

MILLIMAN ACTUARIAL MEMORANDUM

HAP CareSource

Part III Actuarial Memorandum – Secondary Individual Rate Filing Effective January 1, 2026

June 10, 2025

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SECTION 1: GENERAL INFORMATION

DOCUMENT OVERVIEW

This document contains the **Secondary** Part III Actuarial Memorandum for HAP CareSource's (HCS) individual comprehensive block of business, effective January 1, 2026. These individual rates are guaranteed through December 31, 2026. This Actuarial Memorandum is submitted in conjunction with the Part I Unified Rate Review Template (URRT).

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

This information is intended for use by Michigan Department of Insurance and Financial Services (DIFS), the Center for Consumer Information and Insurance Oversight (CCIO), and their subcontractors to assist in the review of HCS's individual rate filing. However, we recognize this certification may become a public document. Milliman, Inc. (Milliman) makes no representations or warranties regarding the contents of this letter to other users. Likewise, other users of this letter should not place reliance upon this Actuarial Memorandum that would result in the creation of any duty or liability for Milliman under any theory of law. The results are actuarial projections. Actual experience will differ for a number of reasons including, but not necessarily limited to, population changes, claims experience, and deviations from assumptions.

As prescribed by the state, the premium rates developed and supported by this **Secondary** Actuarial Memorandum assume Cost Sharing Reduction (CSR) subsidy payments **will be funded by CMS in 2026**. As such, we do not apply a load to marketplace eligible plans with projected subsidized membership. The 2026 plan year premium rates provided in this Actuarial Memorandum were developed based upon the current Affordable Care Act (ACA) statutes and regulations, relevant CMS and HHS guidance, Executive Orders, relevant Michigan statutes and regulations, court decisions in full force and effect as of the submission date of this Actuarial Memorandum, including, but not limited to, **guidance that the CSR subsidies are funded for the 2026 plan year**. Accordingly, HCS retains and reserves the right to amend this Actuarial Memorandum and 2026 plan premium rates, should there be any changes to the ACA statutes and regulations, relevant CMS and HHS guidance, Executive Orders, relevant Michigan statutes and regulations, and court decisions.

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. Consistent with current regulations, we have assumed that these subsidies will expire at the end of 2025 and adjusted our assumptions for the 2026 premium rates accordingly. However, we have made no prediction or estimate of the likelihood of these events. The expiration versus extension of these subsidies could have a material impact on morbidity, enrollment, and other factors related to the Individual market. We have incorporated various premium rate adjustments to reflect the estimated financial impact of these subsidies expiring. These adjustments are derived from a Milliman model that includes data from CMS reports, proprietary Milliman datasets, and other publicly available information. Our model results will evolve as new information becomes available and new actions are taken by the authorities and other stakeholders. If subsequent information becomes available that would materially affect this rate filing submission, we would likely pursue opportunities to revise our pricing assumptions and resubmit this rate filing.

COMPANY IDENTIFYING INFORMATION

Company Legal Name: HAP CareSource
State: The State of Michigan has regulatory authority over these policies
HIOS Issuer ID: 40356
Market: Individual
Effective Date: January 1, 2026

COMPANY CONTACT INFORMATION

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DESCRIPTION OF BENEFITS

The plan designs underlying the individual benefit plans used in the development of premiums are shown in Attachment B containing HCS's AV Calculator screenshots.

Plan designs and member cost-sharing levels were designed to model requirements for individual medical non-grandfathered policies under federal and state laws and regulations related to the ACA. This includes coverage for the Michigan standard essential health benefits (EHB) with no substitutions. Cost projections include consideration for the availability of Cost Sharing Reduction (CSR) benefit options available with the on-exchange Silver plans. These plan offerings include federal standard plans for all metal levels in which HCS offers plans, as mandated for the 2026 plan year.

Product 40356MI001 includes no additional non-EHB benefits. We make an adjustment for all plans within Product 40356MI002 to include non-EHB benefits of eyewear, fitness benefits, and routine eye examinations.

EFFECTIVE DATE OF REQUESTED RATES

The rates are for new sales effective January 1, 2026 through December 31, 2026.

SERFF TRACKING NUMBER OF PRIOR FILING

HAPC-134107111

SECTION 2: PROPOSED RATES

The requested rate change varies by plan and geographic rating area within the individual HMO products with an average rate change of 7.9%, a minimum rate change of -1.9%, and a maximum rate change of 25.8%. These plans are ACA compliant plan rates, effective for 12 months beginning January 1, 2026 and ending December 31, 2026. Exhibit 1 displays the rate change by plan and geographic rating area.

Please note, the 7.9% average rate change described above assumes that enhanced premium tax credits are terminated at the end of 2025. If we were to assume that enhanced premium tax credits continue into 2026, we would assume higher Marketplace enrollment in 2026 combined with slight changes to the enrollment distribution by demographic profile, plan (including CSR variant), and exchange status. Furthermore, we would not assume an increase in morbidity due to Marketplace disenrollments and apply the 2.2% exchange fee consistent with federal guidance. Ultimately, we assume the needed average rate change if enhanced premium tax credits continue would be 4.7%.

The following provides the requested information from the Michigan Actuarial Memorandum instructions, as applicable. For additional details on the development of the manual rate underlying premiums, please see Section 7.

EFFECTIVE DATE AND IMPLEMENTATION OF PROPOSED RATE ADJUSTMENT

Premiums reflect an effective date of January 1, 2026. This filing is a requested rate change for 15 of HCS's Affordable Care Act (ACA) compliant non-group rates originally filed for effective dates January 1, 2025 through December 31, 2025, and a new filing for 14 additional plans not offered during the 2025 plan year. The rating factors and other projection factors are updated for this filing.

MONTHS OF RATE GUARANTEE

Individual plan policyholders will have a premium rate guarantee through calendar year 2026.

REASONS FOR RATE CHANGE

The rate adjustment is as a result of the following factors summarized in Table 1 and detailed further below.

Table 1 HAP CareSource Michigan Individual ACA Plans Approximate 2025 to 2026 Rate Change Development	
Experience	16.9%
Trend	3.4%
Demographics Shift	-1.7%
Plan Benefit Relativity, CSR Induced Utilization, and Subsidy Shortfall Adjustment	0.2%
Area Cost Changes and Provider Reimbursement	-6.2%
Retention	-3.0%
Other Factors	-0.5%
2025 to 2026 Rate Change	7.9%

Note: Values are rounded.

- Experience – HCS's 2026 premium rates were developed from a manual rate based on CareSource's Ohio 2024 experience. This results in a 16.9% increase to premium rates.
- Trend – We price HCS's 2026 premiums using a 6.0% annual trend. This results in a 3.4% increase in premium rates due to an additional year of trend applied to allowed claims and trend change applied to allowed claims from the 2025 premium development. The trend used to develop 2025 premiums was 7.5%. Note, the difference in allowed cost projection factors does not perfectly translate to premium changes due to PMPM components which do not leverage with trend like administrative costs.
- Demographics Shift – We project HCS's 2026 demographics based on HCS estimates of 2026 membership characteristics. This reflects a revised average population compared to the demographic mix used in the 2025 pricing, resulting in a 1.7% decrease to 2026 HCS premium rates.

- Plan Benefit Relativity, CSR Induced Utilization Change, and Subsidy Shortfall Adjustment – We adjust for changes in benefits and CSR induced utilization between 2025 and 2026. Additionally, due to the anticipated expiration of enhanced premium tax credits before the start of 2026, we project a decrease in membership and accompanying changes in metallic and CSR membership projections relative to 2025 rate filing projections. We assume in this secondary filing that CSR subsidy payments **will be funded by CMS in 2026**. The combination of changes resulting from the benefit relativities, induced utilization, and plan mix along with removing the CSR shortfall adjustment results in a 0.2% increase to premium rates.
- Area Cost Changes and Provider Reimbursement – HCS projects changes to 2026 area factors and 2026 provider reimbursement arrangements in composite relative to those projected in the 2025 premium development, with these changes resulting in a 6.2% decrease to premium rates.
- Retention – We project a decrease to total retention from \$159.85 PMPM in 2025 to \$140.08 PMPM in 2026, resulting in a 3.0% decrease to premium rates.
- Other Factors – We project a 0.5% decrease to premium rates due to the combined effect of the removal of the durational adjustment (applied to 2025 premium rates but no longer applicable in 2026), a morbidity adjustment due to the anticipated expiration of enhanced premium tax credits, and care management and Rx savings adjustments for 2026 rate development.

AVERAGE ANNUAL PREMIUM

The average annual premium per individual plan member underlying the 2026 ACA rate filing is \$7,347. It is 12 times the \$612.24 premium PMPM shown in URRT Worksheet 2, Section IV.

NUMBER OF POLICYHOLDERS AND COVERED LIVES

As of March 2025, there were 10,739 policy holders and 18,825 covered lives in Michigan.

SECTION 3: EXPERIENCE AND CURRENT PERIOD PREMIUM, CLAIMS, AND ENROLLMENT

Not applicable as HCS is a newly licensed health insurer in 2025 and has no 2024 historical experience. Premium rates presented are 100% manually rated.

PAID THROUGH DATE

Not applicable.

CURRENT DATE

Not applicable.

PREMIUMS (NET OF MLR REBATE) IN EXPERIENCE PERIOD

Not applicable.

ALLOWED AND INCURRED CLAIMS INCURRED DURING THE EXPERIENCE PERIOD

Not applicable.

SECTION 4: BENEFIT CATEGORIES

We categorize utilization and cost information by benefit using HCS's 2026 projected Michigan claims distribution by major service category. HCS's projected 2026 fee-for-service medical claims are included by service category:

- 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.

HCS's prescription drug claims net of rebates are included in the "Prescription Drug" line in the URRT with a benefit category of "Prescriptions."

SECTION 5: PROJECTION FACTORS

As discussed in Section 3, there is no Michigan base period experience used to develop projected rate values. We put 100% weight on 2024 ACA Ohio individual market experience for CareSource, Inc. (CareSource) as the basis for a manual rate. The development of the manual rate is discussed further in Section 7.

CHANGES IN BENEFITS

Not applicable.

TREND FACTORS (COST / UTILIZATION)

Not applicable.

SECTION 6: ADJUSTMENTS TO TRENDED EHB ALLOWED CLAIMS PMPM

MORBIDITY ADJUSTMENT

Not applicable.

DEMOGRAPHIC SHIFT

Not applicable.

PLAN DESIGN CHANGES

Not applicable.

OTHER ADJUSTMENTS

Changes in Covered Services

Not applicable.

Changes in Provider Reimbursement

Not applicable.

SECTION 7: CREDIBILITY MANUAL RATE DEVELOPMENT

As discussed in Section 3, there is no Michigan base period experience, so we use a manual rate. The following provides support for the development of the manual rate claim costs.

METHODOLOGY USED TO DEVELOP THE CREDIBILITY MANUAL RATE

We base the HCS 2026 premium rates on 2024 CareSource, Inc. Ohio (CareSource) experience with applicable adjustments between the experience and projection periods and between Ohio and Michigan marketplaces. Additional information regarding the adjustments made to the base cost and trend is provided below.

SOURCE AND APPROPRIATENESS OF EXPERIENCE DATA USED

As described earlier, we develop manual rates underlying the HCS 2026 premium rates from 2024 experience period allowed claim levels from HCS's related entity, CareSource, which sells business in Ohio. CareSource has fully credible experience period data with over 800,000 member months and is an appropriate basis for the HCS manual rate since the benefits covered, care management initiatives, populations covered, and operations will be similar between the two companies (subject to the adjustments below). Exhibit 2 outlines the adjustments needed to reflect expected cost differences between the two markets to project the fee-for-service portion of the 2026 Index Rate for Michigan. We describe these adjustments in more detail below.

ADJUSTMENTS MADE TO THE DATA

This section describes each factor used to adjust the experience underlying the manual rate and provides supporting information related to the development of those factors.

MORBIDITY ADJUSTMENTS

CareSource will pay an estimated 2024 risk adjustment transfer of \$1,876,155 in Ohio. We adjust pricing by bringing CareSource's 2024 experience to the statewide morbidity level by increasing allowed claims 0.5% (Exhibit 2, line 2).

We convert the statewide Ohio experience period morbidity to statewide 2024 Michigan experience period morbidity using data from CMS' *Summary Report on Permanent Risk Adjustment Transfers for the 2023 Benefit Year*. We define statewide morbidity as Plan Liability Risk Score (PLRS) net of the Actuarial Value (AV) and Allowable Rating Factor (ARF). The result is a decrease in statewide Ohio experience morbidity of 12.0% to adjust to the statewide Michigan morbidity (Exhibit 2, line 3).

Finally, assuming the enhanced premium subsidies first introduced through the American Rescue Plan Act (ARPA) and later extended by the Inflation Reduction Act (IRA) are allowed to expire at the end of 2025, we anticipate a reduction in the overall market size in 2026. This will lead to increased average statewide morbidity in 2026 relative to the manual rate experience as consumers will either lose access to subsidies (for those at or above 400% of the Federal Poverty Level) 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 apply a morbidity adjustment of 2.3% on-exchange (Exhibit 2, line 4) to reflect anticipated changes in statewide average morbidity in 2026 relative to the manual rate experience.

This projection assumes no 2024 risk adjustment transfers for HCS, since its experience is projected at the statewide morbidity level.

PLAN DESIGN CHANGES

We adjust for the utilization impact due to cost sharing differences in CareSource's 2024 ACA experience plans and HCS's 2026 plans. We determine the difference in CareSource's 2024 induced utilization factors and HCS's projected 2026 induced utilization factors results in a negligible change to the projected Michigan Index Rate (Exhibit 2, line 5).

CSR CHANGE

We decrease Michigan's manual rate 4.0% to remove induced utilization from CSR plan enrollees in CareSource's ACA experience (Exhibit 2, line 6). We then increase the manual rate by 12.9% to reflect the projected CSR subsidy induced utilization in Michigan based on HCS's projected 2026 membership mix (Exhibit 2, line 15).

CHANGES IN DEMOGRAPHICS

We adjust CareSource's ACA experience period allowed PMPM to reflect the demographic difference between CareSource's 2024 enrollment and HCS's projected 2026 enrollment. We base HCS's projected 2026 enrollment on 2024 open enrollment exchange distributions, resulting in a 0.3% allowed cost increase (Exhibit 2, line 7). Also included is a 0.1% tobacco projection difference decrease (Exhibit 2, line 8).

OTHER ADJUSTMENTS

HCS anticipates 2026 provider reimbursement levels different from the reimbursement levels underlying CareSource's 2024 ACA experience. We adjust CareSource's ACA experience period allowed PMPM for both the difference between the provider reimbursement levels and the average charge fee between CareSource's rating areas and HCS's rating areas. We also adjust CareSource's ACA experience for the area utilization relativity between Ohio and Michigan based on Milliman's Commercial *Health Cost Guidelines*™ (HCGs). Exhibit 2 displays the impact of area charge (line 9), provider reimbursement as a percent of Medicare (line 10), and area utilization (line 11) factors as a 0.6% increase, a 16.6% increase, and a 14.1% decrease, respectively, to the projected HCS Index Rate.

HCS projects allowed cost savings due to the rollout of a pharmacy out of pocket copay protection program, which is expected to reduce costs 1.5% (Exhibit 2, line 12).

TREND FACTORS

We trend Index Rate allowed claims to 2026 at 6.0% annually. Exhibit 2, line 13 displays a combined two years of the trend adjustment.

Table 2 illustrates the 2024 to 2026 annual cost and utilization trends by service category.

Table 2 HAP CareSource Michigan Individual Plans 2024 to 2026 Annual Trend			
Service Category	Utilization Trend	Cost Trend	Total Trend
Inpatient Hospital	-0.5%	3.8%	3.3%
Outpatient Hospital	1.0%	4.3%	5.3%
Professional	0.0%	0.5%	0.5%
Other Medical	1.0%	4.3%	5.3%
Capitation	0.0%	0.0%	0.0%
Prescription Drug	2.5%	7.8%	10.5%
Total	1.2%	4.7%	6.0%

INCLUSION OF CAPITATION PAYMENTS

We include a cost applied across all plans for HCS's projected pediatric vision capitation arrangements. We include an additional capitation cost on HCS's 40356MI002 product for adult eyewear, fitness benefits, and routine eye examination capitation arrangements.

SECTION 8: CREDIBILITY OF EXPERIENCE

As discussed in Section 3, there is no Michigan base period experience, so a manual rate is used, which is consistent with standard actuarial practices. CareSource's 2024 experience represents 817,841 member months and is deemed fully credible as a manual rate.

SECTION 9: INDEX RATE

The Index Rate is developed based on the single risk pool for HCS Michigan individual plans, established in accordance with the requirements in 45 CFR part 156, §156.80(d). The single risk pool reflects covered lives in all non-grandfathered products sold in the Michigan individual market by HCS.

The projected Index Rate is equal to the Manual EHB Allowed Claims PMPM, as illustrated in Worksheet 1, Section II of the URRT. The development of the Manual EHB Allowed Claims PMPM is described in Section 7 and ties to Exhibit 2 with the addition of capitated claims ($\$617.44 + \$6.13 = \$623.57$ PMPM).

SECTION 10: DEVELOPMENT OF THE MARKET-WIDE ADJUSTED INDEX RATE

The Market Adjusted Index Rate was calculated as the Index Rate adjusted for all allowable market wide modifiers as defined in the market rating rules, 45 CFR Part 156, §156.80(d)(1). The development of the Market Adjusted Index Rate is illustrated in Worksheet 1, Section II of the URRT and in Table 3 below. The adjustments applied to the Index Rate in developing the Market Adjusted Index Rate and their development are described following Table 3.

Table 3 HAP CareSource Michigan Individual ACA Plans Market Adjusted Index Rate Development		
		Annotation
2026 Index Rate PMPM	\$623.57	(1)
Market Adjustments (paid basis)		
Gross Risk Adjustment	\$0.00	(2)
Net Federal Transitional Reinsurance	\$0.00	(3)
Exchange User Fees	\$15.31	(4)
Paid-to-Allowed Ratio	0.730	(5)
Market Adjustments (allowed basis)		
Gross Risk Adjustment	\$0.00	(6) = (2) / (5)
Net Federal Transitional Reinsurance	\$0.00	(7) = (3) / (5)
Exchange User Fees	\$20.97	(8) = (4) / (5)
Market Adjusted Index Rate PMPM	\$644.54	(9) = (1) + ((6) + (7) + (8))

REINSURANCE

There are no federal or state reinsurance programs expected to impact HCS expected costs in 2026.

RISK ADJUSTMENT PAYMENT / CHARGE

We do not include any risk adjustment payments or receipts in our pricing. We calibrate the HCS manual rate to Michigan statewide morbidity levels as described in Section 7, so any potential risk adjustment level would be offset in the rates by a corresponding adjustment to projected claims.

We account for the \$0.20 PMPM risk adjustment administrative fee in our pricing.

Based on current regulatory guidance, we assume the high-cost enrollee risk pooling program will be cost neutral for HCS, and as such we do not make an explicit adjustment for this program in HCS's 2026 risk adjustment transfer estimate.

EXCHANGE USER FEES

HCS expects all projected business will be written through the individual exchange in 2026, since they are not actively marketing off-exchange products. Therefore, the resulting percent of premium value of 2.5% reflects an allocation of anticipated exchange fees of 2.5% of exchange premium across all projected individual enrollment.

SECTION 11: PLAN ADJUSTED INDEX RATE

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). This is summarized as follows:

Market Adjusted Index Rate

- x (1) Plan actuarial value and cost sharing value factor.
- x (2) Plan provider network, delivery system characteristics, and utilization management practices factor.
- x (3) Benefits provided by the plan that are in addition to EHB.
- x (4) Distribution and administrative costs, excluding user exchange fees.
- x (5) With respect to catastrophic plans the expected impact of the specific eligibility categories for those plans. HCS is not offering a catastrophic plan in 2026.

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

ACTUARIAL VALUE AND COST SHARING DESIGN OF THE PLAN

The impact of each plan's actuarial value and cost sharing includes the expected impact of each plan's cost-sharing amounts on the member's utilization of services, excluding expected differences in the morbidity of the members assumed to select the plan. In other words, these adjustments are based only on utilization expectations related to the comparative richness of each benefit plan and not on the individuals selecting such a plan. The Milliman *HCGs* were used to estimate the value of cost-sharing and relative utilization of services for each plan. Our pricing models assume the same demographic and risk characteristics for each plan, thereby excluding expected differences in the morbidity of members assumed to select the plan.

The *HCGs* provide a flexible but consistent basis for the determination of claim costs for a wide variety of health benefit plans. These rating structures are used to anticipate future claim levels, evaluate past experience, and establish interrelationships between different health coverages.

The *HCGs* are developed as a result of Milliman's continuing research on health care costs. They were first developed in 1954 and have been updated and expanded annually since then. These guidelines are continually monitored as we use them in measuring the experience or evaluating the rates of our clients and as we compare them to other data sources.

The *HCGs* are a cooperative effort of all Milliman health actuaries and represent a combination of their experience, research and judgment. An extensive amount of data is used in developing these guidelines, including published and unpublished data. In most instances, cost assumptions are based upon our evaluation of several data sources, hence, are not specifically attributable to a single source. Since these guidelines are a proprietary document of Milliman, they are only available for release to specific clients that lease these guidelines and to Milliman consulting health actuaries.

The AV pricing values do not reflect full plan liability for the CSR payments. The premium rates developed and supported by this Actuarial Memorandum assume CSR subsidies will be funded as described in guidance for this secondary filing.

Experience Period Cost Sharing Reduction Amounts

Not applicable as HCS is a newly licensed health insurer and has no in-force business and no historical experience.

Projected Cost Sharing Reduction Amounts

Based on the assumption that CSR subsidies will be funded, we do not apply a CSR shortfall adjustment. We exclude the CSR Load development table (Table 4 in the Primary Actuarial Memorandum) from this Actuarial Memorandum which previously demonstrated the calculation of the CSR load to silver exchange plans.

PROVIDER NETWORK, DELIVERY SYSTEM CHARACTERISTICS AND UTILIZATION MANAGEMENT PRACTICES

There are no expected differences in the provider network and / or utilization management by plan within a network. However, the value of HCS's two provider networks (the standard network and the Henry Ford narrow network) are determined based on a review of the contractually negotiated reimbursement arrangements of HCS.

BENEFITS IN ADDITION TO EHBS

Product 40356MI001 includes no additional non-EHB benefits. We make an adjustment for all plans within Product 40356MI002 to include non-EHB benefits of eyewear, fitness benefits, and routine eye examinations.

CATASTROPHIC ADJUSTMENT

HCS will not offer any catastrophic plans in 2026. Therefore, there is no catastrophic adjustment.

Table 4 demonstrates the Plan Adjusted Index Rate Development for each plan in the projection period, as shown in Worksheet 2, Section III of the URRT.

Table 4
HAP CareSource
Michigan Individual ACA Plans
Plan Adjusted Index Rate Development

Plan ID	Market Adjusted Index Rate	Actuarial Value	Plan Design Behavior Change	Provider Network Adjustment	Benefits In Addition to EHBs	Administrative Expense	Plan Adjusted Index Rate
40356MI0010001	\$644.54	0.870	1.314	1.021	1.000	1.202	\$903.60
40356MI0010002	\$644.54	0.931	1.319	1.021	1.000	1.191	\$962.39
40356MI0010003	\$644.54	0.855	1.314	1.021	1.000	1.208	\$892.65
40356MI0010005	\$644.54	0.773	1.013	1.021	1.000	1.275	\$656.86
40356MI0010006	\$644.54	0.724	1.008	1.021	1.000	1.292	\$620.79
40356MI0010008	\$644.54	0.820	1.068	1.021	1.000	1.251	\$720.46
40356MI0010009	\$644.54	0.714	0.951	1.021	1.000	1.311	\$585.65
40356MI0010010	\$644.54	0.707	0.924	1.021	1.000	1.322	\$568.24
40356MI0010017	\$644.54	0.726	1.011	0.824	1.000	1.350	\$526.41
40356MI0010018	\$644.54	0.775	1.015	0.824	1.000	1.330	\$555.54
40356MI0010019	\$644.54	0.763	1.019	0.824	1.000	1.333	\$550.47
40356MI0010020	\$644.54	0.752	1.020	0.824	1.000	1.341	\$546.02
40356MI0010021	\$644.54	0.932	1.321	0.824	1.000	1.226	\$802.31
40356MI0010022	\$644.54	0.871	1.316	0.824	1.000	1.239	\$754.83
40356MI0010023	\$644.54	0.856	1.316	0.824	1.000	1.246	\$746.05
40356MI0020001	\$644.54	0.871	1.313	1.021	1.007	1.201	\$909.36
40356MI0020002	\$644.54	0.932	1.319	1.021	1.007	1.190	\$968.14
40356MI0020003	\$644.54	0.856	1.313	1.021	1.007	1.207	\$898.42
40356MI0020004	\$644.54	0.763	1.015	1.021	1.010	1.276	\$656.33
40356MI0020005	\$644.54	0.775	1.010	1.021	1.010	1.273	\$662.61
40356MI0020006	\$644.54	0.726	1.006	1.021	1.011	1.289	\$626.54
40356MI0020007	\$644.54	0.752	1.015	1.021	1.011	1.282	\$650.75
40356MI0020009	\$644.54	0.716	0.948	1.021	1.012	1.308	\$591.40
40356MI0020010	\$644.54	0.710	0.921	1.021	1.012	1.318	\$573.99
40356MI0020017	\$644.54	0.729	1.007	0.824	1.014	1.346	\$532.16
40356MI0020018	\$644.54	0.777	1.012	0.824	1.013	1.326	\$561.29
40356MI0020021	\$644.54	0.933	1.321	0.824	1.008	1.224	\$808.06
40356MI0020022	\$644.54	0.872	1.315	0.824	1.009	1.238	\$760.58
40356MI0020023	\$644.54	0.857	1.315	0.824	1.009	1.244	\$751.81

Values may differ from the URRT due to rounding.

The Plan Adjusted Index Rates reflect the average demographic characteristics of the single risk pool, and therefore, are not calibrated.

SECTION 12: CALIBRATION

AGE CURVE CALIBRATION

To develop the age calibration factor, we calculate the CMS federal age curve factors on a projected membership basis. The age curve calibration is applied to all plans. We use the underlying demographic mix assumptions as described in Section 7. The average age curve calibration factor is 0.598. This includes an additional 0.4% load to account for the three-child cap premium load. The calibration to the age curve complies with the rating rules specified in 45 CFR Part 147, §147.102.

Exhibit 3 provides an illustration for the development of the applicable calibration factor for age. We round the average premium factor to the nearest table value to determine the average rounded age.

GEOGRAPHIC FACTOR CALIBRATION

The geographic rating factors were developed based on a combination of Milliman's HCGs area factors by rating area, HCS's provider reimbursement expectations by rating area, and other considerations if applicable. Exhibit 4 provides an illustration for the development of the applicable calibration factor for geography.

TOBACCO USE RATING FACTOR CALIBRATION

HCS applies a tobacco premium load for users ages 21 and over that varies by age. We determine this rate is reasonable as it results in a nearly identical weighted average premium adjustment compared to the projected tobacco morbidity surcharge. The tobacco rating factors are 1.00 for children and between 1.10 and 1.18 for ages 21 and over. Exhibit 5 displays the development of the tobacco adjustment factor.

Table 5 below demonstrates the application of the calibration factor to each plan.

Plan ID	Plan Adjusted Index Rate	Age Calibration Factor	Geography Calibration Factor	Tobacco Calibration Factor	Calibration Factor	Calibrated Plan Adjusted Index Rate
40356MI0010001	\$903.60	0.598	1.000	0.994	0.595	\$537.20
40356MI0010002	\$962.39	0.598	1.000	0.994	0.595	\$572.15
40356MI0010003	\$892.65	0.598	1.000	0.994	0.595	\$530.69
40356MI0010005	\$656.86	0.598	1.000	0.994	0.595	\$390.51
40356MI0010006	\$620.79	0.598	1.000	0.994	0.595	\$369.07
40356MI0010008	\$720.46	0.598	1.000	0.994	0.595	\$428.32
40356MI0010009	\$585.65	0.598	1.000	0.994	0.595	\$348.17
40356MI0010010	\$568.24	0.598	1.000	0.994	0.595	\$337.82
40356MI0010017	\$526.41	0.598	1.000	0.994	0.595	\$312.96
40356MI0010018	\$555.54	0.598	1.000	0.994	0.595	\$330.28
40356MI0010019	\$550.47	0.598	1.000	0.994	0.595	\$327.26
40356MI0010020	\$546.02	0.598	1.000	0.994	0.595	\$324.62
40356MI0010021	\$802.31	0.598	1.000	0.994	0.595	\$476.98
40356MI0010022	\$754.83	0.598	1.000	0.994	0.595	\$448.75
40356MI0010023	\$746.05	0.598	1.000	0.994	0.595	\$443.53
40356MI0020001	\$909.36	0.598	1.000	0.994	0.595	\$540.62
40356MI0020002	\$968.14	0.598	1.000	0.994	0.595	\$575.57
40356MI0020003	\$898.42	0.598	1.000	0.994	0.595	\$534.12
40356MI0020004	\$656.33	0.598	1.000	0.994	0.595	\$390.19
40356MI0020005	\$662.61	0.598	1.000	0.994	0.595	\$393.93
40356MI0020006	\$626.54	0.598	1.000	0.994	0.595	\$372.49
40356MI0020007	\$650.75	0.598	1.000	0.994	0.595	\$386.88
40356MI0020009	\$591.40	0.598	1.000	0.994	0.595	\$351.59
40356MI0020010	\$573.99	0.598	1.000	0.994	0.595	\$341.24
40356MI0020017	\$532.16	0.598	1.000	0.994	0.595	\$316.38
40356MI0020018	\$561.29	0.598	1.000	0.994	0.595	\$333.70
40356MI0020021	\$808.06	0.598	1.000	0.994	0.595	\$480.40
40356MI0020022	\$760.58	0.598	1.000	0.994	0.595	\$452.17
40356MI0020023	\$751.81	0.598	1.000	0.994	0.595	\$446.96

Values may differ from the URRT due to rounding.

SECTION 13: CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT

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

The applicable adjustment factors for each plan are illustrated in Worksheet II, Section III of the URRT. Attachment A provides an illustration for the development of consumer adjusted premium rates for a sample insured.

SECTION 14: PROJECTED LOSS RATIO

The projected loss ratio is 79.9%, as shown in Exhibit 6. This loss ratio is calculated consistently with the MLR methodology, according to the National Association of Insurance Commissioners, as prescribed by 45 CFR 158. The exhibit demonstrates HCS's premium development and MLR calculation using rounded values. HCS's MLR in annual financial reporting will differ compared to the single-year projection illustrated here as the MLR formula uses a three-year calculation and other adjustments.

The Credibility Adjustment is calculated as a linear interpolation based on HCS's projected number of life years. This is consistent with National Association of Insurance Commissioners guidelines.

The Exhibit 6 loss ratio is a single-year value only. As a new entrant to the Michigan Individual Exchange market in 2025, HCS is subject to heightened administrative and start-up costs which we expect to decrease over time. To the extent the loss ratio, on a three-year rolling average basis, and after applying applicable credibility adjustments, falls below the federal 80% threshold, HCS will comply with all federal rebate regulations found in Public Health Service Act (PHS Act) section 2718.

SECTION 15: AV METAL VALUES

The AV Metal Values included in Worksheet 2, Section I of the URRT were developed using the CMS Actuarial Value calculator and are shown in Attachment B.

SECTION 16: MEMBERSHIP PROJECTIONS

The development of projected membership, as displayed in Worksheet 2, Section IV of the URRT, is detailed in Section 7 of this memorandum. We base HCS's projected 2026 enrollment off HCS marketing projections, adjusted for expected disenrollment due to the expiration of the enhanced premium tax credits.

Table 6 shows HCS's assumed 2026 individual enrollment by metal level and product.

Table 6 HAP CareSource Michigan Individual ACA Plans Projected 2026 Member Months				
Product Type:	MI001	MI002	Total	% Distribution
Gold	2,307	2,101	4,408	1.6%
Silver	110,585	99,401	209,986	77.7%
Bronze	36,270	19,518	55,788	20.6%
Total	149,162	121,020	270,182	100.0%

Methodology to Project Cost Sharing Reduction (CSR) Eligibles: We estimate CSR eligibles based on projected 2026 HCS membership, adjusted for expected disenrollment due to the expiration of the enhanced premium tax credits.

Projected Cost Sharing Reduction (CSR) Eligibles: For the Silver level plans, we assume a member will generally select the richest benefit plan the member qualifies for in a given income level (we understand that some individuals will not select the richest subsidy for which they qualify based on personal preference, but do not expect this impact to be material). Table 7 shows the projected distribution across the Silver level plans.

Table 7 HAP CareSource Michigan Individual ACA Plans Assumed Member Distribution Across Silver Metal Tier	
Silver Plan	Assumed Member Distribution
Silver 94%	50.3%
Silver 87%	24.6%
Silver 73%	9.9%
Silver 70%	15.2%

SECTION 17: PLAN TYPE

The applicable plan type for each plan has been noted in Worksheet 2, Section I of the URRT. They are consistent with the available options in the drop-down box in Worksheet 2.

SECTION 18: EFFECTIVE RATE REVIEW INFORMATION

This section details elements of an effective rate review for which the data needed to perform the review is not explicitly shown on the URRT.

ADMINISTRATIVE COSTS, EXCLUDING EXCHANGE USER FEES AND REINSURANCE FEES

We estimate HCS's administrative expenses will be \$121.16 PMPM, as shown in Table 8. This estimate is entered as a percent of premium as shown in Worksheet 2, Section III of the URRT. It is based on HAP CareSource's estimate of 2026 projected expenses. This amount does not include any profit, risk load, taxes, or assessments described below.

Table 8 HAP CareSource Michigan Individual ACA Plans Summary of Administrative Expenses		
	Administrative Expense	
	PMPM	% of Premium
General Admin	\$104.80	17.1%
MI Insurance Provider Assessment	\$2.40	0.4%
Quality Improvement / Health IT	\$9.18	1.5%
Commercial Reinsurance Recoveries	-\$14.34	-2.3%
Commercial Reinsurance Premiums	\$19.12	3.1%
Subtotal: Administrative Expense Load	\$121.16	19.8%

PROFIT AND RISK LOAD

We build in 3.01% of premium for a target pre-tax contribution to surplus that varies by plan. The Healthy Heart plans have a 3.25% of premium profit and risk load, while all other products and plans include a 3.0% profit and risk load. 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.

TAXES AND FEES

Table 9 provides a breakdown of projected taxes and fees, excluding the expected exchange fee.

Table 9 HAP CareSource Michigan Individual ACA Plans Summary of Taxes and Fees		
	Taxes and Fees	
	PMPM	% of Premium
Risk Adjustment Admin Fee	\$0.20	0.03%
PCORI Fee	\$0.31	0.05%
Total	\$0.51	0.08%

TERMINATED PRODUCTS

HCS is terminating the following plans for the 2026 plan year.

- 40356MI0010004. HAP CareSource will map members to 40356MI0020004.
- 40356MI0010007. HAP CareSource will map members to 40356MI0020007.

SECTION 19: RELIANCE

In preparing the Part I Unified Rate Review Template (URRT) and Part III Actuarial Memorandum, we rely on information provided to us by the HCS management and its affiliates. To the extent that it is incomplete or inaccurate, the contents of the URRT and Actuarial Memorandum, along with many of our conclusions, may be materially affected.

We perform 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 that 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.

A data reliance letter is attached to this rate submission.

SECTION 20: ACTUARIAL CERTIFICATION

I, Barbara Collier, Principal and Consulting Actuary with the firm of Milliman, Inc., am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein. This filing is prepared on behalf of HAP CareSource.

I certify to the best of my knowledge and judgment:

1. The projected index rate is:
 - In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)).
 - 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 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 shown in Worksheet 3 of the Part I Unified Rate Review Template (URRT) reflect only differences in the costs of delivery (e.g., unit costs, 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 URRT for all plans.
5. The premium rates filed are prepared in conformity with the Actual Standards of Practice (ASOPs) promulgated by the Actuarial Standards Board that are checked below. Note, ASOP 26 does not apply since this certification is for individual health insurance only.

CHECK LIST OF ACTUARIAL STANDARDS OF PRACTICE (ASOPs) FOR STATEMENT 5 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. 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 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 that the Index Rate is developed in accordance with Federal regulation, used consistently, and only adjusted by the allowable modifiers.

Milliman has developed certain models to estimate the values included in this filing. The intent of the models was to estimate 2026 rates for individual policies offered in the ACA market. We reviewed the models, including their inputs, calculations, and outputs for consistency, reasonableness, and appropriateness to the intended purpose and in compliance with generally accepted actuarial practice and relevant actuarial standards of practice (ASOP).

The 2026 plan year premium rates provided in this Actuarial Memorandum were developed based upon the current Affordable Care Act (ACA) statutes and regulations, relevant CMS and HHS guidance, Executive Orders, relevant Michigan statutes and regulations, court decisions in full force and effect as of the submission date of this Actuarial Memorandum, including, but not limited to, guidance that the CSR subsidies are funded for the 2026 plan year. Accordingly, HCS retains and reserves the right to amend this Actuarial Memorandum and 2026 plan premium rates, should there be any changes to the ACA statutes and regulations, relevant CMS and HHS guidance, Executive Orders, relevant Michigan statutes and regulations, and court decisions.

This filing assumes the enhanced premium tax credit subsidies from the American Rescue Plan (ARP) end in 2026 based on the Inflation Reduction Act (IRA). If subsequent information becomes available that would materially affect this rate filing submission, we would likely pursue opportunities to revise our pricing assumptions and resubmit this rate filing.

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 that rates were developed in accordance with applicable regulations, as noted. The results are actuarial projections. Actual experience will differ for a number of reasons including, but not necessarily limited to, population changes, claims experience, and deviations from assumptions.

Respectfully submitted,

Signed: 

Name: Barbara R. Collier, FSA, MAAA, MBA
Title: Principal and Consulting Actuary
Date: June 10, 2025

RELIANCE LETTER

May 16, 2025

Barbara R. Collier, FSA, MAAA, MBA
Principal and Consulting Actuary
Milliman, Inc.
17335 Golf Parkway, Suite 100
Brookfield, WI 53045

Re: HAP CareSource's 2026 Individual Pricing Reliance Letter - Secondary

Dear Barb:

I, Tyler Hutchison, VP of Actuarial Science, CareSource, Inc., hereby affirm the data sources, assumptions, and information identified below and provided to Milliman, Inc. for developing CareSource's 2026 individual commercial premium rates were prepared under my direction. These items were relied upon by Milliman and are, to the best of my knowledge, accurate and complete. Finally, I affirm all information that affects the 2026 individual premium rate development 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. Specific 2025 plans HAP CareSource intends to renew or terminate,
2. Benefit plans and networks HAP CareSource will offer in 2026,
3. The rating regions in which HAP CareSource will offer products in 2026,
4. HIOS Product Names, Product IDs, and Plan Names for each 2026 benefit plan,
5. Renewal / new plan status based on compliance with the Uniform Modification regulations,
6. Projected 2026 administrative expenses and target profit margin,
7. Guidance on appropriate utilization and unit cost trend assumptions,
8. Projected savings from prescription drug initiatives,
9. Guidance on projected 2026 enrollment by county and benefit plan,
10. Guidance on geographic rating area factors to be used for 2026 pricing,
11. Description of contractual provider reimbursement arrangements, including projected 2026 provider reimbursements by service category and area,
12. The 2026 PMPM cost for payments related to added benefits (both EHB and non-EHB),
13. Anticipated 2026 costs for capitation arrangements,
14. Historical 2024 Ohio claim experience, membership distributions, & IBNR to use as the manual rate basis, including:
 - a. CareSource's estimated 2024 Ohio risk adjustment transfer payments / receivables,
 - b. Ohio 2024 membership distributions for demographics, tobacco use, and plan mix,
 - c. Description of 2024 Ohio contractual provider reimbursement arrangements, including 2024 provider discounts by service category.
15. Confirmation that CareSource's chronic condition plans meet the standards set forward by CMS for plan year 2026, as well as actuarial value adjustments for these chronic condition plans required due to the enhanced cost sharing for these conditions,
16. Guidance on rate impacts, including the impact on statewide morbidity, of the expiration of enhanced subsidies in Michigan,
17. Information for compliance with additional CSR loading documentation as required by CMS,
18. Assurance that CareSource has completed the plan benefit template and has found no meaningful discrepancies in Actuarial Value calculations, and
19. Other information provided by CareSource in various meetings, phone calls, emails, and other correspondence.

5/16/2025
Date

Tyler Hutchison
Signature

EXHIBITS 1 THROUGH 6

Exhibit 1 - Secondary
HAP CareSource
Michigan Individual Plans
2026 Age 21 Premium Rates by Plan and Geographic Rating Area

Geographic Rating		2025 HIOS ID	2026 HIOS ID	Plan Identifier	Product Type	Metal Level	EHB Level	2025 Actual Membership	2025 Premium Rates	2026 Premium Rates	2025 to 2026 Increase
Rating Area 1		40356MI0010001	40356MI0010001	Diabetes Gold	Chronic Condition	Gold	Basic	0.0%	\$466.27	\$518.40	11.2%
Rating Area 1		40356MI0010002	40356MI0010002	Gold	Federal	Gold	Basic	0.0%	\$454.25	\$552.12	21.5%
Rating Area 1		40356MI0010003	40356MI0010003	Healthy Heart Gold	Chronic Condition	Gold	Basic	0.1%	\$455.74	\$512.12	12.4%
Rating Area 1		40356MI0010004	Terminated	Diabetes Silver	Chronic Condition	Silver	Basic	0.2%	\$370.23	N/A	N/A
Rating Area 1		40356MI0010005	40356MI0010005	Silver	Federal	Silver	Basic	0.3%	\$359.59	\$376.84	4.8%
Rating Area 1		40356MI0010006	40356MI0010006	Low Premium Silver	Low Premium	Silver	Basic	3.6%	\$343.76	\$356.15	3.6%
Rating Area 1		40356MI0010007	Terminated	Healthy Heart Silver	Chronic Condition	Silver	Basic	0.2%	\$364.75	N/A	N/A
Rating Area 1		40356MI0010008	40356MI0010008	HDHP Preventive Silver	Chronic Condition	Silver	Basic	0.1%	\$399.16	\$413.33	3.5%
Rating Area 1		40356MI0010009	40356MI0010009	Bronze	Federal	Bronze	Basic	0.7%	\$291.85	\$335.98	15.1%
Rating Area 1		New in 2026	40356MI0010010	Low Premium Bronze	Low Premium	Bronze	Basic	0.0%	N/A	\$326.00	N/A
Rating Area 1		New in 2026	40356MI0010017	Henry Ford Health Select Low Premium Silver	Low Premium	Silver	Basic	0.0%	N/A	\$302.01	N/A
Rating Area 1		New in 2026	40356MI0010018	Henry Ford Health Select Silver	Federal	Silver	Basic	0.0%	N/A	\$318.72	N/A
Rating Area 1		New in 2026	40356MI0010019	Henry Ford Health Select Diabetes Silver	Chronic Condition	Silver	Basic	0.0%	N/A	\$315.81	N/A
Rating Area 1		New in 2026	40356MI0010020	Henry Ford Health Select Healthy Heart Silver	Chronic Condition	Silver	Basic	0.0%	N/A	\$313.26	N/A
Rating Area 1		New in 2026	40356MI0010021	Henry Ford Health Select Gold	Federal	Gold	Basic	0.0%	N/A	\$460.29	N/A
Rating Area 1		New in 2026	40356MI0010022	Henry Ford Health Select Diabetes Gold	Chronic Condition	Gold	Basic	0.0%	N/A	\$433.04	N/A
Rating Area 1		New in 2026	40356MI0010023	Henry Ford Health Select Healthy Heart Gold	Chronic Condition	Gold	Basic	0.0%	N/A	\$428.01	N/A
Rating Area 1		40356MI0020001	40356MI0020001	Diabetes Gold + Adult Vision & Fitness	Chronic Condition	Gold	Enhanced	0.0%	\$468.84	\$521.70	11.3%
Rating Area 1		40356MI0020002	40356MI0020002	Gold + Adult Vision & Fitness	Federal	Gold	Enhanced	0.0%	\$456.83	\$555.43	21.6%
Rating Area 1		40356MI0020003	40356MI0020003	Healthy Heart Gold + Adult Vision & Fitness	Chronic Condition	Gold	Enhanced	0.1%	\$458.32	\$515.43	12.5%
Rating Area 1		40356MI0020004	40356MI0020004	Diabetes Silver + Adult Vision & Fitness	Chronic Condition	Silver	Enhanced	0.1%	\$372.82	\$376.53	1.0%
Rating Area 1		40356MI0020005	40356MI0020005	Silver + Adult Vision & Fitness	Federal	Silver	Enhanced	0.3%	\$362.16	\$380.14	5.0%
Rating Area 1		40356MI0020006	40356MI0020006	Low Premium Silver + Adult Vision & Fitness	Low Premium	Silver	Enhanced	2.5%	\$346.33	\$359.45	3.8%
Rating Area 1		40356MI0020007	40356MI0020007	Healthy Heart Silver + Adult Vision & Fitness	Chronic Condition	Silver	Enhanced	0.2%	\$367.34	\$373.34	1.6%
Rating Area 1		40356MI0020009	40356MI0020009	Bronze + Adult Vision & Fitness	Federal	Bronze	Enhanced	0.5%	\$294.42	\$339.28	15.2%
Rating Area 1		New in 2026	40356MI0020010	Low Premium Bronze + Adult Vision & Fitness	Low Premium	Bronze	Enhanced	0.0%	N/A	\$329.30	N/A
Rating Area 1		New in 2026	40356MI0020017	Henry Ford Health Select Low Premium Silver + Adult Vision & Fitness	Low Premium	Silver	Enhanced	0.0%	N/A	\$305.31	N/A
Rating Area 1		New in 2026	40356MI0020018	Henry Ford Health Select Silver + Adult Vision & Fitness	Federal	Silver	Enhanced	0.0%	N/A	\$322.02	N/A
Rating Area 1		New in 2026	40356MI0020021	Henry Ford Health Select Gold + Adult Vision & Fitness	Federal	Gold	Enhanced	0.0%	N/A	\$463.59	N/A
Rating Area 1		New in 2026	40356MI0020022	Henry Ford Health Select Diabetes Gold + Adult Vision & Fitness	Chronic Condition	Gold	Enhanced	0.0%	N/A	\$436.34	N/A
Rating Area 1		New in 2026	40356MI0020023	Henry Ford Health Select Healthy Heart Gold + Adult Vision & Fitness	Chronic Condition	Gold	Enhanced	0.0%	N/A	\$431.32	N/A
Rating Area 2		40356MI0010001	40356MI0010001	Diabetes Gold	Chronic Condition	Gold	Basic	0.1%	\$431.59	\$496.37	15.0%
Rating Area 2		40356MI0010002	40356MI0010002	Gold	Federal	Gold	Basic	0.1%	\$420.46	\$528.67	25.7%
Rating Area 2		40356MI0010003	40356MI0010003	Healthy Heart Gold	Chronic Condition	Gold	Basic	0.2%	\$421.83	\$490.36	16.2%
Rating Area 2		40356MI0010004	Terminated	Diabetes Silver	Chronic Condition	Silver	Basic	0.8%	\$342.69	N/A	N/A
Rating Area 2		40356MI0010005	40356MI0010005	Silver	Federal	Silver	Basic	2.1%	\$332.84	\$360.83	8.4%
Rating Area 2		40356MI0010006	40356MI0010006	Low Premium Silver	Low Premium	Silver	Basic	27.6%	\$318.19	\$341.02	7.2%
Rating Area 2		40356MI0010007	Terminated	Healthy Heart Silver	Chronic Condition	Silver	Basic	1.0%	\$337.62	N/A	N/A
Rating Area 2		40356MI0010008	40356MI0010008	HDHP Preventive Silver	Chronic Condition	Silver	Basic	0.1%	\$369.47	\$395.77	7.1%
Rating Area 2		40356MI0010009	40356MI0010009	Bronze	Federal	Bronze	Basic	7.5%	\$270.14	\$321.71	19.1%
Rating Area 2		New in 2026	40356MI0010010	Low Premium Bronze	Low Premium	Bronze	Basic	0.0%	N/A	\$312.15	N/A
Rating Area 2		New in 2026	40356MI0010017	Henry Ford Health Select Low Premium Silver	Low Premium	Silver	Basic	0.0%	N/A	\$289.18	N/A
Rating Area 2		New in 2026	40356MI0010018	Henry Ford Health Select Silver	Federal	Silver	Basic	0.0%	N/A	\$305.18	N/A
Rating Area 2		New in 2026	40356MI0010019	Henry Ford Health Select Diabetes Silver	Chronic Condition	Silver	Basic	0.0%	N/A	\$302.39	N/A
Rating Area 2		New in 2026	40356MI0010020	Henry Ford Health Select Healthy Heart Silver	Chronic Condition	Silver	Basic	0.0%	N/A	\$299.95	N/A
Rating Area 2		New in 2026	40356MI0010021	Henry Ford Health Select Gold	Federal	Gold	Basic	0.0%	N/A	\$440.73	N/A
Rating Area 2		New in 2026	40356MI0010022	Henry Ford Health Select Diabetes Gold	Chronic Condition	Gold	Basic	0.0%	N/A	\$414.65	N/A
Rating Area 2		New in 2026	40356MI0010023	Henry Ford Health Select Healthy Heart Gold	Chronic Condition	Gold	Basic	0.0%	N/A	\$409.82	N/A
Rating Area 2		40356MI0020001	40356MI0020001	Diabetes Gold + Adult Vision & Fitness	Chronic Condition	Gold	Enhanced	0.1%	\$433.97	\$499.53	15.1%
Rating Area 2		40356MI0020002	40356MI0020002	Gold + Adult Vision & Fitness	Federal	Gold	Enhanced	0.1%	\$422.85	\$531.83	25.8%
Rating Area 2		40356MI0020003	40356MI0020003	Healthy Heart Gold + Adult Vision & Fitness	Chronic Condition	Gold	Enhanced	0.2%	\$424.22	\$493.53	16.3%
Rating Area 2		40356MI0020004	40356MI0020004	Diabetes Silver + Adult Vision & Fitness	Chronic Condition	Silver	Enhanced	1.3%	\$345.08	\$360.54	4.5%
Rating Area 2		40356MI0020005	40356MI0020005	Silver + Adult Vision & Fitness	Federal	Silver	Enhanced	1.3%	\$335.22	\$363.99	8.6%
Rating Area 2		40356MI0020006	40356MI0020006	Low Premium Silver + Adult Vision & Fitness	Low Premium	Silver	Enhanced	25.8%	\$320.57	\$344.18	7.4%
Rating Area 2		40356MI0020007	40356MI0020007	Healthy Heart Silver + Adult Vision & Fitness	Chronic Condition	Silver	Enhanced	0.8%	\$340.01	\$357.48	5.1%
Rating Area 2		40356MI0020009	40356MI0020009	Bronze + Adult Vision & Fitness	Federal	Bronze	Enhanced	4.0%	\$272.52	\$324.87	19.2%
Rating Area 2		New in 2026	40356MI0020010	Low Premium Bronze + Adult Vision & Fitness	Low Premium	Bronze	Enhanced	0.0%	N/A	\$315.31	N/A
Rating Area 2		New in 2026	40356MI0020017	Henry Ford Health Select Low Premium Silver + Adult Vision & Fitness	Low Premium	Silver	Enhanced	0.0%	N/A	\$292.34	N/A
Rating Area 2		New in 2026	40356MI0020018	Henry Ford Health Select Silver + Adult Vision & Fitness	Federal	Silver	Enhanced	0.0%	N/A	\$308.34	N/A
Rating Area 2		New in 2026	40356MI0020021	Henry Ford Health Select Gold + Adult Vision & Fitness	Federal	Gold	Enhanced	0.0%	N/A	\$443.89	N/A
Rating Area 2		New in 2026	40356MI0020022	Henry Ford Health Select Diabetes Gold + Adult Vision & Fitness	Chronic Condition	Gold	Enhanced	0.0%	N/A	\$417.81	N/A
Rating Area 2		New in 2026	40356MI0020023	Henry Ford Health Select Healthy Heart Gold + Adult Vision & Fitness	Chronic Condition	Gold	Enhanced	0.0%	N/A	\$412.99	N/A
Rating Area 3		New in 2026	40356MI0010001	Diabetes Gold	Chronic Condition	Gold	Basic	0.0%	N/A	\$552.78	N/A
Rating Area 3		New in 2026	40356MI0010002	Gold	Federal	Gold	Basic	0.0%	N/A	\$588.74	N/A
Rating Area 3		New in 2026	40356MI0010003	Healthy Heart Gold	Chronic Condition	Gold	Basic	0.0%	N/A	\$546.08	N/A
Rating Area 3		New in 2026	40356MI0010005	Silver	Federal	Silver	Basic	0.0%	N/A	\$401.83	N/A
Rating Area 3		New in 2026	40356MI0010006	Low Premium Silver	Low Premium	Silver	Basic	0.0%	N/A	\$379.77	N/A
Rating Area 3		New in 2026	40356MI0010008	HDHP Preventive Silver	Chronic Condition	Silver	Basic	0.0%	N/A	\$440.74	N/A
Rating Area 3		New in 2026	40356MI0010009	Bronze	Federal	Bronze	Basic	0.0%	N/A	\$358.27	N/A
Rating Area 3		New in 2026	40356MI0010010	Low Premium Bronze	Low Premium	Bronze	Basic	0.0%	N/A	\$347.62	N/A
Rating Area 3		New in 2026	40356MI0020001	Diabetes Gold + Adult Vision & Fitness	Chronic Condition	Gold	Enhanced	0.0%	N/A	\$556.30	N/A
Rating Area 3		New in 2026	40356MI0020002	Gold + Adult Vision & Fitness	Federal	Gold	Enhanced	0.0%	N/A	\$592.26	N/A
Rating Area 3		New in 2026	40356MI0020003	Healthy Heart Gold + Adult Vision & Fitness	Chronic Condition	Gold	Enhanced	0.0%	N/A	\$549.61	N/A
Rating Area 3		New in 2026	40356MI0020004	Diabetes Silver + Adult Vision & Fitness	Chronic Condition	Silver	Enhanced	0.0%	N/A	\$401.51	N/A
Rating Area 3		New in 2026	40356MI0020005	Silver + Adult Vision & Fitness	Federal	Silver	Enhanced	0.0%	N/A	\$405.35	N/A

Exhibit 1 - Secondary
HAP CareSource
Michigan Individual Plans
2026 Age 21 Premium Rates by Plan and Geographic Rating Area

Geographic Rating								2025 Actual	2025 Premium	2026 Premium	2025 to 2026
Area	2025 HIOS ID	2026 HIOS ID	Plan Identifier	Product Type	Metal Level	EHB Level	Membership	Rates	Rates	Increase	
Rating Area 3	New in 2026	40356MI0020006	Low Premium Silver + Adult Vision & Fitness	Low Premium	Silver	Enhanced	0.0%	N/A	\$383.29	N/A	
Rating Area 3	New in 2026	40356MI0020007	Healthy Heart Silver + Adult Vision & Fitness	Chronic Condition	Silver	Enhanced	0.0%	N/A	\$398.10	N/A	
Rating Area 3	New in 2026	40356MI0020009	Bronze + Adult Vision & Fitness	Federal	Bronze	Enhanced	0.0%	N/A	\$361.79	N/A	
Rating Area 3	New in 2026	40356MI0020010	Low Premium Bronze + Adult Vision & Fitness	Low Premium	Bronze	Enhanced	0.0%	N/A	\$351.14	N/A	
Rating Area 4	New in 2026	40356MI0010001	Diabetes Gold	Chronic Condition	Gold	Basic	0.0%	N/A	\$677.95	N/A	
Rating Area 4	New in 2026	40356MI0010002	Gold	Federal	Gold	Basic	0.0%	N/A	\$722.05	N/A	
Rating Area 4	New in 2026	40356MI0010003	Healthy Heart Gold	Chronic Condition	Gold	Basic	0.0%	N/A	\$669.73	N/A	
Rating Area 4	New in 2026	40356MI0010005	Silver	Federal	Silver	Basic	0.0%	N/A	\$492.82	N/A	
Rating Area 4	New in 2026	40356MI0010006	Low Premium Silver	Low Premium	Silver	Basic	0.0%	N/A	\$465.77	N/A	
Rating Area 4	New in 2026	40356MI0010008	HDHP Preventive Silver	Chronic Condition	Silver	Basic	0.0%	N/A	\$540.54	N/A	
Rating Area 4	New in 2026	40356MI0010009	Bronze	Federal	Bronze	Basic	0.0%	N/A	\$439.39	N/A	
Rating Area 4	New in 2026	40356MI0010010	Low Premium Bronze	Low Premium	Bronze	Basic	0.0%	N/A	\$426.33	N/A	
Rating Area 4	New in 2026	40356MI0020001	Diabetes Gold + Adult Vision & Fitness	Chronic Condition	Gold	Enhanced	0.0%	N/A	\$682.26	N/A	
Rating Area 4	New in 2026	40356MI0020002	Gold + Adult Vision & Fitness	Federal	Gold	Enhanced	0.0%	N/A	\$726.37	N/A	
Rating Area 4	New in 2026	40356MI0020003	Healthy Heart Gold + Adult Vision & Fitness	Chronic Condition	Gold	Enhanced	0.0%	N/A	\$674.06	N/A	
Rating Area 4	New in 2026	40356MI0020004	Diabetes Silver + Adult Vision & Fitness	Chronic Condition	Silver	Enhanced	0.0%	N/A	\$492.42	N/A	
Rating Area 4	New in 2026	40356MI0020005	Silver + Adult Vision & Fitness	Federal	Silver	Enhanced	0.0%	N/A	\$497.14	N/A	
Rating Area 4	New in 2026	40356MI0020006	Low Premium Silver + Adult Vision & Fitness	Low Premium	Silver	Enhanced	0.0%	N/A	\$470.08	N/A	
Rating Area 4	New in 2026	40356MI0020007	Healthy Heart Silver + Adult Vision & Fitness	Chronic Condition	Silver	Enhanced	0.0%	N/A	\$488.24	N/A	
Rating Area 4	New in 2026	40356MI0020009	Bronze + Adult Vision & Fitness	Federal	Bronze	Enhanced	0.0%	N/A	\$443.71	N/A	
Rating Area 4	New in 2026	40356MI0020010	Low Premium Bronze + Adult Vision & Fitness	Low Premium	Bronze	Enhanced	0.0%	N/A	\$430.64	N/A	
Rating Area 5	40356MI0010001	40356MI0010001	Diabetes Gold	Chronic Condition	Gold	Basic	0.0%	\$425.44	\$459.31	8.0%	
Rating Area 5	40356MI0010002	40356MI0010002	Gold	Federal	Gold	Basic	0.1%	\$414.47	\$489.19	18.0%	
Rating Area 5	40356MI0010003	40356MI0010003	Healthy Heart Gold	Chronic Condition	Gold	Basic	0.1%	\$415.83	\$453.74	9.1%	
Rating Area 5	40356MI0010004	Terminated	Diabetes Silver	Chronic Condition	Silver	Basic	0.3%	\$337.81	N/A	N/A	
Rating Area 5	40356MI0010005	40356MI0010005	Silver	Federal	Silver	Basic	1.0%	\$328.10	\$333.89	1.8%	
Rating Area 5	40356MI0010006	40356MI0010006	Low Premium Silver	Low Premium	Silver	Basic	5.5%	\$313.66	\$315.55	0.6%	
Rating Area 5	40356MI0010007	Terminated	Healthy Heart Silver	Chronic Condition	Silver	Basic	0.5%	\$332.81	N/A	N/A	
Rating Area 5	40356MI0010008	40356MI0010008	HDHP Preventive Silver	Chronic Condition	Silver	Basic	0.2%	\$364.21	\$366.21	0.6%	
Rating Area 5	40356MI0010009	40356MI0010009	Bronze	Federal	Bronze	Basic	4.0%	\$266.29	\$297.69	11.8%	
Rating Area 5	New in 2026	40356MI0010010	Low Premium Bronze	Low Premium	Bronze	Basic	0.0%	N/A	\$288.84	N/A	
Rating Area 5	40356MI0020001	40356MI0020001	Diabetes Gold + Adult Vision & Fitness	Chronic Condition	Gold	Enhanced	0.1%	\$427.78	\$462.23	8.1%	
Rating Area 5	40356MI0020002	40356MI0020002	Gold + Adult Vision & Fitness	Federal	Gold	Enhanced	0.1%	\$416.83	\$492.11	18.1%	
Rating Area 5	40356MI0020003	40356MI0020003	Healthy Heart Gold + Adult Vision & Fitness	Chronic Condition	Gold	Enhanced	0.0%	\$418.18	\$456.67	9.2%	
Rating Area 5	40356MI0020004	40356MI0020004	Diabetes Silver + Adult Vision & Fitness	Chronic Condition	Silver	Enhanced	0.5%	\$340.17	\$333.61	-1.9%	
Rating Area 5	40356MI0020005	40356MI0020005	Silver + Adult Vision & Fitness	Federal	Silver	Enhanced	0.4%	\$330.45	\$336.81	1.9%	
Rating Area 5	40356MI0020006	40356MI0020006	Low Premium Silver + Adult Vision & Fitness	Low Premium	Silver	Enhanced	2.9%	\$316.00	\$318.48	0.8%	
Rating Area 5	40356MI0020007	40356MI0020007	Healthy Heart Silver + Adult Vision & Fitness	Chronic Condition	Silver	Enhanced	0.7%	\$335.17	\$330.78	-1.3%	
Rating Area 5	40356MI0020009	40356MI0020009	Bronze + Adult Vision & Fitness	Federal	Bronze	Enhanced	1.8%	\$268.64	\$300.61	11.9%	
Rating Area 5	New in 2026	40356MI0020010	Low Premium Bronze + Adult Vision & Fitness	Low Premium	Bronze	Enhanced	0.0%	N/A	\$291.76	N/A	
Rating Area 6	New in 2026	40356MI0010001	Diabetes Gold	Chronic Condition	Gold	Basic	0.0%	N/A	\$528.07	N/A	
Rating Area 6	New in 2026	40356MI0010002	Gold	Federal	Gold	Basic	0.0%	N/A	\$562.42	N/A	
Rating Area 6	New in 2026	40356MI0010003	Healthy Heart Gold	Chronic Condition	Gold	Basic	0.0%	N/A	\$521.67	N/A	
Rating Area 6	New in 2026	40356MI0010005	Silver	Federal	Silver	Basic	0.0%	N/A	\$383.87	N/A	
Rating Area 6	New in 2026	40356MI0010006	Low Premium Silver	Low Premium	Silver	Basic	0.0%	N/A	\$362.80	N/A	
Rating Area 6	New in 2026	40356MI0010008	HDHP Preventive Silver	Chronic Condition	Silver	Basic	0.0%	N/A	\$421.04	N/A	
Rating Area 6	New in 2026	40356MI0010009	Bronze	Federal	Bronze	Basic	0.0%	N/A	\$342.25	N/A	
Rating Area 6	New in 2026	40356MI0010010	Low Premium Bronze	Low Premium	Bronze	Basic	0.0%	N/A	\$332.08	N/A	
Rating Area 6	New in 2026	40356MI0020001	Diabetes Gold + Adult Vision & Fitness	Chronic Condition	Gold	Enhanced	0.0%	N/A	\$531.43	N/A	
Rating Area 6	New in 2026	40356MI0020002	Gold + Adult Vision & Fitness	Federal	Gold	Enhanced	0.0%	N/A	\$565.79	N/A	
Rating Area 6	New in 2026	40356MI0020003	Healthy Heart Gold + Adult Vision & Fitness	Chronic Condition	Gold	Enhanced	0.0%	N/A	\$525.04	N/A	
Rating Area 6	New in 2026	40356MI0020004	Diabetes Silver + Adult Vision & Fitness	Chronic Condition	Silver	Enhanced	0.0%	N/A	\$383.56	N/A	
Rating Area 6	New in 2026	40356MI0020005	Silver + Adult Vision & Fitness	Federal	Silver	Enhanced	0.0%	N/A	\$387.23	N/A	
Rating Area 6	New in 2026	40356MI0020006	Low Premium Silver + Adult Vision & Fitness	Low Premium	Silver	Enhanced	0.0%	N/A	\$366.16	N/A	
Rating Area 6	New in 2026	40356MI0020007	Healthy Heart Silver + Adult Vision & Fitness	Chronic Condition	Silver	Enhanced	0.0%	N/A	\$380.30	N/A	
Rating Area 6	New in 2026	40356MI0020009	Bronze + Adult Vision & Fitness	Federal	Bronze	Enhanced	0.0%	N/A	\$345.61	N/A	
Rating Area 6	New in 2026	40356MI0020010	Low Premium Bronze + Adult Vision & Fitness	Low Premium	Bronze	Enhanced	0.0%	N/A	\$335.44	N/A	
Rating Area 7	New in 2026	40356MI0010001	Diabetes Gold	Chronic Condition	Gold	Basic	0.0%	N/A	\$593.07	N/A	
Rating Area 7	New in 2026	40356MI0010002	Gold	Federal	Gold	Basic	0.0%	N/A	\$631.65	N/A	
Rating Area 7	New in 2026	40356MI0010003	Healthy Heart Gold	Chronic Condition	Gold	Basic	0.0%	N/A	\$585.88	N/A	
Rating Area 7	New in 2026	40356MI0010005	Silver	Federal	Silver	Basic	0.0%	N/A	\$431.12	N/A	
Rating Area 7	New in 2026	40356MI0010006	Low Premium Silver	Low Premium	Silver	Basic	0.0%	N/A	\$407.45	N/A	
Rating Area 7	New in 2026	40356MI0010008	HDHP Preventive Silver	Chronic Condition	Silver	Basic	0.0%	N/A	\$472.87	N/A	
Rating Area 7	New in 2026	40356MI0010009	Bronze	Federal	Bronze	Basic	0.0%	N/A	\$384.38	N/A	
Rating Area 7	New in 2026	40356MI0010010	Low Premium Bronze	Low Premium	Bronze	Basic	0.0%	N/A	\$372.95	N/A	

Exhibit 1 - Secondary
HAP CareSource
Michigan Individual Plans
2026 Age 21 Premium Rates by Plan and Geographic Rating Area

Geographic Rating		2025 HIOS ID	2026 HIOS ID	Plan Identifier	Product Type	Metal Level	EHB Level	2025 Actual Membership	2025 Premium Rates	2026 Premium Rates	2025 to 2026 Increase
Rating Area 7	New in 2026		40356MI0010017	Henry Ford Health Select Low Premium Silver	Low Premium	Silver	Basic	0.0%	N/A	\$345.51	N/A
Rating Area 7	New in 2026		40356MI0010018	Henry Ford Health Select Silver	Federal	Silver	Basic	0.0%	N/A	\$364.63	N/A
Rating Area 7	New in 2026		40356MI0010019	Henry Ford Health Select Diabetes Silver	Chronic Condition	Silver	Basic	0.0%	N/A	\$361.30	N/A
Rating Area 7	New in 2026		40356MI0010020	Henry Ford Health Select Healthy Heart Silver	Chronic Condition	Silver	Basic	0.0%	N/A	\$358.38	N/A
Rating Area 7	New in 2026		40356MI0010021	Henry Ford Health Select Gold	Federal	Gold	Basic	0.0%	N/A	\$526.59	N/A
Rating Area 7	New in 2026		40356MI0010022	Henry Ford Health Select Diabetes Gold	Chronic Condition	Gold	Basic	0.0%	N/A	\$495.42	N/A
Rating Area 7	New in 2026		40356MI0010023	Henry Ford Health Select Healthy Heart Gold	Chronic Condition	Gold	Basic	0.0%	N/A	\$489.66	N/A
Rating Area 7	New in 2026		40356MI0020001	Diabetes Gold + Adult Vision & Fitness	Chronic Condition	Gold	Enhanced	0.0%	N/A	\$596.84	N/A
Rating Area 7	New in 2026		40356MI0020002	Gold + Adult Vision & Fitness	Federal	Gold	Enhanced	0.0%	N/A	\$635.43	N/A
Rating Area 7	New in 2026		40356MI0020003	Healthy Heart Gold + Adult Vision & Fitness	Chronic Condition	Gold	Enhanced	0.0%	N/A	\$589.67	N/A
Rating Area 7	New in 2026		40356MI0020004	Diabetes Silver + Adult Vision & Fitness	Chronic Condition	Silver	Enhanced	0.0%	N/A	\$430.77	N/A
Rating Area 7	New in 2026		40356MI0020005	Silver + Adult Vision & Fitness	Federal	Silver	Enhanced	0.0%	N/A	\$434.90	N/A
Rating Area 7	New in 2026		40356MI0020006	Low Premium Silver + Adult Vision & Fitness	Low Premium	Silver	Enhanced	0.0%	N/A	\$411.23	N/A
Rating Area 7	New in 2026		40356MI0020007	Healthy Heart Silver + Adult Vision & Fitness	Chronic Condition	Silver	Enhanced	0.0%	N/A	\$427.12	N/A
Rating Area 7	New in 2026		40356MI0020009	Bronze + Adult Vision & Fitness	Federal	Bronze	Enhanced	0.0%	N/A	\$388.16	N/A
Rating Area 7	New in 2026		40356MI0020010	Low Premium Bronze + Adult Vision & Fitness	Low Premium	Bronze	Enhanced	0.0%	N/A	\$376.73	N/A
Rating Area 7	New in 2026		40356MI0020017	Henry Ford Health Select Low Premium Silver + Adult Vision & Fitness	Low Premium	Silver	Enhanced	0.0%	N/A	\$349.28	N/A
Rating Area 7	New in 2026		40356MI0020018	Henry Ford Health Select Silver + Adult Vision & Fitness	Federal	Silver	Enhanced	0.0%	N/A	\$368.40	N/A
Rating Area 7	New in 2026		40356MI0020021	Henry Ford Health Select Gold + Adult Vision & Fitness	Federal	Gold	Enhanced	0.0%	N/A	\$530.36	N/A
Rating Area 7	New in 2026		40356MI0020022	Henry Ford Health Select Diabetes Gold + Adult Vision & Fitness	Chronic Condition	Gold	Enhanced	0.0%	N/A	\$499.20	N/A
Rating Area 7	New in 2026		40356MI0020023	Henry Ford Health Select Healthy Heart Gold + Adult Vision & Fitness	Chronic Condition	Gold	Enhanced	0.0%	N/A	\$493.44	N/A
Rating Area 8	New in 2026		40356MI0010001	Diabetes Gold	Chronic Condition	Gold	Basic	0.0%	N/A	\$520.01	N/A
Rating Area 8	New in 2026		40356MI0010002	Gold	Federal	Gold	Basic	0.0%	N/A	\$553.84	N/A
Rating Area 8	New in 2026		40356MI0010003	Healthy Heart Gold	Chronic Condition	Gold	Basic	0.0%	N/A	\$513.71	N/A
Rating Area 8	New in 2026		40356MI0010005	Silver	Federal	Silver	Basic	0.0%	N/A	\$378.01	N/A
Rating Area 8	New in 2026		40356MI0010006	Low Premium Silver	Low Premium	Silver	Basic	0.0%	N/A	\$357.26	N/A
Rating Area 8	New in 2026		40356MI0010008	HDHP Preventive Silver	Chronic Condition	Silver	Basic	0.0%	N/A	\$414.61	N/A
Rating Area 8	New in 2026		40356MI0010009	Bronze	Federal	Bronze	Basic	0.0%	N/A	\$337.03	N/A
Rating Area 8	New in 2026		40356MI0010010	Low Premium Bronze	Low Premium	Bronze	Basic	0.0%	N/A	\$327.01	N/A
Rating Area 8	New in 2026		40356MI0020001	Diabetes Gold + Adult Vision & Fitness	Chronic Condition	Gold	Enhanced	0.0%	N/A	\$523.32	N/A
Rating Area 8	New in 2026		40356MI0020002	Gold + Adult Vision & Fitness	Federal	Gold	Enhanced	0.0%	N/A	\$557.15	N/A
Rating Area 8	New in 2026		40356MI0020003	Healthy Heart Gold + Adult Vision & Fitness	Chronic Condition	Gold	Enhanced	0.0%	N/A	\$517.03	N/A
Rating Area 8	New in 2026		40356MI0020004	Diabetes Silver + Adult Vision & Fitness	Chronic Condition	Silver	Enhanced	0.0%	N/A	\$377.70	N/A
Rating Area 8	New in 2026		40356MI0020005	Silver + Adult Vision & Fitness	Federal	Silver	Enhanced	0.0%	N/A	\$381.32	N/A
Rating Area 8	New in 2026		40356MI0020006	Low Premium Silver + Adult Vision & Fitness	Low Premium	Silver	Enhanced	0.0%	N/A	\$360.57	N/A
Rating Area 8	New in 2026		40356MI0020007	Healthy Heart Silver + Adult Vision & Fitness	Chronic Condition	Silver	Enhanced	0.0%	N/A	\$374.50	N/A
Rating Area 8	New in 2026		40356MI0020009	Bronze + Adult Vision & Fitness	Federal	Bronze	Enhanced	0.0%	N/A	\$340.34	N/A
Rating Area 8	New in 2026		40356MI0020010	Low Premium Bronze + Adult Vision & Fitness	Low Premium	Bronze	Enhanced	0.0%	N/A	\$330.32	N/A
Rating Area 10	New in 2026		40356MI0010001	Diabetes Gold	Chronic Condition	Gold	Basic	0.0%	N/A	\$615.63	N/A
Rating Area 10	New in 2026		40356MI0010002	Gold	Federal	Gold	Basic	0.0%	N/A	\$655.68	N/A
Rating Area 10	New in 2026		40356MI0010003	Healthy Heart Gold	Chronic Condition	Gold	Basic	0.0%	N/A	\$608.17	N/A
Rating Area 10	New in 2026		40356MI0010005	Silver	Federal	Silver	Basic	0.0%	N/A	\$447.52	N/A
Rating Area 10	New in 2026		40356MI0010006	Low Premium Silver	Low Premium	Silver	Basic	0.0%	N/A	\$422.95	N/A
Rating Area 10	New in 2026		40356MI0010008	HDHP Preventive Silver	Chronic Condition	Silver	Basic	0.0%	N/A	\$490.85	N/A
Rating Area 10	New in 2026		40356MI0010009	Bronze	Federal	Bronze	Basic	0.0%	N/A	\$399.00	N/A
Rating Area 10	New in 2026		40356MI0010010	Low Premium Bronze	Low Premium	Bronze	Basic	0.0%	N/A	\$387.14	N/A
Rating Area 10	New in 2026		40356MI0020001	Diabetes Gold + Adult Vision & Fitness	Chronic Condition	Gold	Enhanced	0.0%	N/A	\$619.55	N/A
Rating Area 10	New in 2026		40356MI0020002	Gold + Adult Vision & Fitness	Federal	Gold	Enhanced	0.0%	N/A	\$659.60	N/A
Rating Area 10	New in 2026		40356MI0020003	Healthy Heart Gold + Adult Vision & Fitness	Chronic Condition	Gold	Enhanced	0.0%	N/A	\$612.10	N/A
Rating Area 10	New in 2026		40356MI0020004	Diabetes Silver + Adult Vision & Fitness	Chronic Condition	Silver	Enhanced	0.0%	N/A	\$447.16	N/A
Rating Area 10	New in 2026		40356MI0020005	Silver + Adult Vision & Fitness	Federal	Silver	Enhanced	0.0%	N/A	\$451.44	N/A
Rating Area 10	New in 2026		40356MI0020006	Low Premium Silver + Adult Vision & Fitness	Low Premium	Silver	Enhanced	0.0%	N/A	\$426.87	N/A
Rating Area 10	New in 2026		40356MI0020007	Healthy Heart Silver + Adult Vision & Fitness	Chronic Condition	Silver	Enhanced	0.0%	N/A	\$443.36	N/A
Rating Area 10	New in 2026		40356MI0020009	Bronze + Adult Vision & Fitness	Federal	Bronze	Enhanced	0.0%	N/A	\$402.92	N/A
Rating Area 10	New in 2026		40356MI0020010	Low Premium Bronze + Adult Vision & Fitness	Low Premium	Bronze	Enhanced	0.0%	N/A	\$391.06	N/A
Rating Area 11	New in 2026		40356MI0010001	Diabetes Gold	Chronic Condition	Gold	Basic	0.0%	N/A	\$643.57	N/A
Rating Area 11	New in 2026		40356MI0010002	Gold	Federal	Gold	Basic	0.0%	N/A	\$685.44	N/A
Rating Area 11	New in 2026		40356MI0010003	Healthy Heart Gold	Chronic Condition	Gold	Basic	0.0%	N/A	\$635.77	N/A
Rating Area 11	New in 2026		40356MI0010005	Silver	Federal	Silver	Basic	0.0%	N/A	\$467.83	N/A
Rating Area 11	New in 2026		40356MI0010006	Low Premium Silver	Low Premium	Silver	Basic	0.0%	N/A	\$442.15	N/A
Rating Area 11	New in 2026		40356MI0010008	HDHP Preventive Silver	Chronic Condition	Silver	Basic	0.0%	N/A	\$513.13	N/A
Rating Area 11	New in 2026		40356MI0010009	Bronze	Federal	Bronze	Basic	0.0%	N/A	\$417.11	N/A
Rating Area 11	New in 2026		40356MI0010010	Low Premium Bronze	Low Premium	Bronze	Basic	0.0%	N/A	\$404.71	N/A
Rating Area 11	New in 2026		40356MI0020001	Diabetes Gold + Adult Vision & Fitness	Chronic Condition	Gold	Enhanced	0.0%	N/A	\$647.66	N/A
Rating Area 11	New in 2026		40356MI0020002	Gold + Adult Vision & Fitness	Federal	Gold	Enhanced	0.0%	N/A	\$689.53	N/A
Rating Area 11	New in 2026		40356MI0020003	Healthy Heart Gold + Adult Vision & Fitness	Chronic Condition	Gold	Enhanced	0.0%	N/A	\$639.88	N/A
Rating Area 11	New in 2026		40356MI0020004	Diabetes Silver + Adult Vision & Fitness	Chronic Condition	Silver	Enhanced	0.0%	N/A	\$467.45	N/A
Rating Area 11	New in 2026		40356MI0020005	Silver + Adult Vision & Fitness	Federal	Silver	Enhanced	0.0%	N/A	\$471.93	N/A
Rating Area 11	New in 2026		40356MI0020006	Low Premium Silver + Adult Vision & Fitness	Low Premium	Silver	Enhanced	0.0%	N/A	\$446.24	N/A
Rating Area 11	New in 2026		40356MI0020007	Healthy Heart Silver + Adult Vision & Fitness	Chronic Condition	Silver	Enhanced	0.0%	N/A	\$463.48	N/A

**Exhibit 1 - Secondary
HAP CareSource
Michigan Individual Plans
2026 Age 21 Premium Rates by Plan and Geographic Rating Area**

Geographic Rating		2025 HIOS ID	2026 HIOS ID	Plan Identifier	Product Type	Metal Level	EHB Level	2025 Actual Membership	2025 Premium Rates	2026 Premium Rates	2025 to 2026 Increase
Rating Area 11	New in 2026		40356MI0020009	Bronze + Adult Vision & Fitness	Federal	Bronze	Enhanced	0.0%	N/A	\$421.20	N/A
Rating Area 11	New in 2026		40356MI0020010	Low Premium Bronze + Adult Vision & Fitness	Low Premium	Bronze	Enhanced	0.0%	N/A	\$408.81	N/A
Rating Area 12	New in 2026		40356MI0010001	Diabetes Gold	Chronic Condition	Gold	Basic	0.0%	N/A	\$609.18	N/A
Rating Area 12	New in 2026		40356MI0010002	Gold	Federal	Gold	Basic	0.0%	N/A	\$648.82	N/A
Rating Area 12	New in 2026		40356MI0010003	Healthy Heart Gold	Chronic Condition	Gold	Basic	0.0%	N/A	\$601.80	N/A
Rating Area 12	New in 2026		40356MI0010005	Silver	Federal	Silver	Basic	0.0%	N/A	\$442.84	N/A
Rating Area 12	New in 2026		40356MI0010006	Low Premium Silver	Low Premium	Silver	Basic	0.0%	N/A	\$418.53	N/A
Rating Area 12	New in 2026		40356MI0010008	HDHP Preventive Silver	Chronic Condition	Silver	Basic	0.0%	N/A	\$485.71	N/A
Rating Area 12	New in 2026		40356MI0010009	Bronze	Federal	Bronze	Basic	0.0%	N/A	\$394.82	N/A
Rating Area 12	New in 2026		40356MI0010010	Low Premium Bronze	Low Premium	Bronze	Basic	0.0%	N/A	\$383.09	N/A
Rating Area 12	New in 2026		40356MI0020001	Diabetes Gold + Adult Vision & Fitness	Chronic Condition	Gold	Enhanced	0.0%	N/A	\$613.06	N/A
Rating Area 12	New in 2026		40356MI0020002	Gold + Adult Vision & Fitness	Federal	Gold	Enhanced	0.0%	N/A	\$652.70	N/A
Rating Area 12	New in 2026		40356MI0020003	Healthy Heart Gold + Adult Vision & Fitness	Chronic Condition	Gold	Enhanced	0.0%	N/A	\$605.69	N/A
Rating Area 12	New in 2026		40356MI0020004	Diabetes Silver + Adult Vision & Fitness	Chronic Condition	Silver	Enhanced	0.0%	N/A	\$442.48	N/A
Rating Area 12	New in 2026		40356MI0020005	Silver + Adult Vision & Fitness	Federal	Silver	Enhanced	0.0%	N/A	\$446.72	N/A
Rating Area 12	New in 2026		40356MI0020006	Low Premium Silver + Adult Vision & Fitness	Low Premium	Silver	Enhanced	0.0%	N/A	\$422.40	N/A
Rating Area 12	New in 2026		40356MI0020007	Healthy Heart Silver + Adult Vision & Fitness	Chronic Condition	Silver	Enhanced	0.0%	N/A	\$438.72	N/A
Rating Area 12	New in 2026		40356MI0020009	Bronze + Adult Vision & Fitness	Federal	Bronze	Enhanced	0.0%	N/A	\$398.70	N/A
Rating Area 12	New in 2026		40356MI0020010	Low Premium Bronze + Adult Vision & Fitness	Low Premium	Bronze	Enhanced	0.0%	N/A	\$386.97	N/A
Rating Area 13	New in 2026		40356MI0010001	Diabetes Gold	Chronic Condition	Gold	Basic	0.0%	N/A	\$782.70	N/A
Rating Area 13	New in 2026		40356MI0010002	Gold	Federal	Gold	Basic	0.0%	N/A	\$833.62	N/A
Rating Area 13	New in 2026		40356MI0010003	Healthy Heart Gold	Chronic Condition	Gold	Basic	0.0%	N/A	\$773.22	N/A
Rating Area 13	New in 2026		40356MI0010005	Silver	Federal	Silver	Basic	0.0%	N/A	\$568.97	N/A
Rating Area 13	New in 2026		40356MI0010006	Low Premium Silver	Low Premium	Silver	Basic	0.0%	N/A	\$537.73	N/A
Rating Area 13	New in 2026		40356MI0010008	HDHP Preventive Silver	Chronic Condition	Silver	Basic	0.0%	N/A	\$624.06	N/A
Rating Area 13	New in 2026		40356MI0010009	Bronze	Federal	Bronze	Basic	0.0%	N/A	\$507.28	N/A
Rating Area 13	New in 2026		40356MI0010010	Low Premium Bronze	Low Premium	Bronze	Basic	0.0%	N/A	\$492.20	N/A
Rating Area 13	New in 2026		40356MI0020001	Diabetes Gold + Adult Vision & Fitness	Chronic Condition	Gold	Enhanced	0.0%	N/A	\$787.68	N/A
Rating Area 13	New in 2026		40356MI0020002	Gold + Adult Vision & Fitness	Federal	Gold	Enhanced	0.0%	N/A	\$838.61	N/A
Rating Area 13	New in 2026		40356MI0020003	Healthy Heart Gold + Adult Vision & Fitness	Chronic Condition	Gold	Enhanced	0.0%	N/A	\$778.21	N/A
Rating Area 13	New in 2026		40356MI0020004	Diabetes Silver + Adult Vision & Fitness	Chronic Condition	Silver	Enhanced	0.0%	N/A	\$568.51	N/A
Rating Area 13	New in 2026		40356MI0020005	Silver + Adult Vision & Fitness	Federal	Silver	Enhanced	0.0%	N/A	\$573.96	N/A
Rating Area 13	New in 2026		40356MI0020006	Low Premium Silver + Adult Vision & Fitness	Low Premium	Silver	Enhanced	0.0%	N/A	\$542.72	N/A
Rating Area 13	New in 2026		40356MI0020007	Healthy Heart Silver + Adult Vision & Fitness	Chronic Condition	Silver	Enhanced	0.0%	N/A	\$563.68	N/A
Rating Area 13	New in 2026		40356MI0020009	Bronze + Adult Vision & Fitness	Federal	Bronze	Enhanced	0.0%	N/A	\$512.27	N/A
Rating Area 13	New in 2026		40356MI0020010	Low Premium Bronze + Adult Vision & Fitness	Low Premium	Bronze	Enhanced	0.0%	N/A	\$497.19	N/A
Rating Area 14	New in 2026		40356MI0010001	Diabetes Gold	Chronic Condition	Gold	Basic	0.0%	N/A	\$787.54	N/A
Rating Area 14	New in 2026		40356MI0010002	Gold	Federal	Gold	Basic	0.0%	N/A	\$838.77	N/A
Rating Area 14	New in 2026		40356MI0010003	Healthy Heart Gold	Chronic Condition	Gold	Basic	0.0%	N/A	\$777.99	N/A
Rating Area 14	New in 2026		40356MI0010005	Silver	Federal	Silver	Basic	0.0%	N/A	\$572.49	N/A
Rating Area 14	New in 2026		40356MI0010006	Low Premium Silver	Low Premium	Silver	Basic	0.0%	N/A	\$541.06	N/A
Rating Area 14	New in 2026		40356MI0010008	HDHP Preventive Silver	Chronic Condition	Silver	Basic	0.0%	N/A	\$627.92	N/A
Rating Area 14	New in 2026		40356MI0010009	Bronze	Federal	Bronze	Basic	0.0%	N/A	\$510.42	N/A
Rating Area 14	New in 2026		40356MI0010010	Low Premium Bronze	Low Premium	Bronze	Basic	0.0%	N/A	\$495.24	N/A
Rating Area 14	New in 2026		40356MI0020001	Diabetes Gold + Adult Vision & Fitness	Chronic Condition	Gold	Enhanced	0.0%	N/A	\$792.55	N/A
Rating Area 14	New in 2026		40356MI0020002	Gold + Adult Vision & Fitness	Federal	Gold	Enhanced	0.0%	N/A	\$843.79	N/A
Rating Area 14	New in 2026		40356MI0020003	Healthy Heart Gold + Adult Vision & Fitness	Chronic Condition	Gold	Enhanced	0.0%	N/A	\$783.02	N/A
Rating Area 14	New in 2026		40356MI0020004	Diabetes Silver + Adult Vision & Fitness	Chronic Condition	Silver	Enhanced	0.0%	N/A	\$572.02	N/A
Rating Area 14	New in 2026		40356MI0020005	Silver + Adult Vision & Fitness	Federal	Silver	Enhanced	0.0%	N/A	\$577.50	N/A
Rating Area 14	New in 2026		40356MI0020006	Low Premium Silver + Adult Vision & Fitness	Low Premium	Silver	Enhanced	0.0%	N/A	\$546.07	N/A
Rating Area 14	New in 2026		40356MI0020007	Healthy Heart Silver + Adult Vision & Fitness	Chronic Condition	Silver	Enhanced	0.0%	N/A	\$567.17	N/A
Rating Area 14	New in 2026		40356MI0020009	Bronze + Adult Vision & Fitness	Federal	Bronze	Enhanced	0.0%	N/A	\$515.43	N/A
Rating Area 14	New in 2026		40356MI0020010	Low Premium Bronze + Adult Vision & Fitness	Low Premium	Bronze	Enhanced	0.0%	N/A	\$500.26	N/A
Rating Area 15	New in 2026		40356MI0010001	Diabetes Gold	Chronic Condition	Gold	Basic	0.0%	N/A	\$600.59	N/A
Rating Area 15	New in 2026		40356MI0010002	Gold	Federal	Gold	Basic	0.0%	N/A	\$639.66	N/A
Rating Area 15	New in 2026		40356MI0010003	Healthy Heart Gold	Chronic Condition	Gold	Basic	0.0%	N/A	\$593.31	N/A
Rating Area 15	New in 2026		40356MI0010005	Silver	Federal	Silver	Basic	0.0%	N/A	\$436.59	N/A
Rating Area 15	New in 2026		40356MI0010006	Low Premium Silver	Low Premium	Silver	Basic	0.0%	N/A	\$412.62	N/A
Rating Area 15	New in 2026		40356MI0010008	HDHP Preventive Silver	Chronic Condition	Silver	Basic	0.0%	N/A	\$478.86	N/A
Rating Area 15	New in 2026		40356MI0010009	Bronze	Federal	Bronze	Basic	0.0%	N/A	\$389.25	N/A
Rating Area 15	New in 2026		40356MI0010010	Low Premium Bronze	Low Premium	Bronze	Basic	0.0%	N/A	\$377.68	N/A
Rating Area 15	New in 2026		40356MI0020001	Diabetes Gold + Adult Vision & Fitness	Chronic Condition	Gold	Enhanced	0.0%	N/A	\$604.41	N/A
Rating Area 15	New in 2026		40356MI0020002	Gold + Adult Vision & Fitness	Federal	Gold	Enhanced	0.0%	N/A	\$643.49	N/A
Rating Area 15	New in 2026		40356MI0020003	Healthy Heart Gold + Adult Vision & Fitness	Chronic Condition	Gold	Enhanced	0.0%	N/A	\$597.15	N/A
Rating Area 15	New in 2026		40356MI0020004	Diabetes Silver + Adult Vision & Fitness	Chronic Condition	Silver	Enhanced	0.0%	N/A	\$436.23	N/A
Rating Area 15	New in 2026		40356MI0020005	Silver + Adult Vision & Fitness	Federal	Silver	Enhanced	0.0%	N/A	\$440.41	N/A
Rating Area 15	New in 2026		40356MI0020006	Low Premium Silver + Adult Vision & Fitness	Low Premium	Silver	Enhanced	0.0%	N/A	\$416.44	N/A
Rating Area 15	New in 2026		40356MI0020007	Healthy Heart Silver + Adult Vision & Fitness	Chronic Condition	Silver	Enhanced	0.0%	N/A	\$432.53	N/A
Rating Area 15	New in 2026		40356MI0020009	Bronze + Adult Vision & Fitness	Federal	Bronze	Enhanced	0.0%	N/A	\$393.08	N/A
Rating Area 15	New in 2026		40356MI0020010	Low Premium Bronze + Adult Vision & Fitness	Low Premium	Bronze	Enhanced	0.0%	N/A	\$381.51	N/A
Weighted Average Using 2025 Enrollment:								100.0%	\$314.92	\$339.76	7.9%

**Exhibit 2 - Secondary
HAP CareSource
Michigan Individual Plans
Development of 2026 Michigan Projected Index Rate**

		Factor	PMPM
(1)	2024 OH Allowed PMPM (Experience Index Rate)		\$563.91
(2)	OH Risk Adjustment Payment (Adjust OH experience to statewide OH)	1.005	\$566.85
(3)	2024 OH Statewide to 2024 MI Statewide Morbidity	0.880	\$498.92
(4)	Morbidity adjustment from 2024 to 2026	1.023	\$510.44
(5)	Induced Utilization Change (OH experience to MI projection)	1.000	\$510.49
(6)	Remove CSR Induced Utilization from 2024 OH experience	0.960	\$490.02
(7)	Demographic Differences (OH experience to MI projection)	1.003	\$491.55
(8)	Tobacco Differences (OH experience to MI projection)	0.999	\$491.02
(9)	Area Charge Differences (OH experience to MI projection)	1.006	\$493.73
(10)	Provider Reimbursement Differences (OH experience to MI projection)	1.166	\$575.63
(11)	Area Utilization Differences (OH experience to MI projection)	0.859	\$494.50
(12)	Pharmacy Out of Pocket Copay Protection	0.985	\$486.87
(13)	Trend (2024 to 2026)	1.123	\$546.69
(14)	Non-Capitated EHB Projected Claims	1.000	\$546.69
(15)	Add CSR Induced Utilization to 2026 Michigan projections	1.129	\$617.44
	2026 MI Allowed EHB PMPM (Projected Index Rate)		\$617.44

**Exhibit 3 - Secondary
HAP CareSource
Michigan Individual Plans
Age Calibration Factor- Illustrative Example**

Gender	HCG Age Band	2026 Member Dist	
		Adj for Non-Billable Children	2026 Premium Relativity
Child	0-1	1.1%	0.765
Child	2-6	3.0%	0.765
Child	7-18	8.7%	0.801
Child	19-20	2.2%	0.956
Male	21-24	1.8%	1.000
Male	25-29	3.6%	1.056
Male	30-34	3.9%	1.178
Male	35-39	3.9%	1.240
Male	40-44	3.9%	1.332
Male	45-49	4.3%	1.570
Male	50-54	4.3%	1.956
Male	55-59	7.1%	2.430
Male	60-63	5.7%	2.837
Male	64+	1.9%	3.000
Female	21-24	2.0%	1.000
Female	25-29	3.9%	1.056
Female	30-34	4.2%	1.178
Female	35-39	4.2%	1.240
Female	40-44	4.2%	1.332
Female	45-49	4.6%	1.570
Female	50-54	4.6%	1.956
Female	55-59	7.6%	2.430
Female	60-63	6.1%	2.837
Female	64+	2.1%	3.000
Metallic Premium Relativity			1.6717
Age Calibration Factor			0.5982

**Exhibit 4 - Secondary
HAP CareSource
Michigan Individual Plans
Geographic Calibration Factor**

2026 Filing

Rating Area	Member Distribution	Premium Relativity
Rating Area 1	7.0%	0.965
Rating Area 2	47.9%	0.924
Rating Area 3	1.6%	1.029
Rating Area 4	5.9%	1.262
Rating Area 5	9.3%	0.855
Rating Area 6	1.3%	0.983
Rating Area 7	5.7%	1.104
Rating Area 8	2.8%	0.968
Rating Area 10	0.4%	1.146
Rating Area 11	2.1%	1.198
Rating Area 12	13.3%	1.134
Rating Area 13	1.6%	1.457
Rating Area 14	0.2%	1.466
Rating Area 15	0.8%	1.118
Composite Premium Relativity		1.0000
Geographic Calibration Factor		1.0000

**Exhibit 5 - Secondary
HAP CareSource
Michigan Individual Plans
Tobacco Calibration Factor**

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
			(1) x (2)	(3) - (1)		See Footnote (a)		
Age	Membership Distribution	% Using Tobacco	% Tobacco Users	% Non-Tobacco Users	Claims Morbidity	Tobacco Morbidity	Premium Relativity	Tobacco Load
0	0.54%	0.00%	0.00%	0.54%	1.339	1.000	0.765	1.000
1	0.54%	0.00%	0.00%	0.54%	1.339	1.000	0.765	1.000
2	0.60%	0.00%	0.00%	0.60%	0.333	1.000	0.765	1.000
3	0.60%	0.00%	0.00%	0.60%	0.333	1.000	0.765	1.000
4	0.60%	0.00%	0.00%	0.60%	0.333	1.000	0.765	1.000
5	0.60%	0.00%	0.00%	0.60%	0.333	1.000	0.765	1.000
6	0.60%	0.00%	0.00%	0.60%	0.333	1.000	0.765	1.000
7	0.72%	0.00%	0.00%	0.72%	0.397	1.007	0.765	1.000
8	0.72%	0.00%	0.00%	0.72%	0.397	1.007	0.765	1.000
9	0.72%	0.00%	0.00%	0.72%	0.397	1.007	0.765	1.000
10	0.72%	0.00%	0.00%	0.72%	0.397	1.007	0.765	1.000
11	0.72%	0.00%	0.00%	0.72%	0.397	1.007	0.765	1.000
12	0.72%	0.00%	0.00%	0.72%	0.397	1.007	0.765	1.000
13	0.72%	0.00%	0.00%	0.72%	0.397	1.007	0.765	1.000
14	0.72%	0.00%	0.00%	0.72%	0.397	1.007	0.765	1.000
15	0.72%	0.00%	0.00%	0.72%	0.397	1.007	0.833	1.000
16	0.72%	0.00%	0.00%	0.72%	0.397	1.007	0.859	1.000
17	0.72%	0.00%	0.00%	0.72%	0.397	1.007	0.885	1.000
18	0.72%	0.00%	0.00%	0.72%	0.397	1.007	0.913	1.000
19	1.09%	0.00%	0.00%	1.09%	0.549	1.085	0.941	1.000
20	1.09%	0.00%	0.00%	1.09%	0.549	1.085	0.970	1.000
21	0.94%	0.99%	0.01%	0.93%	0.566	1.082	1.000	1.100
22	0.94%	0.99%	0.01%	0.93%	0.566	1.082	1.000	1.100
23	0.94%	0.99%	0.01%	0.93%	0.566	1.082	1.000	1.100
24	0.94%	0.99%	0.01%	0.93%	0.566	1.082	1.000	1.100
25	1.51%	2.34%	0.04%	1.48%	0.704	1.082	1.004	1.100
26	1.51%	2.34%	0.04%	1.48%	0.704	1.082	1.024	1.100
27	1.51%	2.34%	0.04%	1.48%	0.704	1.082	1.048	1.100
28	1.51%	2.34%	0.04%	1.48%	0.704	1.082	1.087	1.100
29	1.51%	2.34%	0.04%	1.48%	0.704	1.082	1.119	1.100
30	1.64%	2.47%	0.04%	1.60%	0.823	1.148	1.135	1.160
31	1.64%	2.47%	0.04%	1.60%	0.823	1.148	1.159	1.160
32	1.64%	2.47%	0.04%	1.60%	0.823	1.148	1.183	1.160
33	1.64%	2.47%	0.04%	1.60%	0.823	1.148	1.198	1.160
34	1.64%	2.47%	0.04%	1.60%	0.823	1.148	1.214	1.160
35	1.63%	3.00%	0.05%	1.58%	0.864	1.148	1.222	1.160
36	1.63%	3.00%	0.05%	1.58%	0.864	1.148	1.230	1.160
37	1.63%	3.00%	0.05%	1.58%	0.864	1.148	1.238	1.160
38	1.63%	3.00%	0.05%	1.58%	0.864	1.148	1.246	1.160
39	1.63%	3.00%	0.05%	1.58%	0.864	1.148	1.262	1.160
40	1.63%	3.33%	0.05%	1.57%	0.958	1.148	1.278	1.160
41	1.63%	3.33%	0.05%	1.57%	0.958	1.148	1.302	1.160
42	1.63%	3.33%	0.05%	1.57%	0.958	1.148	1.325	1.160
43	1.63%	3.33%	0.05%	1.57%	0.958	1.148	1.357	1.160
44	1.63%	3.33%	0.05%	1.57%	0.958	1.148	1.397	1.160
45	1.79%	4.43%	0.08%	1.71%	1.128	1.179	1.444	1.180
46	1.79%	4.43%	0.08%	1.71%	1.128	1.179	1.500	1.180
47	1.79%	4.43%	0.08%	1.71%	1.128	1.179	1.563	1.180
48	1.79%	4.43%	0.08%	1.71%	1.128	1.179	1.635	1.180
49	1.79%	4.43%	0.08%	1.71%	1.128	1.179	1.706	1.180
50	1.79%	4.08%	0.07%	1.72%	1.414	1.179	1.786	1.180
51	1.79%	4.08%	0.07%	1.72%	1.414	1.179	1.865	1.180
52	1.79%	4.08%	0.07%	1.72%	1.414	1.179	1.952	1.180
53	1.79%	4.08%	0.07%	1.72%	1.414	1.179	2.040	1.180
54	1.79%	4.08%	0.07%	1.72%	1.414	1.179	2.135	1.180
55	2.94%	4.20%	0.12%	2.81%	1.689	1.179	2.230	1.180
56	2.94%	4.20%	0.12%	2.81%	1.689	1.179	2.333	1.180
57	2.94%	4.20%	0.12%	2.81%	1.689	1.179	2.437	1.180
58	2.94%	4.20%	0.12%	2.81%	1.689	1.179	2.548	1.180
59	2.94%	4.20%	0.12%	2.81%	1.689	1.179	2.603	1.180
60	2.94%	4.38%	0.13%	2.81%	2.073	1.179	2.714	1.180
61	2.94%	4.38%	0.13%	2.81%	2.073	1.179	2.810	1.180
62	2.94%	4.38%	0.13%	2.81%	2.073	1.179	2.873	1.180
63	2.94%	4.38%	0.13%	2.81%	2.073	1.179	2.952	1.180
64+	4.03%	4.17%	0.17%	3.86%	2.640	1.179	3.000	1.180
Tobacco Morbidity Surcharge						1.0062		1.0062
Tobacco Calibration Factor								0.9939

(a) This is a mix of male and female tobacco morbidity load. The morbidity load of up to 20% for tobacco use (which varies by age/gender) was developed based on the Milliman Research Report Impact of Height, Weight, and Smoking on Medical Claim Cost written by Jonathan Shreve and Mary van der Heijde.

**Exhibit 6 - Secondary
HAP CareSource
Michigan Individual Plans
2026 Projected Medical Loss Ratio**

	Amount PMPM	Annotation
Claims	\$456.84	(1)
Adjustments to Claims ¹	9.18	(2)
Transitional Recoveries (Received)	0.00	(3)
Risk Adjustment Paid (Received)	0.00	(4)
MLR Numerator	\$466.02	(5) = (1) + (2) + (3) + (4)
Premiums	\$612.23	(6)
Taxes & Fees ²	15.82	(7)
Income Tax	0.00	(8)
MLR denominator	\$596.41	(9) = (6) - (7) - (8)
Credibility Adjustment	1.77%	(10)
Credibility Adjusted Projected Federal MLR	79.9%	(11) = (5) / (9) + (10)

¹ Quality Improvement /Health IT.

² Taxes and fees include all ACA taxes and fees.

ATTACHMENTS

**Attachment A - Secondary
HAP CareSource
Michigan Individual Plans
2026 Base Rates and Multiplicative Factors**

Plan Base Rates

Plan ID	Plan Name	Base Rate
40356MI0010001	Diabetes Gold	\$537.20
40356MI0010002	Gold	\$572.15
40356MI0010003	Healthy Heart Gold	\$530.69
40356MI0010005	Silver	\$390.51
40356MI0010006	Low Premium Silver	\$369.07
40356MI0010008	HDHP Preventive Silver	\$428.32
40356MI0010009	Bronze	\$348.17
40356MI0010010	Low Premium Bronze	\$337.82
40356MI0010017	Henry Ford Health Select Low Premium Silver	\$312.96
40356MI0010018	Henry Ford Health Select Silver	\$330.28
40356MI0010019	Henry Ford Health Select Diabetes Silver	\$327.26
40356MI0010020	Henry Ford Health Select Healthy Heart Silver	\$324.62
40356MI0010021	Henry Ford Health Select Gold	\$476.98
40356MI0010022	Henry Ford Health Select Diabetes Gold	\$448.75
40356MI0010023	Henry Ford Health Select Healthy Heart Gold	\$443.53
40356MI0020001	Diabetes Gold + Adult Vision & Fitness	\$540.62
40356MI0020002	Gold + Adult Vision & Fitness	\$575.57
40356MI0020003	Healthy Heart Gold + Adult Vision & Fitness	\$534.12
40356MI0020004	Diabetes Silver + Adult Vision & Fitness	\$390.19
40356MI0020005	Silver + Adult Vision & Fitness	\$393.93
40356MI0020006	Low Premium Silver + Adult Vision & Fitness	\$372.49
40356MI0020007	Healthy Heart Silver + Adult Vision & Fitness	\$386.88
40356MI0020009	Bronze + Adult Vision & Fitness	\$351.59
40356MI0020010	Low Premium Bronze + Adult Vision & Fitness	\$341.24
40356MI0020017	Henry Ford Health Select Low Premium Silver + Adult Vision & Fitness	\$316.38
40356MI0020018	Henry Ford Health Select Silver + Adult Vision & Fitness	\$333.70
40356MI0020021	Henry Ford Health Select Gold + Adult Vision & Fitness	\$480.40
40356MI0020022	Henry Ford Health Select Diabetes Gold + Adult Vision & Fitness	\$452.17
40356MI0020023	Henry Ford Health Select Healthy Heart Gold + Adult Vision & Fitness	\$446.96

Geographic Area Factors

Rating Area	Factor
Rating Area 1	0.965
Rating Area 2	0.924
Rating Area 3	1.029
Rating Area 4	1.262
Rating Area 5	0.855
Rating Area 6	0.983
Rating Area 7	1.104
Rating Area 8	0.968
Rating Area 10	1.146
Rating Area 11	1.198
Rating Area 12	1.134
Rating Area 13	1.457
Rating Area 14	1.466
Rating Area 15	1.118

Sample Rate Calculation

Rate Formula	Rate = Plan Base Rate x Age Factor x Tobacco Surcharge x Area Factor		
Rate Sample			
Plan Base Rate	40356MI0010005	\$390.51	
* Age Factor	28	1.087	
* Tobacco Surcharge	Yes	1.100	
* Area Factor	Rating Area 1	0.965	
= Member Premium Rate		\$450.59	

Age Rating Factors

Age Band	Rate Factor	Tobacco Factor
0-14	0.765	1.000
15	0.833	1.000
16	0.859	1.000
17	0.885	1.000
18	0.913	1.000
19	0.941	1.000
20	0.970	1.000
21	1.000	1.100
22	1.000	1.100
23	1.000	1.100
24	1.000	1.100
25	1.004	1.100
26	1.024	1.100
27	1.048	1.100
28	1.087	1.100
29	1.119	1.100
30	1.135	1.160
31	1.159	1.160
32	1.183	1.160
33	1.198	1.160
34	1.214	1.160
35	1.222	1.160
36	1.230	1.160
37	1.238	1.160
38	1.246	1.160
39	1.262	1.160
40	1.278	1.160
41	1.302	1.160
42	1.325	1.160
43	1.357	1.160
44	1.397	1.160
45	1.444	1.180
46	1.500	1.180
47	1.563	1.180
48	1.635	1.180
49	1.706	1.180
50	1.786	1.180
51	1.865	1.180
52	1.952	1.180
53	2.040	1.180
54	2.135	1.180
55	2.230	1.180
56	2.333	1.180
57	2.437	1.180
58	2.548	1.180
59	2.603	1.180
60	2.714	1.180
61	2.810	1.180
62	2.873	1.180
63	2.952	1.180
64 and over	3.000	1.180

ATTACHMENT B – Secondary

HAP CareSource Actuarial Value Calculator Output

Plan ID 40356MI0010009, 40356MI0020009

Bronze

User Inputs for Plan Parameters

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

Desired Metal Tier **Bronze**

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$7,500.00			
		50.00%			
		\$10,000.00			

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2		
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?		Copay applies only after deductible?		
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input 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"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input 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:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2026_1d

Bronze
Bronze

Output

Calculate

Status/Error Messages:
Actuarial Value: 64.12%
Metal Tier: Bronze
Expanded Bronze Standard (56% to 65%), Calculation Successful.
NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.2344 seconds

Revised Final 2026 AV Calculator

ATTACHMENT B – Secondary

HAP CareSource

Actuarial Value Calculator Output

Plan ID 40356MI0010010, 40356MI0020010

Low Premium Bronze

User Inputs for Plan Parameters

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

Desired Metal Tier **Bronze**

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$10,600.00			
		100.00%			
		\$10,600.00			

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input 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: Low Premium Bronze
Plan HIOS ID: Low Premium Bronze
Issuer HIOS ID:
AVC Version: 2026_1d

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

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

58.68%

Bronze

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

0.25 seconds

ATTACHMENT B – Secondary

HAP CareSource Actuarial Value Calculator Output

Plan ID 40356MI0010006, 40356MI0010017, 40356MI0020006, 40356MI0020017

Low Premium Silver

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
		\$7,000.00
		50.00%
		\$10,600.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2		
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?		Copay applies only after deductible?		
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All	50%		<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Plan Description:

Name:
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2026_1d

Low Premium Silver (70)
 Low Premium Silver

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 67.68%
 Metal Tier: Silver

Additional Notes:

Calculation Time: 0.2344 seconds
 Revised Final 2026 AV Calculator

ATTACHMENT B – Secondary

HAP CareSource Actuarial Value Calculator Output

Plan ID 40356MI0010002, 40356MI0010021, 40356MI0020002, 40356MI0020021

Gold

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 (\$)		\$2,000.00
Coinsurance (% , Insurer's Cost Share)		75.00%
MOOP (\$)		\$8,200.00
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?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input 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: Gold
 Plan HIOS ID: Gold
 Issuer HIOS ID:
 AVC Version: 2026_1d

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

Calculation Successful.

78.04%

Gold

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

0.0938 seconds

ATTACHMENT B – Secondary

HAP CareSource Actuarial Value Calculator Output

Plan ID 40356MI0010001, 40356MI0010022, 40356MI0020001, 40356MI0020022

Diabetes Gold

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
		\$3,000.00
		70.00%
		\$8,500.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2		
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?		Copay applies only after deductible?		
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Plan Description:

Name:
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2026_1d

Diabetes Gold
 Diabetes Gold

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

Calculation Successful.

78.00%

Gold

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

0.1406 seconds

ATTACHMENT B – Secondary

HAP CareSource

Actuarial Value Calculator Output

Plan ID 40356MI0010005, 40356MI0010018, 40356MI0020005, 40356MI0020018

Silver

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 (\$)
		60.00%
		MOOP (\$)
		\$8,900.00
		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?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input 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:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2026_1d

Silver (70)
Silver

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

Calculation Successful.

70.01%

Silver

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

0.2344 seconds

ATTACHMENT B – Secondary

HAP CareSource

Actuarial Value Calculator Output

Plan ID 40356MI0010019, 40356MI0020004

Diabetes Silver

User Inputs for Plan Parameters

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

Desired Metal Tier Silver

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$6,000.00			
		50.00%			
		\$9,800.00			

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2		
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?		Copay applies only after deductible?		
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All	50%		<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2026_1d

Diabetes Silver (70)
Diabetes Silver

Output

Status/Error Messages:
Actuarial Value: 69.90%
Metal Tier: Silver

Calculation Successful.

Additional Notes:

Calculation Time: 0.0781 seconds

Revised Final 2026 AV Calculator

ATTACHMENT B – Secondary

HAP CareSource

Actuarial Value Calculator Output

Plan ID 40356MI0010020, 40356MI0020007

Healthy Heart Silver

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
		\$6,000.00
		50.00%
		\$9,800.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All	50%		<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2026_1d

Healthy Heart Silver (70)
Healthy Heart Silver

Output

Status/Error Messages:
Actuarial Value: 69.90%
Metal Tier: Silver

Calculation Successful.

Silver

Additional Notes:

Calculation Time: 0.1406 seconds

Revised Final 2026 AV Calculator

ATTACHMENT B – Secondary

HAP CareSource

Actuarial Value Calculator Output

Plan ID 40356MI0010008

HDHP Preventive Silver

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 (\$)		\$6,500.00
Coinsurance (% , Insurer's Cost Share)		100.00%
MOOP (\$)		\$6,500.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for important instructions](#)

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input 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:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2026_1d

HDHP Preventive Silver (70)
HDHP Preventive Silver

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

Calculation Successful.

68.71%

Silver

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

0.1875 seconds

ATTACHMENT B – Secondary

HAP CareSource

Actuarial Value Calculator Output

Plan ID 40356MI0010003, 40356MI0010023, 40356MI0020003, 40356MI0020023

Healthy Heart Gold

User Inputs for Plan Parameters

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

Desired Metal Tier **Gold**

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$3,000.00			
		70.00%			
		\$8,500.00			

[Click Here for important instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Healthy Heart Gold
Plan HIOS ID: Healthy Heart Gold
Issuer HIOS ID:
AVC Version: 2026_1d

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

Calculation Successful.

78.00%

Gold

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

0.0938 seconds