

MILLIMAN ACTUARIAL MEMORANDUM

Maine Community Health Options (d/b/a Community Health Options)

Individual Rate Filing Effective January 1, 2026

June 5, 2025

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EXHIBIT 1. GENERAL INFORMATION

DOCUMENT OVERVIEW

This document contains the Part III Actuarial Memorandum for Maine Community Health Options (d/b/a Community Health Options) (CHO)'s individual rate filing, effective January 1, 2026. This Actuarial Memorandum is submitted in conjunction with the Part I Unified Rate Review Template (URRT).

The purpose of the Actuarial Memorandum is to provide certain information related to the submission, 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 the State of Maine Bureau of Insurance, the Center for Consumer Information and Insurance Oversight (CCIIO), and their subcontractors to assist in the review of CHO's individual rate filing. However, we recognize that this certification may become a public document. Milliman makes no representations or warranties regarding the contents of this Actuarial Memorandum to other users. Likewise, other users of this Actuarial Memorandum 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.

We developed the 2026 plan year premium rates based upon Affordable Care Act (ACA) statutes and regulations in full force and in effect as of the date this Part III Actuarial Memorandum is submitted. Accordingly, these premium rates are contingent upon the current ACA statutes and regulations not changing. Future modifications in legislation, regulation and / or court decisions may affect the extent to which the premium rates are neither excessive nor deficient. CHO reserves the right to file revised rates in the event of changes to the regulatory environment in which they were developed.

The premium rates developed and supported by this Actuarial Memorandum assume the following:

1. Effective January 1, 2023, the Maine individual and small group markets were merged to form a single combined risk pool. Rates for 2026 are developed based on the combined individual and small group experience during calendar year 2024. Each plan of benefits available in 2026 will be available to both individuals and small groups although the catastrophic plan is only available for purchase by eligible individuals. CMS has requested separate individual and small group filings; this memorandum presents the individual filing.
2. Cost Share Reductions (CSR) will not be funded as is described in current regulations and guidance. At the direction of the Maine BOI, the unreimbursed CSR subsidies are loaded on the Silver plans offered on the Exchange only; this methodology is consistent with the way CHO's rates have been developed since 2018.
3. **This filing assumes that the enhanced premium tax credit subsidies introduced through the American Rescue Plan Act (ARPA) will expire at the end of 2025 and will not be applicable in 2026.**

COMPANY IDENTIFYING INFORMATION

Company Legal Name: Maine Community Health Options (d/b/a Community Health Options)
State: The State of Maine has regulatory authority over these policies
HIOS Issuer ID: 33653
Market: Individual
Effective Date: January 1, 2026

COMPANY CONTACT INFORMATION

Primary Contact Name: Amy Blais
Primary Contact Telephone Number: +1 207 402 3336
Primary Contact Email Address: ablais@healthoptions.org

EXHIBIT 2. PROPOSED RATE CHANGE(S)

This rate submission is for PPO and HMO products that will be available for sale or renewal to individuals in the state of Maine during 2026.

Rule 856 required the individual and small group markets to be merged to form a single combined risk pool beginning January 1, 2023. The individual rates presented in this filing are developed based on the combined 2024 individual and small group experience.

The proposed rate changes for renewing plans offered to individuals in 2026 range from 22% to 40%. These average rate changes are calculated based on the current enrollment mix by age and area for each plan; actual rate changes will vary by rating area because of the change in rating areas and area rating factors in 2026. The average rate change for renewing plans in this filing is 34%.

As of April 1, 2025 CHO had 22,482 individual members. CHO expects that its individual enrollment during 2026 will be 19,366 members.

Attachment A provides a summary of the plan benefits for each plan that will be offered in 2026.

REASONS FOR RATE CHANGE

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

- Expected market morbidity changes caused by a shifting risk pool for certain populations purchasing exchange coverage after expiration of the enhanced federal subsidies
- Development of underlying experience relative to expected
- Changes to plan benefit designs in 2026, including the changes to Clear Choice plans prescribed by the Maine Bureau of Insurance (BOI)
- Changes to the Maine Guaranteed Access Reinsurance Association (MGARA) 1332 waiver reinsurance program parameters in 2026
- Projected risk adjustment transfer payments
- Projected distribution of members by demographic category, geographic location, and plan
- Projected administrative expenses, taxes and fees, and profit
- Updated rating area factors

MEDICAL AND PRESCRIPTION DRUG INFLATION & UTILIZATION TREND

Claims costs were increased for anticipated changes due to medical / prescription drug inflation and increased medical / prescription drug utilization. Please refer to Table 5.1 for a breakdown of these trend assumptions by major service category as reported on Worksheet 1, Section II of the URRT.

PROSPECTIVE BENEFIT CHANGES

All plans offered in 2026 are either Clear Choice or Alternative Plans, as allowed under Sections 5 and 6 of Rule 851. CHO will offer three alternative plan options in 2026, which provide a plan design not otherwise available from any of the state mandated Clear Choice designs. These plans are not expected to promote adverse selection. All plans offered in 2026 comply with all applicable mandates under state law, including LD 2007, and the ACA.

All plan changes meet the minor modification requirement of 24-A M.R.S. § 2850-B.

MARKET STABILIZATION PROGRAM CHANGES

The Maine Guaranteed Access Reinsurance Association (MGARA) provides reinsurance under a Section 1332 waiver in the merged market. The 2026 reinsurance parameters assumed in this analysis are 60% coinsurance between \$135,000 and \$275,000 and no coverage outside of that corridor. We estimate incurred claims will be reduced by 6% with MGARA reinsurance recoveries.

SINGLE RISK POOL

CHO rates are developed using a single risk pool, established according to the requirements in 45 CFR section 156.80(d) and reflects all covered lives for every non-grandfathered product / plan combination, in the State of Maine combined individual and small group health insurance market.

RATE INCREASES BY PLAN

Appendix A provides the increase in the base rate by plan for an age 21 member.

MINOR MODIFICATION

Benefit changes made to plans in 2026 that are not related to the prescribed changes in Clear Choice plan benefits are minor modifications. They do not result in changes in actuarial value of more than 5% and are in compliance with the requirements under 24-A M.R.S. §2850-B(3)(l)(4).

HISTORY OF RATE ADJUSTMENTS

Attachment B presents the average annual rate increases for CHO's individual business since inception.

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

The experience reported on Worksheet 1, Section I of the URRT shows CHO's individual earned premium and incurred and paid claims for the period of January 1, 2024 through December 31, 2024, with claims paid through February 28, 2025. Current enrollment and premium are reported as of April 1, 2025.

PREMIUMS IN EXPERIENCE PERIOD

The premiums earned during the experience and as reported on Worksheet 1, Section I of the URRT represent actual premiums received for CY2024 in the individual market. The premiums are not adjusted for MLR rebates.

CHO expects to make a risk adjustment transfer payment of \$4,826,400 based on the estimate provided by the Maine BOI and shared with CHO on May 12, 2025. This amount reflects the total payable for the merged market single risk pool offset by a small receivable for the catastrophic risk pool. The transfer payment for individual business that is illustrated in Worksheet I of the URRT represents the transfer payments attributable to individual, including catastrophic, business only.

METHOD FOR DETERMINING ALLOWED AND INCURRED CLAIMS

The incurred claims reported on Worksheet 1, Section I of the URRT are net of pharmacy rebates.

All allowed and paid claims processed both in and out of the claim system were included. Of this amount, 100% was processed through the claim system. An estimate of incurred but not reported was added to the processed amount to arrive at a final estimate of total allowed and paid claims. No estimate of incurred but not reported claims was added to the prescription drug claims.

METHOD FOR DETERMINING INCURRED BUT NOT REPORTED PAID CLAIMS

Incurred claims were calculated by applying a completion factor to the paid claims from the experience period. The completion factors were developed using the lag development method. The completion factors for paid and allowed claims are the same.

METHOD FOR DETERMINING PAID COST SHARING

Paid member cost sharing was determined by subtracting paid claims from allowed claims.

HISTORICAL MAINE EXPERIENCE

Attachment B presents historical experience for CHO's individual business for the most recent three years.

EXHIBIT 4. BENEFIT CATEGORIES

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

INPATIENT HOSPITAL

The inpatient hospital category 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

The outpatient hospital category 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

The professional category 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.

This category also includes other medical services such as 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.

PRESCRIPTION DRUG

The prescription drug category includes drugs dispensed by a pharmacy. This amount is net of rebates received from drug manufacturers.

EXHIBIT 5. PROJECTION FACTORS

This section includes a description of trend factors used to project the experience period Index Rate to the projection period, and supporting information related to the development of those factors. This section also includes a description of adjustment factors (other than trend) that are applied to the experience period Index Rate to develop the projected Index Rate, and supporting information related to the development of those factors.

TREND FACTORS (COST / UTILIZATION)

This development of the 2026 rates reflects an annual trend rate in Year 1 of 8.1% and an annual trend rate in Year 2 of 7.9%, which was developed using the following data source and methodology:

The trend factors reflect CHO's expectations regarding increases in in-network contractual reimbursement and the impact of trends in both projected in-network and out-of-network costs. The prescription drug trends reflect changes in the drug formulary, expiration of drug patents and introduction of new drugs. Table 5.1 below documents CHO's projected trends by category and year. The factors only reflect trend applicable to the single risk pool; they have been normalized and / or adjusted when appropriate to account for other changes such as changes in age, benefit changes, seasonality patterns, and non-recurring events.

Service Type	Year 1			Year 2		
	Inflation	Utilization	Total	Inflation	Utilization	Total
Inpatient Hospital	4.7%	2.0%	6.8%	4.7%	2.0%	6.8%
Outpatient Hospital	4.6%	2.0%	6.7%	4.6%	2.0%	6.7%
Professional	3.0%	2.0%	5.1%	3.0%	2.0%	5.1%
Prescription Drug	13.8%	3.0%	17.2%	12.0%	3.0%	15.4%
Total			8.1%			7.9%
		Months of Trend Year 1	12.0			
		Months of Trend Year 2	12.0			

CHANGES IN THE MORBIDITY OF THE POPULATION INSURED

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 increasing average statewide morbidity in 2026 relative to the 2024 experience period as consumers 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 1.03 to reflect anticipated changes in statewide average morbidity in 2026 relative to 2024. This adjustment is shown in the Morbidity Adjustment row of Worksheet 1, Section II of the URRT.

CHANGES IN DEMOGRAPHICS

We used the following methodology to estimate the changes in the demographic and geographic mix of the population, as shown in the Demographic Shift row of Worksheet 1, Section II of the URRT:

Our rate projection is based on 2024 combined individual and small group experience and reflects the average demographics and geographic mix of the 2024 enrollees in that combined experience. Our development of the 2026 Index Rate reflects the anticipated differences in the demographic and geographic mix of the population, as compared to the 2024 experience period.

- Based on changes in the demographic distribution assumed for the pricing period relative to the experience period, we computed a demographic adjustment factor of 1.030

- Based on changes in the geographic distribution assumed for the pricing period relative to the experience period, we computed a geographic adjustment factor of 0.997

The combined impact of these two adjustments is the 1.027 Demographic Shift adjustment factor on Worksheet 1, Section II of the URRT.

PLAN DESIGN CHANGES

The Plan Design Changes factor of 0.997 shown on Worksheet 1, Section II of the URRT represents an adjustment for the induced demand due to cost sharing reductions. Using Milliman's *Health Cost Guidelines*TM (HCGs), we estimated the change in average utilization of services due to differences in average cost-sharing requirements between the experience period and the projection period (i.e., plan design behavior change). This includes the effect of changes in the enrollment of cost-sharing reduction (CSR) members anticipated in 2026 compared to the 2024 experience period.

EXHIBIT 6. MANUAL RATE ADJUSTMENTS

Not applicable. CHO's experience in the base period is fully credible, for the purposes of the rate projection.

EXHIBIT 7. CREDIBILITY OF EXPERIENCE

As indicated in URRT Worksheet 1, Section II, we have assigned 100% credibility to CHO's experience in calendar year 2024. CHO's combined individual and small group experience consists of 340,316 member months, and we consider this to be fully credible.

EXHIBIT 8. INDEX RATE

The Index Rate for the experience period is a measurement of the average allowed claims PMPM for EHB benefits. The experience period Index Rate reflects the actual mixture of smoker / non-smoker population, area factors, catastrophic / non-catastrophic enrollment, and the actual mixture of risk morbidity that CHO received in the Single Risk Pool during the experience period. Please note, there were additional benefits offered beyond the EHB benefits. The experience period Index Rate has not been adjusted for payments and charges under the risk adjustment and reinsurance programs, or for Marketplace User Fees.

The experience period Index Rate is equal to the experience period total allowed claims PMPM minus the total non-EHB allowed claims PMPM.

The Non-Essential Health Benefits that are included in the experience period are coverage for elective abortions, for which federal funding is not available, adult vision exams, and acupuncture.

The Index Rate for the projection period is a measurement of the average allowed claims PMPM for EHB benefits. The Projection Period Index Rate reflects the projected 2026 mixture of area factors, catastrophic / non-catastrophic enrollment, and the projected mixture of risk morbidity that CHO expects to receive in the Single Risk Pool. Note, there are additional benefits offered beyond the EHB benefits. The Projection Period Index Rate has not been adjusted for payments and charges projected under the risk adjustment program, or for Marketplace User Fees.

The Projection Period Index Rate is equal to the projected total allowed claims PMPM minus the total non-EHB allowed claims PMPM.

The Projection Period Index Rate is \$1,090.68. The Projection Period Index Rate is shown in Worksheet 1, Section II of the URRT in cell F42.

EXHIBIT 9. DEVELOPMENT OF THE MARKET-WIDE ADJUSTED INDEX RATE

The following table summarizes the factors applied to the Index Rate in the projection period to determine the Market Adjusted Index Rate.

Table 9.1 Maine Community Health Options (d/b/a Community Health Options) Market Adjusted Index Rate Development	
2026 Index Rate PMPM	\$1,090.68
Market Adjustments (paid basis)	
Gross Risk Adjustment	\$12.11
Reinsurance	-\$47.61
Exchange User Fees	\$17.11
Paid-to-Allowed Ratio	0.792
Market Adjustments (allowed basis)	
Gross Risk Adjustment	\$15.29
Reinsurance	-\$60.12
Exchange User Fees	\$21.61
Market Adjusted Index Rate PMPM	\$1,067.46

The Market Adjusted Index Rate is not calibrated. This means that this rate reflects the average demographic characteristics of the single risk pool.

Each of the above modifiers were developed, as follows:

- Risk Adjustment Transfer Amount
 - This factor includes the impact of the estimated risk adjustment transfer payment for 2026, as addressed in a subsequent section of this Exhibit.
- Reinsurance
 - This factor includes the adjustment for expected reinsurance recoveries from the MGARA reinsurance program, net of MGARA assessments.
- Exchange User Fee adjustment
 - The Exchange User Fee adjustment was determined as the average of no fee and the Exchange User Fee, weighted using the expected distribution of issuer enrollment sold through versus outside the Exchange. At the direction of the BOI, the Exchange User Fee used in the 2026 rate development is 2.5% of premium.

PROJECTED REINSURANCE RECOVERIES

The federal transitional reinsurance program was a temporary program that ended in 2016. We did not project any federal reinsurance recoveries in 2026.

The 2026 reinsurance parameters for the MGARA program assumed in this analysis are 60% coinsurance between \$135,000 and \$275,000 and no coverage outside of that corridor. We estimate the total recoveries under the program will be equal to 6% of incurred claims in 2026. The reinsurance adjustment shown in the table above equal to (\$47.61) is based on 6% of projected incurred paid claims, less the \$4 PMPM MGARA assessment.

EXPERIENCE PERIOD RISK ADJUSTMENTS PMPM

CHO expects to make a risk adjustment transfer payment of \$14.18 PMPM based on the Maine BOI's estimate of the 2024 risk adjustment transfer payment for CHO for 2024. This amount reflects the total payable for the merged market single risk pool offset by a small receivable for the catastrophic risk pool.

The transfer payment for individual business that is illustrated in Worksheet I of the URRT represents the transfer payments attributable to individual, including catastrophic, business only.

PROJECTED RISK ADJUSTMENTS PMPM

CHO anticipates making a transfer payment in 2026 equal to \$12.11 PMPM, as presented in the table above. This amount represents an anticipated payable for the combined individual and small business experience in the merged market and a receivable for the catastrophic risk pool.

The projected transfer payment amounts were developed based on CHO's 2024 results by metal level from the most recent Wakely estimates, adjusted for CHO's projected enrollment by metal level in 2026.

EXCHANGE USER FEES

The final Exchange User Fee included within the Market Adjusted Index Rate in Worksheet 1, Section II reflects the required 2026 fee, scaled by the expected paid-to-allowed ratio to convert the amount to an allowed basis. The following table provides support for the exchange user fee adjustment.

Table 9.2 Maine Community Health Options (d/b/a Community Health Options) Build-up of Exchange User Fee		
Component	Value	Annotation
Exchange Premium as % of Total	69.34%	-1
Mandated Fee	2.50%	-2
Composite Fee - Paid Basis (% Premium)	1.73%	(3) = (1) * (2)
Total Premium	\$987.11	-4
Composite Fee - Paid Basis (PMPM)	\$17.11	(5) = (3) * (4)
Market Adjusted Index Rate	\$1,067.46	-6
Paid-to-Allowed Ratio	0.792	-7
Composite Fee - Allowed Basis (% MAIR)	2.02%	(8) = (5) / (6) / (7)

PAID TO ALLOWED RATIOS

The following table provides support for the average projected paid to allowed ratio.

Table 9.3 Maine Community Health Options (d/b/a Community Health Options) Average Paid to Allowed Factor Support	
Description	Value
Average projected allowed PMPM	\$1,086.25
Average projected incurred claims PMPM	\$860.16
Average projected paid-to-allowed ratio	0.792
Average AV metal value	0.684

The paid to allowed ratio reflects full plan liability for CSR Silver plans.

The average AV metal value is based on AVs calculated using the federal AV calculator, weighted on projected allowable cost by metal level.

EXHIBIT 10. PLAN ADJUSTED INDEX RATE

The Market Adjusted Index Rate is adjusted to compute the Plan Adjusted Index Rate using the following allowable adjustments:

- Actuarial value and cost sharing adjustment
 - The AV and cost sharing pricing adjustment was developed utilizing our internal Milliman cost relativity model, which is based on Milliman's *Commercial HCGs*. This model estimates actuarial equivalent relative values of different benefit plans using estimated medical costs calibrated to CHO's experience. The models assume the same demographic and risk characteristics for each plan, thereby excluding expected differences in the morbidity of the members assumed to select the plan.
 - The AV and cost sharing adjustment reflects the full relativity for CSR subsidy payments by CHO for subsidized silver Exchange plans. The factors for silver Exchange plan are adjusted to reflect the impact of CSR subsidies no longer being funded by the federal government. The CSR load added to these factors is 8.9%. Please see the section below for additional discussion on the projected and historical CSRs.
- Provider network, delivery system and utilization management adjustment
 - There are no expected differences in the provider network and / or utilization management between plans. The tiered plans being offered in 2026 utilize the same provider network as all other plans. However, members utilizing non-preferred providers within that network will pay a cost sharing differential for some services.
- Adjustment for benefits in addition to the EHBs
 - Coverage for elective abortions, fertility services, adult vision exams, and acupuncture are the only non-EHBs to be offered in 2026. Not all of these benefits are available on all plans. Coverage for abortion and fertility services is included on all plans. Adult vision exams are covered on all but the catastrophic plan. Acupuncture is included on these plans:
 - Health Options Clear Choice Silver \$4000 PPO National
 - Health Options Clear Choice Gold \$2500 PPO NE
 - Health Options Clear Choice Gold \$2500 PPO NE Dental
 - Health Options Clear Choice Gold \$1500 PPO NE
 - Health Options Clear Choice Gold \$1500 PPO National
 - Health Options Clear Choice Gold \$2500 HMO Tiered NE
 - Health Options Clear Choice Platinum PPO NE
 - Health Options Silver \$5800 PPO National Dental Off MP
 - Health Options Clear Choice Silver \$5000 PPO National Dental off MP
 - Health Options Silver \$4500 HMO National Dental Off MP
 - Health Options Clear Choice Silver \$4000 PPO National Dental Off MP
 - Health Options Clear Choice Silver \$4000 HSA Plus PPO National Dental Off MP
 - Health Options Clear Choice Gold \$1500 PPO National Dental Off MP
 - Health Options Clear Choice Gold \$2500 HMO Tiered NE Dental Off MP
 - Health Options Clear Choice Gold \$2500 PPO National Dental Off MP
 - Health Options Clear Choice Gold \$1500 PPO NE Dental Off MP
 - Rule 865 indicates that certain costs of fertility services may be eligible for cost defrayal under the ACA, and that plans may adjust rates presented in the URRT and Rate Data Template to reflect anticipated reimbursement for these services. The rates presented in this memorandum and shown in the URRT and Rate Data Template include 100% of the estimated cost for this benefit on plans that are available exclusively off exchange and are not eligible for defrayal. For plans that are available on exchange, we have excluded the cost of this mandate for plans that are purchased on the exchange. This is consistent with the treatment in the 2025 rates.

- Adjustment for distribution and administrative costs
 - Adjustment is developed to indicate the impact of non-benefit expenses. This adjustment may differ by plan due to the relative impact of administrative costs that are developed as a PMPM rather than as a percent of premium.
- Impact of specific eligibility categories for the catastrophic plan
 - This adjustment was developed to illustrate the impact of the restricted age requirements in the Catastrophic risk pool and the expected risk score specific to that population.

CSR Experience and Projection

We estimate the total 2024 cost sharing reduction payments made by CHO equal \$6,575,410 for individuals enrolled in silver variant plans on Exchange in Maine.

Since CHO did not explicitly adjudicate claims for members enrolled in CSR plan variations to account for CSR subsidies separately from standard plan variation cost sharing, we estimate the 2024 CSR portion of cost sharing by analyzing the historical differential between paid-to-allowed ratios of CSR variants compared to the standard plan variants in order to determine the portion of cost sharing applicable to CSR plans that represents cost sharing reduction subsidies paid.

CHO expects the actual 2026 CSR shortfall impact to be 8.9% of projected paid claims across all silver Exchange plans. The total projected CSR claims based on this expected impact is approximately \$3.7 million.

We estimate the expected impact of defunded CSRs by evaluating the weighted average AV and cost sharing factors including all silver variants (standard plan design, 73%, 87%, and 94%) compared to the weighted average AV and cost sharing factors of the standard plan designs only (i.e., the portion of CHO's claims responsibility if CSR subsidies were still in effect). The differential between these values is the expected CSR shortfall. This represents our best estimate of CSR amounts that will be provided for enrollees in 2026 based on the information available at this time.

Appendix B illustrates the development of the Plan Adjusted Index Rate for each plan in the projection period. The Plan Adjusted Index Rates reflect the average demographic characteristics of the single risk pool, and therefore, are not calibrated.

NON-BENEFIT EXPENSES, PROFIT, AND RISK

The following table summarizes retention components included in the rate development.

Table 10.1			
Maine Community Health Options (d/b/a Community Health Options)			
Illustration of Administrative Expenses by URRT, Worksheet 1 Category			
Retention Description	PMPM	% Premium	Basis
Administrative Expense Load			
General Admin	\$87.08	8.82%	PMPM Spread
Commission	\$12.17	1.23%	% Premium
Commercial Reinsurance Recoveries	-\$2.90	-0.29%	PMPM Spread
Commercial Reinsurance Premiums	\$3.41	0.35%	PMPM Spread
Quality Improvement	\$22.56	2.29%	PMPM Spread
Medical Incentive Pool	\$2.71	0.27%	PMPM Spread
Subtotal: Administrative Expense Load	\$125.03	12.67%	
Profit and Risk Load			
Target Contribution to Surplus / Risk Load	\$14.81	1.50%	% Premium
Subtotal: Profit and Risk Load	\$14.81	1.50%	
Taxes and Fees			
Risk Adjustment Admin Fee	\$0.20	0.02%	PMPM Spread
Comparative Effectiveness Research Fee	\$0.31	0.03%	PMPM
Other Fees	\$3.19	0.32%	% Premium
Subtotal: Taxes and Fees Load	\$3.71	0.38%	
Total Retention	\$143.54	14.54%	

The expense assumptions are based on CHO's 2026 business plan. Using the total expenses, membership, and other values from the projections, we computed unit costs for 2026 that cover 100% of the expenses that are expected to be incurred in 2026. The expenses incorporate corporate overhead for CHO.

CHO's rates include 1.5% of premium as the target contribution to surplus. All assumptions in the pricing are best estimate assumptions, so this specific load is the only source to cover fluctuations between actual and expected experience, as well as a contribution to surplus to enable CHO to repay its solvency loans and its start-up loans that have been converted to solvency loans in accordance with the terms of the loan documents.

EXHIBIT 11. CALIBRATION

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

AGE CURVE CALIBRATION

The approximate weighted average age, rounded to a whole number, for the single risk pool is 50. The weighted average age curve calibration factor is 1.748.

The calibration factor for age was developed using the projected distribution of members by age and the age factors from the federal age curve. The average age was then determined by finding the age of a member that would have the closest factor to the weighted average age curve calibration factor.

Table 11.1 illustrates the development of the age calibration factor.

Table 11.1 Maine Community Health Options (d/b/a Community Health Options) Development of Age Calibration Factor			
Age	Premium Relativity	Metallic Distribution	Catastrophic Distribution
0	0.765	0.4%	1.4%
1	0.765	0.4%	1.4%
2	0.765	0.6%	1.0%
3	0.765	0.6%	1.0%
4	0.765	0.6%	1.0%
5	0.765	0.6%	1.0%
6	0.765	0.6%	1.0%
7	0.765	0.7%	0.8%
8	0.765	0.7%	0.8%
9	0.765	0.7%	0.8%
10	0.765	0.7%	0.8%
11	0.765	0.7%	0.8%
12	0.765	0.7%	0.8%
13	0.765	0.7%	0.8%
14	0.765	0.7%	0.8%
15	0.833	0.7%	0.8%
16	0.859	0.7%	0.8%
17	0.885	0.7%	0.8%
18	0.913	0.7%	0.8%
19	0.941	0.8%	1.0%
20	0.970	0.8%	1.0%
21	1.000	0.9%	2.4%
22	1.000	0.9%	2.4%
23	1.000	0.9%	2.4%
24	1.000	0.9%	2.4%
25	1.004	1.1%	13.2%
26	1.024	1.1%	13.2%
27	1.048	1.1%	13.2%
28	1.087	1.1%	13.2%
29	1.119	1.1%	13.2%
30	1.135	1.5%	1.0%

Table 11.1
Maine Community Health Options (d/b/a Community Health Options)
Development of Age Calibration Factor

Age	Premium Relativity	Metallic Distribution	Catastrophic Distribution
31	1.159	1.5%	1.0%
32	1.183	1.5%	1.0%
33	1.198	1.5%	1.0%
34	1.214	1.5%	1.0%
35	1.222	1.7%	0.0%
36	1.230	1.7%	0.0%
37	1.238	1.7%	0.0%
38	1.246	1.7%	0.0%
39	1.262	1.7%	0.0%
40	1.278	1.8%	0.0%
41	1.302	1.8%	0.0%
42	1.325	1.8%	0.0%
43	1.357	1.8%	0.0%
44	1.397	1.8%	0.0%
45	1.444	1.7%	0.0%
46	1.500	1.7%	0.0%
47	1.563	1.7%	0.0%
48	1.635	1.7%	0.0%
49	1.706	1.7%	0.0%
50	1.786	1.9%	0.1%
51	1.865	1.9%	0.1%
52	1.952	1.9%	0.1%
53	2.040	1.9%	0.1%
54	2.135	1.9%	0.1%
55	2.230	2.5%	0.0%
56	2.333	2.5%	0.0%
57	2.437	2.5%	0.0%
58	2.548	2.5%	0.0%
59	2.603	2.5%	0.0%
60	2.714	3.7%	0.0%
61	2.810	3.7%	0.0%
62	2.873	3.7%	0.0%
63	2.952	3.7%	0.0%
64+	3.000	6.2%	0.0%
Age Calibration Factor		1.755	1.013
Calibrated Plan Adjusted Index Rate		\$569.74	\$294.60
Projected Membership		98.2%	1.8%
Age Calibration Factor		0.5720	

GEOGRAPHIC FACTOR CALIBRATION

To determine the calibration factor for geography, the projected distribution of members by area was determined. The weighted average of the area factors was then determined using this distribution. The area factors used are reflective of differences in delivery costs (including unit cost and provider practice pattern differences) only, and do not reflect any difference in population morbidity. Prior to applying the allowed rating factors for age, geography and tobacco, the plan adjusted Index Rates need to be divided by the geography calibration factor.

CHO's CY2026 geographic rating factors are shown below. These area factors reflect differences in utilization and unit cost by region. These factors are based on historical experience and provider discounts by region and do not reflect any differences in population morbidity. As prescribed by the Maine BOI, the range of geographic rating factors does not exceed a ratio of 1.15 between the highest and lowest factors.

**Table 11.2
Maine Community Health Options (d/b/a Community Health Options)
Development of Geographic Calibration Factor**

Rating Area	Geographic Area Factors	Distribution
1	0.955	48%
2	1.012	23%
3	1.041	11%
4	1.065	9%
5	1.098	9%
Composite	1.000	

TOBACCO FACTOR CALIBRATION

CHO will not charge a tobacco surcharge for smokers.

CALIBRATED PLAN ADJUSTED INDEX RATES

Appendix C demonstrates the calibration performed for each plan.

EXHIBIT 12. CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT

The Consumer Adjusted Premium Rate is the final premium rate for a plan that is charged to an individual or family utilizing the rating and premium adjustments, as articulated in the applicable Market Reform Rating Rules. It is the product of the Calibrated Plan Adjusted Index Rate, the geographic rating factor, and the age rating factor.

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

The following table demonstrates the premium rate development for the Consumer Adjusted Premium Rate beginning with the Calibrated Plan Adjusted Index Rate and applying the appropriate age and area factors.

Table 12.1 Maine Community Health Options (d/b/a Community Health Options) Sample Consumer Adjusted Premium Rate Calculation	
Health Options Essential Bronze \$8500 PPO NE - 33653ME0010014	
Calibrated Plan Adjusted Index Rate	\$508.02
Age: 47	1.563
Area: 3	1.041
Consumer Adjusted Premium Rate	\$826.59

EXHIBIT 13. PROJECTED LOSS RATIO

The anticipated incurred loss ratio for 2026 for the merged market is 82.66%. This loss ratio is the ratio of incurred claims (net of reinsurance recoveries) to earned premiums.

The projected medical loss ratio (MLR) is 86.35%. This loss ratio is calculated based on the MLR methodology, as prescribed by 45 CFR 158.

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

Table 13.1	
Maine Community Health Options (d/b/a Community Health Options)	
Projected Federal Medical Loss Ratio	
	Projected 2026
Member Months	289,476
MLR Numerator Calculations	
Paid Claims PMPM	\$867.57
Claim-Related Retention (QI / Health IT) PMPM	\$22.56
Prior Rebate	\$0.00
PBM Compensation ¹	-\$16.92
Risk Adjustment Paid (Received) PMPM	\$12.09
Market Reinsurance Recoveries (Received) PMPM	-\$51.61
MLR Numerator	\$833.69
MLR Denominator Calculations	
Premium PMPM	\$987.12
Other Premium-Related Adjustments	\$0.00
Premium-Related Retention (Taxes and Fees) PMPM	\$21.63
MLR Denominator	\$965.50
Medical Loss Ratio	86.35%

¹ 24-A MRSA Section 4350-D requires that PBM compensation be removed from claims for the purpose of determining the anticipated loss ratio.

No additional state-specific projected loss ratio demonstration is required in the State of Maine.

EXHIBIT 14. AV METAL VALUES

The AV metal values included in Worksheet 2 are based on the AV Calculator. Appendix D summarizes these values for each product. Screenshots of the AV Calculator for each plan are included with this filing along with a table that shows the adjustments that were made to the AV Calculator results for plans with two-tier generic cost sharing and site of service cost sharing differences. We have also attached unique plan design documentation for those plans.

EXHIBIT 15. MEMBERSHIP PROJECTIONS

The projected membership (as displayed in Worksheet 2, Section IV of the URRT) is based on historical and current enrollment with consideration for expected new sales.

CHO's penetration rate in the market was determined by the management of CHO. Milliman relied on this membership projection in preparing the 2026 rates.

We relied on CHO's expected distribution by plan and subsidy level.

We projected cost sharing reduction (CSR) eligibles by first estimating the breakdown by income (i.e., Federal Poverty Level – FPL) of the total individual market purchasing coverage. We assumed CSR eligibles will enroll in plans that provide the highest subsidy level for which they are eligible.

Table 15.1 Maine Community Health Options (d/b/a Community Health Options) Projected Enrollment (Member Months) by Subsidy Level (Silver Plans)								
Plan Name	HIOS ID	70%	73%	87%	94%	ZCS	LCS	Total
Health Options Silver \$5800 HMO Tiered NE	33653ME0560007	1,908	752	1,402	733	3	1	4,800
Health Options Clear Choice Silver \$5000 HMO Tiered NE-1/2/3	33653ME0560005	2,828	1,248	2,326	1,216	6	2	7,626
Health Options Clear Choice Silver \$5000 HMO Tiered NE-4/5	33653ME0560010	4	2	4	2	0	0	12
Health Options Clear Choice Silver \$4000 HMO Tiered NE	33653ME0560003	5,298	2,186	4,076	2,131	10	4	13,705
Health Options Clear Choice Silver \$5000 PPO NE	33653ME0010015	1,743	757	1,411	738	3	1	4,653
Health Options Clear Choice Silver \$4000 PPO NE	33653ME0010010	2,651	1,040	1,938	1,014	5	2	6,649
Health Options Clear Choice Silver \$4000 PPO NE Dental	33653ME0050008	587	185	346	181	1	0	1,300
Health Options Clear Choice Silver \$4000 PPO National	33653ME0060003	1,750	697	1,300	680	3	1	4,431

EXHIBIT 16. TERMINATED PRODUCTS

Appendix E shows the list of terminated plans that are present in the experience period but not offered in 2026.

EXHIBIT 17. PLAN TYPE

There are no differences between the plans of CHO and the plan type selected in the drop-down box in Worksheet 2, Section I of the URRT.

EXHIBIT 18. EFFECTIVE RATE REVIEW INFORMATION (OPTIONAL)

Please see the Major Medical Data Collection Template filed separately.

EXHIBIT 19. RELIANCE

In performing this analysis, I relied on data and other information provided by CHO. I have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete.

I performed a limited review of the data used directly in the analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible 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.

EXHIBIT 20. ACTUARIAL CERTIFICATION

I am a senior consulting actuary with the firm of Milliman, Inc. Maine Community Health Options (d/b/a Community Health Options) engaged me to provide the opinion herein.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. I am a member of the American Academy of Actuaries, and I meet its qualification standards to perform the analysis and render the actuarial opinion contained herein.

I certify to the best of my knowledge and judgment:

1. The projected Index Rate is
 - In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80 and 147.102)
 - Developed in compliance with the applicable Actuarial Standards of Practice
 - Reasonable in relation to the benefits provided and the population anticipated to be covered
 - Neither excessive nor deficient based on my best estimates of the 2026 merged market
2. The Index Rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.
3. The geographic rating factors shown in Worksheet 3 of URRT reflect only differences in the cost of delivery, 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.

The Part I Unified Rate Review Template (URRT) does not demonstrate the process used to develop proposed premium rates. It is representative of information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

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

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

The 2026 plan year premium rates in this Actuarial Memorandum are contingent upon the status of the ACA statutes and regulations including any regulatory guidance, court decisions, or otherwise. Changes have the potential to greatly impact the 2026 plan year premium rates provided in this Actuarial Memorandum. Changes include, but are not limited to, any legislative or regulatory amendments, court decisions, or decisions by Congress, the Health and Human Services Secretary or the Centers for Medicare and Medicaid Services director.

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

At the time of this rate filing submission, we acknowledge there is uncertainty regarding the expiration of the enhanced premium subsidies first introduced through the American Rescue Plan Act (ARPA) and later extended by the Inflation Reduction Act (IRA). We have assumed that these subsidies will expire at the end of 2025 and adjusted our assumptions for the 2026 premium rates accordingly. Due to the substantial uncertainty regarding the impact of removing these subsidies, some of the related assumptions may exhibit a substantially greater divergence from expectations.

Signed 
Name: Kathleen E. Ely, FSA, MAAA
Title: Senior Consulting Actuary
Date: June 5, 2025

RELIANCE LETTER

Maine Community Health Options
Statement Regarding Accuracy of Data and Reliance on Assumptions Provided
2026 Maine Rate Filing

I, Amy Blais, Senior Analyst, Pricing & Actuarial Services at Maine Community Health Options, hereby affirm that to the best of my knowledge and belief, the underlying data sources and information relied upon by Milliman, Inc. for use in preparing the Maine Community Health Options 2026 rate filing are accurate and complete. These items include:

- A. 2024 claims experience uploaded to FTP including:
 - a. Medical and pharmacy allowed and incurred claims paid through February 28th, 2025 (“OutClaims” and “OutPharmacy”)
 - b. Eligibility files (“OutMemberMonths
- B. Adjustments to the claims experience including:
 - a. 2024 Pharmacy rebates by LOB
 - b. Paid and allowed claims for non EHBs in the experience period
 - c. Paid and allowed dental claims for PY2024
- C. 2024 experience period and 2026 projected small group enrollment by plan, area, and demographics
- D. 2024 experience period and 2026 projected individual enrollment by plan, area, and demographics
- E. Plan design for each product in each market
- F. Federal actuarial value calculator results and screen shots for 2026 individual and small group plans
- G. Support for 2026 trend assumptions
- H. 2026 rating area factors
- I. Provider contracting analyses
- J. Support for MGARA assumptions
- K. 2024 experience period premiums, claims, and enrollment by line of business
- L. 2024 projected risk adjustment results developed by the Maine Bureau of Insurance
- M. Support for the projected risk adjustment transfer payment in 2026
- N. Paid to allowed experience analysis by LOB
- O. 2026 expense budget

Further, I acknowledge that in preparing the rate submission, Milliman has relied on certain assumptions provided by Maine Community Health Options as described above, and I affirm that to the best of my knowledge and belief, these assumptions are consistent with Maine Community Health Options’ reasonable expectations regarding 2026 individual and small group ACA pricing.

6/3/2025

Date

Amy Blais

Signature

APPENDICES

APPENDIX A

Appendix A
Maine Community Health Options (d/b/a Community Health Options)
Summary of Proposed Rate Increases

Plan Name	HIOS Plan ID	Areas Offered	Rate Change
Health Options Clear Choice Catastrophic HMO NE	33653ME0530008	All	22.3%
Health Options Essential Bronze \$8500 HMO Tiered NE	33653ME0560006	All	30.7%
Health Options Essential Bronze \$8500 PPO NE	33653ME0010014	All	31.0%
Health Options Clear Choice Bronze \$7500 HMO Tiered NE	33653ME0560001	1,2,3	39.6%
Health Options Clear Choice Bronze \$7500 HMO Tiered NE	33653ME0560009	4,5	New Plan
Health Options Clear Choice Bronze \$7500 PPO NE	33653ME0010008	All	34.8%
Health Options Clear Choice Bronze \$7500 PPO NE Dental	33653ME0050007	All	34.4%
Health Options Clear Choice Bronze \$8000 HSA Plus PPO NE	33653ME0020002	All	34.5%
Health Options Clear Choice Bronze \$6300 HSA PPO NE	33653ME0020003	All	35.8%
Health Options Silver \$5800 HMO Tiered NE	33653ME0560007	All	New Plan
Health Options Clear Choice Silver \$5000 HMO Tiered NE	33653ME0560005	1,2,3	34.4%
Health Options Clear Choice Silver \$5000 HMO Tiered NE	33653ME0560010	4,5	New Plan
Health Options Clear Choice Silver \$4000 HMO Tiered NE	33653ME0560003	All	33.7%
Health Options Clear Choice Silver \$5000 PPO NE	33653ME0010015	All	31.3%
Health Options Clear Choice Silver \$4000 PPO NE	33653ME0010010	All	32.2%
Health Options Clear Choice Silver \$4000 PPO NE Dental	33653ME0050008	All	31.8%
Health Options Clear Choice Silver \$4000 PPO National	33653ME0060003	All	32.1%
Health Options Clear Choice Gold \$2500 PPO NE	33653ME0010012	All	25.2%
Health Options Clear Choice Gold \$2500 PPO NE Dental	33653ME0050006	All	24.8%
Health Options Clear Choice Gold \$1500 PPO NE	33653ME0010011	All	32.6%
Health Options Clear Choice Gold \$1500 PPO National	33653ME0060005	All	32.8%
Health Options Clear Choice Gold \$2500 HMO Tiered NE	33653ME0560008	All	New Plan
Health Options Clear Choice Platinum PPO NE	33653ME0010013	All	30.8%
Health Options Essential Bronze \$8500 PPO NE Dental Off MP	33653ME0340008	All	New Plan
Health Options Clear Choice Bronze \$7500 HMO Tiered NE Dental Off MP	33653ME0590002	All	36.3%
Health Options Clear Choice Bronze \$7500 PPO NE Dental Off MP	33653ME0340010	All	New Plan
Health Options Clear Choice Bronze \$8000 HSA Plus PPO NE Dental Off MP	33653ME0340009	All	New Plan
Health Options Clear Choice Bronze \$7500 PPO National Dental Off MP	33653ME0350002	All	34.6%
Health Options Clear Choice Bronze \$8000 HSA Plus PPO National Dental Off MP	33653ME0350003	All	34.4%
Health Options Clear Choice Bronze \$6300 HSA Plus PPO National Dental Off MP	33653ME0360001	All	36.1%
Health Options Clear Choice Bronze \$6300 HSA Plus HMO Tiered NE Dental Off MP	33653ME0590006	All	New Plan
Health Options Clear Choice Bronze \$6300 HSA Plus PPO NE Dental Off MP	33653ME0340011	All	New Plan
Health Options Silver \$5800 HMO Tiered NE Dental Off MP	33653ME0590007	All	New Plan
Health Options Silver \$5800 PPO NE Dental Off MP	33653ME0340013	All	New Plan
Health Options Silver \$5800 PPO National Dental Off MP	33653ME0350012	All	New Plan
Health Options Clear Choice Silver \$4500 HSA HMO Tiered NE Dental Off MP	33653ME0590003	All	31.1%
Health Options Clear Choice Silver \$5000 HMO Tiered NE Dental Off MP	33653ME0590005	All	28.8%
Health Options Clear Choice Silver \$5000 PPO National Dental Off MP	33653ME0350007	All	26.1%
Health Options Silver \$4500 HMO National Dental Off MP	33653ME0550004	All	22.0%
Health Options Clear Choice Silver \$4000 HMO Tiered NE Dental Off MP	33653ME0590004	All	29.4%
Health Options Clear Choice Silver \$4000 PPO NE Dental Off MP	33653ME0340003	All	26.9%
Health Options Clear Choice Silver \$4000 PPO National Dental Off MP	33653ME0350008	All	26.8%
Health Options Clear Choice Silver \$4000 HSA Plus PPO National Dental Off MP	33653ME0350009	All	24.9%
Health Options Clear Choice Gold \$1500 PPO National Dental Off MP	33653ME0350011	All	32.7%
Health Options Clear Choice Gold \$2500 HMO Tiered NE Dental Off MP	33653ME0590008	All	New Plan
Health Options Clear Choice Gold \$2500 PPO National Dental Off MP	33653ME0350010	All	New Plan
Health Options Clear Choice Gold \$1500 PPO NE Dental Off MP	33653ME0340012	All	New Plan

APPENDIX B

**Appendix B
Maine Community Health Options (d/b/a Community Health Options)
Projection Period Plan Adjusted Index Rate Development**

Plan Name	HIOS ID	Market Adjusted Index Rate	AV & Cost Sharing	Provider Network Adjustment	Benefits in Addition to EHBs	Admin Cost Fee[1]	Catastrophic Eligibility	Plan Adjusted Index Rate
Health Options Clear Choice Catastrophic HMO NE	33653ME0530008	\$1,067.46	0.672	1.000	1.002	1.121	0.639	\$515.02
Health Options Essential Bronze \$8500 HMO Tiered NE	33653ME0560006	\$1,067.46	0.700	1.000	1.002	1.169	1.000	\$874.87
Health Options Essential Bronze \$8500 PPO NE	33653ME0010014	\$1,067.46	0.710	1.000	1.002	1.169	1.000	\$888.13
Health Options Clear Choice Bronze \$7500 HMO Tiered NE	33653ME0560001	\$1,067.46	0.718	1.000	1.002	1.169	1.000	\$897.78
Health Options Clear Choice Bronze \$7500 HMO Tiered NE	33653ME0560009	\$1,067.46	0.752	1.000	1.002	1.169	1.000	\$940.66
Health Options Clear Choice Bronze \$7500 PPO NE	33653ME0010008	\$1,067.46	0.733	1.000	1.002	1.169	1.000	\$917.00
Health Options Clear Choice Bronze \$7500 PPO NE Dental	33653ME0050007	\$1,067.46	0.738	1.000	1.002	1.169	1.000	\$923.83
Health Options Clear Choice Bronze \$8000 HSA Plus PPO NE	33653ME0020002	\$1,067.46	0.767	1.000	1.003	1.169	1.000	\$959.50
Health Options Clear Choice Bronze \$6300 HSA PPO NE	33653ME0020003	\$1,067.46	0.767	1.000	1.002	1.169	1.000	\$959.83
Health Options Silver \$5800 HMO Tiered NE	33653ME0560007	\$1,067.46	0.840	1.000	1.002	1.169	1.000	\$1,049.88
Health Options Clear Choice Silver \$5000 HMO Tiered NE	33653ME0560005	\$1,067.46	0.840	1.000	1.002	1.169	1.000	\$1,049.55
Health Options Clear Choice Silver \$5000 HMO Tiered NE	33653ME0560010	\$1,067.46	0.898	1.000	1.002	1.169	1.000	\$1,122.46
Health Options Clear Choice Silver \$4000 HMO Tiered NE	33653ME0560003	\$1,067.46	0.883	1.000	1.002	1.169	1.000	\$1,103.98
Health Options Clear Choice Silver \$4000 PPO NE	33653ME0010015	\$1,067.46	0.875	1.000	1.002	1.169	1.000	\$1,094.40
Health Options Clear Choice Silver \$4000 PPO NE	33653ME0010010	\$1,067.46	0.896	1.000	1.002	1.169	1.000	\$1,120.59
Health Options Clear Choice Silver \$4000 PPO NE Dental	33653ME0050008	\$1,067.46	0.902	1.000	1.002	1.169	1.000	\$1,128.21
Health Options Clear Choice Silver \$4000 PPO National	33653ME0060003	\$1,067.46	0.926	1.000	1.002	1.169	1.000	\$1,158.08
Health Options Clear Choice Gold \$2500 PPO NE	33653ME0010012	\$1,067.46	0.906	1.000	1.003	1.169	1.000	\$1,133.80
Health Options Clear Choice Gold \$2500 PPO NE Dental	33653ME0050006	\$1,067.46	0.911	1.000	1.003	1.169	1.000	\$1,140.95
Health Options Clear Choice Gold \$1500 PPO NE	33653ME0010011	\$1,067.46	0.976	1.000	1.002	1.169	1.000	\$1,220.93
Health Options Clear Choice Gold \$1500 PPO National	33653ME0060005	\$1,067.46	1.010	1.000	1.002	1.169	1.000	\$1,262.90
Health Options Clear Choice Gold \$2500 HMO Tiered NE	33653ME0560008	\$1,067.46	0.893	1.000	1.002	1.169	1.000	\$1,116.58
Health Options Clear Choice Platinum PPO NE	33653ME0010013	\$1,067.46	1.235	1.000	1.002	1.169	1.000	\$1,544.08
Health Options Essential Bronze \$8500 PPO NE Dental Off MP	33653ME0340008	\$1,067.46	0.715	1.000	1.004	1.190	1.000	\$912.10
Health Options Clear Choice Bronze \$7500 HMO Tiered NE Dental Off MP	33653ME0590002	\$1,067.46	0.727	1.000	1.004	1.190	1.000	\$927.70
Health Options Clear Choice Bronze \$7500 PPO NE Dental Off MP	33653ME0340010	\$1,067.46	0.738	1.000	1.004	1.190	1.000	\$941.45
Health Options Clear Choice Bronze \$8000 HSA Plus PPO NE Dental Off MP	33653ME0340009	\$1,067.46	0.773	1.000	1.006	1.187	1.000	\$986.15
Health Options Clear Choice Bronze \$7500 PPO National Dental Off MP	33653ME0350002	\$1,067.46	0.763	1.000	1.004	1.190	1.000	\$973.54
Health Options Clear Choice Bronze \$8000 HSA Plus PPO National Dental Off MP	33653ME0350003	\$1,067.46	0.800	1.000	1.006	1.187	1.000	\$1,019.71
Health Options Clear Choice Bronze \$6300 HSA Plus PPO National Dental Off MP	33653ME0360001	\$1,067.46	0.799	1.000	1.004	1.190	1.000	\$1,018.53
Health Options Clear Choice Bronze \$6300 HSA Plus HMO Tiered NE Dental Off MP	33653ME0590006	\$1,067.46	0.761	1.000	1.004	1.190	1.000	\$970.54
Health Options Clear Choice Bronze \$6300 HSA Plus PPO NE Dental Off MP	33653ME0340011	\$1,067.46	0.772	1.000	1.004	1.190	1.000	\$984.94
Health Options Silver \$5800 HMO Tiered NE Dental Off MP	33653ME0590007	\$1,067.46	0.761	1.000	1.004	1.190	1.000	\$970.91
Health Options Silver \$5800 PPO NE Dental Off MP	33653ME0340013	\$1,067.46	0.773	1.000	1.004	1.190	1.000	\$985.31
Health Options Silver \$5800 PPO National Dental Off MP	33653ME0350012	\$1,067.46	0.799	1.000	1.004	1.190	1.000	\$1,018.98
Health Options Clear Choice Silver \$4500 HSA HMO Tiered NE Dental Off MP	33653ME0590003	\$1,067.46	0.784	1.000	1.005	1.188	1.000	\$999.91
Health Options Clear Choice Silver \$5000 HMO Tiered NE Dental Off MP	33653ME0590005	\$1,067.46	0.798	1.000	1.004	1.189	1.000	\$1,017.50
Health Options Clear Choice Silver \$5000 PPO National Dental Off MP	33653ME0350007	\$1,067.46	0.837	1.000	1.004	1.189	1.000	\$1,066.82
Health Options Silver \$4500 HMO National Dental Off MP	33653ME0550004	\$1,067.46	0.767	1.000	1.004	1.190	1.000	\$977.92
Health Options Clear Choice Silver \$4000 HMO Tiered NE Dental Off MP	33653ME0590004	\$1,067.46	0.817	1.000	1.004	1.189	1.000	\$1,041.57
Health Options Clear Choice Silver \$4000 PPO NE Dental Off MP	33653ME0340003	\$1,067.46	0.829	1.000	1.004	1.189	1.000	\$1,057.01
Health Options Clear Choice Silver \$4000 PPO National Dental Off MP	33653ME0350008	\$1,067.46	0.857	1.000	1.004	1.189	1.000	\$1,092.09
Health Options Clear Choice Silver \$4000 HSA Plus PPO National Dental Off MP	33653ME0350009	\$1,067.46	0.842	1.000	1.005	1.188	1.000	\$1,073.60
Health Options Clear Choice Gold \$1500 PPO National Dental Off MP	33653ME0350011	\$1,067.46	1.015	1.000	1.004	1.189	1.000	\$1,293.79
Health Options Clear Choice Gold \$2500 HMO Tiered NE Dental Off MP	33653ME0590008	\$1,067.46	0.898	1.000	1.004	1.190	1.000	\$1,145.17
Health Options Clear Choice Gold \$2500 PPO National Dental Off MP	33653ME0350010	\$1,067.46	0.942	1.000	1.004	1.189	1.000	\$1,200.76
Health Options Clear Choice Gold \$1500 PPO NE Dental Off MP	33653ME0340012	\$1,067.46	0.982	1.000	1.004	1.190	1.000	\$1,251.06

APPENDIX C

Appendix C
Maine Community Health Options (d/b/a Community Health Options)
Calibrated Plan Adjusted Index Rate Development

Plan Name	HIOS ID	Plan Adjusted Index Rate	Age Calibration Factor	Geographic Calibration Factor	Tobacco Calibration Factor	Calibration Factor	Calibrated Plan Adjusted Index Rate
Health Options Clear Choice Catastrophic HMO NE	33653ME0530008	\$515.02	1.748	1.000	1.000	1.748	\$294.60
Health Options Essential Bronze \$8500 HMO Tiered NE	33653ME0560006	\$874.87	1.748	1.000	1.000	1.748	\$500.44
Health Options Essential Bronze \$8500 PPO NE	33653ME0010014	\$888.13	1.748	1.000	1.000	1.748	\$508.02
Health Options Clear Choice Bronze \$7500 HMO Tiered NE	33653ME0560001	\$897.78	1.748	1.000	1.000	1.748	\$513.54
Health Options Clear Choice Bronze \$7500 HMO Tiered NE	33653ME0560009	\$940.66	1.748	1.000	1.000	1.748	\$538.07
Health Options Clear Choice Bronze \$7500 PPO NE	33653ME0010008	\$917.00	1.748	1.000	1.000	1.748	\$524.54
Health Options Clear Choice Bronze \$7500 PPO NE Dental	33653ME0050007	\$923.83	1.748	1.000	1.000	1.748	\$528.45
Health Options Clear Choice Bronze \$8000 HSA Plus PPO NE	33653ME0020002	\$959.50	1.748	1.000	1.000	1.748	\$548.85
Health Options Clear Choice Bronze \$6300 HSA PPO NE	33653ME0020003	\$959.83	1.748	1.000	1.000	1.748	\$549.04
Health Options Silver \$5800 HMO Tiered NE	33653ME0560007	\$1,049.88	1.748	1.000	1.000	1.748	\$600.55
Health Options Clear Choice Silver \$5000 HMO Tiered NE	33653ME0560005	\$1,049.55	1.748	1.000	1.000	1.748	\$600.36
Health Options Clear Choice Silver \$5000 HMO Tiered NE	33653ME0560010	\$1,122.46	1.748	1.000	1.000	1.748	\$642.06
Health Options Clear Choice Silver \$4000 HMO Tiered NE	33653ME0560003	\$1,103.98	1.748	1.000	1.000	1.748	\$631.49
Health Options Clear Choice Silver \$5000 PPO NE	33653ME0010015	\$1,094.40	1.748	1.000	1.000	1.748	\$626.01
Health Options Clear Choice Silver \$4000 PPO NE	33653ME0010010	\$1,120.59	1.748	1.000	1.000	1.748	\$640.99
Health Options Clear Choice Silver \$4000 PPO NE Dental	33653ME0050008	\$1,128.21	1.748	1.000	1.000	1.748	\$645.35
Health Options Clear Choice Silver \$4000 PPO National	33653ME0060003	\$1,158.08	1.748	1.000	1.000	1.748	\$662.44
Health Options Clear Choice Gold \$2500 PPO NE	33653ME0010012	\$1,133.80	1.748	1.000	1.000	1.748	\$648.55
Health Options Clear Choice Gold \$2500 PPO NE Dental	33653ME0050006	\$1,140.95	1.748	1.000	1.000	1.748	\$652.64
Health Options Clear Choice Gold \$1500 PPO NE	33653ME0010011	\$1,220.93	1.748	1.000	1.000	1.748	\$698.39
Health Options Clear Choice Gold \$1500 PPO National	33653ME0060005	\$1,262.90	1.748	1.000	1.000	1.748	\$722.40
Health Options Clear Choice Gold \$2500 HMO Tiered NE	33653ME0560008	\$1,116.58	1.748	1.000	1.000	1.748	\$638.70
Health Options Clear Choice Platinum PPO NE	33653ME0010013	\$1,544.08	1.748	1.000	1.000	1.748	\$883.23
Health Options Essential Bronze \$8500 PPO NE Dental Off MP	33653ME0340008	\$912.10	1.748	1.000	1.000	1.748	\$521.73
Health Options Clear Choice Bronze \$7500 HMO Tiered NE Dental Off MP	33653ME0590002	\$927.70	1.748	1.000	1.000	1.748	\$530.66
Health Options Clear Choice Bronze \$7500 PPO NE Dental Off MP	33653ME0340010	\$941.45	1.748	1.000	1.000	1.748	\$538.52
Health Options Clear Choice Bronze \$8000 HSA Plus PPO NE Dental Off MP	33653ME0340009	\$986.15	1.748	1.000	1.000	1.748	\$564.09
Health Options Clear Choice Bronze \$7500 PPO National Dental Off MP	33653ME0350002	\$973.54	1.748	1.000	1.000	1.748	\$556.88
Health Options Clear Choice Bronze \$8000 HSA Plus PPO National Dental Off MP	33653ME0350003	\$1,019.71	1.748	1.000	1.000	1.748	\$583.29
Health Options Clear Choice Bronze \$6300 HSA Plus PPO National Dental Off MP	33653ME0360001	\$1,018.53	1.748	1.000	1.000	1.748	\$582.61
Health Options Clear Choice Bronze \$6300 HSA Plus HMO Tiered NE Dental Off MP	33653ME0590006	\$970.54	1.748	1.000	1.000	1.748	\$555.16
Health Options Clear Choice Bronze \$6300 HSA Plus PPO NE Dental Off MP	33653ME0340011	\$984.94	1.748	1.000	1.000	1.748	\$563.40
Health Options Silver \$5800 HMO Tiered NE Dental Off MP	33653ME0590007	\$970.91	1.748	1.000	1.000	1.748	\$555.38
Health Options Silver \$5800 PPO NE Dental Off MP	33653ME0340013	\$985.31	1.748	1.000	1.000	1.748	\$563.61
Health Options Silver \$5800 PPO National Dental Off MP	33653ME0350012	\$1,018.98	1.748	1.000	1.000	1.748	\$582.87
Health Options Clear Choice Silver \$4500 HSA HMO Tiered NE Dental Off MP	33653ME0590003	\$999.91	1.748	1.000	1.000	1.748	\$571.96
Health Options Clear Choice Silver \$5000 HMO Tiered NE Dental Off MP	33653ME0590005	\$1,017.50	1.748	1.000	1.000	1.748	\$582.02
Health Options Clear Choice Silver \$5000 PPO National Dental Off MP	33653ME0350007	\$1,066.82	1.748	1.000	1.000	1.748	\$610.24
Health Options Silver \$4500 HMO National Dental Off MP	33653ME0550004	\$977.92	1.748	1.000	1.000	1.748	\$559.38
Health Options Clear Choice Silver \$4000 HMO Tiered NE Dental Off MP	33653ME0590004	\$1,041.57	1.748	1.000	1.000	1.748	\$595.79
Health Options Clear Choice Silver \$4000 PPO NE Dental Off MP	33653ME0340003	\$1,057.01	1.748	1.000	1.000	1.748	\$604.63
Health Options Clear Choice Silver \$4000 PPO National Dental Off MP	33653ME0350008	\$1,092.09	1.748	1.000	1.000	1.748	\$624.69
Health Options Clear Choice Silver \$4000 HSA Plus PPO National Dental Off MP	33653ME0350009	\$1,073.60	1.748	1.000	1.000	1.748	\$614.12
Health Options Clear Choice Gold \$1500 PPO National Dental Off MP	33653ME0350011	\$1,293.79	1.748	1.000	1.000	1.748	\$740.07
Health Options Clear Choice Gold \$2500 HMO Tiered NE Dental Off MP	33653ME0590008	\$1,145.17	1.748	1.000	1.000	1.748	\$655.05
Health Options Clear Choice Gold \$2500 PPO National Dental Off MP	33653ME0350010	\$1,200.76	1.748	1.000	1.000	1.748	\$686.85
Health Options Clear Choice Gold \$1500 PPO NE Dental Off MP	33653ME0340012	\$1,251.06	1.748	1.000	1.000	1.748	\$715.62

APPENDIX D

Appendix D
Maine Community Health Options (d/b/a Community Health Options)
Actuarial Values

Plan	HIOS ID	Actuarial Value	Source
Health Options Clear Choice Catastrophic HMO NE	33653ME0530008	0.597	Federal AV Calculator
Health Options Essential Bronze \$8500 HMO Tiered NE	33653ME0560006	0.611	Federal AV Calculator
Health Options Essential Bronze \$8500 PPO NE	33653ME0010014	0.611	Federal AV Calculator
Health Options Clear Choice Bronze \$7500 HMO Tiered NE	33653ME0560001	0.650	Federal AV Calculator
Health Options Clear Choice Bronze \$7500 HMO Tiered NE	33653ME0560009	0.650	Federal AV Calculator
Health Options Clear Choice Bronze \$7500 PPO NE	33653ME0010008	0.650	Federal AV Calculator
Health Options Clear Choice Bronze \$7500 PPO NE Dental	33653ME0050007	0.650	Federal AV Calculator
Health Options Clear Choice Bronze \$8000 HSA Plus PPO NE	33653ME0020002	0.631	Federal AV Calculator
Health Options Clear Choice Bronze \$6300 HSA PPO NE	33653ME0020003	0.640	Federal AV Calculator
Health Options Silver \$5800 HMO Tiered NE	33653ME0560007	0.712	Federal AV Calculator
Health Options Clear Choice Silver \$5000 HMO Tiered NE	33653ME0560005	0.714	Federal AV Calculator
Health Options Clear Choice Silver \$5000 HMO Tiered NE	33653ME0560010	0.713	Federal AV Calculator
Health Options Clear Choice Silver \$4000 HMO Tiered NE	33653ME0560003	0.718	Federal AV Calculator
Health Options Clear Choice Silver \$5000 PPO NE	33653ME0010015	0.716	Federal AV Calculator
Health Options Clear Choice Silver \$4000 PPO NE	33653ME0010010	0.720	Federal AV Calculator
Health Options Clear Choice Silver \$4000 PPO NE Dental	33653ME0050008	0.720	Federal AV Calculator
Health Options Clear Choice Silver \$4000 PPO National	33653ME0060003	0.720	Federal AV Calculator
Health Options Clear Choice Gold \$2500 PPO NE	33653ME0010012	0.800	Federal AV Calculator
Health Options Clear Choice Gold \$2500 PPO NE Dental	33653ME0050006	0.800	Federal AV Calculator
Health Options Clear Choice Gold \$1500 PPO NE	33653ME0010011	0.817	Federal AV Calculator
Health Options Clear Choice Gold \$1500 PPO National	33653ME0060005	0.818	Federal AV Calculator
Health Options Clear Choice Gold \$2500 HMO Tiered NE	33653ME0560008	0.798	Federal AV Calculator
Health Options Clear Choice Platinum PPO NE	33653ME0010013	0.902	Federal AV Calculator
Health Options Essential Bronze \$8500 PPO NE Dental Off MP	33653ME0340008	0.611	Federal AV Calculator
Health Options Clear Choice Bronze \$7500 HMO Tiered NE Dental Off MP	33653ME0590002	0.650	Federal AV Calculator
Health Options Clear Choice Bronze \$7500 PPO NE Dental Off MP	33653ME0340010	0.650	Federal AV Calculator
Health Options Clear Choice Bronze \$8000 HSA Plus PPO NE Dental Off MP	33653ME0340009	0.631	Federal AV Calculator
Health Options Clear Choice Bronze \$7500 PPO National Dental Off MP	33653ME0350002	0.650	Federal AV Calculator
Health Options Clear Choice Bronze \$8000 HSA Plus PPO National Dental Off MP	33653ME0350003	0.631	Federal AV Calculator
Health Options Clear Choice Bronze \$6300 HSA Plus PPO National Dental Off MP	33653ME0360001	0.640	Federal AV Calculator
Health Options Clear Choice Bronze \$6300 HSA Plus HMO Tiered NE Dental Off MP	33653ME0590006	0.639	Federal AV Calculator
Health Options Clear Choice Bronze \$6300 HSA Plus PPO NE Dental Off MP	33653ME0340011	0.640	Federal AV Calculator
Health Options Silver \$5800 HMO Tiered NE Dental Off MP	33653ME0590007	0.712	Federal AV Calculator
Health Options Silver \$5800 PPO NE Dental Off MP	33653ME0340013	0.715	Federal AV Calculator
Health Options Silver \$5800 PPO National Dental Off MP	33653ME0350012	0.715	Federal AV Calculator
Health Options Clear Choice Silver \$4500 HSA HMO Tiered NE Dental Off MP	33653ME0590003	0.701	Federal AV Calculator
Health Options Clear Choice Silver \$5000 HMO Tiered NE Dental Off MP	33653ME0590005	0.713	Federal AV Calculator
Health Options Clear Choice Silver \$5000 PPO National Dental Off MP	33653ME0350007	0.716	Federal AV Calculator
Health Options Silver \$4500 HMO National Dental Off MP	33653ME0550004	0.667	Federal AV Calculator
Health Options Clear Choice Silver \$4000 HMO Tiered NE Dental Off MP	33653ME0590004	0.718	Federal AV Calculator
Health Options Clear Choice Silver \$4000 PPO NE Dental Off MP	33653ME0340003	0.720	Federal AV Calculator
Health Options Clear Choice Silver \$4000 PPO National Dental Off MP	33653ME0350008	0.720	Federal AV Calculator
Health Options Clear Choice Silver \$4000 HSA Plus PPO National Dental Off MP	33653ME0350009	0.712	Federal AV Calculator
Health Options Clear Choice Gold \$1500 PPO National Dental Off MP	33653ME0350011	0.818	Federal AV Calculator
Health Options Clear Choice Gold \$2500 HMO Tiered NE Dental Off MP	33653ME0590008	0.798	Federal AV Calculator
Health Options Clear Choice Gold \$2500 PPO National Dental Off MP	33653ME0350010	0.800	Federal AV Calculator
Health Options Clear Choice Gold \$1500 PPO NE Dental Off MP	33653ME0340012	0.817	Federal AV Calculator

APPENDIX E

Appendix E
Maine Community Health Options (d/b/a Community Health Options)
Terminated Plans

Product Name	Plan Name	HIOS ID	Plan Type	Included in Experience
Individual Market	Health Options Clear Choice Bronze \$9450 PPO NE	33653ME0010009	PPO	Yes
Individual Market	Health Options Clear Choice Gold \$2500 PPO National Dental	33653ME0070001	PPO	Yes
Individual Market	Health Options Bronze \$8000 Healthy Maine PPO NE Off MP	33653ME0150001	PPO	Yes
Individual Market	Health Options Clear Choice Bronze \$9450 PPO NE Dental Off MP	33653ME0340001	PPO	Yes
Individual Market	Health Options Clear Choice Silver \$4000 HSA PPO NE Dental Off MP	33653ME0340002	PPO	Yes
Individual Market	Health Options Clear Choice Gold \$2500 PPO NE Dental Off MP	33653ME0340004	PPO	Yes
Individual Market	Health Options Clear Choice Silver \$3000 PPO NE Dental Off MP	33653ME0340005	PPO	Yes
Individual Market	Health Options Clear Choice Bronze \$7500 PPO NE Dental Off MP	33653ME0340007	PPO	Yes
Individual Market	Health Options Clear Choice Bronze \$9450 PPO National Dental Off MP	33653ME0350001	PPO	Yes
Individual Market	Health Options Clear Choice Silver \$5500 PPO National Dental Off MP	33653ME0350005	PPO	Yes
Individual Market	Health Options Clear Choice Bronze \$9450 HMO NE	33653ME0530009	HMO	Yes
Individual Market	Health Options Clear Choice Bronze \$7500 HMO NE	33653ME0530010	HMO	Yes
Individual Market	Health Options Clear Choice Silver \$3500 HMO NE	33653ME0530012	HMO	Yes
Individual Market	Health Options Clear Choice Silver \$4200 HMO NE	33653ME0530015	HMO	Yes
Individual Market	Health Options Bronze \$8000 Healthy Maine HMO NE	33653ME0530016	HMO	Yes
Individual Market	Health Options Clear Choice Silver \$3500 HMO NE Dental	33653ME0540007	HMO	Yes
Individual Market	Health Options Clear Choice Silver \$4500 HSA HMO NE Dental Off MP	33653ME0580001	HMO	Yes
Individual Market	Health Options Clear Choice Silver \$4000 HSA HMO NE Dental Off MP	33653ME0580002	HMO	Yes
Individual Market	Health Options Clear Choice Silver \$5500 HMO Tiered NE Dental Off MP	33653ME0590001	HMO	Yes
Individual Market	Health Options Bronze \$8000 Healthy Maine HMO NE Off MP	33653ME0600003	HMO	Yes
Individual Market	Health Options Clear Choice Silver \$5500 HMO NE Dental Off MP	33653ME0610002	HMO	Yes

ATTACHMENTS

ATTACHMENT A

	Health Options Clear Choice Catastrophic HMO NE	Health Options Essential Bronze \$8500 HMO Tiered NE	Health Options Clear Choice Bronze \$7500 HMO Tiered NE	Health Options Clear Choice Bronze \$7500 HMO Tiered NE Dental Off MP	Health Options Clear Choice Bronze \$6300 HSA Plus HMO Tiered NE Dental Off MP	Health Options Silver \$5800 HMO Tiered NE	Health Options Silver \$5800 HMO Tiered NE Dental Off MP	Health Options Clear Choice Silver \$5000 HMO Tiered NE
Deductible-Preferred	\$10,600	\$8,500	\$7,500	\$7,500	\$6,300	\$5,800	\$5,800	\$5,000
Deductible-Standard	N/A	\$10,600	\$10,000	\$10,000	\$8,000	\$8,500	\$8,500	\$8,500
OOP Maximum-Preferred	\$10,600	\$10,600	\$10,000	\$10,000	\$8,000	\$9,500	\$9,500	\$8,500
OOP Maximum-Standard	N/A	\$10,600	\$10,000	\$10,000	\$8,000	\$9,500	\$9,500	\$8,500
Member Coinsurance-Preferred	0%	50%	50%	50%	50%	40%	40%	30%
Member Coinsurance- Standard	N/A	0%	0%	0%	0%	60%	60%	0%
Preventive	\$0 copay; deductible does not apply	\$0 copay; deductible does not apply	\$0 copay; deductible does not apply	\$0 copay; deductible does not apply	\$0 copay; deductible does not apply	\$0 copay; deductible does not apply	\$0 copay; deductible does not apply	\$0 copay; deductible does not apply
Emergency Room	0% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible	40% coinsurance after deductible	40% coinsurance after deductible	30% coinsurance after deductible
Office Visit- Primary- Preferred	Visits 2-3 \$50 copay; deductible does not apply, then 0% coinsurance after deductible	\$75 copay; deductible does not apply	\$45 copay; deductible does not apply	\$45 copay; deductible does not apply	50% coinsurance after deductible	\$30 copay; deductible does not apply	\$30 copay; deductible does not apply	\$40 copay; deductible does not apply
Office Visit- Primary- Standard	N/A	\$110 copay; deductible does not apply	\$80 copay; deductible does not apply	\$80 copay; deductible does not apply	0% coinsurance after deductible	\$65 copay; deductible does not apply	\$65 copay; deductible does not apply	\$75 copay; deductible does not apply
Outpatient MH/SA	Visits 2-3 \$50 copay; deductible does not apply, then 0% coinsurance after deductible	\$75 copay; deductible does not apply	\$45 copay; deductible does not apply	\$45 copay; deductible does not apply	50% coinsurance after deductible	\$30 copay; deductible does not apply	\$30 copay; deductible does not apply	\$40 copay; deductible does not apply
Office Visit- Specialty- Preferred	0% coinsurance after deductible	\$55 copay after deductible	\$80 copay; deductible does not apply	\$80 copay; deductible does not apply	50% coinsurance after deductible	\$80 copay; deductible does not apply	\$80 copay; deductible does not apply	\$60 copay; deductible does not apply
Office Visit- Specialty- Standard	N/A	0% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible	\$80 copay after deductible	\$80 copay after deductible	0% coinsurance after deductible
Urgent Care	0% coinsurance after deductible	\$90 copay; deductible does not apply	\$95 copay; deductible does not apply	\$60 copay; deductible does not apply	50% coinsurance after deductible	\$55 copay; deductible does not apply	\$55 copay; deductible does not apply	\$75 copay; deductible does not apply
Rehabilitation/Habilitation Services (PT/OT/ST)	0% coinsurance after deductible	50% coinsurance after deductible	\$45 copay; deductible does not apply	\$45 copay; deductible does not apply	50% coinsurance after deductible	\$70 copay; deductible does not apply	\$70 copay; deductible does not apply	\$40 copay; deductible does not apply
Chiropractic	0% coinsurance after deductible	50% coinsurance after deductible	\$45 copay; deductible does not apply	\$45 copay; deductible does not apply	50% coinsurance after deductible	\$70 copay; deductible does not apply	\$70 copay; deductible does not apply	\$40 copay; deductible does not apply
Rx Tier 1 (Preferred Generics)	0% coinsurance after deductible	\$5 copay; deductible does not apply	\$5 copay; deductible does not apply	\$5 copay; deductible does not apply	50% coinsurance after deductible	\$5 copay; deductible does not apply	\$5 copay; deductible does not apply	\$5 copay; deductible does not apply
Rx Tier 2 (Generics)	0% coinsurance after deductible	\$40 copay; deductible does not apply	\$30 copay; deductible does not apply	\$30 copay; deductible does not apply	50% coinsurance after deductible	\$5 copay; deductible does not apply	\$5 copay; deductible does not apply	\$25 copay; deductible does not apply
Rx Tier 3 (Preferred Brands and Select Generics)	0% coinsurance after deductible	50% coinsurance after deductible	\$50 copay after deductible	\$50 copay after deductible	50% coinsurance after deductible	\$60 copay; deductible does not apply	\$60 copay; deductible does not apply	\$50 copay; deductible does not apply
Rx Tier 4 (Non-Preferred Brands)	0% coinsurance after deductible	50% coinsurance after deductible	\$100 copay after deductible	\$100 copay after deductible	50% coinsurance after deductible	40% coinsurance after deductible	40% coinsurance after deductible	30% coinsurance after deductible
Rx Tier 5 (Specialty)	0% coinsurance after deductible	60% coinsurance after deductible	\$250 copay after deductible	\$250 copay after deductible	50% coinsurance after deductible	60% coinsurance after deductible	60% coinsurance after deductible	50% coinsurance after deductible
Pediatric Dental	Excluded	Excluded	Excluded	Embedded	Embedded	Excluded	Embedded	Excluded
All Else	0% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible	40% coinsurance after deductible	40% coinsurance after deductible	30% coinsurance after deductible
	Health Options Clear Choice Silver \$5000 HMO Tiered NE Dental Off MP	Health Options Clear Choice Silver \$4500 HSA HMO Tiered NE Dental Off MP	Health Options Silver \$4500 HMO National Dental Off MP	Health Options Clear Choice Silver \$4000 HMO Tiered NE	Health Options Clear Choice Silver \$4000 HMO Tiered NE Dental Off MP	Health Options Clear Choice Gold \$2500 PPO NE Dental	Health Options Clear Choice Gold \$2500 PPO National Dental Off MP	Health Options Clear Choice Gold \$1500 PPO NE
Deductible	\$5,000	\$4,500	\$4,500	\$4,000	\$4,000	\$2,500	\$2,500	\$1,500

Deductible-Standard	\$8,500	\$7,000	N/A	\$8,000	\$8,000	N/A	N/A	N/A
OOP Maximum	\$8,500	\$7,000	\$10,600	\$8,500	\$8,500	\$6,000	\$6,000	\$5,000
OOP Maximum-Standard	\$8,500	\$7,000	N/A	\$8,500	\$8,500	N/A	N/A	N/A
Member Coinsurance	30%	20%	40%	30%	30%	30%	30%	30%
Member Coinsurance- Standard	0%	0%	N/A	50%	50%	N/A	N/A	N/A
Preventive	\$0 copay; deductible does not apply	\$0 copay; deductible does not apply	\$0 copay; deductible does not apply	\$0 copay; deductible does not apply	\$0 copay; deductible does not apply	\$0 copay; deductible does not apply	\$0 copay; deductible does not apply	\$0 copay; deductible does not apply
Emergency Room	30% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible
Office Visit- Primary	\$40 copay; deductible does not apply	20% coinsurance after deductible	\$55 copay; deductible does not apply	\$40 copay; deductible does not apply	\$40 copay; deductible does not apply	\$20 copay; deductible does not apply	\$20 copay; deductible does not apply	\$25 copay; deductible does not apply
Office Visit- Primary Standard	\$75 copay; deductible does not apply	0% coinsurance after deductible	N/A	\$75 copay; deductible does not apply	\$75 copay; deductible does not apply	N/A	N/A	N/A
Outpatient MH/SA	\$40 copay; deductible does not apply	20% coinsurance after deductible	\$55 copay; deductible does not apply	\$40 copay; deductible does not apply	\$40 copay; deductible does not apply	\$20 copay; deductible does not apply	\$20 copay; deductible does not apply	\$25 copay; deductible does not apply
Office Visit- Specialty	\$60 copay; deductible does not apply	20% coinsurance after deductible	\$100 copay; deductible does not apply	\$60 copay; deductible does not apply	\$60 copay; deductible does not apply	\$50 copay; deductible does not apply	\$50 copay; deductible does not apply	\$50 copay; deductible does not apply
Office Visit- Specialty Standard	0% coinsurance after deductible	0% coinsurance after deductible	N/A	\$60 copay after deductible	\$60 copay after deductible	N/A	N/A	N/A
Urgent Care	\$40 copay; deductible does not apply	20% coinsurance after deductible	\$50 copay; deductible does not apply	\$40 copay; deductible does not apply	\$40 copay; deductible does not apply	\$40 copay; deductible does not apply	\$40 copay; deductible does not apply	\$40 copay; deductible does not apply
Rehabilitation/Habilitation Services (PT/OT/ST)	\$40 copay; deductible does not apply	20% coinsurance after deductible	\$65 copay; deductible does not apply	\$40 copay; deductible does not apply	\$40 copay; deductible does not apply	\$30 copay; deductible does not apply	\$30 copay; deductible does not apply	\$30 copay; deductible does not apply
Chiropractic	\$40 copay; deductible does not apply	20% coinsurance after deductible	\$65 copay; deductible does not apply	\$40 copay; deductible does not apply	\$40 copay; deductible does not apply	\$30 copay; deductible does not apply	\$30 copay; deductible does not apply	\$30 copay; deductible does not apply
Rx Tier 1 (Preferred Generics)	\$5 copay; deductible does not apply	20% coinsurance after deductible	\$5 copay; deductible does not apply	\$5 copay; deductible does not apply	\$5 copay; deductible does not apply	\$5 copay; deductible does not apply	\$5 copay; deductible does not apply	\$5 copay; deductible does not apply
Rx Tier 2 (Generics)	\$25 copay; deductible does not apply	20% coinsurance after deductible	\$35 copay; deductible does not apply	\$25 copay; deductible does not apply	\$25 copay; deductible does not apply	\$25 copay; deductible does not apply	\$25 copay; deductible does not apply	\$25 copay; deductible does not apply
Rx Tier 3 (Preferred Brands and Select Generics)	\$50 copay; deductible does not apply	20% coinsurance after deductible	\$85 copay; deductible does not apply	\$50 copay; deductible does not apply	\$50 copay; deductible does not apply	\$50 copay; deductible does not apply	\$50 copay; deductible does not apply	\$50 copay; deductible does not apply
Rx Tier 4 (Non-Preferred Brands)	30% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	\$100 copay after deductible	\$100 copay after deductible	30% coinsurance up to max of \$300/script deductible does not apply	30% coinsurance up to max of \$300/script deductible does not apply	\$80 copay after deductible
Rx Tier 5 (Specialty)	50% coinsurance after deductible	20% coinsurance after deductible	50% coinsurance after deductible	\$250 copay after deductible	\$250 copay after deductible	50% coinsurance up to max of \$600/script deductible does not apply	50% coinsurance up to max of \$600/script deductible does not apply	\$250 copay after deductible
Pediatric Dental	Embedded	Embedded	Embedded	Excluded	Embedded	Embedded	Embedded	Excluded
All Else	30% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible

	Health Options Clear Choice Gold \$1500 PPO NE Dental Off MP	Health Options Clear Choice Gold \$1500 PPO National	Health Options Clear Choice Gold \$1500 PPO National Dental Off MP	Health Options Clear Choice Platinum PPO NE
Deductible	\$1,500	\$1,500	\$1,500	\$500
Deductible-Standard	N/A	N/A	N/A	N/A
OOP Maximum	\$5,000	\$5,000	\$5,000	\$3,000
OOP Maximum-Standard	N/A	N/A	N/A	N/A
Member Coinsurance	30%	30%	30%	20%
Member Coinsurance- Standard	N/A	N/A	N/A	N/A
Preventive	\$0 copay; deductible does not apply	\$0 copay; deductible does not apply	\$0 copay; deductible does not apply	\$0 copay; deductible does not apply

Emergency Room	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible	20% coinsurance after deductible
Office Visit- Primary	\$25 copay; deductible does not apply	\$25 copay; deductible does not apply	\$25 copay; deductible does not apply	\$20 copay; deductible does not apply
Office Visit- Primary Standard	N/A	N/A	N/A	N/A
Outpatient MH/SA	\$25 copay; deductible does not apply	\$25 copay; deductible does not apply	\$25 copay; deductible does not apply	\$20 copay; deductible does not apply
Office Visit- Specialty	\$50 copay; deductible does not apply	\$50 copay; deductible does not apply	\$50 copay; deductible does not apply	\$40 copay; deductible does not apply
Office Visit- Specialty Standard	N/A	N/A	N/A	N/A
Urgent Care	\$40 copay; deductible does not apply	\$40 copay; deductible does not apply	\$40 copay; deductible does not apply	\$25 copay; deductible does not apply
Rehabilitation/Habilitation Services (PT/OT/ST)	\$30 copay; deductible does not apply			
Chiropractic	\$30 copay; deductible does not apply			
Rx Tier 1 (Preferred Generics)	\$5 copay; deductible does not apply	\$5 copay; deductible does not apply	\$5 copay; deductible does not apply	\$0 copay; deductible does not apply
Rx Tier 2 (Generics)	\$25 copay; deductible does not apply	\$25 copay; deductible does not apply	\$25 copay; deductible does not apply	\$0 copay; deductible does not apply
Rx Tier 3 (Preferred Brands and Select Generics)	\$50 copay; deductible does not apply	\$50 copay; deductible does not apply	\$50 copay; deductible does not apply	\$15 copay; deductible does not apply
Rx Tier 4 (Non-Preferred Brands)	\$80 copay after deductible			
Rx Tier 5 (Specialty)	\$250 copay after deductible			
Pediatric Dental	Embedded	Excluded	Embedded	Excluded
All Else	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible	20% coinsurance after deductible

	Health Options Clear						
	Health Options Essential Bronze \$8500 PPO NE	Health Options Essential Bronze \$8500 PPO NE Dental Off MP	Health Options Clear Choice Bronze \$8000 HSA Plus PPO NE	Health Options Clear Choice Bronze \$8000 HSA Plus PPO NE Dental Off MP	Health Options Clear Choice Bronze \$8000 HSA Plus PPO NE Dental Off MP	Health Options Clear Choice Bronze \$7500 PPO NE	Health Options Clear Choice Bronze \$7500 PPO NE Dental
Deductible	\$8,500	\$8,500	\$8,000	\$8,000	\$8,000	\$7,500	\$7,500
OOP Maximum	\$10,600	\$10,600	\$8,000	\$8,000	\$8,000	\$10,000	\$10,000
Member Coinsurance	50%	50%	0%	0%	0%	50%	50%
Preventive	\$0 copay; deductible does not apply	\$0 copay; deductible does not apply	\$0 copay; deductible does not apply	\$0 copay; deductible does not apply	\$0 copay; deductible does not apply	\$0 copay; deductible does not apply	\$0 copay; deductible does not apply
Emergency Room	50% coinsurance after deductible	50% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible
Office Visit- Primary	\$75 copay; deductible does not apply	\$75 copay; deductible does not apply	0% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible	\$45 copay; deductible does not apply	\$45 copay; deductible does not apply
Outpatient MH/SA	\$75 copay; deductible does not apply	\$75 copay; deductible does not apply	0% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible	\$45 copay; deductible does not apply	\$45 copay; deductible does not apply
Office Visit- Specialty	\$55 copay after deductible	\$55 copay after deductible	0% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible	\$80 copay; deductible does not apply	\$80 copay; deductible does not apply
Urgent Care	\$90 copay; deductible does not apply	\$90 copay; deductible does not apply	0% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible	\$60 copay; deductible does not apply	\$60 copay; deductible does not apply
Rehabilitation/Habilitation Services (PT/OT/ST)	50% coinsurance after deductible	50% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible	\$45 copay; deductible does not apply	\$45 copay; deductible does not apply
Chiropractic	50% coinsurance after deductible	50% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible	\$45 copay; deductible does not apply	\$45 copay; deductible does not apply
Rx Tier 1 (Preferred Generics)	\$5 copay; deductible does not apply	\$5 copay; deductible does not apply	0% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible	\$5 copay; deductible does not apply	\$5 copay; deductible does not apply
Rx Tier 2 (Generics)	\$40 copay; deductible does not apply	\$40 copay; deductible does not apply	0% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible	\$30 copay; deductible does not apply	\$30 copay; deductible does not apply
Rx Tier 3 (Preferred Brands and Select Generics)	50% coinsurance after deductible	50% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible	\$50 copay after deductible	\$50 copay after deductible
Rx Tier 4 (Non-Preferred Brands)	50% coinsurance after deductible	50% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible	\$100 copay after deductible	\$100 copay after deductible
Rx Tier 5 (Specialty)	60% coinsurance after deductible	60% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible	\$250 copay after deductible	\$250 copay after deductible
Pediatric Dental	Excluded	Embedded	Excluded	Embedded	Embedded	Excluded	Embedded
All Else	50% coinsurance after deductible	50% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible

	Health Options Clear						
	Health Options Clear Choice Bronze \$7500 PPO NE Dental Off MP	Health Options Clear Choice Bronze \$7500 PPO National Dental Off MP	Health Options Clear Choice Bronze \$6300 HSA PPO NE	Health Options Clear Choice Bronze \$6300 HSA Plus PPO NE Dental Off MP	Choice Bronze \$6300 HSA Plus PPO National Dental Off MP	Health Options Silver \$5800 PPO NE Dental Off MP	Health Options Silver \$5800 PPO National Dental Off MP
Deductible	\$7,500	\$7,500	\$6,300	\$6,300	\$6,300	\$5,800	\$5,800
OOP Maximum	\$10,000	\$10,000	\$8,000	\$8,000	\$8,000	\$9,500	\$9,500
Member Coinsurance	50%	50%	50%	50%	50%	40%	40%
Preventive	\$0 copay; deductible does not apply	\$0 copay; deductible does not apply	\$0 copay; deductible does not apply	\$0 copay; deductible does not apply	\$0 copay; deductible does not apply	\$0 copay; deductible does not apply	\$0 copay; deductible does not apply
Emergency Room	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible	40% coinsurance after deductible	40% coinsurance after deductible
Office Visit- Primary	\$45 copay; deductible does not apply	\$45 copay; deductible does not apply	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible	\$30 copay; deductible does not apply	\$30 copay; deductible does not apply
Outpatient MH/SA	\$45 copay; deductible does not apply	\$45 copay; deductible does not apply	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible	\$30 copay; deductible does not apply	\$30 copay; deductible does not apply
Office Visit- Specialty	\$80 copay; deductible does not apply	\$80 copay; deductible does not apply	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible	\$80 copay; deductible does not apply	\$80 copay; deductible does not apply
Urgent Care	\$60 copay; deductible does not apply	\$60 copay; deductible does not apply	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible	\$55 copay; deductible does not apply	\$55 copay; deductible does not apply
Rehabilitation/Habilitation Services (PT/OT/ST)	\$45 copay; deductible does not apply	\$45 copay; deductible does not apply	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible	\$70 copay; deductible does not apply	\$70 copay; deductible does not apply
Chiropractic	\$45 copay; deductible does not apply	\$45 copay; deductible does not apply	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible	\$70 copay; deductible does not apply	\$70 copay; deductible does not apply
Rx Tier 1 (Preferred Generics)	\$5 copay; deductible does not apply	\$5 copay; deductible does not apply	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible	\$5 copay; deductible does not apply	\$5 copay; deductible does not apply
Rx Tier 2 (Generics)	\$30 copay; deductible does not apply	\$30 copay; deductible does not apply	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible	\$5 copay; deductible does not apply	\$5 copay; deductible does not apply
Rx Tier 3 (Preferred Brands and Select Generics)	\$50 copay after deductible	\$50 copay after deductible	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible	\$60 copay; deductible does not apply	\$60 copay; deductible does not apply
Rx Tier 4 (Non-Preferred Brands)	\$100 copay after deductible	\$100 copay after deductible	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible	40% coinsurance after deductible	40% coinsurance after deductible
Rx Tier 5 (Specialty)	\$250 copay after deductible	\$250 copay after deductible	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible	60% coinsurance after deductible	60% coinsurance after deductible
Pediatric Dental	Embedded	Embedded	Excluded	Embedded	Embedded	Embedded	Excluded
All Else	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible	40% coinsurance after deductible	40% coinsurance after deductible

	Health Options Clear Choice Silver \$5000 PPO NE	Health Options Clear Choice Silver \$5000 PPO National Dental Off MP	Health Options Clear Choice Silver \$4000 PPO NE	Health Options Clear Choice Silver \$4000 PPO NE Dental	Health Options Clear Choice Silver \$4000 PPO NE Dental Off MP	Health Options Clear Choice Silver \$4000 PPO National	Health Options Clear Choice Silver \$4000 PPO National Dental Off MP
Deductible	\$5,000	\$5,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000
OOP Maximum	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500
Member Coinsurance	30%	30%	30%	30%	30%	30%	30%
Preventive	\$0 copay; deductible does not apply	\$0 copay; deductible does not apply	\$0 copay; deductible does not apply	\$0 copay; deductible does not apply	\$0 copay; deductible does not apply	\$0 copay; deductible does not apply	\$0 copay; deductible does not apply
Emergency Room	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible
Office Visit- Primary	\$40 copay; deductible does not apply	\$40 copay; deductible does not apply	\$40 copay; deductible does not apply	\$40 copay; deductible does not apply	\$40 copay; deductible does not apply	\$40 copay; deductible does not apply	\$40 copay; deductible does not apply
Outpatient MH/SA	\$40 copay; deductible does not apply	\$40 copay; deductible does not apply	\$40 copay; deductible does not apply	\$40 copay; deductible does not apply	\$40 copay; deductible does not apply	\$40 copay; deductible does not apply	\$40 copay; deductible does not apply
Office Visit- Specialty	\$60 copay; deductible does not apply	\$60 copay; deductible does not apply	\$60 copay; deductible does not apply	\$60 copay; deductible does not apply	\$60 copay; deductible does not apply	\$60 copay; deductible does not apply	\$60 copay; deductible does not apply
Urgent Care	\$40 copay; deductible does not apply	\$40 copay; deductible does not apply	\$40 copay; deductible does not apply	\$40 copay; deductible does not apply	\$40 copay; deductible does not apply	\$40 copay; deductible does not apply	\$40 copay; deductible does not apply
Rehabilitation/Habilitation Services (PT/OT/ST)	\$40 copay; deductible does not apply	\$40 copay; deductible does not apply	\$40 copay; deductible does not apply	\$40 copay; deductible does not apply	\$40 copay; deductible does not apply	\$40 copay; deductible does not apply	\$40 copay; deductible does not apply
Chiropractic	\$40 copay; deductible does not apply	\$40 copay; deductible does not apply	\$40 copay; deductible does not apply	\$40 copay; deductible does not apply	\$40 copay; deductible does not apply	\$40 copay; deductible does not apply	\$40 copay; deductible does not apply
Rx Tier 1 (Preferred Generics)	\$5 copay; deductible does not apply	\$5 copay; deductible does not apply	\$5 copay; deductible does not apply	\$5 copay; deductible does not apply	\$5 copay; deductible does not apply	\$5 copay; deductible does not apply	\$5 copay; deductible does not apply
Rx Tier 2 (Generics)	\$25 copay; deductible does not apply	\$25 copay; deductible does not apply	\$25 copay; deductible does not apply	\$25 copay; deductible does not apply	\$25 copay; deductible does not apply	\$25 copay; deductible does not apply	\$25 copay; deductible does not apply
Rx Tier 3 (Preferred Brands and Select Generics)	\$50 copay; deductible does not apply	\$50 copay; deductible does not apply	\$50 copay; deductible does not apply	\$50 copay; deductible does not apply	\$50 copay; deductible does not apply	\$50 copay; deductible does not apply	\$50 copay; deductible does not apply
Rx Tier 4 (Non-Preferred Brands)	30% coinsurance after deductible	30% coinsurance after deductible	\$100 copay after deductible	\$100 copay after deductible	\$100 copay after deductible	\$100 copay after deductible	\$100 copay after deductible
Rx Tier 5 (Specialty)	50% coinsurance after deductible	50% coinsurance after deductible	\$250 copay after deductible	\$250 copay after deductible	\$250 copay after deductible	\$250 copay after deductible	\$250 copay after deductible
Pediatric Dental	Excluded	Embedded	Excluded	Embedded	Embedded	Excluded	Embedded
All Else	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible

	Health Options Clear Choice Silver \$4000 HSA Plus PPO National Dental Off MP	Health Options Clear Choice Gold \$2500 PPO NE	Health Options Clear Choice Gold \$2500 PPO NE Dental	Health Options Clear Choice Gold \$2500 PPO National Dental Off MP	Health Options Clear Choice Gold \$1500 PPO NE	Health Options Clear Choice Gold \$1500 PPO NE Dental Off MP	Health Options Clear Choice Gold \$1500 PPO National
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Deductible	\$4,000	\$2,500	\$2,500	\$2,500	\$1,500	\$1,500	\$1,500
OOP Maximum	\$7,000	\$6,000	\$6,000	\$6,000	\$5,000	\$5,000	\$5,000
Member Coinsurance	20%	30%	30%	30%	30%	30%	30%
Preventive	\$0 copay; deductible does not apply	\$0 copay; deductible does not apply	\$0 copay; deductible does not apply	\$0 copay; deductible does not apply	\$0 copay; deductible does not apply	\$0 copay; deductible does not apply	\$0 copay; deductible does not apply
Emergency Room	20% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible
Office Visit- Primary	20% coinsurance after deductible	\$20 copay; deductible does not apply	\$20 copay; deductible does not apply	\$20 copay; deductible does not apply	\$25 copay; deductible does not apply	\$25 copay; deductible does not apply	\$25 copay; deductible does not apply
Outpatient MH/SA	20% coinsurance after deductible	\$20 copay; deductible does not apply	\$20 copay; deductible does not apply	\$20 copay; deductible does not apply	\$25 copay; deductible does not apply	\$25 copay; deductible does not apply	\$25 copay; deductible does not apply
Office Visit- Specialty	20% coinsurance after deductible	\$50 copay; deductible does not apply	\$50 copay; deductible does not apply	\$50 copay; deductible does not apply	\$50 copay; deductible does not apply	\$50 copay; deductible does not apply	\$50 copay; deductible does not apply
Urgent Care	20% coinsurance after deductible	\$40 copay; deductible does not apply	\$40 copay; deductible does not apply	\$40 copay; deductible does not apply	\$40 copay; deductible does not apply	\$40 copay; deductible does not apply	\$40 copay; deductible does not apply
Rehabilitation/Habilitation Services (PT/OT/ST)	20% coinsurance after deductible	\$30 copay; deductible does not apply	\$30 copay; deductible does not apply	\$30 copay; deductible does not apply	\$30 copay; deductible does not apply	\$30 copay; deductible does not apply	\$30 copay; deductible does not apply
Chiropractic	20% coinsurance after deductible	\$30 copay; deductible does not apply	\$30 copay; deductible does not apply	\$30 copay; deductible does not apply	\$30 copay; deductible does not apply	\$30 copay; deductible does not apply	\$30 copay; deductible does not apply
Rx Tier 1 (Preferred Generics)	\$5 copay after deductible	\$5 copay; deductible does not apply	\$5 copay; deductible does not apply	\$5 copay; deductible does not apply	\$5 copay; deductible does not apply	\$5 copay; deductible does not apply	\$5 copay; deductible does not apply
Rx Tier 2 (Generics)	\$25 copay after deductible	\$25 copay; deductible does not apply	\$25 copay; deductible does not apply	\$25 copay; deductible does not apply	\$25 copay; deductible does not apply	\$25 copay; deductible does not apply	\$25 copay; deductible does not apply
Rx Tier 3 (Preferred Brands and Select Generics)	\$50 copay after deductible	\$50 copay; deductible does not apply	\$50 copay; deductible does not apply	\$50 copay; deductible does not apply	\$50 copay; deductible does not apply	\$50 copay; deductible does not apply	\$50 copay; deductible does not apply
Rx Tier 4 (Non-Preferred Brands)	\$100 copay after deductible	30% coinsurance up to max of \$300/script deductible does not apply	30% coinsurance up to max of \$300/script deductible does not apply	30% coinsurance up to max of \$300/script deductible does not apply	\$80 copay after deductible	\$80 copay after deductible	\$80 copay after deductible
Rx Tier 5 (Specialty)	\$250 copay after deductible	50% coinsurance up to max of \$600/script deductible does not apply	50% coinsurance up to max of \$600/script deductible does not apply	50% coinsurance up to max of \$600/script deductible does not apply	\$250 copay after deductible	\$250 copay after deductible	\$250 copay after deductible
Pediatric Dental	Embedded	Excluded	Embedded	Embedded	Excluded	Embedded	Excluded
All Else	20% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible

	Health Options Clear	Health Options Clear Choice
	Choice Gold \$1500 PPO	Choice Platinum PPO NE

Deductible	\$1,500	\$500
OOP Maximum	\$5,000	\$3,000
Member Coinsurance	30%	20%

Preventive	\$0 copay; deductible does not apply	\$0 copay; deductible does not apply
Emergency Room	30% coinsurance after deductible	20% coinsurance after deductible
Office Visit- Primary	\$25 copay; deductible does not apply	\$20 copay; deductible does not apply
Outpatient MH/SA	\$25 copay; deductible does not apply	\$20 copay; deductible does not apply
Office Visit- Specialty	\$50 copay; deductible does not apply	\$40 copay; deductible does not apply
Urgent Care	\$40 copay; deductible does not apply	\$25 copay; deductible does not apply
Rehabilitation/Habilitation Services (PT/OT/ST)	\$30 copay; deductible does not apply	\$30 copay; deductible does not apply
Chiropractic	\$30 copay; deductible does not apply	\$30 copay; deductible does not apply
Rx Tier 1 (Preferred Generics)	\$5 copay; deductible does not apply	\$0 copay; deductible does not apply
Rx Tier 2 (Generics)	\$25 copay; deductible does not apply	\$0 copay; deductible does not apply
Rx Tier 3 (Preferred Brands and Select Generics)	\$50 copay; deductible does not apply	\$15 copay; deductible does not apply
Rx Tier 4 (Non-Preferred Brands)	\$80 copay after deductible	\$80 copay after deductible
Rx Tier 5 (Specialty)	\$250 copay after deductible	\$250 copay after deductible
Pediatric Dental	Embedded	Excluded
All Else	30% coinsurance after deductible	20% coinsurance after deductible

ATTACHMENT B

Attachment B
Maine Community Health Options (d/b/a Community Health Options)
Individual Historical Experience

	Individual Only CY 2022	Combined Experience CY2023	Combined Experience CY2024
Collected Premium	\$139,159,744	\$226,296,647	\$232,366,195
Earned Premium	\$139,159,744	\$226,296,647	\$232,366,195
Paid Claims	na	na	na
Paid Loss Ratio	na	na	na
Change in Claim Liability and Reserve	na	na	na
Incurred Claims	\$106,806,390	\$183,619,993	\$210,071,642
Incurred Loss Ratio	76.8%	81.1%	90.4%
Expected Incurred Claims	\$130,542,573	\$182,601,651	\$253,677,230
Actual-to-Expected Claims	81.8%	100.6%	82.8%
Active Life Reserves	\$0	\$0	\$0

Average Rate Increases

CY 2015	0.00%
CY 2016	0.50%
CY 2017	25.50%
CY 2018	15.70%
CY 2019	0.90%
CY 2020	0.90%
CY 2021	-13.70%
CY 2022	-5.41%
CY 2023	10.70%
CY 2024	17.70%
CY 2025	8.10%