

PLAN YEAR 2025-2026 ACTUARIAL REPORT

**OKLAHOMA PUBLIC EMPLOYEES HEALTH AND
WELFARE TRUST**

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1. Executive Summary

Purpose and Scope

The Oklahoma Public Employees Health and Welfare Plan (OPEH&W) engaged Oliver Wyman Actuarial Consulting, Inc. (Oliver Wyman) to perform a valuation of medical, drug, and dental benefits for the plan year beginning July 1, 2025. This review includes:

- Development of appropriate premiums for major medical (medical/pharmacy) and dental benefits
- Determination of incurred but not reported (IBNR) reserves
- Aggregate funding forecasts

Actuarial Findings

We have developed rates for plan year 2025-2026 based on our best estimate of actuarial pricing assumptions without any additional charges to increase OPEH&W surplus. Our initial projections produce a premium rate increase of 4.6% for plan year 2025-2026. Table 1 summarizes the proposed premium rate changes from current rates in plan year 2024-2025.

Table 1 – Proposed Premium Rate Changes

Benefit Plan	Blue Choice Diamond	Blue Preferred Diamond
Medical/Pharmacy	5.9%	5.9%
Enhanced Dental	-15.4%	-15.4%
Combined	4.6%	4.6%

The premium rate changes shown in Table 1 reflect the Diamond medical/pharmacy plan and the Enhanced dental plan. We have also developed premium rates for the five additional medical/pharmacy plans offered by OPEH&W. Appendix D displays the premium rates and the proposed changes to those rates for all plans.

The succeeding sections of this report provide greater context to the premium rate projection, including the data sources used, the methodology behind the premium rate projection, and a description of assumptions used.

2. Data

Data Received

We received information from OPEH&W, as supplied by its third-party administrator (TPA) and various vendors, including but not limited to the following:

- A summary of aggregated medical, dental, and pharmacy claim payments by month from July 2012 to October 2024 (referred to as the aggregated claim report)
- Medical claim lag reports for claims paid between February 2013 and November 2024
- Dental claim lag reports for claims paid between July 2013 and November 2024
- Shock or high-cost claimant reports for plan years 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023, 2023-2024 with claims paid through November 2024
- Financial statements for plan years 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023, and 2024-2025
- Detailed medical and dental census information for July 2012 through November 2024
- Current OPEH&W Briefing Book
- OPEH&W Benefit Books for each plan option offered in plan years 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023, 2023-2024, and 2024-2025
- Plan Audit Report for plan years 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, and 2022-2023
- Medical/pharmacy and dental premium rates for plan years 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023, 2023-2024, and 2024-2025.
- Benefit changes for plan years 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2022-2023, and 2024-2025
- Summary of Benefits and Coverage for plan years 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023, 2023-2024, and 2024-2025
- Coverage highlights for plan years 2019-2020, 2020-2021, 2021-2022, 2022-2023, 2023-2024, and 2024-2025
- The medical and dental ASO renewal reports for plan year 2020-2021, 2021-2022, 2022-2023, 2023-2024 and 2024-2025 as prepared by Blue Cross and Blue Shield of Oklahoma (BCBSOK)
- Analyses and reports covering recent financial and utilization metrics prepared by BCBSOK
- Pharmacy rebates paid for plan years 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023, 2023-2024 and plan year 2024-2025 YTD as of December 2024 through reports developed by Express Scripts and Evernorth Health Services
- 2025-2026 plan year vendor fees
 - Medical plan management fees:
 - \$21.07 per contract per month (a 5.0% increase from \$20.07 in 2024-2025 plan year)
 - BCBSOK medical and dental fees:
 - Medical administration fee of \$39.61 per contract per month
 - Medical rebate credit of \$2.50 per contract per month
 - Dental administration fee of \$3.21 per contract per month
 - Stop-Loss Reinsurance (with an aggregate stop-loss component and third-party stop-loss carrier fee) as of 12/14/2024:
 - \$27.57 per contract per month
 - Additional fees
 - \$0.52 per member per month for virtual visits

- \$16.84 per contract per month for Health Advocacy Services (HAS)
- Stop loss contract for plan year 2020-2021
- Medical and dental paid claims by month for terminating groups between July 2022 through June 2023. Per OPEH&W, there were no terminated groups after June 2023.

The medical ASO projection for plan year 2024-2025 prepared by BCBSOK did not provide any information about the claim cost relativities between the Blue Choice and Blue Preferred networks. We have assumed the claim cost relativities will not change materially for plan year 2024-2025 relative to the estimate from BCBSOK that was provided in support of the rate development in previous years.

Data Reconciliation

To assess the reasonability of the data, we performed a reconciliation on both the enrollment and paid claims data provided by OPEH&W.

Paid Claims Reconciliation

To determine the reasonability of the medical and dental paid claims data, we compared the data from the medical and dental lag reports, the aggregated claim report, the ASO renewal reports developed by BCBSOK, the overview report prepared for OPEH&W, and the financial statements. We compared pharmacy claim information from the aggregated claim report to the financial statements and PBM reports to determine the reasonability of the pharmacy claims data. Pharmacy claims usually process quickly; therefore, paid pharmacy claims typically serve as a sufficient proxy for incurred pharmacy claims. Our reconciliation focused on the time period of data underlying the analysis (i.e., plan years 2022-2023, 2023-2024 and 2024-2025 year to date (YTD)). Any discrepancies outside of the time period of data underlying the analysis are not noted below.

We compared these sources to identify any differences in medical, pharmacy, and dental claims.

Medical Paid Claims

All differences through paid dates of January 2023 were considered within the realm of reasonability, if not exact to the dollar. Beginning in February 2023 and ending in April 2023, we observed higher discrepancies month to month in the medical claims data between the lag report and the aggregated claim report than what had been reported in prior months. The differences between sources were 26.7%, -18.3%, and -29.0% for the months of February, March, and April respectively. OPEH&W has indicated this discrepancy is due to a difference in how paid dates for claims are reported by BCBSOK and OPEH&W. However, overall, the payments for medical claims appear reasonable for plan year 2022-2023. For plan years 2023-2024 and 2024-2025 YTD, we identified smaller discrepancies (less than 1.3%) month to month in the medical claims data between the lag report and the aggregated claim report.

When comparing data between the aggregated claim report and the financial statements, we noticed larger discrepancies than usual. For the 2023-2024 plan year, aggregated medical claims are \$22.07 million, which is 3.2% lower than the medical expenditures reported in the financial statement of \$22.79 million. OPEH&W has indicated that the discrepancy is due to the financial statements including durable medical equipment (DME) expenses. After excluding the DME expenses from the financial statements, the variance for the 2023-2024 plan year medical claims and the financial statement changed from -3.2% to -0.7%, and from -4.8% to -1.9% for July and August 2024 YTD.

Overall, the payments for medical claims appear reasonable when compared between the aggregated claim report and the financial statements.

We also compared the paid claims data we received for the plan year 2024-2025 premium rate analysis to the paid claims data we received for the plan year 2023-2024 premium rate analysis and the claim information was consistent for overlapping months for medical claims.

Dental Paid Claims

For dental paid claims we noticed some larger discrepancies in claims at the monthly level between the lag report and the aggregated claim report (for plan year 2022-2023), with a difference of 10.0% for February 2023 and -6.2% for March 2023. We also observed significant discrepancies for most months in the 2023-2024 plan year when compared to the overview report, with the differences between the two sources varying from 3.8% to -13.9%. OPEH&W has indicated that the discrepancies are due to how paid dates for claims are reported by BCBSOK and OPEH&W. Overall, the payments for dental claims appear lower in the lag report (\$3.55 million) compared to the claims and overview report (\$3.67 million) and the financial statements (\$3.73 million) for plan years 2022-2023 and 2023-2024 on an aggregate basis. Based on these results, we applied an adjustment to the estimated incurred dental claims in the Experience Period¹ as part of the development of dental rates for plan year 2025-2026. The adjustment is calculated as the ratio of dental expenditures in the financial statement (\$3.73 million) to the lag report (\$3.55 million), or 1.051; see step 7 Reconciliation Factor in the experience rating renewal calculation in Appendix C.

We also compared the paid claims data we received for the plan year 2024-2025 premium rate analysis to the paid claims data we received for the plan year 2023-2024 premium rate analysis and the claim information was consistent for overlapping months for dental claims.

Prescription Drug Paid Claims

We received incurred monthly data through a PBM report for plan years 2022-2023, 2023-2024 and 2024 YTD through October 2024. We compared these amounts to the claim amounts received in the aggregated claim report. While the amounts between the two reports vary month to month, the aggregate variance by plan year is minimal for plan year 2023-2024 with larger variance of approximately 5% for the plan year 2022-2023. .

For the 2022-2023 plan year, the aggregate Rx claims are \$11.81 million compared to \$11.73 million in the financial statement, a 0.7% difference. For the 2023-2024 plan year, the aggregate Rx claims are \$12.87 million compared to \$13.63 million in the financial statement, or a -5.6% difference. OPEH&W has indicated that the difference in the 2023-2024 plan year is due to Rx administration fees included in the prescription expenses reported in the financial statement. After removing the Rx administration fees the variance between aggregate Rx claims and the financial statement changed from -5.6% to 0.6% for the 2023-2024 plan year. Overall, the payments for Rx claims appear reasonable when comparing between the aggregated claim report and financial statements.

We also compared the paid claims data we received for the plan year 2024-2025 premium rate analysis to the paid claims data we received for the plan year 2023-2024 premium rate analysis and the claim information was consistent for overlapping months for pharmacy claims.

¹ Incurred claims incurred between July 2022 and June 2024 and paid through September 2024

Enrollment Reconciliation

To assess the reasonability of the enrollment data, we first compared the detailed contract and member enrollment data provided by OPEH&W (census reports) to the BCBSOK medical and dental ASO projections and BCBSOK annual plan review. Table 2 shows the discrepancies for plan years 2022-2023 and 2023-2024 for medical membership enrollment:

Table 2 – Medical Membership Discrepancies

Plan Year	OPEH&W average monthly membership (census reports)	BCBSOK annual plan review average monthly membership	% Difference
2022-2023	5,459	5,101	7.0%
2023-2024	5,431	4,959	9.5%

Next, we compared the average medical census report membership to the membership from the claims overview file. The variances for plan years 2022-2023 and 2023-2024 are 0.7% and 0.0%, respectively.

Per OPEH&W, the census report membership is considered correct for plan years 2022-2023, 2023-2024, and year-to-date for 2024-2025.

The detailed medical contract enrollment from the census reports shows discrepancies of 3.0% and 2.8% relative to the BCBSOK reports for plan years 2022-2023 and 2023-2024, respectively, which are consistent with the differences in prior plan years.

We also compared the average dental census report membership to the membership from the claims overview file. The variances for plan years 2022-2023 and 2023-2024 are 0.0% and 0.0%, respectively.

The detailed dental contract enrollment from census reports shows discrepancies of 2.3% and 1.8% relative to the BCBSOK reports for plan years 2022-2023 and 2023-2024, respectively, which are consistent with differences in prior plan years.

As a result of our review, we did not make any adjustments to the membership or contract information from the census reports for plan years 2022-2023 and 2023-2024 utilized in the Experience Period in the rate development for plan year 2025-2026.

3. Enrollment

This section provides a summary of groups that have terminated or have been added since the end of plan year 2023-2024 analysis. There were no new terminating groups, and six new groups were added since the prior year analysis.

New Groups

The groups shown in Table 3 have recently enrolled in health insurance coverage through OPEH&W:

Table 3 – New Groups

Start Date	Entity Name	Estimated Number of Employees ¹
11/1/2024	Washington, Town of	5
8/1/2024	McCurtain County - RWD #6	3
7/1/2024	Stroud, City of	60
7/1/2024	Sayre, City of	54
7/1/2024	Maud, City of	5
2/1/2024	The Village	159 ²
	Total	286

1. *Estimated based on the number of employees as of the month the group joined*
2. *Enrollment as of March 2024*

The six new groups that joined in 2024 represent a small portion of the overall membership. As of November 2024, the largest new group, 'The Village,' accounts for 2.8% of the total membership and all six groups represent 5.0% of total membership. Given the limited membership in these new groups and lack of claims experience, we did not apply a demographic adjustment in the medical and drug or dental premium rate development to account for them.

Demographics

In estimating plan year 2025-2026 claim costs, we have assumed the demographic composition of the block will not change materially relative to the experience used to develop the premium rates. This is in line with BCBSOK estimates used in the ASO medical projection. The Blue Preferred demographic factor assumed by BCBSOK has a modest impact on the overall rates with an adjustment of just 0.37% from the experience period of November 2023 to October 2024 to plan year 2025-2026.

4. Premium Rate Development

We utilized a rating approach that is consistent with renewal rating methods employed by insurers in the large group market. Specifically, we developed a projected claim amount per member per month (PMPM), added non-claim expenses to the projected claim amount PMPM, and converted the combined amount PMPM to a premium amount for each subscriber coverage tier (e.g., employee-only). The premium rate calculation was performed separately for medical/pharmacy benefits and dental benefits.

The projected claim amount PMPM was developed from OPEH&W experience for claims incurred between July 2022 and June 2024 and paid through September 2024 (the Experience Period). The experience was separated into two 12-month periods, July 2022 through June 2023 (plan year 2022-2023) and July 2023 through June 2024 (plan year 2023-2024), with each period projected independently and blended using actuarial credibility methods. The medical claims include the DME claims for the Experience Period. We utilized incurred claims rather than paid claims as the basis for the plan year 2025-2026 premium rate projection, which is consistent with how we have developed premium rates in the past. An incurred claim basis provides a more accurate alignment of funding and claims liabilities for OPEH&W.

An adjustment was made to the medical and dental claims experience to account for IBNR claims. With three months of claim run-out, IBNR claims estimates still have an impact on the rate development. Medical claims were also adjusted to remove claims that would have otherwise been recovered through the stop loss agreement. We note that starting with the 2020-2021 plan year, pharmacy claims were added to the stop loss arrangement; however, it is our understanding that the detailed member shock claims data provided by OPEH&W does not include pharmacy claims. As a result, we have assumed in the premium rate development that no adjustment is needed for pharmacy claims incurred during the Experience Period for the reinsurance arrangement. As noted earlier, we assume paid pharmacy claims are representative of incurred pharmacy claims since there is typically an immaterial lag between when pharmacy claims are incurred and when they are paid.

Both the medical and pharmacy claims experience was trended forward to the rating period. An additional adjustment was made to medical claims to adjust the claims experience associated with members utilizing the Blue Choice network to the average claim costs associated with the Blue Preferred network. Pharmacy claims were adjusted to account for anticipated pharmacy rebates. The adjusted projected medical, pharmacy and dental claims for the two 12-month periods were blended and adjusted to include expected costs of non-benefit expenses. The initial projected rate development assumes all members will utilize the Blue Preferred network and enroll in the Diamond plan.

An adjustment factor was applied to the Blue Preferred network premium rates to develop the Blue Choice network premium rates. The adjustment factor produces the same premium rate relativity between the two network options in plan year 2025-2026 as was included in the plan year 2024-2025 premium rate development and is based on information provided by BCBSOK from the premium rate development for previous years. If there have been significant provider reimbursement changes for either the Blue Preferred or Blue Choice networks, this assumption may not be appropriate.

Additionally, as noted in the plan year 2024-2025 premium rate development, if access to the Blue Choice network is limited to specific geographic areas, then it is possible the medical claim cost relativity between the two provider networks could be materially different from what we are projecting. However, most members currently utilize the Blue Preferred network.

Trend Adjustments

We generated historical trend estimates based on OPEH&W’s experience using incurred claims from September 2022 to August 2024, paid through September 2024. Medical and dental claims were adjusted to reflect IBNR claims. Pharmacy claims were not adjusted to reflect IBNR claims due to their quick completion rates.

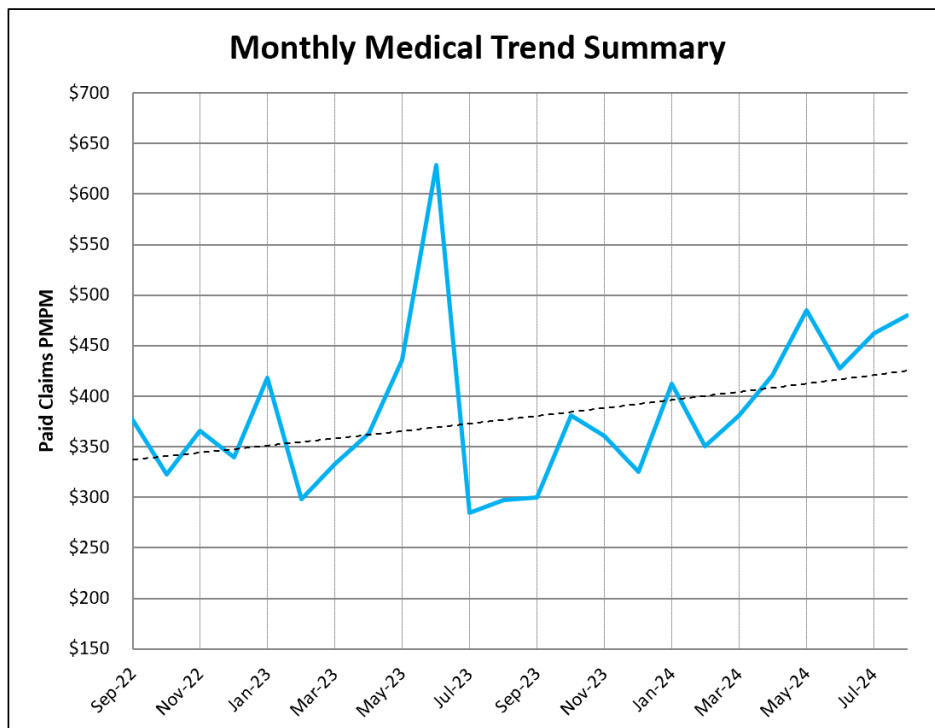
Medical, dental, and pharmacy claims were normalized to remove the impact of changes in member cost-sharing. Medical claims were further normalized to remove the impact of changes in the membership distributions between the Blue Preferred and Blue Choice networks. Medical and pharmacy benefit relativities were developed using MarVAL™, Oliver Wyman’s propriety pricing model, and dental benefit relativities were developed using an external dental relative value model.

Trends were not normalized for changes in the demographic mix of the population as we were not provided sufficient membership data to calculate average demographic factors for all time periods included in the trend analysis; also, BCBSOK estimates in the ASO medical projection suggest demographic changes are minimal. We have not made a specific adjustment in the trend analysis for changes in morbidity and large claims, but we acknowledge that the trends could be impacted by larger claims.

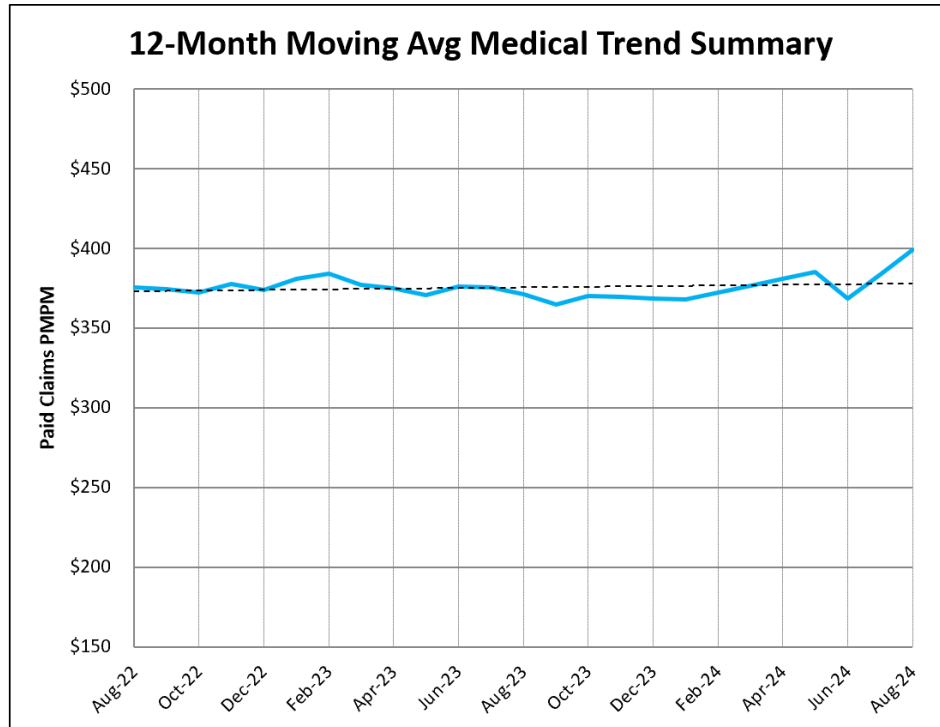
Medical Trends

OPEH&W’s normalized monthly medical claims experience has exhibited volatility including the impact from large claims. However, given the size of the overall block, greater volatility should be expected. Graph 1 and Graph 2 summarize normalized medical claims (excluding DME) PMPM on a monthly and 12-month moving average basis.

Graph 1



Graph 2



Estimating trends from actual experience is more difficult for a smaller membership base. Using various trend methodologies (e.g., linear versus exponential; monthly versus 12-month moving averages), the most recent 24-month medical trend estimates range from as low as 3.0% to as high as 16.0%. Longer range trends (i.e., using 24 months of data) are typically a better indicator of historical trends than shorter range trends, particularly for a smaller base of insureds.

We compared the trend estimates produced using OPEH&W’s experience to industry standards. Oliver Wyman completes a semi-annual trend survey which reflects responses from carriers and HMOs insuring 74.8 million group members. The most recent trend survey reflects pricing trends for July 2024. Table 4 summarizes the trend results from the July 2024 Carrier Trend Survey for group major medical PPO policies:

Table 4 – Industry Medical Group PPO Trend

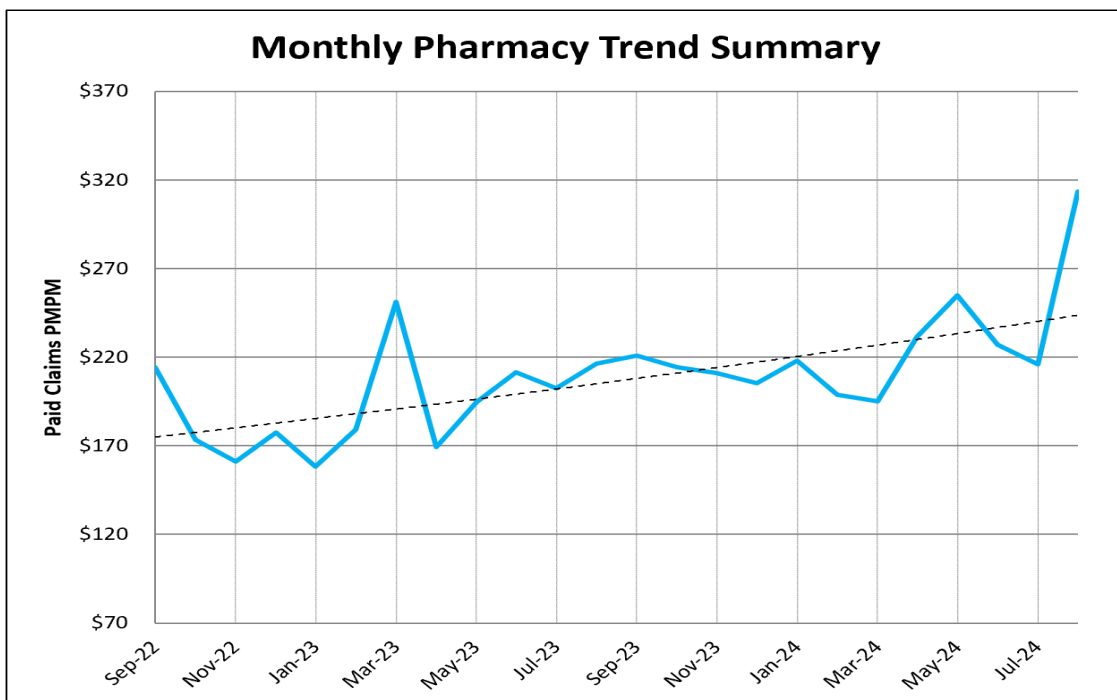
	Annual Trend Rate
Minimum	1.7%
25 th Percentile	6.2%
Median	6.5%
75 th Percentile	9.0%
Maximum	12.8%

We have elected to use an annualized median trend rate of 6.5% in the plan year 2025-2026 premium rate projection. This is an increase from 5.5% assumed in our prior pricing analysis. This trend factor is within the pricing trend range observed in the market, and it is in line with the 2023-2024 plan year medical trend rate of 6.8% for OPEH&W assumed in the medical ASO projection provided by BCBSOK.

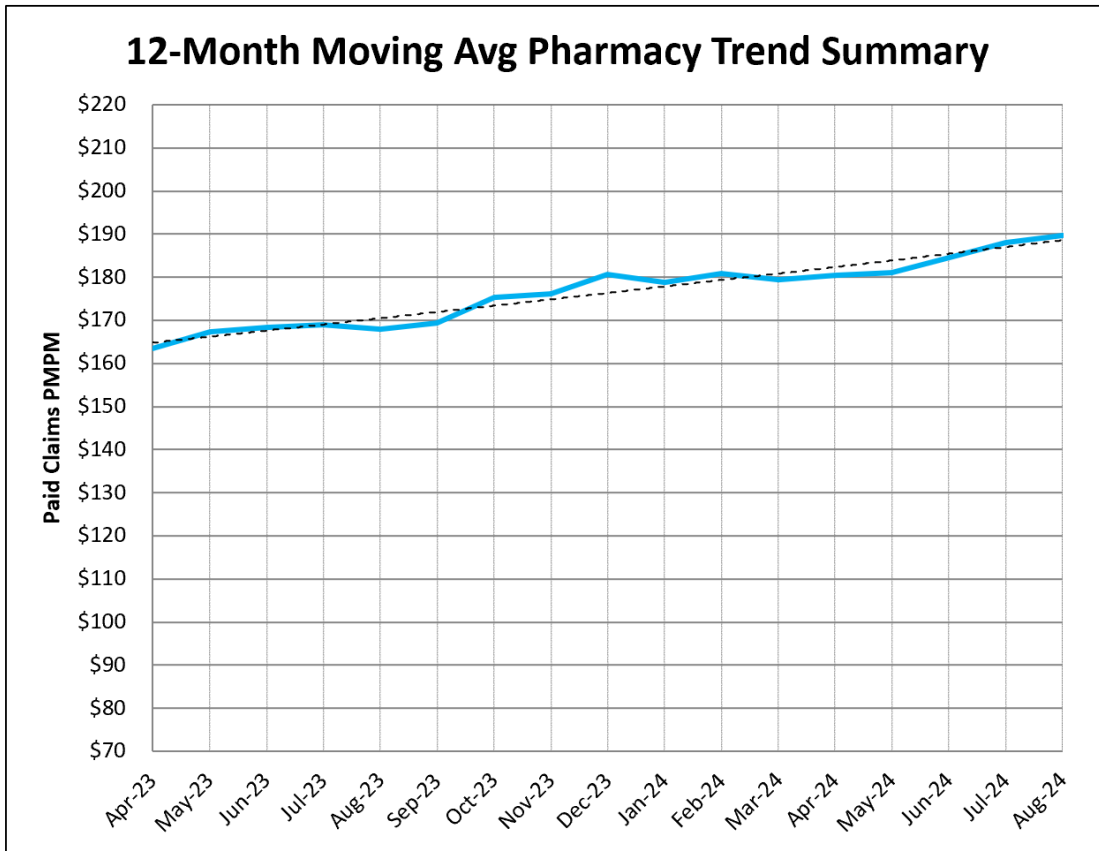
Pharmacy Trends

OPEH&W’s pharmacy claims costs, prior to pharmacy rebates, have been steadily increasing for several years. Graph 3 and Graph 4 summarize normalized pharmacy claims PMPM, prior to pharmacy rebates, on a monthly and 12-month moving average basis.

Graph 3



Graph 4



Graph 3 shows large month to month variation in pharmacy claim costs starting in February 2023. The 12-month moving average in Graph 4 shows a more gradual increase in claim costs. For the most recent 24-month period, pharmacy costs have increased at an annualized rate of between 11.0% and 20.0%. Mercer estimates that pharmacy benefit costs per employee have increased 7.2% in 2024 based on their employer survey.²

Table 5 summarizes the pricing trends reported from Oliver Wyman’s July 2024 Carrier Trend Survey for prescription drugs:

Table 5 – Industry Prescription Drug Trend

	Annual Trend Rate
Minimum	-1.7%
25 th Percentile	9.9%
Median	11.2%
75 th Percentile	11.6%
Maximum	20.2%

² <https://www.mercer.com/en-us/insights/us-health-news/survey-employers-expect-third-year-of-high-health-cost-growth-in-2025/>

Given that OPEH&W’s pharmacy claims have continued to increase over the course of the last 24 months, we believe a pharmacy trend rate that is more consistent with the July 2024 Carrier Trend Survey is appropriate. We have elected to use an annualized pharmacy trend rate of 11.2% in the plan year 2025-2026 premium rate projection, which is similar to the median trend rate shown in Table 5 and higher than the trend assumptions utilized in prior premium rate development (9.8%). We believe this is an appropriate trend assumption due to market wide observations of significant increases in costs and utilization of high-cost drugs.

Dental Trends

We have relied on dental trend estimates reported in Oliver Wyman’s July 2024 Carrier Trend Survey. Table 6 summarizes the pricing trends reported from the July 2024 Carrier Trend Survey for group dental PPO policies:

Table 6 – Group Dental PPO Trend

	Annual Trend Rate
Minimum	-0.7%
25 th Percentile	4.0%
Median	5.0%
75 th Percentile	5.8%
Maximum	6.0%

We have assumed an annualized dental claim trend rate of 5.0%, which is at the median in Table 6 and is an increase compared to the dental trend rate used in our prior premium rate development (4.5%). The assumed dental claim trend of 5.0% is in line with the 5.2% trend assumed by BCBSOK.

Additional Adjustments to Medical Claims

Stop-Loss Insurance

Medical claims from the Experience Period were adjusted to remove claims that would have otherwise been recovered through specific stop-loss insurance. Starting in plan year 2020-2021, OPEH&W’s stop loss arrangement was updated to include pharmacy claims and is expected to continue under the same arrangement through the 2025-2026 plan year.

To estimate the impact of the specific stop-loss coverage, we “discounted” the specific stop-loss attachment point to claim levels corresponding to the Experience Period. For example, a \$475,000 medical claim in plan year 2025-2026 would have cost about \$418,788 in plan year 2023-2024, assuming a 6.5% medical trend (i.e., $\$475,000 \div 1.065^2 = \$418,788$). Based on the detailed member shock claims data provided by OPEH&W, which did not include pharmacy claims, we are assuming that there will not be any recoveries as a result of the aggregate stop-loss component in plan year 2025-2026; we estimate the specific stop-loss insurance recoveries shown in Table 7 would have occurred.

Table 7 – Estimated Stop-Loss Recoveries for Medical Claims Only

	PY 2022-2023	PY 2023-2024
Reinsurance Attachment Point (RAP)	\$475,000	\$475,000
Trend-Adjusted RAP	\$393,228	\$418,788
Number of Members Exceeding RAP	2	0
Aggregate Dollars Exceeding RAP	\$12,123	\$0

As shown in Table 7, the frequency of larger claims over the attachment point and the aggregate recovery amounts were very low in both the 2022-2023 and 2023-2024 plan years. Due to the relatively small size of OPEH&W's membership base and the high stop-loss attachment point, additional variation in claim costs below the attachment point could influence the overall financial results of OPEH&W. However, such variation is often difficult to predict. We assume removing claims that would have otherwise been recovered through stop-loss coverage and adding the cost of stop-loss insurance to the premium rate development is a sufficient measure for smoothing the impact of large claims.

DME Expenses

The medical claims include a DME expense of \$608,534 for the 2022-2023 plan year and \$573,077 for the 2023-2024 plan year in the Experience Period.

Additional Adjustments to Pharmacy Claims

An adjustment was made to pharmacy claims to account for the impact of pharmacy rebates. Pharmacy rebates represented approximately 30.4% of pharmacy claims paid during the plan year ending June 2023 and about 26.4% of claims paid for the plan year ending June 2024 based on financial statement and claims overview file information. Therefore, we reduced paid pharmacy claims for the plan year ending June 2023 by 30.4% and for the plan year ending June 2024 by 26.4% to reflect the impact of pharmacy rebates. We assume that the incurred pharmacy claims utilized in the premium rate development exclude any fees and administrative costs assessed by the PBM. The PBM fees and administrative costs are included in the Administrative/Expense part of the rate development for 2025-2026 plan year.

New or Terminating Group Adjustments

As discussed previously, there were no terminating groups reported since the prior year's analysis and a relatively small number of new groups without credible claims experience in the most recent plan year. As a result, we did not apply any adjustments for new or terminating groups in the rate development for the 2025-2026 plan year.

Benefit Adjustments

In developing the premium rates, we adjusted claims to account for changes in member cost-sharing that occurred relative to the Experience Period.

In plan year 2022-2023, OPEH&W modified the medical and pharmacy benefits with increases to deductibles, out-of-pocket maximums, primary and urgent care copays; the Diamond plan increased the pharmacy

deductible, while the Diamond, Platinum, and Gold plans increased the pharmacy Maximum Out-of-Pocket amounts.

The medical/pharmacy benefit designs for plan year 2025-2026 are shown in Appendix A.1. Per discussion with OPEH&W, the benefit designs remain unchanged from the 2024-2025 plan year.

Independent of the effect of variables such as trend and demographic changes, we estimate that plan level membership distribution changes, adjustments for benefit leveraging, and normalizing the experience to the diamond plan level will result in a 2.5% increase in claim costs for the experience underlying plan year 2022-2023 and 2023-2024.

In plan year 2025-2026, OPEH&W will continue to offer two dental plan options, with no expected changes to the benefit structure. However, starting in plan year 2023-2024, OPEH&W offered dental implants as a covered benefit. Based on industry research, we have assumed the cost of this benefit is \$2.29 PMPM. The benefit has been added to both the Enhanced and Standard plans. The dental plan designs for plan year 2025-2026 are shown in Appendix A.2.

Additional Claim Adjustments

Similar to the premium rate development approach used in prior plan years we have not adjusted the claims experience to reflect monies that may be recovered as a result of subrogation. Also, as was mentioned earlier, we have not adjusted claims in the Experience Period for changes in demographic composition.

We have assumed the Health Advocacy Solutions program that OPEH&W continues to utilize has resulted in some potential claim savings to the plan and that those are reflected in the Experience Period. Any potential savings from the Health Advocacy Solutions program are assumed to remain unchanged in the 2025-2026 plan year.

Non-Benefit Expenses

The following non-benefit expenses have been incorporated into the medical/pharmacy premium rate projection:

- Medical ASO fees
- Plan management fees
- Stop-loss reinsurance premiums
- Health Advocacy Solution fees
- Telehealth/Virtual Visit fees
- PCORI fee
- PBM fees and administrative cost

The stop-loss reinsurance premiums included in the claims overview file have decreased by 25.2% from the 2023-2024 plan year (\$36.21 PCPM) to the 2024-2025 plan year (\$27.07 PCPM). An additional \$0.50 PCPM is charged by BCBSOK as a third-party stop-loss carrier fee. Per OPEH&W, the current fees and benefits for the stop-loss reinsurance will remain in place for the 2025-2026 plan year. Similar to prior plan years, we did not include a contribution to surplus in the medical/pharmacy premium rates. A discussion regarding the appropriateness of surplus in the premium rate development is included in the Surplus Scenarios section of

this report. Additionally, non-benefit expenses associated with other vendor services utilized by OPEH&W not listed above were assumed to be offset by any claim savings that may result. It should also be noted that the PCORI fee was reinstated through fiscal year 2029 as a result of the federal spending bill that was signed into law on December 20, 2019.³ Reported PBM fees and administrative cost were 12.80 PMPM in the 2023-2024 plan year. We applied the annual pharmacy trend of 11.2% to the \$12.80 PMPM to estimate the fees at \$15.82 PMPM for plan year 2025-2026.

The following non-benefit expense has been incorporated into the dental premium rate projection:

- Dental ASO fees

Proposed Premium Rate Changes

We propose a premium rate increase of 5.9% for the Blue Preferred and Blue Choice network Diamond medical/pharmacy plans. Also, we propose a premium rate decrease of 15.4% for the enhanced dental plan. On a combined basis, the average proposed premium rate increase is 4.6% for the Blue Preferred network and Blue Choice network Diamond plans. The proposed rate change of 5.9% is slightly higher than the estimated increase of 5.8% for expected health benefit cost per employee in 2025.⁴

Table 8 summarizes the various components driving the proposed premium rate increase for the Blue Preferred network Diamond plan. The rate change assumes no changes to benefit plan design.

Table 8 - Proposed Premium Rate Changes

	Medical/Pharmacy Premium Increase		Combined* Premium Increase	
	% Change	\$ Change	% Change	\$ Change
Claims and Benefits	2.1%	\$15.34	2.1%	\$16.64
Carry Over from Prior Analysis	2.6%	\$20.45	1.4%	\$11.79
Administrative Costs	1.0%	\$7.80	1.0%	\$7.81
Total	5.9%	\$43.59	4.6%	\$36.25

**Medical/pharmacy plan and enhanced dental plan premium rate change combined*

A portion of the proposed premium rate increase is a result of an increase in claim costs relative to the plan year 2024-2025 premium rate development; however, several other components contribute to the increase. Approximately 2.6% of the medical/pharmacy premium rate increase is a “carryover” from the proposed plan year 2024-2025 premium rate increase (i.e., the rate increase that was implemented for the medical/pharmacy plans was lower relative to what Oliver Wyman proposed). When analyzing the premium rate increase on a combined basis, the magnitude of the various premium rate change components is generally similar relative to the medical/pharmacy premium rate change. However, the Carry Over from Prior Analysis component is less, mostly due to the significant premium rate decrease proposed for dental plans. We had proposed a 13.7% decrease to the enhanced dental premiums for plan year 2024-2025, whereas a 5.0% increase was implemented for the dental plan. The medical/pharmacy plan rates increased by 5.0% for plan year 2024-2025; we had proposed a 7.8% rate increase under the updated benefit plan designs.

³ <https://www.congress.gov/116/bills/hr1865/BILLS-116hr1865eah.pdf>

⁴ <https://www.mercer.com/en-us/insights/us-health-news/survey-employers-expect-third-year-of-high-health-cost-growth-in-2025/>

Based on the member cost sharing parameters summarized in Appendix A.1, we estimate the Blue Preferred network premium rates for each plan relative to the Diamond plan as shown in Table 9.

Table 9 – 2025-2026 Premium Relativity of Preferred Network Plans

Benefit Plan	Premium Rate Relativity
Diamond	0.0%
Platinum	-2.2%
Gold	-7.7%
Silver	-10.0%
Bronze	-15.4%
Cobalt	-20.0%

These estimates were produced using MarVAL™ based on the cost-sharing parameters specified in the summary of benefits and coverage for each plan. It is important to note the premium relativities have not been adjusted to reflect the potential for selection that may occur. It is our understanding that each group will only be allowed to offer one plan to its employees, which will significantly reduce the potential for selection. However, in our experience, there will likely be some level of selection between groups when choosing which plan to offer.

As mentioned in the “Benefit Adjustments” section of this report, OPEH&W has not requested any benefit changes be made to the 2025-2026 medical/pharmacy benefit plans.

A detailed development of the Diamond plan premiums for the Blue Preferred network is shown in Appendix B. As noted earlier, the premium rate development of the Blue Choice network premiums is based on the development of the Blue Preferred network premiums. Appendix C shows the detailed development of the enhanced dental plan premiums.

A comparison of the proposed premium rates to the current premium rates is shown in Appendix D. While we have included a stand-alone comparison of the proposed medical/pharmacy premium rates to the current medical/pharmacy premium rates, we have not included a stand-alone comparison of the proposed dental premium rates to the current dental premium rates for simplicity. Instead, we have included a comparison of the proposed medical/pharmacy and dental premium rates combined for the Standard benefit plan and Enhanced benefit plan. We note that Cobalt plan premium rates and benefit plan designs were not developed and priced by us in the previous year, and we propose a larger premium increase for the Cobalt plan (16.8% Medical/Pharmacy only) compared to the recommended rate changes for the Diamond (5.9% increase) and Platinum (15.0% increase) plans as shown in Appendix D.

5. Recommended Benefit Plan Modifications

Proposed Medical Benefit Plan Designs

No benefit changes were requested for the medical plans in year 2025-2026. We are not proposing any additional modifications to be made at this time. A majority of current enrollment is in the Diamond plan (about 79%) and a smaller portion of enrollment is in the Platinum (18%) and Cobalt (3%) plans. If enrollment in the benefit plans were to become more diversified, we would propose further updates to the benefits to maintain a consistent spread between each plan option and to help offset the impact of claim cost leveraging.

6. Surplus Scenarios

For the plan year 2025-2026 premium rate development, OPEH&W requested no contribution to surplus be built into the medical/pharmacy or dental premium rates. OPEH&W's capital position for the past six full plan years is summarized in Table 10. This information is based on the financial statements provided by OPEH&W. The capital-to-premium ratio has remained stable in plan years 2020-2021 (9.8%) and 2021-2022 (9.9%) and it has increased slightly in plan years 2022-2023 (10.4%) and 2023-2024 (10.9%) relative to the prior plan years.

Table 10 – OPEH&W Capital Position by Plan Year

Capital Position by Plan Year (Amounts in \$1,000)							
	Jul 2017 - Jun 2018	Jul 2018 - Jun 2019	Jul 2019 - Jun 2020	Jul 2020 - Jun 2021	Jul 2021 - Jun 2022	Jul 2022 - Jun 2023	Jul 2023 - Jun 2024
Total Capital (A)	\$1,530	\$3,645	\$6,091	\$4,437	\$4,515	\$4,184	\$4,442
Total Prem (B)	\$55,089	\$51,178	\$44,749	\$45,176	\$45,444	\$40,117	\$40,617
Active Prem	51,744	47,996	42,190	43,079	43,244	38,176	38,764
Cobra Prem	146	96	104	71	75	355	388
Retiree Prem	3,200	3,085	2,456	2,026	2,125	1,586	1,465
Capital % of Prem (A / B)	2.8%	7.1%	13.6%	9.8%	9.9%	10.4%	10.9%

Further actions could be considered to strengthen the capital position of the plan. We estimate that including an additional 2.0% rate increase will generate approximately \$0.96 million in surplus for plan year 2025-2026, assuming enrollment in plan year 2025-2026 is consistent with November 2024 enrollment levels.

7. Incurred But Not Reported Claim Reserves

We estimate IBNR claim reserves for the plan year ending June 30, 2024 to be approximately \$3.20 million. This estimate is based on medical, dental, and pharmacy claims incurred between July 2023 and June 2024 and paid through September 2024. Given that there are three months of claims run-out, the amount we have assumed including a margin at 15% is \$3.68 million. The estimate is similar compared to the \$3.57 million estimate with margin for June 2024 in our prior report.

OPEH&W has historically requested an IBNR estimate for the current plan year as part of the annual rate review process. The current plan year spans July 1, 2024 to June 30, 2025, and consequently, some claims for the plan year have not yet been incurred or paid. There is significant uncertainty in estimating IBNR claim reserves for future valuation dates, and to do so, we made several broad assumptions:

- The claim payment pattern reflected in the most recently completed plan year (ending June 30, 2024) will be replicated for the current plan year
- The membership levels observed in November 2024 will remain constant for future months (i.e., through June 2025)
- Claims will trend according to the annualized trends specified in the premium rate projections (e.g., 6.5% for medical)
- Claims were adjusted to reflect benefit changes, anticipated changes in benefit plan mix, and pharmacy rebates

Given these caveats, we calculated an estimated IBNR claim reserve for the plan year ending June 30, 2025 to be approximately \$3.80 million. We also recommend a margin of no less than 15% be included to reflect uncertainty associated with claim trends, membership changes, and other unknowns. The projected IBNR claim reserve for the plan year ending June 30, 2025 with margin is \$4.37 million. Please note that the estimate assumes stable enrollment, claims processing, and claims utilization end of June 30, 2025 similar to current experience. An alternative that OPEH&W may want to consider is to use a reserve on a PMPM basis for member months associated with the plan year to better reflect changes in enrollment that may occur between November 2024 and June 2025. The IBNR claim reserve estimate PMPM is \$59.21 without margin and \$68.10 with margin.

The IBNR claim reserve estimates do not consider loss adjustment expenses (LAE). These expenses reflect the costs OPEH&W incurs for having the TPA process IBNR claims. Sometimes these costs are pre-negotiated with the TPA. If so, OPEH&W should use those costs as the LAE. If these have not been negotiated, then OPEH&W should set up an additional reserve to cover approximately two months of claim processing expenses. If there are any additional administrative expenses beyond TPA expenses (such as general plan expenses, PBM fees, etc.), OPEH&W should set up a reserve for those as well. In addition, the estimated IBNR claim reserve is based on claims experience excluding DME expenses.

Please note, due to the prospective nature of the IBNR claim reserve, we cannot opine as to the adequacy of the IBNR claim reserve for the plan year ending June 30, 2025. Instead, we can only provide a general estimate based on the information available to us at this time. Our estimates will not reflect case-specific reserves that may be necessary for known large claimants. Our reserve estimate could be subject to change if the network or plan mix, or enrollment changes significantly relative to our current expectations.

8. Distribution and Use

Usage and Responsibility of Client – Oliver Wyman prepared this report for the sole use of OPEH&W for the stated purpose. This report includes important considerations, assumptions, and limitations and, as a result, is intended to be read and used only as a whole. This report may not be separated into, or distributed, in parts other than by the client to whom this report was issued, as needed, in the case of distribution to such client's directors, officers, or employees. All decisions in connection with the implementation or use of advice or recommendations contained in this report are the sole responsibility of OPEH&W.

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9. Considerations and Limitations

Data Verification – For our analysis, we relied on publicly available data and information provided by the client named herein without independent audit. Though we have reviewed the data for reasonableness and consistency, we have not audited or otherwise verified this data. Our review of data may not always reveal imperfections. We have assumed that the data provided is both accurate and complete. The results of our analysis are dependent on this assumption. If this data or information is inaccurate or incomplete, our findings and conclusions might therefore be unreliable.

Unanticipated Changes – We based our conclusions on the estimation of the outcome of many contingent events. We developed our estimates from historical experience, with adjustments for anticipated changes. Unless otherwise stated, our estimates make no provision for the emergence of new types of risks not sufficiently represented in the historical data on which we relied or which are not yet quantifiable.

Internal / External Changes – The sources of uncertainty affecting our estimates are numerous and include factors internal and external to the client named herein. Internal factors include items such as changes in provider reimbursement and claims adjudication practices. The most significant external influences include, but are not limited to, changes in the legal, social, or regulatory environment, and the potential for emerging diseases. Uncontrollable factors such as general economic conditions also contribute to the variability.

Uncertainty Inherent in Projections – While this analysis complies with applicable Actuarial Standards of Practice, users of this analysis should recognize that our projections involve estimates of future events and are subject to economic and statistical variations from expected values. We have not anticipated any extraordinary changes to the regulatory, legal, social, or economic environment or the emergence of new diseases or catastrophes that might affect our results. For these reasons, we provide no assurance that the emergence of actual experience will correspond to the projections in this analysis.

10. Acknowledgement of Qualifications

I, Peter Kaczmarek, Senior Manager of Oliver Wyman Actuarial Consulting, Inc. (Oliver Wyman), have been engaged by Oklahoma Public Employees Health and Welfare Plan (OPEH&W) to prepare this report summarizing the premium rate development for the plan year beginning July 1, 2025. Oliver Wyman is an independent actuarial consulting firm that is not affiliated with, nor a subsidiary, nor in any way owned or controlled by a health plan, health insurer, or a trade association of health plans or insurers.

The analysis underlying the development of the premium rates included in this report is based on our interpretation of current State and Federal laws and regulations. Should these laws and/or regulations be modified our results could be subject to change. It should be noted that Oliver Wyman is an actuarial consulting firm and is not engaged in the practice of law. Therefore, nothing in this actuarial memorandum should be interpreted as legal advice.

The premium rates developed in this report reflect estimates of future contingent events; actual results will likely vary. The magnitude of differences between projections in this report and actual observed experience will depend on the extent to which actual experience in the future conforms to the assumptions made in this analysis. It is certain that actual experience will not conform exactly to the assumptions made in this filing.

This report was prepared for the sole use of OPEH&W. Oliver Wyman makes no representation or warranty to any third party regarding the content of this actuarial memorandum and no third party may rely on the information included in this actuarial memorandum that would create any legal duty by Oliver Wyman to any third party.

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Reliance

In performing the analyses outlined in this report and arriving at my opinion, I used and relied on information provided by OPEH&W. I used and relied on this information without independent investigation or audit. If this information is inaccurate, incomplete, or out of date, the findings and conclusions noted within this report may need revision. While I have relied on the data provided without independent investigation or audit, I reviewed the data for consistency and reasonableness. Where I found the data inconsistent or unreasonable, I requested clarification.

Actuarial Certification

I am a member of the American Academy of Actuaries and meet the Qualification Standards of the American Academy of Actuaries to render this opinion. I have utilized generally accepted actuarial methodologies in reaching this opinion.

A handwritten signature in cursive script, appearing to read "Peter Kaczmarek".

Peter Kaczmarek, FSA, MAAA
Senior Manager
Oliver Wyman Actuarial Consulting, Inc.

Appendix A. Benefit Designs

A.1. Medical/Pharmacy: Plan Years 2025-2026

	Diamond	Platinum	Gold	Silver	Bronze	Cobalt
Medical - In-Network						
Network	Blue Choice	Blue Preferred	Blue Preferred	Blue Preferred	Blue Preferred	Blue Preferred
Deductible - Individual	1,000	1,500	3,250	2,250	4,250	5,500
Deductible - Family	2,000	3,000	6,500	4,500	8,500	11,000
Max Out-of-Pocket - Individual	5,000	5,000	7,000	7,000	7,500	7,500
Max Out-of-Pocket - Family	10,000	10,000	14,000	14,000	15,000	15,000
Coinsurance (%)	80%	80%	80%	50%	50%	80%
Primary Care Office Visit	25	25	25	25	25	N/A
Urgent Care Office Visit	25	25	25	25	25	N/A
Specialist Office Visit	50	50	50	50	50	N/A
Medical - Out-of-Network						
Deductible - Individual	2,000	3,000	6,500	4,500	8,500	5,500
Deductible - Family	4,000	6,000	13,000	9,000	17,000	11,000
Max Out-of-Pocket - Individual	10,000	10,000	14,000	14,000	15,000	7,500
Max Out-of-Pocket - Family	20,000	20,000	28,000	28,000	30,000	15,000
Coinsurance (%)	70%	70%	70%	50%	50%	50%
Primary Care Office Visit	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Urgent Care Office Visit	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Specialist Office Visit	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Rx						
Brand Deductible	75	100	100	500	500	0
Max Out-of-Pocket - Individual	2,500	2,500	2,500	2,500	2,500	2,500
Max Out-of-Pocket - Family	5,000	5,000	5,000	5,000	5,000	5,000
30-Day Supply						
Generics	10	10	10	10	50% coinsurance up to \$20	5
Preferred Brands	45	55	25% coinsurance up to \$80	25% coinsurance up to \$80	30% coinsurance up to \$100	45
Non-Preferred Brands	60	70	40% coinsurance up to \$120	40% coinsurance up to \$120	50% coinsurance up to \$150	85
90-Day Supply						
Generics	25	25	25	25	50% coinsurance up to \$50	12
Preferred Brands	112	25% coinsurance up to \$137.5	25% coinsurance up to \$200	25% coinsurance up to \$200	30% coinsurance up to \$250	112
Non-Preferred Brands	150	40% coinsurance up to \$175	40% coinsurance up to \$300	40% coinsurance up to \$300	50% coinsurance up to \$375	212
Specialty - 30-Day Supply						
Generics	10	10	10	10	20% coinsurance up to \$50	5
Preferred Brands	60	60	60	20% coinsurance up to \$80	30% coinsurance up to \$80	95
Non-Preferred Brands	100	100	100	40% coinsurance up to \$120	50% coinsurance up to \$120	100

A.2. Dental Plan Year 2025-2026

	Standard	Enhanced
Individual Deductible	50	25
Plan Year Maximum Per Covered Person	1,500	2,500
Preventive & Diagnostic Services	0%	0%
Basic Services	20%	15%
Major Services	50%	40%
Orthodontic Treatment (Only for dependent children up to age 26)		
Deductible	0	0
Coinsurance	50%	50%
Lifetime Maximum per Child	1,500	1,500

Appendix B. Medical/Pharmacy Rate Development

OPEH&W Health Plan Medical/Pharmacy Experience Rating Renewal Calculation - Diamond Plan, Blue Preferred Network

Rating Period: 7/1/2025 to 6/30/2026
Pooling Level: \$475,000

	Experience Period 1 7/1/2022 to 6/30/2023	Experience Period 2 7/1/2023 to 6/30/2024
Experience Period	7/1/2022 to 6/30/2023	7/1/2023 to 6/30/2024
Member Months	65,513	65,166
Contract Months	43,425	42,064
Number of Projection Months	36	24
Member Months/Contract	1.509	1.549

BASE PERIOD MEDICAL/PHARMACY CLAIMS		
1. Medical Claims	\$ 23,626,716	\$ 22,501,779
2. Less Reinsurance Recoveries	\$ 12,123	\$ -
3a. Claims Adjusted for Reinsurance Recoveries (1. - 2.)	\$ 23,614,592	\$ 22,501,779
3b. Adjustment for change in Provider Network	0.9998	0.9976
3c. Large Claim Adjustment	1.0000	1.0000
3d. Other Adjustment	1.0000	1.0000
3e. Morbidity Adjustment	1.0000	1.0000
4. Trend Factor to 01/01/2026 Effective Date @ 6.5%	x 1.2079	1.1342
5. Projected Medical Claims (3a. x 3b. x 3c. x 3d. x 3e. x 4.)	\$ 28,518,167	\$ 25,459,917
6a. Pharmacy Claims For Period	\$ 11,810,377	\$ 12,867,688
6b. PBM Adjustment	0.6958	0.7359
6c. COVID-19 Adjustment	1.0000	1.0000
6d. Large Trend Adjustment	1.0000	1.0000
7. Trend Factor to 01/01/2026 Effective Date @ 11.2%	x 1.3750	1.2365
8. Projected Pharmacy Claims (6a. x 6b. x 6c. x 6d. x 7.)	\$ 11,300,284	\$ 11,709,327
9. Projected Net Claims (5. + 8.)	\$ 39,818,451	\$ 37,169,244
10. Member Months	/ 65,513	65,166
11. Projected Medical and Drug Costs PMPM (9. / 10.)	\$ 607.79	\$ 570.38
12. Other Multiplicative Adjustment		
Benefit Changes	1.0246	1.0245
Demographic and Morbidity	x 1.0000	1.0000
Total	1.0246	1.0245
13. Other Additive Adjustment PMPM	+ \$ -	\$ -
14. Adjusted Trended Medical Claims (11. x 12. + 13.)	\$ 622.75	\$ 584.36

PROJECTED CLAIMS PMPM FOR 7/1/2025 to 6/30/2026		
1. Projected Medical and Pharmacy Claims Experience	\$ 622.75	\$ 584.36
2. Period Weightings	0.35	0.65
3. Contributing Claims Experience (1. x 2.)	3a. \$ 218.79	3b. \$ 379.06
4. Weighted Projected Medical and Pharmacy Claims (3a. + 3b.)		\$ 597.85

ADMINISTRATIVE/EXPENSE			PMPM
1. Projected Medical and Pharmacy Claims			\$ 597.85
2. Fees			
a. BCBSOK Medical ASO Fee	PCPM	\$37.11	\$ 23.80
b. Plan Management Fee	PCPM	\$21.07	\$ 13.52
c. Health Advocacy Solutions	PCPM	\$16.84	\$ 10.80
d. Stop Loss Premium	PCPM	\$27.57	\$ 17.68
e. Telehealth Fee	PCPM	\$0.52	\$ 0.33
f. PCORI	PMPM		\$ 0.30
g. Rx Admin Fee	PMPM		15.82
* Ratio of Members/Contract for Nov 20	1.559		\$ 82.26
			\$ 680.11
4. Contribution to Surplus			0.00%
5. Projected Claims and Contribution to Surplus (3 / (1 - 4.))			\$ 680.11

Convert Premium PMPM to Tier Rates Single Conversion Factor	1.157
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Appendix C. Dental Rate Development

**OPEH&W Health Plan
Dental Experience Rating Renewal Calculation - Enhanced Dental Plan**

Rating Period: 7/1/2025 to 6/30/2026

	Experience Period 1	Experience Period 2
Experience Period	7/1/2022 to 6/30/2023	7/1/2023 to 6/30/2024
Member Months	67,677	67,774
Contract Months	44,335	43,382
Number of Projection Months	36	24
Member Months/Contract	1.526	1.562

BASE PERIOD DENTAL CLAIMS			
1. Dental Claims For Period		\$ 1,744,376	\$ 1,800,800
2. Trend Factor to 01/01/2026 Effective Date @ 5%	x	1.158	x 1.103
3. Projected Net Claims (1. x 2.)		\$ 2,019,333	\$ 1,985,382
4. Member Months	/	67,677	/ 67,774
5. Projected Dental Costs PMPM (3. / 4.)		\$ 29.84	\$ 29.29
6. Benefit Adjustment		1.016	1.017
7. Reconciliation Factor to Financials		1.051	1.051
8. Other Additive Adjustment PMPM		\$ 2.29	\$ 2.29
9. Adjusted Trended Dental Claims (5. x 6. x 7. + 8.)		\$ 34.14	\$ 33.59

PROJECTED CLAIMS PMPM FOR 7/1/2025 to 6/30/2026			
1. Projected Dental Claims Experience		\$ 34.14	\$ 33.59
2. Period Weightings		0.35	0.65
3. Contributing Claims Experience (1. x 2.)	3a. \$	11.94	3b. \$ 21.84
4. Weighted Projected Dental Claims (3a. + 3b.)			\$ 33.78

ADMINISTRATIVE/EXPENSE			PMPM
1. Projected Dental Claims			\$ 33.78
2. Fees	PCPM	\$3.21	\$2.05
Ratio of Members/Contract for Nov 2023	1.567		
3. Projected Claims and Expense (1. + 2b.)			\$ 35.83
4. Contribution to Surplus			0.00%
5. Projected Claims and Contribution to Surplus (3 x (1 + 4.))			\$ 35.83

Convert Premium PMPM to Tier Rates	
Single Conversion Factor	1.124

Appendix D. Premium Rate Changes

Appendix D. Premium Rate Changes

D.1. Diamond Plan – Blue Preferred Network

Proposed Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$786.85	\$786.85	\$802.58	\$820.83	\$820.83	\$837.24	\$827.13	\$827.13	\$843.67
Employee + Child	\$1,162.75	\$1,162.75	\$1,186.02	\$1,214.68	\$1,214.68	\$1,238.99	\$1,224.31	\$1,224.31	\$1,248.81
Employee + Children	\$1,398.81	\$1,398.81	\$1,426.78	\$1,461.34	\$1,461.34	\$1,490.56	\$1,472.92	\$1,472.92	\$1,502.38
Employee + Spouse	\$1,706.83	\$1,706.83	\$1,740.96	\$1,782.78	\$1,782.78	\$1,818.43	\$1,796.86	\$1,796.86	\$1,832.80
Employee + Spouse + Child	\$2,082.74	\$2,082.74	\$2,124.40	\$2,176.63	\$2,176.63	\$2,220.19	\$2,194.04	\$2,194.04	\$2,237.94
Employee + Spouse + Children	\$2,318.79	\$2,318.79	\$2,365.16	\$2,423.29	\$2,423.29	\$2,471.76	\$2,442.65	\$2,442.65	\$2,491.51

Current Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$743.26	\$743.26	\$758.12	\$786.12	\$786.12	\$801.84	\$790.88	\$790.88	\$806.70
Employee + Child	\$1,098.34	\$1,098.34	\$1,120.32	\$1,163.84	\$1,163.84	\$1,187.14	\$1,171.12	\$1,171.12	\$1,194.56
Employee + Children	\$1,321.32	\$1,321.32	\$1,347.74	\$1,400.20	\$1,400.20	\$1,428.20	\$1,408.94	\$1,408.94	\$1,437.12
Employee + Spouse	\$1,612.28	\$1,612.28	\$1,644.52	\$1,708.08	\$1,708.08	\$1,742.24	\$1,718.72	\$1,718.72	\$1,753.10
Employee + Spouse + Child	\$1,967.36	\$1,967.36	\$2,006.72	\$2,085.80	\$2,085.80	\$2,127.54	\$2,098.96	\$2,098.96	\$2,140.96
Employee + Spouse + Children	\$2,190.34	\$2,190.34	\$2,234.14	\$2,322.16	\$2,322.16	\$2,368.60	\$2,336.78	\$2,336.78	\$2,383.52

Premium Rate Change

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	5.9%	5.9%	5.9%	4.4%	4.4%	4.4%	4.6%	4.6%	4.6%
Employee + Child	5.9%	5.9%	5.9%	4.4%	4.4%	4.4%	4.5%	4.5%	4.5%
Employee + Children	5.9%	5.9%	5.9%	4.4%	4.4%	4.4%	4.5%	4.5%	4.5%
Employee + Spouse	5.9%	5.9%	5.9%	4.4%	4.4%	4.4%	4.5%	4.5%	4.5%
Employee + Spouse + Child	5.9%	5.9%	5.9%	4.4%	4.4%	4.4%	4.5%	4.5%	4.5%
Employee + Spouse + Children	5.9%	5.9%	5.9%	4.4%	4.4%	4.4%	4.5%	4.5%	4.5%

D.2. Diamond Plan – Blue Choice Network

Proposed Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$841.80	\$841.80	\$858.63	\$875.78	\$875.78	\$893.29	\$882.08	\$882.08	\$899.72
Employee + Child	\$1,243.94	\$1,243.94	\$1,268.82	\$1,295.87	\$1,295.87	\$1,321.79	\$1,305.50	\$1,305.50	\$1,331.61
Employee + Children	\$1,496.45	\$1,496.45	\$1,526.39	\$1,558.98	\$1,558.98	\$1,590.18	\$1,570.56	\$1,570.56	\$1,601.99
Employee + Spouse	\$1,826.01	\$1,826.01	\$1,862.51	\$1,901.96	\$1,901.96	\$1,939.98	\$1,916.04	\$1,916.04	\$1,954.35
Employee + Spouse + Child	\$2,228.15	\$2,228.15	\$2,272.70	\$2,322.05	\$2,322.05	\$2,368.48	\$2,339.46	\$2,339.46	\$2,386.24
Employee + Spouse + Children	\$2,480.66	\$2,480.66	\$2,530.27	\$2,585.16	\$2,585.16	\$2,636.86	\$2,604.52	\$2,604.52	\$2,656.61

Current Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$795.16	\$795.16	\$811.06	\$838.02	\$838.02	\$854.78	\$842.78	\$842.78	\$859.64
Employee + Child	\$1,175.02	\$1,175.02	\$1,198.52	\$1,240.52	\$1,240.52	\$1,265.34	\$1,247.80	\$1,247.80	\$1,272.76
Employee + Children	\$1,413.54	\$1,413.54	\$1,441.82	\$1,492.42	\$1,492.42	\$1,522.28	\$1,501.16	\$1,501.16	\$1,531.20
Employee + Spouse	\$1,724.84	\$1,724.84	\$1,759.32	\$1,820.64	\$1,820.64	\$1,857.04	\$1,831.28	\$1,831.28	\$1,867.90
Employee + Spouse + Child	\$2,104.70	\$2,104.70	\$2,146.78	\$2,223.14	\$2,223.14	\$2,267.60	\$2,236.30	\$2,236.30	\$2,281.02
Employee + Spouse + Children	\$2,343.22	\$2,343.22	\$2,390.08	\$2,475.04	\$2,475.04	\$2,524.54	\$2,489.66	\$2,489.66	\$2,539.46

Premium Rate Change

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	5.9%	5.9%	5.9%	4.5%	4.5%	4.5%	4.7%	4.7%	4.7%
Employee + Child	5.9%	5.9%	5.9%	4.5%	4.5%	4.5%	4.6%	4.6%	4.6%
Employee + Children	5.9%	5.9%	5.9%	4.5%	4.5%	4.5%	4.6%	4.6%	4.6%
Employee + Spouse	5.9%	5.9%	5.9%	4.5%	4.5%	4.5%	4.6%	4.6%	4.6%
Employee + Spouse + Child	5.9%	5.9%	5.9%	4.4%	4.4%	4.4%	4.6%	4.6%	4.6%
Employee + Spouse + Children	5.9%	5.9%	5.9%	4.4%	4.4%	4.4%	4.6%	4.6%	4.6%

D.3. Platinum Plan – Blue Preferred Network

Proposed Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$769.35	\$769.35	\$784.74	\$803.33	\$803.33	\$819.40	\$809.63	\$809.63	\$825.83
Employee + Child	\$1,136.90	\$1,136.90	\$1,159.63	\$1,188.82	\$1,188.82	\$1,212.60	\$1,198.46	\$1,198.46	\$1,222.42
Employee + Children	\$1,367.70	\$1,367.70	\$1,395.05	\$1,430.23	\$1,430.23	\$1,458.84	\$1,441.81	\$1,441.81	\$1,470.65
Employee + Spouse	\$1,668.87	\$1,668.87	\$1,702.24	\$1,744.81	\$1,744.81	\$1,779.71	\$1,758.89	\$1,758.89	\$1,794.08
Employee + Spouse + Child	\$2,036.42	\$2,036.42	\$2,077.13	\$2,130.31	\$2,130.31	\$2,172.91	\$2,147.72	\$2,147.72	\$2,190.67
Employee + Spouse + Children	\$2,267.22	\$2,267.22	\$2,312.56	\$2,371.72	\$2,371.72	\$2,419.15	\$2,391.08	\$2,391.08	\$2,438.90

Current Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$668.94	\$668.94	\$682.32	\$711.80	\$711.80	\$726.04	\$716.56	\$716.56	\$730.90
Employee + Child	\$988.52	\$988.52	\$1,008.28	\$1,054.02	\$1,054.02	\$1,075.10	\$1,061.30	\$1,061.30	\$1,082.52
Employee + Children	\$1,189.20	\$1,189.20	\$1,212.98	\$1,268.08	\$1,268.08	\$1,293.44	\$1,276.82	\$1,276.82	\$1,302.36
Employee + Spouse	\$1,451.06	\$1,451.06	\$1,480.08	\$1,546.86	\$1,546.86	\$1,577.80	\$1,557.50	\$1,557.50	\$1,588.66
Employee + Spouse + Child	\$1,770.64	\$1,770.64	\$1,806.04	\$1,889.08	\$1,889.08	\$1,926.86	\$1,902.24	\$1,902.24	\$1,940.28
Employee + Spouse + Children	\$1,971.32	\$1,971.32	\$2,010.74	\$2,103.14	\$2,103.14	\$2,145.20	\$2,117.76	\$2,117.76	\$2,160.12

Premium Rate Change

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	15.0%	15.0%	15.0%	12.9%	12.9%	12.9%	13.0%	13.0%	13.0%
Employee + Child	15.0%	15.0%	15.0%	12.8%	12.8%	12.8%	12.9%	12.9%	12.9%
Employee + Children	15.0%	15.0%	15.0%	12.8%	12.8%	12.8%	12.9%	12.9%	12.9%
Employee + Spouse	15.0%	15.0%	15.0%	12.8%	12.8%	12.8%	12.9%	12.9%	12.9%
Employee + Spouse + Child	15.0%	15.0%	15.0%	12.8%	12.8%	12.8%	12.9%	12.9%	12.9%
Employee + Spouse + Children	15.0%	15.0%	15.0%	12.8%	12.8%	12.8%	12.9%	12.9%	12.9%

D.4. Gold Plan – Blue Preferred Network

Proposed Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$726.21	\$726.21	\$740.73	\$760.19	\$760.19	\$775.39	\$766.49	\$766.49	\$781.82
Employee + Child	\$1,073.14	\$1,073.14	\$1,094.61	\$1,125.06	\$1,125.06	\$1,147.58	\$1,134.69	\$1,134.69	\$1,157.40
Employee + Children	\$1,291.02	\$1,291.02	\$1,316.84	\$1,353.56	\$1,353.56	\$1,380.62	\$1,365.13	\$1,365.13	\$1,392.43
Employee + Spouse	\$1,575.31	\$1,575.31	\$1,606.80	\$1,651.25	\$1,651.25	\$1,684.27	\$1,665.33	\$1,665.33	\$1,698.63
Employee + Spouse + Child	\$1,922.23	\$1,922.23	\$1,960.68	\$2,016.13	\$2,016.13	\$2,056.46	\$2,033.54	\$2,033.54	\$2,074.22
Employee + Spouse + Children	\$2,140.12	\$2,140.12	\$2,182.91	\$2,244.62	\$2,244.62	\$2,289.50	\$2,263.98	\$2,263.98	\$2,309.25

Current Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$639.20	\$639.20	\$651.98	\$682.06	\$682.06	\$695.70	\$686.82	\$686.82	\$700.56
Employee + Child	\$944.56	\$944.56	\$963.46	\$1,010.06	\$1,010.06	\$1,030.28	\$1,017.34	\$1,017.34	\$1,037.70
Employee + Children	\$1,136.34	\$1,136.34	\$1,159.06	\$1,215.22	\$1,215.22	\$1,239.52	\$1,223.96	\$1,223.96	\$1,248.44
Employee + Spouse	\$1,386.56	\$1,386.56	\$1,414.28	\$1,482.36	\$1,482.36	\$1,512.00	\$1,493.00	\$1,493.00	\$1,522.86
Employee + Spouse + Child	\$1,691.92	\$1,691.92	\$1,725.76	\$1,810.36	\$1,810.36	\$1,846.58	\$1,823.52	\$1,823.52	\$1,860.00
Employee + Spouse + Children	\$1,883.70	\$1,883.70	\$1,921.36	\$2,015.52	\$2,015.52	\$2,055.82	\$2,030.14	\$2,030.14	\$2,070.74

Premium Rate Change

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	13.6%	13.6%	13.6%	11.5%	11.5%	11.5%	11.6%	11.6%	11.6%
Employee + Child	13.6%	13.6%	13.6%	11.4%	11.4%	11.4%	11.5%	11.5%	11.5%
Employee + Children	13.6%	13.6%	13.6%	11.4%	11.4%	11.4%	11.5%	11.5%	11.5%
Employee + Spouse	13.6%	13.6%	13.6%	11.4%	11.4%	11.4%	11.5%	11.5%	11.5%
Employee + Spouse + Child	13.6%	13.6%	13.6%	11.4%	11.4%	11.4%	11.5%	11.5%	11.5%
Employee + Spouse + Children	13.6%	13.6%	13.6%	11.4%	11.4%	11.4%	11.5%	11.5%	11.5%

D.5. Silver Plan – Blue Preferred Network

Proposed Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$708.09	\$708.09	\$722.25	\$742.07	\$742.07	\$756.91	\$748.37	\$748.37	\$763.34
Employee + Child	\$1,046.37	\$1,046.37	\$1,067.31	\$1,098.30	\$1,098.30	\$1,120.28	\$1,107.93	\$1,107.93	\$1,130.10
Employee + Children	\$1,258.79	\$1,258.79	\$1,283.97	\$1,321.32	\$1,321.32	\$1,347.76	\$1,332.90	\$1,332.90	\$1,359.57
Employee + Spouse	\$1,535.99	\$1,535.99	\$1,566.73	\$1,611.93	\$1,611.93	\$1,644.19	\$1,626.01	\$1,626.01	\$1,658.56
Employee + Spouse + Child	\$1,874.27	\$1,874.27	\$1,911.78	\$1,968.17	\$1,968.17	\$2,007.56	\$1,985.58	\$1,985.58	\$2,025.32
Employee + Spouse + Children	\$2,086.69	\$2,086.69	\$2,128.45	\$2,191.19	\$2,191.19	\$2,235.04	\$2,210.55	\$2,210.55	\$2,254.79

Current Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$616.90	\$616.90	\$629.24	\$659.76	\$659.76	\$672.96	\$664.52	\$664.52	\$677.82
Employee + Child	\$911.62	\$911.62	\$929.86	\$977.12	\$977.12	\$996.68	\$984.40	\$984.40	\$1,004.10
Employee + Children	\$1,096.68	\$1,096.68	\$1,118.62	\$1,175.56	\$1,175.56	\$1,199.08	\$1,184.30	\$1,184.30	\$1,208.00
Employee + Spouse	\$1,338.18	\$1,338.18	\$1,364.96	\$1,433.98	\$1,433.98	\$1,462.68	\$1,444.62	\$1,444.62	\$1,473.54
Employee + Spouse + Child	\$1,632.90	\$1,632.90	\$1,665.58	\$1,751.34	\$1,751.34	\$1,786.40	\$1,764.50	\$1,764.50	\$1,799.82
Employee + Spouse + Children	\$1,817.96	\$1,817.96	\$1,854.34	\$1,949.78	\$1,949.78	\$1,988.80	\$1,964.40	\$1,964.40	\$2,003.72

Premium Rate Change

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	14.8%	14.8%	14.8%	12.5%	12.5%	12.5%	12.6%	12.6%	12.6%
Employee + Child	14.8%	14.8%	14.8%	12.4%	12.4%	12.4%	12.5%	12.5%	12.5%
Employee + Children	14.8%	14.8%	14.8%	12.4%	12.4%	12.4%	12.5%	12.5%	12.5%
Employee + Spouse	14.8%	14.8%	14.8%	12.4%	12.4%	12.4%	12.6%	12.6%	12.6%
Employee + Spouse + Child	14.8%	14.8%	14.8%	12.4%	12.4%	12.4%	12.5%	12.5%	12.5%
Employee + Spouse + Children	14.8%	14.8%	14.8%	12.4%	12.4%	12.4%	12.5%	12.5%	12.5%

D.6. Bronze Plan – Blue Preferred Network

Proposed Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$665.60	\$665.60	\$678.92	\$699.57	\$699.57	\$713.58	\$705.87	\$705.87	\$720.01
Employee + Child	\$983.57	\$983.57	\$1,003.25	\$1,035.50	\$1,035.50	\$1,056.23	\$1,045.13	\$1,045.13	\$1,066.05
Employee + Children	\$1,183.25	\$1,183.25	\$1,206.94	\$1,245.79	\$1,245.79	\$1,270.73	\$1,257.36	\$1,257.36	\$1,282.54
Employee + Spouse	\$1,443.83	\$1,443.83	\$1,472.71	\$1,519.77	\$1,519.77	\$1,550.18	\$1,533.85	\$1,533.85	\$1,564.55
Employee + Spouse + Child	\$1,761.81	\$1,761.81	\$1,797.05	\$1,855.70	\$1,855.70	\$1,892.83	\$1,873.11	\$1,873.11	\$1,910.58
Employee + Spouse + Children	\$1,961.49	\$1,961.49	\$2,000.73	\$2,065.99	\$2,065.99	\$2,107.33	\$2,085.34	\$2,085.34	\$2,127.08

Current Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$594.60	\$594.60	\$606.50	\$637.46	\$637.46	\$650.22	\$642.22	\$642.22	\$655.08
Employee + Child	\$878.66	\$878.66	\$896.24	\$944.16	\$944.16	\$963.06	\$951.44	\$951.44	\$970.48
Employee + Children	\$1,057.04	\$1,057.04	\$1,078.20	\$1,135.92	\$1,135.92	\$1,158.66	\$1,144.66	\$1,144.66	\$1,167.58
Employee + Spouse	\$1,289.82	\$1,289.82	\$1,315.62	\$1,385.62	\$1,385.62	\$1,413.34	\$1,396.26	\$1,396.26	\$1,424.20
Employee + Spouse + Child	\$1,573.88	\$1,573.88	\$1,605.36	\$1,692.32	\$1,692.32	\$1,726.18	\$1,705.48	\$1,705.48	\$1,739.60
Employee + Spouse + Children	\$1,752.26	\$1,752.26	\$1,787.32	\$1,884.08	\$1,884.08	\$1,921.78	\$1,898.70	\$1,898.70	\$1,936.70

Premium Rate Change

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	11.9%	11.9%	11.9%	9.7%	9.7%	9.7%	9.9%	9.9%	9.9%
Employee + Child	11.9%	11.9%	11.9%	9.7%	9.7%	9.7%	9.8%	9.8%	9.8%
Employee + Children	11.9%	11.9%	11.9%	9.7%	9.7%	9.7%	9.8%	9.8%	9.8%
Employee + Spouse	11.9%	11.9%	11.9%	9.7%	9.7%	9.7%	9.9%	9.9%	9.9%
Employee + Spouse + Child	11.9%	11.9%	11.9%	9.7%	9.7%	9.7%	9.8%	9.8%	9.8%
Employee + Spouse + Children	11.9%	11.9%	11.9%	9.7%	9.7%	9.7%	9.8%	9.8%	9.8%

D.7. Cobalt Plan – Blue Preferred Network

Proposed Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$629.36	\$629.36	\$641.95	\$663.34	\$663.34	\$676.61	\$669.63	\$669.63	\$683.04
Employee + Child	\$930.03	\$930.03	\$948.63	\$981.96	\$981.96	\$1,001.60	\$991.59	\$991.59	\$1,011.42
Employee + Children	\$1,118.84	\$1,118.84	\$1,141.22	\$1,181.38	\$1,181.38	\$1,205.01	\$1,192.95	\$1,192.95	\$1,216.82
Employee + Spouse	\$1,365.21	\$1,365.21	\$1,392.52	\$1,441.16	\$1,441.16	\$1,469.98	\$1,455.24	\$1,455.24	\$1,484.35
Employee + Spouse + Child	\$1,665.89	\$1,665.89	\$1,699.19	\$1,759.78	\$1,759.78	\$1,794.98	\$1,777.19	\$1,777.19	\$1,812.73
Employee + Spouse + Children	\$1,854.69	\$1,854.69	\$1,891.79	\$1,959.20	\$1,959.20	\$1,998.38	\$1,978.55	\$1,978.55	\$2,018.13

Current Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$538.86	\$538.86	\$549.64	\$581.72	\$581.72	\$593.36	\$586.48	\$586.48	\$598.22
Employee + Child	\$796.30	\$796.30	\$812.22	\$861.80	\$861.80	\$879.04	\$869.08	\$869.08	\$886.46
Employee + Children	\$957.96	\$957.96	\$977.12	\$1,036.84	\$1,036.84	\$1,057.58	\$1,045.58	\$1,045.58	\$1,066.50
Employee + Spouse	\$1,168.90	\$1,168.90	\$1,192.28	\$1,264.70	\$1,264.70	\$1,290.00	\$1,275.34	\$1,275.34	\$1,300.86
Employee + Spouse + Child	\$1,426.34	\$1,426.34	\$1,454.86	\$1,544.78	\$1,544.78	\$1,575.68	\$1,557.94	\$1,557.94	\$1,589.10
Employee + Spouse + Children	\$1,588.00	\$1,588.00	\$1,619.76	\$1,719.82	\$1,719.82	\$1,754.22	\$1,734.44	\$1,734.44	\$1,769.14

Premium Rate Change

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	16.8%	16.8%	16.8%	14.0%	14.0%	14.0%	14.2%	14.2%	14.2%
Employee + Child	16.8%	16.8%	16.8%	13.9%	13.9%	13.9%	14.1%	14.1%	14.1%
Employee + Children	16.8%	16.8%	16.8%	13.9%	13.9%	13.9%	14.1%	14.1%	14.1%
Employee + Spouse	16.8%	16.8%	16.8%	14.0%	14.0%	14.0%	14.1%	14.1%	14.1%
Employee + Spouse + Child	16.8%	16.8%	16.8%	13.9%	13.9%	13.9%	14.1%	14.1%	14.1%
Employee + Spouse + Children	16.8%	16.8%	16.8%	13.9%	13.9%	13.9%	14.1%	14.1%	14.1%



Oliver Wyman

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