



# **PLAN YEAR 2026-2027 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, 2026. 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 2026-2027 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 in the range from 9.2% to 14.2% for plan year 2026-2027. Table 1 summarizes the proposed premium rate changes from current rates for the Diamond plans in plan year 2025-2026.

**Table 1 – Proposed Premium Rate Changes**

Benefit Plan	Blue Advantage Diamond	Blue Preferred and Blue Choice Diamond	Combined Networks*
Medical/Pharmacy	14.6%	9.3%	13.7%
Enhanced Dental	-25.3%	-25.3%	-25.3%
<b>Combined</b>	<b>11.8%</b>	<b>7.2%</b>	<b>11.0%</b>

\* Estimated rate increase is based on November 2025 member enrollment by network; Groups that currently pay Blue Preferred Diamond rates even if identified as Blue Advantage members are assumed to receive the rate change shown in the Blue Preferred and Blue Choice Diamond column.

The premium rate changes shown in Table 1 reflect the Diamond medical/pharmacy plans and the Enhanced dental plan. We have also developed premium rates for the seven additional medical/pharmacy plans offered by OPEH&W. Appendix E 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 2025 (referred to as the aggregated claim report)
- Medical claim lag reports for claims paid between February 2013 and October 2025
- Dental claim lag reports for claims paid between July 2013 and October 2025
- 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 October 2025
- Financial statements for plan years 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023, 2024-2025, and 2025-2026
- Detailed medical and dental census information for July 2012 through November 2025
- 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, 2024-2025, and 2025-2026
- Plan Audit Report for plan years 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021 2021-2022, 2022-2023, and 2023-2024
- Medical/pharmacy and dental premium rates for plan years 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023, 2023-2024, 2024-2025, and 2025-2026
- Benefit changes for plan years 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2022-2023, 2024-2025, and 2025-2026
- 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, 2024-2025, and 2025-2026
- Coverage highlights for plan years 2019-2020, 2020-2021, 2021-2022, 2022-2023, 2023-2024, 2024-2025, and 2025-2026
- The medical and dental ASO renewal reports for plan year 2020-2021, 2021-2022, 2022-2023, 2023-2024, 2024-2025, and 2025-2026 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, 2025-2025, and plan year 2025-2026 YTD as of December 2025 through reports developed by Express Scripts and Evernorth Health Services
- 2026-2027 plan year vendor fees
  - Medical plan management fees:
    - \$34.72 per contract per month (a 5.0% increase from the reported actual cost of \$33.07 in 2025-2026 plan year)
  - BCBSOK medical and dental fees:
    - Medical administration fee of \$40.80 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 November 25, 2025:
    - \$29.26 per contract per month

- Additional fees
  - \$6.10 per contract per month for Wellbeing Management
  - \$0.52 per contract per month for virtual visits
  - \$1.40 per contract per month for member rewards
  - \$4.75 per user per month and \$0.01 per contract per month for Medefy program
- Medical and dental paid claims by month for terminating groups between July 2023 through June 2025. Per OPEH&W, Beckham County terminated on June 30, 2025 (with an average of 117 members enrolled during the 2024-2025 plan year, per BCBSOK).

The medical ASO projection for plan year 2025-2026 prepared by BCBSOK did not provide any information about the claim cost relativities between the Blue Advantage, Blue Choice, and Blue Preferred networks. Based on discussion with OPEH&W, we have assumed that new Blue Advantage network has, on average, 15% lower provider reimbursement rates for medical claims compared to the Blue Preferred network and the Blue Choice network has, on average, 10% higher provider reimbursement rates for medical claims compared to the Blue Preferred network. These relativities have been reflected in the proposed rate development.

## 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 2023-2024, 2024-2025, and 2025-2026 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

For plan year 2023-2024, 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; there were no differences for plan years 2024-2025 and 2025-2026 YTD.

When comparing data between the aggregated claim report and the financial statements, we noticed small discrepancies. For the 2023-2024 plan year, aggregated medical claims are \$22.1 million, which is 0.7% lower than the medical expenditures reported in the financial statement of \$22.2 million after adjusting the financial amount for durable medical equipment (DME) expenses. Similarly for the 2024-2025 plan year, aggregated medical claims are \$27.18 million, which is 0.5% lower than the medical expenditures reported in the financial statement of \$27.32 million after adjusting for DME expenses.

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 2026-2027 premium rate analysis to the paid claims data we received for the plan year 2025-2026 premium rate analysis and the claim information was consistent for overlapping months for medical claims.

### **Dental Paid Claims**

We observed significant discrepancies for most months in the 2023-2024 plan year when comparing results between the lag report and the aggregate 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. For plan year 2024-2025, the discrepancies for all months were 0.0% with the exception of April 2025 where there was a difference of 6.0%. Overall, the payments for dental claims in the lag report (\$3.73 million) are lower than the claims in the overview report (\$3.83 million) and higher than the claims in the financial statements (\$3.69 million) for plan years 2023-2024 and 2024-2025 on an aggregate basis. Based on these results, we applied an adjustment to the estimated incurred dental claims in the Experience Period<sup>1</sup> as part of the development of dental rates for plan year 2026-2027. The adjustment is calculated as the ratio of dental expenditures in the financial statement (\$3.69 million) to the lag report (\$3.73 million), or 0.990; 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 2026-2027 premium rate analysis to the paid claims data we received for the plan year 2025-2026 premium rate analysis and the claim information was consistent for overlapping months for dental claims.

### **Prescription Drug Paid Claims**

We received incurred monthly claims data through a PBM report for plan years 2023-2024, 2024-2025, and 2025-2026 YTD through October 2025. We compared these amounts to the claim amounts received in the aggregated claim report. The amounts between the two reports vary month to month; however, the aggregate variance by plan year is minimal for plan year 2023-2024. For plan year 2024-2025, there is a larger variance from month to month, ranging from a 1.9% to 9.9% difference.

For the 2023-2024 plan year, the aggregate Rx claims are \$12.87 million in the claims report compared to \$12.80 million in the financial statement, a 0.6% difference. For the 2024-2025 plan year, the aggregate Rx claims are \$13.72 million compared to \$13.89 million in the financial statement, or a -1.3% difference. In aggregate across the two plan years, the difference is -0.4% to the financial statement amounts. Overall, the payments for drug claims appear reasonable when comparing the aggregated claim report and financial statements.

We also compared the paid claims data we received for the plan year 2026-2027 premium rate analysis to the paid claims data we received for the plan year 2025-2026 premium rate analysis and the claim information was consistent for overlapping months for pharmacy claims.

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<sup>1</sup> Claims incurred between July 2023 and June 2025 and paid through September 2025 for Medical and Dental services

## 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 2023-2024 and 2024-2025 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
2023-2024	5,431	4,959	9.5%
2024-2025	5,741	5,241	9.5%

Next, we compared the average medical census report membership to the membership from the claims overview file. The variances for plan years 2023-2024 and 2024-2025 are 0.7% and 8.1%, respectively.

Per OPEH&W, the census report membership is considered correct for plan years 2023-2024, 2024-2025, and year-to-date for 2025-2026. Therefore, we relied on the census report for the final membership totals corresponding to these plan years.

The detailed medical contract enrollment from the census reports shows discrepancies of 2.8% and 2.7% relative to the BCBSOK ASO reports for plan years 2023-2024 and 2024-2025, respectively, which are consistent with the differences observed 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 2023-2024 and 2024-2025 are 0.0% and 1.2%, respectively.

The detailed dental contract enrollment from the census reports shows discrepancies of 1.8% and 1.7% relative to the BCBSOK ASO reports for plan years 2023-2024 and 2024-2025, respectively, which are consistent with differences observed 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 2023-2024 and 2024-2025 utilized in the Experience Period in the rate development for plan year 2026-2027.

## 3. Enrollment

This section provides a summary of groups that have terminated or have been added since the prior year's analysis. There was only one group that terminated coverage during this period, and five new groups were added since the prior year's analysis.

### Terminating Groups

Beckham County was the only group to have recently terminated coverage through OPEH&W. As of the termination date of 6/30/2025, there were 98 subscribers in this group enrolled in health insurance coverage, accounting for 1.7% of the total membership.

### 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 Members <sup>1</sup>
9/1/2025	Town of Gore	12
7/1/2025	Greer County Special Ambulance	1
7/1/2025	City of Prague	35
1/1/2025	Town of Davenport	8
1/1/2025	Town of Goldsby	9
	<b>Total</b>	<b>65</b>

1. *Estimated based on the number of members as of the month the group joined*

The five new groups that joined in 2025 represent a small portion of the overall membership. As of November 2025, the largest new group, 'City of Prague,' accounts for 0.6% of the total membership and all five groups represent 1.1% of the total membership. Given the limited membership in these new groups and limited or 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.

Per OPEH&W, four additional groups will be joining in December 2025 and January 2026 that were not included in the census data.

- City of Wewoka – 12/1/2025
- Town of Depew – 1/1/2026
- Purcell Municipal Hospital – 1/1/2026
- City of Vinita – 1/1/2026

## Demographics

In estimating plan year 2026-2027 claim costs, we have applied adjustments of 0.14% and 1.05% for the terminating group (in the plan year 2023-2024 and 2024-2025 experience data, respectively, to account for claims experience differences for the terminating Beckham County group relative to the remaining groups' claims experience). This is in line with BCBSOK estimates used in the ASO medical projection. The demographic factor assumed by BCBSOK has a modest impact on the overall rates with an adjustment of 1.04% from the experience period of November 2024 to October 2025 to plan year 2026-2027.

## 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 2023 and June 2025 and paid through September 2025 (the Experience Period). The experience was separated into two 12-month periods, July 2023 through June 2024 (plan year 2023-2024) and July 2024 through June 2025 (plan year 2024-2025), 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 2026-2027 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 rate development.

Typically, medical claims are adjusted to remove claims that would have otherwise been recovered through the stop loss agreement; however, based on the detailed shock claim data received from OPEH&W, no members had incurred medical claims that were above the stop loss thresholds for either plan year in the Experience Period. We applied a large claim adjustment to the medical claims in the 2024-2025 period due to a higher share of large claims above \$50,000 (17.3%) compared to an average share of about 12.9% for plan years 2022-2023 and 2023-2024. 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 Preferred and Blue Choice networks to the average claim costs associated with the Blue Advantage 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 Advantage network and enroll in the Diamond plan.

Based on premium rates for the Blue Advantage network, an adjustment factor was applied to develop the composite Blue Preferred and Blue Choice premium rates. The adjustment factor produces a slightly lower premium rate relativity between the two network options in plan year 2026-2027 compared to what was included in the plan year 2025-2026 premium rates. If there have been significant provider reimbursement changes for any of the three Blue networks, this assumption may not be appropriate.

Additionally, based on information from OPEH&W, the access to the Blue Choice network is limited to specific geographic areas and it is expected that a majority of the group and members will be enrolled in the Blue Advantage network in plan year 2026-2027.<sup>2</sup>

## Trend Adjustments

We generated historical trend estimates based on OPEH&W's experience using incurred claims from September 2023 to August 2025, paid through September 2025. 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 Advantage, Blue Preferred, and Blue Choice networks. Medical and pharmacy benefit relativities were developed using MarVAL™, Oliver Wyman's proprietary 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.

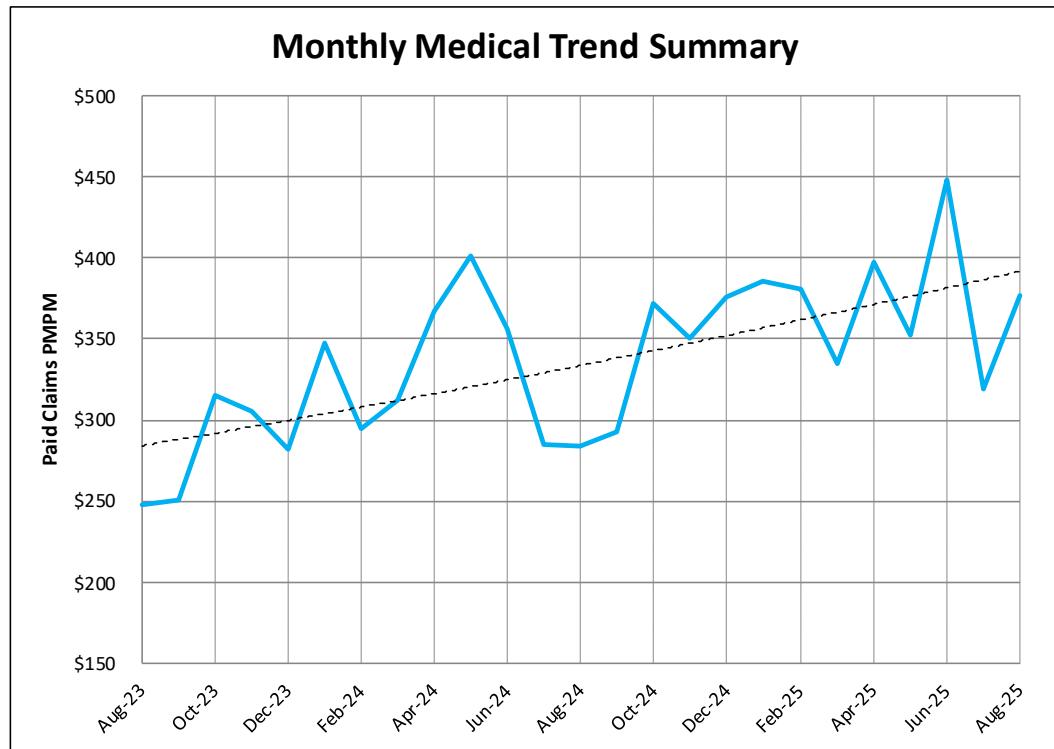
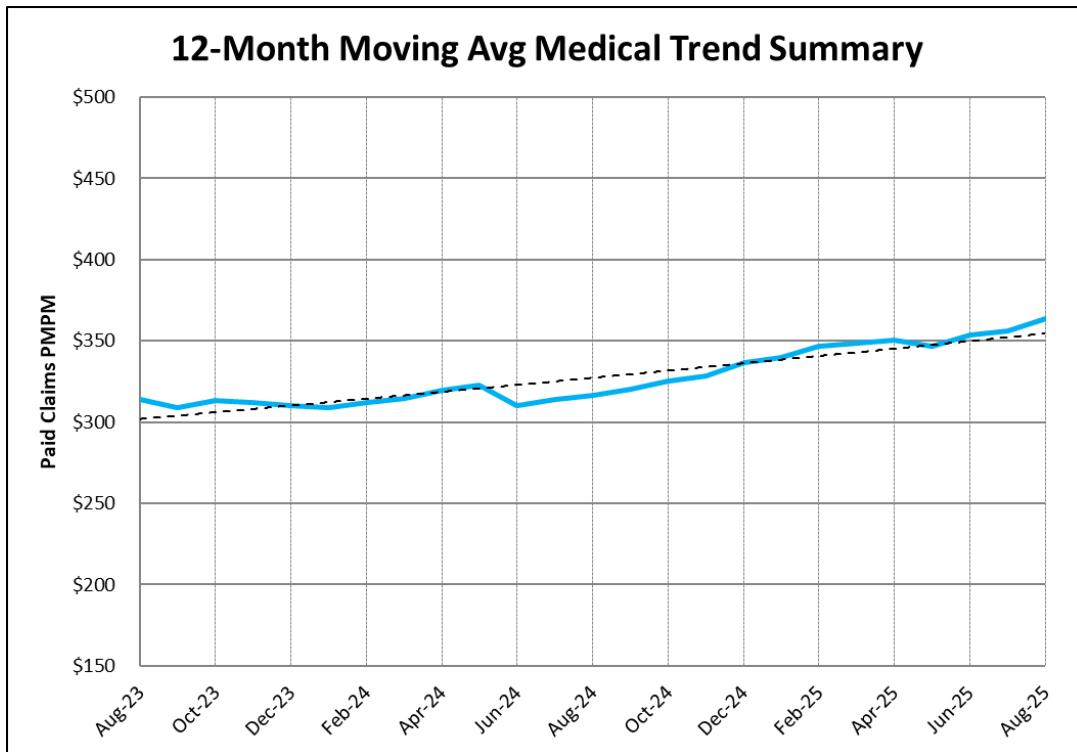
## Medical Trends

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.

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 6.7% to as high as 19.4%. 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.

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<sup>2</sup> As of end of November 2025 about 82% of members were enrolled in the Blue Advantage network, 14% in Blue Preferred and 4% in the Blue Choice network.

**Graph 1****Graph 2**

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 95.7 million group members. The most recent trend survey reflects pricing trends for July 2025. Table 4 summarizes the trend results from the July 2025 Carrier Trend Survey for group major medical PPO policies:

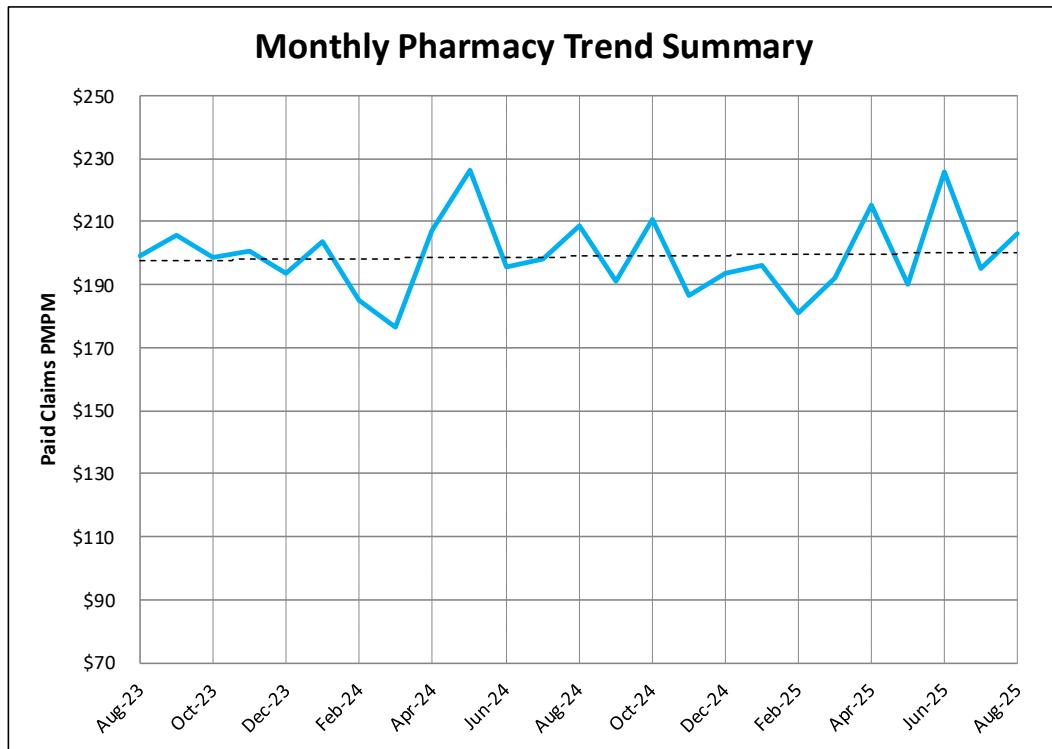
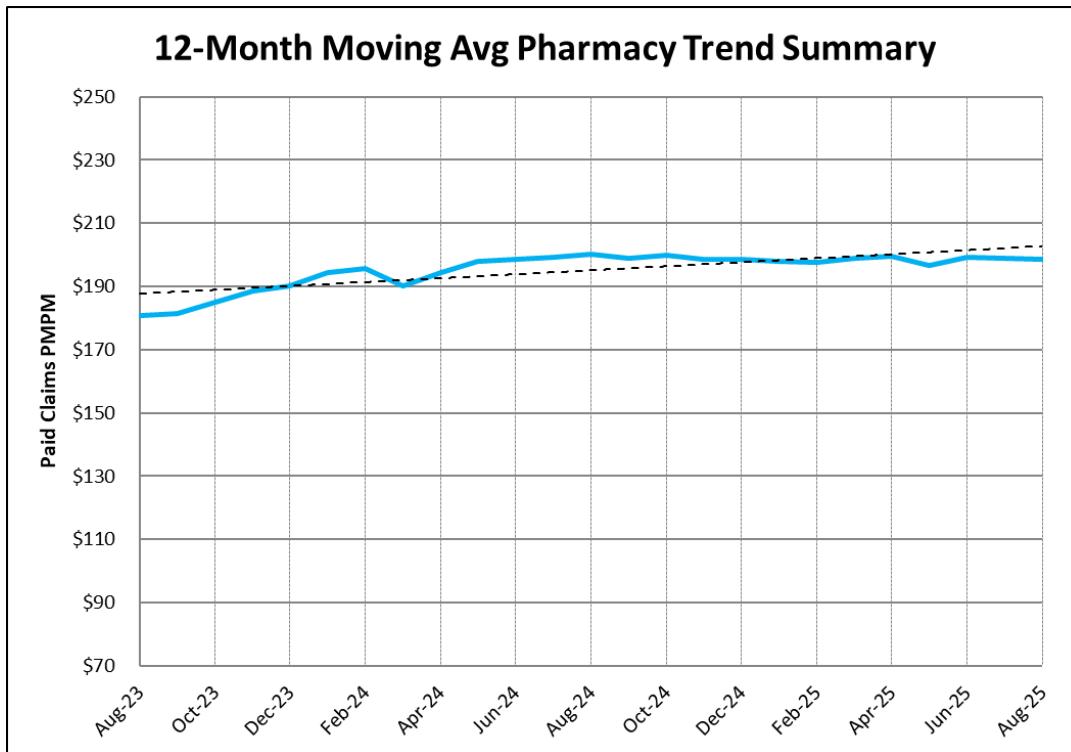
**Table 4 – Industry Medical Group PPO Trend**

	Annual Trend Rate
Minimum	4.6%
25 <sup>th</sup> Percentile	7.7%
Median	8.1%
75 <sup>th</sup> Percentile	9.5%
Maximum	13.8%

We have elected to use the 25<sup>th</sup> percentile trend rate of 7.7% in the plan year 2026-2027 premium rate projection. This is an increase from the trend rate of 6.5% assumed in our prior pricing analysis. This trend factor is within the pricing trend range observed in the market and is slightly lower than the 2024-2025 plan year medical trend rate of 8.3% for OPEH&W that was assumed in the medical ASO projection provided by BCBSOK.

## Pharmacy Trends

OPEH&W's pharmacy claims costs, prior to pharmacy rebates, have been leveling out over the last 24 months. 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 a month-to-month variation in pharmacy claim costs but no significant increase in monthly costs. The 12-month moving average in Graph 4 shows a more gradual increase in claim costs through August 2024 and no significant change through August 2025. For the most recent 24-month period, pharmacy costs have increased at an annualized rate of between -1.3% and 3.2%. This is much lower compared to the pricing trends reported from Oliver Wyman's July 2025 Carrier Trend Survey for prescription drugs shown in Table 5.

**Table 5 – Industry Prescription Drug Trend**

	Annual Trend Rate
Minimum	1.1%
25 <sup>th</sup> Percentile	10.4%
Median	11.2%
75 <sup>th</sup> Percentile	12.4%
Maximum	22.8%

Based on discussion with OPEH&W, the plan has avoided incurring large increases in pharmacy trends reported within the industry due in part to narrow eligibility rules for GLP-1 drug coverage. We have elected to use an average of the 25th percentile trend rate shown in Table 5 (10.4%) and the maximum OPEH&W pharmacy trend (3.2%) from the most recent 24-month period in the plan year 2026-2027 premium rate projection (6.8%). This assumption is lower than the trend assumption utilized in prior premium rate development (11.2%) and reflects the favorable pharmacy trends observed by OPEH&W.

## Dental Trends

We have relied on dental trend estimates reported in Oliver Wyman's July 2025 Carrier Trend Survey. Table 6 summarizes the pricing trends reported from the July 2025 Carrier Trend Survey for group dental PPO policies:

**Table 6 – Group Dental PPO Trend**

	Annual Trend Rate
Minimum	2.0%
25 <sup>th</sup> Percentile	4.0%
Median	5.0%
75 <sup>th</sup> Percentile	5.2%
Maximum	7.5%

We have assumed an annualized dental claim trend rate of 5.0%, which is at the median in Table 6 and is unchanged compared to the dental trend rate used in our prior premium rate development. The assumed dental claim trend of 5.0% is in line with the 5.3% 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 2026-2027 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 2026-2027 would have been equivalent to about \$409,508 in plan year 2024-2025, assuming a 7.7% medical trend (i.e.,  $\$475,000 \div 1.077^2 = \$409,508$ ). 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 2026-2027. Also, we estimate there will not be any specific stop-loss insurance recoveries.

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

	<b>PY 2023-2024</b>	<b>PY 2024-2025</b>
Reinsurance Attachment Point (RAP)	\$475,000	\$475,000
Trend-Adjusted RAP	\$380,230	\$409,508
Number of Members Exceeding RAP	0	0
Aggregate Dollars Exceeding RAP	\$0	\$0

As shown in Table 7, there were no large claims over the trend-adjusted attachment points in either of the 2023-2024 and 2024-2025 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. Based on analysis of medical claims over \$50,000 we identified a greater share of large claims (17.3% of medical and prescription drugs) in plan year 2024-2025 compared to the average of the prior three plan years (12.9%). Based on large claims data for the first three months for plan year 2025-2026 and the historical experience, we believe that the large claim share in plan year 2024-2025 (17.3%) is an outlier and, therefore, we applied a large claim adjustment (0.9397) to medical claims for plan year 2024-2025 to reflect an assumption equal to the historical average for the large claims share (12.9%).

### DME Expenses

The medical claims include a DME expense of \$573,077 for the 2023-2024 plan year and \$574,181 for the 2024-2025 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 26.4% of pharmacy claims paid during plan year 2023-2024 and about 24.0% of claims paid for plan year 2024-2025 based on the claims overview file and the financial statement information. Therefore, we reduced paid pharmacy claims for plan year 2023-2024 by 26.4% and for plan year 2024-2025 by 24.0% 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 2026-2027 plan year.

## New or Terminating Group Adjustments

As discussed previously, there was one terminating group reported since the prior year's analysis, which we adjusted for in the rate development for the 2026-2027 plan year.

There were a relatively small number of new groups without credible claims experience in the most recent calendar year. As a result, we did not apply any adjustments for new groups in the rate development for the 2026-2027 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.

The medical/pharmacy benefit designs for plan year 2026-2027 are shown in Appendix A.1. Per discussion with OPEH&W, the benefit designs remain unchanged from the 2025-2026 plan year. However, new plans (Tungsten and Copper) have been added. Per discussion with OPEH&W, the Tungsten plan has been added to attract larger groups who would like to offer a plan with lower average member cost sharing than the current Diamond plan. The Copper plan is a high-deductible health plan (HDHP) where the member is required to pay out of pocket cost through a combined medical and prescription drug deductible before the health plan will start covering the cost for most services. Based on our analysis, the Copper plan does not have the highest average member cost sharing but rather falls between Platinum and Gold.<sup>3</sup> OPEH&W implemented the Copper plan premium rate for plan year 2025-2026 as the lowest priced plan (e.g., about 3.45% lower than the Cobalt plan premium rate). As a result of our analysis of the estimated average member cost sharing, we recommend a significant premium rate increase for the Copper plan (52.1%) compared to other plan designs.

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 1.46% and 1.05% increases in claim costs for the experience underlying plan years 2023-2024 and 2024-2025, respectively.

In plan year 2026-2027, 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. The benefit has been added to both the Enhanced and Standard plans. Based on industry research, we have assumed the cost of this benefit is \$2.29 PMPM in plan year 2023-2024 which was added to the experience period in 2023-2024 to account for phase-in of the benefit in the first year compared to projection period. For plan year 2024-2025 we assumed that the dental implant cost is fully phased-in and included in the underlying OPEH&W dental claims experience. 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 Enhanced plan level will result in a 1.7% increase in dental claim costs for the experience underlying plan years 2023-2024 and 2024-2025.

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<sup>3</sup> This is driven by the fact that the Copper plan has a lower or equal deductible (\$1,700/\$3,400 single/family), member coinsurance (20%), and maximum out of pocket limits (\$6,000/\$12,000 single/family) compared to the Gold, Silver, Bronze and Cobalt plans as shown in Appendix A.1.

The dental plan designs for plan year 2026-2027 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.

We have assumed the newly utilized Wellbeing Management program replacing the Health Advocacy Service (HAS) will result in similar potential claim savings to the plan and that those are reflected in the Experience Period. Any potential savings from the Wellbeing Management program in the 2026-2027 plan year are assumed to remain at the level of savings from the HAS in the Experience Period.

## 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
- Wellbeing management fees
- Telehealth/Virtual Visit fees
- Member rewards
- Medefy user and admin fees
- PCORI fee
- PBM fees and administrative cost

Based on discussion with OPEH&W, we assumed that the stop-loss reinsurance premiums in plan year 2026-2027 will remain unchanged from the 2025-2026 plan year (\$28.76 PCPM). An additional \$0.50 PCPM is charged by BCBSOK as a third-party stop-loss carrier fee. 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. The PCORI fee is in place through fiscal year 2029 as a result of the federal spending bill that was signed into law on December 20, 2019.<sup>4</sup> Reported PBM fees and administrative costs are 15.38 PMPM in the 2025-2026 plan year. We applied the annual pharmacy trend of 6.8% to the \$15.38 PMPM figure to estimate the PBM fees and administrative costs at \$16.43 PMPM for plan year 2026-2027.

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 14.6% for the Blue Advantage network Diamond medical/pharmacy plans. Also, we propose a premium rate decrease of 25.3% for the Enhanced dental plan. On a combined basis,

<sup>4</sup> <https://www.congress.gov/116/bills/hr1865/BILLS-116hr1865eah.pdf>

the average proposed premium rate increase is 11.8% for the Blue Advantage Diamond plans. The proposed rate change of 11.8% is higher than the prior year's recommended rate increase, driven by an increase in medical claims in the 2024-2025 plan year.

The premium rate increase for Blue Preferred and Blue Choice Diamond plans combined is 7.2%. This is lower compared to Blue Advantage network Diamond increase of 11.8% due to the fact that we assumed a 11.9% premium rate impact for the network difference instead of the 15.0% premium rate impact that was assumed in the 2025-2026 plan year. Based on discussion with OPEH&W, a significant portion of groups enrolled in the Blue Advantage network have continued paying premium rates based on the Blue Preferred network in the plan year 2025-2026. Assuming that OPEH&W allows these groups to switch to the proposed premium rates for the Blue Advantage network, there would be a slight decrease of 2.5% for medical/pharmacy Diamond coverage and a 3.9% decrease on a combined basis with the Enhanced dental plan for this cohort.

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

**Table 8 - Proposed Premium Rate Changes – Blue Preferred Diamond Plan**

	Medical/Pharmacy Premium Increase		Combined* Premium Increase	
	% Change	\$ Change	% Change	\$ Change
Claims and Benefits	6.8%	\$ 52.52	6.0%	\$ 50.19
Carry Over from Prior Analysis	1.3%	\$ 11.49	0.1%	\$ 1.24
Administrative Costs	1.0%	\$ 8.05	1.0%	\$ 8.06
Total	<b>9.3%</b>	<b>\$ 72.07</b>	<b>7.2%</b>	<b>\$ 59.49</b>

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

A significant portion of the proposed premium rate increase is a result of an increase in claim costs relative to the plan year 2025-2026 premium rate development; however, several other components contribute to the increase. Approximately 1.3% of the medical/pharmacy premium rate increase is a "carry over" from the proposed plan year 2025-2026 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 being proposed for dental plans this year. We proposed a 15.4% decrease to the enhanced dental premiums for plan year 2025-2026, whereas a 4.5% increase was implemented for the dental plan. The medical/pharmacy plan rates increased by 4.5% for plan year 2025-2026 for the Blue Preferred Diamond plan; we had proposed a 5.9% rate increase under the updated benefit plan designs.

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

**Table 9 – 2026-2027 Premium Relativity of Blue Advantage Network Plans**

<b>Benefit Plan</b>	<b>Premium Rate Relativity</b>
Tungsten	3.5%
Diamond	0.0%
Platinum	-2.0%
Copper	-7.1%
Gold	-7.5%
Silver	-9.5%
Bronze	-14.8%
Cobalt	-18.9%

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 existing 2025-2026 medical/pharmacy benefit plans with the exception of adding the Tungsten and Copper plans.

A detailed development of the Diamond plan premiums for the Blue Advantage network is shown in Appendix B. As noted earlier, the premium rate development of the Blue Choice and Blue Advantage network premiums is based on the development of the Blue Advantage network premiums and then applying a 11.9% network adjustment factor. 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 E. While we have included a stand-alone comparison of the proposed medical/pharmacy premium rates to the current medical/pharmacy premium rates, for simplicity, we have not included a stand-alone comparison of the proposed dental premium rates to the current dental premium rates. 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 Tungsten and Copper 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 Blue Advantage Copper plan (52.1% Medical/Pharmacy only) compared to the recommended rate changes for the Diamond (14.6% increase) plan as shown in Appendix E.

## 5. Recommended Benefit Plan Modifications

### Proposed Medical Benefit Plan Designs

No benefit changes were requested for the medical plans in year 2026-2027 besides developing rates for Tungsten and Copper plans. We are not proposing any additional modifications to the existing plans at this time. The majority of current enrollment is in the Diamond plan (about 83.5%) and a smaller portion of enrollment is in the Platinum (12.5%), Cobalt (3.3%), and other (0.7%) 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 2026-2027 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 financial statements provided by OPEH&W. The capital-to-premium ratio had remained stable through plan year 2023-2024 (10.9%) but decreased to -5.4% in the most recent 2024-2025 plan year.

**Table 10 – OPEH&W Capital Position by Plan Year**

Capital Position by Plan Year (Amounts in \$1,000)							
	Jul 2018 - Jun 2019	Jul 2019 - Jun 2020	Jul 2020 - Jun 2021	Jul 2021 - Jun 2022	Jul 2022 - Jun 2023	Jul 2023 - Jun 2024	Jul 2024 - Jun 2025
Total Capital (A)	\$3,645	\$6,091	\$4,437	\$4,515	\$4,184	\$4,442	(\$2,318)
Total Prem (B)	\$51,178	\$44,749	\$45,176	\$45,444	\$40,117	\$40,617	\$43,211
Active Prem	47,996	42,190	43,079	43,244	38,176	38,764	41,496
Cobra Prem	96	104	71	75	355	388	66
Retiree Prem	3,085	2,456	2,026	2,125	1,586	1,465	1,649
<b>Capital % of Prem (A / B)</b>	<b>7.1%</b>	<b>13.6%</b>	<b>9.8%</b>	<b>9.9%</b>	<b>10.4%</b>	<b>10.9%</b>	<b>-5.4%</b>

Further actions could be considered to strengthen the capital position of the plan. We estimate that including an additional 2.0% rate increase would generate approximately \$0.95 million in surplus for plan year 2026-2027, assuming enrollment in plan year 2026-2027 is consistent with November 2025 enrollment levels.

## 7. Incurred But Not Reported Claim Reserves

We estimate IBNR claim reserves for the plan year ending June 30, 2025 to be approximately \$3.80 million. This estimate is based on medical, dental, and pharmacy claims incurred between July 2024 and June 2025 and paid through September 2025. Given that there are three months of claims run-out, we have incorporated a margin of 15% into the IBNR amount, bringing it to \$4.37 million. The estimate is higher compared to the \$3.68 million estimate with margin for June 2025 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, 2025 to June 30, 2026, 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, 2025) and the overall claims experience will be replicated for the current plan year
- The membership levels observed in November 2025 will remain constant for future months (i.e., through June 2026)
- Claims will trend according to the annualized trends specified in the premium rate projections (e.g., 7.7% 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, 2026 to be approximately \$3.60 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, 2026 with margin is \$4.14 million. Please note that the estimate assumes stable enrollment, claims processing, and claims utilization through June 30, 2026, 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 2025 and June 2026. The IBNR claim reserve estimate PMPM is \$50.47 without margin and \$58.04 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, 2026. 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.

Details of the IBNR claim reserves are shown in Appendix D.

## 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, 2026. 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.



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

# Appendix A. Benefit Designs

## A.1. Medical/Pharmacy: Plan Years 2026-2027

	Tungsten	Diamond	Diamond	Diamond	Platinum	Platinum
<b>Medical - In-Network</b>						
Network	Blue Advantage	Blue Advantage	Blue Preferred	Blue Choice	Blue Advantage	Blue Preferred
Deductible - Individual	750	1,000	1,000	1,000	1,500	1,500
Deductible - Family	1,500	2,000	2,000	2,000	3,000	3,000
Max Out-of-Pocket - Individual	3,250	5,000	5,000	5,000	5,000	5,000
Max Out-of-Pocket - Family	6,500	10,000	10,000	10,000	10,000	10,000
Coinurance (%)	80%	80%	80%	80%	80%	80%
Primary Care Office Visit	25	25	25	25	25	25
Urgent Care Office Visit	25	25	25	25	25	25
Specialist Office Visit	50	50	50	50	50	50
<b>Medical - Out-of-Network</b>						
Deductible - Individual	1,500	2,000	2,000	2,000	3,000	3,000
Deductible - Family	3,000	4,000	4,000	4,000	6,000	6,000
Max Out-of-Pocket - Individual	6,500	10,000	10,000	10,000	10,000	10,000
Max Out-of-Pocket - Family	13,000	20,000	20,000	20,000	20,000	20,000
Coinurance (%)	70%	70%	70%	70%	70%	70%
Primary Care Office Visit	Deductible & Coinsurance					
Urgent Care Office Visit	Deductible & Coinsurance					
Specialist Office Visit	Deductible & Coinsurance					
<b>Rx</b>						
Brand Deductible	75	75	75	75	100	100
Max Out-of-Pocket - Individual	2,000	2,500	2,500	2,500	2,500	2,500
Max Out-of-Pocket - Family	4,000	5,000	5,000	5,000	5,000	5,000
<b>30-Day Supply</b>						
Generics	10	10	10	10	10	10
Preferred Brands	45	45	45	45	55	55
Non-Preferred Brands	60	60	60	60	70	70
<b>90-Day Supply</b>						
Generics	25	25	25	25	25	25
Preferred Brands	112	112	112	112	138	138
Non-Preferred Brands	150	150	150	150	175	175
<b>Specialty - 30-Day Supply</b>						
Generics	10	10	10	10	10	10
Preferred Brands	60	60	60	60	60	60
Non-Preferred Brands	100	100	100	100	100	100

	Gold	Silver	Bronze	Cobalt	Copper
<b>Medical - In-Network</b>					
Network	Blue Advantage	Blue Advantage	Blue Advantage	Blue Advantage	Blue Advantage
Deductible - Individual	3,250	2,250	4,250	5,500	1,700
Deductible - Family	6,500	4,500	8,500	11,000	3,400
Max Out-of-Pocket - Individual	7,000	7,000	7,500	7,500	6,000
Max Out-of-Pocket - Family	14,000	14,000	15,000	15,000	12,000
Coinurance (%)	80%	50%	50%	80%	80%
Primary Care Office Visit	25	25	25	N/A	25
Urgent Care Office Visit	25	25	25	N/A	25
Specialist Office Visit	50	50	50	N/A	50
<b>Medical - Out-of-Network</b>					
Deductible - Individual	6,500	4,500	8,500	5,500	3,400
Deductible - Family	13,000	9,000	17,000	11,000	6,800
Max Out-of-Pocket - Individual	14,000	14,000	15,000	7,500	12,000
Max Out-of-Pocket - Family	28,000	28,000	30,000	15,000	24,000
Coinurance (%)	70%	50%	50%	50%	70%
Primary Care Office Visit	Deductible & Coinurance	Deductible & Coinurance	Deductible & Coinurance	Deductible & Coinurance	Deductible & Coinurance
Urgent Care Office Visit	Deductible & Coinurance	Deductible & Coinurance	Deductible & Coinurance	Deductible & Coinurance	Deductible & Coinurance
Specialist Office Visit	Deductible & Coinurance	Deductible & Coinurance	Deductible & Coinurance	Deductible & Coinurance	Deductible & Coinurance
<b>Rx</b>					
Brand Deductible	100	500	500	0	N/A
Max Out-of-Pocket - Individual	2,500	2,500	2,500	2,500	N/A
Max Out-of-Pocket - Family	5,000	5,000	5,000	5,000	N/A
<b>30-Day Supply</b>					
Generics	10	10	50% coinsurance up to \$20	5	10
Preferred Brands	25% coinsurance up to \$80	25% coinsurance up to \$80	30% coinsurance up to \$100	45	45
Non-Preferred Brands	40% coinsurance up to \$120	40% coinsurance up to \$120	50% coinsurance up to \$150	85	60
<b>90-Day Supply</b>					
Generics	25	25	50% coinsurance up to \$50	12	25
Preferred Brands	25% coinsurance up to \$200	25% coinsurance up to \$200	30% coinsurance up to \$250	112	120
Non-Preferred Brands	40% coinsurance up to \$300	40% coinsurance up to \$300	50% coinsurance up to \$375	212	160
<b>Specialty - 30-Day Supply</b>					
Generics	10	10	20% coinsurance up to \$50	5	10
Preferred Brands	60	20% coinsurance up to \$80	30% coinsurance up to \$80	95	60
Non-Preferred Brands	100	40% coinsurance up to \$120	50% coinsurance up to \$120	195	100

## A.2. Dental Plan Year 2026-2027

	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 Advantage Network**

Rating Period: 7/1/2026 to 6/30/2027

Pooling Level: \$475,000

	Experience Period 1	Experience Period 2
Experience Period	7/1/2023 to 6/30/2024	7/1/2024 to 6/30/2025
Member Months	65,166	68,887
Contract Months	42,064	44,545
Number of Projection Months	36	24
Member Months/Contract	1.549	1.546

## BASE PERIOD MEDICAL/PHARMACY CLAIMS

1. Medical Claims	\$ 23,041,916	\$ 27,601,113
2. Less Reinsurance Recoveries	\$ -	\$ -
3a. Claims Adjusted for Reinsurance Recoveries (1. - 2.)	\$ 23,041,916	\$ 27,601,113
3b. Adjustment for change in Provider Network	0.8669	0.8655
3c. Large Claim Adjustment	1.0000	0.9397
3d. Other Adjustment	1.0000	1.0000
4. Trend Factor to 01/01/2027 Effective Date @ 7.7%	x 1.2492	1.1599
5. Projected Medical Claims (3a. x 3b. x 3c. x 3d. x 3e. x 4.)	\$ 24,954,048	\$ 26,038,236
6a. Pharmacy Claims For Period	\$ 12,867,688	\$ 13,718,273
6b. PBM Adjustment	0.7359	0.7600
6c. Large Claim Adjustment	1.0000	1.0000
7. Trend Factor to 01/01/2027 Effective Date @ 6.82%	x 1.2189	1.1411
8. Projected Pharmacy Claims (6a. x 6b. x 6c. x 6d. x 7.)	\$ 11,541,974	\$ 11,895,976
9. Projected Net Claims (5. + 8.)	\$ 36,496,021	\$ 37,934,212
10. Member Months	/ 65,166	68,887
11. Projected Medical and Drug Costs PMPM (9. / 10.)	\$ 560.05	\$ 550.67
12. Other Multiplicative Adjustment		
Benefit Changes	1.0146	1.0095
Demographic and Morbidity	x 1.0014	1.0105
Total	1.0160	1.0201
13. Other Additive Adjustment PMPM	+ \$ -	\$ -
14. Adjusted Trended Medical Claims (11. x 12. + 13.)	\$ 569.01	\$ 561.75

## PROJECTED CLAIMS PMPM FOR 7/1/2026 to 6/30/2027

1. Projected Medical and Pharmacy Claims Experience	\$ 569.01	\$ 561.75
2. Period Weightings	0.34	0.66
3. Contributing Claims Experience (1. x 2.)	3a. \$ 191.26	3b. \$ 372.93
4. Weighted Projected Medical and Pharmacy Claims (3a. + 3b.)	\$ 564.19	

		PMPM
1. Projected Medical and Pharmacy Claims		\$ 564.19
2. Fees		
a. BCBSOK Medical ASO Fee	PCPM	\$ 38.30
b. Plan Management Fee	PCPM	\$ 34.72
c. Wellbeing Management	PCPM	\$ 6.10
d. Stop Loss Premium	PCPM	\$ 29.26
e. Other Program Fees	PCPM	\$ 5.78
f. PCORI	PMPM	\$ 0.35
g. Rx Admin Fee	PMPM	16.43
* Ratio of Members/Contract for Nov 2024:	1.552	\$ 90.31
		\$ 654.50
4. Contribution to Surplus		0.00%
5. Projected Claims and Contribution to Surplus (3 / (1 - 4.))		\$ 654.50

Convert Premium PMPM to Tier Rates	
Single Conversion Factor	1.156

# Appendix C. Dental Rate Development

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

Rating Period: 7/1/2026 to 6/30/2027

	Experience Period 1	Experience Period 2
Experience Period	7/1/2023 to 6/30/2024	7/1/2024 to 6/30/2025
Member Months	67,774	71,393
Contract Months	43,382	45,958
Number of Projection Months	36	24
Member Months/Contract	1.562	1.553

<b>BASE PERIOD DENTAL CLAIMS</b>			
1. Dental Claims For Period	\$ 1,798,188	\$ 1,928,372	
2. Trend Factor to 01/01/2027 Effective Date @ 5%	x 1.158	x 1.103	
3. Projected Net Claims (1. x 2.)	\$ 2,081,628	\$ 2,126,030	
4. Member Months	/ 67,774	/ 71,393	
5. Projected Dental Costs PMPM (3. / 4.)	\$ 30.71	\$ 29.78	
6. Benefit Adjustment	1.017	1.017	
7. Reconciliation Factor to Financials	0.990	0.990	
8. Other Additive Adjustment PMPM	\$ 2.40	\$ -	
9. Adjusted Trended Dental Claims (5. x 6. x 7. + 8.)	\$ 33.31	\$ 29.97	

<b>PROJECTED CLAIMS PMPM FOR 7/1/2026 to 6/30/2027</b>			
1. Projected Dental Claims Experience	\$ 33.31	\$ 29.97	
2. Period Weightings	0.34	0.66	
3. Contributing Claims Experience (1. x 2.)	3a. \$ 11.23	3b. \$ 19.87	
4. Weighted Projected Dental Claims (3a. + 3b.)		\$ 31.09	

<b>ADMINISTRATIVE/EXPENSE</b>			<b>PMPM</b>
1. Projected Dental Claims			\$ 31.09
2. Fees	PCPM	\$ 3.21	\$ 2.06
Ratio of Members/Contract for Nov 2024	1.561		
3. Projected Claims and Expense (1. + 2b.)			\$ 33.15
4. Contribution to Surplus			0.00%
<b>5. Projected Claims and Contribution to Surplus (3 x (1 + 4.))</b>			<b>\$ 33.15</b>

Convert Premium PMPM to Tier Rates	
Single Conversion Factor	1.122

# Appendix D. Prospective IBNR Estimate

## OPEH&W Prospective Reserve - IBNR Estimates for Section 7 of the Actuarial Report

Not including Durable Medical Equipment (DME) and Loss Adjustment Expenses

### General Assumptions for Reserve

Reserve Period Begin:	7/1/2024
Reserve as of Date:	6/30/2025
Experience data through:	9/30/2025
Margin:	15%

	Medical	Dental	Rx
Annual Trend:	7.7%	5.0%	6.8%

### Enrollment

	Member Months		Contracts	
	Medical	Dental	Medical	Dental
Jul 2024 - Jun 2025	68,887	71,393	44,545	45,958
Jul 2025 - Sep 2025	17,830	18,577	11,601	11,987
Projected Oct 2025 - Jun 2026	53,495	55,938	34,477	35,842
Projected Jul 2025 - Jun 2026	71,325	74,515	46,078	47,829

### Reserve Estimate by Claim Type

Claims Incurred between 202407 and 202506

	Medical	Dental	Rx
Estimated Incurred as of 09/30/2025	\$ 27,026,932	\$ 1,928,372	\$ 13,793,442
Paid through June 2025	\$ 23,432,792	\$ 1,840,710	\$ 13,718,273
Total IBNR as of June 2025	\$ 3,594,140	\$ 87,662	\$ 75,169

June 2025 Reserve per Member	\$ 52.17	\$ 1.23	\$ 1.09
Trend to 6/2026	1.077	1.050	1.068
June 2026 Reserve per Member	\$ 56.19	\$ 1.29	\$ 1.17

Network/Large Claim/Benefit/Demo Adjustments	0.8297	1.0168	1.0201
Adjusted June 2026 Reserve per Member	\$ 46.62	\$ 1.31	\$ 1.19

### Total Reserve Before Margin and Loss Adjustment Expenses

	Medical	Dental	Rx	Total	Final - Rounded	Reserve PMPM
As of June 30, 2025	\$ 3,594,140	\$ 87,662	\$ 75,169	\$ 3,756,970	\$ 3,800,000	\$ 55.16
With Margin					\$ 4,370,000	
As of June 30, 2026	\$ 3,325,196	97,680	\$ 84,809	\$ 3,507,685	\$ 3,600,000	\$ 50.47
With Margin					\$ 4,140,000	\$ 58.04
Prior	\$ 4,370,000					-5%

## Appendix E. Premium Rate Changes

### E.1. Diamond Plan – Blue Advantage Network

Proposed Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$756.89	\$756.89	\$772.03	\$788.79	\$788.79	\$804.57	\$794.07	\$794.07	\$809.95
Employee + Child	\$1,118.49	\$1,118.49	\$1,140.85	\$1,167.24	\$1,167.24	\$1,190.58	\$1,175.32	\$1,175.32	\$1,198.81
Employee + Children	\$1,345.56	\$1,345.56	\$1,372.45	\$1,404.27	\$1,404.27	\$1,432.35	\$1,413.97	\$1,413.97	\$1,442.24
Employee + Spouse	\$1,641.85	\$1,641.85	\$1,674.68	\$1,713.16	\$1,713.16	\$1,747.42	\$1,724.95	\$1,724.95	\$1,759.46
Employee + Spouse + Child	\$2,003.44	\$2,003.44	\$2,043.50	\$2,091.61	\$2,091.61	\$2,133.43	\$2,106.20	\$2,106.20	\$2,148.31
Employee + Spouse + Children	\$2,230.51	\$2,230.51	\$2,275.11	\$2,328.63	\$2,328.63	\$2,375.20	\$2,344.84	\$2,344.84	\$2,391.74

Current Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$660.20	\$660.20	\$673.40	\$704.98	\$704.98	\$719.08	\$709.96	\$709.96	\$724.16
Employee + Child	\$975.60	\$975.60	\$995.10	\$1,044.04	\$1,044.04	\$1,064.92	\$1,051.66	\$1,051.66	\$1,072.68
Employee + Children	\$1,173.66	\$1,173.66	\$1,197.12	\$1,256.08	\$1,256.08	\$1,281.20	\$1,265.22	\$1,265.22	\$1,290.52
Employee + Spouse	\$1,432.10	\$1,432.10	\$1,460.74	\$1,532.20	\$1,532.20	\$1,562.84	\$1,543.32	\$1,543.32	\$1,574.20
Employee + Spouse + Child	\$1,747.50	\$1,747.50	\$1,782.44	\$1,871.26	\$1,871.26	\$1,908.68	\$1,885.02	\$1,885.02	\$1,922.72
Employee + Spouse + Children	\$1,945.56	\$1,945.56	\$1,984.46	\$2,083.30	\$2,083.30	\$2,124.96	\$2,098.58	\$2,098.58	\$2,140.56

Premium Rate Change

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	14.6%	14.6%	14.6%	11.9%	11.9%	11.9%	11.8%	11.8%	11.8%
Employee + Child	14.6%	14.6%	14.6%	11.8%	11.8%	11.8%	11.8%	11.8%	11.8%
Employee + Children	14.6%	14.6%	14.6%	11.8%	11.8%	11.8%	11.8%	11.8%	11.8%
Employee + Spouse	14.6%	14.6%	14.6%	11.8%	11.8%	11.8%	11.8%	11.8%	11.8%
Employee + Spouse + Child	14.6%	14.6%	14.6%	11.8%	11.8%	11.8%	11.7%	11.7%	11.7%
Employee + Spouse + Children	14.6%	14.6%	14.6%	11.8%	11.8%	11.8%	11.7%	11.7%	11.7%

## E.2. Diamond Plan – Blue Preferred & Blue Choice Network

Proposed Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$848.77	\$848.77	\$865.75	\$880.67	\$880.67	\$898.29	\$885.95	\$885.95	\$903.68
Employee + Child	\$1,254.26	\$1,254.26	\$1,279.35	\$1,303.01	\$1,303.01	\$1,329.08	\$1,311.09	\$1,311.09	\$1,337.31
Employee + Children	\$1,508.90	\$1,508.90	\$1,539.08	\$1,567.61	\$1,567.61	\$1,598.98	\$1,577.31	\$1,577.31	\$1,608.87
Employee + Spouse	\$1,841.15	\$1,841.15	\$1,877.97	\$1,912.46	\$1,912.46	\$1,950.71	\$1,924.25	\$1,924.25	\$1,962.75
Employee + Spouse + Child	\$2,246.64	\$2,246.64	\$2,291.57	\$2,334.80	\$2,334.80	\$2,381.50	\$2,349.39	\$2,349.39	\$2,396.39
Employee + Spouse + Children	\$2,501.28	\$2,501.28	\$2,551.31	\$2,599.40	\$2,599.40	\$2,651.39	\$2,615.61	\$2,615.61	\$2,667.94

Current Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$776.70	\$776.70	\$792.24	\$821.48	\$821.48	\$837.92	\$826.46	\$826.46	\$843.00
Employee + Child	\$1,147.76	\$1,147.76	\$1,170.72	\$1,216.20	\$1,216.20	\$1,240.54	\$1,223.82	\$1,223.82	\$1,248.30
Employee + Children	\$1,380.78	\$1,380.78	\$1,408.40	\$1,463.20	\$1,463.20	\$1,492.48	\$1,472.34	\$1,472.34	\$1,501.80
Employee + Spouse	\$1,684.82	\$1,684.82	\$1,718.52	\$1,784.92	\$1,784.92	\$1,820.62	\$1,796.04	\$1,796.04	\$1,831.98
Employee + Spouse + Child	\$2,055.88	\$2,055.88	\$2,097.00	\$2,179.64	\$2,179.64	\$2,223.24	\$2,193.40	\$2,193.40	\$2,237.28
Employee + Spouse + Children	\$2,288.90	\$2,288.90	\$2,334.68	\$2,426.64	\$2,426.64	\$2,475.18	\$2,441.92	\$2,441.92	\$2,490.78

Premium Rate Change

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	9.3%	9.3%	9.3%	7.2%	7.2%	7.2%	7.2%	7.2%	7.2%
Employee + Child	9.3%	9.3%	9.3%	7.1%	7.1%	7.1%	7.1%	7.1%	7.1%
Employee + Children	9.3%	9.3%	9.3%	7.1%	7.1%	7.1%	7.1%	7.1%	7.1%
Employee + Spouse	9.3%	9.3%	9.3%	7.1%	7.1%	7.1%	7.1%	7.1%	7.1%
Employee + Spouse + Child	9.3%	9.3%	9.3%	7.1%	7.1%	7.1%	7.1%	7.1%	7.1%
Employee + Spouse + Children	9.3%	9.3%	9.3%	7.1%	7.1%	7.1%	7.1%	7.1%	7.1%

## E.3. Platinum Plan – Blue Advantage Network

Proposed Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$742.11	\$742.11	\$756.95	\$774.01	\$774.01	\$789.49	\$779.29	\$779.29	\$794.88
Employee + Child	\$1,096.65	\$1,096.65	\$1,118.58	\$1,145.40	\$1,145.40	\$1,168.32	\$1,153.48	\$1,153.48	\$1,176.54
Employee + Children	\$1,319.29	\$1,319.29	\$1,345.67	\$1,378.00	\$1,378.00	\$1,405.56	\$1,387.70	\$1,387.70	\$1,415.45
Employee + Spouse	\$1,609.77	\$1,609.77	\$1,641.97	\$1,681.08	\$1,681.08	\$1,714.70	\$1,692.87	\$1,692.87	\$1,726.75
Employee + Spouse + Child	\$1,964.31	\$1,964.31	\$2,003.60	\$2,052.47	\$2,052.47	\$2,093.53	\$2,067.06	\$2,067.06	\$2,108.41
Employee + Spouse + Children	\$2,186.95	\$2,186.95	\$2,230.69	\$2,285.07	\$2,285.07	\$2,330.77	\$2,301.28	\$2,301.28	\$2,347.32

Current Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$594.18	\$594.18	\$606.06	\$638.96	\$638.96	\$651.74	\$643.94	\$643.94	\$656.82
Employee + Child	\$878.04	\$878.04	\$895.60	\$946.48	\$946.48	\$965.42	\$954.10	\$954.10	\$973.18
Employee + Children	\$1,056.30	\$1,056.30	\$1,077.42	\$1,138.72	\$1,138.72	\$1,161.50	\$1,147.86	\$1,147.86	\$1,170.82
Employee + Spouse	\$1,288.88	\$1,288.88	\$1,314.66	\$1,388.98	\$1,388.98	\$1,416.76	\$1,400.10	\$1,400.10	\$1,428.12
Employee + Spouse + Child	\$1,572.74	\$1,572.74	\$1,604.20	\$1,696.50	\$1,696.50	\$1,730.44	\$1,710.26	\$1,710.26	\$1,744.48
Employee + Spouse + Children	\$1,751.00	\$1,751.00	\$1,786.02	\$1,888.74	\$1,888.74	\$1,926.52	\$1,904.02	\$1,904.02	\$1,942.12

Premium Rate Change

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	24.9%	24.9%	24.9%	21.1%	21.1%	21.1%	21.0%	21.0%	21.0%
Employee + Child	24.9%	24.9%	24.9%	21.0%	21.0%	21.0%	20.9%	20.9%	20.9%
Employee + Children	24.9%	24.9%	24.9%	21.0%	21.0%	21.0%	20.9%	20.9%	20.9%
Employee + Spouse	24.9%	24.9%	24.9%	21.0%	21.0%	21.0%	20.9%	20.9%	20.9%
Employee + Spouse + Child	24.9%	24.9%	24.9%	21.0%	21.0%	21.0%	20.9%	20.9%	20.9%
Employee + Spouse + Children	24.9%	24.9%	24.9%	21.0%	21.0%	21.0%	20.9%	20.9%	20.9%

## E.4. Platinum Plan – Blue Preferred & Blue Choice Network

Proposed Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$832.19	\$832.19	\$848.84	\$864.09	\$864.09	\$881.38	\$869.37	\$869.37	\$886.76
Employee + Child	\$1,229.77	\$1,229.77	\$1,254.36	\$1,278.52	\$1,278.52	\$1,304.10	\$1,286.60	\$1,286.60	\$1,312.33
Employee + Children	\$1,479.43	\$1,479.43	\$1,509.03	\$1,538.15	\$1,538.15	\$1,568.92	\$1,547.84	\$1,547.84	\$1,578.81
Employee + Spouse	\$1,805.17	\$1,805.17	\$1,841.27	\$1,876.48	\$1,876.48	\$1,914.00	\$1,888.27	\$1,888.27	\$1,926.04
Employee + Spouse + Child	\$2,202.74	\$2,202.74	\$2,246.79	\$2,290.91	\$2,290.91	\$2,336.72	\$2,305.50	\$2,305.50	\$2,351.61
Employee + Spouse + Children	\$2,452.41	\$2,452.41	\$2,501.46	\$2,550.53	\$2,550.53	\$2,601.55	\$2,566.74	\$2,566.74	\$2,618.09

Current Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$699.04	\$699.04	\$713.02	\$743.82	\$743.82	\$758.70	\$748.80	\$748.80	\$763.78
Employee + Child	\$1,033.00	\$1,033.00	\$1,053.66	\$1,101.44	\$1,101.44	\$1,123.48	\$1,109.06	\$1,109.06	\$1,131.24
Employee + Children	\$1,242.72	\$1,242.72	\$1,267.58	\$1,325.14	\$1,325.14	\$1,351.66	\$1,334.28	\$1,334.28	\$1,360.98
Employee + Spouse	\$1,516.34	\$1,516.34	\$1,546.66	\$1,616.44	\$1,616.44	\$1,648.76	\$1,627.56	\$1,627.56	\$1,660.12
Employee + Spouse + Child	\$1,850.30	\$1,850.30	\$1,887.30	\$1,974.06	\$1,974.06	\$2,013.54	\$1,987.82	\$1,987.82	\$2,027.58
Employee + Spouse + Children	\$2,060.02	\$2,060.02	\$2,101.22	\$2,197.76	\$2,197.76	\$2,241.72	\$2,213.04	\$2,213.04	\$2,257.32

Premium Rate Change

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	19.0%	19.0%	19.0%	16.2%	16.2%	16.2%	16.1%	16.1%	16.1%
Employee + Child	19.0%	19.0%	19.0%	16.1%	16.1%	16.1%	16.0%	16.0%	16.0%
Employee + Children	19.0%	19.0%	19.0%	16.1%	16.1%	16.1%	16.0%	16.0%	16.0%
Employee + Spouse	19.0%	19.0%	19.0%	16.1%	16.1%	16.1%	16.0%	16.0%	16.0%
Employee + Spouse + Child	19.0%	19.0%	19.0%	16.1%	16.1%	16.1%	16.0%	16.0%	16.0%
Employee + Spouse + Children	19.0%	19.0%	19.0%	16.1%	16.1%	16.1%	16.0%	16.0%	16.0%

## E.5. Gold Plan – Blue Advantage Network

Proposed Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$700.50	\$700.50	\$714.52	\$732.40	\$732.40	\$747.06	\$737.68	\$737.68	\$752.45
Employee + Child	\$1,035.18	\$1,035.18	\$1,055.89	\$1,083.94	\$1,083.94	\$1,105.63	\$1,092.01	\$1,092.01	\$1,113.85
Employee + Children	\$1,245.33	\$1,245.33	\$1,270.25	\$1,304.04	\$1,304.04	\$1,330.14	\$1,313.74	\$1,313.74	\$1,340.03
Employee + Spouse	\$1,519.55	\$1,519.55	\$1,549.95	\$1,590.86	\$1,590.86	\$1,622.68	\$1,602.65	\$1,602.65	\$1,634.73
Employee + Spouse + Child	\$1,854.23	\$1,854.23	\$1,891.32	\$1,942.39	\$1,942.39	\$1,981.25	\$1,956.98	\$1,956.98	\$1,996.13
Employee + Spouse + Children	\$2,064.37	\$2,064.37	\$2,105.68	\$2,162.49	\$2,162.49	\$2,205.77	\$2,178.71	\$2,178.71	\$2,222.32

Current Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$567.76	\$567.76	\$579.12	\$612.54	\$612.54	\$624.80	\$617.52	\$617.52	\$629.88
Employee + Child	\$839.02	\$839.02	\$855.80	\$907.46	\$907.46	\$925.62	\$915.08	\$915.08	\$933.38
Employee + Children	\$1,009.34	\$1,009.34	\$1,029.54	\$1,091.76	\$1,091.76	\$1,113.62	\$1,100.90	\$1,100.90	\$1,122.94
Employee + Spouse	\$1,231.60	\$1,231.60	\$1,256.24	\$1,331.70	\$1,331.70	\$1,358.34	\$1,342.82	\$1,342.82	\$1,369.70
Employee + Spouse + Child	\$1,502.86	\$1,502.86	\$1,532.92	\$1,626.62	\$1,626.62	\$1,659.16	\$1,640.38	\$1,640.38	\$1,673.20
Employee + Spouse + Children	\$1,673.18	\$1,673.18	\$1,706.66	\$1,810.92	\$1,810.92	\$1,847.16	\$1,826.20	\$1,826.20	\$1,862.76

Premium Rate Change

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	23.4%	23.4%	23.4%	19.6%	19.6%	19.6%	19.5%	19.5%	19.5%
Employee + Child	23.4%	23.4%	23.4%	19.4%	19.4%	19.4%	19.3%	19.3%	19.3%
Employee + Children	23.4%	23.4%	23.4%	19.4%	19.4%	19.4%	19.3%	19.3%	19.3%
Employee + Spouse	23.4%	23.4%	23.4%	19.5%	19.5%	19.5%	19.3%	19.3%	19.3%
Employee + Spouse + Child	23.4%	23.4%	23.4%	19.4%	19.4%	19.4%	19.3%	19.3%	19.3%
Employee + Spouse + Children	23.4%	23.4%	23.4%	19.4%	19.4%	19.4%	19.3%	19.3%	19.3%

## E.6. Silver Plan – Blue Advantage Network

Proposed Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$685.04	\$685.04	\$698.74	\$716.94	\$716.94	\$731.28	\$722.22	\$722.22	\$736.67
Employee + Child	\$1,012.31	\$1,012.31	\$1,032.54	\$1,061.07	\$1,061.07	\$1,082.28	\$1,069.14	\$1,069.14	\$1,090.51
Employee + Children	\$1,217.82	\$1,217.82	\$1,242.17	\$1,276.54	\$1,276.54	\$1,302.06	\$1,286.24	\$1,286.24	\$1,311.95
Employee + Spouse	\$1,485.99	\$1,485.99	\$1,515.71	\$1,557.30	\$1,557.30	\$1,588.44	\$1,569.09	\$1,569.09	\$1,600.48
Employee + Spouse + Child	\$1,813.26	\$1,813.26	\$1,849.51	\$1,901.42	\$1,901.42	\$1,939.44	\$1,916.01	\$1,916.01	\$1,954.33
Employee + Spouse + Children	\$2,018.77	\$2,018.77	\$2,059.13	\$2,116.89	\$2,116.89	\$2,159.22	\$2,133.10	\$2,133.10	\$2,175.77

Current Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$547.96	\$547.96	\$558.92	\$592.74	\$592.74	\$604.60	\$597.72	\$597.72	\$609.68
Employee + Child	\$816.06	\$816.06	\$832.38	\$884.50	\$884.50	\$902.20	\$892.12	\$892.12	\$909.96
Employee + Children	\$984.40	\$984.40	\$1,004.08	\$1,066.82	\$1,066.82	\$1,088.16	\$1,075.96	\$1,075.96	\$1,097.48
Employee + Spouse	\$1,204.08	\$1,204.08	\$1,228.16	\$1,304.18	\$1,304.18	\$1,330.26	\$1,315.30	\$1,315.30	\$1,341.62
Employee + Spouse + Child	\$1,472.18	\$1,472.18	\$1,501.62	\$1,595.94	\$1,595.94	\$1,627.86	\$1,609.70	\$1,609.70	\$1,641.90
Employee + Spouse + Children	\$1,640.52	\$1,640.52	\$1,673.32	\$1,778.26	\$1,778.26	\$1,813.82	\$1,793.54	\$1,793.54	\$1,829.42

Premium Rate Change

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	25.0%	25.0%	25.0%	21.0%	21.0%	21.0%	20.8%	20.8%	20.8%
Employee + Child	24.0%	24.0%	24.0%	20.0%	20.0%	20.0%	19.8%	19.8%	19.8%
Employee + Children	23.7%	23.7%	23.7%	19.7%	19.7%	19.7%	19.5%	19.5%	19.5%
Employee + Spouse	23.4%	23.4%	23.4%	19.4%	19.4%	19.4%	19.3%	19.3%	19.3%
Employee + Spouse + Child	23.2%	23.2%	23.2%	19.1%	19.1%	19.1%	19.0%	19.0%	19.0%
Employee + Spouse + Children	23.1%	23.1%	23.1%	19.0%	19.0%	19.0%	18.9%	18.9%	18.9%

## E.7. Bronze Plan – Blue Advantage Network

Proposed Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$645.11	\$645.11	\$658.01	\$677.01	\$677.01	\$690.55	\$682.29	\$682.29	\$695.93
Employee + Child	\$953.30	\$953.30	\$972.35	\$1,002.05	\$1,002.05	\$1,022.09	\$1,010.13	\$1,010.13	\$1,030.32
Employee + Children	\$1,146.84	\$1,146.84	\$1,169.78	\$1,205.56	\$1,205.56	\$1,229.68	\$1,215.25	\$1,215.25	\$1,239.57
Employee + Spouse	\$1,399.36	\$1,399.36	\$1,427.35	\$1,470.67	\$1,470.67	\$1,500.09	\$1,482.46	\$1,482.46	\$1,512.13
Employee + Spouse + Child	\$1,707.55	\$1,707.55	\$1,741.70	\$1,795.71	\$1,795.71	\$1,831.63	\$1,810.30	\$1,810.30	\$1,846.51
Employee + Spouse + Children	\$1,901.10	\$1,901.10	\$1,939.13	\$1,999.22	\$1,999.22	\$2,039.22	\$2,015.43	\$2,015.43	\$2,055.77

Current Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$528.16	\$528.16	\$538.72	\$572.94	\$572.94	\$584.40	\$577.92	\$577.92	\$589.48
Employee + Child	\$780.48	\$780.48	\$796.08	\$848.92	\$848.92	\$865.90	\$856.54	\$856.54	\$873.66
Employee + Children	\$938.94	\$938.94	\$957.72	\$1,021.36	\$1,021.36	\$1,041.80	\$1,030.50	\$1,030.50	\$1,051.12
Employee + Spouse	\$1,145.68	\$1,145.68	\$1,168.60	\$1,245.78	\$1,245.78	\$1,270.70	\$1,256.90	\$1,256.90	\$1,282.06
Employee + Spouse + Child	\$1,398.00	\$1,398.00	\$1,425.96	\$1,521.76	\$1,521.76	\$1,552.20	\$1,535.52	\$1,535.52	\$1,566.24
Employee + Spouse + Children	\$1,556.46	\$1,556.46	\$1,587.60	\$1,694.20	\$1,694.20	\$1,728.10	\$1,709.48	\$1,709.48	\$1,743.70

Premium Rate Change

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	22.1%	22.1%	22.1%	18.2%	18.2%	18.2%	18.1%	18.1%	18.1%
Employee + Child	22.1%	22.1%	22.1%	18.0%	18.0%	18.0%	17.9%	17.9%	17.9%
Employee + Children	22.1%	22.1%	22.1%	18.0%	18.0%	18.0%	17.9%	17.9%	17.9%
Employee + Spouse	22.1%	22.1%	22.1%	18.1%	18.1%	18.1%	17.9%	17.9%	17.9%
Employee + Spouse + Child	22.1%	22.1%	22.1%	18.0%	18.0%	18.0%	17.9%	17.9%	17.9%
Employee + Spouse + Children	22.1%	22.1%	22.1%	18.0%	18.0%	18.0%	17.9%	17.9%	17.9%

## E.8. Cobalt Plan – Blue Advantage Network

Proposed Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$614.02	\$614.02	\$626.30	\$645.91	\$645.91	\$658.85	\$651.19	\$651.19	\$664.23
Employee + Child	\$907.35	\$907.35	\$925.51	\$956.10	\$956.10	\$975.25	\$964.18	\$964.18	\$983.48
Employee + Children	\$1,091.56	\$1,091.56	\$1,113.40	\$1,150.28	\$1,150.28	\$1,173.29	\$1,159.97	\$1,159.97	\$1,183.18
Employee + Spouse	\$1,331.91	\$1,331.91	\$1,358.57	\$1,403.22	\$1,403.22	\$1,431.30	\$1,415.01	\$1,415.01	\$1,443.35
Employee + Spouse + Child	\$1,625.25	\$1,625.25	\$1,657.78	\$1,713.41	\$1,713.41	\$1,747.71	\$1,728.00	\$1,728.00	\$1,762.59
Employee + Spouse + Children	\$1,809.46	\$1,809.46	\$1,845.66	\$1,907.58	\$1,907.58	\$1,945.75	\$1,923.79	\$1,923.79	\$1,962.30

Current Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$478.64	\$478.64	\$488.22	\$523.42	\$523.42	\$533.90	\$528.40	\$528.40	\$538.98
Employee + Child	\$707.30	\$707.30	\$721.46	\$775.74	\$775.74	\$791.28	\$783.36	\$783.36	\$799.04
Employee + Children	\$850.90	\$850.90	\$867.92	\$933.32	\$933.32	\$952.00	\$942.46	\$942.46	\$961.32
Employee + Spouse	\$1,038.26	\$1,038.26	\$1,059.04	\$1,138.36	\$1,138.36	\$1,161.14	\$1,149.48	\$1,149.48	\$1,172.50
Employee + Spouse + Child	\$1,266.92	\$1,266.92	\$1,292.28	\$1,390.68	\$1,390.68	\$1,418.52	\$1,404.44	\$1,404.44	\$1,432.56
Employee + Spouse + Children	\$1,410.52	\$1,410.52	\$1,438.74	\$1,548.26	\$1,548.26	\$1,579.24	\$1,563.54	\$1,563.54	\$1,594.84

Premium Rate Change

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	28.3%	28.3%	28.3%	23.4%	23.4%	23.4%	23.2%	23.2%	23.2%
Employee + Child	28.3%	28.3%	28.3%	23.3%	23.3%	23.2%	23.1%	23.1%	23.1%
Employee + Children	28.3%	28.3%	28.3%	23.2%	23.2%	23.2%	23.1%	23.1%	23.1%
Employee + Spouse	28.3%	28.3%	28.3%	23.3%	23.3%	23.3%	23.1%	23.1%	23.1%
Employee + Spouse + Child	28.3%	28.3%	28.3%	23.2%	23.2%	23.2%	23.0%	23.0%	23.0%
Employee + Spouse + Children	28.3%	28.3%	28.3%	23.2%	23.2%	23.2%	23.0%	23.0%	23.0%

## E.9. Tungsten Plan – Blue Advantage Network

Proposed Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$783.28	\$783.28	\$798.95	\$815.18	\$815.18	\$831.49	\$820.46	\$820.46	\$836.88
Employee + Child	\$1,157.48	\$1,157.48	\$1,180.64	\$1,206.24	\$1,206.24	\$1,230.38	\$1,214.31	\$1,214.31	\$1,238.61
Employee + Children	\$1,392.47	\$1,392.47	\$1,420.32	\$1,451.18	\$1,451.18	\$1,480.22	\$1,460.88	\$1,460.88	\$1,490.11
Employee + Spouse	\$1,699.09	\$1,699.09	\$1,733.09	\$1,770.40	\$1,770.40	\$1,805.82	\$1,782.19	\$1,782.19	\$1,817.86
Employee + Spouse + Child	\$2,073.30	\$2,073.30	\$2,114.78	\$2,161.46	\$2,161.46	\$2,204.71	\$2,176.05	\$2,176.05	\$2,219.59
Employee + Spouse + Children	\$2,308.28	\$2,308.28	\$2,354.46	\$2,406.40	\$2,406.40	\$2,454.55	\$2,422.61	\$2,422.61	\$2,471.09

Current Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$686.60	\$686.60	\$700.34	\$731.38	\$731.38	\$746.02	\$736.36	\$736.36	\$751.10
Employee + Child	\$1,014.62	\$1,014.62	\$1,034.92	\$1,083.06	\$1,083.06	\$1,104.74	\$1,090.68	\$1,090.68	\$1,112.50
Employee + Children	\$1,220.60	\$1,220.60	\$1,245.02	\$1,303.02	\$1,303.02	\$1,329.10	\$1,312.16	\$1,312.16	\$1,338.42
Employee + Spouse	\$1,489.38	\$1,489.38	\$1,519.18	\$1,589.48	\$1,589.48	\$1,621.28	\$1,600.60	\$1,600.60	\$1,632.64
Employee + Spouse + Child	\$1,817.40	\$1,817.40	\$1,853.76	\$1,941.16	\$1,941.16	\$1,980.00	\$1,954.92	\$1,954.92	\$1,994.04
Employee + Spouse + Children	\$2,023.38	\$2,023.38	\$2,063.86	\$2,161.12	\$2,161.12	\$2,204.36	\$2,176.40	\$2,176.40	\$2,219.96

Premium Rate Change

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	14.1%	14.1%	14.1%	11.5%	11.5%	11.5%	11.4%	11.4%	11.4%
Employee + Child	14.1%	14.1%	14.1%	11.4%	11.4%	11.4%	11.3%	11.3%	11.3%
Employee + Children	14.1%	14.1%	14.1%	11.4%	11.4%	11.4%	11.3%	11.3%	11.3%
Employee + Spouse	14.1%	14.1%	14.1%	11.4%	11.4%	11.4%	11.3%	11.3%	11.3%
Employee + Spouse + Child	14.1%	14.1%	14.1%	11.3%	11.3%	11.3%	11.3%	11.3%	11.3%
Employee + Spouse + Children	14.1%	14.1%	14.1%	11.3%	11.3%	11.3%	11.3%	11.3%	11.3%

## E.10. Copper Plan – Blue Advantage Network

Proposed Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$703.03	\$703.03	\$717.09	\$734.93	\$734.93	\$749.63	\$740.21	\$740.21	\$755.02
Employee + Child	\$1,038.91	\$1,038.91	\$1,059.69	\$1,087.66	\$1,087.66	\$1,109.43	\$1,095.74	\$1,095.74	\$1,117.66
Employee + Children	\$1,249.86	\$1,249.86	\$1,274.84	\$1,308.57	\$1,308.57	\$1,334.73	\$1,318.27	\$1,318.27	\$1,344.62
Employee + Spouse	\$1,525.03	\$1,525.03	\$1,555.52	\$1,596.34	\$1,596.34	\$1,628.25	\$1,608.13	\$1,608.13	\$1,640.29
Employee + Spouse + Child	\$1,860.91	\$1,860.91	\$1,898.12	\$1,949.07	\$1,949.07	\$1,988.05	\$1,963.66	\$1,963.66	\$2,002.93
Employee + Spouse + Children	\$2,071.86	\$2,071.86	\$2,113.27	\$2,169.98	\$2,169.98	\$2,213.35	\$2,186.19	\$2,186.19	\$2,229.90

Current Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$462.12	\$462.12	\$471.36	\$506.90	\$506.90	\$517.04	\$511.88	\$511.88	\$522.12
Employee + Child	\$682.90	\$682.90	\$696.56	\$751.34	\$751.34	\$766.38	\$758.96	\$758.96	\$774.14
Employee + Children	\$821.56	\$821.56	\$837.98	\$903.98	\$903.98	\$922.06	\$913.12	\$913.12	\$931.38
Employee + Spouse	\$1,002.44	\$1,002.44	\$1,022.48	\$1,102.54	\$1,102.54	\$1,124.58	\$1,113.66	\$1,113.66	\$1,135.94
Employee + Spouse + Child	\$1,223.22	\$1,223.22	\$1,247.68	\$1,346.98	\$1,346.98	\$1,373.92	\$1,360.74	\$1,360.74	\$1,387.96
Employee + Spouse + Children	\$1,361.88	\$1,361.88	\$1,389.10	\$1,499.62	\$1,499.62	\$1,529.60	\$1,514.90	\$1,514.90	\$1,545.20

Premium Rate Change

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	52.1%	52.1%	52.1%	45.0%	45.0%	45.0%	44.6%	44.6%	44.6%
Employee + Child	52.1%	52.1%	52.1%	44.8%	44.8%	44.8%	44.4%	44.4%	44.4%
Employee + Children	52.1%	52.1%	52.1%	44.8%	44.8%	44.8%	44.4%	44.4%	44.4%
Employee + Spouse	52.1%	52.1%	52.1%	44.8%	44.8%	44.8%	44.4%	44.4%	44.4%
Employee + Spouse + Child	52.1%	52.1%	52.1%	44.7%	44.7%	44.7%	44.3%	44.3%	44.3%
Employee + Spouse + Children	52.1%	52.1%	52.1%	44.7%	44.7%	44.7%	44.3%	44.3%	44.3%



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