Avera Health Plans, Inc.

South Dakota Individual Rate Filing Effective January 1, 2026

May 28, 2025









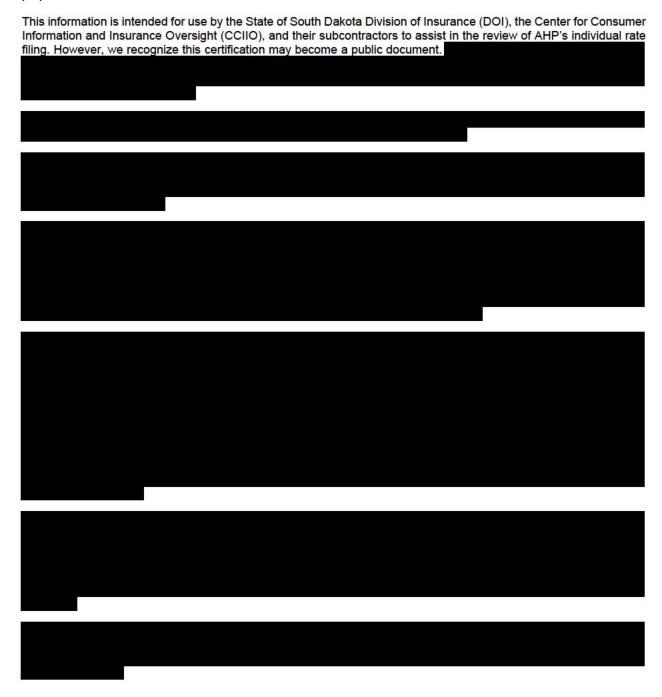
Table of Contents

I.	GENERAL INFORMATION	1
II.	PROPOSED RATE CHANGES	3
III.	EXPERIENCE AND CURRENT PERIOD PREMIUM, CLAIMS, AND ENROLLMENT	4
IV.	BENEFIT CATEGORIES	5
V.	PROJECTION FACTORS	6
VI.	MANUAL RATE ADJUSTMENTS	8
VII.	CREDIBILITY OF EXPERIENCE	9
VIII.	ESTABLISHING THE INDEX RATE	10
IX.	DEVELOPMENT OF THE MARKET-WIDE ADJUSTED INDEX RATE	11
Χ.	PLAN-ADJUSTED INDEX RATE	13
XI.	CALIBRATION	16
XII.	CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT	17
XIII.	PROJECTED LOSS RATIO	18
XIV.	AV METAL LEVELS	19
XV.	MEMBERSHIP PROJECTIONS	20
XVI.	TERMINATED PLANS AND PRODUCTS	22
XVII.	PLAN TYPE	23
XVIII.	RELIANCE	24
YIY	ACTUARIAL CERTIFICATION	25

GENERAL INFORMATION

This document contains the Part III Actuarial Memorandum for Avera Health Plans, Inc.'s (AHP's) individual medical block of business, effective January 1, 2026. This Actuarial Memorandum is submitted in conjunction with the Part I Unified Rate Review Template (URRT).

The purpose of the Actuarial Memorandum is to provide certain information related to the submission of the premium rate filing, including support for the values entered in the Part I URRT (which supports compliance with the market rating rules and reasonableness of applicable rate increases). This memorandum may not be appropriate for other purposes.



Future modifications in legislation, regulation, and / or court decisions regarding the funding of CSR subsidies may affect the extent to which the premium rates are neither excessive nor deficient.

COMPANY IDENTIFYING INFORMATION

Company Legal Name: Avera Health Plans, Inc.

State: South Dakota
HIOS Issuer ID: 60536
Market: Individual
Effective Date: January 1, 2026

COMPANY CONTACT INFORMATION

Primary Contact Name:

Primary Contact Telephone Number: Primary Contact Email Address:



DESCRIPTION OF BENEFITS

These products provide comprehensive medical benefits for services received within the provider network. These products have various cost sharing designs, which are a combination of deductibles, coinsurance, and copayments that vary for in-network services.

Pharmacy cost sharing for some plans reflects a six-tier (preventive, preferred generic, non-preferred generic, preferred brand, non-preferred brand, and specialty) copay or coinsurance structure. For other plans, the deductible and coinsurance apply to pharmacy costs instead of the six-tier copay structure.

Avera ConnectPlus is a PPO product with Gold, Silver, Bronze, and Catastrophic benefit plan options that provide coverage for inpatient, outpatient, prescription drugs, and miscellaneous services subject to deductible, coinsurance, and copays.

Avera DirectConnect is an HMO product with Gold, Silver, and Bronze benefit options that provide coverage for inpatient, outpatient, prescription drugs, and miscellaneous services subject to deductible, coinsurance, and copays.

II. PROPOSED RATE CHANGES



Appendix A included with each filing scenario summarizes proposed rate increases for renewing plans by rating region and plan effective January 1, 2026.



REASON FOR RATE INCREASE

A rate change is needed to account for medical trend, as well as revisions to the following pricing assumptions:



III. EXPERIENCE AND CURRENT PERIOD PREMIUM, CLAIMS, AND ENROLLMENT

AHP is a provider-owned health plan. AHP contracts with providers on a non-capitated basis.

36.			

PAID THROUGH DATE

The claims incurred in the experience for non-capitated services reflect payments through March 31, 2025.

CURRENT DATE

The reported date for current enrollment and premium in URRT Worksheet 2, Section II is March 31, 2025.

ALLOWED AND INCURRED CLAIMS INCURRED DURING THE EXPERIENCE PERIOD

AHP's incurred claims during the experience period include fee-for-service claims and prescription drug claims.

We add an estimate of incurred but not paid (IBNP) claims to the processed amount to arrive at a final estimate of total claims.

Consideration is given for liabilities calculated using a claim cost or loss ratio method for recent incurral months prior to the valuation date that have less data available (e.g., one to three months). We use the same IBNP as a percentage of claims for allowed and incurred claims. No estimate of incurred but not paid claims was added to the prescription drug claims.

Table 1 summarizes the allowed claims, incurred claims, and earned premium for AHP's experience.



IV. BENEFIT CATEGORIES

We categorized the experience to benefit categories, as shown in Worksheet 1, Section II of the Part 1 URRT, based on place and type of service using a detailed claims mapping algorithm summarized as follows:

- 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 surgery, emergency room, lab, radiology, therapy, observation, and other services provided in an outpatient facility setting and billed by the facility.
- Professional: Includes non-capitated primary care, specialist, therapy, 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 ambulance, home health care, DME, prosthetics, supplies, vision
 exams, dental services, and other services. The measurement units for utilization used in this category are a
 mix of visits, cases, procedures, etc.

AHP's projected prescription drug claims are included in the "Prescription Drug" line in the URRT with a benefit category of "Prescription Drugs."

Avera Health Plans, Inc.
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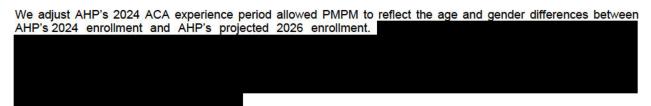
V. PROJECTION FACTORS

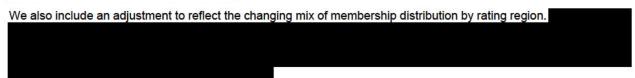
We made the following adjustments to project the experience period index rate to the projection period.

MORBIDITY ADJUSTMENT



CHANGES IN DEMOGRAPHICS





PLAN DESIGN CHANGES



OTHER ADJUSTMENTS



VI. MANUAL RATE ADJUSTMENTS

no manual rate was developed.

Therefore,

VII. CREDIBILITY OF EXPERIENCE

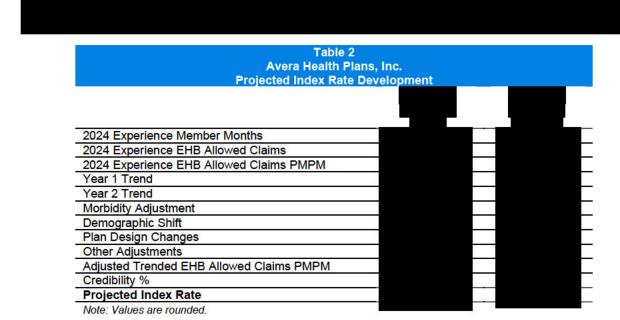
VIII. ESTABLISHING THE INDEX RATE

The index rate for the experience period is a measurement of the average allowed claims PMPM for EHBs. The experience period index rate reflects the actual mixture of smoker / non-smoker population, area factors, catastrophic / non-catastrophic enrollment, and the actual mixture of risk morbidity that AHP received in the Single Risk Pool during the experience period.

The experience Index Rate has not been adjusted for payments and charges under the risk adjustment and reinsurance programs or for Marketplace user fees.

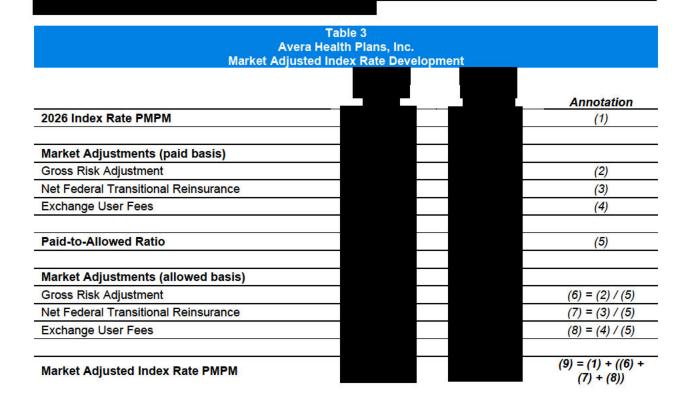
The index rate for the projection period is a measurement of the average allowed claims PMPM for EHBs. The projected index rate reflects the projected CY 2026 mixture of smoker / non-smoker population, area factors, catastrophic / non-catastrophic enrollment, and the projected mixture of risk morbidity that AHP expects to receive in the Single Risk Pool.

The projected Index Rate has not been adjusted for payments and charges projected under the risk adjustment program or for Marketplace user fees.



IX. DEVELOPMENT OF THE MARKET-WIDE ADJUSTED INDEX RATE

The market-wide adjusted index rate is calculated as the index rate adjusted for all allowable market-wide modifiers defined under the market rating rules in 45 CFR Part 156, §156.80(d)(1).



REINSURANCE

The federal transitional reinsurance program is a temporary program that ended December 31, 2016. Since the program is not expected to continue in 2026, we assume reinsurance contributions and reinsurance recoveries will be zero. As a result, we did not project any federal transitional reinsurance contributions or recoveries for 2026.

RISK ADJUSTMENT PAYMENT / CHARGE

Experience Period Risk Adjustment



EXCHANGE USER FEES		
The exchange user fee was applied as an adjustment to	the index rate at the market level.	

X. PLAN-ADJUSTED INDEX RATE

The development of the plan-adjusted index rates is shown in Appendix B and URRT Worksheet 2, Section III. Note, the plan-adjusted index rate shown in Appendix B may not exactly match the URRT due to URRT rounding conventions. The market-wide adjusted index rate is adjusted to compute the plan-adjusted index rates using the following allowable adjustments.

ACTUARIAL VALUE AND COST SHARING DESIGN OF THE PLAN

Experience Period Cost Si	haring Reduc	ction Amou	unts			-
Projected Coat Sharing Bo	eduction Am	ounto				
Projected Cost Sharing Re	eduction Am	ounts				74
PROVIDER NETWORK, PRACTICES	DELIVERY	SYSTEM	CHARACTERISTICS	AND	UTILIZATION	MANAGEMENT
BENEFITS IN ADDITION TO	O EHBS					
ADMINISTRATIVE COSTS,	, EXCLUDING	EXCHAN	GE USER FEES AND R	REINSU	RANCE FEES	
Administrative expenses we	re provided b	y AHP				
	18					

Table Avera Health		
Projected 2026 Administrative Exper	ises	
	Administr	ative Expense
	PMPM_	% of Premium
General Admin		
Commission		
Commercial Reinsurance Recoveries		
Commercial Reinsurance Premiums		
Quality Improvement		
Total Administrative Expense Load		
Note: Values are rounded.		

Table Avera Health		
Projected 2026 Administrative Expense	es	
	Administr	ative Expense
	PMPM	% of Premium
General Admin		
Commission		
Commercial Reinsurance Recoveries		
Commercial Reinsurance Premiums		i i
Quality Improvement		
Total Administrative Expense Load		
Note: Values are rounded.		

TAXES AND FEES

Table 5A
Avera Health Plans, Inc.

Summary of Taxes and Fees

Taxes and Fees

Description

Risk Adjustment Admin Fee
Premium Tax
Comparative Effectiveness Research Fee (PCORI)

Total Taxes and Fees

Table 5B
Avera Health Plans, Inc.

Summary of Taxes and Fees

Taxes and Fees

Description

Risk Adjustment Admin Fee

Premium Tax

Comparative Effectiveness Research Fee (PCORI)

Total Taxes and Fees

Note: Values are rounded.

Note: Values are rounded.

PROFIT AND RISK LOAD

The profit and risk load is determined as an aggregate value for the single-risk pool

CATASTROPHIC ADJUSTMENT

The catastrophic adjustment factor reflects the projected average demographics of individuals enrolled in a catastrophic plan relative to the other metal tiers.

XI. CALIBRATION

A single calibration factor is applied to the Plan Adjusted Index Rates to calibrate rates for the expected age and geographic distributions expected to enroll in the plan. The single calibration factor is applied uniformly across all plans.

AGE CURVE CALIBRATION

In order to determine the calibration factor for age, the projected distribution of members by age was determined. The weighted average of the factors in the CMS federal age curve was then calculated using this distribution. The average age was then determined by finding the age of a member that would have the closest factor to the weighted average age curve calibration factor. Prior to applying the allowed rating factors for age, geography, and tobacco, the plan adjusted index rates need to be multiplied by the age curve calibration factor.

The approximate weighted average age, rounded to a whole number, for the single risk pool is

The calibration to the age curve complies with the rating rules specified in 45 CFR Part 147, §147.102.

GEOGRAPHIC FACTOR CALIBRATION

AHP applies geographic rating area factors to its plans as shown in Worksheet 3 of the URRT. The geographic rating factors were developed based on AHP's historical experience net of risk adjustment and expectations for provider reimbursement in 2026. The relativities used are reflective of differences in delivery costs (including unit cost and provider practice pattern differences) only, and do not reflect any difference in population morbidity. The relativities are normalized to a geographic calibration factor of 1.0000.

TOBACCO USE RATING FACTOR CALIBRATION

In order to determine the calibration factor for tobacco use rating, the projected percentage of members using tobacco by age was determined. The weighted average of the non-tobacco use and tobacco use factors in the age curve was then calculated using this percentage.

The weighted average of the composite non-tobacco / tobacco use factors (i.e., age / tobacco premium relativity) was then determined by using the projected distribution of members by age. The tobacco use rating calibration factor was then calculated as the age / tobacco premium relativity factor divided by the age curve calibration. Prior to applying the allowed rating factors for age, geography, and tobacco, the Plan Adjusted Index Rates need to be multiplied by the tobacco use

Appendix C demonstrates the calibration performed for each plan in the projection period. Note, the calibrated plan-adjusted index rate shown in Appendix C may not exactly match URRT Worksheet 2 due to URRT rounding conventions.

XII. CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT

The Consumer Adjusted Premium Rate is the final premium rate for a plan charged to an individual utilizing the rating and premium adjustments as articulated in the applicable market reform rating rules. It is the product of the Plan Adjusted Index Rate, the age calibration factor, the geographic calibration factor, and the tobacco calibration factor.

The applicable adjustment factors for each plan are illustrated in Worksheet II, Section III of the URRT.

AHP's 2026 age and tobacco rating factors are shown below. The age rating factors used by AHP are identical to those prescribed by CMS. Industry research regarding tobacco use and differences in health costs for smokers by age was used as the basis of our adjustment factors.

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

AHP's 2026 geographic rating factors are shown below. These geographic rating factors are based on AHP experience. The geographic factors used reflect only differences in expected cost of delivery, and do not include differences for population morbidity by geographic area.

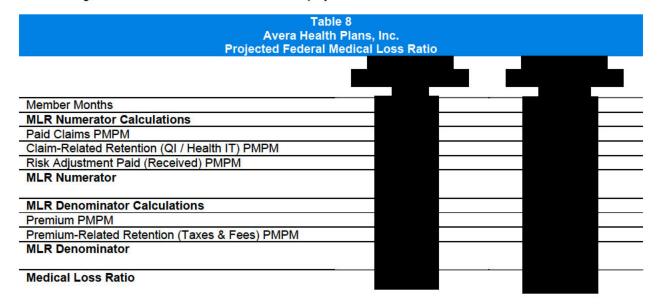
Table 7 Avera Health Plans, Inc. Geographic Rating Factors					
Region	Area	Rating Factor			
Rating Area 1					
ating Area 2	47				
Rating Area 3					
Rating Area 4					

XIII. PROJECTED LOSS RATIO

The projected loss ratio is

This loss ratio is calculated consistently with the MLR methodology, according to the National Association of Insurance Commissioners, as prescribed by 45 CFR 158.221. The following table demonstrates AHP's premium development and projected 2026 MLR calculation using rounded values.

The following table summarizes the calculation for the projected federal medical loss ratio.



XIV. AV METAL LEVELS

The AV Metal Values included in Worksheet 2, Section I of the URRT were developed based on the CMS Actuarial Value Calculator (AVC).

XV. MEMBERSHIP PROJECTIONS

The projected membership (as displayed in Worksheet 2, Section IV of the URRT) was determined by considering



Projected membership by plan and subsidy level is summarized in the tables below for silver plans.

Table 9A Avera Health Plans, Inc.						
Projected 2026 Mer	mbership by S					
HIOS ID	70%	73%	87%	94%	Total	
60536SD0020031						
60536SD0020052						
60536SD0020058						
60536SD0020060						
60536SD0020062						
60536SD0020063			j.			
60536SD0020070						
60536SD0020071						
60536SD0020074						
60536SD0020075						
60536SD0020076						
60536SD0020077						
60536SD0020078			<u>_</u>			
60536SD0020079			i i			
60536SD0020080						
60536SD0020081						
60536SD0020082						
60536SD0020083						
60536SD0020084						
60536SD0020085						
60536SD0060018			Ď			
60536SD0060025						
60536SD0060028						
60536SD0060029						
60536SD0060031						
60536SD0060032						
60536SD0060033						
60536SD0060034		-2				

		Table 9B	en lan				
Avera Health Plans, Inc. Projected 2026 Membership by Subsidy Level (Silver Plans)							
HIOS ID	70%	73%	87%	94%	Total		
60536SD0020031							
60536SD0020052		3	9/3		n.		
60536SD0020058							
60536SD0020060							
60536SD0020062							
60536SD0020063							
60536SD0020070							
60536SD0020071							
60536SD0020074					8		
60536SD0020075							
60536SD0020076							
60536SD0020077							
60536SD0020078				9			
60536SD0020079							
60536SD0020080							
60536SD0020081					15.		
60536SD0020082							
60536SD0020083							
60536SD0020084				3			
60536SD0020085	8						
60536SD0060018							
60536SD0060025							
60536SD0060028							
60536SD0060029							
60536SD0060031							
60536SD0060032					k.		
60536SD0060033			on.				
60536SD0060034							
,	, ,						

XVI. TERMINATED PLANS AND PRODUCTS

The following plans sold in 2025 will be terminated as of January 1, 2026. Rate increase calculations in Appendix A include the impact of crosswalking the membership on terminating HIOS IDs to new plans in 2026.

Table 10 Avera Health Plans, Inc.								
	Plans Terminated	as of January 1, 2026						
Product Name	Plan Name	2025 HIOS ID	2026 Mapped HIOS ID					
Avera ConnectPlus	100 CO							
Avera ConnectPlus								
Avera DirectConnect								
Avera DirectConnect								
Avera DirectConnect								
Avera DirectConnect								
Avera DirectConnect								
1 Dating Area 4 plan	76.	14						

¹ Rating Area 1 plan.

² Rating Areas 2 to 4 plan.

XVIII. RELIANCE

In preparing the Part I Unified Rate Review Template (URRT) and Part III Actuarial Memorandum, we relied on information provided by AHP. To the extent it is incomplete or inaccurate, the contents of the URRT and Actuarial Memorandum, along with many of the conclusions, may be materially affected.

We performed a limited review of the data used directly in the analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of the assignment.

XIX. ACTUARIAL CERTIFICATION

am a member of the American Academy of Actuaries, and I meet its Qualification Standards to render the actuarial opinion contained herein. Avera Health Plans, Inc. engaged me to provide the opinion herein.

The rates accompanying this Actuarial Memorandum reflect current law and regulations effective at the time of this rate filing submission. Future regulatory changes may affect the extent to which the rates are neither excessive nor deficient.

I certify to the best of my knowledge and judgment:

- 1. 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 the applicable Actuarial Standards of Practice.
 - Reasonable in relation to the benefits provided and the population anticipated to be covered.
 - Neither excessive nor deficient based on my best estimates of the 2026 individual market.
- 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 costs of delivery (which can include unit cost and provider practice pattern differences) and do not include differences for population morbidity by geographic area.
- The CMS Actuarial Value Calculator was used to determine the AV Metal Values shown in Worksheet 2, Section I of the Part I Unified Rate Review Template for all plans.
- 5. The proposed premium rates in this filing are actuarially sound in aggregate.
- 6. The entire rate filing is in compliance with all the applicable laws and rules of South Dakota and the benefits are reasonable in relation to premium.

The Part I Unified Rate Review Template (URRT) does not demonstrate the process used to develop proposed premium rates. It is representative of 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 the index rate is developed in accordance with federal regulation and used consistently and only adjusted by the allowable modifiers.

The information provided in this Actuarial Memorandum is in support of the items illustrated in the URRT and does not provide an actuarial opinion regarding the process used to develop propose premium rates. It does certify rates were developed in accordance with applicable regulations, as noted.

Differences between the projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience.

