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<b>State:</b>	Connecticut	<b>Filing Company:</b>	ConnectiCare Insurance Company, Inc.
<b>TOI/Sub-TOI:</b>	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
<b>Product Name:</b>	2026 CICI Individual Rate Filing		
<b>Project Name/Number:</b>	2026 CICI Individual Rate Filing/		

## Filing at a Glance

Company:	ConnectiCare Insurance Company, Inc.
Product Name:	2026 CICI Individual Rate Filing
State:	Connecticut
TOI:	H16I Individual Health - Major Medical
Sub-TOI:	H16I.005C Individual - Other
Filing Type:	Rate
Date Submitted:	05/31/2025
SERFF Tr Num:	CCIC-134554599
SERFF Status:	Pending State Action
State Tr Num:	202502679
State Status:	
Co Tr Num:	
Effective	01/01/2026
Date Requested:	
Author(s):	Elizabeth Guerin, Andrea Clark, Patricia Lemieux
Reviewer(s):	Tricia Dave (primary), Paul Lombardo, Sarah Mu
Disposition Date:	
Disposition Status:	
Effective Date:	
State Filing Description:	

State:

Connecticut

Filing Company:

ConnectiCare Insurance Company, Inc.

TOI/Sub-TOI:

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

Product Name:

2026 CICI Individual Rate Filing

Project Name/Number:

2026 CICI Individual Rate Filing/

General Information

Project Name: 2026 CICI Individual Rate Filing

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 06/03/2025

State Status Changed:

Deemer Date:

Created By: Patricia Lemieux

Submitted By: Patricia Lemieux

Corresponding Filing Tracking Number:

Filing Description:

2026 CICI Individual Rate Filing

Company and Contact

Filing Contact Information

Patricia Lemieux, Government Contracts Manager

patricia.lemieux@molinahealthcare.com

175 Scott Swamp Road

888-562-5442 [Phone]

Farmington, CT 06032

Filing Company Information

ConnectiCare Insurance Company, Inc.

CoCode: 11209

State of Domicile: Connecticut

175 Scott Swamp Road

Group Code: 1127

Company Type:

Farmington, CT 06032

Group Name:

State ID Number:

(860) 674-2870 ext. [Phone]

FEIN Number: 06-1618303

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<b>State:</b>	Connecticut	<b>Filing Company:</b>	ConnectiCare Insurance Company, Inc.
<b>TOI/Sub-TOI:</b>	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
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## Filing Fees

### State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

### State Specific

Individual, Small group and non-employer group health filings require rates to be filed. Does this filing comply with the requirements of item 17 of the general instructions?: Yes

A number of long standing Department positions have been reviewed and modified. As a result, some checklists have been amended, for your convenience we have summarized all of these modifications under General Instructions entitled "Amended Department Positions", have you reviewed this attachment at the bottom of the General Instructions?: Yes

State:Connecticut

Filing Company:ConnectiCare Insurance Company, Inc.

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

Product Name:2026 CICI Individual Rate Filing

Project Name/Number:2026 CICI Individual Rate Filing/

Correspondence Summary

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Requesting Additional Information	Sarah Mu	06/02/2025	06/02/2025

Response Letters

Responded By	Created On	Date Submitted
Elizabeth Guerin	06/03/2025	06/03/2025

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	URRT PDF	Elizabeth Guerin	06/03/2025	06/03/2025

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**State:** Connecticut **Filing Company:** ConnectiCare Insurance Company, Inc.  
**TOI/Sub-TOI:** H16I Individual Health - Major Medical/H16I.005C Individual - Other  
**Product Name:** 2026 CICI Individual Rate Filing  
**Project Name/Number:** 2026 CICI Individual Rate Filing/

## Objection Letter

Objection Letter Status	Requesting Additional Information
Objection Letter Date	06/02/2025
Submitted Date	06/02/2025
Respond By Date	06/03/2025

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Dear Patricia Lemieux,

**Introduction:**

Please submit URRT in PDF format as soon as possible.

**Conclusion:**

Sincerely,  
Sarah Mu

Response Letter

Response Letter Status

Submitted to State

Response Letter Date

06/03/2025

Submitted Date

06/03/2025

Dear Tricia Dave,

Introduction:

Response 1

Comments:

Attaching URRT in PDF format in response to your comment. Thank you.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No URRT Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	URRT PDF
Comments:	Attaching PDF in response to your comment.
Attachment(s):	2026 URRT CICIv1.1.pdf

Conclusion:

Sincerely,  
Elizabeth Guerin

Amendment Letter

Submitted Date: 06/03/2025

Comments:  
Resending to set confidentiality. THank you.

Changed Items:  
No Form Schedule Items Changed.  
  
No Rate Schedule Items Changed.  
  
No URRT Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	URRT PDF
Comments:	Attaching PDF in response to your comment.
Attachment(s):	2026 URRT CICIv1.1.pdf
Previous Version	
Satisfied - Item:	URRT PDF
Comments:	Attaching PDF in response to your comment.
Attachment(s):	2026 URRT CICIv1.1.pdf

SERFF Tracking #:	CCIC-134554599	State Tracking #:	202502679	Company Tracking #:	
State:	Connecticut	Filing Company:	ConnectiCare Insurance Company, Inc.		
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other				
Product Name:	2026 CICI Individual Rate Filing				
Project Name/Number:	2026 CICI Individual Rate Filing/				

Rate Information

Rate data applies to filing.

Filing Method:	
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	11.802%
Effective Date of Last Rate Revision:	01/01/2026
Filing Method of Last Filing:	
SERFF Tracking Number of Last Filing:	

Company Rate Information

Company Name:	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):
ConnectiCare Insurance Company, Inc.	26.100%	26.100%	\$9,356,312	3,685	\$35,847,939	28.600%	5.900%

<b>SERFF Tracking #:</b>	CCIC-134554599	<b>State Tracking #:</b>	202502679	<b>Company Tracking #:</b>	
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<b>Project Name/Number:</b>	2026 CICI Individual Rate Filing/				

URRT

State Determination

<b>Review Status:</b>	Incomplete
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SERFF Tracking #:	CCIC-134554599	State Tracking #:	202502679	Company Tracking #:	
State:	Connecticut	Filing Company:	ConnectiCare Insurance Company, Inc.		
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Product Name:	2026 CICI Individual Rate Filing				
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URRT Items

Item Name	Attachment(s)
Unified Rate Review Template	CICI_URRT_2026v1.1_20250530141731.xml/
Actuarial Memorandum	CICI_Part_III_Actuarial_Memorandum_2026.pdf
Actuarial Memorandum - Redacted	CICI_Part_III_Actuarial_Memorandum_Redacted_2026.pdf
Consumer Justification Narrative	CICI_Part_II_Rate_Increase_Justification_2026.pdf
Other Supporting Documents	CICI_Actuarial_Memorandum_for_CID_2026.pdf

<b>SERFF Tracking #:</b>	CCIC-134554599	<b>State Tracking #:</b>	202502679	<b>Company Tracking #:</b>	
<b>State:</b>	Connecticut	<b>Filing Company:</b>	ConnectiCare Insurance Company, Inc.		
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***Attachment CICI\_URRT\_2026v1.1\_20250530141731.xml is not a PDF document and cannot be reproduced here.***

MILLIMAN ACTUARIAL MEMORANDUM

# ConnectiCare Insurance Company, Inc.

Part III Actuarial Memorandum

Individual Rate Filing Effective January 1, 2026

May 30, 2025

[Jeremy Kush](#), FSA, CERA, MAAA  
Principal and Consulting Actuary



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## 1. GENERAL INFORMATION

This document contains the Part III Actuarial Memorandum for ConnectiCare Insurance Company, Inc.'s (CICI's) Affordable Care Act (ACA) 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) and Part II: Written Description Justifying the Rate Increase.

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.

This Actuarial Memorandum is subject to the terms and conditions of the Consulting Services Agreement between Molina Healthcare and Milliman, Inc. (Milliman). The information in this Actuarial Memorandum has been prepared for the use of CICI. We understand the Actuarial Memorandum will be provided to the State of Connecticut Insurance Department (CID), the Center for Consumer Information and Insurance Oversight (CCIIO), and their subcontractors to assist in the review of CICI's rate filing. We understand the information provided may be considered public documents, and as such, may be subject to disclosure to other third parties. Milliman makes no representations or warranties regarding the contents of this Actuarial Memorandum to third parties. Likewise, third parties are instructed to place no reliance upon this Actuarial Memorandum or rate filing prepared for CICI by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman to any third party.

At the time of this rate filing submission, we acknowledge there is uncertainty regarding whether the enhanced premium tax credit subsidies introduced through the American Rescue Plan Act (ARPA) will or will not be extended beyond 2025. As instructed by the CID, we have prepared this set of rate filing materials assuming that these enhanced premium tax credits **will** be extended into 2026. The expiration versus extension of these subsidies could have a material impact on morbidity, enrollment, and other factors related to the Individual market. The premium rates developed and supported by this Actuarial Memorandum also assume that Cost Share Reductions (CSRs) will not be funded as is described in current regulations and guidance. If subsequent information becomes available that would materially affect this rate filing submission, we would likely pursue opportunities to revise our pricing assumptions, add or remove plans, and resubmit this rate filing.

The results are actuarial projections. Actual experience will differ from these projections for a number of reasons including, but not necessarily limited to, population changes, claims experience, and random deviations from assumptions.

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. Depending on the nature of the final rules and regulations, the proposed rates may not be adequate.

### COMPANY IDENTIFYING INFORMATION

Company Legal Name:	ConnectiCare Insurance Company, Inc.
State:	Connecticut
HIOS Issuer ID:	94815
Market:	Individual
Effective Date:	January 1, 2026

### COMPANY CONTACT INFORMATION

Primary Contact Name:	Ted Hanrahan
Primary Contact Telephone Number:	414-286-9028
Primary Contact Email Address:	edward.hanrahan@molinahealthcare.com

## 2. PROPOSED RATE CHANGES

This submission is for rate revisions to CICI's existing individual medical ACA-compliant products marketed through the Access Health CT Exchange. The new rates are effective for individuals with an effective date or renewal date of January 1, 2026, through December 31, 2026. The average proposed rate change across all existing plans and regions, compared to the most recently approved rates effective January 1, 2025, is 26.1%. This increase represents a weighted average of the rate changes for all existing plans that will be offered in 2026, ranging from 5.9% to 28.6%. Appendix 1 provides a comparison of the revised base rates to the current base rates for a 21-year-old.

There are several 2025 to 2026 plan-specific changes that cause the rate change to vary by plan including changes in plan benefits and revised retention assumptions. These changes are applied at the benefit plan level resulting in different rate increases by plan. Additionally, there are changes to the base premium rate.

### REASONS FOR RATE CHANGE

Primary factors driving the rate change include the following items.

- Emerging claims experience
- Expected future medical inflation and utilization changes
- Changes in cost sharing levels to ensure that plans comply with the Health and Human Services (HHS) Actuarial Value (AV) metallic requirements
- Change in cost-sharing-reduction (CSR) load
- Change in the mix of business
- Demographic and geographic changes
- Anticipated risk adjustment transfers
- Changes in retention

Table 1 below outlines the approximate impact associated with the major drivers of the rate change.

<b>Table 1</b> <b>ConnectiCare Insurance Company, Inc.</b> <b>Rate Change Components</b>	
<b>Category</b>	<b>Value</b>
Adjusted Experience	-0.4%
Trend	7.6%
Benefit Updates and Plan Mix	16.0%
Demographics	-1.2%
Geography	-0.7%
Risk Adjustment	5.5%
Retention	-2.0%
<b>Total (multiplicative adjustments)</b>	<b>26.1%</b>

### 3. EXPERIENCE AND CURRENT PERIOD PREMIUM, CLAIMS, AND ENROLLMENT

CICI's actual claims for its 2024 individual ACA business were directly incorporated in the development of the 2026 rates.

#### PAID THROUGH DATE

The claims incurred in the experience period 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.

#### PREMIUMS (NET OF MLR REBATE) IN EXPERIENCE PERIOD

The earned premium reported in Worksheet 1 of the URRT reflects the sum of member level premium for the 2024 experience period. CICI does not anticipate the payment of any MLR rebates for calendar year 2024. Therefore, an adjustment for MLR rebates was not included. CICI's 2024 premium is not net of its estimated 2024 risk adjustment transfer, per the 2026 instructions.

#### ALLOWED AND INCURRED CLAIMS INCURRED DURING THE EXPERIENCE PERIOD

Allowed claims were determined by combining the paid claims with member cost sharing. We add an estimate of incurred but not paid (IBNP) claims to the processed amount to arrive at a final estimate of total claims. The IBNP estimate uses generally accepted actuarial development methods for estimating claim liabilities. We use the same IBNP as a percentage of medical claims on both an allowed basis and a paid basis.

Table 2 summarizes the premium, incurred claims, and allowed claims underlying the rate projection.

Table 2 ConnectiCare Insurance Company, Inc. 2024 Experience Period Summary	
Metric	2024 Value
Premiums (net of risk transfers)	\$43,389,130
Incurred Claims	\$37,407,845
Allowed Claims	\$42,664,476

## 4. BENEFIT CATEGORIES

We assigned the Essential Health Benefits (EHB) experience data utilization and cost information to benefit categories, as shown in Worksheet 1, Section II of the URRT. Experience data was allocated based on the Milliman *Health Cost Guidelines*<sup>TM</sup> (HCGs) distribution of allowed costs by major service category, which are defined 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.

### CAPITATION

Includes costs related to non-fee-for-service expenses.

### PRESCRIPTION DRUG

Includes drugs dispensed by a pharmacy. This amount is net of rebates received from drug manufacturers.

## 5. PROJECTION FACTORS

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

### TREND FACTORS

The 2024 experience was trended forward to 2026, assuming an aggregate annual 7.6% trend, not including changes to capitation. The trend estimate is based on historical market trends, Milliman research, conversations with CICI, and actuarial judgment. For purposes of URRT Worksheet 1, Section II, Year 1 and Year 2 trends represent 12-month annual 7.6% trends, split into separate cost and utilization trend factors.

### MORBIDITY ADJUSTMENT

We assume no change in the health status of the Connecticut ACA individual market between the experience and projection periods. This is reflected in URRT Worksheet 1, Section II as a **1.000**.

### DEMOGRAPHIC SHIFT

We adjust projected allowed claims by a factor of **0.972** for the following demographic-related differences between the experience and projection periods:

- Distribution of members by demographic category (i.e., age and gender)
- Distribution of members by tobacco usage
- Distribution of members by geographic location

Table 3 lists and quantifies the components of the demographic shift projection factor.

<b>Table 3</b> <b>ConnectiCare Insurance Company, Inc.</b> <b>Components of the URRT Worksheet 1 Demographic Shift Adjustment</b>	
<b>Component</b>	<b>Factor</b>
Demographic Adjustment	0.977
Tobacco Adjustment	1.000
Geographic Adjustment	0.995
<b>Demographic Factor</b>	<b>0.972</b>

*Note: Some factors with minimal impacts may display as 1.000.*

### PLAN DESIGN CHANGES

Modifications were made to plan designs to comply with the most recent 2026 Actuarial Value Calculator and align with CICI's desired market position. This is reflected in URRT Worksheet 1, Section II as a **1.092**. Table 4 lists and quantifies the components of the plan design changes projection factor.

<b>Table 4</b> <b>ConnectiCare Insurance Company, Inc.</b> <b>Components of the URRT Worksheet 1 Plan Design Changes Adjustment</b>	
<b>Component</b>	<b>Factor</b>
Net CSR Adjustment	1.068
Induced Utilization Adjustment	1.023
<b>Plan Design Change Factor</b>	<b>1.092</b>

*Note: Some factors with minimal impacts may display as 1.000.*

### OTHER ADJUSTMENTS

There are no adjustments flowing through the "Other" projection factor in URRT Worksheet 1, Section II. This factor is **1.000**.

The projected index rate for January 1, 2026 through December 31, 2026 is in Worksheet 1, Section II of the URRT and in Table 9 in Section 12.

## 6. MANUAL RATE ADJUSTMENTS

### SOURCE AND APPROPRIATENESS OF EXPERIENCE DATA USED IN MANUAL RATE DEVELOPMENT

The basis of the manual rates is CICI's 2023 experience. Similar to the 2024 experience rate projection described in the section above, we apply a series of factors to adjust the 2023 experience on which the manual rates are based.

### TREND FACTORS

The 2023 experience was trended forward to 2026, assuming an aggregate annual 7.6% trend, not including changes to capitation. The trend estimate is based on historical market trends, Milliman research, conversations with CICI, and actuarial judgment.

### MORBIDITY ADJUSTMENT

We assume no change in the health status of the Connecticut ACA individual market between the manual rate experience and projection periods. This is reflected in URRT Worksheet 1, Section II as a **1.000**.

### DEMOGRAPHIC SHIFT

We adjust the manual claims by a factor of **0.899** for the following demographic-related differences between the experience and projection periods:

- Distribution of members by demographic category (i.e., age and gender)
- Distribution of members by tobacco usage
- Distribution of members by geographic location

Table 5 lists and quantifies the components of the demographic shift projection factor.

Table 5 ConnectiCare Insurance Company, Inc. Components of the Manual Rate Demographic Shift Adjustment	
Component	Factor
Demographic Adjustment	0.919
Tobacco Adjustment	1.000
Geographic Adjustment	0.978
<b>Demographic Factor</b>	<b>0.899</b>

*Note: Some factors with minimal impacts may display as 1.000.*

### PLAN DESIGN CHANGES

Modifications were made to plan designs to comply with the most recent 2026 Actuarial Value Calculator and align with CICI's desired market position. This is reflected as a manual rate adjustment of **1.110**. Table 6 lists and quantifies the components of the plan design changes projection factor.

Table 6 ConnectiCare Insurance Company, Inc. Components of the Manual Rate Plan Design Changes Adjustment	
Component	Factor
Net CSR Adjustment	1.090
Induced Utilization Adjustment	1.018
<b>Plan Design Change Factor</b>	<b>1.110</b>

*Note: Some factors with minimal impacts may display as 1.000.*

### PROVIDER REIMBURSEMENT ADJUSTMENT

We adjust the manual claims by a factor of **0.961** to reflect CICI's differential in networks and provider reimbursement between 2023 and 2026. Provider reimbursement changes were implemented by CICI for the 2024 plan year. Therefore, only the manual rate was impacted by this provider reimbursement adjustment.

The manual EHB allowed claims rate PMPM is reflected in Worksheet 1, Section II of the URRT. This manual rate is blended with the experience rate to develop the projected index rate for January 1, 2026 through December 31, 2026, which is shown in Worksheet 1, Section II of the URRT and also in Table 9 of Section 12.

## 7. CREDIBILITY OF EXPERIENCE

CICI's 2024 ACA individual experience represents 36,788 member months. CICI's 2023 experience used for the manual rate in this filing included 149,524 member months. We assigned CICI's 2024 experience 50% credibility and assigned the remaining 50% to the manual rate.

We do not consider the 36,788 member months in 2024 to be fully credible. There is no explicit guidance for determining appropriate credibility thresholds within the Unified Rate Review instructions. There are a number of methodologies that can be used to determine credibility of a population. We set the credibility of CICI's 2024 experience period based on market dynamics, historical experience, review of the drastic disenrollment between 2023 and 2024, and actuarial judgment. Considering the magnitude of the enrollment change between years, we chose to apply equal credibility between the experience and manual rates to reduce potential fluctuations and volatility that may persist in such a reduced population.

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## 8. RISK ADJUSTMENT, REINSURANCE, AND EXCHANGE USER FEE

### RISK ADJUSTMENT PAYMENT / CHARGE

We estimate in 2026 CICI will receive \$204.99 PMPM in risk adjustment transfers, on a paid claim basis, not including the risk adjustment user fee. These payments are \$223.55 on an allowed basis, which are illustrated in URRT Worksheet 1, Section II. Our estimate is based on CICI's most current plan year (PY) 2024 RATEE file as developed by Wakely.

The estimates of relative risk and risk transfer amounts are highly dependent not only on the population that enrolls with CICI, but also with other carriers in the state. The risk transfer payment was applied to the Index Rate on an allowed basis in the development of the market-wide adjusted index rate as required by CMS. The impact of risk adjustment increases the market-wide adjusted index rate, and therefore increases premiums.

### REINSURANCE

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

### EXCHANGE USER FEES

The exchange user fee was applied as an adjustment to the index rate at the market level. We assume an exchange administration fee of 1.85% applies to all premiums and is allocated across all projected enrollment both on and off the exchange, resulting in a fee of \$23.56 PMPM on a paid basis. On an allowed basis, this fee is \$25.70 and is shown in URRT Worksheet 1, Section II as 2.10%. This is consistent with the most current available guidance from the State of Connecticut.

## 9. NON-BENEFIT EXPENSES, RISK OF ADVERSE DEVIATION, AND CONTRIBUTIONS TO SURPLUS

### ADMINISTRATIVE COSTS, EXCLUDING EXCHANGE USER FEES AND REINSURANCE FEES

We estimate CICI's administrative expenses to be \$91.05 PMPM, as shown in Table 7. This estimate is entered as a percent of premium that varies by plan due to certain PMPM expenses entered as a level PMPM regardless of metal type as shown in Worksheet 2, Section III of the URRT. It is based on CICI's estimate of 2026 projected expenses. This amount does not include any profit, risk load, taxes, or assessments described below.

Table 7 ConnectiCare Insurance Company, Inc. Summary of Administrative Expenses			
	PMPM	% of Premium	Allocation Method
General Admin	\$103.78	8.15%	% of Premium
Commission	\$9.62	0.76%	% of Premium
Quality Improvement	\$4.68	0.37%	PMPM
CoveredCT Program Payment Savings	-\$27.03	-2.12%	% of Premium
<b>Subtotal: Administrative Expense Load</b>	<b>\$91.05</b>	<b>7.15%</b>	

### TAXES AND FEES

Table 8 provides a breakdown of projected taxes and fees, excluding Exchange User Fees outlined in Section 8.

Table 8 ConnectiCare Insurance Company, Inc. Summary of Taxes and Fees			
	PMPM	% of Premium	Allocation Method
Risk Adjustment Admin Fee	\$0.20	0.02%	PMPM Spread
Premium Tax	\$19.11	1.50%	% of Premium
Comparative Effectiveness Research Fee	\$0.31	0.02%	PMPM
Immunization / Misc. State Fees	\$6.04	0.47%	PMPM Spread
Federal Income Tax	\$6.69	0.52%	% of Premium
<b>Subtotal: Taxes and Fees</b>	<b>\$32.34</b>	<b>2.54%</b>	

### PROFIT AND RISK LOAD

We build in 2.5% of premium for a target pre-tax contribution to surplus, which is consistent across all plans. We do not build in any additional loads for profit or risk. We consider the uncertainty of estimated claims in the 2026 market and federal MLR requirements in the target.

## 10. PROJECTED LOSS RATIO

The projected loss ratio based on the federally prescribed MLR methodology, excluding adjustments for credibility, is 90.84%. Appendix 2 displays the development of the MLR in more detail.

## 11. SINGLE RISK POOL

The rates are developed using a single risk pool established according to the federal requirements, including covered members of the entire individual health insurance market in the state of Connecticut.

## 12. INDEX RATE

The index rate for the projection period is a measurement of average allowed claims PMPM for EHBs. The projected index rate reflects the projected 2026 mixture of area factors, plan mix, demographics, and morbidity CICI expects to receive in the single risk pool. The projected Index Rate is equal to the projected total allowed claims PMPM minus the total non-EHB allowed claims. Table 9 illustrates the development of the projected index rate. Note, the annual trend applied to non-capitated claims in this filing is 7.6%, but the trend factor shown below differs due to adjustments for capitation rates, which are contractually determined.

<b>Table 9</b> <b>ConnectiCare Insurance Company, Inc.</b> <b>Projected Index Rate Development</b>		
	<b>2024 Experience</b>	<b>2023 Manual</b>
Member Months	36,788	149,524
EHB Allowed Claims	\$42,557,640	\$179,227,836
EHB Allowed Claims PMPM	\$1,156.83	\$1,198.66
Trend Factor <i>(2 years for 2024; 3 years for 2023)</i>	1.151	1.246
Morbidity Adjustment	1.000	1.000
Demographic Shift	0.972	0.899
Plan Design Changes	1.092	1.110
Other Adjustments	1.000	0.961
Adjusted Trended EHB Allowed Claims PMPM	\$1,414.01	\$1,430.20
Credibility %	50%	50%
<b>Projected Index Rate</b>		<b>\$1,422.11</b>

### 13. MARKET 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). Table 8 shows the development of the market-adjusted index rate. The adjustments in Table 10 are applied to the Index Rate on an allowed basis as required by CMS.

<b>Table 10</b> <b>ConnectiCare Insurance Company, Inc.</b> <b>Market Adjusted Index Rate Development</b>		
		<b>Annotation</b>
2026 Projected Index Rate PMPM	\$1,422.11	(1)
<b>Market Adjustments (paid basis)</b>		
Risk Adjustment Payment / Charge	-\$204.99	(2)
Reinsurance	\$0.00	(3)
Exchange User Fees	\$23.56	(4)
<b>Paid-to-Allowed Ratio</b>	0.917	<b>(5)</b>
<b>Market Adjustments (allowed basis)</b>		
Risk Adjustment Payment / Charge	-\$223.55	(6) = (2) / (5)
Reinsurance	\$0.00	(7) = (3) / (5)
Exchange User Fees	\$25.70	(8) = (4) / (5)
<b>Market Adjusted Index Rate PMPM</b>	<b>\$1,224.25</b>	<b>(9) = (1) + [(6) + (7) + (8)]</b>
<i>Note: Values may vary from the actual URRT due to rounding.</i>		

## 14. PLAN ADJUSTED INDEX RATES

Plan Adjusted Index Rates reflect the Market Adjusted Index Rate adjusted for allowable plan level modifiers defined in the market rating rules, 45 CFR Part 156, §156.80(d)(2). The development of the plan-adjusted index rates is shown in Appendix 3 and URRT Worksheet 2, Section III. 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

The actuarial value and benefit utilization factors used in plan pricing were developed in an internal Milliman cost relativity model, which is based on Milliman's HCGs, with adjustments based on actuarial judgment. This model estimates actuarial equivalent relative values of different benefit plans using estimated medical costs calibrated to CICI's experience. Health status was not used to establish benefit plan relativities.

The 2026 CMS Actuarial Value Calculator was used to determine the federal actuarial value and the corresponding metal level for each plan.

Since we assume there will not be federal funding for CSR subsidies, we reduced the average cost sharing adjustment on Silver plans to increase the financial liability for CICI. This adjustment reflects the full plan liability for CSR Silver plans.

### Experience Period Cost Sharing Reduction Amounts

We estimate the 2024 CSR portion of cost sharing by analyzing the historical differential between paid-to-allowed ratios of CSR variants compared to the standard Silver plan variant in order to determine the portion of cost sharing applicable to CSR plans that represents cost sharing reduction subsidies paid by CICI. Based on this methodology, we estimate CICI paid \$2,152,288 in CSR subsidy payments for CSR enrollees in 2024.

### Projected Cost Sharing Reduction Amounts

Based on the assumption that CSR subsidies will not be funded, we apply a 1.117 CSR shortfall adjustment (i.e., a 11.7% load) across all on-exchange silver plans. The total projected CSR subsidies associated with this load is approximately \$3,242,391. We estimate the impact of defunded CSRs by evaluating the AVs of all silver variants (standard plan design, 73%, 87%, and 94%) compared to the AV of the standard plan designs only (i.e., the portion of CICI's claims responsibility if CSR subsidies were will in effect). The differential between these AVs is the assumed CSR shortfall AV load.

The increase from 2024 actuals to projected 2026 is based on a much higher assumed enrollment distribution in 87% and 94% CSR plans in 2026 (98% of on-exchange silver enrollees) compared to 2024 (86.4% of on-exchange silver enrollees). This represents our best estimate of CSR amounts that will be provided for enrollees in 2026 based on the information available at this time. A key driver in the estimated population shift is the elimination of all off-exchange only silver plans in 2026 and the expected transition to on-exchange products.

### PROVIDER NETWORK, DELIVERY SYSTEM CHARACTERISTICS AND UTILIZATION MANAGEMENT PRACTICES

CICI will offer a POS network on all renewing plans, therefore provider network adjustments are 1.000 across all plans.

### BENEFITS IN ADDITION TO EHBS

CICI plans include coverage for non-essential health benefits.

## 15. CALIBRATION

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

### AGE CURVE CALIBRATION

To develop the age calibration factor, we premium-weighted the CMS federal age curve factors on a projected premium basis. Appendix 4.1 shows this calculation. The age curve calibration is applied to all plans. The weighted average age curve calibration factor is 1.610. The calibration to the age curve complies with the rating rules specified in 45 CFR Part 147, §147.102.

### GEOGRAPHIC FACTOR CALIBRATION

CICI applies geographic rating factors to its plans as shown in Worksheet 3 of the URRT. Geographic factors differ slightly from the 2025 rate filing due to a different projected membership mix between areas in 2026 compared to 2025. Health status is not reflected in the geographic factors, and it is not CICI's intent to use area factors to rate for morbidity. The geographic factors are re-normalized to a composite 1.0. See Appendix 4.2 for additional detail.

### TOBACCO USE RATING FACTOR CALIBRATION

CICI does not apply a tobacco rate factor.

## 16. CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT

The consumer adjusted premium rate is the final premium rate for a plan charged to an individual, family, or small employer group utilizing the rating and premium adjustments, as articulated in the applicable market reform rating rules. It is the product of the calibrated plan adjusted index rate, the age factor, the geographic factor, and the tobacco factor (1.000 since CICI does not rate for tobacco).

The development of the calibrated plan adjusted index rates is shown in Appendix 5a. A sample consumer adjusted premium rate development is shown in Appendix 5b.

## 17. AV METAL VALUES

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

## 18. AV PRICING VALUES

The AV Pricing Values included in Worksheet 2 of the URRT reflect the cumulative effect of the adjustments made by CICI to move from the Market Adjusted Index Rate to the Plan Adjusted Index Rate.

Plan factors were developed in an internal Milliman cost relativity model, which is based on Milliman's *HCGs*, with adjustments based on actuarial judgment. The cost relativity model reflects differences in costs and utilization under various plan designs. The resulting factors, shown in Worksheet 2 of the URRT, do not incorporate the differences in morbidity or demographic mix.

## 19. MEMBERSHIP PROJECTIONS

CICI developed membership projections, as illustrated in Worksheet 2, Section IV of the URRT based on consideration for the following:

- Historical sales for CICI's individual products
- Sales distribution and provider networks
- Anticipated activity in the Connecticut individual health insurance market

CICI used its early 2025 enrollment, expectations of the 2026 Connecticut individual market, and judgement to project the enrollment distribution by plan. CICI has distributed membership to each plan based on expected projected distributions within each rating region.

Table 11 includes the projected CSR distribution based on information provided by CICI.

<b>Table 11</b> <b>ConnectiCare Insurance Company, Inc.</b> <b>Projected QHP Member Distribution Across Silver Metal Tier</b>	
<b>CSR Category</b>	<b>Distribution</b>
ZCS Silver	0.0%
LCS Silver	0.0%
Silver 94%	49.0%
Silver 87%	49.0%
Silver 73%	1.0%
Silver 70%	1.0%
<b>Total</b>	<b>100.0%</b>

## 20. CURRENT ENROLLMENT

Current enrollment in Worksheet 2, Section II, of the URRT is the number of enrolled lives as of March 31, 2025.

## 21. PLAN TYPE

We note all plan types in Worksheet 2, Section I of the URRT.

## 22. WARNING ALERTS

There are no warning alerts in the URRT.

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## 23. EFFECTIVE RATE REVIEW INFORMATION

Per Bulletin HC-81-25, the assumptions, projections, and premium rates contained within this rate filing assume that federal enhanced Advanced Premium Tax Credit (APTC) subsidies will be extended into 2026. Due to the uncertainty of the enhancements extension, we also estimate the impact to underlying claims and premium rates if the enhanced APTCs expire at the end of 2025.

Assuming the enhanced APTCs expire, we anticipate a reduction in the overall market size in 2026. We project this will lead to increased average statewide morbidity in 2026 as consumers either lose access to subsidies (for those at or above 400% of the Federal Poverty Level (FPL)) or face higher net premiums due to less generous subsidies. We anticipate the remaining risk pool in 2026 to have higher healthcare needs, on average, as healthier consumers are more likely to lapse coverage. Given these considerations, we would apply a 7.4% adjustment to underlying claims to reflect anticipated changes in statewide average morbidity in 2026 relative to the experience rate. This adjustment to underlying claims results in an overall impact to premium rates of approximately a 8.4% increase.

The adjustment was developed by reviewing historic market trends in the State of Connecticut, specifically focusing on changes in enrollment distribution by income level, as well as changes to underlying population utilization and claim cost patterns as the market evolved. A regression analysis was performed on several of these variables to estimate the enrollment and morbidity impacts at different FPL levels and APTC parameter scenarios. The results of this analysis provided a range of possible disenrollment and morbidity impacts. Based on discussions with CICI and understanding CICI's underlying member population, we estimate an increase to CICI's underlying claims of about 7.4% if the enhanced APTCs expire.

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## 24. RELIANCE

In preparing the Part I Unified Rate Review Template (URRT) and Part III Actuarial Memorandum, we relied on information provided by CICI. 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.

Milliman developed certain models to estimate the values included in this filing. The intent of the models is to price 2026 individual market ACA rates in the state of Connecticut and may not be appropriate for any other purpose. We reviewed the models, including the inputs, calculations, and outputs. We believe they are consistent, reasonable, appropriate to the intended purpose, and compliant with generally accepted actuarial practice and relevant actuarial standards.

This rate filing reflects Milliman's and CICI's understanding of existing applicable federal and state regulations and rules as of the date of this rate filing. CICI's rate filing is based upon Milliman's and CICI's present understanding and interpretation of regulations promulgated under the Affordable Care Act (ACA), of Connecticut laws and regulations, and of Connecticut Exchange requirements, including the guidance to file these rates under the assumption that enhanced APTCs will be extended for plan year 2026.

Nothing in this filing waives CICI's rights: (1) to withdraw its products from the individual market, (2) to request a change to all, or any portion, of these rate filings, after any post-filing changes to or interpretations of an existing federal and / or state regulatory standard or requirement, (3) to request a change to all, or any portion, of these rate filings for any other purpose allowed by law, and (4) to seek payment or reimbursement for any amounts due to CICI from any governmental entity, including but not limited to, for state required benefits under Section 1311(d)(3)(B)(ii) of the ACA.

A data reliance letter is attached to this rate submission.

## 25. ACTUARIAL CERTIFICATION

I, Jeremy Kush, Principal and Consulting Actuary with the firm of Milliman, Inc., am a member of the American Academy of Actuaries, and I meet its Qualification Standards to render the actuarial opinion contained herein. This filing is prepared on behalf of ConnectiCare Insurance Company, Inc.

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 156.8 and 45 CFR 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.
2. 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.
3. 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.
4. 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 adjustment factor that represents benefits in addition to Essential Health Benefits included in Worksheet 2, Section III of the Part I Unified Rate Review Template was calculated in accordance with Actuarial Standards of Practice.
6. The proposed premium rates in this filing are actuarially sound in aggregate.
7. In my opinion, the proposed premium rate increase is reasonable. I based my opinion of reasonable rate increase on the factors below.
  - The expected individual loss ratio for the 12-month period beginning January 1, 2026, is expected to be approximately 90.8% (before a credibility adjustment). The projected loss ratio is greater than the 80% ACA minimum MLR standard promulgated by the Department of Health and Human Services.
  - The assumptions used are reasonable and within the range of reasonableness.
  - The proposed rates result in rates between insured members within similar risk categories that are permissible under applicable Connecticut law, and the premium differences correspond to differences in expected claims costs between allowable risk classes.
8. The premium rates filed are prepared in conformity with the applicable Actual Standards of Practice (ASOPs) promulgated by the Actuarial Standards Board. Please note, ASOP 26 does not apply since this certification is for individual health insurance only.

**CHECKLIST OF ACTUARIAL STANDARDS OF PRACTICE (ASOPs) FOR STATEMENT 8 ABOVE**

- x ASOP No. 5 – Incurred Health and Disability Claims.
- x ASOP No. 8 – Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits.
- x ASOP No. 12 – Risk Classification (for All Practice Areas).
- x ASOP No. 23 – Data Quality.
- x ASOP No. 25 – Credibility Procedures.
- x ASOP No. 26 – Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans.
- x ASOP No. 41 – Actuarial Communications.
- x ASOP No. 42 – Health and Disability Actuarial Assets and Liabilities other than Liabilities for Incurred Claims.
- x ASOP No. 50 – Determining Minimum Value and Actuarial Value under the Affordable Care Act.
- x ASOP No. 56 – Modeling.

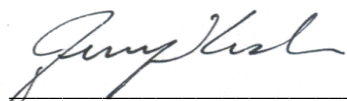
The Part I Unified Rate Review Template (URRT) does not demonstrate the process used to develop proposed premium rates. It is representative of information required by federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally 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 proposed 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.

At the time of this rate filing submission, we acknowledge there is uncertainty regarding the expiration of the enhanced premium subsidies first introduced through the American Rescue Plan Act (ARPA) and later extended by the Inflation Reduction Act (IRA). We have assumed that these subsidies will be extended into 2026 per CID guidance. As more information becomes known about the 2026 subsidies, it is possible we would need to adjust the rates in order to result in premiums that are neither excessive nor deficient.

Respectfully Submitted,



Jeremy Kush, FSA, CERA, MAAA  
Principal and Consulting Actuary  
Milliman, Inc.

May 30, 2025

## RELIANCE LETTER



May 27, 2025

Jeremy J. Kush, FSA, CERA, MAAA  
Principal and Consulting Actuary  
Milliman, Inc.  
71 S Wacker Drive, 31<sup>st</sup> Floor  
Chicago, IL 60606

**Re:   ConnectiCare Insurance Company, Inc. 2026 Connecticut Individual Pricing**

Dear Jeremy:

I, Brian Plaskow, Vice President of Actuarial Services at Molina Healthcare (Molina), hereby affirm the data sources, assumptions, and information identified below and provided to Milliman, Inc. were prepared under my direction, and these items relied upon are to the best of my knowledge accurate and complete. Finally, I affirm all information that affects the 2026 Connecticut individual premium rate development for ConnectiCare Insurance Company, Inc. (CICI) has been given to you, and I have disclosed all items of which I am aware that would have a material impact on the rate projections.

The information provided includes:

1.   Benefit plans for the individual products CICI intends to offer in 2026
2.   Product name, product ID, and plan name as entered in the Health Insurance Oversight System (HIOS) for each benefit plan
3.   Guidance on which plans will be terminated, renewed, or added as new
4.   Confirmation that Product IDs and Plan IDs are compliant with Federal and State regulations
5.   Projected administrative expenses and target margin by plan

6. Projected 2026 enrollment by ACA rating region and plan
7. 2022, 2023, 2024, and YTD 2025 claim, premium, and membership experience for CICI's individual ACA plans
8. 2022, 2023 and 2024 pharmacy rebates and rebate estimates
9. Confirmation the claim experience reconciles to CICI's financial statements
10. The rating regions (as defined by Connecticut) in which CICI intends to offer individual products in 2026 and membership distribution by region
11. Information regarding CICI's 2024 estimated risk adjustment settlement
12. Guidance on projected risk adjustment transfer estimates to assume in pricing based on CICI's 2024 estimated risk adjustment settlement, CICI's expectations and internal support of operational improvements, and 2026 Connecticut market expectations
13. Guidance on appropriate medical and pharmacy trend factors for CICI
14. Expected provider reimbursement rates and network changes based on the most recent contracting discussions with providers
15. Any provider incentives currently in place or expected to be put into place prior to the end of the projection year
16. Assurance that all plans' Federal Actuarial Values were correctly calculated with the 2026 Federal AV Calculator and fall within the appropriate metal level AV range
17. Confirmation CICI's 2026 benefit summaries include coverage for all Essential Health Benefits, including formulary coverage
18. CICI's overall and area specific competitive strategy and market comparisons
19. CICI's crosswalk and termination status by 2024 and 2025 plans
20. Guidance on a 2026 pricing adjustment for the inclusion of non-EHB ancillary benefits
21. Expected capitation payments for all capitated services

22. Confirmation plans requiring benefit changes meet uniform modification of coverage requirements
23. Guidance on applicable costs, payments, and fees associated with the Covered Connecticut program
24. Guidance on other applicable state taxes and fees
25. Assurance CICI has accurately entered plan designs into the PBT and other Federal forms and found no meaningful discrepancies in the Actuarial Value calculations
26. Projected enrollment distributions, benefit designs, and other assumptions related to the impact of the scheduled non-payment of cost sharing reduction (CSR) subsidies in 2026
27. Guidance on morbidity adjustments related to the potential impact of expanded Advance Premium Tax Credits expiring in 2025
28. Other information provided by CICI in various meetings, phone calls, emails, and other correspondence

May 27, 2025

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Date



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Brian Plaskow  
Vice President of Actuarial Services  
Molina Healthcare

## APPENDICES

Appendix 1  
ConnectiCare Insurance Company, Inc.  
Age 21 Rate Changes

Plan Name	HIOS ID	Metal	Current Enrollment	2025 Age 21 Rate	2026 Age 21 Rate	Rate Change
Value Gold Standard POS	94815CT0050006	Gold	153	\$827.92	\$892.33	7.78%
Value Bronze Standard POS	94815CT0050007	Bronze	64	\$577.30	\$611.44	5.91%
Value Bronze Standard POS HSA	94815CT0050008	Bronze	128	\$546.69	\$642.80	17.58%
Value Silver Standard POS	94815CT0050009	Silver	2,487	\$622.12	\$799.94	28.58%

Appendix 2 ConnectiCare Insurance Company, Inc. Projected MLR	
	2026
Member Months	27,924
<b>MLR Numerator Calculations</b>	
Paid Claims PMPM	\$1,306.56
Claim-Related Retention (QI/Health IT) PMPM	\$4.68
Prior Rebate	\$0.00
Other Claim-Related Adjustments	\$0.00
Risk Adjustment Paid (Received) PMPM	-\$204.99
Market Reinsurance Recoveries (Received) PMPM	\$0.00
<b>MLR Numerator</b>	<b>\$1,106.25</b>
<b>MLR Denominator Calculations</b>	
Premium PMPM	\$1,273.68
Other Premium Related Adjustments	\$0.00
Premium-Related Retention (Taxes & Fees) PMPM	\$55.91
<b>MLR Denominator</b>	<b>\$1,217.77</b>
<b>Medical Loss Ratio</b>	<b>90.84%</b>

Appendix 3  
ConnectiCare Insurance Company, Inc.  
Projection Period Plan Adjusted Index Rate Development

Plan Name	HIOS ID	Market Adjusted Index Rate	AV & Cost Sharing	Provider Network Adjustment	Benefits in Addition to EHBs	Admin Cost Fee	Catastrophic Eligibility	Plan Adjusted Index Rate
Value Bronze Standard POS	94815CT0050007	\$1,224.25	0.6920	1.0000	1.0021	1.1600	1.0000	\$984.69
Value Bronze Standard POS HSA	94815CT0050008	\$1,224.25	0.7275	1.0000	1.0020	1.1600	1.0000	\$1,035.19
Value Silver Standard POS	94815CT0050009	\$1,224.25	0.9319	1.0000	1.0018	1.1272	1.0000	\$1,288.26
Value Gold Standard POS	94815CT0050006	\$1,224.25	1.0102	1.0000	1.0018	1.1599	1.0000	\$1,437.05

Appendix 4.1 ConnectiCare Insurance Company, Inc. Age Calibration Development			
Age	Premium Relativity	Metallic Member Distribution	Catastrophic Member Distribution
0	0.7650	0.16%	0.00%
1	0.7650	0.16%	0.00%
2	0.7650	0.23%	0.00%
3	0.7650	0.23%	0.00%
4	0.7650	0.23%	0.00%
5	0.7650	0.23%	0.00%
6	0.7650	0.23%	0.00%
7	0.7650	0.37%	0.00%
8	0.7650	0.37%	0.00%
9	0.7650	0.37%	0.00%
10	0.7650	0.37%	0.00%
11	0.7650	0.37%	0.00%
12	0.7650	0.37%	0.00%
13	0.7650	0.37%	0.00%
14	0.7650	0.37%	0.00%
15	0.8330	0.37%	0.00%
16	0.8590	0.37%	0.00%
17	0.8850	0.37%	0.00%
18	0.9130	0.37%	0.00%
19	0.9410	2.22%	0.00%
20	0.9700	2.22%	0.00%
21	1.0000	2.44%	0.00%
22	1.0000	2.44%	0.00%
23	1.0000	2.44%	0.00%
24	1.0000	2.44%	0.00%
25	1.0040	1.93%	0.00%
26	1.0240	1.93%	0.00%
27	1.0480	1.93%	0.00%
28	1.0870	1.93%	0.00%
29	1.1190	1.93%	0.00%
30	1.1350	1.64%	0.00%
31	1.1590	1.64%	0.00%
32	1.1830	1.64%	0.00%
33	1.1980	1.64%	0.00%
34	1.2140	1.64%	0.00%
35	1.2220	1.61%	0.00%
36	1.2300	1.61%	0.00%
37	1.2380	1.61%	0.00%
38	1.2460	1.61%	0.00%
39	1.2620	1.61%	0.00%
40	1.2780	2.16%	0.00%
41	1.3020	2.16%	0.00%
42	1.3250	2.16%	0.00%
43	1.3570	2.16%	0.00%
44	1.3970	2.16%	0.00%
45	1.4440	1.87%	0.00%
46	1.5000	1.87%	0.00%
47	1.5630	1.87%	0.00%
48	1.6350	1.87%	0.00%
49	1.7060	1.87%	0.00%
50	1.7860	1.82%	0.00%
51	1.8650	1.82%	0.00%
52	1.9520	1.82%	0.00%
53	2.0400	1.82%	0.00%
54	2.1350	1.82%	0.00%
55	2.2300	2.05%	0.00%
56	2.3330	2.05%	0.00%
57	2.4370	2.05%	0.00%
58	2.5480	2.05%	0.00%
59	2.6030	2.05%	0.00%
60	2.7140	2.46%	0.00%
61	2.8100	2.46%	0.00%
62	2.8730	2.46%	0.00%
63	2.9520	2.46%	0.00%
64+	3.0000	4.27%	0.00%
Unrateable Dependents	0.0000	0.33%	0.00%
Age Calibration Factor (no Tobacco Load)		1.610	0.000
Age Calibration Factor (with Tobacco Load)		1.610	0.000
Tobacco Calibration - Metallic/Catastrophic Specific		1.000	0.000
Composite Tobacco Calibration		1.000	1.000
Adjusted Age Calibration Factor		1.610	0.000
Calibrated Plan Adjusted Index Rate		\$790.89	\$0.00
Projected Membership		100.0%	0.0%
<b>Single Risk Pool Age Calibration Factor</b>			<b>1.610</b>

**Appendix 4.2**  
**ConnectiCare Insurance Company, Inc.**  
**Geographic Calibration Development**

<b>Rating Area</b>	<b>County Name</b>	<b>Area Factor</b>	<b>Membership Distribution</b>
Rating Area 1	Fairfield County	1.0626	37.30%
Rating Area 2	Hartford County	0.9390	22.27%
Rating Area 3	Litchfield County	1.0357	4.95%
Rating Area 4	Middlesex County	1.0396	3.04%
Rating Area 5	New Haven County	0.9529	24.64%
Rating Area 6	New London County	0.9403	4.73%
Rating Area 7	Tolland County	1.0650	1.41%
Rating Area 8	Windham County	1.0470	1.66%
Composite		1.0000	100.00%

Appendix 5a ConnectiCare Insurance Company, Inc. Calibrated Plan Adjusted Index Rate Development							
Plan Name	HIOS ID	Plan Adjusted Index Rate	Age Calibration Factor	Geographic Calibration Factor	Tobacco Calibration Factor	Calibration Factor	Calibrated Plan Adjusted Index Rate
Value Bronze Standard POS	94815CT0050007	\$984.69	1.6104	1.0000	1.0000	1.6104	\$611.44
Value Bronze Standard POS HSA	94815CT0050008	\$1,035.19	1.6104	1.0000	1.0000	1.6104	\$642.80
Value Silver Standard POS	94815CT0050009	\$1,288.26	1.6104	1.0000	1.0000	1.6104	\$799.94
Value Gold Standard POS	94815CT0050006	\$1,437.05	1.6104	1.0000	1.0000	1.6104	\$892.33

Appendix 5b ConnectiCare Insurance Company, Inc. Sample Consumer Adjusted Premium Rate Calculation	
Value Bronze Standard POS - 94815CT0050007	
Calibrated Plan Adjusted Index Rate	\$611.44
Age: 48	1.635
Area: 1	1.063
Tobacco Status: Non-Tobacco User	1.000
Consumer Adjusted Premium Rate	\$1,062.29

## AV SCREENSHOTS AND BENEFIT GRIDS

# 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
Deductible (\$)	\$1,200.00	\$50.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$7,375.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<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"/>		\$400.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$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"/>		\$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"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<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"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$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"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" 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"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<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"/>	80%		<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:	\$100
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	2
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: Value Gold Standard POS  
Plan HIOS ID: 94815CT0050006  
Issuer HIOS ID: 94815  
AVC Version: 2026\_1d

## Output

Calculate

## Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2026 AV Calculator

Calculation Successful.

81.33%

Gold

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

0.1484 seconds

# User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$7,000.00
Coinsurance (%; Insurer's Cost Share)		100.00%
MOOP (\$)		\$10,000.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$450.00	<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"/>		\$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"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<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"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$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"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<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: \$500  
 Set a Maximum Number of Days for Charging an IP Copay? ☒  
 # Days (1-10): 2  
 Begin Primary Care Cost-Sharing After a Set Number of Visits? ☐  
 # Visits (1-10):  
 Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? ☐  
 # Copays (1-10):

## Plan Description:

Name: Value Bronze Standard POS  
 Plan HIOS ID: 94815CT0050007  
 Issuer HIOS ID: 94815  
 AVC Version: 2026\_1d

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2026 AV Calculator

Expanded Bronze Standard (58% to 65%), Calculation Successful.

63.94%

Bronze

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

0.1484 seconds

# User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$6,500.00
Coinsurance (%; Insurer's Cost Share)		80.00%
MOOP (\$)		\$7,225.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<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 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"/>
<b>Drugs</b>	<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"/>	75%		<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"/>	70%		<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:	\$500
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:** Value Bronze Standard POS HSA  
**Plan HIOS ID:** 94815CT0050008  
**Issuer HIOS ID:** 94815  
**AVC Version:** 2026\_1d

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Expanded Bronze Standard (58% to 65%), Calculation Successful.

64.97%

Bronze

Additional Notes:

Calculation Time:

0.1641 seconds

Final 2026 AV Calculator

# User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$5,000.00	\$250.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$9,400.00		
MOOP if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$450.00	<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"/>		\$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"/>		\$45.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<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"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<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"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$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"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<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:	\$200
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	4
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: Value Silver Standard POS  
Plan HIOS ID: 94815CT0050009  
Issuer HIOS ID: 94815  
AVC Version: 2026\_1d

## Output

Calculate

## Status/Error Messages:

Actuarial Value:  
Metal Tier:

Calculation Successful.

71.42%

Silver

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

## Additional Notes:

## Calculation Time:

0.1562 seconds

## Final 2026 AV Calculator

# User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$5,000.00	\$250.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$7,675.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<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 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"/>		\$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"/>		\$45.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<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"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<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"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$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"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" 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"/>
<b>Drugs</b>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<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:	\$100
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	4
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:** Value Silver Standard POS (CSR 73%)  
**Plan HIOS ID:** 94815CT0050009-04  
**Issuer HIOS ID:** 94815  
**AVC Version:** 2026\_1d

## Output

Calculate

## Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2026 AV Calculator

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

73.85%

Silver

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

0.2031 seconds

# 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
Deductible (\$)	\$415.00	\$50.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$2,950.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
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"/>		\$150.00	<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"/>		\$100.00	<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"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<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"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<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"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" 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 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"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<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:	\$60
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	4
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:** Value Silver Standard POS (CSR 87%)  
**Plan HIOS ID:** 94815CT0050009-05  
**Issuer HIOS ID:** 94815  
**AVC Version:** 2026\_1d

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2026 AV Calculator

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

86.75%

Gold

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

0.1562 seconds

# 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
Deductible (\$)	\$0.00	\$0.00
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$1,350.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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"/>		\$75.00	<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"/>		\$15.00	<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"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<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"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<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"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input 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 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"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<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:	\$60
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	4
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:** Value Silver Standard POS (CSR 94%)  
**Plan HIOS ID:** 94815CT0050009-06  
**Issuer HIOS ID:** 94815  
**AVC Version:** 2026\_1d

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2026 AV Calculator

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

93.88%

Platinum

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

0.1445 seconds

Schedule of Benefits	In-Network	Out-of-Network
<b>Deductible</b>		
Individual	\$7,000	\$13,100
Family	\$14,000	\$26,200
<b>Coinsurance</b> (Member responsibility)	n/a	50% coinsurance
<b>Out-of-Pocket</b>		
Individual	\$10,000	\$18,200
Family	\$20,000	\$36,400
<b>Preventive Care</b> (Screenings and Immunizations)	No cost	50% coinsurance per visit
<b>Primary Care Provider Office Services</b>  (excludes preventive)	\$50 copayment per visit	50% coinsurance per visit after OON plan deductible is met
<b>Outpatient Mental Health, Alcohol and Substance Use Disorder treatment services</b>	\$100 copayment per visit	50% coinsurance per visit after OON plan deductible is met
<b>Specialist Office Services</b>	\$70 copayment per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
<b>Outpatient Rehabilitative &amp; Habilitative: Occupational and Physical Therapy</b> (up to 40 visits per year)	\$30 copayment per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
<b>Outpatient Rehabilitative &amp; Habilitative: Speech Therapy</b> (up to 40 visits per year)	\$30 copayment per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
<b>Emergency Room Services</b>	\$450 copayment per visit after INET plan deductible is met	\$450 copayment per visit after INET plan deductible is met
<b>Laboratory Services</b>	\$20 copayment per service	50% coinsurance per service after OON plan deductible is met
<b>X-Rays and Diagnostic Imaging</b>	\$40 copayment per service after INET plan deductible is met	50% coinsurance per service after OON plan deductible is met
<b>Advanced Imaging</b> (CT / PET Scans / MRI)	\$75 copayment per service after INET plan deductible is met up to a combined annual maximum of \$375 for MRI and CAT scans; \$400 for PET scans	50% coinsurance per service after OON plan deductible is met
<b>Ambulatory Surgical Center</b>	\$300 copayment per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
<b>Hospital Outpatient Services</b>	\$500 copayment per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
<b>All Inpatient Hospital Services</b> (Includes Mental/Behavioral Health and Substance Use Disorder)  (Includes Skilled Nursing Facilities up to 90 visits per year)	\$500 copayment per day up to a maximum of \$1,000 per admission after INET plan deductible is met	50% coinsurance per admission after OON plan deductible is met
<b>PHARMACY</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Pharmacy Deductible</b>		
Individual	combined with medical	combined with medical
Family	combined with medical	combined with medical
<b>Generic</b>	\$15 copayment per prescription	50% coinsurance per prescription after OON plan deductible is met
<b>Preferred Brand Drugs</b>	\$50 copayment per prescription	50% coinsurance per prescription after OON plan deductible is met
<b>Non-Preferred Brand Drugs</b>	50% coinsurance per prescription after INET plan deductible is met	50% coinsurance per prescription after OON plan deductible is met
<b>Specialty Drugs</b>	50% coinsurance up to a maximum of \$500 per prescription after INET plan deductible is met	50% coinsurance per prescription after OON plan deductible is met

Schedule of Benefits	In-Network	Out-of-Network
<b>Deductible</b>		
Individual	\$6,500	\$13,000
Family	\$13,000	\$26,000
<b>Coinsurance</b> (Member responsibility)	20% coinsurance	50% coinsurance
<b>Out-of-Pocket</b>		
Individual	\$7,225	\$14,450
Family	\$14,450	\$28,900
<b>Preventive Care</b> (Screenings and Immunizations)	No cost	50% coinsurance per visit
<b>Primary Care Provider Office Services</b>  (excludes preventive)	20% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
<b>Outpatient Mental Health, Alcohol and Substance Use Disorder treatment services</b>	20% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
<b>Specialist Office Services</b>	20% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
<b>Outpatient Rehabilitative &amp; Habilitative: Occupational and Physical Therapy</b> (up to 40 visits per year)	20% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
<b>Outpatient Rehabilitative &amp; Habilitative: Speech Therapy</b> (up to 40 visits per year)	20% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
<b>Emergency Room Services</b>	20% coinsurance per visit after INET plan deductible is met	20% coinsurance per visit after INET plan deductible is met
<b>Laboratory Services</b>	20% coinsurance per service after INET plan deductible is met	50% coinsurance per service after OON plan deductible is met
<b>X-Rays and Diagnostic Imaging</b>	20% coinsurance per service after INET plan deductible is met	50% coinsurance per service after OON plan deductible is met
<b>Advanced Imaging</b> (CT / PET Scans / MRI)	20% coinsurance per service after INET plan deductible is met	50% coinsurance per service after OON plan deductible is met
<b>Ambulatory Surgical Center</b>	20% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
<b>Hospital Outpatient Services</b>	20% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
<b>All Inpatient Hospital Services</b> (Includes Mental/Behavioral Health and Substance Use Disorder)  (Includes Skilled Nursing Facilities up to 90 visits per year)	20% coinsurance per admission after INET plan deductible is met	50% coinsurance per admission after OON plan deductible is met
<b>PHARMACY</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Pharmacy Deductible</b>		
Individual	combined with medical	combined with medical
Family	combined with medical	combined with medical
<b>Generic</b>	20% coinsurance per prescription after INET plan deductible is met	50% coinsurance per prescription after OON plan deductible is met
<b>Preferred Brand Drugs</b>	25% coinsurance per prescription after INET plan deductible is met	50% coinsurance per prescription after OON plan deductible is met
<b>Non-Preferred Brand Drugs</b>	30% coinsurance per prescription after INET plan deductible is met	50% coinsurance per prescription after OON plan deductible is met
<b>Specialty Drugs</b>	30% coinsurance up to a maximum of \$500 per prescription after INET plan deductible is met	50% coinsurance per prescription after OON plan deductible is met

Schedule of Benefits	In-Network	Out-of-Network
<b>Deductible</b>		
Individual	\$1,200	\$3,000
Family	\$2,400	\$6,000
<b>Coinsurance</b> (Member responsibility)	n/a	30% coinsurance
<b>Out-of-Pocket</b>		
Individual	\$7,375	\$14,750
Family	\$14,750	\$29,500
<b>Preventive Care</b> (Screenings and Immunizations)	No cost	30% coinsurance per visit
<b>Primary Care Provider Office Services</b>  (excludes preventive)	\$20 copayment per visit	30% coinsurance per visit after OON plan deductible is met
<b>Outpatient Mental Health, Alcohol and Substance Use Disorder treatment services</b>	\$100 copayment per visit	30% coinsurance per visit after OON plan deductible is met
<b>Specialist Office Services</b>	\$40 copayment per visit	30% coinsurance per visit after OON plan deductible is met
<b>Outpatient Rehabilitative &amp; Habilitative: Occupational and Physical Therapy</b> (up to 40 visits per year)	\$20 copayment per visit	30% coinsurance per visit after OON plan deductible is met
<b>Outpatient Rehabilitative &amp; Habilitative: Speech Therapy</b> (up to 40 visits per year)	\$20 copayment per visit	30% coinsurance per visit after OON plan deductible is met
<b>Emergency Room Services</b>	\$400 copayment per visit	\$400 copayment per visit
<b>Laboratory Services</b>	\$10 copayment per service	30% coinsurance per service after OON plan deductible is met
<b>X-Rays and Diagnostic Imaging</b>	\$40 copayment per service after INET plan deductible is met	30% coinsurance per service after OON plan deductible is met
<b>Advanced Imaging</b> (CT / PET Scans / MRI)	\$65 copayment per service up to a combined annual maximum of \$375 for MRI and CAT scans; \$400 for PET scans	30% coinsurance per service after OON plan deductible is met
<b>Ambulatory Surgical Center</b>	\$300 copayment per visit after INET plan deductible is met	30% coinsurance per visit after OON plan deductible is met
<b>Hospital Outpatient Services</b>	\$500 copayment per visit after INET plan deductible is met	30% coinsurance per visit after OON plan deductible is met
<b>All Inpatient Hospital Services</b> (Includes Mental/Behavioral Health and Substance Use Disorder)  (Includes Skilled Nursing Facilities up to 90 visits per year)	\$500 copayment per day up to a maximum of \$1,000 per admission after INET plan deductible is met	30% coinsurance per admission after OON plan deductible is met
<b>PHARMACY</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Pharmacy Deductible</b>		
Individual	\$50	\$350
Family	\$100	\$700
<b>Generic</b>	\$5 copayment per prescription	30% coinsurance per prescription after OON prescription drug deductible is met
<b>Preferred Brand Drugs</b>	\$35 copayment per prescription	30% coinsurance per prescription after OON prescription drug deductible is met
<b>Non-Preferred Brand Drugs</b>	\$60 copayment per prescription	30% coinsurance per prescription after OON prescription drug deductible is met
<b>Specialty Drugs</b>	20% coinsurance per prescription up to a maximum of \$100 per prescription after INET prescription drug deductible is met	30% coinsurance per prescription after OON prescription drug deductible is met

Schedule of Benefits	In-Network	Out-of-Network
<b>Deductible</b>		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
<b>Coinsurance</b> (Member responsibility)	n/a	40% coinsurance
<b>Out-of-Pocket</b>		
Individual	\$9,400	\$18,200
Family	\$18,800	\$36,400
<b>Preventive Care</b> (Screenings and Immunizations)	No cost	40% coinsurance per visit
<b>Primary Care Provider Office Services</b>  (excludes preventive)	\$45 copayment per visit	40% coinsurance per visit after OON plan deductible is met
<b>Outpatient Mental Health, Alcohol and Substance Use Disorder treatment services</b>	\$100 copayment per visit	40% coinsurance per visit after OON plan deductible is met
<b>Specialist Office Services</b>	\$60 copayment per visit	40% coinsurance per visit after OON plan deductible is met
<b>Outpatient Rehabilitative &amp; Habilitative: Occupational and Physical Therapy</b> (up to 40 visits per year)	\$30 copayment per visit	40% coinsurance per visit after OON plan deductible is met
<b>Outpatient Rehabilitative &amp; Habilitative: Speech Therapy</b> (up to 40 visits per year)	\$30 copayment per visit	40% coinsurance per visit after OON plan deductible is met
<b>Emergency Room Services</b>	\$450 copayment per visit after INET plan deductible is met	\$450 copayment per visit after INET plan deductible is met
<b>Laboratory Services</b>	\$25 copayment per service	40% coinsurance per service after OON plan deductible is met
<b>X-Rays and Diagnostic Imaging</b>	\$40 copayment per service after INET plan deductible is met	40% coinsurance per service after OON plan deductible is met
<b>Advanced Imaging</b> (CT / PET Scans / MRI)	\$75 copayment per service up to a combined annual maximum of \$375 for MRI and CAT scans; \$400 for PET scans	40% coinsurance per service after OON plan deductible is met
<b>Ambulatory Surgical Center</b>	\$300 copayment per visit after INET plan deductible is met	40% coinsurance per visit after OON plan deductible is met
<b>Hospital Outpatient Services</b>	\$500 copayment per visit after INET plan deductible is met	40% coinsurance per visit after OON plan deductible is met
<b>All Inpatient Hospital Services</b> (Includes Mental/Behavioral Health and Substance Use Disorder)  (Includes Skilled Nursing Facilities up to 90 visits per year)	\$500 copayment per day up to a maximum of \$2,000 per admission after INET plan deductible is met	40% coinsurance per admission after OON plan deductible is met
<b>PHARMACY</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Pharmacy Deductible</b>		
Individual	\$250	\$500
Family	\$500	\$1,000
<b>Generic</b>	\$10 copayment per prescription	40% coinsurance per prescription after OON prescription drug deductible is met
<b>Preferred Brand Drugs</b>	\$50 copayment per prescription after INET prescription drug deductible is met	40% coinsurance per prescription after OON prescription drug deductible is met
<b>Non-Preferred Brand Drugs</b>	\$75 copayment per prescription after INET prescription drug deductible is met	40% coinsurance per prescription after OON prescription drug deductible is met
<b>Specialty Drugs</b>	20% coinsurance up to a maximum of \$200 per prescription after INET prescription drug deductible is met	40% coinsurance per prescription after OON prescription drug deductible is met

Schedule of Benefits	In-Network	Out-of-Network
<b>Deductible</b>		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
<b>Coinsurance</b> (Member responsibility)	n/a	40% coinsurance
<b>Out-of-Pocket</b>		
Individual	\$7,675	\$18,200
Family	\$15,350	\$36,400
<b>Preventive Care</b> (Screenings and Immunizations)	No cost	40% coinsurance per visit
<b>Primary Care Provider Office Services</b>  (excludes preventive)	\$45 copayment per visit	40% coinsurance per visit after OON plan deductible is met
<b>Outpatient Mental Health, Alcohol and Substance Use Disorder treatment services</b>	\$100 copayment per visit	40% coinsurance per visit after OON plan deductible is met
<b>Specialist Office Services</b>	\$60 copayment per visit	40% coinsurance per visit after OON plan deductible is met
<b>Outpatient Rehabilitative &amp; Habilitative: Occupational and Physical Therapy</b> (up to 40 visits per year)	\$30 copayment per visit	40% coinsurance per visit after OON plan deductible is met
<b>Outpatient Rehabilitative &amp; Habilitative: Speech Therapy</b> (up to 40 visits per year)	\$30 copayment per visit	40% coinsurance per visit after OON plan deductible is met
<b>Emergency Room Services</b>	\$450 copayment per visit after INET plan deductible is met	\$450 copayment per visit after INET plan deductible is met
<b>Laboratory Services</b>	\$25 copayment per service	40% coinsurance per service after OON plan deductible is met
<b>X-Rays and Diagnostic Imaging</b>	\$40 copayment per service after INET plan deductible is met	40% coinsurance per service after OON plan deductible is met
<b>Advanced Imaging</b> (CT / PET Scans / MRI)	\$75 copayment per service up to a combined annual maximum of \$375 for MRI and CAT scans; \$400 for PET scans	40% coinsurance per service after OON plan deductible is met
<b>Ambulatory Surgical Center</b>	\$300 copayment per visit after INET plan deductible is met	40% coinsurance per visit after OON plan deductible is met
<b>Hospital Outpatient Services</b>	\$500 copayment per visit after INET plan deductible is met	40% coinsurance per visit after OON plan deductible is met
<b>All Inpatient Hospital Services</b> (Includes Mental/Behavioral Health and Substance Use Disorder)  (Includes Skilled Nursing Facilities up to 90 visits per year)	\$500 copayment per day up to a maximum of \$2,000 per admission after INET plan deductible is met	40% coinsurance per admission after OON plan deductible is met
<b>PHARMACY</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Pharmacy Deductible</b>		
Individual	\$250	\$500
Family	\$500	\$1,000
<b>Generic</b>	\$10 copayment per prescription	40% coinsurance per prescription after OON prescription drug deductible is met
<b>Preferred Brand Drugs</b>	\$50 copayment per prescription after INET prescription drug deductible is met	40% coinsurance per prescription after OON prescription drug deductible is met
<b>Non-Preferred Brand Drugs</b>	\$75 copayment per prescription after INET prescription drug deductible is met	40% coinsurance per prescription after OON prescription drug deductible is met
<b>Specialty Drugs</b>	20% coinsurance up to a maximum of \$100 per prescription after INET prescription drug deductible is met	40% coinsurance per prescription after OON prescription drug deductible is met

Schedule of Benefits	In-Network	Out-of-Network
<b>Deductible</b>		
Individual	\$415	\$10,000
Family	\$830	\$20,000
<b>Coinsurance</b> (Member responsibility)	n/a	40% coinsurance
<b>Out-of-Pocket</b>		
Individual	\$2,950	\$18,200
Family	\$5,900	\$36,400
<b>Preventive Care</b> (Screenings and Immunizations)	No cost	40% coinsurance per visit
<b>Primary Care Provider Office Services</b>  (excludes preventive)	\$35 copayment per visit	40% coinsurance per visit after OON plan deductible is met
<b>Outpatient Mental Health, Alcohol and Substance Use Disorder treatment services</b>	\$100 copayment per visit	40% coinsurance per visit after OON plan deductible is met
<b>Specialist Office Services</b>	\$50 copayment per visit	40% coinsurance per visit after OON plan deductible is met
<b>Outpatient Rehabilitative &amp; Habilitative: Occupational and Physical Therapy</b> (up to 40 visits per year)	\$20 copayment per visit	40% coinsurance per visit after OON plan deductible is met
<b>Outpatient Rehabilitative &amp; Habilitative: Speech Therapy</b> (up to 40 visits per year)	\$20 copayment per visit	40% coinsurance per visit after OON plan deductible is met
<b>Emergency Room Services</b>	\$150 copayment per visit after INET plan deductible is met	\$150 copayment per visit after INET plan deductible is met
<b>Laboratory Services</b>	\$15 copayment per service	40% coinsurance per service after OON plan deductible is met
<b>X-Rays and Diagnostic Imaging</b>	\$30 copayment per service after INET plan deductible is met	40% coinsurance per service after OON plan deductible is met
<b>Advanced Imaging</b> (CT / PET Scans / MRI)	\$60 copayment per service up to a combined annual maximum of \$360 for MRI and CAT scans; \$400 for PET scans	40% coinsurance per service after OON plan deductible is met
<b>Ambulatory Surgical Center</b>	\$60 copayment per visit after INET plan deductible is met	40% coinsurance per visit after OON plan deductible is met
<b>Hospital Outpatient Services</b>	\$100 copayment per visit after INET plan deductible is met	40% coinsurance per visit after OON plan deductible is met
<b>All Inpatient Hospital Services</b> (Includes Mental/Behavioral Health and Substance Use Disorder)  (Includes Skilled Nursing Facilities up to 90 visits per year)	\$100 copayment per day up to a maximum of \$400 per admission after INET plan deductible is met	40% coinsurance per admission after OON plan deductible is met
<b>PHARMACY</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Pharmacy Deductible</b>		
Individual	\$50	\$500
Family	\$100	\$1,000
<b>Generic</b>	\$10 copayment per prescription	40% coinsurance per prescription after OON prescription drug deductible is met
<b>Preferred Brand Drugs</b>	\$25 copayment per prescription	40% coinsurance per prescription after OON prescription drug deductible is met
<b>Non-Preferred Brand Drugs</b>	\$40 copayment per prescription after INET prescription drug deductible is met	40% coinsurance per prescription after OON prescription drug deductible is met
<b>Specialty Drugs</b>	20% coinsurance up to a maximum of \$60 per prescription after INET prescription drug deductible is met	40% coinsurance per prescription after OON prescription drug deductible is met

Schedule of Benefits	In-Network	Out-of-Network
<b>Deductible</b>		
Individual	n/a	\$10,000
Family	n/a	\$20,000
<b>Coinsurance</b> (Member responsibility)	n/a	40% coinsurance
<b>Out-of-Pocket</b>		
Individual	\$1,350	\$18,200
Family	\$2,700	\$36,400
<b>Preventive Care</b> (Screenings and Immunizations)	No cost	40% coinsurance per visit
<b>Primary Care Provider Office Services</b>  (excludes preventive)	\$15 copayment per visit	40% coinsurance per visit after OON plan deductible is met
<b>Outpatient Mental Health, Alcohol and Substance Use Disorder treatment services</b>	\$75 copayment per visit	40% coinsurance per visit after OON plan deductible is met
<b>Specialist Office Services</b>	\$30 copayment per visit	40% coinsurance per visit after OON plan deductible is met
<b>Outpatient Rehabilitative &amp; Habilitative: Occupational and Physical Therapy</b> (up to 40 visits per year)	\$20 copayment per visit	40% coinsurance per visit after OON plan deductible is met
<b>Outpatient Rehabilitative &amp; Habilitative: Speech Therapy</b> (up to 40 visits per year)	\$20 copayment per visit	40% coinsurance per visit after OON plan deductible is met
<b>Emergency Room Services</b>	\$50 copayment per visit	\$50 copayment per visit
<b>Laboratory Services</b>	\$10 copayment per service	40% coinsurance per service after OON plan deductible is met
<b>X-Rays and Diagnostic Imaging</b>	\$25 copayment per service	40% coinsurance per service after OON plan deductible is met
<b>Advanced Imaging</b> (CT / PET Scans / MRI)	\$50 copayment per service up to a combined annual maximum of \$350 for MRI and CAT scans; \$400 for PET scans	40% coinsurance per service after OON plan deductible is met
<b>Ambulatory Surgical Center</b>	\$45 copayment per visit	40% coinsurance per visit after OON plan deductible is met
<b>Hospital Outpatient Services</b>	\$75 copayment per visit	40% coinsurance per visit after OON plan deductible is met
<b>All Inpatient Hospital Services</b> (Includes Mental/Behavioral Health and Substance Use Disorder)  (Includes Skilled Nursing Facilities up to 90 visits per year)	\$75 copayment per day up to a maximum of \$300 per admission	40% coinsurance per admission after OON plan deductible is met
<b>PHARMACY</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Pharmacy Deductible</b>		
Individual	n/a	\$500
Family	n/a	\$1,000
<b>Generic</b>	\$5 copayment per prescription	40% coinsurance per prescription after OON prescription drug deductible is met
<b>Preferred Brand Drugs</b>	\$10 copayment per prescription	40% coinsurance per prescription after OON prescription drug deductible is met
<b>Non-Preferred Brand Drugs</b>	\$30 copayment per prescription	40% coinsurance per prescription after OON prescription drug deductible is met
<b>Specialty Drugs</b>	20% coinsurance up to a maximum of \$60 per prescription	40% coinsurance per prescription after OON prescription drug deductible is met

MILLIMAN ACTUARIAL MEMORANDUM

# ConnectiCare Insurance Company, Inc.

Part III Actuarial Memorandum

Individual Rate Filing Effective January 1, 2026

May 30, 2025



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## 1. GENERAL INFORMATION

This document contains the Part III Actuarial Memorandum for ConnectiCare Insurance Company, Inc.'s (CICI's) Affordable Care Act (ACA) 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) and Part II: Written Description Justifying the Rate Increase.

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.

This Actuarial Memorandum is subject to the terms and conditions of the Consulting Services Agreement between Molina Healthcare and Milliman, Inc. (Milliman). The information in this Actuarial Memorandum has been prepared for the use of CICI. We understand the Actuarial Memorandum will be provided to the State of Connecticut Insurance Department (CID), the Center for Consumer Information and Insurance Oversight (CCIIO), and their subcontractors to assist in the review of CICI's rate filing. We understand the information provided may be considered public documents, and as such, may be subject to disclosure to other third parties. Milliman makes no representations or warranties regarding the contents of this Actuarial Memorandum to third parties. Likewise, third parties are instructed to place no reliance upon this Actuarial Memorandum or rate filing prepared for CICI by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman to any third party.

At the time of this rate filing submission, we acknowledge there is uncertainty regarding whether the enhanced premium tax credit subsidies introduced through the American Rescue Plan Act (ARPA) will or will not be extended beyond 2025. As instructed by the CID, we have prepared this set of rate filing materials assuming that these enhanced premium tax credits **will** be extended into 2026. The expiration versus extension of these subsidies could have a material impact on morbidity, enrollment, and other factors related to the Individual market. The premium rates developed and supported by this Actuarial Memorandum also assume that Cost Share Reductions (CSRs) will not be funded as is described in current regulations and guidance. If subsequent information becomes available that would materially affect this rate filing submission, we would likely pursue opportunities to revise our pricing assumptions, add or remove plans, and resubmit this rate filing.

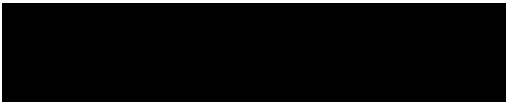
The results are actuarial projections. Actual experience will differ from these projections for a number of reasons including, but not necessarily limited to, population changes, claims experience, and random deviations from assumptions.

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. Depending on the nature of the final rules and regulations, the proposed rates may not be adequate.

### COMPANY IDENTIFYING INFORMATION

Company Legal Name:	ConnectiCare Insurance Company, Inc.
State:	Connecticut
HIOS Issuer ID:	94815
Market:	Individual
Effective Date:	January 1, 2026

### COMPANY CONTACT INFORMATION

Primary Contact Name:	
Primary Contact Telephone Number:	
Primary Contact Email Address:	

## 2. PROPOSED RATE CHANGES

This submission is for rate revisions to CICI's existing individual medical ACA-compliant products marketed through the Access Health CT Exchange. The new rates are effective for individuals with an effective date or renewal date of January 1, 2026, through December 31, 2026. The average proposed rate change across all existing plans and regions, compared to the most recently approved rates effective January 1, 2025, is 26.1%. This increase represents a weighted average of the rate changes for all existing plans that will be offered in 2026, ranging from 5.9% to 28.6%. [REDACTED] provides a comparison of the revised base rates to the current base rates for a 21-year-old.

There are several 2025 to 2026 plan-specific changes that cause the rate change to vary by plan including changes in plan benefits and revised retention assumptions. These changes are applied at the benefit plan level resulting in different rate increases by plan. Additionally, there are changes to the base premium rate.

### REASONS FOR RATE CHANGE

Primary factors driving the rate change include the following items.

- Emerging claims experience
- Expected future medical inflation and utilization changes
- Changes in cost sharing levels to ensure that plans comply with the Health and Human Services (HHS) Actuarial Value (AV) metallic requirements
- Change in cost-sharing-reduction (CSR) load
- Change in the mix of business
- Demographic and geographic changes
- Anticipated risk adjustment transfers
- Changes in retention

Table 1 below outlines the approximate impact associated with the major drivers of the rate change.

Table 1 ConnectiCare Insurance Company, Inc. Rate Change Components	
Category	Value
Adjusted Experience	-0.4%
Trend	7.6%
Benefit Updates and Plan Mix	16.0%
Demographics	-1.2%
Geography	-0.7%
Risk Adjustment	5.5%
Retention	-2.0%
<b>Total (multiplicative adjustments)</b>	<b>26.1%</b>

### 3. EXPERIENCE AND CURRENT PERIOD PREMIUM, CLAIMS, AND ENROLLMENT

CICI's actual claims for its 2024 individual ACA business were directly incorporated in the development of the 2026 rates.

#### PAID THROUGH DATE

The claims incurred in the experience period 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.

#### PREMIUMS (NET OF MLR REBATE) IN EXPERIENCE PERIOD

The earned premium reported in Worksheet 1 of the URRT reflects the sum of member level premium for the 2024 experience period. CICI does not anticipate the payment of any MLR rebates for calendar year 2024. Therefore, an adjustment for MLR rebates was not included. CICI's 2024 premium is not net of its estimated 2024 risk adjustment transfer, per the 2026 instructions.

#### ALLOWED AND INCURRED CLAIMS INCURRED DURING THE EXPERIENCE PERIOD

Allowed claims were determined by combining the paid claims with member cost sharing. We add an estimate of incurred but not paid (IBNP) claims to the processed amount to arrive at a final estimate of total claims. The IBNP estimate uses generally accepted actuarial development methods for estimating claim liabilities. We use the same IBNP as a percentage of medical claims on both an allowed basis and a paid basis.

Table 2 summarizes the premium, incurred claims, and allowed claims underlying the rate projection.

Table 2 ConnectiCare Insurance Company, Inc. 2024 Experience Period Summary	
Metric	2024 Value
Premiums (net of risk transfers)	\$43,389,130
Incurred Claims	\$37,407,845
Allowed Claims	\$42,664,476

## 4. BENEFIT CATEGORIES

We assigned the Essential Health Benefits (EHB) experience data utilization and cost information to benefit categories, as shown in Worksheet 1, Section II of the URRT. Experience data was allocated based on the Milliman *Health Cost Guidelines*<sup>TM</sup> (HCGs) distribution of allowed costs by major service category, which are defined 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.

### CAPITATION

Includes costs related to non-fee-for-service expenses.

### PRESCRIPTION DRUG

Includes drugs dispensed by a pharmacy. This amount is net of rebates received from drug manufacturers.

## 5. PROJECTION FACTORS

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

### TREND FACTORS

The 2024 experience was trended forward to 2026, assuming an aggregate annual 7.6% trend, not including changes to capitation. The trend estimate is based on historical market trends, Milliman research, conversations with CICI, and actuarial judgment. For purposes of URRT Worksheet 1, Section II, Year 1 and Year 2 trends represent 12-month annual 7.6% trends, split into separate cost and utilization trend factors.

### MORBIDITY ADJUSTMENT

We assume no change in the health status of the Connecticut ACA individual market between the experience and projection periods. This is reflected in URRT Worksheet 1, Section II as a 1.000.

### DEMOGRAPHIC SHIFT

We adjust projected allowed claims by a factor of 0.972 for the following demographic-related differences between the experience and projection periods:

- Distribution of members by demographic category (i.e., age and gender)
- Distribution of members by tobacco usage
- Distribution of members by geographic location

Table 3 lists and quantifies the components of the demographic shift projection factor.

Table 3 ConnectiCare Insurance Company, Inc. Components of the URRT Worksheet 1 Demographic Shift Adjustment	
Component	Factor
Demographic Adjustment	0.977
Tobacco Adjustment	1.000
Geographic Adjustment	0.995
<b>Demographic Factor</b>	<b>0.972</b>

*Note: Some factors with minimal impacts may display as 1.000.*

### PLAN DESIGN CHANGES

Modifications were made to plan designs to comply with the most recent 2026 Actuarial Value Calculator and align with CICI's desired market position. This is reflected in URRT Worksheet 1, Section II as a 1.092. Table 4 lists and quantifies the components of the plan design changes projection factor.

Table 4 ConnectiCare Insurance Company, Inc. Components of the URRT Worksheet 1 Plan Design Changes Adjustment	
Component	Factor
Net CSR Adjustment	1.068
Induced Utilization Adjustment	1.023
<b>Plan Design Change Factor</b>	<b>1.092</b>

*Note: Some factors with minimal impacts may display as 1.000.*

### OTHER ADJUSTMENTS

There are no adjustments flowing through the "Other" projection factor in URRT Worksheet 1, Section II. This factor is 1.000.

The projected index rate for January 1, 2026 through December 31, 2026 is in Worksheet 1, Section II of the URRT and in Table 9 in Section 12.

## 6. MANUAL RATE ADJUSTMENTS

### SOURCE AND APPROPRIATENESS OF EXPERIENCE DATA USED IN MANUAL RATE DEVELOPMENT

The basis of the manual rates is CICI's 2023 experience. Similar to the 2024 experience rate projection described in the section above, we apply a series of factors to adjust the 2023 experience on which the manual rates are based.

### TREND FACTORS

The 2023 experience was trended forward to 2026, assuming an aggregate annual 7.6% trend, not including changes to capitation. The trend estimate is based on historical market trends, Milliman research, conversations with CICI, and actuarial judgment.

### MORBIDITY ADJUSTMENT

We assume no change in the health status of the Connecticut ACA individual market between the manual rate experience and projection periods. This is reflected in URRT Worksheet 1, Section II as a 1.000.

### DEMOGRAPHIC SHIFT

We adjust the manual claims by a factor of 0.899 for the following demographic-related differences between the experience and projection periods:

- Distribution of members by demographic category (i.e., age and gender)
- Distribution of members by tobacco usage
- Distribution of members by geographic location

Table 5 lists and quantifies the components of the demographic shift projection factor.

Table 5 ConnectiCare Insurance Company, Inc. Components of the Manual Rate Demographic Shift Adjustment	
Component	Factor
Demographic Adjustment	0.919
Tobacco Adjustment	1.000
Geographic Adjustment	0.978
<b>Demographic Factor</b>	<b>0.899</b>

*Note: Some factors with minimal impacts may display as 1.000.*

### PLAN DESIGN CHANGES

Modifications were made to plan designs to comply with the most recent 2026 Actuarial Value Calculator and align with CICI's desired market position. This is reflected as a manual rate adjustment of 1.110. Table 6 lists and quantifies the components of the plan design changes projection factor.

Table 6 ConnectiCare Insurance Company, Inc. Components of the Manual Rate Plan Design Changes Adjustment	
Component	Factor
Net CSR Adjustment	1.090
Induced Utilization Adjustment	1.018
<b>Plan Design Change Factor</b>	<b>1.110</b>

*Note: Some factors with minimal impacts may display as 1.000.*

### PROVIDER REIMBURSEMENT ADJUSTMENT

We adjust the manual claims by a factor of 0.961 to reflect CICI's differential in networks and provider reimbursement between 2023 and 2026. Provider reimbursement changes were implemented by CICI for the 2024 plan year. Therefore, only the manual rate was impacted by this provider reimbursement adjustment.

The manual EHB allowed claims rate PMPM is reflected in Worksheet 1, Section II of the URRT. This manual rate is blended with the experience rate to develop the projected index rate for January 1, 2026 through December 31, 2026, which is shown in Worksheet 1, Section II of the URRT and also in Table 9 of Section 12.

## 7. CREDIBILITY OF EXPERIENCE

CICI's 2024 ACA individual experience represents 36,788 member months. CICI's 2023 experience used for the manual rate in this filing included 149,524 member months. We assigned CICI's 2024 experience 50% credibility and assigned the remaining 50% to the manual rate.

We do not consider the 36,788 member months in 2024 to be fully credible. There is no explicit guidance for determining appropriate credibility thresholds within the Unified Rate Review instructions. There are a number of methodologies that can be used to determine credibility of a population. We set the credibility of CICI's 2024 experience period based on market dynamics, historical experience, review of the drastic disenrollment between 2023 and 2024, and actuarial judgment. Considering the magnitude of the enrollment change between years, we chose to apply equal credibility between the experience and manual rates to reduce potential fluctuations and volatility that may persist in such a reduced population.

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## 8. RISK ADJUSTMENT, REINSURANCE, AND EXCHANGE USER FEE

### RISK ADJUSTMENT PAYMENT / CHARGE

We estimate in 2026 CICI will receive \$204.99 PMPM in risk adjustment transfers, on a paid claim basis, not including the risk adjustment user fee. These payments are \$223.55 on an allowed basis, which are illustrated in URRT Worksheet 1, Section II. Our estimate is based on CICI's most current plan year (PY) 2024 RATEE file as developed by Wakely.

The estimates of relative risk and risk transfer amounts are highly dependent not only on the population that enrolls with CICI, but also with other carriers in the state. The risk transfer payment was applied to the Index Rate on an allowed basis in the development of the market-wide adjusted index rate as required by CMS. The impact of risk adjustment increases the market-wide adjusted index rate, and therefore increases premiums.

### REINSURANCE

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

### EXCHANGE USER FEES

The exchange user fee was applied as an adjustment to the index rate at the market level. We assume an exchange administration fee of 1.85% applies to all premiums and is allocated across all projected enrollment both on and off the exchange, resulting in a fee of \$23.56 PMPM on a paid basis. On an allowed basis, this fee is \$25.70 and is shown in URRT Worksheet 1, Section II as 2.10%. This is consistent with the most current available guidance from the State of Connecticut.

## 9. NON-BENEFIT EXPENSES, RISK OF ADVERSE DEVIATION, AND CONTRIBUTIONS TO SURPLUS

### ADMINISTRATIVE COSTS, EXCLUDING EXCHANGE USER FEES AND REINSURANCE FEES

We estimate CICI's administrative expenses to be \$91.05 PMPM, as shown in Table 7. This estimate is entered as a percent of premium that varies by plan due to certain PMPM expenses entered as a level PMPM regardless of metal type as shown in Worksheet 2, Section III of the URRT. It is based on CICI's estimate of 2026 projected expenses. This amount does not include any profit, risk load, taxes, or assessments described below.

Table 7 ConnectiCare Insurance Company, Inc. Summary of Administrative Expenses			
	PMPM	% of Premium	Allocation Method
General Admin	\$103.78	8.15%	% of Premium
Commission	\$9.62	0.76%	% of Premium
Quality Improvement	\$4.68	0.37%	PMPM
CoveredCT Program Payment Savings	-\$27.03	-2.12%	% of Premium
<b>Subtotal: Administrative Expense Load</b>	<b>\$91.05</b>	<b>7.15%</b>	

### TAXES AND FEES

Table 8 provides a breakdown of projected taxes and fees, excluding Exchange User Fees outlined in Section 8.

Table 8 ConnectiCare Insurance Company, Inc. Summary of Taxes and Fees			
	PMPM	% of Premium	Allocation Method
Risk Adjustment Admin Fee	\$0.20	0.02%	PMPM Spread
Premium Tax	\$19.11	1.50%	% of Premium
Comparative Effectiveness Research Fee	\$0.31	0.02%	PMPM
Immunization / Misc. State Fees	\$6.04	0.47%	PMPM Spread
Federal Income Tax	\$6.69	0.52%	% of Premium
<b>Subtotal: Taxes and Fees</b>	<b>\$32.34</b>	<b>2.54%</b>	

### PROFIT AND RISK LOAD

We build in 2.5% of premium for a target pre-tax contribution to surplus, which is consistent across all plans. We do not build in any additional loads for profit or risk. We consider the uncertainty of estimated claims in the 2026 market and federal MLR requirements in the target.

## 10. PROJECTED LOSS RATIO

The projected loss ratio based on the federally prescribed MLR methodology, excluding adjustments for credibility, is 90.84%. [REDACTED] displays the development of the MLR in more detail.

## 11. SINGLE RISK POOL

The rates are developed using a single risk pool established according to the federal requirements, including covered members of the entire individual health insurance market in the state of Connecticut.

## 12. INDEX RATE

The index rate for the projection period is a measurement of average allowed claims PMPM for EHBs. The projected index rate reflects the projected 2026 mixture of area factors, plan mix, demographics, and morbidity CICI expects to receive in the single risk pool. The projected Index Rate is equal to the projected total allowed claims PMPM minus the total non-EHB allowed claims. Table 9 illustrates the development of the projected index rate. Note, the annual trend applied to non-capitated claims in this filing is 7.6%, but the trend factor shown below differs due to adjustments for capitation rates, which are contractually determined.

<b>Table 9</b> <b>ConnectiCare Insurance Company, Inc.</b> <b>Projected Index Rate Development</b>		
	<b>2024 Experience</b>	<b>2023 Manual</b>
Member Months	36,788	149,524
EHB Allowed Claims	\$42,557,640	\$179,227,836
EHB Allowed Claims PMPM	\$1,156.83	\$1,198.66
Trend Factor (2 years for 2024; 3 years for 2023)	1.151	1.246
Morbidity Adjustment	1.000	1.000
Demographic Shift	0.972	0.899
Plan Design Changes	1.092	1.110
Other Adjustments	1.000	0.961
Adjusted Trended EHB Allowed Claims PMPM	\$1,414.01	\$1,430.20
Credibility %	50%	50%
<b>Projected Index Rate</b>		<b>\$1,422.11</b>

### 13. MARKET 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). Table 8 shows the development of the market-adjusted index rate. The adjustments in Table 10 are applied to the Index Rate on an allowed basis as required by CMS.

Table 10 ConnectiCare Insurance Company, Inc. Market Adjusted Index Rate Development		
		<b>Annotation</b>
2026 Projected Index Rate PMPM	\$1,422.11	(1)
<b>Market Adjustments (paid basis)</b>		
Risk Adjustment Payment / Charge	-\$204.99	(2)
Reinsurance	\$0.00	(3)
Exchange User Fees	\$23.56	(4)
<b>Paid-to-Allowed Ratio</b>	0.917	(5)
<b>Market Adjustments (allowed basis)</b>		
Risk Adjustment Payment / Charge	-\$223.55	(6) = (2) / (5)
Reinsurance	\$0.00	(7) = (3) / (5)
Exchange User Fees	\$25.70	(8) = (4) / (5)
<b>Market Adjusted Index Rate PMPM</b>	<b>\$1,224.25</b>	<b>(9) = (1) + [(6) + (7) + (8)]</b>
<i>Note: Values may vary from the actual URRT due to rounding.</i>		

## 14. PLAN ADJUSTED INDEX RATES

Plan Adjusted Index Rates reflect the Market Adjusted Index Rate adjusted for allowable plan level modifiers defined in the market rating rules, 45 CFR Part 156, §156.80(d)(2). The development of the plan-adjusted index rates is shown in [REDACTED] and URRT Worksheet 2, Section III. 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

The actuarial value and benefit utilization factors used in plan pricing were developed in an internal Milliman cost relativity model, which is based on Milliman's HCGs, with adjustments based on actuarial judgment. This model estimates actuarial equivalent relative values of different benefit plans using estimated medical costs calibrated to CICI's experience. Health status was not used to establish benefit plan relativities.

The 2026 CMS Actuarial Value Calculator was used to determine the federal actuarial value and the corresponding metal level for each plan.

Since we assume there will not be federal funding for CSR subsidies, we reduced the average cost sharing adjustment on Silver plans to increase the financial liability for CICI. This adjustment reflects the full plan liability for CSR Silver plans.

### Experience Period Cost Sharing Reduction Amounts

We estimate the 2024 CSR portion of cost sharing by analyzing the historical differential between paid-to-allowed ratios of CSR variants compared to the standard Silver plan variant in order to determine the portion of cost sharing applicable to CSR plans that represents cost sharing reduction subsidies paid by CICI. Based on this methodology, we estimate CICI paid \$2,152,288 in CSR subsidy payments for CSR enrollees in 2024.

### Projected Cost Sharing Reduction Amounts

Based on the assumption that CSR subsidies will not be funded, we apply a 1.117 CSR shortfall adjustment (i.e., a 11.7% load) across all on-exchange silver plans. The total projected CSR subsidies associated with this load is approximately \$3,242,391. We estimate the impact of defunded CSRs by evaluating the AVs of all silver variants (standard plan design, 73%, 87%, and 94%) compared to the AV of the standard plan designs only (i.e., the portion of CICI's claims responsibility if CSR subsidies were will in effect). The differential between these AVs is the assumed CSR shortfall AV load.

The increase from 2024 actuals to projected 2026 is based on a much higher assumed enrollment distribution in 87% and 94% CSR plans in 2026 (98% of on-exchange silver enrollees) compared to 2024 (86.4% of on-exchange silver enrollees). This represents our best estimate of CSR amounts that will be provided for enrollees in 2026 based on the information available at this time. A key driver in the estimated population shift is the elimination of all off-exchange only silver plans in 2026 and the expected transition to on-exchange products.

### PROVIDER NETWORK, DELIVERY SYSTEM CHARACTERISTICS AND UTILIZATION MANAGEMENT PRACTICES

CICI will offer a POS network on all renewing plans, therefore provider network adjustments are 1.000 across all plans.

### BENEFITS IN ADDITION TO EHBS

CICI plans include coverage for non-essential health benefits.

## 15. CALIBRATION

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

### AGE CURVE CALIBRATION

To develop the age calibration factor, we premium-weighted the CMS federal age curve factors on a projected premium basis. [REDACTED] shows this calculation. The age curve calibration is applied to all plans. The weighted average age curve calibration factor is 1.610. The calibration to the age curve complies with the rating rules specified in 45 CFR Part 147, §147.102.

### GEOGRAPHIC FACTOR CALIBRATION

CICI applies geographic rating factors to its plans as shown in Worksheet 3 of the URRT. Geographic factors differ slightly from the 2025 rate filing due to a different projected membership mix between areas in 2026 compared to 2025. Health status is not reflected in the geographic factors, and it is not CICI's intent to use area factors to rate for morbidity. The geographic factors are re-normalized to a composite 1.0. See [REDACTED] for additional detail.

### TOBACCO USE RATING FACTOR CALIBRATION

CICI does not apply a tobacco rate factor.

## 16. CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT

The consumer adjusted premium rate is the final premium rate for a plan charged to an individual, family, or small employer group utilizing the rating and premium adjustments, as articulated in the applicable market reform rating rules. It is the product of the calibrated plan adjusted index rate, the age factor, the geographic factor, and the tobacco factor (1.000 since CICI does not rate for tobacco).

The development of the calibrated plan adjusted index rates is shown in [REDACTED]. A sample consumer adjusted premium rate development is shown in [REDACTED].

## 17. AV METAL VALUES

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

## 18. AV PRICING VALUES

The AV Pricing Values included in Worksheet 2 of the URRT reflect the cumulative effect of the adjustments made by CICI to move from the Market Adjusted Index Rate to the Plan Adjusted Index Rate.

Plan factors were developed in an internal Milliman cost relativity model, which is based on Milliman's *HCGs*, with adjustments based on actuarial judgment. The cost relativity model reflects differences in costs and utilization under various plan designs. The resulting factors, shown in Worksheet 2 of the URRT, do not incorporate the differences in morbidity or demographic mix.

## 19. MEMBERSHIP PROJECTIONS

CICI developed membership projections, as illustrated in Worksheet 2, Section IV of the URRT based on consideration for the following:

- Historical sales for CICI's individual products
- Sales distribution and provider networks
- Anticipated activity in the Connecticut individual health insurance market

CICI used its early 2025 enrollment, expectations of the 2026 Connecticut individual market, and judgement to project the enrollment distribution by plan. CICI has distributed membership to each plan based on expected projected distributions within each rating region.

Table 11 includes the projected CSR distribution based on information provided by CICI.

<b>Table 11</b> <b>ConnectiCare Insurance Company, Inc.</b> <b>Projected QHP Member Distribution Across Silver Metal Tier</b>	
<b>CSR Category</b>	<b>Distribution</b>
ZCS Silver	0.0%
LCS Silver	0.0%
Silver 94%	49.0%
Silver 87%	49.0%
Silver 73%	1.0%
Silver 70%	1.0%
<b>Total</b>	<b>100.0%</b>

## 20. CURRENT ENROLLMENT

Current enrollment in Worksheet 2, Section II, of the URRT is the number of enrolled lives as of March 31, 2025.

## 21. PLAN TYPE

We note all plan types in Worksheet 2, Section I of the URRT.

## 22. WARNING ALERTS

There are no warning alerts in the URRT.

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## 23. EFFECTIVE RATE REVIEW INFORMATION

Per Bulletin HC-81-25, the assumptions, projections, and premium rates contained within this rate filing assume that federal enhanced Advanced Premium Tax Credit (APTC) subsidies will be extended into 2026. Due to the uncertainty of the enhancements extension, we also estimate the impact to underlying claims and premium rates if the enhanced APTCs expire at the end of 2025.

Assuming the enhanced APTCs expire, we anticipate a reduction in the overall market size in 2026. We project this will lead to increased average statewide morbidity in 2026 as consumers either lose access to subsidies (for those at or above 400% of the Federal Poverty Level (FPL)) or face higher net premiums due to less generous subsidies. We anticipate the remaining risk pool in 2026 to have higher healthcare needs, on average, as healthier consumers are more likely to lapse coverage. Given these considerations, we would apply a 7.4% adjustment to underlying claims to reflect anticipated changes in statewide average morbidity in 2026 relative to the experience rate. This adjustment to underlying claims results in an overall impact to premium rates of approximately an 8.4% increase.

The adjustment was developed by reviewing historic market trends in the State of Connecticut, specifically focusing on changes in enrollment distribution by income level, as well as changes to underlying population utilization and claim cost patterns as the market evolved. A regression analysis was performed on several of these variables to estimate the enrollment and morbidity impacts at different FPL levels and APTC parameter scenarios. The results of this analysis provided a range of possible disenrollment and morbidity impacts. Based on discussions with CICI and understanding CICI's underlying member population, we estimate an increase to CICI's underlying claims of about 7.4% if the enhanced APTCs expire.

## 24. RELIANCE

In preparing the Part I Unified Rate Review Template (URRT) and Part III Actuarial Memorandum, we relied on information provided by CICI. 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.

Milliman developed certain models to estimate the values included in this filing. The intent of the models is to price 2026 individual market ACA rates in the state of Connecticut and may not be appropriate for any other purpose. We reviewed the models, including the inputs, calculations, and outputs. We believe they are consistent, reasonable, appropriate to the intended purpose, and compliant with generally accepted actuarial practice and relevant actuarial standards.

This rate filing reflects Milliman's and CICI's understanding of existing applicable federal and state regulations and rules as of the date of this rate filing. CICI's rate filing is based upon Milliman's and CICI's present understanding and interpretation of regulations promulgated under the Affordable Care Act (ACA), of Connecticut laws and regulations, and of Connecticut Exchange requirements, including the guidance to file these rates under the assumption that enhanced APTCs will be extended for plan year 2026.

Nothing in this filing waives CICI's rights: (1) to withdraw its products from the individual market, (2) to request a change to all, or any portion, of these rate filings, after any post-filing changes to or interpretations of an existing federal and / or state regulatory standard or requirement, (3) to request a change to all, or any portion, of these rate filings for any other purpose allowed by law, and (4) to seek payment or reimbursement for any amounts due to CICI from any governmental entity, including but not limited to, for state required benefits under Section 1311(d)(3)(B)(ii) of the ACA.

[REDACTED]

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## 25. ACTUARIAL CERTIFICATION

I, [REDACTED] with the firm of Milliman, Inc., am a member of the American Academy of Actuaries, and I meet its Qualification Standards to render the actuarial opinion contained herein. This filing is prepared on behalf of ConnectiCare Insurance Company, Inc.

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 156.8 and 45 CFR 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.
2. 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.
3. 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.
4. 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 adjustment factor that represents benefits in addition to Essential Health Benefits included in Worksheet 2, Section III of the Part I Unified Rate Review Template was calculated in accordance with Actuarial Standards of Practice.
6. The proposed premium rates in this filing are actuarially sound in aggregate.
7. In my opinion, the proposed premium rate increase is reasonable. I based my opinion of reasonable rate increase on the factors below.
  - The expected individual loss ratio for the 12-month period beginning January 1, 2026, is expected to be approximately 90.8% (before a credibility adjustment). The projected loss ratio is greater than the 80% ACA minimum MLR standard promulgated by the Department of Health and Human Services.
  - The assumptions used are reasonable and within the range of reasonableness.
  - The proposed rates result in rates between insured members within similar risk categories that are permissible under applicable Connecticut law, and the premium differences correspond to differences in expected claims costs between allowable risk classes.
8. The premium rates filed are prepared in conformity with the applicable Actual Standards of Practice (ASOPs) promulgated by the Actuarial Standards Board. Please note, ASOP 26 does not apply since this certification is for individual health insurance only.

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**CHECKLIST OF ACTUARIAL STANDARDS OF PRACTICE (ASOPs) FOR STATEMENT 8 ABOVE**

- x ASOP No. 5 – Incurred Health and Disability Claims.
- x ASOP No. 8 – Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits.
- x ASOP No. 12 – Risk Classification (for All Practice Areas).
- x ASOP No. 23 – Data Quality.
- x ASOP No. 25 – Credibility Procedures.
- x ASOP No. 26 – Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans.
- x ASOP No. 41 – Actuarial Communications.
- x ASOP No. 42 – Health and Disability Actuarial Assets and Liabilities other than Liabilities for Incurred Claims.
- x ASOP No. 50 – Determining Minimum Value and Actuarial Value under the Affordable Care Act.
- x ASOP No. 56 – Modeling.

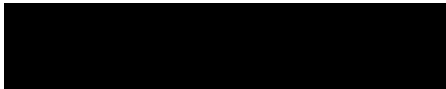
The Part I Unified Rate Review Template (URRT) does not demonstrate the process used to develop proposed premium rates. It is representative of information required by federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally 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 proposed 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.

At the time of this rate filing submission, we acknowledge there is uncertainty regarding the expiration of the enhanced premium subsidies first introduced through the American Rescue Plan Act (ARPA) and later extended by the Inflation Reduction Act (IRA). We have assumed that these subsidies will be extended into 2026 per CID guidance. As more information becomes known about the 2026 subsidies, it is possible we would need to adjust the rates in order to result in premiums that are neither excessive nor deficient.

Respectfully Submitted,



May 30, 2025

## ConnectiCare Insurance Company, Inc.

### Part II: Written Description Justifying the Rate Increase

#### GENERAL INFORMATION

As of March 2025, ConnectiCare Insurance Company, Inc. (CICI) has about 2,800 members enrolled in non-terminated plans subject to requested rate increases. For 2026, CICI's average requested rate increase is 26.1% across all benefit plans. The minimum rate increase requested is 5.9% and the maximum rate increase requested is 28.6%.

#### SCOPE AND RANGE OF RATE INCREASES

Table 1 summarizes the significant factors driving the proposed composite rate change effective January 1, 2026. The Primary factors influencing the rate change are:

- Emerging claims experience
- Expected future medical inflation and utilization changes
- Changes in cost sharing levels to ensure that plans comply with the Health and Human Services (HHS) Actuarial Value (AV) metallic requirements
- Change in cost-sharing-reduction (CSR) load
- Change in the mix of business
- Demographic and geographic changes
- Anticipated risk adjustment transfers
- Changes in retention

Table 1 ConnectiCare Insurance Company, Inc. Rate Change Components	
Category	Value
Adjusted Experience	-0.4%
Trend	7.6%
Benefit Updates and Plan Mix	16.0%
Demographics	-1.2%
Geography	-0.7%
Risk Adjustment	5.5%
Retention	-2.0%
<b>Total (multiplicative adjustments)</b>	<b>26.1%</b>

One component of the rate increase is attributable to updating experience from 2023 to 2024 and applying trend. The most significant component of the rate change is due to benefit levels, particularly plan design and enrollment mix updates. URRT Worksheet 2 Section I shows the requested rate increases by plan. Area factor relativities are consistent between the 2025 and 2026 filings, so rate increases do not vary by geographic region.

#### FINANCIAL EXPERIENCE OF THE PRODUCT

2024 experience and March 2025 enrollment and premium is shown on Worksheet 2 Section II of the URRT. On average, the loss ratio reported for 2024 in the URRT was 86.2% across all plans. Additional detail on historical data is included in Exhibit 1 accompanying the CID actuarial memorandum included with this filing. The requested rate increases account for CICI's latest expectations for 2026 and are expected to result in a URRT loss ratio of 88.4% as shown on Worksheet 2 Section IV.

### **CHANGES IN MEDICAL SERVICE COSTS**

The composite annualized trend CICI uses to project the experience rate for this filing is 7.6%. This includes components for medical and prescription drug coverage, accounting for unit cost and utilization trends. In aggregate, unit cost trend is about 6.8% and utilization trend is about 0.7%, as shown in Exhibit 2 accompanying the CID actuarial memorandum included with this filing.

### **CHANGES IN BENEFITS**

CICI will renew all four on-exchange plans and terminate the four off-exchange plans that were offered in 2025. Relative to plan designs offered in 2025, CICI's renewing 2026 product portfolio involves various changes to cost sharing to align with state mandated standard plans or maintain a competitive market position and align with consumer demand. The changes include adjusting the deductible, out-of-pocket maximums, coinsurance, and copayment amounts. All plan designs comply with applicable laws and guidelines.

### **ADMINISTRATIVE COSTS AND ANTICIPATED MARGINS**

CICI's projected non-benefit expenses are approximately 9.7% of premium for 2026. This includes 7.1% of premium for administrative expenses, which includes CICI's expectations for commissions and other items, and 2.5% of premium for projected taxes and fees. These rates also include a 2.5% pre-tax contribution to surplus. In aggregate, updated expense projections do not contribute materially to the rate increase.

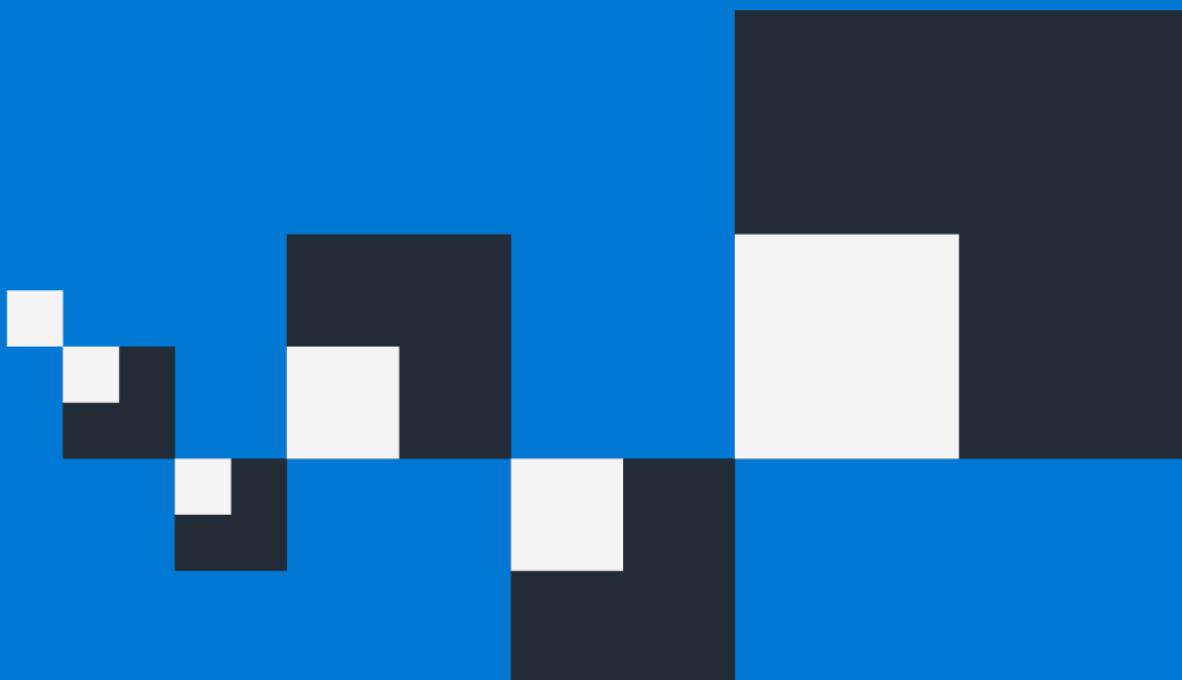
MILLIMAN ACTUARIAL MEMORANDUM

# ConnectiCare Insurance Company, Inc.

Connecticut Insurance Department - Part III Actuarial Memorandum  
Individual Rate Filing Effective January 1, 2026

May 29, 2025

[Jeremy Kush](#), FSA, CERA, MAAA  
Principal and Consulting Actuary



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## 1. OVERVIEW

Calendar years 2023 and 2024 experience are used as the baseline experience for the 2026 rate development. The 2023-2024 medical and pharmacy spending are then projected into 2026 based on the underlying claims trend.

The fee-for-service claims were trended at an average annual trend of 7.6% based on ConnectiCare Insurance Company, Inc. (CICI's) latest expectations for 2024 and 2025 trends. See section 4 for additional information.

The State of Connecticut passed Public Act No. 22-90 concerning required health insurance coverage for breast and ovarian cancer susceptibility screening. This Act expands health insurance coverage requirements for treatment used to diagnose breast cancer as well as clarify that there should be coverage for specific diagnostic and screening procedures based on the qualifications set forth within the Act. The impact of this mandate is included in the experience period, and therefore no further adjustment was applied to the 2026 rates.

The State of Connecticut passed Public Act No. 22-47 concerning children's mental health. It requires the carriers to provide coverage for two mental health wellness examinations per year (performed by a licensed mental health professional or primary care provider) and prohibits prior authorization for such examinations. The impact of this mandate is included in the experience period, and therefore no further adjustment was applied to the 2026 rates.

The risk adjustment (RA) projection for the 2026 benefit year reflects the risk adjustment transfer calculated in the most current 2024 Risk Adjustment Transfer Elements Extract (RATEE) file as provided by Wakely on May 9, 2025. CICI assumes that assessments from the high-cost risk pool (HCRP) program will offset HCRP recoveries.

The Patient-Centered Outcomes Research Institute (PCORI) fee is included in the rate development for 2026.

The plan rates for new business and renewals with rate effective dates in 2025 are shown in Appendix A. The proposed overall plan rate change is 26.1% compared to the previously filed and approved 2025 plan rates. The overall plan rate change reflects the changes in the base rate as well as plan relativities with projected 2026 membership.

Please see Exhibit 2 and Table 2 for the list of plans to be offered to new and renewing individuals with rate effective dates on or after January 1, 2026. The following plans will be terminated in 2026: 94815CT0020021, 94815CT0020024, 94815CT0020031, and 94815CT0020033.

## 2. SUPPORTING DETAIL

Exhibit 1 – Pricing Build-Up  
Exhibit 2 – Summary of Rating Factors

### 3. MISCELLANEOUS EXHIBITS

#### Pricing Manual Exhibit

Also attached are the following pages which reflect changes to ConnectiCare Insurance Company, Inc's Exchange Insured Pricing Manual.

- Section II.B.1 Table 1 – Starting Premium Rates
- Section II.B.2 Table 2 – Benefit Relativity Factors
- Section II.B.3 Table 3 – Trend Factors
- Section II.B.4 Table 4 – Area Factors
- Section II.B.5 Table 5 – Age Factors

## 4. REQUIREMENTS FOR ALL RATE FILING SUBMISSIONS PER BULLETIN HC-81-25

### FILING REQUIREMENTS

- *Historical experience from inception-to-date for each filing. This includes earned premium, paid claims, incurred claims, members, actual loss ratios, and expected loss ratios (annual experience for all years; monthly experience for the most recent two years).*

Please see HC-81-25 Exhibit 1

- *A demonstration that the experience data submitted is consistent with the carrier's most recent financial statement filed with the Department pursuant to section 38a-53a of the Connecticut General Statutes.*

Experience data on an incurred basis, which is used as the basis of this rate filing, is extracted from ConnectiCare's data warehouse at the company and segment level. Monthly claim lags are established at the company and segment level. These lags are fed into the data warehouse. This data is reconciled in aggregate to the filed financial statements.

- *Unit cost trend by broad service category, including actual unit cost data and impact of provider contract changes from experience period to rating period (medical and prescription drug separately).*

Historical and projected unit cost is shown in HC-81-25 Exhibit 2. All changes in provider contracts (including provider mix changes) are included in the Allowed Cost per Unit amounts. Certain components of exhibits may not tie directly to values within the URRT due to data timing differences.

- *Utilization trend by service category, including actual utilization data.*

Historical and projected unit cost is shown in HC-81-25 Exhibit 2. Certain components of exhibits may not tie directly to values within the URRT due to data timing differences.

- *Impact of cost sharing leverage on trend.*

Historical and projected unit cost is shown in HC-81-25 Exhibit 2. Any historical impact of cost sharing leverage can be seen as the difference between the Allowed Per Member Per Month (PMPM) costs and the Paid PMPM costs gross of pharmacy rebates. Certain components of exhibits may not tie directly to values within the URRT due to data timing differences.

- *Medical technology trend.*

There is no explicit technology trend.

- *Benefit buy-down analysis and impact on trend.*

We anticipate that benefit buy-downs will have an immaterial impact on trend.

- *Cost of each new benefit mandate or requirement due to change in law, separately identified, from the experience period to the rating period. This includes requirements of both state and federal law.*

There are no new benefit mandates or requirements between the experience period and projection period. Benefits comply with provisions of the State of Connecticut and the Affordable Care Act, including Essential Health Benefits.

- *A comparison of the proposed retention charge in the filing to the carrier's most recently filed statutory financial statement.*

The administrative cost and commission information is cross-walked from the 2024 CY Supplemental HealthCare Exhibit Part 1.

See HC-81-25 Exhibit 3.

- *Claim lag triangles (separate triangles for medical vs. prescription drug).*

See HC-81-25 Exhibit 4. Please note, the prescription drug triangle is gross of rebates. Certain components of exhibits may not tie directly to values within the URRT due to data timing differences.

- *The current capital and surplus for the carrier.*

See HC-81-25 Exhibit 5.

- *A demonstration that the increase requested in this rate filing will generate an expected medical loss ratio for rebate purposes that is consistent with the 80% prescribed by the federal law for individual health insurance.*

Please see Exhibit 1 – Pricing Build-Up for expected medical loss ratio for rebate purposes. Based on this exhibit, we project that no rebate will be required for the 2025 year.

- *Actuarial certification signed by a Member of the American Academy of Actuaries (MAAA).*

Please see attached Certification.

- *Identification of all known estimates of the risk adjustment transfer amount (paid or received) for the previous rating year. This shall include the date of all estimates received, the source of those estimates, and the details for all of the components included in the company's filing including risk adjustment transfer, high-cost risk pool, etc., in per member per month ("PMPM") amounts. Carriers must explain any difference between the known estimates of risk adjustment and what is used as the projection for the pricing period.*

The 2026 projected risk adjustment items total a receipt of \$204.99 PMPM for CICI's individual market population. We estimate that High-Cost Risk Pool payments and receipts are net neutral.

- *A one-page rate buildup that starts with the experience period claims and show all adjustments that lead to the proposed year's premium. Include a clear statement on whether the baseline experience is on the allowed basis or the paid basis. Include a clear statement on how any pharmacy rebate is determined for the projection period. For all adjustments, provide detailed actuarial justification in the Actuarial Memorandum or in the supporting documents. Show the prior year's premium, and the ratio of proposed to prior should be equal to the average increase requested or an explanation provided. If some supporting exhibits in the carrier's memorandum contain some of the build-up steps by plan, please provide the overall total so the Department can reconcile to the one-page rate buildup.*

Please see Exhibit 1 – Pricing Build-up.

- *Calendar year historical data for at least three years (i.e., 2022, 2023, and 2024) and the most recent 2025 YTD data in the trend template. Include a clear statement on the paid through date and whether the projection trend is on the allowed basis or the paid basis.*

Please see HC-81-25 Exhibit 1.

- *Projection trend with splits by cost type (unit cost, utilization, allowed and paid) and type of service (inpatient, outpatient, professional, medical subtotal, pharmacy and total).*

Historical and projected unit cost is shown in HC-81-25 Exhibit 2. Certain components of exhibits may not tie directly to values within the URRT due to data timing differences.

- *Justification of the difference between the projection trend and the historical trend.*

Historical trend was used to inform projected trend; however, there are some differences driven by CICI's expectations for the future. The projected trend of 7.6%, which is lower than the most recent actual historical trends, represents CICI's best estimate of projected trend at this time, considering emerging experience, market changes, and other dynamics.

- *COVID-19 impact in the historical trend as well as in projection trend.*

Please see HC-81-25 Exhibit 6. No additional impact, beyond trend, is assumed for COVID-19 between the experience period and the projection period. This exhibit contains information aggregated across all entities offering products in the individual market.

- *Impact of pharmacy rebate on trend, including the actual pharmacy rebate data and the projection.*

Pharmacy rebates are included in the premium rate development such that claim estimates are net of these rebates. We estimate that pharmacy rebates will increase commensurately with underlying claims between the experience and projection periods.

- *For individual ON-Exchange filings, state the CSR Silver loading percentage and justification as well as the impact on the rate increase driven by the change from the prior year.*

Based on the assumption that cost-sharing-reduction (CSR) subsidies will not be funded, we apply a 1.117 CSR shortfall adjustment (i.e., 11.7%) across all on-exchange silver plans. We estimate the impact of non-funded CSRs by evaluating the actuarial values (AVs) of all silver variants (standard plan design, 73%, 87%, and 94%) compared to the AV of the standard plan design only (i.e., the portion of CICI's claims responsibility if CSR subsidies were in effect). The differential between these AVs is the assumed CSR shortfall AV load. This shortfall load contributes approximately 6.0% of the rate change from the prior year.

- *For individual ON-Exchange filings, provide supporting documentation on the calculation of Covered CT Adjustment by component.*

A 2.5% of premium reduction is applied to the on-exchange silver plan based on the last approved filing.

- *A summary statement on age bands, geographic area factors and/or smoking factors; specifically, if they have changed or remain the same since the last approved filing. If area factors have changed, provide an actuarial justification for the changes. This should include, ideally, more than one year of experience and a unit cost analysis by region.*

The CMS federal age curve is used to calibrate the Plan Adjusted Index Rates (PAIRs) and apply appropriate age rating factors, consistent with the last approved filing. CICI applies geographic rating factors to its plans as shown in Worksheet 3 of the Unified Rate Review Template (URRT). Geographic factors differ from the 2025 rate filing only due to a different projected membership mix between areas in 2026 compared to 2025 since the geographic factors are re-normalized to a composite 1.0. The geographic area factors themselves remain the same as those used in the last approved filing.

### Annual Certifications to be Included as Part of the Rate Filing

*Carriers must include demonstrations that each plan with varying copays meets the substantially all and predominant tests. Such demonstration must also include a certification of compliance with mental health parity signed by a member of the American Academy of Actuaries. After the initial approval, such demonstration and certification must be made annually.*

Submitted separately via SERFF.

Respectfully Submitted,



Jeremy Kush, FSA, CERA, MAAA  
Principal and Consulting Actuary  
Milliman, Inc.

May 29, 2025

## EXHIBITS

**Exhibit 1**  
**ConnectiCare Insurance Company, Inc.**  
**Pricing Buildup**

<b>2024 FFS Medical/Rx EHBs - Allowed PMPM</b>		<b>2024</b>	<b>2023</b>
Allowed Claims		\$1,198.68	\$1,282.26
Provider Incentives	+	\$4.07	\$4.34
Pharmacy Rebates	+	(\$92.37)	(\$87.94)
Adjusted Adjusted Claims		\$1,110.37	\$1,198.66
<b>Rating Adjustments</b>			
Trend	x	1.1578	1.2458
Demographic Adjustment	x	0.9772	0.9187
Geographic Adjustment	x	0.9947	0.9780
Provider Reimbursement	x	1.0000	0.9607
Plan Design Changes	x	1.0944	1.0736
Projected 2026 FFS Medical/Rx EHBs - Allowed PMPM		\$1,367.55	\$1,383.74
Weights		50%	50%
Blended 2026 FFS Medical/Rx EHBs - Allowed PMPM			\$1,375.65
<b>2026 EHB Capitation on Allowed PMPM Basis</b>			
Behavioral Health Capitation	+		\$43.00
Pediatric Dental Capitation	+		\$1.25
PAC / Other Capitation	+		\$2.22
Total 2026 EHB Capitation - Allowed PMPM			\$46.46
<b>2026 Projected Non-EHB Claims - Allowed PMPM Basis</b>			\$2.77
<b>Total Projected 2026 Allowed Claims PMPM</b>			<b>\$1,424.88</b>
Paid to Allowed Ratio	x		91.7%
Paid Claims PMPM			\$1,306.56
<b>Retention PMPM</b>			
General Admin	+		\$103.78
Commission	+		\$9.62
Quality Improvement	+		\$4.68
CoveredCT Program Payment	+		(\$27.03)
Risk Adjustment Admin Fee	+		\$0.20
Comparative Effectiveness Research Fee	+		\$0.31
Immunization / Misc. State Fees	+		\$6.04
Premium Tax	+		\$19.11
Federal Income Tax	+		\$6.69
Post Tax Profit	+		\$25.16
Exchange Administration Fee	+		\$23.56
Total Retention PMPM			\$172.11
<b>2026 Projected Single Risk Pool Premium PMPM</b>			
Projected Paid Claims			\$1,306.56
Risk Adjustment Payable (Receivable)	+		(\$204.99)
Retention	+		\$172.11
2026 Projected Single Risk Pool Average Premium PMPM			\$1,273.68
2025 Filed Single Risk Pool Total Average Premium PMPM			\$1,117.47
Overall Rate Change			14.0%
<b>Federal Medical Loss Ratio</b>			
Incurred Claims with RA			\$1,101.57
Quality Improvement	+		\$4.68
Estimated MLR Numerator			\$1,106.25
Single Risk Pool Total Average Premium PMPM			\$1,273.68
Federal and State Tax	+		\$6.69
Premium Taxes	+		\$19.11
Risk Adjustment User Fee	+		\$0.20
User Exchange Fee	+		\$23.56
Regulatory Fees	+		\$6.35
Estimated Federal MLR Denominator			\$1,217.77
Federal MLR			90.84%

**Exhibit 2**  
**ConnectiCare Insurance Company, Inc.**  
**Summary of Rating Factors**

<b>Rating Area</b>	<b>County Name</b>	<b>Factor</b>
Rating Area 1	Fairfield County	1.0626
Rating Area 2	Hartford County	0.9390
Rating Area 3	Litchfield County	1.0357
Rating Area 4	Middlesex County	1.0396
Rating Area 5	New Haven County	0.9529
Rating Area 6	New London County	0.9403
Rating Area 7	Tolland County	1.0650
Rating Area 8	Windham County	1.0470

<b>Base Premium Rate(s)</b>	<b>2026</b>
Single Risk Pool Calibrated Plan Adjusted Index Rate	\$790.89

<b>Age Factors</b>	<b>Factor</b>
0-14	0.7650
15	0.8330
16	0.8590
17	0.8850
18	0.9130
19	0.9410
20	0.9700
21	1.0000
22	1.0000
23	1.0000
24	1.0000
25	1.0040
26	1.0240
27	1.0480
28	1.0870
29	1.1190
30	1.1350
31	1.1590
32	1.1830
33	1.1980
34	1.2140
35	1.2220
36	1.2300
37	1.2380
38	1.2460
39	1.2620
40	1.2780
41	1.3020
42	1.3250
43	1.3570
44	1.3970
45	1.4440
46	1.5000
47	1.5630
48	1.6350
49	1.7060
50	1.7860
51	1.8650
52	1.9520
53	2.0400
54	2.1350
55	2.2300
56	2.3330
57	2.4370
58	2.5480
59	2.6030
60	2.7140
61	2.8100
62	2.8730
63	2.9520
64 and over	3.0000

<b>Benefit Plan</b>	<b>Metal</b>	<b>Plan Relativity</b>
Value Bronze Standard POS	Catastrophic	0.7731
Value Bronze Standard POS HSA	Bronze	0.8128
Value Silver Standard POS	Bronze	1.0115
Value Gold Standard POS	Bronze	1.1283

## SECTION II.B TABLES

II.B.1 Table 1  
ConnectiCare Insurance Company, Inc.  
Starting Premium Rates

Effective Date	Rate
1/1/2026	\$790.89

II.B.2 Table 2  
ConnectiCare Insurance Company, Inc.  
Benefit Relativity Factors

Benefit Plan	HIOS ID	Relativity
Value Bronze Standard POS	94815CT0050007	0.7731
Value Bronze Standard POS HSA	94815CT0050008	0.8128
Value Silver Standard POS	94815CT0050009	1.0115
Value Gold Standard POS	94815CT0050006	1.1283

II.B.3 Table 3  
ConnectiCare Insurance Company, Inc.  
Trend Factor

Trend Basis	Trend Factor
Annual	7.6%

**II.B.4 Table 4**  
**ConnectiCare Insurance Company, Inc.**  
**Area Factors**

<b>Rating Area</b>	<b>County Name</b>	<b>Factor</b>
Rating Area 1	Fairfield County	1.0626
Rating Area 2	Hartford County	0.9390
Rating Area 3	Litchfield County	1.0357
Rating Area 4	Middlesex County	1.0396
Rating Area 5	New Haven County	0.9529
Rating Area 6	New London County	0.9403
Rating Area 7	Tolland County	1.0650
Rating Area 8	Windham County	1.0470

**II.B.5 Table 5**  
**ConnectiCare Insurance Company, Inc.**  
**Age Factors**

<b>Age</b>	<b>Factor</b>
0-14	0.7650
15	0.8330
16	0.8590
17	0.8850
18	0.9130
19	0.9410
20	0.9700
21	1.0000
22	1.0000
23	1.0000
24	1.0000
25	1.0040
26	1.0240
27	1.0480
28	1.0870
29	1.1190
30	1.1350
31	1.1590
32	1.1830
33	1.1980
34	1.2140
35	1.2220
36	1.2300
37	1.2380
38	1.2460
39	1.2620
40	1.2780
41	1.3020
42	1.3250
43	1.3570
44	1.3970
45	1.4440
46	1.5000
47	1.5630
48	1.6350
49	1.7060
50	1.7860
51	1.8650
52	1.9520
53	2.0400
54	2.1350
55	2.2300
56	2.3330
57	2.4370
58	2.5480
59	2.6030
60	2.7140
61	2.8100
62	2.8730
63	2.9520
64 and over	3.0000

## HC-81-25 EXHIBITS

**HC-81-25 Exhibit 1**  
**ConnectiCare Insurance Company, Inc.**  
**Historical Experience and Loss Ratios - Claims, Premium, and Risk Adjustment are on a Per Member Per Month (PMPM) Basis**

<b>Annual</b>	<b>Member Months</b>	<b>Incurred PMPM</b>	<b>Paid PMPM</b>	<b>Premium PMPM</b>	<b>Incurred Loss Ratio</b>	<b>Paid Loss Ratio</b>	<b>Risk Adjustment PMPM</b>	<b>Risk Adjusted Loss Ratio</b>
CY 2021	34,158	\$1,053.59	\$835.00	\$814.14	129.4%	102.6%	\$242.72	79.0%
CY 2022	110,555	\$1,182.20	\$1,040.27	\$839.47	140.8%	123.9%	\$211.02	99.0%
CY 2023	149,524	\$1,160.44	\$1,160.10	\$935.61	124.0%	124.0%	\$252.66	97.6%
CY 2024	36,788	\$1,049.04	\$1,036.27	\$974.45	107.7%	106.3%	\$204.99	87.9%

<b>Monthly</b>	<b>Member Months</b>	<b>Incurred PMPM</b>	<b>Paid PMPM</b>	<b>Premium PMPM</b>	<b>Incurred Loss Ratio</b>	<b>Paid Loss Ratio</b>
202412	3,530	\$886.45	\$853.72	\$934.09	94.9%	91.4%
202411	3,450	\$1,125.25	\$1,086.24	\$942.07	119.4%	115.3%
202410	3,364	\$1,223.19	\$1,198.57	\$949.39	128.8%	126.2%
202409	3,253	\$1,088.77	\$1,073.19	\$956.77	113.8%	112.2%
202408	3,197	\$1,173.04	\$1,164.28	\$962.15	121.9%	121.0%
202407	3,118	\$1,080.07	\$1,073.63	\$968.57	111.5%	110.8%
202406	3,035	\$1,101.04	\$1,096.94	\$976.60	112.7%	112.3%
202405	2,973	\$1,108.01	\$1,104.65	\$983.67	112.6%	112.3%
202404	2,863	\$1,051.74	\$1,049.26	\$993.19	105.9%	105.6%
202403	2,767	\$807.62	\$806.11	\$1,004.39	80.4%	80.3%
202402	2,686	\$1,044.19	\$1,042.97	\$1,016.17	102.8%	102.6%
202401	2,552	\$830.78	\$830.37	\$1,041.47	79.8%	79.7%
202312	13,092	\$1,297.31	\$1,296.53	\$918.19	141.3%	141.2%
202311	13,349	\$1,155.59	\$1,155.01	\$920.29	125.6%	125.5%
202310	13,314	\$1,326.99	\$1,326.36	\$923.51	143.7%	143.6%
202309	13,096	\$997.42	\$997.00	\$927.71	107.5%	107.5%
202308	12,780	\$1,214.70	\$1,214.20	\$929.16	130.7%	130.7%
202307	12,560	\$1,131.21	\$1,130.87	\$933.10	121.2%	121.2%
202306	12,390	\$1,319.02	\$1,318.75	\$936.76	140.8%	140.8%
202305	12,191	\$1,079.91	\$1,079.74	\$940.40	114.8%	114.8%
202304	12,019	\$1,071.06	\$1,071.01	\$945.96	113.2%	113.2%
202303	11,856	\$1,199.23	\$1,199.18	\$948.59	126.4%	126.4%
202302	11,765	\$1,017.12	\$1,017.05	\$952.72	106.8%	106.8%
202301	11,112	\$1,086.76	\$1,086.70	\$958.83	113.3%	113.3%

HC-81-25 Exhibit 2 ConnectiCare Insurance Company, Inc. Historical Claim and Projected Pricing Trends Detailed Medical Expense, Detail Cost and Utilization																										
Medical	Allowed Cost per Unit					Units per 1,000					Allowed PMPM					Net PMPM					Projected Trends					
	Annualized Trend					Annualized Trend					Annualized Trend					Annualized Trend					Contribution to Trend					
	2022	2023	2024	2022 vs 2024	2023 vs 2024	2022	2023	2024	2022 vs 2024	2023 vs 2024	2022	2023	2024	2022 vs 2024	2023 vs 2024	Contribution to Trend	2022	2023	2024	2022 vs 2024	2023 vs 2024	Contribution to Trend	Utilization	Unit Cost	Total Trend	
Member Months (Total)	110,597	149,509	36,775	-66.7%	-75.4%	110,597	149,509	36,775	-66.7%	-75.4%	110,597	149,509	36,775	-66.7%	-75.4%	-75.4%	110,597	149,509	36,775	-66.7%	-75.4%	-75.4%				
IP - Acute Care	\$49,588	\$55,767	\$51,858	4.6%	-7.0%	41.9	44.4	42.7	2.1%	-3.7%	\$173.07	\$206.27	\$184.73	6.7%	-10.4%	-9.5%	\$167.93	\$202.90	\$180.99	7.8%	-10.8%	-9.8%				
IP - Delivery	\$15,809	\$16,336	\$19,468	23.1%	19.2%	9.2	7.8	5.2	-43.4%	-32.9%	\$12.15	\$10.60	\$8.47	-30.3%	-20.1%	-0.9%	\$11.06	\$9.50	\$6.98	-36.8%	-26.5%	-1.1%				
IP - Maternity Other	\$0	\$0	\$4,610	0.0%	0.0%	0.0	0.0	0.3	0.0%	0.0%	\$0.00	\$0.00	\$0.13	0.0%	0.0%	0.1%	\$0.00	\$0.00	\$0.00	0.0%	0.0%	0.0%				
IP - NICU	\$60,087	\$68,536	\$57,188	-4.8%	-16.6%	0.9	0.3	2.0	125.0%	509.8%	\$4.35	\$1.83	\$9.33	114.7%	408.9%	3.3%	\$4.30	\$1.76	\$8.68	101.9%	392.2%	3.1%				
IP - Normal Newborn	\$4,884	\$5,043	\$5,715	17.0%	13.3%	7.8	7.5	3.9	-49.9%	-48.1%	\$3.18	\$3.17	\$1.86	-41.4%	-41.2%	-0.6%	\$3.19	\$3.15	\$1.86	-41.5%	-40.8%	-0.6%				
IP - SNF	\$7,069	\$7,844	\$6,396	-9.5%	-18.5%	2.2	1.8	1.3	-39.9%	-26.1%	\$1.28	\$1.15	\$0.70	-45.6%	-39.7%	-0.2%	\$1.22	\$1.10	\$0.69	-43.4%	-37.3%	-0.2%				
IP - Other	\$30,735	\$36,622	\$32,664	6.3%	-10.8%	1.7	1.6	1.3	-24.8%	-18.7%	\$4.45	\$4.90	\$3.55	-20.1%	-27.5%	-0.6%	\$4.16	\$4.84	\$3.55	-14.6%	-26.7%	-0.6%				
Inpatient Total (units = admits)	\$37,984	\$43,135	\$44,124	18.0%	2.3%	63.7	63.4	56.8	-10.9%	-10.5%	\$198.47	\$227.93	\$208.77	5.2%	-8.4%	-8.4%	\$191.85	\$223.26	\$202.77	5.7%	-9.2%	-9.2%	0.0%	1.1%	1.1%	
OP - Surgery - ASC	\$2,867	\$2,655	\$2,386	-16.8%	-10.2%	99.1	98.6	91.7	-7.4%	-7.0%	\$23.67	\$21.83	\$18.23	-23.0%	-16.5%	-0.9%	\$19.66	\$18.38	\$13.08	-33.5%	-28.9%	-1.5%				
OP - Surgery - Hosp	\$7,704	\$7,940	\$8,127	5.5%	2.4%	138.8	145.7	130.5	-5.9%	-10.4%	\$89.09	\$96.39	\$88.40	-0.8%	-8.3%	-2.1%	\$80.61	\$87.72	\$77.69	-3.6%	-11.4%	-2.9%				
OP - Clinic	\$643	\$714	\$481	-25.3%	-32.7%	56.0	53.7	28.4	-49.3%	-47.1%	\$3.00	\$3.20	\$1.14	-62.1%	-64.4%	-0.5%	\$2.24	\$2.40	\$0.55	-75.4%	-77.0%	-0.5%				
OP - COVID Testing	\$190	\$225	\$281	48.0%	25.0%	239.9	37.2	11.1	-95.4%	-70.1%	\$3.79	\$0.70	\$0.26	-93.2%	-62.7%	-0.1%	\$3.72	\$0.64	\$0.07	-98.2%	-89.5%	-0.2%				
OP - Dialysis	\$785	\$853	\$835	6.4%	-2.1%	112.0	74.6	218.0	94.7%	192.3%	\$7.33	\$5.30	\$15.17	107.0%	186.3%	2.6%	\$5.84	\$5.56	\$12.86	120.4%	181.9%	2.4%				
OP - Emergency Dept	\$2,531	\$2,701	\$3,388	33.9%	25.4%	202.2	226.1	295.3	46.0%	30.6%	\$42.66	\$50.89	\$83.38	95.4%	63.8%	8.4%	\$29.75	\$38.23	\$67.91	128.3%	77.7%	8.7%				
OP - Health Home(MD/HARP)	\$0	\$0	\$0	0.0%	0.0%	0.0	0.0	0.0	0.0%	0.0%	\$0.00	\$0.00	\$0.00	0.0%	0.0%	0.0%	\$0.00	\$0.00	\$0.00	0.0%	0.0%	0.0%				
OP - Home Health	\$147	\$152	\$167	13.2%	10.0%	139.1	126.1	172.0	23.6%	36.4%	\$1.71	\$1.59	\$2.39	39.9%	50.0%	0.2%	\$1.68	\$1.59	\$2.32	37.9%	46.3%	0.2%				
OP - Infusion - Chemo	\$10,155	\$10,670	\$5,729	-43.6%	-46.3%	98.0	92.2	66.6	-32.1%	-27.8%	\$82.91	\$82.00	\$31.78	-61.7%	-61.2%	-13.0%	\$80.64	\$79.74	\$30.51	-62.2%	-61.7%	-14.4%				
OP - Infusion - Non-Chemo	\$2,954	\$4,853	\$3,873	31.1%	-20.2%	57.9	49.7	51.9	-10.5%	4.4%	\$14.26	\$20.09	\$16.75	17.4%	-16.7%	-0.9%	\$13.44	\$19.15	\$15.49	15.2%	-19.1%	-1.1%				
OP - Lab	\$236	\$189	\$235	-0.4%	24.1%	653.9	685.8	663.7	1.5%	-3.2%	\$12.84	\$10.80	\$12.98	1.1%	20.1%	0.6%	\$10.44	\$8.87	\$8.08	-22.6%	-8.9%	-0.2%				
OP - Medical Drugs	\$48	\$70	\$0	-100.0%	-100.0%	20.7	1.2	0.0	-100.0%	-100.0%	\$0.08	\$0.01	\$0.00	-100.0%	-100.0%	0.0%	\$0.08	\$0.01	\$0.00	-100.0%	-100.0%	0.0%				
OP - Observation	\$3,622	\$4,741	\$5,431	50.0%	14.6%	37.8	32.0	54.5	44.3%	70.2%	\$11.40	\$12.65	\$24.66	116.4%	94.9%	3.1%	\$10.20	\$13.37	\$22.25	118.1%	95.7%	3.2%				
OP - PT/OT/ST	\$218	\$240	\$248	13.4%	3.1%	315.3	368.5	299.9	-4.9%	-18.6%	\$5.73	\$7.37	\$6.19	7.9%	-16.1%	-0.3%	\$4.75	\$6.54	\$4.87	2.5%	-25.6%	-0.5%				
OP - Radiation	\$2,067	\$2,377	\$2,518	21.8%	6.0%	74.3	75.5	62.0	-16.6%	-17.9%	\$12.80	\$14.96	\$13.01	1.6%	-13.0%	-0.5%	\$12.35	\$14.77	\$12.76	3.3%	-13.6%	-0.6%				
OP - Radiology	\$941	\$972	\$994	5.7%	2.3%	551.5	576.7	513.0	-7.0%	-11.1%	\$43.24	\$46.70	\$42.51	-1.7%	-9.0%	-1.1%	\$33.87	\$38.67	\$30.94	-8.6%	-20.0%	-2.3%				
OP - Other	\$857	\$1,312	\$1,163	35.6%	-11.4%	140.5	97.8	107.4	-23.6%	9.7%	\$10.04	\$10.70	\$10.40	3.6%	-2.8%	-0.1%	\$8.57	\$9.54	\$8.84	3.1%	-7.4%	-0.2%				
Outpatient Total (units = visits)	\$1,489	\$1,686	\$1,593	7.0%	-5.5%	2,937.0	2,741.5	2,765.8	-5.8%	0.9%	\$364.56	\$385.18	\$367.24	0.7%	-4.7%	-4.7%	\$317.84	\$342.17	\$308.20	-3.0%	-9.9%	-9.9%	0.5%	7.6%	8.2%	
PR - Ambulance	\$791	\$622	\$618	-21.8%	-0.6%	119.1	95.0	122.7	3.0%	29.1%	\$7.85	\$4.93	\$6.32	-19.4%	28.3%	0.4%	\$7.10	\$4.39	\$5.40	-24.0%	23.0%	0.4%				
PR - Anesthesia	\$770	\$840	\$703	-8.7%	-16.2%	325.7	328.7	301.5	-7.4%	-8.3%	\$20.90	\$22.99	\$17.67	-15.5%	-23.2%	-1.7%	\$17.19	\$19.97	\$14.27	-17.0%	-28.5%	-2.2%				
PR - DME	\$121	\$119	\$130	7.6%	9.1%	478.1	558.1	465.0	-2.7%	-16.7%	\$4.82	\$5.55	\$5.04	4.7%	-9.1%	-0.2%	\$3.73	\$4.46	\$3.66	-1.7%	-17.8%	-0.3%				
PR - Lab	\$31	\$31	\$32	3.1%	0.8%	8,230.1	7,838.3	7,298.9	-11.3%	-6.9%	\$21.03	\$20.49	\$19.23	-8.6%	-6.2%	-0.4%	\$16.22	\$16.61	\$13.08	-19.3%	-21.2%	-1.3%				
PR - Lab - COVID Testing	\$56	\$72	\$95	68.0%	31.3%	647.1	142.9	80.9	-87.5%	-43.4%	\$3.03	\$0.86	\$0.64	-79.0%	-25.6%	-0.1%	\$3.03	\$0.79	\$0.51	-83.2%	-35.9%	-0.1%				
PR - Maternity	\$1,704	\$1,552	\$913	-46.4%	-41.2%	30.5	27.6	23.2	-24.0%	-16.1%	\$4.33	\$3.57	\$1.76	-59.3%	-50.7%	-0.6%	\$4.12	\$3.43	\$1.68	-59.3%	-51.1%	-0.7%				
PR - Medical Drugs	\$275	\$401	\$537	94.8%	34.0%	1,140.6	1,001.2	831.4	-27.1%	-17.0%	\$26.18	\$33.42	\$37.18	42.0%	11.2%	1.2%	\$24.78	\$32.47	\$34.09	37.6%	5.0%	0.6%				
PR - Office Visit - PCP	\$134	\$139	\$139	3.3%	0.2%	3,048.9	3,082.7	2,806.9	-7.9%	-8.9%	\$34.17	\$35.61	\$32.50	-4.9%	-8.7%	-1.0%	\$27.55	\$29.88	\$25.68	-6.8%	-14.0%	-1.6%				
PR - Office Visit - SPEC	\$159	\$170	\$171	7.3%	0.6%	4,857.7	4,599.4	4,075.9	-16.1%	-11.4%	\$64.50	\$65.02	\$58.06	-10.0%	-10.7%	-2.2%	\$47.18	\$50.33	\$40.46	-14.2%	-19.6%	-3.7%				
PR - PT/OT/ST	\$32	\$34	\$31	-4.4%	-9.2%	4,562.9	4,288.6	3,259.8	-28.6%	-24.0%	\$12.16	\$12.03	\$8.31	-31.7%	-31.0%	-1.2%	\$7.82	\$8.22	\$3.96	-49.4%	-51.9%	-1.6%				
PR - Radiology	\$149	\$157	\$143	-3.9%	-9.1%	2,856.4	2,878.8	2,479.0	-13.2%	-13.9%	\$35.44	\$37.73	\$29.54	-16.6%	-21.7%	-2.6%	\$27.50	\$31.09	\$22.95	-16.5%	-26.2%	-3.1%				
PR - Surgical	\$326	\$269	\$207	-36.5%	-23.1%	1,997.8	2,417.0	2,213.4	10.8%	-8.4%	\$54.28	\$54.22	\$38.21	-29.6%	-29.5%	-5.1%	\$45.55	\$46.86	\$28.79	-36.8%	-38.5%	-6.9%				
PR - Urgent Care Center	\$159	\$157	\$180	13.1%	14.6%	319.2	359.9	292.0	-8.5%	-18.9%	\$4.24	\$4.71	\$4.38	3.4%	-7.0%	-0.1%	\$3.32	\$3.51	\$2.98	-10.3%	-15.2%	-0.2%				
PR - Other	\$116	\$113	\$61	-47.1%	-46.0%	1,283.4	1,378.9	1,077.8	-16.0%	-21.8%	\$12.37	\$13.00	\$5.49	-55.6%	-57.8%	-2.4%	\$9.96	\$11.44	\$3.77	-62.2%	-67.0%	-2.9%				
PROFESSIONAL Total (units = lines)	\$123	\$130	\$125	2.2%	-3.7%	29,897.6	28,997.0	25,328.4	-15.3%	-12.7%	\$305.29	\$314.15	\$264.34	-13.4%	-15.9%	-15.9%	\$245.05	\$263.43	\$201.28	-17.9%	-23.6%	-23.6%	0.0%	4.9%	4.9%	
Generic	\$21	\$22	\$19	-12.5%	-14.8%	16,789.5	17,718.4	17,446.4	3.9%	-1.5%	\$ 29.68	\$ 32.16	\$ 27.00	-9.0%	-16.1%	-1.6%	\$ 22.20	\$ 26.33	\$ 21.61	-2.7%	-17.9%	-1.5%				
Brand	\$320	\$426	\$472	47.8%	10.8%	3,203.0	2,715.8	2,485.5	-22.4%	-8.5%	\$ 85.28	\$ 96.47	\$ 97.79	14.7%	1.4%	0.4%	\$ 74.36	\$ 90.10	\$ 89.18	19.9%	-1.0%	-0.3%				
Specialty	\$5,234	\$5,762	\$6,696	27.9%	16.2%	387.9	420.7	407.9	5.2%	-3.0%	\$ 169.17	\$ 202.00	\$ 227.59	34.5%	12.7%	7.7%	\$ 158.70	\$ 194.25	\$ 214.30	35.0%	10.3%	6.5%				
RX TOTAL (units = 30 day scripts)	\$167	\$190	\$208	24.3%	9.3%	20,380.4	20,854.9	20,339.8	-0.2%	-2.5%	\$ 284.13	\$ 330.64	\$ 352.38	24.0%	6.6%	6.6%	\$ 255.26	\$ 310.68	\$ 325.09	27.4%	4.6%	4.6%	2.7%	12.5%	15.5%	
Medical Total											\$868.32	\$927.26	\$840.35	-1.6%	-9.4%		\$754.74	\$828.86	\$712.25	-2.9%	-14.1%		0.2%	5.5%	5.8%	
Medical and RX Total											\$1,152.45	\$1,257.90	\$1,192.73	1.7%	-5.2%		\$1,010.00	\$1,139.54	\$1,037.35	1.3%	-9.0%		0.7%	6.8%	7.6%	

**HC-81-25 Exhibit 3**  
**ConnectiCare Insurance Company, Inc.**  
**Comparison of Retention to Most Recent Statutory Statement**

**Total Premium**

Line 1.1 Health Premiums Earned	<b>\$47,964,584</b>	
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**G&A Excluding Commissions (Line 10.5 - 10.2 + 8.3)**

	\$5,472,149	11.4%
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Line 10.5 Total General and Administrative Expense	\$5,854,787	
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Line 10.2 Agents and Brokers Fees and Commissions	(\$295,106)	
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Line 8.3 Total Claims Adjustment Expenses	(\$87,532)	
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**Commissions**

Line 10.2 Agents and Brokers Fees and Commissions	\$295,106	0.6%
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**Premium Taxes**

Line 1.6 Premium Taxes	\$787,898	1.6%
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HC-11-23 Exhibit 4																														
Connecticut Insurance Company Inc.																														
Historical Medical Claims Lag Triangles																														
Incurred Month	Paid Month																													
	202301	202302	202303	202304	202305	202306	202307	202308	202309	202310	202311	202312	202401	202402	202403	202404	202405	202406	202407	202408	202409	202410	202411	202412	202501	202502	202503	202504	Grand Total	
202201	\$2,097,339	\$4,998,002	\$1,350,349	\$401,058	\$123,671	\$130,963	(\$11,181)	\$12,309	\$8,007	\$81,408	\$53,247	\$25,535	\$12,331	(\$16,127)	\$2,259	\$7,727	(\$14,202)	(\$600)	(\$1,144)	(\$10,850)	\$221	\$13,786	\$0	\$3	\$789	\$280	\$83	\$378	\$9,241,711	
202202	\$0	\$1,271,176	\$5,786,242	\$689,030	\$508,817	\$260,482	\$278,782	\$193,332	\$202,819	\$33,771	\$7,489	\$12,389	(\$6,368)	\$23,524	\$5,738	\$547	\$508	\$2,605	(\$224)	(\$32,073)	\$39	\$4,721	\$393	\$0	\$67	\$394	(\$270)	(\$1,976)	\$9,881,556	
202203	\$0	\$0	\$0	\$2,310,978	\$5,636,455	\$1,419,783	\$527,440	\$179,441	\$369,737	\$43,336	\$36,613	\$22,340	\$17,758	\$7,527	\$18,343	(\$11,001)	\$5,844	\$3,325	\$2,739	(\$595)	(\$12,121)	(\$13,278)	\$3,788	\$715	\$9	\$4,242	\$142	(\$625)	\$1,522	\$10,970,670
202204	\$0	\$0	\$0	\$0	\$1,085,571	\$6,427,828	\$865,373	\$362,540	\$194,837	\$37,141	\$441,671	\$98,716	\$14,734	\$17,337	\$5,145	(\$10,274)	\$12,493	\$4,762	\$12,914	(\$5,251)	\$1,376	\$6,119	\$2,744	\$0	\$0	\$183	\$793	\$1,259	\$5,852,910	
202205	\$0	\$0	\$0	\$0	\$0	\$1,843,828	\$6,063,665	\$1,006,117	\$176,734	\$138,144	\$476,450	\$53,459	\$14,144	\$17,413	(\$3,586)	(\$200,213)	(\$12,733)	\$11,432	\$5,145	(\$15,308)	\$981	\$3,382	(\$3,76)	\$4	(\$3,696)	(\$567)	\$1,181)	\$772	\$9,972,072	
202206	\$0	\$0	\$0	\$0	\$0	\$1,283,607	\$6,865,568	\$1,157,732	\$396,169	\$497,158	\$238,679	\$121,107	\$2,023,411	(\$95,953)	\$58,531	(\$65,352)	(\$14,123)	\$2,824	\$99,450	\$23,137	\$195	(\$1,528)	(\$7,403)	\$3,986	(\$14,757)	(\$953)	\$1,125	\$564	\$12,560,551	
202207	\$0	\$0	\$0	\$0	\$0	\$1,507,506	\$5,877,240	\$977,600	\$1,443,024	\$172,366	\$37,866	\$209,071	(\$2,823)	\$92,808	\$8,131	(\$51,277)	(\$8,347)	\$2,840	(\$1,398)	(\$2,696)	\$2,662	\$6,100	\$1,023	\$404	\$8,832	\$720	\$2,827	\$2,263	\$10,239,608	
202208	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
202209	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
202210	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
202211	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
202212	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
202301	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
202302	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
202303	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
202304	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
202305	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
202306	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
202307	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
202308	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
202309	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
202310	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
202311	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
202312	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
202401	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
202402	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
202403	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
202404	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
202405	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
202406	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
202407	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0																	

HC-01-23 Exhibit 4																														
ConnectCare Insurance Company Inc. Historical Prescription Drug Claim Los Triandis																														
Incurred Month	Paid Month																													
	202301	202302	202303	202304	202305	202306	202307	202308	202309	202310	202311	202312	202401	202402	202403	202404	202405	202406	202407	202408	202409	202410	202411	202412	202501	202502	202503	202504	Grand Total	
202301	\$2,525,669	\$384,534	\$682	(\$538)	\$119	\$173	\$0	\$648	\$0	\$0	\$0	\$0	(\$525)	\$0	\$0	\$0	\$0	\$0	\$0	\$159	\$0	\$0	\$0	\$0	(\$480)	\$0	\$0	\$1,382	\$2,912,623	
202302	\$0	\$2,644,254	\$286,020	\$832	\$266	\$0	(\$2,098)	\$3,138	\$0	(\$3,938)	\$0	\$0	(\$87)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$1,500)	\$0	\$0	\$1,370	\$2,945,098	
202303	\$0	\$0	\$2,850,707	\$855,299	(\$5,014)	(\$94)	\$26	\$389	\$11	(\$91)	\$0	\$0	(\$291)	\$0	\$0	\$0	\$0	\$0	\$0	\$105	\$0	\$0	\$0	\$0	\$0	\$0	\$18	\$475	\$3,700,540	
202304	\$0	\$0	\$0	\$2,458,703	\$946,401	(\$2,43)	\$1,302	(\$2,098)	\$5	(\$2,098)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$70)	\$0	\$0	\$0	\$0	(\$1,344)	\$0	\$0	\$469	\$3,492,387	
202305	\$0	\$0	\$0	\$0	\$0	\$3,168,993	\$514,835	\$3,891	\$1,304	\$68	(\$115)	\$0	\$0	\$0	(\$1,001)	\$0	\$0	\$0	\$0	\$269	\$0	\$0	\$0	\$0	(\$590)	\$0	\$0	\$0	\$3,687,285	
202306	\$0	\$0	\$0	\$0	\$0	\$0	\$3,153,541	\$855,864	\$146	\$3,123	\$872	\$0	(\$13)	\$0	(\$3)	\$0	\$0	\$0	\$0	\$2,055	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,016,637	
202307	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,830,132	\$1,169,129	(\$1,711)	\$6,822	\$0	(\$772)	\$0	\$762	\$0	\$0	\$1	\$0	\$329	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,004,691	
202308	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,288,965	\$887,437	\$14,358	\$27	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$958	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,102,106	
202309	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,979,206	\$1,077,054	\$2,876	\$106	\$3	\$51	\$0	\$0	\$0	\$0	\$768	\$0	\$0	\$5,065	\$0	\$0	\$0	\$0	\$0	\$0	\$4,065,129
202310	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,291,200	\$504,988	\$4,982	\$410	\$0	\$0	\$0	\$0	\$0	\$819	\$0	\$14,334	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,817,031
202311	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,480,722	\$960,027	\$4,602	\$3,889	(\$18)	(\$596)	\$0	\$0	\$925	(\$1,098)	\$6,983	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,453,394
202312	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,966,805	\$1,389,716	\$9,904	(\$173)	(\$87)	\$0	\$0	\$0	(\$51)	(\$3,046)	\$3,447	\$0	(\$199)	\$0	\$0	\$0	\$0	\$4,346,209
202401	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$729,803
202402	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
202403	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
202404	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
202405	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
202406	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
202407	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
202408	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
202409	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
202410	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
202411	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
202412	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
202501	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
202502	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
202503	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
202504	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Grand Total	\$2,525,669	\$3,028,738	\$3,149,710	\$3,314,347	\$4,109,766	\$3,698,212	\$3,692,027	\$4,461,141	\$3,865,016	\$5,392,233	\$3,989,463	\$3,931,238	\$1,926,648	\$727,790	\$705,507	\$1,012,248	\$866,364	\$834,933	\$1,314,462	\$1,025,260	\$961,117	\$1,443,145	\$1,136,078	\$1,320,607	\$861,879	\$959,629	\$1,048,416	\$1,362,696	\$62,635,230	

**HC-81-25 Exhibit 5**  
**ConnectiCare Insurance Company, Inc.**  
**Capital and RBC Tracking**

	2016	2017	2018	2019	2020	2021	2022	2023	2024
Total Adjusted Capital, Post Tax	\$86,346,371	\$96,389,944	\$108,413,376	\$113,601,295	\$ 115,855,183	\$ 107,082,911	\$ 114,185,366	\$ 138,584,666	\$ 169,144,724
ACA Fee		\$15,065,425		\$11,398,562	\$ -	\$ -	\$ -	\$ -	\$ -
RBC (100% ACL)	\$38,990,206	\$36,876,409	\$36,258,007	\$36,992,696	\$ 36,598,921	\$40,890,513	\$49,075,923	\$42,962,057	\$38,865,815
RBC Ratio [(A-B / C)]	221.5%	220.5%	299.0%	276.3%	316.6%	261.9%	232.7%	322.6%	435.2%

**HC-81-25 Exhibit 6**  
**ConnectiCare Insurance Company, Inc.**  
**COVID-19 Actual Costs**

	<b>Incurred Claims</b>				<b>Percentage of Total Claims</b>			
	<b>Treatment</b>	<b>Testing</b>	<b>Vaccine</b>	<b>Total</b>	<b>Treatment</b>	<b>Testing</b>	<b>Vaccine</b>	<b>Total</b>
Actual 2021	\$16,943,535	\$9,844,332	\$5,123,321	\$31,911,188	2.7%	1.6%	0.8%	5.2%
Actual 2022	\$11,690,861	\$6,443,711	\$1,482,245	\$19,616,817	1.8%	1.0%	0.2%	3.0%
Actual 2023	\$4,062,152	\$1,410,876	\$1,582,266	\$7,055,294	0.6%	0.2%	0.2%	1.0%
Actual 2024	\$5,513,879	\$552,352	\$1,498,406	\$7,564,637	0.7%	0.1%	0.2%	1.0%

## ACTUARIAL CERTIFICATION

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## ACTUARIAL CERTIFICATION

I, Jeremy Kush, Principal and Consulting Actuary with the firm of Milliman, Inc., am a member of the American Academy of Actuaries, and I meet its Qualification Standards to render the actuarial opinion contained herein. This filing is prepared on behalf of ConnectiCare Insurance Company, Inc.

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 156.8 and 45 CFR 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.
2. 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.
3. 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.
4. 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 adjustment factor that represents benefits in addition to Essential Health Benefits included in Worksheet 2, Section III of the Part I Unified Rate Review Template was calculated in accordance with Actuarial Standards of Practice.
6. The proposed premium rates in this filing are actuarially sound in aggregate.
7. In my opinion, the proposed premium rate increase is reasonable. I based my opinion of reasonable rate increase on the factors below.
  - The expected individual loss ratio for the 12-month period beginning January 1, 2026, is expected to be approximately 90.8% (before a credibility adjustment). The projected loss ratio is greater than the 80% ACA minimum MLR standard promulgated by the Department of Health and Human Services.
  - The assumptions used are reasonable and within the range of reasonableness.
  - The proposed rates result in rates between insured members within similar risk categories that are permissible under applicable Connecticut law, and the premium differences correspond to differences in expected claims costs between allowable risk classes.
8. The premium rates filed are prepared in conformity with the applicable Actual Standards of Practice (ASOPs) promulgated by the Actuarial Standards Board. Please note, ASOP 26 does not apply since this certification is for individual health insurance only.

**CHECKLIST OF ACTUARIAL STANDARDS OF PRACTICE (ASOPs) FOR STATEMENT 8 ABOVE**

- x ASOP No. 5 – Incurred Health and Disability Claims.
- x ASOP No. 8 – Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits.
- x ASOP No. 12 – Risk Classification (for All Practice Areas).
- x ASOP No. 23 – Data Quality.
- x ASOP No. 25 – Credibility Procedures.
- ASOP No. 26 – Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans.
- x ASOP No. 41 – Actuarial Communications.
- x ASOP No. 42 – Health and Disability Actuarial Assets and Liabilities other than Liabilities for Incurred Claims.
- x ASOP No. 50 – Determining Minimum Value and Actuarial Value under the Affordable Care Act.
- x ASOP No. 56 – Modeling.

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 proposed 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.

At the time of this rate filing submission, we acknowledge there is uncertainty regarding the expiration of the enhanced premium subsidies first introduced through the American Rescue Plan Act (ARPA) and later extended by the Inflation Reduction Act (IRA). We have assumed that these subsidies will be extended into 2026 per CID guidance. As more information becomes known about the 2026 subsidies, it is possible we would need to adjust the rates in order to result in premiums that are neither excessive nor deficient.

Respectfully Submitted,



Jeremy Kush, FSA, CERA, MAAA  
Principal and Consulting Actuary  
Milliman, Inc.

May 29, 2025

State:	Connecticut	Filing Company:	ConnectiCare Insurance Company, Inc.
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	2026 CICI Individual Rate Filing		
Project Name/Number:	2026 CICI Individual Rate Filing/		

## Supporting Document Schedules

Bypassed - Item:	Major Medical Submission Checklist
Bypass Reason:	N/A for this filing.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Rate Table Template
Comments:	attached is our Rate Template in both pdf & xls format.
Attachment(s):	2026 RateTables CICI_Rounded.pdf 2026 RateTables CICI_Rounded.xls
Item Status:	
Status Date:	

Satisfied - Item:	Other Support Documents
Comments:	
Attachment(s):	CICI Ambulance Certification_2026.pdf CICI MHP Certification_2026.pdf CICI MHP Demos_2026.pdf
Item Status:	
Status Date:	

Satisfied - Item:	URRT PDF
Comments:	Attaching PDF in response to your comment.
Attachment(s):	2026 URRT CICIv1.1.pdf
Item Status:	
Status Date:	

<b>SERFF Tracking #:</b>	CCIC-134554599	<b>State Tracking #:</b>	202502679	<b>Company Tracking #:</b>	
<b>State:</b>	Connecticut	<b>Filing Company:</b>	ConnectiCare Insurance Company, Inc.		
<b>TOI/Sub-TOI:</b>	H16I Individual Health - Major Medical/H16I.005C Individual - Other				
<b>Product Name:</b>	2026 CICI Individual Rate Filing				
<b>Project Name/Number:</b>	2026 CICI Individual Rate Filing/				

***Attachment 2026 RateTables CICI\_Rounded.xls is not a PDF document and cannot be reproduced here.***

2026 Rates Table Template v15.0		All fields with an asterisk ( *) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.			
		If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.			
		If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.			
		If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.			
		To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.			
HIOS Issuer ID*	94815				
Rate Effective Date*	1/1/2026				
Rate Expiration Date*	12/31/2026				
Rating Method*	Age-Based Rates				
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	
	94815CT0050007	Rating Area 1	No Preference	0-14	497.04
	94815CT0050007	Rating Area 1	No Preference	15	541.22
	94815CT0050007	Rating Area 1	No Preference	16	558.11
	94815CT0050007	Rating Area 1	No Preference	17	575.00
	94815CT0050007	Rating Area 1	No Preference	18	593.19
	94815CT0050007	Rating Area 1	No Preference	19	611.39
	94815CT0050007	Rating Area 1	No Preference	20	630.23
	94815CT0050007	Rating Area 1	No Preference	21	649.73
	94815CT0050007	Rating Area 1	No Preference	22	649.73
	94815CT0050007	Rating Area 1	No Preference	23	649.73
	94815CT0050007	Rating Area 1	No Preference	24	649.73
	94815CT0050007	Rating Area 1	No Preference	25	652.32
	94815CT0050007	Rating Area 1	No Preference	26	665.31
	94815CT0050007	Rating Area 1	No Preference	27	680.91
	94815CT0050007	Rating Area 1	No Preference	28	706.25
	94815CT0050007	Rating Area 1	No Preference	29	727.04
	94815CT0050007	Rating Area 1	No Preference	30	737.43
	94815CT0050007	Rating Area 1	No Preference	31	753.03
	94815CT0050007	Rating Area 1	No Preference	32	768.62
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	94815CT0050007	Rating Area 1	No Preference	34	788.76
	94815CT0050007	Rating Area 1	No Preference	35	793.96
	94815CT0050007	Rating Area 1	No Preference	36	799.16
	94815CT0050007	Rating Area 1	No Preference	37	804.35
	94815CT0050007	Rating Area 1	No Preference	38	809.55
	94815CT0050007	Rating Area 1	No Preference	39	819.95
	94815CT0050007	Rating Area 1	No Preference	40	830.34
	94815CT0050007	Rating Area 1	No Preference	41	845.94
	94815CT0050007	Rating Area 1	No Preference	42	860.88
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	94815CT0050007	Rating Area 1	No Preference	45	938.20
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	94815CT0050007	Rating Area 1	No Preference	51	1211.73
	94815CT0050007	Rating Area 1	No Preference	52	1268.25
	94815CT0050007	Rating Area 1	No Preference	53	1325.43
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	94815CT0050007	Rating Area 1	No Preference	55	1448.88
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	94815CT0050007	Rating Area 1	No Preference	59	1691.22
	94815CT0050007	Rating Area 1	No Preference	60	1763.34
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	94815CT0050007	Rating Area 1	No Preference	62	1866.65
	94815CT0050007	Rating Area 1	No Preference	63	1917.97
	94815CT0050007	Rating Area 1	No Preference	64 and over	1949.16
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	94815CT0050007	Rating Area 2	No Preference	28	624.10
	94815CT0050007	Rating Area 2	No Preference	29	642.47
	94815CT0050007	Rating Area 2	No Preference	30	651.65
	94815CT0050007	Rating Area 2	No Preference	31	665.43
	94815CT0050007	Rating Area 2	No Preference	32	679.21
	94815CT0050007	Rating Area 2	No Preference	33	687.83
	94815CT0050007	Rating Area 2	No Preference	34	697.01
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	94815CT0050007	Rating Area 2	No Preference	39	724.57
	94815CT0050007	Rating Area 2	No Preference	40	733.76
	94815CT0050007	Rating Area 2	No Preference	41	747.54
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	94815CT0050007	Rating Area 2	No Preference	43	779.11
	94815CT0050007	Rating Area 2	No Preference	44	802.08
	94815CT0050007	Rating Area 2	No Preference	45	829.07
	94815CT0050007	Rating Area 2	No Preference	46	861.22
	94815CT0050007	Rating Area 2	No Preference	47	897.39
	94815CT0050007	Rating Area 2	No Preference	48	938.73
	94815CT0050007	Rating Area 2	No Preference	49	979.49
	94815CT0050007	Rating Area 2	No Preference	50	1025.42
	94815CT0050007	Rating Area 2	No Preference	51	1070.78
	94815CT0050007	Rating Area 2	No Preference	52	1120.73
	94815CT0050007	Rating Area 2	No Preference	53	1171.26
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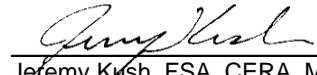
**ConnectiCare Insurance Company, Inc.**  
**Actuarial Certification of Ambulance Services**  
**2026 Individual Plans**

I, Jeremy Kush, Principal and Consulting Actuary, am a member of the American Academy of Actuaries, and meet the Qualification Standards of the American Academy of Actuaries to render the actuarial certification contained herein. I am associated with the firm of Milliman, Inc. My firm has been retained by ConnectiCare Insurance Company, Inc. to file such instrument. I further state that I am familiar with such instrument and the contents thereof, and the facts therein set forth are true to the best of my knowledge, information, and belief.

I certify that I have reviewed the ConnectiCare Insurance Company, Inc. 2026 filing and that it is based upon commonly accepted actuarial assumptions and sound actuarial principles, which are consistent with Connecticut Insurance Laws.

The member copayment reflected in the filing pertaining to Ambulance Services does not exceed 50% of the expected allowable cost of the service. I have relied on the following as appropriate:

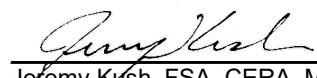
- Benefit details provided by ConnectiCare Insurance Company, Inc.
- Claims data provided by ConnectiCare Insurance Company, Inc. and Milliman
- Analyses and modeling developed by Milliman
- Interpretation of claims data fields and characteristics by personnel of ConnectiCare Insurance Company, Inc. and Milliman

  
\_\_\_\_\_  
Jeremy Kush, FSA, CERA, MAAA  
Principal and Consulting Actuary  
May 30, 2025

**ConnectiCare Insurance Company, Inc.**  
**Actuarial Certification of Mental Health Parity (MHP) Testing**  
**2026 Individual Plans**

The undersigned deposes and says that all policy forms submitted June 1, 2025 by ConnectiCare Insurance Company, Inc. for use in Connecticut sited health insurance contracts subject to the requirements of 42 U.S.C. § 300gg-26, 45 CFR § 146.136 and Connecticut General Statute §§ 38a-488a and 38a-514 provide coverage for parity in mental health and substance abuse disorder benefits in accordance with both state and federal laws as applicable. The undersigned certifies that all such policies issued or renewed will provide coverage for the medical treatment of mental illness and substance abuse provided under the same terms and conditions as coverage that is provided for other illnesses and diseases in connection with financial requirements, quantitative treatment limitations, prescription drug benefits, and non-quantitative treatment limitations.

I, Jeremy Kush, Principal and Consulting Actuary, am a member of the American Academy of Actuaries, and meet the Qualification Standards of the American Academy of Actuaries to render the actuarial certification contained herein. I am associated with the firm of Milliman, Inc. My firm has been retained by ConnectiCare Insurance Company, Inc. to file such instrument. I further state that I am familiar with such instrument and the contents thereof, and the facts therein set forth are true to the best of my knowledge, information, and belief.

  
\_\_\_\_\_  
Jeremy Kush, FSA, CERA, MAAA  
Principal and Consulting Actuary  
May 29, 2025

Please note that:

1. There are the 2/3 (the "substantially all") test and the 1/2 (the "predominant") test.  
The 2/3 test, once passed, allows the plan to have a copayment for MH services.  
The 1/2 test determines the maximum copayment amount for MH services.
2. Office Visit (OV) copayment is first tested below for all plans.
3. Then each plan is individually tested for its member cost share on IOP/PHP. This test uses "all-other" outpatient benefits, i.e., total outpatient net of office visit.  
"All-other" (or non-office visit) outpatient services include lab, advanced & non-advanced radiology, hospital outpatient & ambulatory surgeries, and home health services.  
Testing all plans for MH/SA office visit copay at specialist level:
4. For plans with two cost share structures on PCP, a weighted average cost share, based on utilization of the two structures, was used in our testing.
5. For tiered plans, each tier was individually tested for MHP.

Office Visit Tests - It's demonstrated below that:

Since all office visits have copays, i.e., 100% is greater than 2/3, MH services may have a copay as well.

Since the specialist copay is the predominant copay, i.e., specialist's cost PMPM is greater than 50% of all OV cost PMPM, MH OV copay can be as high as the specialist level.

Each of the plans tested below has MH OV copay either at the PCP or the Specialist level; therefore, all of the plans pass the OV test.

### Part 1 of 2-Part Test

Method	Overall PMPM
COMBINED	270.13
2-Part	178.31

Office Visits	Projected PMPM	% of OV Costs	
PCP	17.83	23%	
Specialist	58.05	77%	> 50%, and the specialist copay is the predominant copay.
Total	75.88	100%	Since all office visits have copays, MH OV may have a copay.

### Part 2 of 2-Part Test/ Combined Test

Plan Name

Value Gold Standard POS

94815CT0050006

Demo needed?	1	2	3	4	5	6	7	TOTAL	Greater than 2/3?
Copayment amount	500	300	65	50	40	10			
Projected payments (PMPM)	\$84.34	\$12.63	\$25.92	\$4.26	\$16.03	\$18.23	\$0.00	\$161.41	
Percent of total plan costs	47%	7%	15%	2%	9%	10%	0	91%	
Percent subject to copayment	47%	7%	15%	2%	9%	10%	0	91%	Yes & Pass

Predominant copay/coins.	500	% of total plan costs	52%	Greater than 1/2?	Yes
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IOP/PHP copay/coins.	100	The same or smaller than 500?	Yes & Pass
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Plan Name**Value Bronze Standard POS****94815CT0050007**

Demo needed?	1	2	3	4	5	6	7	TOTAL	Greater than 2/3?
Copayment amount	500	300	75	40	20				
Projected payments (PMPM)	\$84.34	\$12.63	\$30.18	\$16.03	\$18.23	\$0.00	\$0.00	\$161.41	
Percent of total plan costs	47%	7%	17%	9%	10%	0	0	91%	
Percent subject to copayment	47%	7%	17%	9%	10%	0	0	91%	<b>Yes &amp; Pass</b>

								% of total plan costs	Greater than 1/2?
Predominant copay/coins.	500							52%	Yes

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Plan Name**Value Bronze Standard POS HSA****94815CT0050008**

Demo needed?	1	2	3	4	5	6	7	TOTAL	Greater than 2/3?
Copayment amount	20%								
Projected payments (PMPM)	\$163.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$163.76	
Percent of total plan costs	92%	0	0	0	0	0	0	92%	
Percent subject to copayment	92%	0	0	0	0	0	0	92%	<b>Yes &amp; Pass</b>

								% of total plan costs	Greater than 1/2?
Predominant copay/coins.	20%							100%	Yes

									The same or smaller than 0.2?
IOP/PHP copay/coins.								20%	<b>Yes &amp; Pass</b>

Plan Name**Value Silver Standard POS****94815CT0050009**

Demo needed?	1	2	3	4	5	6	7	TOTAL	Greater than 2/3?
Copayment amount	500	300	75	40	25				
Projected payments (PMPM)	\$84.34	\$12.63	\$30.18	\$16.03	\$18.23	\$0.00	\$0.00	\$161.41	
Percent of total plan costs	47%	7%	17%	9%	10%	0	0	91%	
Percent subject to copayment	47%	7%	17%	9%	10%	0	0	91%	<b>Yes &amp; Pass</b>

								% of total plan costs	Greater than 1/2?
Predominant copay/coins.	500							52%	Yes

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Plan Name

**Value Silver Standard POS (CSR 73%)**

**94815CT0050009-04**

Demo needed?	1	2	3	4	5	6	7	TOTAL	Greater than 2/3?
Copayment amount	500	300	75	40	25				
Projected payments (PMPM)	\$84.34	\$12.63	\$30.18	\$16.03	\$18.23	\$0.00	\$0.00	\$161.41	
Percent of total plan costs	47%	7%	17%	9%	10%	0	0	91%	
Percent subject to copayment	47%	7%	17%	9%	10%	0	0	91%	<b>Yes &amp; Pass</b>

Predominant copay/coins.	500	% of total plan costs	Greater than 1/2?
		52%	Yes

IOP/PHP copay/coins.	The same or smaller than 500?
	100 <b>Yes &amp; Pass</b>

Plan Name

**Value Silver Standard POS (CSR 87%)**

**94815CT0050009-05**

Demo needed?	1	2	3	4	5	6	7	TOTAL	Greater than 2/3?
Copayment amount	100	60	35	30	15				
Projected payments (PMPM)	\$84.34	\$38.55	\$4.26	\$16.03	\$18.23	\$0.00	\$0.00	\$161.41	
Percent of total plan costs	47%	22%	2%	9%	10%	0	0	91%	
Percent subject to copayment	47%	22%	2%	9%	10%	0	0	91%	<b>Yes &amp; Pass</b>

Predominant copay/coins.	100	% of total plan costs	Greater than 1/2?
		52%	Yes

IOP/PHP copay/coins.	The same or smaller than 100?
	100 <b>Yes &amp; Pass</b>

Plan Name

**Value Silver Standard POS (CSR 94%)**

**94815CT0050009-06**

2-part Test	1	2	3	4	5	6	7	TOTAL	Greater than 2/3?
Copayment amount	75	50	45	25	10				
Projected payments (PMPM)	\$84.34	\$25.92	\$12.63	\$20.29	\$18.23	\$0.00	\$0.00	\$161.41	
Percent of total plan costs	47%	15%	7%	11%	10%	0	0	91%	
Percent subject to copayment	47%	15%	7%	11%	10%	0	0	91%	<b>Yes &amp; Pass</b>

Predominant copay/coins.	75	% of total plan costs	Greater than 1/2?
		52%	Yes

IOP/PHP copay/coins.	The same or smaller than 75?
	75 <b>Yes &amp; Pass</b>

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Unified Rate Review v6.1

Company Legal Name:ConnectiCare Insurance Company Inc.

HIOS Issuer ID:94815State:CT

Effective Date of Rate Change(s):1/1/2026Market:Individual

Market Level Calculations (Same for all Plans)

Section I: Experience Period Data

Experience Period:1/1/2024to12/31/2024

	Total	PMPM
Allowed Claims	\$42,664,476.26	\$1,159.74
Reinsurance	\$0.00	\$0.00
Incurred Claims in Experience Period	\$37,407,844.72	\$1,016.85
Risk Adjustment	\$7,541,190.46	\$204.99
Experience Period Premium	\$35,847,939.20	\$974.45
Experience Period Member Months	36,788	

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	\$143.16	1.011	1.000	1.011	1.000	\$146.29
Outpatient Hospital	\$395.79	1.077	1.005	1.075	1.005	\$463.28
Professional	\$343.73	1.050	1.000	1.048	1.000	\$378.18
Other Medical	\$26.04	1.050	1.000	1.048	1.000	\$28.65
Capitation	\$46.46	1.000	1.000	1.000	1.000	\$46.46
Prescription Drug	\$201.65	1.127	1.027	1.124	1.027	\$269.16
Total	\$1,156.83					\$1,332.03

Morbidity Adjustment	1.000
Demographic Shift	0.972
Plan Design Changes	1.092
Other	1.000
Adjusted Trended EHB Allowed Claims PMPM for	1/1/2026\$1,414.01
Manual EHB Allowed Claims PMPM	\$1,430.20
Applied Credibility %	50.00%

Projected Period Totals

Projected Index Rate for	1/1/2026\$1,422.11	\$39,710,999.64
Reinsurance	\$0.00	\$0.00
Risk Adjustment Payment/Charge	\$223.55	\$6,242,521.87
Exchange User Fees	2.10%	\$717,561.95
Market Adjusted Index Rate	\$1,224.25	\$34,186,039.72
Projected Member Months	27,924	

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.

1 of 4

Product-Plan Data Collection

Company Legal Name: ConnectiCare Insurance Company Inc.  
HIOS Issuer ID: 94815 State: CT  
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	POS IND HIX									
1.2 Product ID	94815CT005									
1.3 Plan Name	Standard POS	Standard POS	Standard POS HSA	Standard POS	HSA Coins, \$3,300	Copay/Coins	Coins, \$4,000 dec	Copay/Coins		
1.4 Plan ID (Standard Component ID)	94815CT0050006	94815CT0050007	94815CT0050008	94815CT0050009	94815CT0020021	94815CT0020024	94815CT0020031	94815CT0020033		
1.5 Metal	Gold	Bronze	Bronze	Silver	Silver	Silver	Silver	Silver		
1.6 AV Metal Value	0.813	0.639	0.650	0.714	0.704	0.709	0.694	0.690		
1.7 Plan Category	Renewing	Renewing	Renewing	Renewing	Terminated	Terminated	Terminated	Terminated		
1.8 Plan Type	POS	POS	POS	POS	POS	POS	POS	POS		
1.9 Exchange Plan?	Yes	Yes	Yes	Yes	No	No	No	No		
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		
1.11 Cumulative Rate Change % (over 12 mos prior)	7.78%	5.91%	17.58%	28.58%	0.00%	0.00%	0.00%	0.00%		
1.12 Product Rate Increase %			26.06%				0.00%			
1.13 Submission Level Rate Increase %				26.06%						

Worksheet 1 Totals

Section II: Experience Period and Current Plan Level Information

2.1 Plan ID (Standard Component ID)	Total	94815CT0050006	94815CT0050007	94815CT0050008	94815CT0050009	94815CT0020021	94815CT0020024	94815CT0020031	94815CT0020033
2.2 Allowed Claims	\$42,664,476	\$3,491,603	\$994,795	\$2,906,014	\$14,317,681	\$5,310,460	\$9,226,522	\$3,439,137	\$3,038,264
2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.4 Member Cost Sharing	\$5,256,632	\$475,665	\$299,565	\$703,309	\$578,789	\$715,395	\$1,436,940	\$415,177	\$631,792
2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.6 Incurred Claims	\$37,407,845	\$3,015,938	\$635,231	\$2,202,705	\$13,738,897	\$4,595,065	\$7,789,582	\$3,023,960	\$2,406,472
2.7 Risk Adjustment Transfer Amount	\$7,541,190	\$980,135	-\$364,227	\$326,712	-\$14,369	\$2,414,198	\$2,642,738	\$1,529,735	\$26,269
2.8 Premium	\$35,847,939	\$3,218,991	\$1,313,447	\$2,688,442	\$14,108,351	\$3,489,642	\$6,161,297	\$1,739,605	\$3,128,163
2.9 Experience Period Member Months	36,788	2,814	1,407	2,716	16,371	3,117	5,728	1,670	2,965
2.10 Current Enrollment	3,685	153	64	128	2,487	185	371	122	175
2.11 Current Premium PMPM	\$998.86	\$1,188.64	\$989.21	\$1,026.17	\$911.19	\$1,288.15	\$1,217.74	\$1,177.83	\$1,167.26
2.12 Loss Ratio	86.21%	71.82%	66.92%	73.05%	97.48%	77.83%	88.48%	82.49%	76.23%
Per Member Per Month									
2.13 Allowed Claims	\$1,159.74	\$1,240.80	\$664.39	\$1,069.96	\$874.58	\$1,703.71	\$1,610.78	\$2,059.36	\$1,024.71
2.14 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2.15 Member Cost Sharing	\$142.89	\$169.04	\$212.91	\$258.95	\$35.35	\$229.51	\$259.86	\$248.61	\$213.08
2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2.17 Incurred Claims	\$1,016.85	\$1,071.76	\$451.48	\$811.01	\$839.22	\$1,474.19	\$1,359.91	\$1,810.75	\$811.63
2.18 Risk Adjustment Transfer Amount	\$204.99	\$348.31	-\$258.87	\$120.29	-\$0.88	\$774.53	\$461.37	\$916.01	\$8.86
2.19 Premium	\$974.45	\$1,143.92	\$933.51	\$989.85	\$861.79	\$1,119.55	\$1,075.65	\$1,041.68	\$1,055.03

Section III: Plan Adjustment Factors

3.1 Plan ID (Standard Component ID)		94815CT0050006	94815CT0050007	94815CT0050008	94815CT0050009	94815CT0020021	94815CT0020024	94815CT0020031	94815CT0020033
3.2 Market Adjusted Index Rate					\$1,224.25				
3.3 AV and Cost Sharing Design of Plan		1.0102	0.6920	0.7275	0.9319	0.0000	0.0000	0.0000	0.0000
3.4 Provider Network Adjustment		1.0000	1.0000	1.0000	1.0000	0.0000	0.0000	0.0000	0.0000
3.5 Benefits in Addition to EHB		1.0018	1.0021	1.0020	1.0018	0.0000	0.0000	0.0000	0.0000
Administrative Costs									
3.6 Administrative Expense		9.27%	9.27%	9.27%	6.77%	0.00%	0.00%	0.00%	0.00%
3.7 Taxes and Fees		2.54%	2.55%	2.55%	2.54%	0.00%	0.00%	0.00%	0.00%
3.8 Profit & Risk Load		1.97%	1.97%	1.97%	1.97%	0.00%	0.00%	0.00%	0.00%
3.9 Catastrophic Adjustment		1.0000	1.0000	1.0000	1.0000	0.0000	0.0000	0.0000	0.0000
3.10 Plan Adjusted Index Rate		\$1,437.05	\$984.69	\$1,035.20	\$1,288.26	\$0.00	\$0.00	\$0.00	\$0.00
3.11 Age Calibration Factor	0.6209					0.6209			
3.12 Geographic Calibration Factor	1.0000					1.0000			
3.13 Tobacco Calibration Factor	1.0000					1.0000			
3.14 Calibrated Plan Adjusted Index Rate		\$892.34	\$611.44	\$642.80	\$799.95	\$0.00	\$0.00	\$0.00	\$0.00

Section IV: Projected Plan Level Information

4.1 Plan ID (Standard Component ID)	Total	94815CT0050006	94815CT0050007	94815CT0050008	94815CT0050009	94815CT0020021	94815CT0020024	94815CT0020031	94815CT0020033
4.2 Allowed Claims	\$39,788,316	\$2,975,115	\$1,149,203	\$2,353,291	\$33,310,707	\$0	\$0	\$0	\$0
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$3,304,020	\$203,232	\$306,459	\$568,841	\$2,225,488	\$0	\$0	\$0	\$0
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$36,484,296	\$2,771,882	\$842,744	\$1,784,450	\$31,085,219	\$0	\$0	\$0	\$0
4.7 Risk Adjustment Transfer Amount	\$5,724,143	\$444,065	\$135,024	\$285,899	\$4,859,156	\$0	\$0	\$0	\$0
4.8 Premium	\$35,566,167	\$2,759,134	\$838,952	\$1,776,393	\$30,191,688	\$0	\$0	\$0	\$0
4.9 Projected Member Months	77,924	1,920	852	1,716	23,436	0	0	0	0
4.10 Loss Ratio	88.36%	86.53%	86.53%	86.53%	88.69%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Per Member Per Month									
4.11 Allowed Claims	\$1,424.88	\$1,549.54	\$1,348.83	\$1,371.38	\$1,421.35	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
4.12 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
4.13 Member Cost Sharing	\$118.32	\$105.85	\$359.69	\$331.49	\$94.96	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
4.14 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
4.15 Incurred Claims	\$1,306.56	\$1,443.69	\$989.14	\$1,039.89	\$1,326.39	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
4.16 Risk Adjustment Transfer Amount	\$204.99	\$231.28	\$158.48	\$166.61	\$207.34	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
4.17 Premium	\$1,273.68	\$1,437.05	\$984.69	\$1,035.19	\$1,288.26	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

## Rating Area Data Collection

*Specify the total number of Rating Areas  
Select only the Rating Areas you are using  
To validate, select the Validate button  
To finalize, select the Finalize button*

Rating Area	Rating Factor
Rating Area 1	1.0626
Rating Area 2	0.9390
Rating Area 3	1.0357
Rating Area 4	1.0396
Rating Area 5	0.9529
Rating Area 6	0.9403
Rating Area 7	1.0650
Rating Area 8	1.0470

State:Connecticut

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

Product Name:2026 CICI Individual Rate Filing

Project Name/Number:2026 CICI Individual Rate Filing/

Filing Company:

ConnectiCare Insurance Company, Inc.

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)
06/03/2025		Supporting Document	URRT PDF	06/03/2025	2026 URRT CICIv1.1.pdf (Superceded)

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Unified Rate Review v6.1

Company Legal Name:ConnectiCare Insurance Company Inc.

HIOS Issuer ID:94815State:CT

Effective Date of Rate Change(s):1/1/2026Market:Individual

Market Level Calculations (Same for all Plans)

Section I: Experience Period Data

Experience Period:1/1/2024to12/31/2024

	Total	PMPM
Allowed Claims	\$42,664,476.26	\$1,159.74
Reinsurance	\$0.00	\$0.00
Incurred Claims in Experience Period	\$37,407,844.72	\$1,016.85
Risk Adjustment	\$7,541,190.46	\$204.99
Experience Period Premium	\$35,847,939.20	\$974.45
Experience Period Member Months	36,788	

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	\$143.16	1.011	1.000	1.011	1.000	\$146.29
Outpatient Hospital	\$395.79	1.077	1.005	1.075	1.005	\$463.28
Professional	\$343.73	1.050	1.000	1.048	1.000	\$378.18
Other Medical	\$26.04	1.050	1.000	1.048	1.000	\$28.65
Capitation	\$46.46	1.000	1.000	1.000	1.000	\$46.46
Prescription Drug	\$201.65	1.127	1.027	1.124	1.027	\$269.16
Total	\$1,156.83					\$1,332.03

Morbidity Adjustment	1.000
Demographic Shift	0.972
Plan Design Changes	1.092
Other	1.000
Adjusted Trended EHB Allowed Claims PMPM for	1/1/2026\$1,414.01
Manual EHB Allowed Claims PMPM	\$1,430.20
Applied Credibility %	50.00%

Projected Period Totals

Projected Index Rate for	1/1/2026\$1,422.11	\$39,710,999.64
Reinsurance	\$0.00	\$0.00
Risk Adjustment Payment/Charge	\$223.55	\$6,242,521.87
Exchange User Fees	2.10%	\$717,561.95
Market Adjusted Index Rate	\$1,224.25	\$34,186,039.72
Projected Member Months	27,924	

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.

1 of 4

Product-Plan Data Collection

Company Legal Name: ConnectiCare Insurance Company Inc.  
HIOS Issuer ID: 94815 State: CT  
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	POS IND HIX							
1.2 Product ID	94815CT005							
1.3 Plan Name	Standard POS	Standard POS	Standard POS HSA	Standard POS	HSA Coins: \$3,300	Copay/Coins	Coins: \$4,000 dec	Copay/Coins
1.4 Plan ID (Standard Component ID)	94815CT0050006	94815CT0050007	94815CT0050008	94815CT0050009	94815CT0020021	94815CT0020024	94815CT0020031	94815CT0020033
1.5 Metal	Gold	Bronze	Bronze	Silver	Silver	Silver	Silver	Silver
1.6 AV Metal Value	0.813	0.639	0.650	0.714	0.704	0.709	0.694	0.690
1.7 Plan Category	Renewing	Renewing	Renewing	Renewing	Terminated	Terminated	Terminated	Terminated
1.8 Plan Type	POS	POS	POS	POS	POS	POS	POS	POS
1.9 Exchange Plan?	Yes	Yes	Yes	Yes	No	No	No	No
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
1.11 Cumulative Rate Change % (over 12 mos prior)	7.78%	5.91%	17.58%	28.58%	0.00%	0.00%	0.00%	0.00%
1.12 Product Rate Increase %			26.06%			0.00%		
1.13 Submission Level Rate Increase %				26.06%				

Worksheet 1 Totals

Section II: Experience Period and Current Plan Level Information

2.1 Plan ID (Standard Component ID)	Total	94815CT0050006	94815CT0050007	94815CT0050008	94815CT0050009	94815CT0020021	94815CT0020024	94815CT0020031	94815CT0020033
2.2 Allowed Claims	\$42,664,476	\$3,491,603	\$994,795	\$2,906,014	\$14,317,681	\$5,310,460	\$9,226,522	\$3,439,137	\$3,038,264
2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.4 Member Cost Sharing	\$5,256,632	\$475,665	\$299,565	\$703,309	\$578,789	\$715,395	\$1,436,940	\$415,177	\$631,792
2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.6 Incurred Claims	\$37,407,845	\$3,015,938	\$635,231	\$2,202,705	\$13,738,897	\$4,595,065	\$7,789,582	\$3,023,960	\$2,406,472
2.7 Risk Adjustment Transfer Amount	\$7,541,190	\$980,135	-\$364,227	\$326,712	-\$14,369	\$2,414,198	\$2,642,738	\$1,529,735	\$26,269
2.8 Premium	\$35,847,939	\$3,218,991	\$1,313,447	\$2,688,442	\$14,108,351	\$3,489,642	\$6,161,297	\$1,739,605	\$3,128,163
2.9 Experience Period Member Months	36,788	2,814	1,407	2,716	16,371	3,117	5,728	1,670	2,965
2.10 Current Enrollment	3,685	153	64	128	2,487	185	371	122	175
2.11 Current Premium PMPM	\$998.86	\$1,188.64	\$989.21	\$1,026.17	\$911.19	\$1,288.15	\$1,217.74	\$1,177.83	\$1,167.26
2.12 Loss Ratio	86.21%	71.82%	66.92%	73.05%	97.48%	77.83%	88.48%	82.49%	76.23%
Per Member Per Month									
2.13 Allowed Claims	\$1,159.74	\$1,240.80	\$664.39	\$1,069.96	\$874.58	\$1,703.71	\$1,610.78	\$2,059.36	\$1,024.71
2.14 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2.15 Member Cost Sharing	\$142.89	\$169.04	\$212.91	\$258.95	\$35.95	\$229.51	\$259.86	\$248.61	\$213.08
2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2.17 Incurred Claims	\$1,016.85	\$1,071.76	\$451.48	\$811.01	\$839.22	\$1,474.19	\$1,359.91	\$1,810.75	\$811.63
2.18 Risk Adjustment Transfer Amount	\$204.99	\$348.31	-\$258.87	\$120.29	-\$0.88	\$774.53	\$461.37	\$916.01	\$8.86
2.19 Premium	\$974.45	\$1,143.92	\$933.51	\$989.85	\$861.79	\$1,119.55	\$1,075.65	\$1,041.68	\$1,055.03

Section III: Plan Adjustment Factors

3.1 Plan ID (Standard Component ID)		94815CT0050006	94815CT0050007	94815CT0050008	94815CT0050009	94815CT0020021	94815CT0020024	94815CT0020031	94815CT0020033
3.2 Market Adjusted Index Rate					\$1,224.25				
3.3 AV and Cost Sharing Design of Plan		1.0102	0.6920	0.7275	0.9319	0.0000	0.0000	0.0000	0.0000
3.4 Provider Network Adjustment		1.0000	1.0000	1.0000	1.0000	0.0000	0.0000	0.0000	0.0000
3.5 Benefits in Addition to EHB		1.0018	1.0021	1.0020	1.0018	0.0000	0.0000	0.0000	0.0000
Administrative Costs									
3.6 Administrative Expense		9.27%	9.27%	9.27%	6.77%	0.00%	0.00%	0.00%	0.00%
3.7 Taxes and Fees		2.54%	2.55%	2.55%	2.54%	0.00%	0.00%	0.00%	0.00%
3.8 Profit & Risk Load		1.97%	1.97%	1.97%	1.97%	0.00%	0.00%	0.00%	0.00%
3.9 Catastrophic Adjustment		1.0000	1.0000	1.0000	1.0000	0.0000	0.0000	0.0000	0.0000
3.10 Plan Adjusted Index Rate		\$1,437.05	\$984.69	\$1,035.20	\$1,288.26	\$0.00	\$0.00	\$0.00	\$0.00
3.11 Age Calibration Factor	0.6209					0.6209			
3.12 Geographic Calibration Factor	1.0000					1.0000			
3.13 Tobacco Calibration Factor	1.0000					1.0000			
3.14 Calibrated Plan Adjusted Index Rate		\$892.34	\$611.44	\$642.80	\$799.95	\$0.00	\$0.00	\$0.00	\$0.00

Section IV: Projected Plan Level Information

4.1 Plan ID (Standard Component ID)	Total	94815CT0050006	94815CT0050007	94815CT0050008	94815CT0050009	94815CT0020021	94815CT0020024	94815CT0020031	94815CT0020033
4.2 Allowed Claims	\$39,788,316	\$2,975,115	\$1,149,203	\$2,353,291	\$33,310,707	\$0	\$0	\$0	\$0
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$3,304,020	\$203,232	\$306,459	\$568,841	\$2,225,488	\$0	\$0	\$0	\$0
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$36,484,296	\$2,771,882	\$842,744	\$1,784,450	\$31,085,219	\$0	\$0	\$0	\$0
4.7 Risk Adjustment Transfer Amount	\$5,724,143	\$444,065	\$135,024	\$285,899	\$4,859,156	\$0	\$0	\$0	\$0
4.8 Premium	\$35,566,167	\$2,759,134	\$838,952	\$1,776,393	\$30,191,688	\$0	\$0	\$0	\$0
4.9 Projected Member Months	77,924	1,920	852	1,716	23,436	0	0	0	0
4.10 Loss Ratio	89.36%	86.53%	86.53%	86.53%	88.69%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Per Member Per Month									
4.11 Allowed Claims	\$1,424.88	\$1,549.54	\$1,348.83	\$1,371.38	\$1,421.35	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
4.12 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
4.13 Member Cost Sharing	\$118.32	\$105.85	\$359.69	\$331.49	\$94.96	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
4.14 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
4.15 Incurred Claims	\$1,306.56	\$1,443.69	\$989.14	\$1,039.89	\$1,326.39	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
4.16 Risk Adjustment Transfer Amount	\$204.99	\$231.28	\$158.48	\$166.61	\$207.34	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
4.17 Premium	\$1,273.68	\$1,437.05	\$984.69	\$1,035.19	\$1,288.26	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

## Rating Area Data Collection

*Specify the total number of Rating Areas  
Select only the Rating Areas you are using  
To validate, select the Validate button  
To finalize, select the Finalize button*

Rating Area	Rating Factor
Rating Area 1	1.0626
Rating Area 2	0.9390
Rating Area 3	1.0357
Rating Area 4	1.0396
Rating Area 5	0.9529
Rating Area 6	0.9403
Rating Area 7	1.0650
Rating Area 8	1.0470