
48	909.06	985.82		864.06	858.72	960.98	966.52		876.67	909.06	985.82		864.06	858.72	960.98	966.52		876.67
49	948.53	1028.63		901.58	896.01	1002.71	1008.49		914.74	948.53	1028.63		901.58	896.01	1002.71	1008.49		914.74
50	993.01	1076.86		943.85	938.03	1049.73	1055.78		957.64	993.01	1076.86		943.85	938.03	1049.73	1055.78		957.64
51	1036.94	1124.49		985.60	979.52	1096.16	1102.48		1000.00	1036.94	1124.49		985.60	979.52	1096.16	1102.48		1000.00
52	1085.31	1176.95		1031.58	1025.21	1147.30	1153.91		1046.64	1085.31	1176.95		1031.58	1025.21	1147.30	1153.91		1046.64
53	1134.24	1230.01		1078.09	1071.43	1199.02	1205.93		1093.83	1134.24	1230.01		1078.09	1071.43	1199.02	1205.93		1093.83
54	1187.06	1287.29		1128.29	1121.33	1254.86	1262.09		1144.77	1187.06	1287.29		1128.29	1121.33	1254.86	1262.09		1144.77
55	1239.88	1344.57		1178.50	1171.22	1310.69	1318.25		1195.71	1239.88	1344.57		1178.50	1171.22	1310.69	1318.25		1195.71
56	1297.14	1406.67		1232.93	1225.32	1371.23	1379.13		1250.93	1297.14	1406.67		1232.93	1225.32	1371.23	1379.13		1250.93
57	1354.97	1469.38		1287.89	1279.94	1432.36	1440.61		1306.70	1354.97	1469.38		1287.89	1279.94	1432.36	1440.61		1306.70
58	1416.68	1536.31		1346.55	1338.24	1497.60	1506.23		1366.21	1416.68	1536.31		1346.55	1338.24	1497.60	1506.23		1366.21
59	1447.26	1569.47		1375.62	1367.12	1529.93	1538.74		1395.70	1447.26	1569.47		1375.62	1367.12	1529.93	1538.74		1395.70
60	1508.98	1636.40		1434.28	1425.42	1595.17	1604.36		1455.22	1508.98	1636.40		1434.28	1425.42	1595.17	1604.36		1455.22
61	1562.35	1694.28		1485.01	1475.84	1651.59	1661.11		1506.70	1562.35	1694.28		1485.01	1475.84	1651.59	1661.11		1506.70
62	1597.38	1732.26		1518.31	1508.93	1688.62	1698.35		1540.48	1597.38	1732.26		1518.31	1508.93	1688.62	1698.35		1540.48
63	1641.31	1779.90		1560.06	1550.42	1735.05	1745.05		1582.83	1641.31	1779.90		1560.06	1550.42	1735.05	1745.05		1582.83
64 and over	1667.99	1808.84		1585.41	1575.63	1763.27	1773.42		1608.57	1667.99	1808.84		1585.41	1575.63	1763.27	1773.42		1608.57

UnitedHealthcare of Oregon, Inc.
RATE SCHEDULE

Plan Information

Plan Name: UHC Gold Copay Focus (Off Exchange Only)
HIOS Plan ID: 62650WA0020028
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	Yes	King
2	Yes	Clallam, Grays Harbor, Jefferson
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Mason, Pierce, Thurston
6	Yes	Kittitas, Yakima
7	Yes	Adams
8	No	
9	Yes	Whitman

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	437.32	474.25		415.67	413.10	462.30	464.96		421.74	437.32	474.25		415.67	413.10	462.30	464.96		421.74
15	476.19	516.40		452.62	449.82	503.39	506.29		459.23	476.19	516.40		452.62	449.82	503.39	506.29		459.23
16	491.06	532.52		466.75	463.86	519.10	522.09		473.56	491.06	532.52		466.75	463.86	519.10	522.09		473.56
17	505.92	548.64		480.87	477.90	534.82	537.90		487.90	505.92	548.64		480.87	477.90	534.82	537.90		487.90
18	521.92	566.00		496.09	493.02	551.74	554.92		503.33	521.92	566.00		496.09	493.02	551.74	554.92		503.33
19	537.93	583.35		511.30	508.14	568.66	571.93		518.77	537.93	583.35		511.30	508.14	568.66	571.93		518.77
20	554.51	601.33		527.06	523.81	586.18	589.56		534.76	554.51	601.33		527.06	523.81	586.18	589.56		534.76
21	571.66	619.93		543.36	540.01	604.31	607.79		551.29	571.66	619.93		543.36	540.01	604.31	607.79		551.29
22	571.66	619.93		543.36	540.01	604.31	607.79		551.29	571.66	619.93		543.36	540.01	604.31	607.79		551.29
23	571.66	619.93		543.36	540.01	604.31	607.79		551.29	571.66	619.93		543.36	540.01	604.31	607.79		551.29
24	571.66	619.93		543.36	540.01	604.31	607.79		551.29	571.66	619.93		543.36	540.01	604.31	607.79		551.29
25	573.95	622.41		545.53	542.17	606.73	610.22		553.50	573.95	622.41		545.53	542.17	606.73	610.22		553.50
26	585.38	634.81		556.40	552.97	618.81	622.38		564.53	585.38	634.81		556.40	552.97	618.81	622.38		564.53
27	599.10	649.69		569.44	565.93	633.32	636.97		577.76	599.10	649.69		569.44	565.93	633.32	636.97		577.76
28	621.39	673.86		590.63	586.99	656.89	660.67		599.26	621.39	673.86		590.63	586.99	656.89	660.67		599.26
29	639.69	693.70		608.02	604.27	676.22	680.12		616.90	639.69	693.70		608.02	604.27	676.22	680.12		616.90
30	648.83	703.62		616.71	612.91	685.89	689.85		625.72	648.83	703.62		616.71	612.91	685.89	689.85		625.72
31	662.55	718.50		629.75	625.87	700.40	704.43		638.95	662.55	718.50		629.75	625.87	700.40	704.43		638.95
32	676.27	733.38		642.80	638.83	714.90	719.02		652.18	676.27	733.38		642.80	638.83	714.90	719.02		652.18
33	684.85	742.68		650.95	646.93	723.97	728.14		660.45	684.85	742.68		650.95	646.93	723.97	728.14		660.45
34	693.99	752.59		659.64	655.57	733.63	737.86		669.27	693.99	752.59		659.64	655.57	733.63	737.86		669.27
35	698.57	757.55		663.99	659.89	738.47	742.72		673.68	698.57	757.55		663.99	659.89	738.47	742.72		673.68
36	703.14	762.51		668.33	664.21	743.30	747.59		678.09	703.14	762.51		668.33	664.21	743.30	747.59		678.09
37	707.71	767.47		672.68	668.53	748.14	752.45		682.50	707.71	767.47		672.68	668.53	748.14	752.45		682.50
38	712.29	772.43		677.03	672.85	752.97	757.31		686.91	712.29	772.43		677.03	672.85	752.97	757.31		686.91
39	721.43	782.35		685.72	681.49	762.64	767.04		695.73	721.43	782.35		685.72	681.49	762.64	767.04		695.73
40	730.58	792.27		694.41	690.13	772.31	776.76		704.55	730.58	792.27		694.41	690.13	772.31	776.76		704.55
41	744.30	807.15		707.46	703.09	786.81	791.35		717.79	744.30	807.15		707.46	703.09	786.81	791.35		717.79
42	757.45	821.41		719.95	715.51	800.71	805.33		730.46	757.45	821.41		719.95	715.51	800.71	805.33		730.46
43	775.74	841.24		737.34	732.79	820.05	824.78		748.11	775.74	841.24		737.34	732.79	820.05	824.78		748.11
44	798.61	866.04		759.07	754.39	844.22	849.09		770.16	798.61	866.04		759.07	754.39	844.22	849.09		770.16
45	825.48	895.18		784.61	779.77	872.63	877.65		796.07	825.48	895.18		784.61	779.77	872.63	877.65		796.07
46	857.49	929.89		815.04	810.01	906.47	911.69		826.94	857.49	929.89		815.04	810.01	906.47	911.69		826.94
47	893.50	968.95		849.27	844.03	944.54	949.98		861.67	893.50	968.95		849.27	844.03	944.54	949.98		861.67
48	934.66	1013.59		888.39	882.91	988.05	993.74		901.37	934.66	1013.59		888.39	882.91	988.05	993.74		901.37
49	975.25	1057.60		926.97	921.25	1030.96	1036.90		940.51	975.25	1057.60		926.97	921.25	1030.96	1036.90		940.51
50	1020.98	1107.19		970.44	964.45	1079.30	1085.52		984.61	1020.98	1107.19		970.44	964.45	1079.30	1085.52		984.61
51	1066.14	1156.17		1013.37	1007.11	1127.04	1133.53		1028.16	1066.14	1156.17		1013.37	1007.11	1127.04	1133.53		1028.16
52	1115.88	1210.10		1060.64	1054.09	1179.62	1186.41		1076.13	1115.88	1210.10		1060.64	1054.09	1179.62	1186.41		1076.13
53	1166.18	1264.66		1108.45	1101.61	1232.80	1239.90		1124.64	1166.18	1264.66		1108.45	1101.61	1232.80	1239.90		1124.64
54	1220.49	1323.55		1160.07	1152.91	1290.21	1297.64		1177.01	1220.49	1323.55		1160.07	1152.91	1290.21	1297.64		1177.01
55	1274.80	1382.44		1211.69	1204.21	1347.61	1355.38		1229.39	1274.80	1382.44		1211.69	1204.21	1347.61	1355.38		1229.39
56	1333.68	1446.30		1267.66	1259.83	1409.86	1417.98		1286.17	1333.68	1446.30		1267.66	1259.83	1409.86	1417.98		1286.17
57	1393.13	1510.77		1324.17	1315.99	1472.71	1481.19		1343.50	1393.13	1510.77		1324.17	1315.99	1472.71	1481.19		1343.50
58	1456.59	1579.58		1384.48	1375.93	1539.79	1548.66		1404.70	1456.59	1579.58		1384.48	1375.93	1539.79	1548.66		1404.70
59	1488.03	1613.68		1414.37	1405.63	1573.02	1582.09		1435.02	1488.03	1613.68		1414.37	1405.63	1573.02	1582.09		1435.02
60	1551.48	1682.49		1474.68	1465.57	1640.10	1649.55		1496.21	1551.48	1682.49		1474.68	1465.57	1640.10	1649.55		1496.21
61	1606.36	1742.00		1526.84	1517.41	1698.12	1707.90		1549.14	1606.36	1742.00		1526.84	1517.41	1698.12	1707.90		1549.14
62	1642.38	1781.06		1561.07	1551.43	1736.19	1746.19		1583.87	1642.38	1781.06		1561.07	1551.43	1736.19	1746.19		1583.87
63	1687.54	1830.03		1604.00	1594.10	1783.93	1794.21		1627.42	1687.54	1830.03		1604.00	1594.10	1783.93	1794.21		1627.42
64 and over	1714.98	1859.79		1630.08	1620.02	1812.93	1823.37		1653.87	1714.98	1859.79		1630.08	1620.02	1812.93	1823.37		1653.87

UnitedHealthcare of Oregon, Inc.
RATE SCHEDULE

Plan Information

Plan Name: UHC Gold Advantage
HIOS Plan ID: 62650WA0020020
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Both inside and 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	Yes	King
2	Yes	Clallam, Grays Harbor, Jefferson
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Mason, Pierce, Thurston
6	Yes	Kittitas, Yakima
7	Yes	Adams
8	No	
9	Yes	Whitman

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	442.74	480.12		420.82	418.22	468.03	470.73		426.97	442.74	480.12		420.82	418.22	468.03	470.73		426.97
15	482.09	522.80		458.23	455.40	509.63	512.57		464.92	482.09	522.80		458.23	455.40	509.63	512.57		464.92
16	497.14	539.12		472.53	469.61	525.54	528.57		479.43	497.14	539.12		472.53	469.61	525.54	528.57		479.43
17	512.19	555.44		486.83	483.83	541.45	544.56		493.94	512.19	555.44		486.83	483.83	541.45	544.56		493.94
18	528.39	573.01		502.24	499.14	558.58	561.79		509.57	528.39	573.01		502.24	499.14	558.58	561.79		509.57
19	544.60	590.59		517.64	514.44	575.71	579.02		525.20	544.60	590.59		517.64	514.44	575.71	579.02		525.20
20	561.38	608.79		533.59	530.30	593.45	596.87		541.38	561.38	608.79		533.59	530.30	593.45	596.87		541.38
21	578.75	627.61		550.10	546.70	611.80	615.33		558.13	578.75	627.61		550.10	546.70	611.80	615.33		558.13
22	578.75	627.61		550.10	546.70	611.80	615.33		558.13	578.75	627.61		550.10	546.70	611.80	615.33		558.13
23	578.75	627.61		550.10	546.70	611.80	615.33		558.13	578.75	627.61		550.10	546.70	611.80	615.33		558.13
24	578.75	627.61		550.10	546.70	611.80	615.33		558.13	578.75	627.61		550.10	546.70	611.80	615.33		558.13
25	581.06	630.12		552.30	548.89	614.25	617.79		560.36	581.06	630.12		552.30	548.89	614.25	617.79		560.36
26	592.64	642.68		563.30	559.82	626.49	630.10		571.52	592.64	642.68		563.30	559.82	626.49	630.10		571.52
27	606.53	657.74		576.50	572.94	641.17	644.86		584.92	606.53	657.74		576.50	572.94	641.17	644.86		584.92
28	629.10	682.22		597.95	594.26	665.03	668.86		606.69	629.10	682.22		597.95	594.26	665.03	668.86		606.69
29	647.62	702.30		615.56	611.76	684.61	688.55		624.55	647.62	702.30		615.56	611.76	684.61	688.55		624.55
30	656.88	712.34		624.36	620.50	694.40	698.40		633.48	656.88	712.34		624.36	620.50	694.40	698.40		633.48
31	670.77	727.41		637.56	633.62	709.08	713.16		646.87	670.77	727.41		637.56	633.62	709.08	713.16		646.87
32	684.66	742.47		650.76	646.74	723.76	727.93		660.27	684.66	742.47		650.76	646.74	723.76	727.93		660.27
33	693.34	751.88		659.01	654.95	732.94	737.16		668.64	693.34	751.88		659.01	654.95	732.94	737.16		668.64
34	702.60	761.92		667.82	663.69	742.73	747.01		677.57	702.60	761.92		667.82	663.69	742.73	747.01		677.57
35	707.23	766.94		672.22	668.07	747.62	751.93		682.03	707.23	766.94		672.22	668.07	747.62	751.93		682.03
36	711.86	771.97		676.62	672.44	752.52	756.85		686.50	711.86	771.97		676.62	672.44	752.52	756.85		686.50
37	716.49	776.99		681.02	676.81	757.41	761.78		690.96	716.49	776.99		681.02	676.81	757.41	761.78		690.96
38	721.12	782.01		685.42	681.19	762.31	766.70		695.43	721.12	782.01		685.42	681.19	762.31	766.70		695.43
39	730.38	792.05		694.22	689.93	772.09	776.54		704.36	730.38	792.05		694.22	689.93	772.09	776.54		704.36
40	739.64	802.09		703.02	698.68	781.88	786.39		713.29	739.64	802.09		703.02	698.68	781.88	786.39		713.29
41	753.53	817.15		716.22	711.80	796.57	801.16		726.68	753.53	817.15		716.22	711.80	796.57	801.16		726.68
42	766.84	831.59		728.88	724.38	810.64	815.31		739.52	766.84	831.59		728.88	724.38	810.64	815.31		739.52
43	785.36	851.67		746.48	741.87	830.22	835.00		757.38	785.36	851.67		746.48	741.87	830.22	835.00		757.38
44	808.51	876.78		768.48	763.74	854.69	859.61		779.70	808.51	876.78		768.48	763.74	854.69	859.61		779.70
45	835.71	906.28		794.34	789.43	883.44	888.53		805.94	835.71	906.28		794.34	789.43	883.44	888.53		805.94
46	868.12	941.42		825.14	820.05	917.70	922.99		837.19	868.12	941.42		825.14	820.05	917.70	922.99		837.19
47	904.58	980.96		859.80	854.49	956.25	961.76		872.35	904.58	980.96		859.80	854.49	956.25	961.76		872.35
48	946.25	1026.15		899.41	893.85	1000.30	1006.06		912.54	946.25	1026.15		899.41	893.85	1000.30	1006.06		912.54
49	987.34	1070.71		938.46	932.67	1043.73	1049.75		952.17	987.34	1070.71		938.46	932.67	1043.73	1049.75		952.17
50	1033.64	1120.92		982.47	976.40	1092.68	1098.97		996.82	1033.64	1120.92		982.47	976.40	1092.68	1098.97		996.82
51	1079.36	1170.50		1025.93	1019.59	1141.01	1147.59		1040.91	1079.36	1170.50		1025.93	1019.59	1141.01	1147.59		1040.91
52	1129.71	1225.10		1073.79	1067.16	1194.24	1201.12		1089.47	1129.71	1225.10		1073.79	1067.16	1194.24	1201.12		1089.47
53	1180.64	1280.33		1122.20	1115.27	1248.08	1255.27		1138.58	1180.64	1280.33		1122.20	1115.27	1248.08	1255.27		1138.58
54	1235.62	1339.96		1174.45	1167.20	1306.20	1313.72		1191.60	1235.62	1339.96		1174.45	1167.20	1306.20	1313.72		1191.60
55	1290.60	1399.58		1226.71	1219.14	1364.32	1372.18		1244.63	1290.60	1399.58		1226.71	1219.14	1364.32	1372.18		1244.63
56	1350.21	1464.22		1283.37	1275.45	1427.33	1435.56		1302.11	1350.21	1464.22		1283.37	1275.45	1427.33	1435.56		1302.11
57	1410.40	1529.50		1340.58	1332.31	1490.96	1499.55		1360.16	1410.40	1529.50		1340.58	1332.31	1490.96	1499.55		1360.16
58	1474.64	1599.16		1401.64	1392.99	1558.87	1567.85		1422.11	1474.64	1599.16		1401.64	1392.99	1558.87	1567.85		1422.11
59	1506.47	1633.68		1431.90	1423.06	1592.52	1601.70		1452.81	1506.47	1633.68		1431.90	1423.06	1592.52	1601.70		1452.81
60	1570.72	1703.35		1492.96	1483.74	1660.43	1670.00		1514.76	1570.72	1703.35		1492.96	1483.74	1660.43	1670.00		1514.76
61	1626.27	1763.60		1545.77	1536.22	1719.16	1729.07		1568.34	1626.27	1763.60		1545.77	1536.22	1719.16	1729.07		1568.34
62	1662.74	1803.14		1580.42	1570.67	1757.71	1767.84		1603.50	1662.74	1803.14		1580.42	1570.67	1757.71	1767.84		1603.50
63	1708.46	1852.72		1623.88	1613.86	1806.04	1816.45		1647.59	1708.46	1852.72		1623.88	1613.86	1806.04	1816.45		1647.59
64 and over	1736.24	1882.83		1650.29	1640.10	1835.40	1845.98		1674.38	1736.24	1882.83		1650.29	1640.10	1835.40	1845.98		1674.38

UnitedHealthcare of Oregon, Inc.
RATE SCHEDULE

Plan Information

Plan Name: UnitedHealthcare of Oregon, Inc. Cascade Vital Gold
HIOS Plan ID: 62650WA0020026
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Both inside and outside the exchange
Metal Level: Gold
Plan Type: Standardized Non-Public Option Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Clallam, Grays Harbor, Jefferson
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Mason, Pierce, Thurston
6	Yes	Kittitas, Yakima
7	Yes	Adams
8	No	
9	Yes	Whitman

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	419.71	455.15		398.93	396.47	443.68	446.24		404.76	419.71	455.15		398.93	396.47	443.68	446.24		404.76
15	457.02	495.61		434.39	431.71	483.12	485.91		440.74	457.02	495.61		434.39	431.71	483.12	485.91		440.74
16	471.28	511.08		447.95	445.19	498.20	501.07		454.49	471.28	511.08		447.95	445.19	498.20	501.07		454.49
17	485.55	526.55		461.51	458.66	513.28	516.24		468.25	485.55	526.55		461.51	458.66	513.28	516.24		468.25
18	500.91	543.21		476.11	473.17	529.52	532.57		483.07	500.91	543.21		476.11	473.17	529.52	532.57		483.07
19	516.27	559.87		490.72	487.69	545.76	548.91		497.88	516.27	559.87		490.72	487.69	545.76	548.91		497.88
20	532.18	577.12		505.84	502.71	562.58	565.82		513.22	532.18	577.12		505.84	502.71	562.58	565.82		513.22
21	548.64	594.97		521.48	518.26	579.98	583.32		529.10	548.64	594.97		521.48	518.26	579.98	583.32		529.10
22	548.64	594.97		521.48	518.26	579.98	583.32		529.10	548.64	594.97		521.48	518.26	579.98	583.32		529.10
23	548.64	594.97		521.48	518.26	579.98	583.32		529.10	548.64	594.97		521.48	518.26	579.98	583.32		529.10
24	548.64	594.97		521.48	518.26	579.98	583.32		529.10	548.64	594.97		521.48	518.26	579.98	583.32		529.10
25	550.84	597.35		523.57	520.34	582.30	585.65		531.21	550.84	597.35		523.57	520.34	582.30	585.65		531.21
26	561.81	609.25		534.00	530.70	593.90	597.32		541.80	561.81	609.25		534.00	530.70	593.90	597.32		541.80
27	574.98	623.53		546.51	543.14	607.82	611.32		554.49	574.98	623.53		546.51	543.14	607.82	611.32		554.49
28	596.37	646.73		566.85	563.35	630.44	634.07		575.13	596.37	646.73		566.85	563.35	630.44	634.07		575.13
29	613.93	665.77		583.54	579.94	649.00	652.74		592.06	613.93	665.77		583.54	579.94	649.00	652.74		592.06
30	622.71	675.29		591.88	588.23	658.28	662.07		600.53	622.71	675.29		591.88	588.23	658.28	662.07		600.53
31	635.88	689.57		604.40	600.67	672.20	676.07		613.22	635.88	689.57		604.40	600.67	672.20	676.07		613.22
32	649.04	703.85		616.91	613.10	686.12	690.07		625.92	649.04	703.85		616.91	613.10	686.12	690.07		625.92
33	657.27	712.77		624.74	620.88	694.82	698.82		633.86	657.27	712.77		624.74	620.88	694.82	698.82		633.86
34	666.05	722.29		633.08	629.17	704.10	708.15		642.32	666.05	722.29		633.08	629.17	704.10	708.15		642.32
35	670.44	727.05		637.25	633.32	708.74	712.82		646.56	670.44	727.05		637.25	633.32	708.74	712.82		646.56
36	674.83	731.81		641.42	637.46	713.37	717.48		650.79	674.83	731.81		641.42	637.46	713.37	717.48		650.79
37	679.22	736.57		645.60	641.61	718.01	722.15		655.02	679.22	736.57		645.60	641.61	718.01	722.15		655.02
38	683.61	741.33		649.77	645.76	722.65	726.82		659.25	683.61	741.33		649.77	645.76	722.65	726.82		659.25
39	692.39	750.85		658.11	654.05	731.93	736.15		667.72	692.39	750.85		658.11	654.05	731.93	736.15		667.72
40	701.16	760.37		666.45	662.34	741.21	745.48		676.19	701.16	760.37		666.45	662.34	741.21	745.48		676.19
41	714.33	774.65		678.97	674.78	755.13	759.48		688.88	714.33	774.65		678.97	674.78	755.13	759.48		688.88
42	726.95	788.33		690.96	686.70	768.47	772.90		701.05	726.95	788.33		690.96	686.70	768.47	772.90		701.05
43	744.51	807.37		707.65	703.28	787.03	791.57		717.98	744.51	807.37		707.65	703.28	787.03	791.57		717.98
44	766.45	831.17		728.51	724.01	810.23	814.90		739.15	766.45	831.17		728.51	724.01	810.23	814.90		739.15
45	792.24	859.14		753.02	748.37	837.49	842.32		764.02	792.24	859.14		753.02	748.37	837.49	842.32		764.02
46	822.96	892.45		782.22	777.39	869.97	874.98		793.65	822.96	892.45		782.22	777.39	869.97	874.98		793.65
47	857.53	929.94		815.08	810.04	906.51	911.73		826.98	857.53	929.94		815.08	810.04	906.51	911.73		826.98
48	897.03	972.77		852.62	847.36	948.27	953.73		865.07	897.03	972.77		852.62	847.36	948.27	953.73		865.07
49	935.98	1015.02		889.65	884.16	989.45	995.15		902.64	935.98	1015.02		889.65	884.16	989.45	995.15		902.64
50	979.87	1062.61		931.37	925.62	1035.84	1041.81		944.97	979.87	1062.61		931.37	925.62	1035.84	1041.81		944.97
51	1023.22	1109.62		972.56	966.56	1081.66	1087.89		986.77	1023.22	1109.62		972.56	966.56	1081.66	1087.89		986.77
52	1070.95	1161.38		1017.93	1011.65	1132.12	1138.64		1032.80	1070.95	1161.38		1017.93	1011.65	1132.12	1138.64		1032.80
53	1119.23	1213.74		1063.82	1057.26	1183.16	1189.98		1079.36	1119.23	1213.74		1063.82	1057.26	1183.16	1189.98		1079.36
54	1171.35	1270.26		1113.37	1106.49	1238.26	1245.39		1129.62	1171.35	1270.26		1113.37	1106.49	1238.26	1245.39		1129.62
55	1223.47	1326.78		1162.91	1155.73	1293.35	1300.81		1179.89	1223.47	1326.78		1162.91	1155.73	1293.35	1300.81		1179.89
56	1279.98	1388.06		1216.62	1209.11	1353.09	1360.89		1234.38	1279.98	1388.06		1216.62	1209.11	1353.09	1360.89		1234.38
57	1337.04	1449.94		1270.85	1263.01	1413.41	1421.55		1289.41	1337.04	1449.94		1270.85	1263.01	1413.41	1421.55		1289.41
58	1397.94	1515.98		1328.74	1320.53	1477.79	1486.30		1348.14	1397.94	1515.98		1328.74	1320.53	1477.79	1486.30		1348.14
59	1428.12	1548.70		1357.42	1349.04	1509.69	1518.38		1377.24	1428.12	1548.70		1357.42	1349.04	1509.69	1518.38		1377.24
60	1489.01	1614.75		1415.30	1406.56	1574.06	1583.13		1435.97	1489.01	1614.75		1415.30	1406.56	1574.06	1583.13		1435.97
61	1541.68	1671.86		1465.37	1456.32	1629.74	1639.13		1486.76	1541.68	1671.86		1465.37	1456.32	1629.74	1639.13		1486.76
62	1576.25	1709.35		1498.22	1488.97	1666.28	1675.88		1520.10	1576.25	1709.35		1498.22	1488.97	1666.28	1675.88		1520.10
63	1619.59	1756.35		1539.42	1529.91	1712.10	1721.96		1561.89	1619.59	1756.35		1539.42	1529.91	1712.10	1721.96		1561.89
64 and over	1645.92	1784.91		1564.44	1554.78	1739.94	1749.96		1587.29	1645.92	1784.91		1564.44	1554.78	1739.94	1749.96		1587.29

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 CalculationsWorksheet 1 TotalsSection III: Plan Adjustment FactorsSection IV: Projected Plan Level Information

4.1 Allowed ID (Standard Component ID)	Total	62650AW0002026	62650AW0002027	62650AW0002028	62650AW0002029	62650AW0002030	62650AW0002031	62650AW0002032	62650AW0002033	62650AW0002034	62650AW0002035	62650AW0002036	62650AW0002037	62650AW0002038	62650AW0002039	62650AW0002040	62650AW0002041	62650AW0002042	62650AW0002043	62650AW0002044	62650AW0002045	62650AW0002046	62650AW0002047	62650AW0002048	62650AW0002049	62650AW0002050	62650AW0002051	62650AW0002052	62650AW0002053	62650AW0002054	62650AW0002055	62650AW0002056	62650AW0002057	62650AW0002058	62650AW0002059	62650AW0002060	62650AW0002061	62650AW0002062	62650AW0002063	62650AW0002064	62650AW0002065	62650AW0002066	62650AW0002067	62650AW0002068	62650AW0002069	62650AW0002070	62650AW0002071	62650AW0002072	62650AW0002073	62650AW0002074	62650AW0002075	62650AW0002076	62650AW0002077	62650AW0002078	62650AW0002079	62650AW0002080	62650AW0002081	62650AW0002082	62650AW0002083	62650AW0002084	62650AW0002085	62650AW0002086	62650AW0002087	62650AW0002088	62650AW0002089	62650AW0002090	62650AW0002091	62650AW0002092	62650AW0002093	62650AW0002094	62650AW0002095	62650AW0002096	62650AW0002097	62650AW0002098	62650AW0002099	62650AW0002100	62650AW0002101	62650AW0002102	62650AW0002103	62650AW0002104	62650AW0002105	62650AW0002106	62650AW0002107	62650AW0002108	62650AW0002109	62650AW0002110	62650AW0002111	62650AW0002112	62650AW0002113	62650AW0002114	62650AW0002115	62650AW0002116	62650AW0002117	62650AW0002118	62650AW0002119	62650AW0002120	62650AW0002121	62650AW0002122	62650AW0002123	62650AW0002124	62650AW0002125	62650AW0002126	62650AW0002127	62650AW0002128	62650AW0002129	62650AW0002130	62650AW0002131	62650AW0002132	62650AW0002133	62650AW0002134	62650AW0002135	62650AW0002136	62650AW0002137	62650AW0002138	62650AW0002139	62650AW0002140	62650AW0002141	62650AW0002142	62650AW0002143	62650AW0002144	62650AW0002145	62650AW0002146	62650AW0002147	62650AW0002148	62650AW0002149	62650AW0002150	62650AW0002151	62650AW0002152	62650AW0002153	62650AW0002154	62650AW0002155	62650AW0002156	62650AW0002157	62650AW0002158	62650AW0002159	62650AW0002160	62650AW0002161	62650AW0002162	62650AW0002163	62650AW0002164	62650AW0002165	62650AW0002166	62650AW0002167	62650AW0002168	62650AW0002169	62650AW0002170	62650AW0002171	62650AW0002172	62650AW0002173	62650AW0002174	62650AW0002175	62650AW0002176	62650AW0002177	62650AW0002178	62650AW0002179	62650AW0002180	62650AW0002181	62650AW0002182	62650AW0002183	62650AW0002184	62650AW0002185	62650AW0002186	62650AW0002187	62650AW0002188	62650AW0002189	62650AW0002190	62650AW0002191	62650AW0002192	62650AW0002193	62650AW0002194	62650AW0002195	62650AW0002196	62650AW0002197	62650AW0002198	62650AW0002199	62650AW0002200	62650AW0002201	62650AW0002202	62650AW0002203	62650AW0002204	62650AW0002205	62650AW0002206	62650AW0002207	62650AW0002208	62650AW0002209	62650AW0002210	62650AW0002211	62650AW0002212	62650AW0002213	62650AW0002214	62650AW0002215	62650AW0002216	62650AW0002217	62650AW0002218	62650AW0002219	62650AW0002220	62650AW0002221	62650AW0002222	62650AW0002223	62650AW0002224	62650AW0002225	62650AW0002226	62650AW0002227	62650AW0002228	62650AW0002229	62650AW0002230	62650AW0002231	62650AW0002232	62650AW0002233	62650AW0002234	62650AW0002235	62650AW0002236	62650AW0002237	62650AW0002238	62650AW0002239	62650AW0002240	62650AW0002241	62650AW0002242	62650AW0002243	62650AW0002244	62650AW0002245	62650AW0002246	62650AW0002247	62650AW0002248	62650AW0002249	62650AW0002250	62650AW0002251
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Individual and Small Group Nongrandfathered Health Plan Standardized Rate Filing Exhibits for Plan Year 2026

Purpose

Grandfathered Health products. Please read and follow the instructions below before completing and submitting your workbook.

General Instructions

Complete All Required Sheets

Each template sheet in this workbook must be completed; these sheets are colored green at the bottom of the Excel window. Sheet-specific instructions are provided in the orange box in the upper-right of each sheet. The rate filing checklist includes additional information that may help complete these templates.

Use of Yellow Cells

Cells formatted with a yellow background are intended for user inputs. Please enter information only in these cells, unless otherwise specified.

Provide Comments for Clarification

At the bottom of each template sheet, there is a Comments section. Use this space to provide clarifying notes or explanations for the information entered on that sheet. Alternatively, if you require more space, you can use this section to point to an external document that includes this support. ***This is particularly important for communicating any assumptions, methodologies, or deviations that are not apparent from the sheet-***

Delete Example Sheets Before Submission

Example sheets are provided for reference only. These sheets are colored gray and **must be deleted** from the workbook prior to submission to avoid confusion during the review process.

Submit a Clean Workbook

Ensure the workbook is complete, accurate, and free of any instructional or example content before submitting it for regulatory review.

Important Definitions

Meaning of "Actual"

Many template sheets refer to "actual" results, typically relating to experience in a prior period. This term may refer to raw observed data, adjusted experience, or best-estimate results derived using actuarial methods or models. Adjustments may involve normalization, credibility weighting, pooling, or consideration of unusual events or emerging trends.

When determining actual results, consider the purpose and context of each template sheet. Generally, the intent is to compare actual to expected results to assess predictive accuracy or to normalize past data to current conditions. Actual results should be reported on a basis comparable to expected results.

If raw or minimally-adjusted data are not available or sufficient, estimated actual results are acceptable. Use the following hierarchy when determining which results to report:

1. Raw data, when available.
2. Minimally-adjusted data.
3. Best-estimate data.

Unless otherwise specified by the template's instructions or definitions, we will assume the data reflects raw results. If adjusted or estimated results are reported, clearly document the assumptions, methods, models, and rationale in the sheet's Comments section. If there are material dependencies or interactions with other values, also describe those relationships and the order of estimation. Such transparency supports accurate interpretation and appropriate reliance on the results.

WA Exhibit 1: Experience Data

Carrier Name:	UnitedHealthcare of Oregon, Inc.
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	5,962	\$3,239,838	\$30,087	\$3,269,925	\$4,148,794	\$38,702	\$4,187,496
202402	6,082	\$3,067,859	\$29,335	\$3,097,194	\$3,861,686	\$36,136	\$3,897,822
202403	6,018	\$3,118,310	\$48,663	\$3,166,973	\$3,917,261	\$61,119	\$3,978,380
202404	6,036	\$3,657,179	\$112,464	\$3,769,643	\$4,426,962	\$133,135	\$4,560,098
202405	6,132	\$4,148,052	\$77,124	\$4,225,176	\$4,889,215	\$92,350	\$4,981,565
202406	6,305	\$4,404,127	\$191,530	\$4,595,658	\$5,121,983	\$215,685	\$5,337,667
202407	6,431	\$3,600,918	\$115,355	\$3,716,274	\$4,282,339	\$136,064	\$4,418,403
202408	6,539	\$4,940,703	\$132,019	\$5,072,722	\$5,638,705	\$151,199	\$5,789,904
202409	6,653	\$3,970,478	\$212,581	\$4,183,060	\$4,655,714	\$249,019	\$4,904,733
202410	6,679	\$4,701,217	\$371,532	\$5,072,749	\$5,417,250	\$419,573	\$5,836,823
202411	6,757	\$4,209,886	\$335,269	\$4,545,155	\$4,877,399	\$388,741	\$5,266,139
202412	6,637	\$4,520,818	\$414,626	\$4,935,443	\$5,183,372	\$470,760	\$5,654,132
CY2024	76,231	\$47,579,385	\$2,070,587	\$49,649,972	\$56,420,680	\$2,392,483	\$58,813,163

2024 ULTIMATE ALLOWED CLAIMS, TOTAL											
Inpatient Hospital	Outpatient Hospital	Professional	Other Medical	Capitation	Prescription Drug before Drug Rebates	Prescription Drug Rebates (Negative \$)	Non-EHBs	Total EHB Allowed	Total Allowed (EHB + non-EHB)	Check Total Allowed (should be \$0)	
\$797,881	\$1,376,836	\$1,062,175	\$237,511	\$0	\$1,019,379	(\$306,285)	\$0	\$4,187,496	\$4,187,496	\$0	
\$473,143	\$1,516,846	\$1,156,495	\$61,764	\$0	\$985,061	(\$295,928)	\$441	\$3,897,381	\$3,897,822	\$0	
\$452,422	\$1,549,404	\$1,192,697	\$78,419	\$0	\$1,007,439	(\$302,416)	\$417	\$3,977,964	\$3,978,380	\$0	
\$1,029,000	\$1,215,694	\$1,378,939	\$93,709	\$0	\$1,202,619	(\$360,356)	\$493	\$4,559,605	\$4,560,098	\$0	
\$1,064,269	\$1,511,926	\$1,310,395	\$83,230	\$0	\$1,445,260	(\$433,515)	\$0	\$4,981,565	\$4,981,565	\$0	
\$1,553,855	\$1,691,809	\$1,204,685	\$84,862	\$0	\$1,143,848	(\$342,283)	\$891	\$5,336,776	\$5,337,667	\$0	
\$554,193	\$1,660,435	\$1,254,612	\$21,997	\$0	\$1,323,003	(\$396,295)	\$458	\$4,417,945	\$4,418,403	\$0	
\$1,430,696	\$1,924,219	\$1,264,545	\$135,838	\$0	\$1,474,640	(\$442,058)	\$2,024	\$5,787,880	\$5,789,904	\$0	
\$600,903	\$1,822,445	\$1,406,063	\$29,273	\$0	\$1,492,029	(\$445,979)	\$0	\$4,904,733	\$4,904,733	\$0	
\$979,019	\$2,149,202	\$1,502,384	\$49,582	\$0	\$1,648,022	(\$491,386)	\$0	\$5,836,823	\$5,836,823	\$0	
\$1,002,851	\$1,723,995	\$1,454,109	\$90,886	\$0	\$1,416,472	(\$422,173)	\$0	\$5,266,139	\$5,266,139	\$0	
\$838,034	\$1,908,951	\$1,497,933	\$310,905	\$0	\$1,563,988	(\$465,680)	\$0	\$5,654,132	\$5,654,132	\$0	
\$10,776,267	\$20,051,762	\$15,685,032	\$1,277,974	\$0	\$15,721,760	(\$4,704,356)	\$4,723	\$58,808,440	\$58,813,163	\$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		\$543.41	\$5.05	\$548.46	\$695.87	\$6.49	\$702.36
202402		\$504.42	\$4.82	\$509.24	\$634.94	\$5.94	\$640.88
202403		\$518.16	\$8.09	\$526.25	\$650.92	\$10.16	\$661.08
202404		\$605.89	\$18.63	\$624.53	\$733.43	\$22.06	\$755.48
202405		\$676.46	\$12.58	\$689.04	\$797.33	\$15.06	\$812.39
202406		\$698.51	\$30.38	\$728.89	\$812.37	\$34.21	\$846.58
202407		\$559.93	\$17.94	\$577.87	\$665.89	\$21.16	\$687.05
202408		\$755.57	\$20.19	\$775.76	\$862.32	\$23.12	\$885.44
202409		\$596.80	\$31.95	\$628.75	\$699.79	\$37.43	\$737.22
202410		\$703.88	\$55.63	\$759.51	\$811.09	\$62.82	\$873.91
202411		\$623.04	\$49.62	\$672.66	\$721.83	\$57.53	\$779.36
202412		\$681.15	\$62.47	\$743.63	\$780.98	\$70.93	\$851.91
CY2024		\$624.15	\$27.16	\$651.31	\$740.13	\$31.38	\$771.51

2024 ULTIMATE ALLOWED CLAIMS, PMPM											
Inpatient Hospital	Outpatient Hospital	Professional	Other Medical	Capitation	Prescription Drug before Drug Rebates	Prescription Drug Rebates (Negative \$)	Non-EHBs	Total EHB Allowed	Total Allowed (EHB + non-EHB)	Check Total Allowed (should be \$0)	
\$133.83	\$230.94	\$178.16	\$39.84	\$0.00	\$170.98	(\$51.37)	\$0.00	\$702.36	\$702.36	\$0.00	
\$77.79	\$249.40	\$190.15	\$10.16	\$0.00	\$161.96	(\$48.66)	\$0.07	\$640.81	\$640.88	\$0.00	
\$75.18	\$257.46	\$198.19	\$13.03	\$0.00	\$167.40	(\$50.25)	\$0.07	\$661.01	\$661.08	\$0.00	
\$170.48	\$201.41	\$228.45	\$15.52	\$0.00	\$199.24	(\$59.70)	\$0.08	\$755.40	\$755.48	\$0.00	
\$173.56	\$246.56	\$213.70	\$13.57	\$0.00	\$235.69	(\$70.70)	\$0.00	\$812.39	\$812.39	\$0.00	
\$246.45	\$268.33	\$191.07	\$13.46	\$0.00	\$181.42	(\$54.29)	\$0.14	\$846.44	\$846.58	\$0.00	
\$86.18	\$258.19	\$195.09	\$3.42	\$0.00	\$205.72	(\$61.62)	\$0.07	\$686.98	\$687.05	\$0.00	
\$218.79	\$294.27	\$193.39	\$20.77	\$0.00	\$225.51	(\$67.60)	\$0.31	\$885.13	\$885.44	\$0.00	
\$90.32	\$273.93	\$211.34	\$4.40	\$0.00	\$224.26	(\$67.03)	\$0.00	\$737.22	\$737.22	\$0.00	
\$146.58	\$321.79	\$224.94	\$7.42	\$0.00	\$246.75	(\$73.57)	\$0.00	\$873.91	\$873.91	\$0.00	
\$148.42	\$255.14	\$215.20	\$13.45	\$0.00	\$209.63	(\$62.48)	\$0.00	\$779.36	\$779.36	\$0.00	
\$126.27	\$287.62	\$225.69	\$46.84	\$0.00	\$235.65	(\$70.16)	\$0.00	\$851.91	\$851.91	\$0.00	
\$141.36	\$263.04	\$205.76	\$16.76	\$0.00	\$206.24	(\$61.71)	\$0.06	\$771.45	\$771.51	\$0.00	

Comments

Carrier Name:	UnitedHealthcare of Oregon, Inc.
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)	76,231	80,296	-5.1%							
b	Premium	\$46,981,987	\$50,845,444	-7.6%		\$616.31	\$633.23	-2.7%			
c	Allowed Claims	\$58,813,163	\$49,268,839	19.4%		\$771.51	\$613.59	25.7%	125.2%	96.9%	28.3%
d	Incurred Claims	\$49,649,972	\$38,548,361	28.8%		\$651.31	\$480.08	35.7%	105.7%	75.8%	29.9%
e	Cost Sharing Reduction (CSR) Amounts	\$1,649,133	\$0	#DIV/0!		\$21.63	\$0.00	#DIV/0!	3.5%	0.0%	3.5%
f	Risk Adjustment Transfer Amounts	(\$2,063,988)	(\$3,298,155)	-37.4%		(\$27.08)	(\$41.07)	-34.1%	-4.4%	-6.5%	2.1%
g	Administrative Expense	\$3,026,868	\$5,072,661	-40.3%		\$39.71	\$63.17	-37.1%	6.4%	10.0%	-3.5%
h	Taxes and Fees	\$973,999	\$1,676,985	-41.9%		\$12.78	\$20.89	-38.8%	2.1%	3.3%	-1.2%
i	Profit Margin (a.k.a. Profit & Risk Load)	(\$8,130,125)	\$2,008,395	-504.8%		(\$106.65)	\$25.01	-526.4%	-17.3%	4.0%	-21.3%
j	Paid-to-Allowed Ratios	84.4%	78.2%	7.9%	6.2%						

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

(\$114.56)	\$28.01
(\$7.91)	\$3.00

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

105.7%	75.8%	29.9%
39.4%		

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

110.5%	81.1%	29.5%
36.3%		

[illegible]

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

Carrier Name:	UnitedHealthcare of Oregon, Inc.
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	264.47	\$5,161.27	\$113.75
Outpatient Hospital	Services	6,243.27	\$312.64	\$162.66
Professional	Services	11,464.88	\$158.54	\$151.47
Prescription Drug	Days Filled	332,739.76	\$3.13	\$86.67
Total				\$514.55

EXPERIENCE -- 2023

URRT w1 Benefit Category	Frequency Units	Units per 1,000	Unit Cost	EHB Cost PMPM
Inpatient Hospital	Days	274.13	\$5,788.02	\$132.22
Outpatient Hospital	Services	6,714.83	\$393.21	\$220.03
Professional	Services	11,358.31	\$175.09	\$165.72
Prescription Drug	Days Filled	348,885.82	\$4.04	\$117.39
Total				\$635.36

EXPERIENCE -- 2024

URRT w1 Benefit Category	Frequency Units	Units per 1,000	Unit Cost	EHB Cost PMPM
Inpatient Hospital	Days	249.04	\$6,811.56	\$141.36
Outpatient Hospital	Services	7,277.39	\$433.74	\$263.04
Professional	Services	13,046.52	\$189.25	\$205.76
Prescription Drug	Days Filled	425,008.90	\$4.08	\$144.53
Total				\$754.69

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

URRT w1 Benefit Category	Frequency Units	Units per 1,000	Unit Cost	EHB Cost PMPM
Inpatient Hospital	Days	258.27	\$7,349.88	\$158.19
Outpatient Hospital	Services	7,689.53	\$445.03	\$285.18
Professional	Services	13,682.91	\$199.86	\$227.89
Prescription Drug	Days Filled	492,552.72	\$4.87	\$199.98
Total				\$871.23

Comments

For outpatient hospital, Units per 1,000 Services comprises a combination of services measured by per admit, per case, and per procedure.

TRENDS -- EHB Allowed Claims

EXPERIENCE TREND -- 2022 to 2023

Service	Total EHB Cost	Utilization	Unit Cost	Unit Cost Components			
				Service Mix / Intensity	Reimbursement	Unit Cost	Check
Inpatient Hospital	16.24%	3.65%	12.14%	-10.28%	24.99%	12.14%	TRUE
Outpatient Hospital	35.27%	7.55%	25.77%	1.55%	23.85%	25.77%	TRUE
Professional	9.41%	-0.93%	10.44%	3.76%	6.44%	10.44%	TRUE
Prescription Drug	35.44%	4.85%	29.17%	1.25%	27.58%	29.17%	TRUE
Total	23.480%						

EXPERIENCE TREND -- 2023 to 2024

Service	Total EHB Cost	Utilization	Unit Cost	Unit Cost Components			
				Service Mix / Intensity	Reimbursement	Unit Cost	Check
Inpatient Hospital	6.91%	-9.15%	17.68%	18.29%	-0.52%	17.68%	TRUE
Outpatient Hospital	19.55%	8.38%	10.31%	4.01%	6.05%	10.31%	TRUE
Professional	24.16%	14.86%	8.09%	-3.14%	11.59%	8.09%	TRUE
Prescription Drug	23.12%	21.82%	1.07%	-1.27%	2.37%	1.07%	TRUE
Total	18.780%						

ANNUALIZED PROJECTED TREND -- 2024 to 2026

Service	Total EHB Cost	Utilization	Unit Cost	Unit Cost Components			
				Service Mix / Intensity	Reimbursement	Unit Cost	Check
Inpatient Hospital	5.78%	1.84%	3.88%	0.00%	3.88%	3.88%	TRUE
Outpatient Hospital	4.12%	2.79%	1.29%	0.00%	1.29%	1.29%	TRUE
Professional	5.24%	2.41%	2.76%	0.00%	2.76%	2.76%	TRUE
Prescription Drug	17.63%	7.65%	9.27%	0.00%	9.27%	9.27%	TRUE
Total	7.444%						

WA Exhibit 4: Normalized Allowed Claims Analysis

Carrier Name:	UnitedHealthcare of Oregon, Inc.
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

Table 3.1

Table 3.1										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
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	Morbidity Adjustment	Demographic Shift	Plan Design Changes	Other Adjustments	Combined Adjustment										
202201	3,079	\$1,177,589	0.9952	\$1,183,212	-	-	-	\$1,183,212	\$384.28	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0058	\$386.51							
202202	3,465	\$1,397,716	0.9896	\$1,412,434	-	-	-	\$1,412,434	\$407.63	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0058	\$409.99							
202203	3,484	\$1,785,968	1.0000	\$1,785,968	-	-	-	\$1,785,968	\$512.62	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0058	\$515.59							
202204	3,538	\$1,764,487	0.9969	\$1,769,927	-	-	-	\$1,769,927	\$501.68	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0058	\$504.59							
202205	3,550	\$1,865,085	0.9922	\$1,879,801	-	-	\$1,496	\$1,878,305	\$529.10	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0058	\$532.17							
202206	3,599	\$2,147,647	0.9946	\$2,159,254	-	-	-	\$2,159,254	\$599.96	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0058	\$603.44							
202207	3,643	\$1,548,031	0.9835	\$1,574,069	-	-	-	\$1,574,069	\$432.08	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0058	\$434.59							
202208	3,676	\$1,757,130	0.9913	\$1,772,546	-	-	-	\$1,772,546	\$482.19	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0058	\$484.99							
202209	3,709	\$2,005,502	0.9985	\$2,008,507	-	-	-	\$2,008,507	\$541.52	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0058	\$544.66							
202210	3,745	\$2,091,544	0.9961	\$2,099,756	-	-	\$1,640	\$2,098,116	\$560.24	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0058	\$563.49							
202211	3,746	\$2,556,367	0.9881	\$2,587,143	-	-	-	\$2,587,143	\$690.64	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0058	\$694.65							
202212	3,758	\$2,442,413	0.9916	\$2,442,987	-	-	\$843	\$2,442,144	\$649.85	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0058	\$653.62							
202301	4,121	\$2,328,592	0.9967	\$2,336,202	-	-	\$963	\$2,335,239	\$566.67	1.0090	1.0270	1.0000	1.0010	1.0373	1.0373	0.9697	\$549.47							
202302	4,362	\$2,318,485	0.9909	\$2,339,846	-	-	\$2,372	\$2,337,474	\$535.87	1.0090	1.0270	1.0000	1.0010	1.0373	1.0373	0.9697	\$519.61							
202303	4,345	\$2,679,668	0.9922	\$2,700,749	-	-	\$1,595	\$2,699,154	\$621.21	1.0090	1.0270	1.0000	1.0010	1.0373	1.0373	0.9697	\$602.36							
202304	4,353	\$2,486,493	0.9891	\$2,513,797	-	-	\$3,859	\$2,509,938	\$576.60	1.0090	1.0270	1.0000	1.0010	1.0373	1.0373	0.9697	\$559.10							
202305	4,347	\$2,599,305	0.9835	\$2,642,970	-	-	\$2,340	\$2,640,630	\$607.46	1.0090	1.0270	1.0000	1.0010	1.0373	1.0373	0.9697	\$589.02							
202306	4,449	\$2,924,832	0.9899	\$2,954,646	-	-	\$1,069	\$2,953,576	\$663.87	1.0090	1.0270	1.0000	1.0010	1.0373	1.0373	0.9697	\$643.73							
202307	4,608	\$3,390,984	0.9928	\$3,415,735	-	-	\$664	\$3,415,072	\$741.12	1.0090	1.0270	1.0000	1.0010	1.0373	1.0373	0.9697	\$718.63							
202308	4,808	\$3,275,063	0.9920	\$3,301,570	-	-	\$1,260	\$3,300,310	\$686.42	1.0090	1.0270	1.0000	1.0010	1.0373	1.0373	0.9697	\$665.59							
202309	4,836	\$3,264,610	0.9913	\$3,293,260	-	-	\$2,656	\$3,290,603	\$680.44	1.0090	1.0270	1.0000	1.0010	1.0373	1.0373	0.9697	\$659.79							
202310	4,868	\$4,140,520	0.9829	\$4,212,378	-	-	-	\$4,212,378	\$865.32	1.0090	1.0270	1.0000	1.0010	1.0373	1.0373	0.9697	\$839.06							
202311	4,919	\$3,175,323	0.9708	\$3,270,722	-	-	\$775	\$3,269,947	\$664.76	1.0090	1.0270	1.0000	1.0010	1.0373	1.0373	0.9697	\$644.58							
202312	4,920	\$2,962,808	0.9780	\$3,029,355	-	-	\$792	\$3,028,564	\$615.56	1.0090	1.0270	1.0000	1.0010	1.0373	1.0373	0.9697	\$596.88	24.21%	19.75%					
202401	5,962	\$4,148,794	0.9908	\$4,187,496	-	-	\$998	\$4,187,496	\$702.36	0.9569	1.0126	0.9962	1.0045	0.9697	1.0058	1.0000	\$702.36	23.17%	19.58%					
202402	6,082	\$3,861,686	0.9907	\$3,897,822	-	-	\$441	\$3,897,381	\$640.81	0.9569	1.0126	0.9962	1.0045	0.9697	1.0058	1.0000	\$640.81	22.47%	18.60%					
202403	6,018	\$3,917,261	0.9846	\$3,978,380	-	-	\$417	\$3,977,964	\$661.01	0.9569	1.0126	0.9962	1.0045	0.9697	1.0058	1.0000	\$661.01	20.63%	18.80%					
202404	6,036	\$4,426,962	0.9708	\$4,560,098	-	-	\$493	\$4,559,605	\$755.40	0.9569	1.0126	0.9962	1.0045	0.9697	1.0058	1.0000	\$755.40	21.96%	20.63%					
202405	6,132	\$4,889,215	0.9815	\$4,981,565	-	-	-	\$4,981,565	\$812.39	0.9569	1.0126	0.9962	1.0045	0.9697	1.0058	1.0000	\$812.39	23.60%	22.99%					
202406	6,305	\$5,121,983	0.9596	\$5,337,667	-	-	\$891	\$5,336,776	\$846.44	0.9569	1.0126	0.9962	1.0045	0.9697	1.0058	1.0000	\$846.44	25.06%	25.20%					
202407	6,431	\$4,282,339	0.9692	\$4,418,403	-	-	\$458	\$4,417,945	\$686.98	0.9569	1.0126	0.9962	1.0045	0.9697	1.0058	1.0000	\$686.98	18.90%	19.68%					
202408	6,539	\$5,638,705	0.9739	\$5,789,904	-	-	\$2,024	\$5,787,880	\$885.13	0.9569	1.0126	0.9962	1.0045	0.9697	1.0058	1.0000	\$885.13	18.59%	20.00%					
202409	6,653	\$4,655,714	0.9492	\$4,904,733	-	-	-	\$4,904,733	\$737.22	0.9569	1.0126	0.9962	1.0045	0.9697	1.0058	1.0000	\$737.22	17.09%	19.05%					
202410	6,679	\$5,417,250	0.9281	\$5,836,823	-	-	-	\$5,836,823	\$873.91	0.9569	1.0126	0.9962	1.0045	0.9697	1.0058	1.0000	\$873.91	12.95%	15.45%					
202411	6,757	\$4,877,399	0.9262	\$5,266,139	-	-	-	\$5,266,139	\$779.36	0.9569	1.0126	0.9962	1.0045	0.9697	1.0058	1.0000	\$779.36	14.51%	17.60%					
202412	6,637	\$5,183,372	0.9167	\$5,654,132	-	-	-	\$5,654,132	\$851.91	0.9569	1.0126	0.9962	1.0045	0.9697	1.0058	1.0000	\$851.91	17.75%	21.43%					

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	42,982	\$22,519,479	\$22,675,605	-	-	\$3,979	\$22,671,626	\$527.47
2023	54,936	\$35,546,682	\$36,011,230	-	-	\$18,346	\$35,992,884	\$655.18
2024	76,231	\$56,420,680	\$58,813,163	-	-	\$4,723	\$58,808,440	\$771.45

Comments

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

Carrier Name:	UnitedHealthcare of Oregon, Inc.
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

Table 1 Component	ACTUAL EXPERIENCE (A)		PROJECTED (i.e., EXPECTED; E)				A:E	
	2021 to 2023	2022 to 2024	2021 to 2023	2022 to 2024	2023 to 2025	2024 to 2026	2021 to 2023	2022 to 2024
	(2)	(3)	(4)	(5)	(6)	(7)	(8) (2) vs. (4)	(9) (3) vs. (5)
URRT Worksheet 1								
Annualized Cost Trend Factor	0.859	1.130	1.028	1.066	1.040	1.036	0.836	1.060
Annualized Utilization Trend Factor	1.221	1.302	1.035	1.036	1.035	1.035	1.180	1.257
Morbidity Adjustment	1.005	1.076	1.009	0.957	1.052	1.057	0.996	1.124
Demographic Shift	1.000	0.971	1.027	1.013	0.992	1.000	0.974	0.959
Plan Design Changes	1.022	1.025	1.000	0.996	1.034	1.033	1.022	1.028
Other	1.000	1.000	1.001	1.005	0.989	1.010	0.999	0.995

¹ Ratios for factors. Subtraction for percents.

Comments

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

Carrier Name:	UnitedHealthcare of Oregon, Inc.
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

Table 8.1

HIOS Plan ID	Metal Level	AV Metal Value 2024	AV Metal Value 2025	AV Metal Value 2026	Projections			Difference of Pricing Value and Metal Value		
					AV Pricing Value 2024	AV Pricing Value 2025	AV Pricing Value 2026	2024	2025	2026
62650WA0020002	Bronze	0.6455	0.6364	0.6497		0.7014	0.6797	#VALUE!	0.0650	0.0300
62650WA0020005	Bronze			0.5920			0.6220		#VALUE!	0.0300
62650WA0020006	Bronze			0.5920			0.6220	#VALUE!	#VALUE!	0.0300
62650WA0020008	Bronze			0.6356			0.6656	#VALUE!	#VALUE!	0.0300
62650WA0020021	Bronze	0.6329	0.6242	0.6356		0.6963	0.6656	#VALUE!	0.0721	0.0300
62650WA0020022	Bronze			0.6464			0.6764	#VALUE!	#VALUE!	0.0300
62650WA0020003	Silver	0.7179	0.7075	0.7184		0.7765	0.7484	#VALUE!	0.0690	0.0300
62650WA0020017	Silver	0.7186	0.7129	0.7187		0.7932	0.7487	#VALUE!	0.0803	0.0300
62650WA0020023	Silver			0.7191			0.7491	#VALUE!	#VALUE!	0.0300
62650WA0020024	Silver			0.7162			0.7462	#VALUE!	#VALUE!	0.0300
62650WA0020025	Silver			0.7185			0.7485	#VALUE!	#VALUE!	0.0300
62650WA0020001	Gold	0.8189	0.8139	0.8181		0.8618	0.8481	#VALUE!	0.0479	0.0300
62650WA0020020	Gold	0.8016	0.8020	0.8123		0.8442	0.8423	#VALUE!	0.0422	0.0300
62650WA0020026	Gold			0.7806			0.8106	#VALUE!	#VALUE!	0.0300
62650WA0020027	Gold			0.7892			0.8185	#VALUE!	#VALUE!	0.0293
62650WA0020028	Gold			0.8050			0.8350	#VALUE!	#VALUE!	0.0300

Overall AV Metal Value			Overall AV Pricing Value			Difference of Pricing Value and Metal Value		
2024	2025	2026	2024	2025	2026	2024	2025	2026
0.7050	0.6999	0.7060	0.7586	0.7710	0.7378	0.0537	0.0711	0.0318

Comments

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

Carrier Name:	UnitedHealthcare of Oregon, Inc.
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

Table

Component	ACTUAL EXPERIENCE (A)			PROJECTED (i.e., EXPECTED; E)					YEAR-TO-YEAR CHANGE in PROJECTED AMOUNTS				2024 EXPERIENCE to 2026 PROJECTED	A:E		
	2022	2023	2024	2022	2023	2024	2025	2026	2022 to 2023	2023 to 2024	2024 to 2025	2025 to 2026		2022	2023	2024
Paid-to-Allowed Ratio (All, Unadjusted)	0.7824	0.8249	0.8442	0.7627	0.7832	0.7824	0.7951	0.8774	1.027	0.999	1.016	1.104	1.039	1.026	1.053	1.079
Paid-to-Allowed Ratio (Catastrophic, Unadjusted)									#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Paid-to-Allowed Ratio (Bronze, Unadjusted)	0.6459	0.6763	0.6327	0.6579	0.6355	0.6459	0.6685	0.6713	0.966	1.016	1.035	1.004	1.061	0.982	1.064	0.980
Paid-to-Allowed Ratio (Silver, Unadjusted)	0.8310	0.8455	0.8664	0.8234	0.8023	0.8310	0.8347	1.0665	0.974	1.036	1.004	1.278	1.231	1.009	1.054	1.043
Paid-to-Allowed Ratio (Gold, Unadjusted)	0.8556	0.8885	0.9116	0.8395	0.8958	0.8556	0.8462	0.8331	1.067	0.955	0.989	0.984	0.914	1.019	0.992	1.065
Paid-to-Allowed Ratio (Platinum, Unadjusted)									#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
AV and Cost Sharing Design of Plan Development Components																
AV Pricing Value	0.7110	0.7639	0.7958	0.7318	0.7549	0.7586	0.7710	0.7378	1.032	1.005	1.016	0.957	0.927	0.972	1.012	1.049
Induced Demand Factor (IDF)	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
CSR Silver Load	1.1005	1.0798	1.0609	1.0442	1.0392	1.0334	1.0329	1.1907	0.995	0.994	1.000	1.153	1.122	1.054	1.039	1.027
Factor for cost of abortion services for which public funding is prohibited	1.0000	1.0000	1.0000	0.9981	0.9984	0.9980	0.9984	0.9988	1.000	1.000	1.000	1.000	0.999	1.002	1.002	1.002
AV and Cost Sharing Design of Plan	0.7824	0.8249	0.8442	0.7627	0.7832	0.7824	0.7951	0.8774	1.027	0.999	1.016	1.104	1.039	1.026	1.053	1.079
Benefits in Addition to EHB	1.0000	1.0005	1.0001	1.0000	1.0000	1.0022	1.0021	1.0013	1.000	1.002	1.000	0.999	1.001	1.000	1.001	0.998
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:	UnitedHealthcare of Oregon, Inc.
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
62650WA0020003	Silver	NA	Renewing	1.0000	11,404	\$7,636,861	\$6,120,239	0.801407712	\$0	0.801407712	\$1,821,690	
62650WA0020003	Silver	Zero Cost-Share	Renewing	1.0000	0	\$0	\$0	#DIV/0!	\$0	#DIV/0!	\$0	
62650WA0020003	Silver	Limited Cost-Share	Renewing	1.0000	0	\$0	\$0	#DIV/0!	\$0	#DIV/0!	\$0	
62650WA0020003	Silver	CSR 73%	Renewing	1.4350	5,250	\$3,861,219	\$3,161,472	0.81877558	\$310,913	0.73825353	\$2,264,664	\$1,953,751
62650WA0020003	Silver	CSR 87%	Renewing	1.4350	9,063	\$9,143,747	\$8,313,958	0.909250673	\$817,632	0.819830898	\$4,587,593	\$3,769,962
62650WA0020003	Silver	CSR 94%	Renewing	1.4350	3,469	\$3,849,082	\$3,740,150	0.971699224	\$367,823	0.87613798	\$2,045,175	\$1,677,352
62650WA0020017	Silver	NA	Renewing	1.0000	5,135	\$2,864,990	\$2,267,557	0.791471249	\$0	0.791471249	\$526,383	
62650WA0020017	Silver	Zero Cost-Share	Renewing	1.0000	0	\$0	\$0	#DIV/0!	\$0	#DIV/0!	\$0	
62650WA0020017	Silver	Limited Cost-Share	Renewing	1.0000	0	\$0	\$0	#DIV/0!	\$0	#DIV/0!	\$0	
62650WA0020017	Silver	CSR 73%	Renewing	1.4350	392	\$382,159	\$316,440	0.828031152	\$24,160	0.764812349	\$190,023	\$165,863
62650WA0020017	Silver	CSR 87%	Renewing	1.4350	1,052	\$1,201,447	\$1,096,696	0.912812902	\$83,731	0.843121153	\$525,447	\$441,716
62650WA0020017	Silver	CSR 94%	Renewing	1.4350	279	\$617,502	\$587,760	0.951835043	\$44,874	0.879164018	\$165,454	\$120,579
62650WA0020001	Gold	NA	Renewing	1.0000	9,134	\$15,485,966	\$14,306,945	0.923865195	\$0	0.923865195	\$1,318,578	
62650WA0020001	Gold	Zero Cost-Share	Renewing	1.0000	2	\$224	\$224	1	\$0	1	\$580	
62650WA0020001	Gold	Limited Cost-Share	Renewing	1.0000	11	\$30,470	\$27,056	0.887953431	\$0	0.887953431	\$1,616	
62650WA0020020	Gold	NA	Renewing	1.0000	3,246	\$4,397,768	\$3,833,356	0.871659458	\$0	0.871659458	\$238,850	
62650WA0020020	Gold	Zero Cost-Share	Renewing	1.0000	0	\$0	\$0	#DIV/0!	\$0	#DIV/0!	\$0	
62650WA0020020	Gold	Limited Cost-Share	Renewing	1.0000	0	\$0	\$0	#DIV/0!	\$0	#DIV/0!	\$0	
62650WA0020002	Bronze	NA	Renewing	1.0000	21,230	\$7,016,620	\$4,257,227	0.606734753	\$0	0.606734753	\$4,119,635	
62650WA0020002	Bronze	Zero Cost-Share	Renewing	1.0000	10	\$5,735	\$5,735	1	\$0	1	\$2,223	
62650WA0020002	Bronze	Limited Cost-Share	Renewing	1.0000	59	\$36,942	\$18,812	0.509216586	\$0	0.509216586	\$9,327	
62650WA0020021	Bronze	NA	Renewing	1.0000	5,748	\$1,586,030	\$916,385	0.577785176	\$0	0.577785176	\$834,837	
62650WA0020021	Bronze	Zero Cost-Share	Renewing	1.0000	712	\$639,937	\$638,847	0.998295661	\$0	0.998295661	\$302,582	
62650WA0020021	Bronze	Limited Cost-Share	Renewing	1.0000	35	\$21,537	\$15,605	0.724552915	\$0	0.724552915	\$3,481	

Comments

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

Carrier Name:	UnitedHealthcare of Oregon, Inc.
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
62650WA0020002	Bronze	Renewing	Yes	Yes	0.6497	0.6797	1.0223	1.0000	3.00%	1.0223	
62650WA0020005	Bronze	New	Yes	Yes	0.5920	0.6220	1.0049	1.0000	3.00%	1.0049	
62650WA0020006	Bronze	New	No	Yes	0.5920	0.6220	1.0049	1.0000	3.00%	1.0049	
62650WA0020008	Bronze	New	No	Yes	0.6356	0.6656	1.0174	1.0000	3.00%	1.0174	
62650WA0020021	Bronze	Renewing	Yes	Yes	0.6356	0.6656	1.0174	1.0000	3.00%	1.0174	
62650WA0020022	Bronze	New	No	Yes	0.6464	0.6764	1.0211	1.0000	3.00%	1.0211	
62650WA0020003	Silver	Renewing	Yes	Yes	0.7184	0.7484	1.0517	1.4350	3.00%	1.0517	1.435
62650WA0020017	Silver	Renewing	Yes	Yes	0.7187	0.7487	1.0519	1.4350	3.00%	1.0519	1.435
62650WA0020023	Silver	New	No	Yes	0.7191	0.7491	1.0521	1.0000	3.00%	1.0521	
62650WA0020024	Silver	New	No	Yes	0.7162	0.7462	1.0506	1.0000	3.00%	1.0506	
62650WA0020025	Silver	New	No	Yes	0.7185	0.7485	1.0518	1.0000	3.00%	1.0518	
62650WA0020001	Gold	Renewing	Yes	Yes	0.8181	0.8481	1.1112	1.0000	3.00%	1.1112	
62650WA0020020	Gold	Renewing	Yes	Yes	0.8123	0.8423	1.1072	1.0000	3.00%	1.1072	
62650WA0020026	Gold	New	Yes	Yes	0.7806	0.8106	1.0865	1.0000	3.00%	1.0865	
62650WA0020027	Gold	New	No	Yes	0.7892	0.8185	1.0915	1.0000	2.93%	1.0915	
62650WA0020028	Gold	New	No	Yes	0.8050	0.8350	1.1022	1.0000	3.00%	1.1022	

Comments

Carrier Name:	UnitedHealthcare of Oregon, Inc.
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

Comments

WA Exhibit 11: Retention / Administrative Costs

Carrier Name:	UnitedHealthcare of Oregon, Inc.
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		
Administrative Expenses																																	
Commissions		0.55%	\$2.90	0.63%	\$4.10	0.79%	\$5.03	2.12%	\$11.20	TBD	\$4.50	TBD	\$3.20	0.63%	\$4.82	0.67%	\$ 6.90	TBD	-59.82%	TBD	-28.89%	TBD	50.47%	0.04%	43.40%	-0.12%	37.39%	1.57%	286.77%	TBD	9.88%	TBD	-36.33%
Quality Improvement		0.83%	\$4.40	0.72%	\$4.67	0.71%	\$4.52	0.88%	\$4.66	TBD	\$5.48	TBD	\$5.49	0.53%	\$4.06	0.36%	\$ 3.68	TBD	17.70%	TBD	0.21%	TBD	-26.13%	-0.17%	-9.17%	-0.36%	-18.47%	0.05%	5.77%	TBD	17.44%	TBD	21.51%
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	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	TBD	\$0.00	TBD	\$0.00	0.00%	\$0.00	0.00%	\$0.00	TBD	TBD	TBD	TBD	TBD	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD	TBD	TBD	TBD	
Other administrative expenses		12.24%	\$64.78	6.92%	\$45.12	4.76%	\$30.16	8.02%	\$42.42	TBD	\$52.22	TBD	\$54.48	7.33%	\$55.92	5.58%	\$ 57.41	TBD	23.09%	TBD	4.33%	TBD	2.63%	-1.75%	2.67%	0.82%	90.35%	-4.23%	-34.51%	TBD	15.74%	TBD	80.64%
Total administrative expenses		13.62%	\$72.08	8.27%	\$53.88	6.27%	\$39.71	11.02%	\$58.28	0.00%	\$62.20	0.00%	\$63.17	8.49%	\$64.79	6.61%	\$68.00	-11.02%	6.73%	0.00%	1.57%	8.49%	2.56%	-1.88%	4.96%	0.34%	71.26%	-2.61%	-19.14%	-8.27%	15.44%	-6.27%	59.10%
Taxes and Fees																																	
Premium tax**		1.93%	\$10.22	1.88%	\$12.23	1.86%	\$11.77	2.00%	\$10.58	2.00%	\$13.03	2.00%	\$12.66	2.00%	\$15.26	2.00%	\$20.57	0.00%	23.17%	0.00%	-2.83%	0.00%	20.50%	0.00%	34.79%	0.14%	74.71%	0.07%	3.52%	0.12%	6.60%	0.14%	7.56%
Federal income tax		0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	1.05%	\$5.56	1.05%	\$6.84	1.05%	\$6.65	1.05%	\$8.01	1.05%	\$10.80	0.00%	23.17%	0.00%	-2.83%	0.00%	20.50%	0.00%	34.79%	1.05%	TBD	1.05%	TBD	1.05%	TBD	1.05%	TBD
WA OIC regulatory surcharge		0.03%	\$0.18	0.00%	\$0.00	0.04%	\$0.25	0.04%	\$0.21	0.05%	\$0.33	0.07%	\$0.46	0.09%	\$0.68	0.09%	\$0.92	0.01%	53.99%	0.02%	40.41%	0.02%	49.08%	0.00%	34.79%	0.05%	269.47%	0.01%	19.81%	0.05%	63492.91%	0.03%	83.87%
WA OIC fraud surcharge		0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.01%	\$0.04	0.01%	\$0.05	0.00%	TBD	0.03%	TBD	-0.03%	-81.73%	0.00%	34.79%	-0.01%	-54.73%	0.00%	TBD	0.00%	TBD	0.02%	83.87%
Risk adjustment user fee		0.03%	\$0.16	0.03%	\$0.19	0.03%	\$0.21	0.05%	\$0.25	TBD	\$0.22	TBD	\$0.21	0.02%	\$0.18	0.02%	\$ 0.20	TBD	-12.00%	TBD	-4.55%	TBD	-14.20%	0.00%	11.11%	-0.01%	-3.31%	0.02%	52.86%	TBD	16.91%	TBD	1.52%
PCORI fee		0.05%	\$0.24	0.04%	\$0.26	0.04%	\$0.28	0.04%	\$0.23	TBD	\$0.24	TBD	\$0.25	0.04%	\$0.27	0.03%	\$ 0.32	TBD	5.65%	TBD	2.88%	TBD	7.32%	0.00%	18.34%	-0.01%	12.11%	0.00%	-5.39%	TBD	-5.50%	TBD	-11.72%
Mitigating inequity fee		TBD	n/a	TBD	n/a	TBD	n/a	TBD	n/a	TBD	n/a	TBD	n/a	TBD	n/a	TBD	n/a	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD
WSHIP assessment		0.01%	\$0.04	0.00%	\$0.00	0.02%	\$0.13	0.07%	\$0.37	TBD	\$0.38	TBD	\$0.38	0.02%	\$0.13	0.04%	\$ 0.38	TBD	1.77%	TBD	0.00%	TBD	-66.83%	0.02%	201.51%	0.02%	199.23%	0.06%	744.56%	TBD	TBD	TBD	199.23%
WAPAL assessment		0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	TBD	\$0.00	TBD	\$0.00	0.01%	\$0.07	0.01%	\$ 0.06	TBD	TBD	TBD	TBD	TBD	TBD	16.67%	0.00%	-14.29%	0.00%	199.23%	0.00%	TBD	TBD	TBD	199.23%
Total administrative expenses		2.05%	\$10.85	1.94%	\$12.67	2.02%	\$12.78	3.25%	\$17.20	3.05%	\$0.84	3.16%	\$0.90	3.23%	\$24.64	3.24%	\$33.30	-0.20%	-95.12%	0.11%	6.79%	0.07%	2646.98%	0.01%	35.15%	1.22%	160.60%	1.20%	58.53%	1.11%	-93.37%	1.14%	-92.98%
Profit & Risk Load		0.88%	\$4.67	-3.44%	(\$22.39)	-16.84%	(\$106.05)	3.95%	\$20.90	3.95%	\$0.00	3.95%	\$0.00	3.95%	\$30.14	3.95%	\$40.63	0.00%	-100.00%	0.00%	TBD	0.00%	TBD	0.00%	34.79%	20.79%	-138.09%	3.07%	347.13%	7.39%	-100.00%	20.79%	#####
Total Retention (excluding Exchange Fee)		16.56%	\$87.60	6.78%	\$44.16	-8.55%	(\$54.17)	18.22%	\$96.38	7.00%	\$63.04	7.11%	\$64.07	15.67%	\$119.57	13.80%	\$141.92	-11.22%	-34.59%	0.11%	1.64%	8.56%	86.61%	-1.87%	18.70%	22.35%	-362.01%	1.66%	10.02%	0.22%	42.76%	15.66%	#####
Exchange User Fee *		0.59%	\$3.12	0.45%	\$2.94	0.45%	\$2.84	0.57%	\$3.00	TBD	\$3.00	TBD	\$3.00	0.64%	\$4.87	0.42%	\$4.30	TBD	0.00%	TBD	0.00%	TBD	62.37%	-0.22%	-11.75%	-0.03%	51.55%	-0.02%	-3.70%	TBD	2.14%	TBD	5.76%
Total Retention (including Exchange Fee)		17.15%	\$90.71	7.23%	\$47.09	-8.11%	(\$51.31)	18.78%	\$99.38	7.00%	\$66.04	7.11%	\$67.07	16.31%	\$124.44	14.22%	\$146.22	-11.78%	-33.55%	0.11%	1.56%	9.20%	85.53%	-2.09%	17.51%	22.32%	-384.86%	1.64%	9.55%	-0.23%	40.23%	15.21%	#####
Projected Required Premium PMPM			\$529.07		\$651.65		\$633.23		\$529.07		\$651.65		\$633.23		\$763.02		\$1,028.49		23.17%		-2.83%		20.50%		34.79%		62.42%		0.00%		0.00%		0.00%

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

Comments

**UnitedHealthcare of Oregon, Inc. does not independently pay federal income taxes to the IRS because it files as part of UnitedHealth Group's consolidated federal income tax return. All taxes are paid from the UHG entity level.

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

Carrier Name:	UnitedHealthcare of Oregon, Inc.
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

Description	PROJECTED (i.e., EXPECTED), 2026	
	% of Premium	PMPM
Aggregate Projected Administrative Costs		
3.6 Administrative Expense	6.61%	\$68.00
3.7 Taxes and Fees	3.24%	\$33.30
3.8 Profit & Risk Load	3.95%	\$40.63
Total Retention (excluding Exchange Fee)	13.80%	\$141.92
Aggregate Projected Amounts PMPM		
Exchange user fee		\$4.30
4.15 Incurred Claims		\$850.20
4.16 Risk Adjustment Transfer Amount		(\$32.07)
4.17 Premium		\$1,028.49
A. (Premium) + (Risk Adjustment Transfer Amount)		\$996.42
B. (Incurred Claims) + (Admin, Taxes & Fees) + (Profit & Risk Load) + (Exchange User Fee)		\$996.42
C. Difference = A - B (should be \$0)		\$0.00

Comments

State:

Washington

Filing Company:

UnitedHealthcare of Oregon, Inc.

TOI/Sub-TOI:

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

Product Name:

2026 Non-grandfathered Individual UHCOR 20260101 IEX EPO

Project Name/Number:

UHC of OR Individual 20260101/UHC of OR Individual 20260101

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/15/2025		Rate	Rate Schedule	05/15/2025	