

**State:** Oregon **Filing Company:** BridgeSpan Health Company  
**TOI/Sub-TOI:** H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)  
**Product Name:** 2027 BridgeSpan Oregon Rate Filing  
**Project Name/Number:** /

## Filing at a Glance

Company: BridgeSpan Health Company  
Product Name: 2027 BridgeSpan Oregon Rate Filing  
State: Oregon  
TOI: H16I Individual Health - Major Medical  
Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)  
Filing Type: Rate  
Date Submitted: 06/03/2026  
SERFF Tr Num: RGOR-134948668  
SERFF Status: Assigned  
State Tr Num: RGOR-134948668  
State Status: Review pending  
Co Tr Num: OR IND BHC 2027

Effective: 01/01/2027  
Date Requested:  
Author(s): Paul Harmon, Daniel Boeder, Isaac Justus, Julia Shabalov, Lisa Mudgett, Janessa Sanchez, Brittany Chan, Jaakob Sundberg, Summer Baek, Trey Norton, Lucas Ogilvie, Parker Johnson  
Reviewer(s): Michael Sink (primary), Tashia Sizemore, Tim Hinkel, Ying Liu, Andrew Bux, Jill Schlosser  
Disposition Date:  
Disposition Status:  
Effective Date:

State Filing Description:  
Filing Labels: ACA Medical

**State:** Oregon **Filing Company:** BridgeSpan Health Company  
**TOI/Sub-TOI:** H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)  
**Product Name:** 2027 BridgeSpan Oregon Rate Filing  
**Project Name/Number:** /

## General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type: Individual
Overall Rate Impact: 11.71%	Filing Status Changed: 06/03/2026
	State Status Changed: 06/03/2026
Deemer Date:	Created By: Janessa Sanchez
Submitted By: Julia Shabalov	Corresponding Filing Tracking Number: RGOR-134948668
	PPACA: Non-Grandfathered Immed Mkt Reforms
PPACA Notes: null	
Exchange Intentions:	On Exchange
Filing Description:	
1/1/2027 Oregon Individual Rate Filing	

This filing contains rates for renewing products with effective dates of January 1, 2027.

## Company and Contact

### Filing Contact Information

Daniel Boeder,	daniel.boeder@regence.com
200 SW Market St	206-332-5619 [Phone]
11th Floor	
Portland, OR 97201	

### Filing Company Information

BridgeSpan Health Company	CoCode: 95303	State of Domicile: Utah
2890 E. Cottonwood Pkwy	Group Code:	Company Type:
Salt Lake City, UT 84130	Group Name:	State ID Number:
(800) 422-7076 ext. [Phone]	FEIN Number: 87-0388069	

**State:** Oregon **Filing Company:** BridgeSpan Health Company  
**TOI/Sub-TOI:** H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)  
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## Filing Fees

### State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

### State Specific

Have you reviewed the General Instructions attached as a separate pdf at the bottom of the General Instructions page?: Yes  
 Did you read the instructions regarding how to enter the form number and edition date in the Forms Schedule tab?: Yes  
 Oregon now asks you to submit status requests through SERFF. Please confirm status requests will be submitted as a note to reviewer.: Yes

Please confirm that you have read the Fraud Bulletin 2010-3 located at: <https://dfr.oregon.gov/laws-rules/Documents/Bulletins/bulletin2010-03.pdf>: Yes

For PC files: Mandatory requirement as stated in the product standards: You must attach under the Supporting Documentation tab any Oregon approved amendments that will be used to bring the filed forms into compliance with Oregon laws. For example: Fraud Warning, Domestic Partnership, Cancellation/Non-renewal. This would include an endorsement approved for an advisory organization. Confirm that this has been done.: Yes

SERFF Tracking #: *RGOR-134948668*

*RGOR-134948668*

State Tracking #: *RGOR-134948668*

*RGOR-134948668*

Company Tracking #: *OR IND BHC 2027*

*OR IND BHC 2027*

**State:** *Oregon* **Filing Company:** *BridgeSpan Health Company*  
**TOI/Sub-TOI:** *H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)*  
**Product Name:** *2027 BridgeSpan Oregon Rate Filing*  
**Project Name/Number:** */*

### Rate Information

Rate data applies to filing.

**Filing Method:** *File & Use*  
**Rate Change Type:** *Increase*  
**Overall Percentage of Last Rate Revision:** *12.560%*  
**Effective Date of Last Rate Revision:** *01/01/2026*  
**Filing Method of Last Filing:** *Electronic*  
**SERFF Tracking Number of Last Filing:** *RGOR-134500375*

### Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
BridgeSpan Health Company	Increase	11.710%	11.710%	\$93,332	64	\$797,113	14.250%	9.490%

State: Oregon Filing Company: BridgeSpan Health Company  
 TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)  
 Product Name: 2027 BridgeSpan Oregon Rate Filing  
 Project Name/Number: /

## Rate Review Detail

### COMPANY:

Company Name: BridgeSpan Health Company  
 HHS Issuer Id: 63474

### PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
BridgeSpan Standard EPO	63474OR060		78

Trend Factors: This filing uses an overall annual trend of 9.5%

### FORMS:

New Policy Forms: N/A  
 Affected Forms: N/A  
 Other Affected Forms: OOB0127PSGIE, OOB0127PSSIE, OOB0127PSBIE

### REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual  
 Member Months: 1,888  
 Benefit Change: None  
 Percent Change Requested: Min: 9.49 Max: 14.25 Avg: 11.71

### PRIOR RATE:

Total Earned Premium: 797,113.00  
 Total Incurred Claims: 903,325.00  
 Annual \$: Min: 260.00 Max: 2,643.00 Avg: 852.00

### REQUESTED RATE:

Projected Earned Premium: 890,445.00  
 Projected Incurred Claims: 1,009,092.00  
 Annual \$: Min: 290.00 Max: 3,013.00 Avg: 951.00

SERFF Tracking #:

RGOR-134948668

State Tracking #:

RGOR-134948668

Company Tracking #:

OR IND BHC 2027

State: Oregon

Filing Company: BridgeSpan Health Company

TOI/Sub-TOI: H161 Individual Health - Major Medical/H161.005A Individual - Preferred Provider (PPO)

Product Name: 2027 BridgeSpan Oregon Rate Filing

Project Name/Number: /

### Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		2027 BHC Rate Sheets	OOB0127PSGIE, OOB0127PSSIE, OOB0127PSBIE	Revised	Previous State Filing Number: RGOR-134500375 Percent Rate Change Request: 11.71	RATE TABLES AND FACTORS.pdf,

<b>Introduction</b>
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Rate changes vary by product. Please see the "Plan Level Pricing AV and Base Rate Changes" table for details. A distribution of rate changes can be found in "Exhibit 3: Summary of Rate Increases".

Area factor changes are shown in the "Area Factor Changes" table.

Further information about benefits and relativities can be found in the following exhibits:

Exhibit 2: Covered Benefit or Plan Design Changes

Exhibit 6: Plan Relativities

Only rating factors permitted by federal and state regulations are used to develop rates. Numerous rating factors are no longer used or allowed, including: Contribution, Participation, Health Status, Duration of in-force coverage, and Experience Adjustments.

**Factor Summary**

<b>Age Factor Summary</b>			
Age Band	Factor	Age Band	Factor
0-14	0.635	40	1.278
15	0.635	41	1.302
16	0.635	42	1.325
17	0.635	43	1.357
18	0.635	44	1.397
19	0.635	45	1.444
20	0.635	46	1.500
21	1.000	47	1.563
22	1.000	48	1.635
23	1.000	49	1.706
24	1.000	50	1.786
25	1.004	51	1.865
26	1.024	52	1.952
27	1.048	53	2.040
28	1.087	54	2.135
29	1.119	55	2.230
30	1.135	56	2.333
31	1.159	57	2.437
32	1.183	58	2.548
33	1.198	59	2.603
34	1.214	60	2.714
35	1.222	61	2.810
36	1.230	62	2.873
37	1.238	63	2.952
38	1.246	64 and older	3.000
39	1.262		

<b>Area Factor Summary</b>		
Rating Area	Service Area	Factor
1	Clackamas, Multnomah, Washington, Yamhill	0.952
2	Benton, Lane, Linn	1.009
3	Marion, Polk	0.960
4	Deschutes, Klamath, Lake	0.922
5	Clatsop, Columbia, Coos, Curry, Lincoln, Tillamook	1.208
6	Baker, Crook, Gilliam, Grant, Harney, Hood River, Jefferson, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco, Wheeler	1.157
7	Douglas, Jackson, Josephine	1.170

<b>Tobacco Factor Summary</b>		
Status	Description	Factor
Non-Tobacco	Does not use Tobacco	1.00
Tobacco	Uses Tobacco	1.15
Tobacco factors only apply to members aged 21 and over.		

**Summary of Current and Prior Year Factors**

<b>Area Factor Changes</b>				
Rating Area	Service Area	2026 Factor	2027 Factor	% Change
1	Clackamas, Multnomah, Washington, Yamhill	0.939	0.952	1.4%
2	Benton, Lane, Linn	1.003	1.009	0.6%
3	Marion, Polk	0.961	0.960	-0.1%
4	Deschutes, Klamath, Lake	0.926	0.922	-0.4%
5	Clatsop, Columbia, Coos, Curry, Lincoln, Tillamook	1.199	1.208	0.8%
6	Baker, Crook, Gilliam, Grant, Harney, Hood River, Jefferson, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco, Wheeler	1.142	1.157	1.3%
7	Douglas, Jackson, Josephine	1.173	1.170	-0.3%

<b>Pool Base Rate Changes</b>		
2026 Base Rate	2027 Base Rate	% Change
\$923.46	\$1,070.96	16.0%

<b>Plan Level Pricing AV and Base Rate Changes</b>						
HHS Plan ID	2026 Pricing AV	2027 Pricing AV	% Change	2026 Base Rate	2027 Base Rate	% Change
63474OR0600010	0.5591	0.5276	-5.6%	\$516.31	\$565.04	9.4%
63474OR0600007	0.6920	0.6750	-2.5%	\$639.03	\$722.90	13.1%
63474OR0600009	0.4790	0.4620	-3.5%	\$442.34	\$494.78	11.9%

**Plan Summary**

**2027 Pool Base Rate**

**\$1,070.96**

Network	Metal	Plan Name	HHS Plan ID	Benefits	Base Rates	Exchange Status	able in Rating
Individual Value	Bronze	BridgeSpan Standard Bronze Plan	63474OR0600009	BASE	\$494.78	Inside the Exchange	1 2 3 4 5 6 7
Individual Value	Gold	BridgeSpan Standard Gold Plan	63474OR0600007	BASE	\$722.90	Inside the Exchange	1 2 3 4 5 6 7
Individual Value	Silver	BridgeSpan Standard Silver Plan	63474OR0600010	CSR Silver	\$565.04	Inside the Exchange	1 2 3 4 5 6 7

**Rating Example**

Individual rates are determined by multiplying the:

- (A) plan base rate;
- (B) age factor;
- (C) tobacco factor; and
- (D) rating area factor

Family rates are determined by summing rates for individual members. The charge for covered children under the age of 21 is capped at the three oldest. There is no limit to the number of children age 21 and over included in the family rate. Rates are rounded to the nearest penny after each rating factor is applied during separate calculation steps.

**Example 1:**

Subscriber only policy, age 35, tobacco user, living in Rating Area 1, choosing the BridgeSpan Standard Gold Plan Plan.

Member	(A) Plan Base Rate	(B) Age Factor	(C) Tobacco Factor	(D) Rating Area Factor	Final Rate = (A) x (B) x (C) x (D)
Subscriber - Age 35, Tobacco user	\$722.90	1.222	1.15	0.952	\$967.12

**Example 2:**

Family policy including: the subscriber, age 47, non-tobacco user, living in Rating Area 1;  
 spouse, age 46, tobacco user;  
 dependent, age 24, tobacco user;  
 dependent, age 14, non-tobacco user;  
 dependent, age 12, non-tobacco user;  
 dependent, age 8, non-tobacco user; and  
 dependent, age 6, non-tobacco user;  
 choosing the BridgeSpan Standard Gold Plan Plan.

Family Member	(A) Plan Base Rate	(B) Age Factor	(C) Tobacco Factor	(D) Rating Area Factor	Final Rate = (A) x (B) x (C) x (D)
Subscriber - Age 47, Non-tobacco user	\$722.90	1.563	1.00	0.952	\$1,075.66
Spouse - Age 46, Tobacco user	\$722.90	1.500	1.15	0.952	\$1,187.15
Dependent - Age 24, Tobacco user	\$722.90	1.000	1.15	0.952	\$791.43
Dependent - Age 14, Non-tobacco user	\$722.90	0.635	1.00	0.952	\$437.01
Dependent - Age 12, Non-tobacco user	\$722.90	0.635	1.00	0.952	\$437.01
Dependent - Age 8, Non-tobacco user	\$722.90	0.635	1.00	0.952	\$437.01
Dependent - Age 6, Non-tobacco user	\$722.90	0.000	1.00	0.952	\$0.00
Total = Sum of Individual Rates =					\$4,365.27

Note: Due to Rating System component methodology, rates may occasionally vary from the base rate multiplied by applicable factors due to rounding; generally the difference is one penny.

**Plan Information**

<b>Plan Name:</b>	BridgeSpan Standard Silver Plan
<b>HIOS Plan ID:</b>	63474OR0600010
<b>Effective Date:</b>	1/1/2027
<b>Market Type:</b>	Individual
<b>Exchange Status:</b>	Inside the Exchange
<b>Metal Level:</b>	Silver
<b>Plan Type:</b>	Standardized Non-Public Option Plan

**Plan Geographic Availability**

Area Number	Available in Area?	Counties where this plan is available
1	Yes	Clackamas, Multnomah, Washington, Yamhill
2	Yes	Benton, Lane, Linn
3	Yes	Marion, Polk
4	Yes	Deschutes, Klamath, Lake
5	Yes	Clatsop, Columbia, Coos, Curry, Lincoln, Tillamook
6	Yes	Baker, Crook, Gilliam, Grant, Harney, Hood River, Jefferson, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco, Wheeler
7	Yes	Douglas, Jackson, Josephine

**Plan Rates**

Age Band	Non-Smoker Rates							Smoker Rates						
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7
0-14	\$341.58	\$362.03	\$344.45	\$330.81	\$433.43	\$415.13	\$419.80	\$341.58	\$362.03	\$344.45	\$330.81	\$433.43	\$415.13	\$419.80
15	\$341.58	\$362.03	\$344.45	\$330.81	\$433.43	\$415.13	\$419.80	\$341.58	\$362.03	\$344.45	\$330.81	\$433.43	\$415.13	\$419.80
16	\$341.58	\$362.03	\$344.45	\$330.81	\$433.43	\$415.13	\$419.80	\$341.58	\$362.03	\$344.45	\$330.81	\$433.43	\$415.13	\$419.80
17	\$341.58	\$362.03	\$344.45	\$330.81	\$433.43	\$415.13	\$419.80	\$341.58	\$362.03	\$344.45	\$330.81	\$433.43	\$415.13	\$419.80
18	\$341.58	\$362.03	\$344.45	\$330.81	\$433.43	\$415.13	\$419.80	\$341.58	\$362.03	\$344.45	\$330.81	\$433.43	\$415.13	\$419.80
19	\$341.58	\$362.03	\$344.45	\$330.81	\$433.43	\$415.13	\$419.80	\$341.58	\$362.03	\$344.45	\$330.81	\$433.43	\$415.13	\$419.80
20	\$341.58	\$362.03	\$344.45	\$330.81	\$433.43	\$415.13	\$419.80	\$341.58	\$362.03	\$344.45	\$330.81	\$433.43	\$415.13	\$419.80
21	\$537.92	\$570.13	\$542.44	\$520.97	\$682.57	\$653.75	\$661.10	\$618.61	\$655.64	\$623.80	\$599.11	\$784.95	\$751.81	\$760.26
22	\$537.92	\$570.13	\$542.44	\$520.97	\$682.57	\$653.75	\$661.10	\$618.61	\$655.64	\$623.80	\$599.11	\$784.95	\$751.81	\$760.26
23	\$537.92	\$570.13	\$542.44	\$520.97	\$682.57	\$653.75	\$661.10	\$618.61	\$655.64	\$623.80	\$599.11	\$784.95	\$751.81	\$760.26
24	\$537.92	\$570.13	\$542.44	\$520.97	\$682.57	\$653.75	\$661.10	\$618.61	\$655.64	\$623.80	\$599.11	\$784.95	\$751.81	\$760.26
25	\$540.07	\$572.41	\$544.61	\$523.05	\$685.30	\$656.37	\$663.74	\$621.08	\$658.27	\$626.30	\$601.51	\$788.09	\$754.82	\$763.30
26	\$550.83	\$583.81	\$555.46	\$533.47	\$698.95	\$669.44	\$676.96	\$633.45	\$671.38	\$638.77	\$613.49	\$803.79	\$769.86	\$778.51
27	\$563.74	\$597.49	\$568.47	\$545.97	\$715.33	\$685.13	\$692.83	\$648.30	\$687.11	\$653.74	\$627.87	\$822.63	\$787.90	\$796.75
28	\$584.72	\$619.73	\$589.63	\$566.29	\$741.95	\$710.63	\$718.61	\$672.43	\$712.69	\$678.08	\$651.24	\$853.25	\$817.22	\$826.41
29	\$601.93	\$637.97	\$606.99	\$582.96	\$763.79	\$731.55	\$739.77	\$692.22	\$733.67	\$698.04	\$670.41	\$878.36	\$841.28	\$850.73
30	\$610.54	\$647.09	\$615.67	\$591.30	\$774.71	\$742.01	\$750.34	\$702.12	\$744.16	\$708.02	\$679.99	\$890.92	\$853.31	\$862.90
31	\$623.45	\$660.77	\$628.68	\$603.80	\$791.10	\$757.70	\$766.21	\$716.96	\$759.89	\$722.99	\$694.37	\$909.76	\$871.35	\$881.14
32	\$636.35	\$674.46	\$641.70	\$616.30	\$807.48	\$773.39	\$782.07	\$731.81	\$775.62	\$737.96	\$708.75	\$928.60	\$889.39	\$899.39
33	\$644.43	\$683.01	\$649.84	\$624.12	\$817.72	\$783.20	\$792.00	\$741.09	\$785.46	\$747.32	\$717.74	\$940.38	\$900.68	\$910.80
34	\$653.03	\$692.13	\$658.52	\$632.46	\$828.64	\$793.66	\$802.57	\$750.99	\$795.95	\$757.30	\$727.32	\$952.94	\$912.70	\$922.96
35	\$657.34	\$696.69	\$662.86	\$636.62	\$834.10	\$798.89	\$807.86	\$755.94	\$801.20	\$762.29	\$732.12	\$959.21	\$918.72	\$929.04
36	\$661.64	\$701.26	\$667.20	\$640.79	\$839.56	\$804.12	\$813.15	\$760.89	\$806.44	\$767.28	\$736.91	\$965.49	\$924.73	\$935.12
37	\$665.94	\$705.82	\$671.54	\$644.96	\$845.02	\$809.34	\$818.44	\$765.83	\$811.69	\$772.27	\$741.70	\$971.77	\$930.75	\$941.20
38	\$670.25	\$710.38	\$675.88	\$649.12	\$850.48	\$814.57	\$823.73	\$770.78	\$816.93	\$777.26	\$746.49	\$978.05	\$936.76	\$947.29
39	\$678.85	\$719.50	\$684.56	\$657.46	\$861.40	\$825.03	\$834.30	\$780.68	\$827.42	\$787.24	\$756.08	\$990.61	\$948.79	\$959.45
40	\$687.46	\$728.62	\$693.24	\$665.79	\$872.32	\$835.49	\$844.88	\$790.58	\$837.91	\$797.22	\$765.66	\$1,003.17	\$960.82	\$971.61
41	\$700.37	\$742.30	\$706.25	\$678.30	\$888.70	\$851.18	\$860.75	\$805.42	\$853.65	\$812.19	\$780.04	\$1,022.01	\$978.86	\$989.86
42	\$712.74	\$755.42	\$718.73	\$690.28	\$904.41	\$866.22	\$875.96	\$819.65	\$868.73	\$826.54	\$793.83	\$1,040.07	\$996.16	\$1,007.35
43	\$729.96	\$773.66	\$736.09	\$706.95	\$926.25	\$887.14	\$897.11	\$839.45	\$889.71	\$846.50	\$813.00	\$1,065.18	\$1,020.21	\$1,031.68
44	\$751.47	\$796.46	\$757.79	\$727.79	\$953.55	\$913.29	\$923.55	\$864.19	\$915.93	\$871.45	\$836.96	\$1,096.58	\$1,050.28	\$1,062.08
45	\$776.66	\$823.26	\$783.28	\$752.28	\$985.63	\$944.02	\$954.63	\$893.27	\$946.75	\$900.78	\$865.12	\$1,133.48	\$1,085.62	\$1,097.82
46	\$806.88	\$855.19	\$813.66	\$781.45	\$1,023.85	\$980.63	\$991.65	\$927.91	\$983.47	\$935.71	\$898.67	\$1,177.43	\$1,127.72	\$1,140.39
47	\$840.77	\$891.11	\$847.83	\$814.27	\$1,066.86	\$1,021.82	\$1,033.30	\$966.88	\$1,024.77	\$975.01	\$936.41	\$1,226.89	\$1,175.09	\$1,188.29
48	\$879.50	\$932.15	\$886.89	\$851.78	\$1,116.00	\$1,068.88	\$1,080.89	\$1,011.42	\$1,071.98	\$1,019.92	\$979.55	\$1,283.40	\$1,229.22	\$1,243.03
49	\$917.69	\$972.64	\$925.40	\$888.77	\$1,164.46	\$1,115.30	\$1,127.83	\$1,055.34	\$1,118.53	\$1,064.21	\$1,022.09	\$1,339.13	\$1,282.60	\$1,297.01
50	\$960.72	\$1,018.24	\$968.79	\$930.45	\$1,219.07	\$1,167.60	\$1,180.72	\$1,104.83	\$1,170.98	\$1,114.11	\$1,070.01	\$1,401.93	\$1,342.74	\$1,357.82
51	\$1,003.22	\$1,063.28	\$1,011.65	\$971.60	\$1,272.99	\$1,219.25	\$1,232.95	\$1,153.70	\$1,222.78	\$1,163.40	\$1,117.34	\$1,463.94	\$1,402.13	\$1,417.89
52	\$1,050.02	\$1,112.89	\$1,058.84	\$1,016.93	\$1,332.38	\$1,276.12	\$1,290.46	\$1,207.52	\$1,279.82	\$1,217.67	\$1,169.47	\$1,532.23	\$1,467.54	\$1,484.03
53	\$1,097.35	\$1,163.05	\$1,106.57	\$1,062.77	\$1,392.44	\$1,333.65	\$1,348.64	\$1,261.95	\$1,337.51	\$1,272.56	\$1,222.19	\$1,601.30	\$1,533.70	\$1,550.93
54	\$1,148.45	\$1,217.22	\$1,158.11	\$1,112.26	\$1,457.28	\$1,395.76	\$1,411.44	\$1,320.72	\$1,399.80	\$1,331.82	\$1,279.10	\$1,675.88	\$1,605.12	\$1,623.16
55	\$1,199.56	\$1,271.38	\$1,209.64	\$1,161.76	\$1,522.13	\$1,457.87	\$1,474.25	\$1,379.49	\$1,462.09	\$1,391.08	\$1,336.02	\$1,750.45	\$1,676.55	\$1,695.38
56	\$1,254.96	\$1,330.10	\$1,265.51	\$1,215.42	\$1,592.43	\$1,525.20	\$1,542.34	\$1,443.21	\$1,529.62	\$1,455.34	\$1,397.73	\$1,831.30	\$1,753.98	\$1,773.69
57	\$1,310.90	\$1,389.39	\$1,321.92	\$1,269.59	\$1,663.42	\$1,593.19	\$1,611.07	\$1,507.54	\$1,597.80	\$1,520.21	\$1,460.03	\$1,912.93	\$1,832.17	\$1,852.75
58	\$1,370.61	\$1,452.68	\$1,382.13	\$1,327.42	\$1,739.18	\$1,665.76	\$1,684.49	\$1,576.21	\$1,670.58	\$1,589.45	\$1,526.54	\$2,000.06	\$1,915.62	\$1,937.14
59	\$1,400.20	\$1,484.04	\$1,411.97	\$1,356.08	\$1,776.73	\$1,701.72	\$1,720.84	\$1,610.23	\$1,706.64	\$1,623.76	\$1,559.49	\$2,043.24	\$1,956.97	\$1,978.96
60	\$1,459.91	\$1,547.32	\$1,472.18	\$1,413.91	\$1,852.49	\$1,774.28	\$1,794.22	\$1,678.90	\$1,779.42	\$1,693.01	\$1,625.99	\$2,130.37	\$2,040.43	\$2,063.35
61	\$1,511.55	\$1,602.05	\$1,524.25	\$1,463.91	\$1,918.01	\$1,837.04	\$1,857.68	\$1,738.28	\$1,842.36	\$1,752.89	\$1,683.50	\$2,205.72	\$2,112.59	\$2,136.33
62	\$1,545.44	\$1,637.97	\$1,558.43	\$1,496.74	\$1,961.02	\$1,878.23	\$1,899.33	\$1,777.25	\$1,883.67	\$1,792.19	\$1,721.25	\$2,255.17	\$2,159.96	\$2,184.23
63	\$1,587.94	\$1,683.01	\$1,601.28	\$1,537.90	\$2,014.94	\$1,929.88	\$1,951.56	\$1,826.13	\$1,935.46	\$1,841.47	\$1,768.58	\$2,317.19	\$2,219.36	\$2,244.29
64 and older	\$1,613.75	\$1,710.38	\$1,627.32	\$1,562.90	\$2,047.70	\$1,961.25	\$1,983.29	\$1,855.82	\$1,966.92	\$1,871.40	\$1,797.33	\$2,354.85	\$2,255.43	\$2,280.78
Adult GAR	\$1,075.84	\$1,140.26	\$1,084.88	\$1,041.94	\$1,365.14	\$1,307.50	\$1,322.20	\$1,237.22	\$1,311.28	\$1,247.60	\$1,198.22	\$1,569.90	\$1,503.62	\$1,520.52
Adult Couple GAR	\$2,151.68	\$2,280.52	\$2,169.76	\$2,083.88	\$2,730.28	\$2,615.00	\$2,644.40	\$2,474.44	\$2,622.56	\$2,495.20	\$2,396.44	\$3,139.80	\$3,007.24	\$3,041.04
Adult & Child GAR	\$1,417.42	\$1,502.29	\$1,429.33	\$1,372.75	\$1,798.57	\$1,722.63	\$1,742.00	\$1,578.80	\$1,673.31	\$1,592.05	\$1,529.03	\$2,003.33	\$1,918.75	\$1,940.32
Adult & 2 Children GAR	\$1,759.00	\$1,864.32	\$1,773.78	\$1,703.56	\$2,232.00	\$2,137.76	\$2,161.80	\$1,920.38	\$2,035.34	\$1,936.50	\$1,859.84	\$2,436.76	\$2,333.88	\$2,360.12
Adult & 3+ Children GAR	\$2,100.58	\$2,226.35	\$2,118.23	\$2,034.37	\$2,665.43	\$2,552.89	\$2,581.60	\$2,261.96	\$2,397.37	\$2,280.95	\$2,190.65	\$2,870.19	\$2,749.01	\$2,779.92
Two Adults & Child GAR	\$2,493.26	\$2,642.55	\$2,514.21	\$2,414.69	\$3,163.71	\$3,030.13	\$3,064.20	\$2,816.02	\$2,984.59	\$2,839.65	\$2,727.25	\$3,573.23	\$3,422.37	\$3,460.84
Two Adults & 2 Children GAR	\$2,834.84	\$3,004.58	\$2,858.66	\$2,745.50	\$3,597.14	\$3,445.26	\$3,484.00	\$3,157.60	\$3,346.62	\$3,184.10	\$3,058.06	\$4,006.66	\$3,837.50	\$3,880.64
Two Adults & 3+ Children GAR	\$3,176.42	\$3,366.61	\$3,203.11	\$3,076.31	\$4,030.57	\$3,860.39	\$3,903.80	\$3,499.18	\$3,708.65	\$3,528.55	\$3,388.87	\$4,440.09	\$4,252.63	\$4,300.44

**Plan Information**

**Plan Name:** BridgeSpan Standard Gold Plan  
**HIOS Plan ID:** 63474OR0600007  
**Effective Date:** 1/1/2027  
**Market Type:** Individual  
**Exchange Status:** Inside the Exchange  
**Metal Level:** Gold  
**Plan Type:** Standardized Non-Public Option Plan

**Plan Geographic Availability**

Area Number	Available in Area?	Counties where this plan is available
1	Yes	Clackamas, Multnomah, Washington, Yamhill
2	Yes	Benton, Lane, Linn
3	Yes	Marion, Polk
4	Yes	Deschutes, Klamath, Lake
5	Yes	Clatsop, Columbia, Coos, Curry, Lincoln, Tillamook
6	Yes	Baker, Crook, Gilliam, Grant, Harney, Hood River, Jefferson, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco, Wheeler
7	Yes	Douglas, Jackson, Josephine

**Plan Rates**

Age Band	Non-Smoker Rates							Smoker Rates						
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7
0-14	\$437.01	\$463.17	\$440.68	\$423.23	\$554.52	\$531.11	\$537.08	\$437.01	\$463.17	\$440.68	\$423.23	\$554.52	\$531.11	\$537.08
15	\$437.01	\$463.17	\$440.68	\$423.23	\$554.52	\$531.11	\$537.08	\$437.01	\$463.17	\$440.68	\$423.23	\$554.52	\$531.11	\$537.08
16	\$437.01	\$463.17	\$440.68	\$423.23	\$554.52	\$531.11	\$537.08	\$437.01	\$463.17	\$440.68	\$423.23	\$554.52	\$531.11	\$537.08
17	\$437.01	\$463.17	\$440.68	\$423.23	\$554.52	\$531.11	\$537.08	\$437.01	\$463.17	\$440.68	\$423.23	\$554.52	\$531.11	\$537.08
18	\$437.01	\$463.17	\$440.68	\$423.23	\$554.52	\$531.11	\$537.08	\$437.01	\$463.17	\$440.68	\$423.23	\$554.52	\$531.11	\$537.08
19	\$437.01	\$463.17	\$440.68	\$423.23	\$554.52	\$531.11	\$537.08	\$437.01	\$463.17	\$440.68	\$423.23	\$554.52	\$531.11	\$537.08
20	\$437.01	\$463.17	\$440.68	\$423.23	\$554.52	\$531.11	\$537.08	\$437.01	\$463.17	\$440.68	\$423.23	\$554.52	\$531.11	\$537.08
21	\$688.20	\$729.41	\$693.98	\$666.51	\$873.26	\$836.40	\$845.79	\$791.43	\$838.82	\$798.08	\$766.49	\$1,004.25	\$961.85	\$972.66
22	\$688.20	\$729.41	\$693.98	\$666.51	\$873.26	\$836.40	\$845.79	\$791.43	\$838.82	\$798.08	\$766.49	\$1,004.25	\$961.85	\$972.66
23	\$688.20	\$729.41	\$693.98	\$666.51	\$873.26	\$836.40	\$845.79	\$791.43	\$838.82	\$798.08	\$766.49	\$1,004.25	\$961.85	\$972.66
24	\$688.20	\$729.41	\$693.98	\$666.51	\$873.26	\$836.40	\$845.79	\$791.43	\$838.82	\$798.08	\$766.49	\$1,004.25	\$961.85	\$972.66
25	\$690.95	\$732.32	\$696.76	\$669.18	\$876.75	\$839.74	\$849.17	\$794.59	\$842.17	\$801.27	\$769.56	\$1,008.27	\$965.70	\$976.55
26	\$704.72	\$746.91	\$710.64	\$682.51	\$894.22	\$856.47	\$866.09	\$810.43	\$858.95	\$817.24	\$784.89	\$1,028.36	\$984.94	\$996.01
27	\$721.24	\$764.42	\$727.30	\$698.51	\$915.18	\$876.54	\$886.39	\$829.42	\$879.08	\$836.39	\$803.28	\$1,052.46	\$1,008.02	\$1,019.35
28	\$748.07	\$792.86	\$754.36	\$724.50	\$949.23	\$909.16	\$919.37	\$860.28	\$911.79	\$867.51	\$833.17	\$1,091.62	\$1,045.53	\$1,057.28
29	\$770.10	\$816.21	\$776.57	\$745.83	\$977.19	\$935.93	\$946.45	\$885.62	\$938.64	\$893.06	\$857.71	\$1,123.77	\$1,076.32	\$1,088.42
30	\$781.11	\$827.87	\$787.67	\$756.49	\$991.15	\$949.31	\$959.97	\$898.27	\$952.06	\$905.82	\$869.97	\$1,139.82	\$1,091.70	\$1,103.97
31	\$797.62	\$845.38	\$804.33	\$772.49	\$1,012.11	\$969.38	\$980.27	\$917.27	\$972.19	\$924.98	\$888.36	\$1,163.93	\$1,114.79	\$1,127.31
32	\$814.14	\$862.89	\$820.98	\$788.49	\$1,033.07	\$989.45	\$1,000.57	\$936.26	\$992.32	\$944.13	\$906.76	\$1,188.03	\$1,137.87	\$1,150.66
33	\$824.46	\$873.82	\$831.39	\$798.48	\$1,046.16	\$1,002.00	\$1,013.26	\$948.13	\$1,004.90	\$956.10	\$918.25	\$1,203.09	\$1,152.30	\$1,165.24
34	\$835.48	\$885.50	\$842.50	\$809.15	\$1,060.14	\$1,015.38	\$1,026.79	\$960.80	\$1,018.32	\$968.87	\$930.52	\$1,219.16	\$1,167.69	\$1,180.81
35	\$840.98	\$891.33	\$848.04	\$814.48	\$1,067.12	\$1,022.07	\$1,033.55	\$967.12	\$1,025.03	\$975.25	\$936.65	\$1,227.19	\$1,175.38	\$1,188.59
36	\$846.49	\$897.17	\$853.60	\$819.81	\$1,074.12	\$1,028.77	\$1,040.33	\$973.46	\$1,031.75	\$981.64	\$942.79	\$1,235.23	\$1,183.09	\$1,196.38
37	\$851.99	\$903.00	\$859.15	\$825.14	\$1,081.10	\$1,035.46	\$1,047.09	\$979.79	\$1,038.46	\$988.02	\$948.92	\$1,243.26	\$1,190.78	\$1,204.16
38	\$857.49	\$908.84	\$864.70	\$830.47	\$1,088.08	\$1,042.14	\$1,053.85	\$986.12	\$1,045.16	\$994.41	\$955.04	\$1,251.29	\$1,198.47	\$1,211.93
39	\$868.51	\$920.51	\$875.81	\$841.14	\$1,102.06	\$1,055.53	\$1,067.39	\$998.79	\$1,058.59	\$1,007.18	\$967.31	\$1,267.37	\$1,213.86	\$1,227.50
40	\$879.52	\$932.18	\$886.92	\$851.81	\$1,116.03	\$1,068.92	\$1,080.93	\$1,011.45	\$1,072.01	\$1,019.95	\$979.58	\$1,283.44	\$1,229.26	\$1,243.07
41	\$896.04	\$949.69	\$903.57	\$867.80	\$1,136.99	\$1,088.99	\$1,101.23	\$1,030.45	\$1,092.14	\$1,039.11	\$997.98	\$1,307.54	\$1,252.34	\$1,266.41
42	\$911.86	\$966.46	\$919.53	\$883.13	\$1,157.07	\$1,108.22	\$1,120.67	\$1,048.64	\$1,111.43	\$1,057.46	\$1,015.60	\$1,330.63	\$1,274.45	\$1,288.77
43	\$933.89	\$989.81	\$941.74	\$904.46	\$1,185.02	\$1,134.99	\$1,147.75	\$1,073.98	\$1,138.28	\$1,083.00	\$1,040.13	\$1,362.78	\$1,305.24	\$1,319.91
44	\$961.42	\$1,018.98	\$969.49	\$931.12	\$1,219.95	\$1,168.44	\$1,181.57	\$1,105.63	\$1,171.83	\$1,114.92	\$1,070.79	\$1,402.94	\$1,343.71	\$1,358.81
45	\$993.76	\$1,053.26	\$1,002.12	\$962.45	\$1,260.99	\$1,207.76	\$1,221.33	\$1,142.83	\$1,211.25	\$1,152.43	\$1,106.82	\$1,450.14	\$1,388.92	\$1,404.53
46	\$1,032.30	\$1,094.11	\$1,040.98	\$999.77	\$1,309.89	\$1,254.59	\$1,268.69	\$1,187.15	\$1,258.23	\$1,197.12	\$1,149.74	\$1,506.38	\$1,442.78	\$1,458.99
47	\$1,075.66	\$1,140.06	\$1,084.69	\$1,041.76	\$1,364.91	\$1,307.28	\$1,321.97	\$1,237.00	\$1,311.07	\$1,247.40	\$1,198.02	\$1,569.64	\$1,503.38	\$1,520.27
48	\$1,125.21	\$1,192.58	\$1,134.66	\$1,089.75	\$1,427.78	\$1,367.50	\$1,382.87	\$1,293.99	\$1,371.46	\$1,304.86	\$1,253.21	\$1,641.95	\$1,572.63	\$1,590.30
49	\$1,174.07	\$1,244.37	\$1,183.94	\$1,137.07	\$1,489.79	\$1,426.89	\$1,442.93	\$1,350.18	\$1,431.02	\$1,361.53	\$1,307.64	\$1,713.26	\$1,640.93	\$1,659.36
50	\$1,229.13	\$1,302.72	\$1,239.46	\$1,190.39	\$1,559.65	\$1,493.80	\$1,510.59	\$1,413.50	\$1,498.13	\$1,425.37	\$1,368.95	\$1,793.60	\$1,717.87	\$1,737.18
51	\$1,283.50	\$1,360.34	\$1,294.28	\$1,243.05	\$1,628.64	\$1,559.88	\$1,577.41	\$1,476.02	\$1,564.40	\$1,488.42	\$1,429.51	\$1,872.93	\$1,793.86	\$1,814.02
52	\$1,343.37	\$1,423.80	\$1,354.66	\$1,301.03	\$1,704.61	\$1,632.64	\$1,650.99	\$1,544.87	\$1,637.37	\$1,557.85	\$1,496.19	\$1,960.30	\$1,877.54	\$1,898.64
53	\$1,403.93	\$1,487.99	\$1,415.73	\$1,359.69	\$1,781.46	\$1,706.25	\$1,725.42	\$1,614.52	\$1,711.19	\$1,628.09	\$1,563.65	\$2,048.68	\$1,962.19	\$1,984.24
54	\$1,469.31	\$1,557.28	\$1,481.65	\$1,423.01	\$1,864.42	\$1,785.70	\$1,805.77	\$1,689.70	\$1,790.87	\$1,703.90	\$1,636.46	\$2,144.08	\$2,053.56	\$2,076.63
55	\$1,534.69	\$1,626.58	\$1,547.59	\$1,486.33	\$1,947.38	\$1,865.16	\$1,886.12	\$1,764.89	\$1,870.57	\$1,779.73	\$1,709.28	\$2,239.49	\$2,144.94	\$2,169.04
56	\$1,605.58	\$1,701.71	\$1,619.07	\$1,554.98	\$2,037.33	\$1,951.32	\$1,973.24	\$1,846.41	\$1,956.97	\$1,861.93	\$1,788.23	\$2,342.93	\$2,244.01	\$2,269.23
57	\$1,677.15	\$1,777.57	\$1,691.24	\$1,624.30	\$2,128.15	\$2,038.30	\$2,061.20	\$1,928.72	\$2,044.20	\$1,944.93	\$1,867.94	\$2,447.37	\$2,344.04	\$2,370.38
58	\$1,753.54	\$1,858.53	\$1,768.27	\$1,698.28	\$2,225.08	\$2,131.14	\$2,155.08	\$2,016.57	\$2,137.31	\$2,033.51	\$1,953.02	\$2,558.84	\$2,450.81	\$2,478.34
59	\$1,791.39	\$1,898.65	\$1,806.44	\$1,734.94	\$2,273.11	\$2,177.14	\$2,201.60	\$2,060.10	\$2,183.44	\$2,077.41	\$1,995.18	\$2,614.07	\$2,503.71	\$2,531.84
60	\$1,867.78	\$1,979.61	\$1,883.47	\$1,808.92	\$2,370.04	\$2,269.98	\$2,295.48	\$2,147.94	\$2,276.55	\$2,165.99	\$2,080.26	\$2,725.54	\$2,610.47	\$2,639.80
61	\$1,933.85	\$2,049.63	\$1,950.10	\$1,872.90	\$2,453.87	\$2,350.27	\$2,376.68	\$2,223.92	\$2,357.08	\$2,242.61	\$2,153.84	\$2,821.95	\$2,702.81	\$2,733.18
62	\$1,977.20	\$2,095.58	\$1,993.81	\$1,914.89	\$2,508.88	\$2,402.96	\$2,429.96	\$2,273.78	\$2,409.92	\$2,292.89	\$2,202.13	\$2,885.22	\$2,763.41	\$2,794.46
63	\$2,031.57	\$2,153.21	\$2,048.64	\$1,967.55	\$2,577.87	\$2,469.04	\$2,496.78	\$2,336.30	\$2,476.19	\$2,355.94	\$2,262.68	\$2,964.55	\$2,839.39	\$2,871.30
64 and older	\$2,064.60	\$2,188.22	\$2,081.94	\$1,999.53	\$2,619.78	\$2,509.19	\$2,537.37	\$2,374.29	\$2,516.45	\$2,394.24	\$2,299.47	\$3,012.75	\$2,885.55	\$2,917.98
Adult GAR	\$1,376.40	\$1,458.82	\$1,387.96	\$1,333.02	\$1,746.52	\$1,672.80	\$1,691.58	\$1,582.86	\$1,677.64	\$1,596.16	\$1,532.98	\$2,008.50	\$1,923.70	\$1,945.32
Adult Couple GAR	\$2,752.80	\$2,917.64	\$2,775.92	\$2,666.04	\$3,493.04	\$3,345.60	\$3,383.16	\$3,165.72	\$3,355.28	\$3,192.32	\$3,065.96	\$4,017.00	\$3,847.40	\$3,890.64
Adult & Child GAR	\$1,813.41	\$1,921.99	\$1,828.64	\$1,756.25	\$2,301.04	\$2,203.91	\$2,228.66	\$2,019.87	\$2,140.81	\$2,036.84	\$1,956.21	\$2,563.02	\$2,454.81	\$2,482.40
Adult & 2 Children GAR	\$2,250.42	\$2,385.16	\$2,269.32	\$2,179.48	\$2,855.56	\$2,735.02	\$2,765.74	\$2,456.88	\$2,603.98	\$2,477.52	\$2,379.44	\$3,117.54	\$2,985.92	\$3,019.48
Adult & 3+ Children GAR	\$2,687.43	\$2,848.33	\$2,710.00	\$2,602.71	\$3,410.08	\$3,266.13	\$3,302.82	\$2,893.89	\$3,067.15	\$2,918.20	\$2,802.67	\$3,672.06	\$3,517.03	\$3,556.56
Two Adults & Child GAR	\$3,189.81	\$3,380.81	\$3,216.60	\$3,089.27	\$4,047.56	\$3,876.71	\$3,920.24	\$3,602.73	\$3,818.45	\$3,633.00	\$3,489.19	\$4,571.52	\$4,378.51	\$4,427.72
Two Adults & 2 Children GAR	\$3,626.82	\$3,843.98	\$3,657.28	\$3,512.50	\$4,602.08	\$4,407.82	\$4,457.32	\$4,039.74	\$4,281.62	\$4,073.68	\$3,912.42	\$5,126.04	\$4,909.62	\$4,964.80
Two Adults & 3+ Children GAR	\$4,063.83	\$4,307.15	\$4,097.96	\$3,935.73	\$5,156.60	\$4,938.93	\$4,994.40	\$4,476.75	\$4,744.79	\$4,514.36	\$4,335.65	\$5,680.56	\$5,440.73	\$5,501.88

**Plan Information**

**Plan Name:** BridgeSpan Standard Bronze Plan  
**HIOS Plan ID:** 63474OR0600009  
**Effective Date:** 1/1/2027  
**Market Type:** Individual  
**Exchange Status:** Inside the Exchange  
**Metal Level:** Bronze  
**Plan Type:** Standardized Non-Public Option Plan

**Plan Geographic Availability**

Area Number	Available in Area?	Counties where this plan is available
1	Yes	Clackamas, Multnomah, Washington, Yamhill
2	Yes	Benton, Lane, Linn
3	Yes	Marion, Polk
4	Yes	Deschutes, Klamath, Lake
5	Yes	Clatsop, Columbia, Coos, Curry, Lincoln, Tillamook
6	Yes	Baker, Crook, Gilliam, Grant, Harney, Hood River, Jefferson, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco, Wheeler
7	Yes	Douglas, Jackson, Josephine

**Plan Rates**

Age Band	Non-Smoker Rates							Smoker Rates						
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7
0-14	\$299.11	\$317.02	\$301.62	\$289.68	\$379.54	\$363.52	\$367.60	\$299.11	\$317.02	\$301.62	\$289.68	\$379.54	\$363.52	\$367.60
15	\$299.11	\$317.02	\$301.62	\$289.68	\$379.54	\$363.52	\$367.60	\$299.11	\$317.02	\$301.62	\$289.68	\$379.54	\$363.52	\$367.60
16	\$299.11	\$317.02	\$301.62	\$289.68	\$379.54	\$363.52	\$367.60	\$299.11	\$317.02	\$301.62	\$289.68	\$379.54	\$363.52	\$367.60
17	\$299.11	\$317.02	\$301.62	\$289.68	\$379.54	\$363.52	\$367.60	\$299.11	\$317.02	\$301.62	\$289.68	\$379.54	\$363.52	\$367.60
18	\$299.11	\$317.02	\$301.62	\$289.68	\$379.54	\$363.52	\$367.60	\$299.11	\$317.02	\$301.62	\$289.68	\$379.54	\$363.52	\$367.60
19	\$299.11	\$317.02	\$301.62	\$289.68	\$379.54	\$363.52	\$367.60	\$299.11	\$317.02	\$301.62	\$289.68	\$379.54	\$363.52	\$367.60
20	\$299.11	\$317.02	\$301.62	\$289.68	\$379.54	\$363.52	\$367.60	\$299.11	\$317.02	\$301.62	\$289.68	\$379.54	\$363.52	\$367.60
21	\$471.03	\$499.23	\$474.99	\$456.19	\$597.69	\$572.46	\$578.89	\$541.69	\$574.12	\$546.24	\$524.62	\$687.35	\$658.33	\$665.73
22	\$471.03	\$499.23	\$474.99	\$456.19	\$597.69	\$572.46	\$578.89	\$541.69	\$574.12	\$546.24	\$524.62	\$687.35	\$658.33	\$665.73
23	\$471.03	\$499.23	\$474.99	\$456.19	\$597.69	\$572.46	\$578.89	\$541.69	\$574.12	\$546.24	\$524.62	\$687.35	\$658.33	\$665.73
24	\$471.03	\$499.23	\$474.99	\$456.19	\$597.69	\$572.46	\$578.89	\$541.69	\$574.12	\$546.24	\$524.62	\$687.35	\$658.33	\$665.73
25	\$472.92	\$501.23	\$476.89	\$458.01	\$600.09	\$574.75	\$581.21	\$543.85	\$576.42	\$548.42	\$526.71	\$690.10	\$660.96	\$668.39
26	\$482.33	\$511.21	\$486.38	\$467.13	\$612.03	\$586.19	\$592.78	\$554.68	\$587.89	\$559.34	\$537.20	\$703.84	\$674.12	\$681.70
27	\$493.64	\$523.20	\$497.79	\$478.08	\$626.38	\$599.94	\$606.68	\$567.69	\$601.68	\$572.46	\$549.80	\$720.34	\$689.93	\$697.68
28	\$512.01	\$542.67	\$516.32	\$495.88	\$649.70	\$622.27	\$629.26	\$588.82	\$624.07	\$593.76	\$570.26	\$747.15	\$715.61	\$723.65
29	\$527.08	\$558.64	\$531.51	\$510.47	\$668.82	\$640.58	\$647.78	\$606.15	\$642.44	\$611.24	\$587.05	\$769.14	\$736.67	\$744.95
30	\$534.62	\$566.63	\$539.12	\$517.78	\$678.39	\$649.75	\$657.05	\$614.82	\$651.63	\$619.98	\$595.44	\$780.15	\$747.21	\$755.61
31	\$545.92	\$578.61	\$550.51	\$528.72	\$692.73	\$663.48	\$670.94	\$627.81	\$665.40	\$633.09	\$608.03	\$796.64	\$763.00	\$771.58
32	\$557.22	\$590.59	\$561.91	\$539.67	\$707.07	\$677.22	\$684.82	\$640.81	\$679.18	\$646.19	\$620.61	\$813.13	\$778.80	\$787.55
33	\$564.30	\$598.08	\$569.04	\$546.52	\$716.04	\$685.81	\$693.52	\$648.94	\$687.80	\$654.40	\$628.49	\$823.45	\$788.68	\$797.55
34	\$571.83	\$606.07	\$576.63	\$553.81	\$725.60	\$694.96	\$702.77	\$657.60	\$696.98	\$663.13	\$636.88	\$834.44	\$799.21	\$808.19
35	\$575.60	\$610.06	\$580.44	\$557.46	\$730.38	\$699.55	\$707.41	\$661.94	\$701.57	\$667.50	\$641.08	\$839.94	\$804.48	\$813.52
36	\$579.37	\$614.06	\$584.24	\$561.11	\$735.16	\$704.13	\$712.04	\$666.27	\$706.17	\$671.87	\$645.28	\$845.44	\$809.75	\$818.84
37	\$583.14	\$618.05	\$588.04	\$564.76	\$739.95	\$708.71	\$716.67	\$670.61	\$710.76	\$676.24	\$649.48	\$850.94	\$815.02	\$824.17
38	\$586.91	\$622.05	\$591.84	\$568.41	\$744.73	\$713.29	\$721.31	\$674.94	\$715.36	\$680.62	\$653.67	\$856.44	\$820.28	\$829.50
39	\$594.44	\$630.03	\$599.43	\$575.71	\$754.29	\$722.44	\$730.56	\$683.60	\$724.53	\$689.35	\$662.06	\$867.43	\$830.81	\$840.14
40	\$601.98	\$638.02	\$607.04	\$583.01	\$763.85	\$731.61	\$739.83	\$692.27	\$733.72	\$698.09	\$670.46	\$878.43	\$841.35	\$850.80
41	\$613.28	\$650.00	\$618.43	\$593.95	\$778.19	\$745.34	\$753.71	\$705.27	\$747.50	\$711.20	\$683.05	\$894.92	\$857.14	\$866.77
42	\$624.11	\$661.48	\$629.36	\$604.44	\$791.94	\$758.51	\$767.03	\$717.73	\$760.70	\$723.76	\$695.11	\$910.73	\$872.28	\$882.08
43	\$639.19	\$677.46	\$644.56	\$619.05	\$811.08	\$776.83	\$785.56	\$735.07	\$779.08	\$741.25	\$711.91	\$932.74	\$893.36	\$903.40
44	\$658.03	\$697.43	\$663.56	\$637.30	\$834.98	\$799.73	\$808.72	\$756.74	\$802.05	\$763.10	\$732.89	\$960.23	\$919.69	\$930.02
45	\$680.17	\$720.89	\$685.88	\$658.73	\$863.07	\$826.63	\$835.92	\$782.19	\$829.02	\$788.76	\$757.54	\$992.53	\$950.62	\$961.31
46	\$706.55	\$748.85	\$712.48	\$684.28	\$896.54	\$858.69	\$868.34	\$812.53	\$861.18	\$819.36	\$786.92	\$1,031.02	\$987.49	\$998.59
47	\$736.22	\$780.30	\$742.41	\$713.02	\$934.19	\$894.75	\$904.81	\$846.65	\$897.35	\$853.77	\$819.97	\$1,074.32	\$1,028.97	\$1,040.53
48	\$770.14	\$816.25	\$776.61	\$745.87	\$977.24	\$935.98	\$946.49	\$885.66	\$938.69	\$893.10	\$857.75	\$1,123.82	\$1,076.38	\$1,088.47
49	\$803.57	\$851.69	\$810.33	\$778.25	\$1,019.66	\$976.61	\$987.59	\$924.11	\$979.44	\$931.88	\$894.99	\$1,172.61	\$1,123.10	\$1,135.72
50	\$841.26	\$891.63	\$848.33	\$814.75	\$1,067.49	\$1,022.42	\$1,033.91	\$967.45	\$1,025.38	\$975.58	\$936.97	\$1,227.61	\$1,175.78	\$1,188.99
51	\$878.47	\$931.06	\$885.85	\$850.78	\$1,114.69	\$1,067.63	\$1,079.63	\$1,010.24	\$1,070.72	\$1,018.73	\$978.40	\$1,281.90	\$1,227.78	\$1,241.57
52	\$919.45	\$974.50	\$927.18	\$890.48	\$1,166.70	\$1,117.44	\$1,130.00	\$1,057.37	\$1,120.68	\$1,066.25	\$1,024.05	\$1,341.70	\$1,285.06	\$1,299.50
53	\$960.90	\$1,018.43	\$968.98	\$930.62	\$1,219.29	\$1,167.82	\$1,180.94	\$1,105.04	\$1,171.20	\$1,114.32	\$1,070.21	\$1,402.19	\$1,342.99	\$1,358.08
54	\$1,005.65	\$1,065.87	\$1,014.11	\$973.96	\$1,276.08	\$1,222.21	\$1,235.94	\$1,156.50	\$1,225.75	\$1,166.22	\$1,120.06	\$1,467.50	\$1,405.54	\$1,421.33
55	\$1,050.40	\$1,113.29	\$1,059.23	\$1,017.30	\$1,332.86	\$1,276.59	\$1,290.93	\$1,207.96	\$1,280.28	\$1,218.11	\$1,169.89	\$1,532.79	\$1,468.08	\$1,484.57
56	\$1,098.91	\$1,164.71	\$1,108.15	\$1,064.28	\$1,394.42	\$1,335.55	\$1,350.55	\$1,263.75	\$1,339.42	\$1,274.37	\$1,223.93	\$1,603.58	\$1,535.88	\$1,553.14
57	\$1,147.90	\$1,216.63	\$1,157.55	\$1,111.73	\$1,456.58	\$1,395.09	\$1,410.76	\$1,320.09	\$1,399.13	\$1,331.81	\$1,278.49	\$1,675.07	\$1,604.35	\$1,622.38
58	\$1,200.19	\$1,272.05	\$1,210.27	\$1,162.37	\$1,522.93	\$1,458.63	\$1,475.02	\$1,380.21	\$1,462.85	\$1,391.81	\$1,336.72	\$1,751.36	\$1,677.42	\$1,696.27
59	\$1,226.09	\$1,299.50	\$1,236.39	\$1,187.45	\$1,555.80	\$1,490.11	\$1,506.85	\$1,410.00	\$1,494.43	\$1,421.85	\$1,365.57	\$1,789.16	\$1,713.63	\$1,732.88
60	\$1,278.37	\$1,354.92	\$1,289.12	\$1,238.09	\$1,622.14	\$1,553.65	\$1,571.11	\$1,470.13	\$1,558.15	\$1,482.48	\$1,423.80	\$1,865.46	\$1,786.70	\$1,806.78
61	\$1,323.59	\$1,402.84	\$1,334.72	\$1,281.88	\$1,679.52	\$1,608.61	\$1,626.69	\$1,522.13	\$1,613.27	\$1,534.92	\$1,474.17	\$1,931.45	\$1,849.90	\$1,870.69
62	\$1,353.27	\$1,434.29	\$1,364.64	\$1,310.62	\$1,717.17	\$1,644.68	\$1,663.16	\$1,556.26	\$1,649.44	\$1,569.34	\$1,507.22	\$1,974.75	\$1,891.38	\$1,912.63
63	\$1,390.48	\$1,473.74	\$1,402.17	\$1,346.66	\$1,764.39	\$1,689.90	\$1,708.89	\$1,599.05	\$1,694.80	\$1,612.49	\$1,548.66	\$2,029.05	\$1,943.39	\$1,965.22
64 and older	\$1,413.09	\$1,497.69	\$1,424.97	\$1,368.56	\$1,793.07	\$1,717.38	\$1,736.67	\$1,625.06	\$1,722.35	\$1,638.71	\$1,573.85	\$2,062.05	\$1,974.99	\$1,997.18
Adult GAR	\$942.06	\$998.46	\$949.98	\$912.38	\$1,195.38	\$1,144.92	\$1,157.78	\$1,083.38	\$1,148.24	\$1,092.48	\$1,049.24	\$1,374.70	\$1,316.66	\$1,331.46
Adult Couple GAR	\$1,884.12	\$1,996.92	\$1,899.96	\$1,824.76	\$2,390.76	\$2,289.84	\$2,315.56	\$2,166.76	\$2,296.48	\$2,184.96	\$2,098.48	\$2,749.40	\$2,633.32	\$2,662.92
Adult & Child GAR	\$1,241.17	\$1,315.48	\$1,251.60	\$1,202.06	\$1,574.92	\$1,508.44	\$1,525.38	\$1,382.49	\$1,465.26	\$1,394.10	\$1,338.92	\$1,754.24	\$1,680.18	\$1,699.06
Adult & 2 Children GAR	\$1,540.28	\$1,632.50	\$1,553.22	\$1,491.74	\$1,954.46	\$1,871.96	\$1,892.98	\$1,681.60	\$1,782.28	\$1,695.72	\$1,628.60	\$2,133.78	\$2,043.70	\$2,066.66
Adult & 3+ Children GAR	\$1,839.39	\$1,949.52	\$1,854.84	\$1,781.42	\$2,334.00	\$2,235.48	\$2,260.58	\$1,980.71	\$2,099.30	\$1,997.34	\$1,918.28	\$2,513.32	\$2,407.22	\$2,434.26
Two Adults & Child GAR	\$2,183.23	\$2,313.94	\$2,201.58	\$2,114.44	\$2,770.30	\$2,653.36	\$2,683.16	\$2,465.87	\$2,613.50	\$2,486.58	\$2,388.16	\$3,128.94	\$2,996.84	\$3,030.52
Two Adults & 2 Children GAR	\$2,482.34	\$2,630.96	\$2,503.20	\$2,404.12	\$3,149.84	\$3,016.88	\$3,050.76	\$2,764.98	\$2,930.52	\$2,788.20	\$2,677.84	\$3,508.48	\$3,360.36	\$3,398.12
Two Adults & 3+ Children GAR	\$2,781.45	\$2,947.98	\$2,804.82	\$2,693.80	\$3,529.38	\$3,380.40	\$3,418.36	\$3,064.09	\$3,247.54	\$3,089.82	\$2,967.52	\$3,888.02	\$3,723.88	\$3,765.72

**State:** Oregon      **Filing Company:** BridgeSpan Health Company  
**TOI/Sub-TOI:** H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)  
**Product Name:** 2027 BridgeSpan Oregon Rate Filing  
**Project Name/Number:** /

## URRT

### State Determination

<b>Review Status:</b>	Incomplete
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SERFF Tracking #:

RGOR-134948668

State Tracking #:

RGOR-134948668

Company Tracking #:

OR IND BHC 2027

State:

Oregon

Filing Company:

BridgeSpan Health Company

TOI/Sub-TOI:

H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)

Product Name:

2027 BridgeSpan Oregon Rate Filing

Project Name/Number:

/

## URRT Items

Item Name	Attachment(s)
Actuarial Memorandum	<i>2027ACTUARIALMEMORANDUM.pdf</i>
Actuarial Memorandum - Redacted	<i>2027ACTUARIALMEMORANDUMredacted.pdf</i>

**BridgeSpan Health Company – Individual  
Actuarial Memorandum and Certification – Part III  
Rates Effective January 1, 2027**

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Sections are generally numbered to be consistent with the current Unified Rate Review (URR) Instructions. Sections ending with a letter are not explicitly numbered in the URR Instructions; the labeling is added for organizational purposes.

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- 4.2 General Information (p. 2)
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- 4.4 Market Experience (p. 4)
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      - 4.4.3.6(a) Reinsurance (p. 13)
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  - 4.7.3 Actuarial Certification (p. 22)

BridgeSpan Health Company – Individual  
Actuarial Memorandum and Certification – Part III (continued)

**4.1: Redacted Actuarial Memorandum**

This document is intended to serve as both the “CMS Version” and the “public version” of the Part III Actuarial Memorandum; no items are redacted.

**4.2: General Information**

**Company Identifying Information**

- Company Legal Name: BridgeSpan Health Company
- State: Oregon
- HIOS Issuer ID: 63474
- Market: Individual
- Effective Date: January 1, 2027

**Company Contact Information**

- Primary Contact Name: Daniel Boeder
- Primary Contact Telephone Number: (206) 332-5619
- Primary Contact Email Address: [daniel.boeder@cambiahealth.com](mailto:daniel.boeder@cambiahealth.com)
- Secondary Contact Name: Julia Shabalov
- Secondary Contact Telephone Number: (206) 332-5656
- Secondary Contact Email Address: [julia.shabalov@cambiahealth.com](mailto:julia.shabalov@cambiahealth.com)

**Purpose**

This Actuarial Memorandum is prepared to provide transparency regarding the assumptions and methods used to calculate the rates proposed in the BridgeSpan Health Company (hereafter referred to as BridgeSpan) January 2027 Individual Filing. Information is also included, where applicable, to support the information shown in the Part I Unified Rate Review template (URRT). The intended purpose of this document is to demonstrate the proposed rates included in this filing and the template are reasonable in relationship to the benefits provided and meet all rating requirements in the applicable laws and regulations in the state of Oregon. The intended audience for this document is the Oregon Division of Financial Regulation.

Two Appendix exhibits show the key framework supporting the rate filing. The process to develop the rate change for this filing is shown in “Exhibit 1: Development of Rate Change.” Development of the URRT projection period index rate is shown in “Exhibit E1: Development of 2027 Index Rate.”

Please note in reviewing this memorandum and its accompanying exhibits that BridgeSpan developed rates directly from incurred claims experience. The URRT requires issuers to include an index rate calculation based on allowed claims experience following a prescribed calculation methodology. Because BridgeSpan does not develop rates on an allowed claims basis, the URRT was populated indirectly such that the resulting projected average premium was consistent with the underlying rate development. Explanations regarding how the URRT was populated are included throughout this memorandum and explained relative to the actual rate development.

BridgeSpan Health Company – Individual  
Actuarial Memorandum and Certification – Part III (continued)

Per the 2027 Unified Rate Review Instructions, the actuary may state: *“The URRT does not demonstrate the insurer’s process for developing the rates. Instead, it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Exchanges, and for certification that the Index Rate is developed in accordance with Federal regulation, used consistently, and adjusted only by the allowable modifiers.”*

**4.3: Proposed Rate Changes**

This filing proposes an average annual rate change of 11.7% at January 1, 2027, for the Individual line of business, as shown in “Exhibit 1: Development of Rate Change.” The 2027 projected average premium is \$951.33 per member per month (PMPM).

The average annual rate change is calculated based on Individual enrollment data as of March 2026 and includes the mapped rate impact for membership enrolled in plans terminating in 2027. A summary of the rate changes by plan is shown in “Exhibit D1: 2027 Average Change in Plan Base Rates.”

The estimated distribution of member-level rate changes due to changes in base rates, plan relativities, rating factors, and plan mappings is as follows:

<b>Rate Change</b>	<b>Distribution</b>
8.0% to 11.0%	34.6%
11.0% to 14.0%	57.7%
14.0% to 17.0%	7.7%

The benefit plans impacted by the rate change request are shown in “Exhibit 6: Plan Relativities.”

This filing assumes Cost Sharing Reduction (CSR) payments will not be paid in 2027. If changes are made to the premium subsidies, risk adjustment, or reinsurance, the proposed rates in this filing may need to change materially to ensure adequacy with expected market costs.

**Factor Changes**

This filing includes updates to the plan and area factors. Rating factor tables and changes since the last filing are shown in the “Rate Tables and Factors” document. The average annual rate change impact of 11.7% includes the impact of these factor changes and is on a member-weighted basis.

Plan pricing factors are updated using the most recent data and factors from the BridgeSpan pricing relativity model, with benefit design changes incorporated. Rate differences between plans reflect objective plan design differences and not differences in population morbidity.

Area factors reflect relative cost differences between rating areas and, as required, do not include differences for population morbidity by geographic area. Area factors were updated to reflect relative cost differences between rating areas based on changes in unit cost and normalized PMPM claims cost.

**Pool Base Rate Change**

The pool base rate is \$1070.96 as of January 1, 2027, compared to \$923.46 as of January 1, 2026, which is an increase of 16.0%. The pool base rate is the starting amount such that multiplying the base rate by

BridgeSpan Health Company – Individual  
Actuarial Memorandum and Certification – Part III (continued)

the member’s rating factors (plan, age, area, and tobacco) and adjusting for family composition results in the member’s premium.

**Reasons for Proposed Rate Change**

The following components are significant factors contributing to the proposed rate change: medical trend and utilization, financial experience, and increasing market morbidity.

*Medical Trend and Utilization:* These adjustments refer to what is commonly known as healthcare trend. They reflect contractual changes in the carrier’s payments to healthcare providers and expected changes in the volume and types of services utilized by carrier’s members.

*Financial Experience:* Each year BridgeSpan evaluates the most recent financial results in the Oregon Individual market and incorporates that information into pricing.

*Market Morbidity:* The rate of incidence of disease varies from year-to-year with the Oregon Individual market and within BridgeSpan. The adjustment is to account for projected change to market morbidity and BridgeSpan morbidity relative to market.

The above descriptions are intended to provide an overall understanding of the significant factors contributing to the rate change, and each item is described in detail later in this memorandum.

The rating assumptions template required by the state, “Summary of Filed Rating Assumptions”, is included in the “Actuarial Memorandum Supplemental Exhibits” document.

**4.4: Market Experience**

This filing demonstrates that BridgeSpan followed federal guidance and market reform rating requirements in establishing a single risk pool in the Oregon Individual market. The experience data includes all of the BridgeSpan non-grandfathered covered lives in the Oregon Individual market.

**4.4.1: Experience Period Premium and Claims**

The premium and claims used to develop this filing were incurred during calendar year 2025 and includes payments and adjustments paid through March 2026. They are shown in “Exhibit E1: Development of 2027 Index Rate.” Current enrollment and premium are reported as of March 2026.

For rate development purposes, all available Oregon Individual ACA experience was used. This includes experience from BridgeSpan and affiliated company Regence BlueCross BlueShield of Oregon (RBCBSO).

In completing the Experience Period Data section of the URRT, Worksheet 1, only BridgeSpan information is reflected, as required by the instructions. Affiliated company experience projected to 2027 appears in the Credibility Manual section of the URRT, Worksheet 1, as described in the Credibility Manual Rate Development section of this memorandum.

BridgeSpan Health Company – Individual  
Actuarial Memorandum and Certification – Part III (continued)

Allowed claims and incurred claims were extracted directly from company claim records. Unpaid claims liability (UCL) for incurred claims was developed using the following methodology, which is consistent with the corporate reserve development methodology. Unpaid claims liability for allowed claims was estimated using the same factors that were developed for incurred claims.

*Review and Analyze Data*

- Check data for inconsistencies and anomalies
- Reconcile paid claims data against the general ledger
- Monitor unpaid claims inventory
- Assess impact of large claims (claims over \$100,000)
- Review claims on a per exposure basis for reasonableness (PMPM)
- Compare past UCL estimates to actual claims run-out on an ongoing basis to assess the reasonability of past calculations

*Develop UCL Estimates Using Multiple Methods*

- Basic Claims Development Method
- Paid PMPM Method

*Determine UCL for Recent Incurred Months*

The UCL was selected using judgment and considered factors such as recent observed and expected claims trends, seasonality, product design, and changes in membership and claims inventory.

For rate development purposes, pharmaceutical manufacturer rebates were not subtracted from experience period claims because an overall adjustment occurs in a later step of the claims projection process. In contrast, in the URRT, Worksheet 1, pharmacy rebates are subtracted from experience period claims. The Pharmacy Rebates section of this memorandum contains additional information about the adjustments.

**4.4.2: Benefit Categories**

Each allowed claim is assigned to one of the following benefit categories: Inpatient Hospital, Outpatient Hospital, Professional, Other Medical, and Prescription Drugs. The categorization is derived from each claim's type of service, provider type, and place of service and is an automated process within the BridgeSpan data warehouse. This categorization is consistent with the definitions described in the URR Instructions, section 2.1.3.1 "Benefit Category and Manual Rate."

**4.4.3: Projection Factors**

Following is a description of the projection factors used in the filing. As described in the Purpose section of this memorandum, rate development is performed on an incurred claims basis (Exhibit 1) while development of the URRT projection period index rate is performed on an allowed claims basis (Exhibit E1).

Each projection factor's description addresses first how the adjustment is developed for rate development purposes (incurred claims basis). Then, any modifications needed to use the adjustment for developing the URRT projection period index rate (allowed claims basis) are described. Fixed dollar cost sharing measures such as deductibles and copays amplify the impact of cost changes on an incurred

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claims basis, so generally, a dampening adjustment is necessary to convert a factor on an incurred claims basis to an allowed claims basis.

**4.4.3.1: Trend Factors**

Following is a summary of trend information. Detailed information regarding trend is included in “Exhibit 4: Trend Information and Projection.”

*Projected Rating Trend*

The trend factor used in rate development is shown on the “Trend Factor to Rating Period” line in “Exhibit 1: Development of Rate Change”, reflecting twenty-four months of trend at an annual rate of 9.5%. The table below shows the expected components of the annual trend used to project incurred claims costs to the rating period. Note that the leverage component does not impact allowed claims; this trend applies to incurred, paid claims.

Reimbursement	5.4%
Utilization	1.5%
Mix/Intensity	0.7%
Leverage	1.9%

For reporting purposes, trend and its respective components are reported throughout the filing on a medical and prescription drug combined basis.

To determine projected trend for the rating period, BridgeSpan analyzed the individual components of trend, change in reimbursement, utilization, mix/intensity, and leverage, to determine the aggregate expected trend.

The reimbursement component captures unit cost changes, including negotiated rate changes with providers. The utilization component measures the difference in number of services per 1,000 members. The mix/intensity component measures the shift within service categories (e.g., using more MRIs versus X-Rays or more specialty drug prescriptions as a percentage of total prescriptions) and between service categories (utilizing outpatient services instead of inpatient services). Fixed dollar cost sharing measures, such as deductibles and copays, serve to amplify trend since the member portion of total costs remains fixed while the insurer portion increases over time. This effect is captured in the leveraging component of trend.

BridgeSpan considers historical experience, state and federal mandates, new technologies, cost shifting, drug patents, and anticipated economic conditions in determining the utilization and mix/intensity components of projected trend.

Additionally, BridgeSpan actively reviews and implements opportunities to improve the quality of health care delivery and achieve sustainable costs. This filing reflects an explicit reduction to overall projected trend of 0.5% due to expected incremental impacts of program changes from the base period to projection period. These initiatives are focused on lowering the utilization, mix/intensity, and reimbursement components of trend.

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A few examples of new or expanded initiatives include:

- Launching a new provider rating methodology to identify and surface for our members providers with proven track records of using evidence-based practices, adhering to best practices for patient care and delivering cost-efficiencies.
- Expanding inpatient short stay program to enable real-time admission reviews, optimizing care settings and maintaining quality of care.
- Enhancing post-discharge support for complex cases to promote successful transitions home and reduce readmission risk.
- Expanding utilization management to ensure medical appropriateness and manage outcomes.
- Reducing overpayments through data mining as well as pre-pay and post-pay edits and audits.
- Ensuring visit level coding aligns with Centers for Medicare & Medicaid Services (CMS) Guidelines.
- Engaging with network providers to align financial incentives and support better outcomes for episodes of care.

The following trend variables are not considered when calculating trend: margin, fluctuation, anti-selection, or underwriting wear-off.

The selected projected rating trend assumption and the resulting rate change consider but do not rely on differences in projected and observed trend levels in prior periods.

In the URRT, Worksheet 1, Section II, the annualized “Cost” trend factor is populated with the Reimbursement component shown above. The “Util” trend factor is populated with a blend of the Utilization and Mix/Intensity components in the projected trend. Trend is developed for a 24 month projection, so Years 1 and 2 are populated with identical annualized values. Additionally, please note the URRT trend is on an allowed basis and thus excludes the leverage trend component while remaining an actuarially equivalent claims projection.

*Normalized Experience Trend*

BridgeSpan reviews experience trend by calculating rolling twelve-month historical claims trend on both an observed and underlying basis. In order to differentiate between the observed trend and the underlying trend, claims are normalized for differences in benefits, demographics, health risk, and large claims. Demographic adjustments are developed using the current filed factors for age and area, benefit adjustments are developed using a benefit relativity model, and health risk adjustments are developed using risk score data.

A summary of the underlying experience is included in “Exhibit 4: Trend Information and Projection.” The analysis shows an underlying average claim trend of 15.5% when comparing calendar year 2025 to calendar year 2024. This estimate of recent underlying trend experience is a single point of reference and is not the sole predictor of future trends.

#### **4.4.3.2: Adjustments to Trended EHB Allowed Claims PMPM**

##### **4.4.3.2(a): Morbidity Adjustment**

This assumption reflects the anticipated change in morbidity from calendar year 2025 (“base period”) to calendar year 2027 (“projection period”) for BridgeSpan Individual ACA plans. The morbidity adjustment reflects a change in the expected health risk of the pool regardless of the underlying demographics.

The morbidity adjustment used for rate development is shown on the “Changes in Morbidity” line in “Exhibit 1: Development of Rate Change.” Development of the claims adjustment for morbidity is shown in “Exhibit B1: Morbidity and Risk Adjustment.” This exhibit also shows the projected risk adjustment transfer, which is closely related to the assumed projection period morbidity. An explanation of the risk adjustment transfer and its relation to company and market morbidity assumptions is provided in the “Risk Adjustment Payment/Charge” section of this memorandum.

The claims adjustment for morbidity was developed using the following process:

- Estimate morbidity level of base period company experience
- Estimate BridgeSpan Individual morbidity change from base period to projection period
- Adjust base period experience to projection period BridgeSpan Individual morbidity level

##### *Morbidity Level of Base Period Company Experience*

Morbidity for each base period experience pool was estimated using risk score data normalized for demographic and benefit differences. Because the risk scores were calculated on a consistent basis for each pool, the relativities between the risk scores represent the relative morbidities.

##### *BridgeSpan Individual Morbidity Change from Base Period to Projection Period*

A wide range of outcomes is possible for the average morbidity change between the base period and projection period for the population insured on BridgeSpan Individual plans. Population enrollment change is the biggest driver of morbidity change. Similar to claims variability, the average morbidity of an insured population will vary from one year to the next, even with no change in covered members.

Some drivers of insured population changes include macroeconomic conditions, market competitiveness, and consumer behavior changes; however, none of these factors or their resulting impacts can be forecasted with certainty.

An estimate for the projected morbidity change between the base period and projection period is shown in “Exhibit B1: Morbidity and Risk Adjustment.” Changes to each of the risk adjustment transfer components between 2025 and 2027 are shown in the exhibit. The projection of 2027 risk adjustment transfers is developed using the risk adjustment parameters and coefficients in effect for the 2025 benefit year. This is done to provide transparency in the reconciliation of experience period risk adjustment transfers as well as the assumptions used to project into the rating period. This implicitly assumes that the impact from model recalibrations will not materially skew the results in a known manner at the issuer level. No explicit adjustments have been made to account for model recalibration impacts. The calculation of the 2027 transfer payments reflects the 14 percent administrative cost reduction to state average premium.

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*Adjust Base Period Experience to Projection Period BridgeSpan Individual Morbidity Level*

The final factor used to adjust company base period morbidity to the projection period BridgeSpan Individual morbidity is derived by taking the ratio of the projection period BridgeSpan Individual morbidity to the base period company morbidity.

For purposes of incorporating the morbidity adjustment into the “Morbidity Adjustment” projection factor in the URRT, Worksheet 1, Section II, a dampening adjustment was applied to convert the factor to an allowed claims basis. The projection factor for the URRT for each experience pool is shown in “Exhibit E1: Development of 2027 Index Rate.”

**4.4.3.2(b): Demographic Shift**

A demographic adjustment is reflected to account for population demographic differences between the experience period and the projection period. Adjustments are developed consistent with current filed factors for age and area.

The demographic adjustment used for rate development is shown on the “Changes in Demographics” line in “Exhibit 1: Development of Rate Change.”

For purposes of incorporating this adjustment into the “Demographic Shift” projection factor in the URRT, Worksheet 1, Section II, a dampening adjustment was applied to convert the factor to an allowed claims basis. The projection factor used in the URRT for each experience pool can be found in “Exhibit E1: Development of 2027 Index Rate.”

**4.4.3.2(c): Plan Design Changes**

Company experience period claim costs are adjusted to reflect anticipated changes in covered benefits (Essential Health Benefits, Mandated Benefits, and Other Benefits) and changes in cost sharing.

The overall benefit design adjustment used for rate development is shown on the “Changes in Benefits” line in “Exhibit 1: Development of Rate Change.”

*Essential Health Benefits*

Plans offered in 2027 must include covered benefits following Oregon’s essential health benefits (EHB) benchmark package for Individual plans. Covered benefits included in the base period plans were reviewed against the 2027 EHB benchmark plan.

*Mandated Benefits*

There are no significant pricing adjustments for mandated benefits included in this filing.

*Other Benefits*

This adjustment reflects anticipated differences in non-EHB benefits between the experience period and projection period. There are no material differences that require an adjustment.

*Changes in Cost Sharing*

This adjustment reflects anticipated changes in the average cost sharing requirements between the base period and projection period, which was derived by comparing the base period average benefit design to the projection period average benefit design, independent of changes in covered benefits and population health status. It includes anticipated changes in the average utilization and cost of services due to differences in average cost sharing requirements.

The “Plan Design Changes” projection factor in the URRT, Worksheet 1, Section II, includes corresponding adjustments to the changes in covered benefits and changes in cost sharing described above. The changes in cost sharing component only includes the portion of the adjustment attributable to anticipated changes in the average utilization of services due to differences in average cost sharing requirements. Anticipated changes in the average cost sharing requirements were excluded because they do not affect allowed claims.

*Summary of Benefit Changes*

A summary of benefit plan changes is included in “Exhibit 2: Covered Benefit or Plan Design Changes.” This exhibit also includes benefit change impacts for continuing plans and plan factor changes from realignment within the new portfolio of plan offerings.

**4.4.3.2(d): Other Adjustments**

This section describes cost adjustments other than changes in morbidity, demographic shift, and plan design changes.

*Changes in Network*

A network adjustment is reflected to account for expected network differences between the experience period and the projection period. The network adjustment used for rate development is shown on the “Changes in Network” line in “Exhibit 1: Development of Rate Change.”

A proprietary network model is used to determine the projected cost relativities between different networks, based on historical experience projected to the rating period. The model allows the inclusion or exclusion of providers on a group by group basis. As a provider group is excluded from the network, the services that were delivered by that group are redistributed to other providers within the same specialty. As care is shifted among providers, adjustments are made to reflect utilization efficiency and unit cost differences between the providers.

If the network also has a risk sharing arrangement with the provider with an incentive component, a second model is used to calculate the cost impact of this arrangement. An additional reduction in cost is assumed due to improvements in care management for these members and a simulation model is used to estimate the value of the shared savings and/or deficit repayment. The value of these arrangements is included in the network factors.

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In 2027, network offerings include the Individual Value network (a statewide network).

For purposes of incorporating this adjustment into the “Other” projection factor in the URRT, Worksheet 1, Section II, a dampening adjustment is applied to convert the factor to an allowed claims basis. The projection factor used in the URRT for each experience pool is shown in “Exhibit E1: Development of 2027 Index Rate.”

*Pharmacy Rebates*

Incurred claims in the experience period are not reduced by estimated pharmaceutical manufacturer rebates, so a pharmacy rebates adjustment is reflected to account for estimated rebates in the projection period. The pharmacy rebates adjustment for rate development is shown on the “Pharmacy Rebates” line in “Exhibit 1: Development of Rate Change.” Pharmacy rebates are estimated by projecting 2027 aggregate rebate-eligible script counts companywide from base period experience, adjusting for expected changes in average per script rebate guarantees, and then allocating the projected rebates to each line of business using base period pharmacy experience.

Because experience period allowed claims used in the URRT are net of pharmacy rebates, for purposes of incorporating this adjustment into the “Other” projection factor in the URRT, Worksheet 1, Section II, only the estimated difference in pharmacy rebates between the experience period and the projection period is reflected. The projection factor used in the URRT for each experience pool is shown in “Exhibit E1: Development of 2027 Index Rate.”

Overall, the “Other” projection factor in the URRT, Worksheet 1, Section II, includes adjustments for network and pharmacy rebates.

**4.4.3.3: Manual Rate Adjustments**

**Source and Appropriateness of Experience Data Used**

As described previously in the Experience Period Premium and Claims section, 2025 calendar year data for BridgeSpan and RBCBSO Individual ACA plans are used to develop 2027 rates. Given the choice of available options, affiliated company Individual experience was deemed best to develop the framework for a state-wide single risk pool.

For purposes of completing the URRT, Worksheet 1, all BridgeSpan non-grandfathered Individual experience was included to develop the Adjusted Trended EHB Allowed Claims PMPM. All other experience used to develop rates was reflected in the Manual EHB Allowed Claims PMPM item in the URRT, Worksheet 1. A detailed summary is included in “Exhibit E1: Development of 2027 Index Rate.”

**Adjustments Made to the Data**

Adjustments made to the data underlying the Credibility Manual section of the URRT are similar to the adjustments made to the data included in the URRT, Worksheet 1, Section II. A detailed summary of the adjustments is included in “Exhibit E1: Development of 2027 Index Rate.” Descriptions of the adjustments are included in the corresponding sections of this memorandum.

#### **Inclusion of Capitation Payments**

No services are provided under a capitation arrangement.

#### **4.4.3.4: Credibility of Experience**

To develop 2027 rates, the overall projected claims cost was derived by taking a weighted average from each experience pool.

The claims cost weight assigned to each experience pool is shown in “Exhibit 1: Development of Rate Change.” The resulting overall projected incurred claims cost is \$1078.09 PMPM.

For purposes of completing the URRT, the credibility percentage applied to the experience included in the Credibility Manual section is consistent with the weights for rate development. The resulting projected allowed claims cost is \$1372.11 PMPM.

#### **4.4.3.5: Establishing the Index Rate**

The index rate is \$839.55 PMPM. Non-EHB benefit categories are excluded from the calculation based upon the benefit category code assigned automatically within the BridgeSpan data warehouse. Benefits excluded include termination of pregnancy and gene therapy. Please note the index rate does not demonstrate the process used to develop the rates; it was prepared for reporting purposes and is calculated consistently with the results of the underlying rate development process.

For purposes of determining non-EHB benefits, only material benefit categories not covered in the EHB benchmark plan are identified. In cases where the company provided offering is richer than the EHB benchmark plan, the benefits are not considered non-EHB. For instance, if 15 service visits are covered compared to 10 visits in the benchmark plan, then the additional 5 visits would be considered non-EHB.

Development of the index rate is shown in “Exhibit E1: Development of 2027 Index Rate.”

#### **4.4.3.6: Development of the Market-wide Adjusted Index Rate**

The market adjusted index rate is \$921.55 PMPM. It is calculated as the projection period index rate adjusted for the following allowable market-wide modifiers:

- Reinsurance Program Adjustment
- Impact of the risk adjustment program
- Exchange user fees

Development of the market adjusted index rate is shown in “Exhibit E1: Development of 2027 Index Rate.”

#### **4.4.3.6(a): Reinsurance**

Oregon has a state reinsurance program for the Individual line of business. BridgeSpan anticipates an average recovery from the state reinsurance program of 10.0% of claims in 2027. This amount is shown in “Exhibit 1: Development of Rate Change” under “Reinsurance Receipts.” The expected recovery from the state reinsurance program was determined by analyzing the impact of the 2026 proposed reinsurance parameters on claims experience from 2022-2025 for the individual line of business and actuarial judgment.

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The reinsurance amount entered into the URRT, Worksheet 1 is \$100.42.

Cambia, the parent company to BridgeSpan, was engaged in a private reinsurance arrangement for all its insured business during the experience period. This arrangement partially reimbursed a portion of claims incurred above \$4.0 million for any one member in a year in the experience period, and a similar arrangement is expected for claims in excess of \$4.0 million in the projection period in exchange for a small premium. The net impact of this arrangement is expected to be negligible, so the amounts are excluded from this filing.

**4.4.3.6(b): Risk Adjustment Payment/Charge**

Risk adjustment transfers are populated in the “Risk Adjustment Transfer Amount” line of the URRT, Worksheet 2, Section II. The risk adjustment user fee for 2025 was \$0.18 PMPM. The experience period risk adjustment transfer PMPM, before reduction for the risk adjustment user fee, is shown in “Exhibit B1: Morbidity and Risk Adjustment.”

The projected risk adjustment PMPM reflects the difference in projection period expected relative risk between the BridgeSpan block of business and the overall market. The estimated risk adjustment transfer used for rate development is shown on the “Risk Adjustment Transfer” line in “Exhibit 1: Development of Rate Change.” Information regarding the transfer estimate is shown in “Exhibit B1: Morbidity and Risk Adjustment.” A positive amount represents an anticipated risk adjustment payment receipt, and a negative amount represents an anticipated risk adjustment charge.

The federal risk adjustment program transfers funds from carriers with relatively lower risk enrollees to carriers with relatively higher risk enrollees, which mitigates the potential concern of adverse selection in a guaranteed issue market. The transfer formula operates such that, in general, changes in a carrier’s enrolled risk profile results in corresponding changes to the transfer amount. That is, a carrier enrolling relatively higher risk members would expect to receive a higher transfer payment (or pay a lower transfer charge). Similarly, a carrier whose enrolled risk profile stayed the same while the market-wide average risk improved would also expect a higher transfer payment (or lower transfer charge).

A carrier’s risk transfer results from HHS’s risk transfer formula will inherently vary from year-to-year even with no significant carrier or market morbidity changes. For example, periodic updates to the transfer formula methodology and carrier differences in diagnosis coding practices and data submission capabilities will introduce additional variation. For carriers whose enrollees have a significantly different average risk profile than market average, the variability in risk adjustment results may be even higher.

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The 2027 projected risk adjustment PMPM is developed considering expected changes in market-wide morbidity and company enrollment profile changes, combined with risk adjustment transfer formula relationships and reasonable judgment. Considerations included 2024 actual risk adjustment results, 2025 estimated risk adjustment results, projected changes in the market-wide morbidity level between 2025 and 2027, and projected changes in company morbidity of the population insured between 2025 and 2027. In order to enhance transfer credibility and to have rate consistency and stability, the morbidity and risk relationships between Cambia companies in the Oregon Individual market were considered together.

Continuing in 2027, a federal high-cost risk pooling program (HCRP) is expected to partially reimburse carriers for claims over one million dollars, with a fee assessed to the pool to cover the cost of the claims. For rate development purposes, both claim and premium adjustments are made to account for the impact of this program. For claims projection, expected reimbursement amounts from HCRP are removed from the experience period before trending to the projection period. For the anticipated HCRP program assessment, an estimated value of 0.6% of premium is added to the non-benefit expenses.

The projected risk adjustment transfer was populated in the “Risk Adjustment Payment/Charge” item in the URRT, Worksheet 1, Section II.

The “Risk Adjustment Transfer Amount” item in the URRT, Worksheet 2, Section IV is the plan allocation of the aggregate risk adjustment transfer amount from the URRT, Worksheet 1, Section II. Single risk pool pricing requirements require anticipated risk adjustment transfers to be allocated proportionally as a market level adjustment, so the risk adjustment transfer amounts were similarly allocated.

**4.4.3.6(c): Exchange User Fees**

This filing reflects exchange user fees of \$25.48 PMPM. This is based on a \$5.50 PMPM proposed administrative assessment from Oregon’s exchange marketplace and a 1.50% of premium assessment for state-based exchanges utilizing the federal platform (SBE-FP).

**4.4.4: Plan Adjusted Index Rate**

The plan adjusted index rates are calculated as the market adjusted index rate adjusted for allowable plan-level modifiers. The following adjustments are made:

- AV and cost-sharing design
- Network, delivery system characteristics, and utilization management practices
- Non-EHB benefits
- Administrative costs, excluding exchange user fees and reinsurance fees

Development of the plan adjusted index rates from the market adjusted index rate and allowable plan-level modifiers is shown in “Exhibit E2: Plan Adjusted Index Rate Development.” Included in the exhibit are explanations of how the modifiers are developed.

#### **4.4.5: Calibration**

The URRT and actuarial memorandum instructions require the plan adjusted index rates to be calibrated for age, area, and tobacco use factors. Calibration adjustments for these factors were applied uniformly to all plans.

The plan adjusted index rates calibrated for age, tobacco, and area factors are expected to approximate plan starting costs for premium determination, before applying the allowable consumer-specific rating factors for age, area, and tobacco, as well as family composition adjustments. Reconciliation of the plan adjusted index rates and the 2027 plan base rates is shown in “Exhibit E3: Plan Adjusted Index Rate to Base Rate Mapping.”

Exhibit E3 displays the actual 2027 Plan Base Rates and may not exactly match the URRT, Worksheet 2, Section III Calibrated Plan Adjusted Index Rates. As noted in the URR Instructions, section 2.2.3, “It is understood [the Calibrated Plan Adjusted Index Rate] may not match exactly to rates submitted in the Rates Table Template document due to rounding and truncation of variables in the URRT; however it is expected the rates will be reasonably close to each other.”

#### **Age Curve Calibration**

The age factor calibration adjustment was calculated by applying the age curve premium factors to the projection period population. An age factor of 0 was used for the projected population under age 21 subject to the three child family rating limitation. Development of the calibration adjustment is shown in “Exhibit C1: Age Curve and Tobacco Calibration Factors.”

#### **Geographic Factor Calibration**

The geographic factor calibration adjustment is calculated by applying the 2027 area factors to the projection period population. This adjustment is shown in “Exhibit C2: Geographic Calibration Factor.”

#### **Tobacco Use Rating Factor Calibration**

The tobacco use rating factor calibration adjustment is calculated by applying the 2027 tobacco use factors to the projection period population. Development of the calibration adjustment is shown in “Exhibit C1: Age Curve and Tobacco Calibration Factors.”

#### **4.4.6: Consumer Adjusted Premium Rate Development**

The consumer adjusted premium rate is the final premium rate charged to an individual or family. Premiums are determined starting from each plan’s base rate. Premium rates may vary due to the following factors, as permitted by 45 CFR 147.102 and 45 CFR 146.121(f):

- Plan
- Age
- Area
- Tobacco
- Family status

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To distribute the projected average premium across the projected population, BridgeSpan determined an overall pool base rate using a normalization calculation. The pool base rate represents the starting amount for premium determination purposes before applying consumer-specific premium factors.

The 2027 pool base rate of \$1070.96 and the average factors for normalization are shown in “Exhibit 1: Development of Rate Change.”

The pool base rate is determined by dividing the projected average premium by the projected population’s average factors. The average age factor is adjusted to reflect the three child dependent premium limit. Area factors reflect geographical delivery cost differences with respect to unit cost and provider practice pattern differences; as required, they do not include differences for population morbidity. Tobacco use status is also used as a rating factor.

A plan base rate is calculated for each plan by multiplying the pool base rate with the plan’s corresponding plan factor.

Each member’s premium is developed by multiplying the plan base rate for the member’s selected plan with the member’s applicable age, area and tobacco factors. The total premium for family coverage must be determined by summing the premiums for each individual family member. With respect to family members under the age of 21, the premiums for no more than the three oldest covered children are considered in determining the total family premium.

**4.4.7: Non-Benefit Expenses and Profit & Risk**

The “Retention Development” section of “Exhibit 1: Development of Rate Change” and the “Premium Retention” section of “Exhibit 5: Statement of Administrative Expenses” show non-benefit expenses included in the premium development.

**4.4.7(a): Administrative Expense Load**

The BridgeSpan administrative expense load is comprised of expected plan operating expenses and commissions paid to agents and brokers.

Operating expenses for 2027 are projected at \$79.15 PMPM or 8.3% of premium. Operating expenses are developed by the cost accounting department consistent with company policy and were reviewed for reasonability compared to prior results. When possible, operating expenses are assigned directly as a claim or non-claim related expense to the appropriate line of business. When costs cannot be assigned directly to a specific line of business, the expenses are allocated based upon appropriate objective statistical measures. As such, reliance is placed on the internal cost accounting department’s expertise in developing these estimates. Operating expense detail is included in the “Expenses” section of “Exhibit 5: Statement of Administrative Expenses.”

Commission expenses for 2027 are projected at \$2.23 PMPM or 0.2% of premium. Historical utilization of distribution channels was analyzed against the 2027 commission schedule.

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The following table shows the components of “Administrative Expense” in the URRT Worksheet 2 Section III.

<b>Administrative Expense Components</b>		
<b>Component</b>	<b>Percent of Premium</b>	<b>PMPM</b>
Administrative Expenses	8.3%	\$79.15
Commissions	0.2%	\$2.23
Total Administrative Expense Load	8.5%	\$81.38

2027 Projected Average Premium PMPM: \$951.33

PMPM values shown here match the rate development and may differ from the URRT due to rounding.

**4.4.7(b): Contribution to Surplus & Risk Margin**

Rate setting for ACA plans includes many pricing risks. Claims experience continues to be more volatile and less predictable relative to recent years because the covered population may change materially from year-to-year. These changes increase uncertainty with how closely morbidity adjustments align to final risk adjustment transfer amounts. There is further underlying variability with risk adjustment transfers due to differences between carriers in diagnosis coding practices and data submission capabilities, which are factors that cannot be predicted. Also, while the risk adjustment program is intended to compensate for morbidity differences between carriers, it does not protect against the risk of market morbidity being less favorable than projected across all carriers.

A value of 4.0% is included in this filing for risk and contingency margin. The assumption included in the 2026 rate filing was 4.0%.

A value of 0.0% is included in this filing for contribution to surplus.

This information is included in “Profit & Risk Load” in the URRT Worksheet 2 Section III.

**4.4.7(c): Taxes and Fees**

The BridgeSpan taxes and fees for the Individual line of business are comprised of state premium taxes, exchange user fees, PCORI fees, and HCRP fees. These are in addition to the risk adjustment user fee previously described.

- State premium tax is set at 2.0% by the state of Oregon
- This filing reflects exchange user fees of \$25.48 PMPM
- This filing assumes a PCORI fee of \$0.32 PMPM
- This filing assumes an HCRP assessment of 0.5% of premium

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The following table summarizes the components of “Taxes & Fees” in the URRT Worksheet 2 Section III.

<b>Taxes &amp; Fees Components</b>		
<b>Component</b>	<b>Percent of Premium</b>	<b>PMPM</b>
Premium Tax	2.0%	\$19.03
PCORI Fee	0.0%	\$0.36
HCRP Fee	0.6%	\$5.71
Exchange User Fee	2.7%	\$25.48
Total Taxes & Fees	5.3%	\$50.58

2027 Projected Average Premium PMPM: \$951.33

PMPM values shown here match the rate development and may differ from the URRT due to rounding.

**4.5: Projected Loss Ratio**

The projected loss ratio for this line of business is 82.1%. The numerator for this ratio is projected incurred claims net of projected risk adjustment transfers, \$781.15 PMPM, and the denominator is projected average premium, \$951.33 PMPM.

The projected federal loss ratio calculated using federally-prescribed methodology for medical loss ratio (MLR) rebates calculations is 86.7%, which is greater than the federally prescribed MLR requirement of 80.0%. Due to the complexity of the federal MLR rebate methodology, which is beyond the scope of this filing, the only adjustment reflected is subtracting projected taxes and fees from the premium denominator. This simplified MLR calculation is strictly less than or equal to the federal MLR methodology, so the federal MLR must also be greater than 80.0%. The denominator of this simplified calculation is equal to projected average premium, less the Total Taxes & Fees PMPM described in the preceding Taxes & Fees section and \$0.18 PMPM for the risk adjustment user fee: \$900.58.

Both the projected loss ratio and the projected federal loss ratios are shown in “Exhibit 1: Development of Rate Change.”

**4.6: Plan Product Information**

**4.6.1: AV Metal Values**

BridgeSpan followed applicable guidance in determining AV Metal Values using the prescribed AV Calculator methodology, including guidance issued by CMS on May 16, 2014, titled “Frequently Asked Questions on Health Insurance Market Reforms and Marketplace Standards.” This CMS guidance states, “A plan design is incompatible when the use of the AV Calculator yields a materially different AV result from using the other approved methodologies.” A materially different AV result is interpreted as one that changes a plan’s metal tier.

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As required, BridgeSpan used an actuarially justifiable process for inputting plan designs into the AV Calculator. For non-standard cost shares, AV Metal Values were tested using an alternate methodology under 45 CFR 156.135(b), and all plan designs were determined to be compatible with the AV Calculator, as the alternate methodologies did not produce materially different results.

Please note that AV Metal Value determinations follow the AV Calculator methodology prescribed by HHS, and these actuarial values are only to be used to determine a plan’s metal tier. They do not reflect the BridgeSpan best estimate of the portion of allowed costs covered by the health plan.

**4.6.2: Membership Projections**

Projected member months by plan for the URRT, Worksheet 2, are estimated based on data through March 2026, assuming minimal changes in the enrollment distribution by plan to ensure non-zero enrollment in each 2027 plan. 2027 product selections are assumed to be similar to 2026 product selections. Although no explicit projection is made for additional 2027 enrollment or disenrollment, BridgeSpan implicitly assumes that there will be enrollment changes that are immaterial to rate development.

Projected member months by CSR subsidy levels for 2027 silver on-exchange plans can be found on “Exhibit F1: Silver Plan Projected Enrollment by Subsidy Level.”

**4.6.3: Plan Type**

BridgeSpan does not offer any plans that do not meet the plan type definitions in the URRT, Worksheet 2.

**4.6.4: CSR Funding**

This filing assumes CSR payments will not be funded in 2027. The additional rate load for Silver plans on the exchange included in this filing is 0.5%. The CSR load was determined by calculating the weighted average of the actuarial value (AV) difference between all CSR variations and the base silver (rounded to the nearest 0.5%). An 87% was chosen as a more reasonable estimate of the expected relative cost increase for the 94% CSR plan. Estimated 2027 company’s silver enrollment by CSR level was used for the weighting. Development of the rate load is also discussed in Appendix III, Question 5.

#### **4.7 Miscellaneous Instructions**

##### **4.7.1: Effective Rate Review Information and Additional Memorandum Requirements**

This rate filing includes information meeting Oregon’s rate filing requirements:

The following exhibits are included in the rate filing to comply with OAR 836-010-0011(2):

- Filing Description
- Exhibit 1: Development of Rate Change
- Exhibit 2: Covered Benefit or Plan Design Changes
- Exhibit 3: Summary of Rate Increases
- Exhibit 4: Trend Information and Projection
- Exhibit 5: Statement of Administrative Expenses
- Exhibit 6: Plan Relativities
- Actuarial Memorandum Supplemental Exhibits, including:
  - Summary of Filed Rating Assumptions
  - Exhibit B1: Morbidity and Risk Adjustment
  - Exhibit B2: Normalized Claims Trend
  - Exhibit C1: Age Curve and Tobacco Calibration Factors
  - Exhibit C2: Geographic Calibration Factor
  - Exhibit D1: 2027 Average Change in Plan Base Rates
  - Exhibit D2: Terminated Plan Mapping
  - Exhibit D3: Paid to Allowed Ratio and AV Metal Value
  - Exhibit E1: Development of 2027 Index Rate
  - Exhibit E2: Plan Adjusted Index Rate Development
  - Exhibit E3: Plan Adjusted Index Rate to Base Rate Mapping
  - Exhibit E4: Plan Variation from Market Adjusted Index Rate for Renewal Plans
  - Exhibit F1: Silver Plan Projected Enrollment by Subsidy Level
- Consumer Friendly Rate Summary
- Appendix I: Insurers Financial Position
- Appendix II: Cost Containment and Quality Improvement Efforts
- Appendix III: Standard Review Questions
- Rate Tables and Factors
- 2027 Proposed Individual Standard Plan Rates
- 2027 Service Area
- Certificate of Compliance
- Cost and Quality Metrics
- Unified Rate Review Template

**4.7.2: Reliance**

In preparing this filing, other internal experts were relied upon to produce information contained in the following documents:

- Exhibit 5: Statement of Administrative Expenses
- Appendix I: Insurers Financial Position
- Appendix II: Cost Containment and Quality Improvement Efforts
- Appendix III: Standard Review Questions
- 2027 Service Area
- Cost and Quality Metrics

Other than as previously identified, I did not rely on any other information or underlying assumptions provided by another individual in preparing the Part I Unified Rate Review Template.

*Caveats and Limitations*

The index rate and premium projections contained in this filing reflect best estimates of future costs that were developed based on available data, review of the literature, applicable rules and regulations, best thinking regarding the market population, and actuarial judgment. Actual experience and financial results will likely differ from these estimates for many reasons, including material differences in the population that enrolls, demographic mix, new treatments and technologies, economic conditions, catastrophic claims, and random claim fluctuations. Changes in rules and regulations may require revisions to the premium rates included in this filing.

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Actuarial Memorandum and Certification – Part III (continued)

**4.7.3: Actuarial Certification**

I, Daniel Boeder, am an actuary employed by Cambia Health Solutions, the parent company of BridgeSpan. I am a member of the American Academy of Actuaries (AAA), in good standing, and meet the education and experience standards necessary to complete this actuarial certification.

On behalf of BridgeSpan, I have reviewed this rate filing for a January 1, 2027 effective date for the Individual block of business. I hereby certify that, in my opinion:

- The monthly premium rates are actuarially sound; aggregate expected premium is adequate to cover expected claims costs and the filed rates are reasonable in relation to the benefits offered
- The projected index rate is:
  - In compliance with all applicable State and Federal Statutes and Regulations
  - Developed in compliance with applicable Actuarial Standards of Practice (ASOPs) and professional standards
  - Reasonable in relation to the benefits provided and the population anticipated to be covered
  - Neither excessive nor deficient
- The index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates
- The factors representing benefits in addition to EHB (essential health benefits) included in the Part I URRT, Worksheet 2, Section III, were calculated in accordance with actuarial standards of practice
- Geographic rating factors reflect only differences in the costs of delivery (which can include unit cost and provider practice pattern differences) and do not include differences for population morbidity by geographic area
- The AV Calculator was used to determine the AV Metal Values shown in the Part I URRT, Worksheet 2
- This rate filing is consistent with the BridgeSpan internal business plans

Relevant AAA documents reviewed in preparation for this filing include:

- ASOP No. 5, *Incurred Health and Disability Claims*
- ASOP No. 8, *Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits*
- ASOP No. 12, *Risk Classification*
- ASOP No. 23, *Data Quality*
- ASOP No. 25, *Credibility Procedures*
- ASOP No. 41, *Actuarial Communications*
- ASOP No. 45, *The Use of Health Status Based Risk Adjustment Methodologies*
- ASOP No. 50, *Determining Minimum Value and Actuarial Value under the Affordable Care Act*
- Professional Code of Conduct

**Daniel Boeder**  
Digitally signed by Daniel Boeder  
Date: 2026.06.03 09:19:24 -07'00'

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Daniel Boeder, FSA, MAAA  
Assistant Director, Actuarial Pricing  
Cambia Health Solutions, on behalf of BridgeSpan Health Company

**BridgeSpan Health Company – Individual  
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**4.1: Redacted Actuarial Memorandum**

This document is intended to serve as both the “CMS Version” and the “public version” of the Part III Actuarial Memorandum; no items are redacted.

**4.2: General Information**

**Company Identifying Information**

- Company Legal Name: BridgeSpan Health Company
- State: Oregon
- HIOS Issuer ID: 63474
- Market: Individual
- Effective Date: January 1, 2027

**Company Contact Information**

- Primary Contact Name: Daniel Boeder
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**Purpose**

This Actuarial Memorandum is prepared to provide transparency regarding the assumptions and methods used to calculate the rates proposed in the BridgeSpan Health Company (hereafter referred to as BridgeSpan) January 2027 Individual Filing. Information is also included, where applicable, to support the information shown in the Part I Unified Rate Review template (URRT). The intended purpose of this document is to demonstrate the proposed rates included in this filing and the template are reasonable in relationship to the benefits provided and meet all rating requirements in the applicable laws and regulations in the state of Oregon. The intended audience for this document is the Oregon Division of Financial Regulation.

Two Appendix exhibits show the key framework supporting the rate filing. The process to develop the rate change for this filing is shown in “Exhibit 1: Development of Rate Change.” Development of the URRT projection period index rate is shown in “Exhibit E1: Development of 2027 Index Rate.”

Please note in reviewing this memorandum and its accompanying exhibits that BridgeSpan developed rates directly from incurred claims experience. The URRT requires issuers to include an index rate calculation based on allowed claims experience following a prescribed calculation methodology. Because BridgeSpan does not develop rates on an allowed claims basis, the URRT was populated indirectly such that the resulting projected average premium was consistent with the underlying rate development. Explanations regarding how the URRT was populated are included throughout this memorandum and explained relative to the actual rate development.

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Per the 2027 Unified Rate Review Instructions, the actuary may state: *“The URRT does not demonstrate the insurer’s process for developing the rates. Instead, it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Exchanges, and for certification that the Index Rate is developed in accordance with Federal regulation, used consistently, and adjusted only by the allowable modifiers.”*

**4.3: Proposed Rate Changes**

This filing proposes an average annual rate change of 11.7% at January 1, 2027, for the Individual line of business, as shown in “Exhibit 1: Development of Rate Change.” The 2027 projected average premium is \$951.33 per member per month (PMPM).

The average annual rate change is calculated based on Individual enrollment data as of March 2026 and includes the mapped rate impact for membership enrolled in plans terminating in 2027. A summary of the rate changes by plan is shown in “Exhibit D1: 2027 Average Change in Plan Base Rates.”

The estimated distribution of member-level rate changes due to changes in base rates, plan relativities, rating factors, and plan mappings is as follows:

Rate Change	Distribution
8.0% to 11.0%	34.6%
11.0% to 14.0%	57.7%
14.0% to 17.0%	7.7%

The benefit plans impacted by the rate change request are shown in “Exhibit 6: Plan Relativities.”

This filing assumes Cost Sharing Reduction (CSR) payments will not be paid in 2027. If changes are made to the premium subsidies, risk adjustment, or reinsurance, the proposed rates in this filing may need to change materially to ensure adequacy with expected market costs.

**Factor Changes**

This filing includes updates to the plan and area factors. Rating factor tables and changes since the last filing are shown in the “Rate Tables and Factors” document. The average annual rate change impact of 11.7% includes the impact of these factor changes and is on a member-weighted basis.

Plan pricing factors are updated using the most recent data and factors from the BridgeSpan pricing relativity model, with benefit design changes incorporated. Rate differences between plans reflect objective plan design differences and not differences in population morbidity.

Area factors reflect relative cost differences between rating areas and, as required, do not include differences for population morbidity by geographic area. Area factors were updated to reflect relative cost differences between rating areas based on changes in unit cost and normalized PMPM claims cost.

**Pool Base Rate Change**

The pool base rate is \$1070.96 as of January 1, 2027, compared to \$923.46 as of January 1, 2026, which is an increase of 16.0%. The pool base rate is the starting amount such that multiplying the base rate by

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Actuarial Memorandum and Certification – Part III (continued)

the member’s rating factors (plan, age, area, and tobacco) and adjusting for family composition results in the member’s premium.

**Reasons for Proposed Rate Change**

The following components are significant factors contributing to the proposed rate change: medical trend and utilization, financial experience, and increasing market morbidity.

*Medical Trend and Utilization:* These adjustments refer to what is commonly known as healthcare trend. They reflect contractual changes in the carrier’s payments to healthcare providers and expected changes in the volume and types of services utilized by carrier’s members.

*Financial Experience:* Each year BridgeSpan evaluates the most recent financial results in the Oregon Individual market and incorporates that information into pricing.

*Market Morbidity:* The rate of incidence of disease varies from year-to-year with the Oregon Individual market and within BridgeSpan. The adjustment is to account for projected change to market morbidity and BridgeSpan morbidity relative to market.

The above descriptions are intended to provide an overall understanding of the significant factors contributing to the rate change, and each item is described in detail later in this memorandum.

The rating assumptions template required by the state, “Summary of Filed Rating Assumptions”, is included in the “Actuarial Memorandum Supplemental Exhibits” document.

**4.4: Market Experience**

This filing demonstrates that BridgeSpan followed federal guidance and market reform rating requirements in establishing a single risk pool in the Oregon Individual market. The experience data includes all of the BridgeSpan non-grandfathered covered lives in the Oregon Individual market.

**4.4.1: Experience Period Premium and Claims**

The premium and claims used to develop this filing were incurred during calendar year 2025 and includes payments and adjustments paid through March 2026. They are shown in “Exhibit E1: Development of 2027 Index Rate.” Current enrollment and premium are reported as of March 2026.

For rate development purposes, all available Oregon Individual ACA experience was used. This includes experience from BridgeSpan and affiliated company Regence BlueCross BlueShield of Oregon (RBCBSO).

In completing the Experience Period Data section of the URRT, Worksheet 1, only BridgeSpan information is reflected, as required by the instructions. Affiliated company experience projected to 2027 appears in the Credibility Manual section of the URRT, Worksheet 1, as described in the Credibility Manual Rate Development section of this memorandum.

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Allowed claims and incurred claims were extracted directly from company claim records. Unpaid claims liability (UCL) for incurred claims was developed using the following methodology, which is consistent with the corporate reserve development methodology. Unpaid claims liability for allowed claims was estimated using the same factors that were developed for incurred claims.

*Review and Analyze Data*

- Check data for inconsistencies and anomalies
- Reconcile paid claims data against the general ledger
- Monitor unpaid claims inventory
- Assess impact of large claims (claims over \$100,000)
- Review claims on a per exposure basis for reasonableness (PMPM)
- Compare past UCL estimates to actual claims run-out on an ongoing basis to assess the reasonability of past calculations

*Develop UCL Estimates Using Multiple Methods*

- Basic Claims Development Method
- Paid PMPM Method

*Determine UCL for Recent Incurred Months*

The UCL was selected using judgment and considered factors such as recent observed and expected claims trends, seasonality, product design, and changes in membership and claims inventory.

For rate development purposes, pharmaceutical manufacturer rebates were not subtracted from experience period claims because an overall adjustment occurs in a later step of the claims projection process. In contrast, in the URRT, Worksheet 1, pharmacy rebates are subtracted from experience period claims. The Pharmacy Rebates section of this memorandum contains additional information about the adjustments.

**4.4.2: Benefit Categories**

Each allowed claim is assigned to one of the following benefit categories: Inpatient Hospital, Outpatient Hospital, Professional, Other Medical, and Prescription Drugs. The categorization is derived from each claim's type of service, provider type, and place of service and is an automated process within the BridgeSpan data warehouse. This categorization is consistent with the definitions described in the URR Instructions, section 2.1.3.1 "Benefit Category and Manual Rate."

**4.4.3: Projection Factors**

Following is a description of the projection factors used in the filing. As described in the Purpose section of this memorandum, rate development is performed on an incurred claims basis (Exhibit 1) while development of the URRT projection period index rate is performed on an allowed claims basis (Exhibit E1).

Each projection factor's description addresses first how the adjustment is developed for rate development purposes (incurred claims basis). Then, any modifications needed to use the adjustment for developing the URRT projection period index rate (allowed claims basis) are described. Fixed dollar cost sharing measures such as deductibles and copays amplify the impact of cost changes on an incurred

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claims basis, so generally, a dampening adjustment is necessary to convert a factor on an incurred claims basis to an allowed claims basis.

**4.4.3.1: Trend Factors**

Following is a summary of trend information. Detailed information regarding trend is included in “Exhibit 4: Trend Information and Projection.”

*Projected Rating Trend*

The trend factor used in rate development is shown on the “Trend Factor to Rating Period” line in “Exhibit 1: Development of Rate Change”, reflecting twenty-four months of trend at an annual rate of 9.5%. The table below shows the expected components of the annual trend used to project incurred claims costs to the rating period. Note that the leverage component does not impact allowed claims; this trend applies to incurred, paid claims.

Reimbursement	5.4%
Utilization	1.5%
Mix/Intensity	0.7%
Leverage	1.9%

For reporting purposes, trend and its respective components are reported throughout the filing on a medical and prescription drug combined basis.

To determine projected trend for the rating period, BridgeSpan analyzed the individual components of trend, change in reimbursement, utilization, mix/intensity, and leverage, to determine the aggregate expected trend.

The reimbursement component captures unit cost changes, including negotiated rate changes with providers. The utilization component measures the difference in number of services per 1,000 members. The mix/intensity component measures the shift within service categories (e.g., using more MRIs versus X-Rays or more specialty drug prescriptions as a percentage of total prescriptions) and between service categories (utilizing outpatient services instead of inpatient services). Fixed dollar cost sharing measures, such as deductibles and copays, serve to amplify trend since the member portion of total costs remains fixed while the insurer portion increases over time. This effect is captured in the leveraging component of trend.

BridgeSpan considers historical experience, state and federal mandates, new technologies, cost shifting, drug patents, and anticipated economic conditions in determining the utilization and mix/intensity components of projected trend.

Additionally, BridgeSpan actively reviews and implements opportunities to improve the quality of health care delivery and achieve sustainable costs. This filing reflects an explicit reduction to overall projected trend of 0.5% due to expected incremental impacts of program changes from the base period to projection period. These initiatives are focused on lowering the utilization, mix/intensity, and reimbursement components of trend.

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A few examples of new or expanded initiatives include:

- Launching a new provider rating methodology to identify and surface for our members providers with proven track records of using evidence-based practices, adhering to best practices for patient care and delivering cost-efficiencies.
- Expanding inpatient short stay program to enable real-time admission reviews, optimizing care settings and maintaining quality of care.
- Enhancing post-discharge support for complex cases to promote successful transitions home and reduce readmission risk.
- Expanding utilization management to ensure medical appropriateness and manage outcomes.
- Reducing overpayments through data mining as well as pre-pay and post-pay edits and audits.
- Ensuring visit level coding aligns with Centers for Medicare & Medicaid Services (CMS) Guidelines.
- Engaging with network providers to align financial incentives and support better outcomes for episodes of care.

The following trend variables are not considered when calculating trend: margin, fluctuation, anti-selection, or underwriting wear-off.

The selected projected rating trend assumption and the resulting rate change consider but do not rely on differences in projected and observed trend levels in prior periods.

In the URRT, Worksheet 1, Section II, the annualized “Cost” trend factor is populated with the Reimbursement component shown above. The “Util” trend factor is populated with a blend of the Utilization and Mix/Intensity components in the projected trend. Trend is developed for a 24 month projection, so Years 1 and 2 are populated with identical annualized values. Additionally, please note the URRT trend is on an allowed basis and thus excludes the leverage trend component while remaining an actuarially equivalent claims projection.

*Normalized Experience Trend*

BridgeSpan reviews experience trend by calculating rolling twelve-month historical claims trend on both an observed and underlying basis. In order to differentiate between the observed trend and the underlying trend, claims are normalized for differences in benefits, demographics, health risk, and large claims. Demographic adjustments are developed using the current filed factors for age and area, benefit adjustments are developed using a benefit relativity model, and health risk adjustments are developed using risk score data.

A summary of the underlying experience is included in “Exhibit 4: Trend Information and Projection.” The analysis shows an underlying average claim trend of 15.5% when comparing calendar year 2025 to calendar year 2024. This estimate of recent underlying trend experience is a single point of reference and is not the sole predictor of future trends.

#### **4.4.3.2: Adjustments to Trended EHB Allowed Claims PMPM**

##### **4.4.3.2(a): Morbidity Adjustment**

This assumption reflects the anticipated change in morbidity from calendar year 2025 (“base period”) to calendar year 2027 (“projection period”) for BridgeSpan Individual ACA plans. The morbidity adjustment reflects a change in the expected health risk of the pool regardless of the underlying demographics.

The morbidity adjustment used for rate development is shown on the “Changes in Morbidity” line in “Exhibit 1: Development of Rate Change.” Development of the claims adjustment for morbidity is shown in “Exhibit B1: Morbidity and Risk Adjustment.” This exhibit also shows the projected risk adjustment transfer, which is closely related to the assumed projection period morbidity. An explanation of the risk adjustment transfer and its relation to company and market morbidity assumptions is provided in the “Risk Adjustment Payment/Charge” section of this memorandum.

The claims adjustment for morbidity was developed using the following process:

- Estimate morbidity level of base period company experience
- Estimate BridgeSpan Individual morbidity change from base period to projection period
- Adjust base period experience to projection period BridgeSpan Individual morbidity level

##### *Morbidity Level of Base Period Company Experience*

Morbidity for each base period experience pool was estimated using risk score data normalized for demographic and benefit differences. Because the risk scores were calculated on a consistent basis for each pool, the relativities between the risk scores represent the relative morbidities.

##### *BridgeSpan Individual Morbidity Change from Base Period to Projection Period*

A wide range of outcomes is possible for the average morbidity change between the base period and projection period for the population insured on BridgeSpan Individual plans. Population enrollment change is the biggest driver of morbidity change. Similar to claims variability, the average morbidity of an insured population will vary from one year to the next, even with no change in covered members.

Some drivers of insured population changes include macroeconomic conditions, market competitiveness, and consumer behavior changes; however, none of these factors or their resulting impacts can be forecasted with certainty.

An estimate for the projected morbidity change between the base period and projection period is shown in “Exhibit B1: Morbidity and Risk Adjustment.” Changes to each of the risk adjustment transfer components between 2025 and 2027 are shown in the exhibit. The projection of 2027 risk adjustment transfers is developed using the risk adjustment parameters and coefficients in effect for the 2025 benefit year. This is done to provide transparency in the reconciliation of experience period risk adjustment transfers as well as the assumptions used to project into the rating period. This implicitly assumes that the impact from model recalibrations will not materially skew the results in a known manner at the issuer level. No explicit adjustments have been made to account for model recalibration impacts. The calculation of the 2027 transfer payments reflects the 14 percent administrative cost reduction to state average premium.

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*Adjust Base Period Experience to Projection Period BridgeSpan Individual Morbidity Level*

The final factor used to adjust company base period morbidity to the projection period BridgeSpan Individual morbidity is derived by taking the ratio of the projection period BridgeSpan Individual morbidity to the base period company morbidity.

For purposes of incorporating the morbidity adjustment into the “Morbidity Adjustment” projection factor in the URRT, Worksheet 1, Section II, a dampening adjustment was applied to convert the factor to an allowed claims basis. The projection factor for the URRT for each experience pool is shown in “Exhibit E1: Development of 2027 Index Rate.”

**4.4.3.2(b): Demographic Shift**

A demographic adjustment is reflected to account for population demographic differences between the experience period and the projection period. Adjustments are developed consistent with current filed factors for age and area.

The demographic adjustment used for rate development is shown on the “Changes in Demographics” line in “Exhibit 1: Development of Rate Change.”

For purposes of incorporating this adjustment into the “Demographic Shift” projection factor in the URRT, Worksheet 1, Section II, a dampening adjustment was applied to convert the factor to an allowed claims basis. The projection factor used in the URRT for each experience pool can be found in “Exhibit E1: Development of 2027 Index Rate.”

**4.4.3.2(c): Plan Design Changes**

Company experience period claim costs are adjusted to reflect anticipated changes in covered benefits (Essential Health Benefits, Mandated Benefits, and Other Benefits) and changes in cost sharing.

The overall benefit design adjustment used for rate development is shown on the “Changes in Benefits” line in “Exhibit 1: Development of Rate Change.”

*Essential Health Benefits*

Plans offered in 2027 must include covered benefits following Oregon’s essential health benefits (EHB) benchmark package for Individual plans. Covered benefits included in the base period plans were reviewed against the 2027 EHB benchmark plan.

*Mandated Benefits*

There are no significant pricing adjustments for mandated benefits included in this filing.

*Other Benefits*

This adjustment reflects anticipated differences in non-EHB benefits between the experience period and projection period. There are no material differences that require an adjustment.

*Changes in Cost Sharing*

This adjustment reflects anticipated changes in the average cost sharing requirements between the base period and projection period, which was derived by comparing the base period average benefit design to the projection period average benefit design, independent of changes in covered benefits and population health status. It includes anticipated changes in the average utilization and cost of services due to differences in average cost sharing requirements.

The “Plan Design Changes” projection factor in the URRT, Worksheet 1, Section II, includes corresponding adjustments to the changes in covered benefits and changes in cost sharing described above. The changes in cost sharing component only includes the portion of the adjustment attributable to anticipated changes in the average utilization of services due to differences in average cost sharing requirements. Anticipated changes in the average cost sharing requirements were excluded because they do not affect allowed claims.

*Summary of Benefit Changes*

A summary of benefit plan changes is included in “Exhibit 2: Covered Benefit or Plan Design Changes.” This exhibit also includes benefit change impacts for continuing plans and plan factor changes from realignment within the new portfolio of plan offerings.

**4.4.3.2(d): Other Adjustments**

This section describes cost adjustments other than changes in morbidity, demographic shift, and plan design changes.

*Changes in Network*

A network adjustment is reflected to account for expected network differences between the experience period and the projection period. The network adjustment used for rate development is shown on the “Changes in Network” line in “Exhibit 1: Development of Rate Change.”

A proprietary network model is used to determine the projected cost relativities between different networks, based on historical experience projected to the rating period. The model allows the inclusion or exclusion of providers on a group by group basis. As a provider group is excluded from the network, the services that were delivered by that group are redistributed to other providers within the same specialty. As care is shifted among providers, adjustments are made to reflect utilization efficiency and unit cost differences between the providers.

If the network also has a risk sharing arrangement with the provider with an incentive component, a second model is used to calculate the cost impact of this arrangement. An additional reduction in cost is assumed due to improvements in care management for these members and a simulation model is used to estimate the value of the shared savings and/or deficit repayment. The value of these arrangements is included in the network factors.

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In 2027, network offerings include the Individual Value network (a statewide network).

For purposes of incorporating this adjustment into the “Other” projection factor in the URRT, Worksheet 1, Section II, a dampening adjustment is applied to convert the factor to an allowed claims basis. The projection factor used in the URRT for each experience pool is shown in “Exhibit E1: Development of 2027 Index Rate.”

*Pharmacy Rebates*

Incurred claims in the experience period are not reduced by estimated pharmaceutical manufacturer rebates, so a pharmacy rebates adjustment is reflected to account for estimated rebates in the projection period. The pharmacy rebates adjustment for rate development is shown on the “Pharmacy Rebates” line in “Exhibit 1: Development of Rate Change.” Pharmacy rebates are estimated by projecting 2027 aggregate rebate-eligible script counts companywide from base period experience, adjusting for expected changes in average per script rebate guarantees, and then allocating the projected rebates to each line of business using base period pharmacy experience.

Because experience period allowed claims used in the URRT are net of pharmacy rebates, for purposes of incorporating this adjustment into the “Other” projection factor in the URRT, Worksheet 1, Section II, only the estimated difference in pharmacy rebates between the experience period and the projection period is reflected. The projection factor used in the URRT for each experience pool is shown in “Exhibit E1: Development of 2027 Index Rate.”

Overall, the “Other” projection factor in the URRT, Worksheet 1, Section II, includes adjustments for network and pharmacy rebates.

**4.4.3.3: Manual Rate Adjustments**

**Source and Appropriateness of Experience Data Used**

As described previously in the Experience Period Premium and Claims section, 2025 calendar year data for BridgeSpan and RBCBSO Individual ACA plans are used to develop 2027 rates. Given the choice of available options, affiliated company Individual experience was deemed best to develop the framework for a state-wide single risk pool.

For purposes of completing the URRT, Worksheet 1, all BridgeSpan non-grandfathered Individual experience was included to develop the Adjusted Trended EHB Allowed Claims PMPM. All other experience used to develop rates was reflected in the Manual EHB Allowed Claims PMPM item in the URRT, Worksheet 1. A detailed summary is included in “Exhibit E1: Development of 2027 Index Rate.”

**Adjustments Made to the Data**

Adjustments made to the data underlying the Credibility Manual section of the URRT are similar to the adjustments made to the data included in the URRT, Worksheet 1, Section II. A detailed summary of the adjustments is included in “Exhibit E1: Development of 2027 Index Rate.” Descriptions of the adjustments are included in the corresponding sections of this memorandum.

#### **Inclusion of Capitation Payments**

No services are provided under a capitation arrangement.

#### **4.4.3.4: Credibility of Experience**

To develop 2027 rates, the overall projected claims cost was derived by taking a weighted average from each experience pool.

The claims cost weight assigned to each experience pool is shown in “Exhibit 1: Development of Rate Change.” The resulting overall projected incurred claims cost is \$1078.09 PMPM.

For purposes of completing the URRT, the credibility percentage applied to the experience included in the Credibility Manual section is consistent with the weights for rate development. The resulting projected allowed claims cost is \$1372.11 PMPM.

#### **4.4.3.5: Establishing the Index Rate**

The index rate is \$839.55 PMPM. Non-EHB benefit categories are excluded from the calculation based upon the benefit category code assigned automatically within the BridgeSpan data warehouse. Benefits excluded include termination of pregnancy and gene therapy. Please note the index rate does not demonstrate the process used to develop the rates; it was prepared for reporting purposes and is calculated consistently with the results of the underlying rate development process.

For purposes of determining non-EHB benefits, only material benefit categories not covered in the EHB benchmark plan are identified. In cases where the company provided offering is richer than the EHB benchmark plan, the benefits are not considered non-EHB. For instance, if 15 service visits are covered compared to 10 visits in the benchmark plan, then the additional 5 visits would be considered non-EHB.

Development of the index rate is shown in “Exhibit E1: Development of 2027 Index Rate.”

#### **4.4.3.6: Development of the Market-wide Adjusted Index Rate**

The market adjusted index rate is \$921.55 PMPM. It is calculated as the projection period index rate adjusted for the following allowable market-wide modifiers:

- Reinsurance Program Adjustment
- Impact of the risk adjustment program
- Exchange user fees

Development of the market adjusted index rate is shown in “Exhibit E1: Development of 2027 Index Rate.”

#### **4.4.3.6(a): Reinsurance**

Oregon has a state reinsurance program for the Individual line of business. BridgeSpan anticipates an average recovery from the state reinsurance program of 10.0% of claims in 2027. This amount is shown in “Exhibit 1: Development of Rate Change” under “Reinsurance Receipts.” The expected recovery from the state reinsurance program was determined by analyzing the impact of the 2026 proposed reinsurance parameters on claims experience from 2022-2025 for the individual line of business and actuarial judgment.

BridgeSpan Health Company – Individual  
Actuarial Memorandum and Certification – Part III (continued)

The reinsurance amount entered into the URRT, Worksheet 1 is \$100.42.

Cambia, the parent company to BridgeSpan, was engaged in a private reinsurance arrangement for all its insured business during the experience period. This arrangement partially reimbursed a portion of claims incurred above \$4.0 million for any one member in a year in the experience period, and a similar arrangement is expected for claims in excess of \$4.0 million in the projection period in exchange for a small premium. The net impact of this arrangement is expected to be negligible, so the amounts are excluded from this filing.

**4.4.3.6(b): Risk Adjustment Payment/Charge**

Risk adjustment transfers are populated in the “Risk Adjustment Transfer Amount” line of the URRT, Worksheet 2, Section II. The risk adjustment user fee for 2025 was \$0.18 PMPM. The experience period risk adjustment transfer PMPM, before reduction for the risk adjustment user fee, is shown in “Exhibit B1: Morbidity and Risk Adjustment.”

The projected risk adjustment PMPM reflects the difference in projection period expected relative risk between the BridgeSpan block of business and the overall market. The estimated risk adjustment transfer used for rate development is shown on the “Risk Adjustment Transfer” line in “Exhibit 1: Development of Rate Change.” Information regarding the transfer estimate is shown in “Exhibit B1: Morbidity and Risk Adjustment.” A positive amount represents an anticipated risk adjustment payment receipt, and a negative amount represents an anticipated risk adjustment charge.

The federal risk adjustment program transfers funds from carriers with relatively lower risk enrollees to carriers with relatively higher risk enrollees, which mitigates the potential concern of adverse selection in a guaranteed issue market. The transfer formula operates such that, in general, changes in a carrier’s enrolled risk profile results in corresponding changes to the transfer amount. That is, a carrier enrolling relatively higher risk members would expect to receive a higher transfer payment (or pay a lower transfer charge). Similarly, a carrier whose enrolled risk profile stayed the same while the market-wide average risk improved would also expect a higher transfer payment (or lower transfer charge).

A carrier’s risk transfer results from HHS’s risk transfer formula will inherently vary from year-to-year even with no significant carrier or market morbidity changes. For example, periodic updates to the transfer formula methodology and carrier differences in diagnosis coding practices and data submission capabilities will introduce additional variation. For carriers whose enrollees have a significantly different average risk profile than market average, the variability in risk adjustment results may be even higher.

BridgeSpan Health Company – Individual  
Actuarial Memorandum and Certification – Part III (continued)

The 2027 projected risk adjustment PMPM is developed considering expected changes in market-wide morbidity and company enrollment profile changes, combined with risk adjustment transfer formula relationships and reasonable judgment. Considerations included 2024 actual risk adjustment results, 2025 estimated risk adjustment results, projected changes in the market-wide morbidity level between 2025 and 2027, and projected changes in company morbidity of the population insured between 2025 and 2027. In order to enhance transfer credibility and to have rate consistency and stability, the morbidity and risk relationships between Cambia companies in the Oregon Individual market were considered together.

Continuing in 2027, a federal high-cost risk pooling program (HCRP) is expected to partially reimburse carriers for claims over one million dollars, with a fee assessed to the pool to cover the cost of the claims. For rate development purposes, both claim and premium adjustments are made to account for the impact of this program. For claims projection, expected reimbursement amounts from HCRP are removed from the experience period before trending to the projection period. For the anticipated HCRP program assessment, an estimated value of 0.6% of premium is added to the non-benefit expenses.

The projected risk adjustment transfer was populated in the “Risk Adjustment Payment/Charge” item in the URRT, Worksheet 1, Section II.

The “Risk Adjustment Transfer Amount” item in the URRT, Worksheet 2, Section IV is the plan allocation of the aggregate risk adjustment transfer amount from the URRT, Worksheet 1, Section II. Single risk pool pricing requirements require anticipated risk adjustment transfers to be allocated proportionally as a market level adjustment, so the risk adjustment transfer amounts were similarly allocated.

**4.4.3.6(c): Exchange User Fees**

This filing reflects exchange user fees of \$25.48 PMPM. This is based on a \$5.50 PMPM proposed administrative assessment from Oregon’s exchange marketplace and a 1.50% of premium assessment for state-based exchanges utilizing the federal platform (SBE-FP).

**4.4.4: Plan Adjusted Index Rate**

The plan adjusted index rates are calculated as the market adjusted index rate adjusted for allowable plan-level modifiers. The following adjustments are made:

- AV and cost-sharing design
- Network, delivery system characteristics, and utilization management practices
- Non-EHB benefits
- Administrative costs, excluding exchange user fees and reinsurance fees

Development of the plan adjusted index rates from the market adjusted index rate and allowable plan-level modifiers is shown in “Exhibit E2: Plan Adjusted Index Rate Development.” Included in the exhibit are explanations of how the modifiers are developed.

#### **4.4.5: Calibration**

The URRT and actuarial memorandum instructions require the plan adjusted index rates to be calibrated for age, area, and tobacco use factors. Calibration adjustments for these factors were applied uniformly to all plans.

The plan adjusted index rates calibrated for age, tobacco, and area factors are expected to approximate plan starting costs for premium determination, before applying the allowable consumer-specific rating factors for age, area, and tobacco, as well as family composition adjustments. Reconciliation of the plan adjusted index rates and the 2027 plan base rates is shown in “Exhibit E3: Plan Adjusted Index Rate to Base Rate Mapping.”

Exhibit E3 displays the actual 2027 Plan Base Rates and may not exactly match the URRT, Worksheet 2, Section III Calibrated Plan Adjusted Index Rates. As noted in the URR Instructions, section 2.2.3, “It is understood [the Calibrated Plan Adjusted Index Rate] may not match exactly to rates submitted in the Rates Table Template document due to rounding and truncation of variables in the URRT; however it is expected the rates will be reasonably close to each other.”

#### **Age Curve Calibration**

The age factor calibration adjustment was calculated by applying the age curve premium factors to the projection period population. An age factor of 0 was used for the projected population under age 21 subject to the three child family rating limitation. Development of the calibration adjustment is shown in “Exhibit C1: Age Curve and Tobacco Calibration Factors.”

#### **Geographic Factor Calibration**

The geographic factor calibration adjustment is calculated by applying the 2027 area factors to the projection period population. This adjustment is shown in “Exhibit C2: Geographic Calibration Factor.”

#### **Tobacco Use Rating Factor Calibration**

The tobacco use rating factor calibration adjustment is calculated by applying the 2027 tobacco use factors to the projection period population. Development of the calibration adjustment is shown in “Exhibit C1: Age Curve and Tobacco Calibration Factors.”

#### **4.4.6: Consumer Adjusted Premium Rate Development**

The consumer adjusted premium rate is the final premium rate charged to an individual or family. Premiums are determined starting from each plan’s base rate. Premium rates may vary due to the following factors, as permitted by 45 CFR 147.102 and 45 CFR 146.121(f):

- Plan
- Age
- Area
- Tobacco
- Family status

BridgeSpan Health Company – Individual  
Actuarial Memorandum and Certification – Part III (continued)

To distribute the projected average premium across the projected population, BridgeSpan determined an overall pool base rate using a normalization calculation. The pool base rate represents the starting amount for premium determination purposes before applying consumer-specific premium factors.

The 2027 pool base rate of \$1070.96 and the average factors for normalization are shown in “Exhibit 1: Development of Rate Change.”

The pool base rate is determined by dividing the projected average premium by the projected population’s average factors. The average age factor is adjusted to reflect the three child dependent premium limit. Area factors reflect geographical delivery cost differences with respect to unit cost and provider practice pattern differences; as required, they do not include differences for population morbidity. Tobacco use status is also used as a rating factor.

A plan base rate is calculated for each plan by multiplying the pool base rate with the plan’s corresponding plan factor.

Each member’s premium is developed by multiplying the plan base rate for the member’s selected plan with the member’s applicable age, area and tobacco factors. The total premium for family coverage must be determined by summing the premiums for each individual family member. With respect to family members under the age of 21, the premiums for no more than the three oldest covered children are considered in determining the total family premium.

**4.4.7: Non-Benefit Expenses and Profit & Risk**

The “Retention Development” section of “Exhibit 1: Development of Rate Change” and the “Premium Retention” section of “Exhibit 5: Statement of Administrative Expenses” show non-benefit expenses included in the premium development.

**4.4.7(a): Administrative Expense Load**

The BridgeSpan administrative expense load is comprised of expected plan operating expenses and commissions paid to agents and brokers.

Operating expenses for 2027 are projected at \$79.15 PMPM or 8.3% of premium. Operating expenses are developed by the cost accounting department consistent with company policy and were reviewed for reasonability compared to prior results. When possible, operating expenses are assigned directly as a claim or non-claim related expense to the appropriate line of business. When costs cannot be assigned directly to a specific line of business, the expenses are allocated based upon appropriate objective statistical measures. As such, reliance is placed on the internal cost accounting department’s expertise in developing these estimates. Operating expense detail is included in the “Expenses” section of “Exhibit 5: Statement of Administrative Expenses.”

Commission expenses for 2027 are projected at \$2.23 PMPM or 0.2% of premium. Historical utilization of distribution channels was analyzed against the 2027 commission schedule.

BridgeSpan Health Company – Individual  
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The following table shows the components of “Administrative Expense” in the URRT Worksheet 2 Section III.

<b>Administrative Expense Components</b>		
<b>Component</b>	<b>Percent of Premium</b>	<b>PMPM</b>
Administrative Expenses	8.3%	\$79.15
Commissions	0.2%	\$2.23
Total Administrative Expense Load	8.5%	\$81.38

2027 Projected Average Premium PMPM: \$951.33

PMPM values shown here match the rate development and may differ from the URRT due to rounding.

**4.4.7(b): Contribution to Surplus & Risk Margin**

Rate setting for ACA plans includes many pricing risks. Claims experience continues to be more volatile and less predictable relative to recent years because the covered population may change materially from year-to-year. These changes increase uncertainty with how closely morbidity adjustments align to final risk adjustment transfer amounts. There is further underlying variability with risk adjustment transfers due to differences between carriers in diagnosis coding practices and data submission capabilities, which are factors that cannot be predicted. Also, while the risk adjustment program is intended to compensate for morbidity differences between carriers, it does not protect against the risk of market morbidity being less favorable than projected across all carriers.

A value of 4.0% is included in this filing for risk and contingency margin. The assumption included in the 2026 rate filing was 4.0%.

A value of 0.0% is included in this filing for contribution to surplus.

This information is included in “Profit & Risk Load” in the URRT Worksheet 2 Section III.

**4.4.7(c): Taxes and Fees**

The BridgeSpan taxes and fees for the Individual line of business are comprised of state premium taxes, exchange user fees, PCORI fees, and HCRP fees. These are in addition to the risk adjustment user fee previously described.

- State premium tax is set at 2.0% by the state of Oregon
- This filing reflects exchange user fees of \$25.48 PMPM
- This filing assumes a PCORI fee of \$0.32 PMPM
- This filing assumes an HCRP assessment of 0.5% of premium

BridgeSpan Health Company – Individual  
Actuarial Memorandum and Certification – Part III (continued)

The following table summarizes the components of “Taxes & Fees” in the URRT Worksheet 2 Section III.

<b>Taxes &amp; Fees Components</b>		
<b>Component</b>	<b>Percent of Premium</b>	<b>PMPM</b>
Premium Tax	2.0%	\$19.03
PCORI Fee	0.0%	\$0.36
HCRP Fee	0.6%	\$5.71
Exchange User Fee	2.7%	\$25.48
Total Taxes & Fees	5.3%	\$50.58

2027 Projected Average Premium PMPM: \$951.33

PMPM values shown here match the rate development and may differ from the URRT due to rounding.

**4.5: Projected Loss Ratio**

The projected loss ratio for this line of business is 82.1%. The numerator for this ratio is projected incurred claims net of projected risk adjustment transfers, \$781.15 PMPM, and the denominator is projected average premium, \$951.33 PMPM.

The projected federal loss ratio calculated using federally-prescribed methodology for medical loss ratio (MLR) rebates calculations is 86.7%, which is greater than the federally prescribed MLR requirement of 80.0%. Due to the complexity of the federal MLR rebate methodology, which is beyond the scope of this filing, the only adjustment reflected is subtracting projected taxes and fees from the premium denominator. This simplified MLR calculation is strictly less than or equal to the federal MLR methodology, so the federal MLR must also be greater than 80.0%. The denominator of this simplified calculation is equal to projected average premium, less the Total Taxes & Fees PMPM described in the preceding Taxes & Fees section and \$0.18 PMPM for the risk adjustment user fee: \$900.58.

Both the projected loss ratio and the projected federal loss ratios are shown in “Exhibit 1: Development of Rate Change.”

**4.6: Plan Product Information**

**4.6.1: AV Metal Values**

BridgeSpan followed applicable guidance in determining AV Metal Values using the prescribed AV Calculator methodology, including guidance issued by CMS on May 16, 2014, titled “Frequently Asked Questions on Health Insurance Market Reforms and Marketplace Standards.” This CMS guidance states, “A plan design is incompatible when the use of the AV Calculator yields a materially different AV result from using the other approved methodologies.” A materially different AV result is interpreted as one that changes a plan’s metal tier.

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As required, BridgeSpan used an actuarially justifiable process for inputting plan designs into the AV Calculator. For non-standard cost shares, AV Metal Values were tested using an alternate methodology under 45 CFR 156.135(b), and all plan designs were determined to be compatible with the AV Calculator, as the alternate methodologies did not produce materially different results.

Please note that AV Metal Value determinations follow the AV Calculator methodology prescribed by HHS, and these actuarial values are only to be used to determine a plan's metal tier. They do not reflect the BridgeSpan best estimate of the portion of allowed costs covered by the health plan.

**4.6.2: Membership Projections**

Projected member months by plan for the URRT, Worksheet 2, are estimated based on data through March 2026, assuming minimal changes in the enrollment distribution by plan to ensure non-zero enrollment in each 2027 plan. 2027 product selections are assumed to be similar to 2026 product selections. Although no explicit projection is made for additional 2027 enrollment or disenrollment, BridgeSpan implicitly assumes that there will be enrollment changes that are immaterial to rate development.

Projected member months by CSR subsidy levels for 2027 silver on-exchange plans can be found on "Exhibit F1: Silver Plan Projected Enrollment by Subsidy Level."

**4.6.3: Plan Type**

BridgeSpan does not offer any plans that do not meet the plan type definitions in the URRT, Worksheet 2.

**4.6.4: CSR Funding**

This filing assumes CSR payments will not be funded in 2027. The additional rate load for Silver plans on the exchange included in this filing is 0.5%. The CSR load was determined by calculating the weighted average of the actuarial value (AV) difference between all CSR variations and the base silver (rounded to the nearest 0.5%). An 87% was chosen as a more reasonable estimate of the expected relative cost increase for the 94% CSR plan. Estimated 2027 company's silver enrollment by CSR level was used for the weighting. Development of the rate load is also discussed in Appendix III, Question 5.

#### **4.7 Miscellaneous Instructions**

##### **4.7.1: Effective Rate Review Information and Additional Memorandum Requirements**

This rate filing includes information meeting Oregon’s rate filing requirements:

The following exhibits are included in the rate filing to comply with OAR 836-010-0011(2):

- Filing Description
- Exhibit 1: Development of Rate Change
- Exhibit 2: Covered Benefit or Plan Design Changes
- Exhibit 3: Summary of Rate Increases
- Exhibit 4: Trend Information and Projection
- Exhibit 5: Statement of Administrative Expenses
- Exhibit 6: Plan Relativities
- Actuarial Memorandum Supplemental Exhibits, including:
  - Summary of Filed Rating Assumptions
  - Exhibit B1: Morbidity and Risk Adjustment
  - Exhibit B2: Normalized Claims Trend
  - Exhibit C1: Age Curve and Tobacco Calibration Factors
  - Exhibit C2: Geographic Calibration Factor
  - Exhibit D1: 2027 Average Change in Plan Base Rates
  - Exhibit D2: Terminated Plan Mapping
  - Exhibit D3: Paid to Allowed Ratio and AV Metal Value
  - Exhibit E1: Development of 2027 Index Rate
  - Exhibit E2: Plan Adjusted Index Rate Development
  - Exhibit E3: Plan Adjusted Index Rate to Base Rate Mapping
  - Exhibit E4: Plan Variation from Market Adjusted Index Rate for Renewal Plans
  - Exhibit F1: Silver Plan Projected Enrollment by Subsidy Level
- Consumer Friendly Rate Summary
- Appendix I: Insurers Financial Position
- Appendix II: Cost Containment and Quality Improvement Efforts
- Appendix III: Standard Review Questions
- Rate Tables and Factors
- 2027 Proposed Individual Standard Plan Rates
- 2027 Service Area
- Certificate of Compliance
- Cost and Quality Metrics
- Unified Rate Review Template

**4.7.2: Reliance**

In preparing this filing, other internal experts were relied upon to produce information contained in the following documents:

- Exhibit 5: Statement of Administrative Expenses
- Appendix I: Insurers Financial Position
- Appendix II: Cost Containment and Quality Improvement Efforts
- Appendix III: Standard Review Questions
- 2027 Service Area
- Cost and Quality Metrics

Other than as previously identified, I did not rely on any other information or underlying assumptions provided by another individual in preparing the Part I Unified Rate Review Template.

*Caveats and Limitations*

The index rate and premium projections contained in this filing reflect best estimates of future costs that were developed based on available data, review of the literature, applicable rules and regulations, best thinking regarding the market population, and actuarial judgment. Actual experience and financial results will likely differ from these estimates for many reasons, including material differences in the population that enrolls, demographic mix, new treatments and technologies, economic conditions, catastrophic claims, and random claim fluctuations. Changes in rules and regulations may require revisions to the premium rates included in this filing.

BridgeSpan Health Company – Individual  
Actuarial Memorandum and Certification – Part III (continued)

**4.7.3: Actuarial Certification**

I, Daniel Boeder, am an actuary employed by Cambia Health Solutions, the parent company of BridgeSpan. I am a member of the American Academy of Actuaries (AAA), in good standing, and meet the education and experience standards necessary to complete this actuarial certification.

On behalf of BridgeSpan, I have reviewed this rate filing for a January 1, 2027 effective date for the Individual block of business. I hereby certify that, in my opinion:

- The monthly premium rates are actuarially sound; aggregate expected premium is adequate to cover expected claims costs and the filed rates are reasonable in relation to the benefits offered
- The projected index rate is:
  - In compliance with all applicable State and Federal Statutes and Regulations
  - Developed in compliance with applicable Actuarial Standards of Practice (ASOPs) and professional standards
  - Reasonable in relation to the benefits provided and the population anticipated to be covered
  - Neither excessive nor deficient
- The index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates
- The factors representing benefits in addition to EHB (essential health benefits) included in the Part I URRT, Worksheet 2, Section III, were calculated in accordance with actuarial standards of practice
- Geographic rating factors reflect only differences in the costs of delivery (which can include unit cost and provider practice pattern differences) and do not include differences for population morbidity by geographic area
- The AV Calculator was used to determine the AV Metal Values shown in the Part I URRT, Worksheet 2
- This rate filing is consistent with the BridgeSpan internal business plans

Relevant AAA documents reviewed in preparation for this filing include:

- ASOP No. 5, *Incurred Health and Disability Claims*
- ASOP No. 8, *Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits*
- ASOP No. 12, *Risk Classification*
- ASOP No. 23, *Data Quality*
- ASOP No. 25, *Credibility Procedures*
- ASOP No. 41, *Actuarial Communications*
- ASOP No. 45, *The Use of Health Status Based Risk Adjustment Methodologies*
- ASOP No. 50, *Determining Minimum Value and Actuarial Value under the Affordable Care Act*
- Professional Code of Conduct

**Daniel Boeder**  
Digitally signed by Daniel Boeder  
Date: 2026.06.03 09:19:24 -07'00'

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Daniel Boeder, FSA, MAAA  
Assistant Director, Actuarial Pricing  
Cambia Health Solutions, on behalf of BridgeSpan Health Company

**State:** Oregon **Filing Company:** BridgeSpan Health Company  
**TOI/Sub-TOI:** H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)  
**Product Name:** 2027 BridgeSpan Oregon Rate Filing  
**Project Name/Number:** /

## Supporting Document Schedules

<b>Satisfied - Item:</b>	4872 - Individual and Small Group Health Benefit Plan Rate Filings
<b>Comments:</b>	Product Standards template is not required for 2027 filings
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	3894 Certification of Compliance
<b>Comments:</b>	
<b>Attachment(s):</b>	CERTIFICATE OF COMPLIANCE.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Third party filers letter of authorization
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	HBP - Filing Description
<b>Comments:</b>	
<b>Attachment(s):</b>	FILING DESCRIPTION.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	HBP - Draft notice to policyholder
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	HBP - Rate Data
<b>Comments:</b>	The Rate Tables and Factors exhibit is attached to the Rate/Rule Schedule tab.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

SERFF Tracking #:

RGOR-134948668

State Tracking #:

RGOR-134948668

Company Tracking #:

OR IND BHC 2027

State: Oregon

Filing Company:

BridgeSpan Health Company

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)

Product Name: 2027 BridgeSpan Oregon Rate Filing

Project Name/Number: /

<b>Satisfied - Item:</b>	HBP - Actuarial Memorandum - SG and Individual
<b>Comments:</b>	
<b>Attachment(s):</b>	2027 ACTUARIAL MEMORANDUM.pdf ACTUARIAL MEMORANDUM SUPPLEMENTAL EXHIBITS.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	HBP -Exhibit 1: Development of Rate Change
<b>Comments:</b>	
<b>Attachment(s):</b>	EXHIBIT 1 - DEVELOPMENT OF RATE CHANGE.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	HBP - Exhibit 2: Covered Benefit or Plan Design Changes
<b>Comments:</b>	
<b>Attachment(s):</b>	EXHIBIT 2 - COVERED BENEFIT OR PLAN DESIGN CHANGES.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	HBP- Exhibit 3:Average Annual Rate Change
<b>Comments:</b>	
<b>Attachment(s):</b>	EXHIBIT 3 - SUMMARY OF RATE INCREASES.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	HBP - Exhibit 4: Trend Information and Projection
<b>Comments:</b>	
<b>Attachment(s):</b>	EXHIBIT 4 - TREND INFORMATION AND PROJECTION.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	HBP - Exhibit 5: Statement of Administrative Expenses and Premium
<b>Comments:</b>	
<b>Attachment(s):</b>	EXHIBIT 5 - STATEMENT OF ADMINISTRATIVE EXPENSES.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

SERFF Tracking #:

RGOR-134948668

State Tracking #:

RGOR-134948668

Company Tracking #:

OR IND BHC 2027

State: Oregon

Filing Company:

BridgeSpan Health Company

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)

Product Name: 2027 BridgeSpan Oregon Rate Filing

Project Name/Number: /

<b>Satisfied - Item:</b>	HBP - Exhibit 6: Plan Relativities
<b>Comments:</b>	
<b>Attachment(s):</b>	EXHIBIT 6 - PLAN RELATIVITIES.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	HBP - Appendix I: Insurer's Financial Position:
<b>Comments:</b>	
<b>Attachment(s):</b>	APPENDIX I - INSURERS FINANCIAL POSITION.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	HBP - Appendix II: Cost Containment and Quality Improvement Efforts
<b>Comments:</b>	
<b>Attachment(s):</b>	APPENDIX II - COST CONTAINMENT AND QUALITY IMPROVEMENT EFFORTS.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	HBP- Cost and Quality Metrics
<b>Comments:</b>	
<b>Attachment(s):</b>	COST AND QUALITY METRICS.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Standard Review Questions
<b>Comments:</b>	
<b>Attachment(s):</b>	APPENDIX III - STANDARD REVIEW QUESTIONS.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	2027 Proposed Individual Standard Plan Rates
<b>Comments:</b>	
<b>Attachment(s):</b>	2027 PROPOSED INDIVIDUAL STANDARD PLAN RATES.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	2027 Service Area
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SERFF Tracking #:

RGOR-134948668

State Tracking #:

RGOR-134948668

Company Tracking #:

OR IND BHC 2027

State: Oregon

Filing Company:

BridgeSpan Health Company

TOI/Sub-TOI: H161 Individual Health - Major Medical/H161.005A Individual - Preferred Provider (PPO)

Product Name: 2027 BridgeSpan Oregon Rate Filing

Project Name/Number: /

Comments:	
Attachment(s):	2027 SERVICE AREA.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Consumer Friendly Rate Summary
Comments:	
Attachment(s):	CONSUMER FRIENDLY RATE SUMMARY.pdf
Item Status:	
Status Date:	

**Oregon Department of Consumer and Business Services  
Division of Financial Regulation**

350 Winter St. NE, Rm. 410, Salem, Oregon 97301-3881  
Mailing address: P.O. Box 14480, Salem, OR 97309-0405  
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## CERTIFICATE OF COMPLIANCE

I, the undersigned authorized filer, hereby certify that the filing submitted complies with the applicable State and Federal regulations, Bulletins, filing requirements and product standards set forth on the Division of Financial Regulation web site. I further certify the filing is not false or misleading in any material respect and that I am authorized to sign and submit this certificate on behalf of the Company identified below (hereinafter Company).

I, the undersigned authorized officer, a duly authorized officer of Company, certify that the undersigned authorized filer is authorized to certify on behalf of Company that this filing complies with the applicable State and Federal regulations, Bulletins, filing requirements, and product standards set forth on the Division of Financial Regulation web site and that the filing is not false or misleading in any material respect.

I understand that the Division of Financial Regulation will rely on this certificate and, should it be determined that this filing is materially false or misleading, appropriate corrective and disciplinary action including monetary penalties, as authorized by law, will be taken by the Division of Financial Regulation against the Company.

---

### BridgeSpan Health Company

Name of Company

**Daniel Boeder** Digitally signed by Daniel Boeder  
Date: 2026.06.02 07:09:39 -07'00'

Signature of authorized filer

**Daniel Boeder, FSA, MAAA**

Print name of authorized filer


**Assistant Director, Actuarial Pricing**

Title

**(206) 332-5619**

Direct telephone number of authorized filer

Toll free or collect phone number

 Digitally signed by Shane Mulhern  
Date: 2026.05.21 13:49:50 -07'00'

Signature of authorized officer

**Shane Mulhern**

Print name of authorized officer

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**RGOR-134904585**

Company's form filing number or the primary form number for the filing

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**6/3/2026**

Date

**200 SW Market St 11th Floor, M/S E10A**

Address of Company or authorized filer

**Portland, OR 97201**

City State ZIP

**Daniel.Boeder@cambiahealth.com**

Email address of authorized filer

Fax number of authorized filer

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**VP ACA Markets**

Officer Title

---

**06/03/2026**

Date

June 3, 2026

Division of Financial Regulation  
Insurance Division  
350 Winter Street NE, Room 410  
Salem, OR 97309

Subject: Individual Rate Filing Description  
Previous SERFF Filing Number: RGOR-134500375  
Previous Approval Date: 09/26/2025  
HIOS Identifier: 63474  
Current HIOS Submission Tracking ID: TBD

To Whom It May Concern:

Enclosed please find BridgeSpan Health Company's rates and rate filing information for Individual ACA-compliant plans, in compliance with ORS 743-018. Proposed rates for new and renewing subscribers with effective dates in 2027 are included in this filing. The requested average annual rate change for subscribers renewing in 2027 is 11.7%.

These rate changes are due to increasing costs of medical care, differences in financial experience actual results vs expected, projected increase in market morbidity, and higher administrative expenses, partially offset by leaner plan design changes. This filing reflects projected claims expenses increasing by approximately 10% annually.

This filing includes Area factor changes. Please see the Rate Tables and Factors document for more details.

Benefit changes and realignments are included in this filing. Please see the Covered Benefit or Plan Design Changes document for more detail on these changes and information on plan benefits.

Independent of demographic changes, the minimum annual impact under the proposed rate and factor changes for individuals renewing in 2027 is 9.0%. The maximum annual impact for individuals renewing in 2027 is 14.7%. Please see the Summary of Rate Increases document for a more detailed breakdown of rate impacts.

Expected and actual results from the rating period that matches the 2025 calendar year experience period are as follows:

	2025 Expected	2025 Actual <sup>1</sup>	Difference
<b>Claims Expenses</b>	83.6%	93.6%	9.9%
<b>Administrative Expenses</b>	12.4%	13.2%	0.8%
<b>Profit</b>	4.0%	-6.8%	-10.8%

<sup>1</sup>Data comes directly from 2025 year-end financial statements, adjusted to remove risk adjustment receipt for 2024 experience.

Individual total ACA membership as of March 2026 was 78 (based on 58 subscribers). Average projected membership for the projection period is expected to be 78. If the proposed rate change is approved, no material change is anticipated in the number of enrollees within BridgeSpan's service area during the projection period.

Should you have any questions or require additional information, please do not hesitate to contact me at [daniel.boeder@cambiahealth.com](mailto:daniel.boeder@cambiahealth.com).

Sincerely,

[DB]

Daniel Boeder, FSA, MAAA

Assitant Director, Actuarial Pricing

**BridgeSpan Health Company – Individual  
Actuarial Memorandum and Certification – Part III  
Rates Effective January 1, 2027**

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BridgeSpan Health Company – Individual  
Actuarial Memorandum and Certification – Part III (continued)

**4.1: Redacted Actuarial Memorandum**

This document is intended to serve as both the “CMS Version” and the “public version” of the Part III Actuarial Memorandum; no items are redacted.

**4.2: General Information**

**Company Identifying Information**

- Company Legal Name: BridgeSpan Health Company
- State: Oregon
- HIOS Issuer ID: 63474
- Market: Individual
- Effective Date: January 1, 2027

**Company Contact Information**

- Primary Contact Name: Daniel Boeder
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**Purpose**

This Actuarial Memorandum is prepared to provide transparency regarding the assumptions and methods used to calculate the rates proposed in the BridgeSpan Health Company (hereafter referred to as BridgeSpan) January 2027 Individual Filing. Information is also included, where applicable, to support the information shown in the Part I Unified Rate Review template (URRT). The intended purpose of this document is to demonstrate the proposed rates included in this filing and the template are reasonable in relationship to the benefits provided and meet all rating requirements in the applicable laws and regulations in the state of Oregon. The intended audience for this document is the Oregon Division of Financial Regulation.

Two Appendix exhibits show the key framework supporting the rate filing. The process to develop the rate change for this filing is shown in “Exhibit 1: Development of Rate Change.” Development of the URRT projection period index rate is shown in “Exhibit E1: Development of 2027 Index Rate.”

Please note in reviewing this memorandum and its accompanying exhibits that BridgeSpan developed rates directly from incurred claims experience. The URRT requires issuers to include an index rate calculation based on allowed claims experience following a prescribed calculation methodology. Because BridgeSpan does not develop rates on an allowed claims basis, the URRT was populated indirectly such that the resulting projected average premium was consistent with the underlying rate development. Explanations regarding how the URRT was populated are included throughout this memorandum and explained relative to the actual rate development.

BridgeSpan Health Company – Individual  
Actuarial Memorandum and Certification – Part III (continued)

Per the 2027 Unified Rate Review Instructions, the actuary may state: *“The URRT does not demonstrate the insurer’s process for developing the rates. Instead, it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Exchanges, and for certification that the Index Rate is developed in accordance with Federal regulation, used consistently, and adjusted only by the allowable modifiers.”*

**4.3: Proposed Rate Changes**

This filing proposes an average annual rate change of 11.7% at January 1, 2027, for the Individual line of business, as shown in “Exhibit 1: Development of Rate Change.” The 2027 projected average premium is \$951.33 per member per month (PMPM).

The average annual rate change is calculated based on Individual enrollment data as of March 2026 and includes the mapped rate impact for membership enrolled in plans terminating in 2027. A summary of the rate changes by plan is shown in “Exhibit D1: 2027 Average Change in Plan Base Rates.”

The estimated distribution of member-level rate changes due to changes in base rates, plan relativities, rating factors, and plan mappings is as follows:

<b>Rate Change</b>	<b>Distribution</b>
8.0% to 11.0%	34.6%
11.0% to 14.0%	57.7%
14.0% to 17.0%	7.7%

The benefit plans impacted by the rate change request are shown in “Exhibit 6: Plan Relativities.”

This filing assumes Cost Sharing Reduction (CSR) payments will not be paid in 2027. If changes are made to the premium subsidies, risk adjustment, or reinsurance, the proposed rates in this filing may need to change materially to ensure adequacy with expected market costs.

**Factor Changes**

This filing includes updates to the plan and area factors. Rating factor tables and changes since the last filing are shown in the “Rate Tables and Factors” document. The average annual rate change impact of 11.7% includes the impact of these factor changes and is on a member-weighted basis.

Plan pricing factors are updated using the most recent data and factors from the BridgeSpan pricing relativity model, with benefit design changes incorporated. Rate differences between plans reflect objective plan design differences and not differences in population morbidity.

Area factors reflect relative cost differences between rating areas and, as required, do not include differences for population morbidity by geographic area. Area factors were updated to reflect relative cost differences between rating areas based on changes in unit cost and normalized PMPM claims cost.

**Pool Base Rate Change**

The pool base rate is \$1070.96 as of January 1, 2027, compared to \$923.46 as of January 1, 2026, which is an increase of 16.0%. The pool base rate is the starting amount such that multiplying the base rate by

BridgeSpan Health Company – Individual  
Actuarial Memorandum and Certification – Part III (continued)

the member’s rating factors (plan, age, area, and tobacco) and adjusting for family composition results in the member’s premium.

**Reasons for Proposed Rate Change**

The following components are significant factors contributing to the proposed rate change: medical trend and utilization, financial experience, and increasing market morbidity.

*Medical Trend and Utilization:* These adjustments refer to what is commonly known as healthcare trend. They reflect contractual changes in the carrier’s payments to healthcare providers and expected changes in the volume and types of services utilized by carrier’s members.

*Financial Experience:* Each year BridgeSpan evaluates the most recent financial results in the Oregon Individual market and incorporates that information into pricing.

*Market Morbidity:* The rate of incidence of disease varies from year-to-year with the Oregon Individual market and within BridgeSpan. The adjustment is to account for projected change to market morbidity and BridgeSpan morbidity relative to market.

The above descriptions are intended to provide an overall understanding of the significant factors contributing to the rate change, and each item is described in detail later in this memorandum.

The rating assumptions template required by the state, “Summary of Filed Rating Assumptions”, is included in the “Actuarial Memorandum Supplemental Exhibits” document.

**4.4: Market Experience**

This filing demonstrates that BridgeSpan followed federal guidance and market reform rating requirements in establishing a single risk pool in the Oregon Individual market. The experience data includes all of the BridgeSpan non-grandfathered covered lives in the Oregon Individual market.

**4.4.1: Experience Period Premium and Claims**

The premium and claims used to develop this filing were incurred during calendar year 2025 and includes payments and adjustments paid through March 2026. They are shown in “Exhibit E1: Development of 2027 Index Rate.” Current enrollment and premium are reported as of March 2026.

For rate development purposes, all available Oregon Individual ACA experience was used. This includes experience from BridgeSpan and affiliated company Regence BlueCross BlueShield of Oregon (RBCBSO).

In completing the Experience Period Data section of the URRT, Worksheet 1, only BridgeSpan information is reflected, as required by the instructions. Affiliated company experience projected to 2027 appears in the Credibility Manual section of the URRT, Worksheet 1, as described in the Credibility Manual Rate Development section of this memorandum.

BridgeSpan Health Company – Individual  
Actuarial Memorandum and Certification – Part III (continued)

Allowed claims and incurred claims were extracted directly from company claim records. Unpaid claims liability (UCL) for incurred claims was developed using the following methodology, which is consistent with the corporate reserve development methodology. Unpaid claims liability for allowed claims was estimated using the same factors that were developed for incurred claims.

*Review and Analyze Data*

- Check data for inconsistencies and anomalies
- Reconcile paid claims data against the general ledger
- Monitor unpaid claims inventory
- Assess impact of large claims (claims over \$100,000)
- Review claims on a per exposure basis for reasonableness (PMPM)
- Compare past UCL estimates to actual claims run-out on an ongoing basis to assess the reasonability of past calculations

*Develop UCL Estimates Using Multiple Methods*

- Basic Claims Development Method
- Paid PMPM Method

*Determine UCL for Recent Incurred Months*

The UCL was selected using judgment and considered factors such as recent observed and expected claims trends, seasonality, product design, and changes in membership and claims inventory.

For rate development purposes, pharmaceutical manufacturer rebates were not subtracted from experience period claims because an overall adjustment occurs in a later step of the claims projection process. In contrast, in the URRT, Worksheet 1, pharmacy rebates are subtracted from experience period claims. The Pharmacy Rebates section of this memorandum contains additional information about the adjustments.

**4.4.2: Benefit Categories**

Each allowed claim is assigned to one of the following benefit categories: Inpatient Hospital, Outpatient Hospital, Professional, Other Medical, and Prescription Drugs. The categorization is derived from each claim's type of service, provider type, and place of service and is an automated process within the BridgeSpan data warehouse. This categorization is consistent with the definitions described in the URR Instructions, section 2.1.3.1 "Benefit Category and Manual Rate."

**4.4.3: Projection Factors**

Following is a description of the projection factors used in the filing. As described in the Purpose section of this memorandum, rate development is performed on an incurred claims basis (Exhibit 1) while development of the URRT projection period index rate is performed on an allowed claims basis (Exhibit E1).

Each projection factor's description addresses first how the adjustment is developed for rate development purposes (incurred claims basis). Then, any modifications needed to use the adjustment for developing the URRT projection period index rate (allowed claims basis) are described. Fixed dollar cost sharing measures such as deductibles and copays amplify the impact of cost changes on an incurred

BridgeSpan Health Company – Individual  
Actuarial Memorandum and Certification – Part III (continued)

claims basis, so generally, a dampening adjustment is necessary to convert a factor on an incurred claims basis to an allowed claims basis.

**4.4.3.1: Trend Factors**

Following is a summary of trend information. Detailed information regarding trend is included in “Exhibit 4: Trend Information and Projection.”

*Projected Rating Trend*

The trend factor used in rate development is shown on the “Trend Factor to Rating Period” line in “Exhibit 1: Development of Rate Change”, reflecting twenty-four months of trend at an annual rate of 9.5%. The table below shows the expected components of the annual trend used to project incurred claims costs to the rating period. Note that the leverage component does not impact allowed claims; this trend applies to incurred, paid claims.

Reimbursement	5.4%
Utilization	1.5%
Mix/Intensity	0.7%
Leverage	1.9%

For reporting purposes, trend and its respective components are reported throughout the filing on a medical and prescription drug combined basis.

To determine projected trend for the rating period, BridgeSpan analyzed the individual components of trend, change in reimbursement, utilization, mix/intensity, and leverage, to determine the aggregate expected trend.

The reimbursement component captures unit cost changes, including negotiated rate changes with providers. The utilization component measures the difference in number of services per 1,000 members. The mix/intensity component measures the shift within service categories (e.g., using more MRIs versus X-Rays or more specialty drug prescriptions as a percentage of total prescriptions) and between service categories (utilizing outpatient services instead of inpatient services). Fixed dollar cost sharing measures, such as deductibles and copays, serve to amplify trend since the member portion of total costs remains fixed while the insurer portion increases over time. This effect is captured in the leveraging component of trend.

BridgeSpan considers historical experience, state and federal mandates, new technologies, cost shifting, drug patents, and anticipated economic conditions in determining the utilization and mix/intensity components of projected trend.

Additionally, BridgeSpan actively reviews and implements opportunities to improve the quality of health care delivery and achieve sustainable costs. This filing reflects an explicit reduction to overall projected trend of 0.5% due to expected incremental impacts of program changes from the base period to projection period. These initiatives are focused on lowering the utilization, mix/intensity, and reimbursement components of trend.

BridgeSpan Health Company – Individual  
Actuarial Memorandum and Certification – Part III (continued)

A few examples of new or expanded initiatives include:

- Launching a new provider rating methodology to identify and surface for our members providers with proven track records of using evidence-based practices, adhering to best practices for patient care and delivering cost-efficiencies.
- Expanding inpatient short stay program to enable real-time admission reviews, optimizing care settings and maintaining quality of care.
- Enhancing post-discharge support for complex cases to promote successful transitions home and reduce readmission risk.
- Expanding utilization management to ensure medical appropriateness and manage outcomes.
- Reducing overpayments through data mining as well as pre-pay and post-pay edits and audits.
- Ensuring visit level coding aligns with Centers for Medicare & Medicaid Services (CMS) Guidelines.
- Engaging with network providers to align financial incentives and support better outcomes for episodes of care.

The following trend variables are not considered when calculating trend: margin, fluctuation, anti-selection, or underwriting wear-off.

The selected projected rating trend assumption and the resulting rate change consider but do not rely on differences in projected and observed trend levels in prior periods.

In the URRT, Worksheet 1, Section II, the annualized “Cost” trend factor is populated with the Reimbursement component shown above. The “Util” trend factor is populated with a blend of the Utilization and Mix/Intensity components in the projected trend. Trend is developed for a 24 month projection, so Years 1 and 2 are populated with identical annualized values. Additionally, please note the URRT trend is on an allowed basis and thus excludes the leverage trend component while remaining an actuarially equivalent claims projection.

*Normalized Experience Trend*

BridgeSpan reviews experience trend by calculating rolling twelve-month historical claims trend on both an observed and underlying basis. In order to differentiate between the observed trend and the underlying trend, claims are normalized for differences in benefits, demographics, health risk, and large claims. Demographic adjustments are developed using the current filed factors for age and area, benefit adjustments are developed using a benefit relativity model, and health risk adjustments are developed using risk score data.

A summary of the underlying experience is included in “Exhibit 4: Trend Information and Projection.” The analysis shows an underlying average claim trend of 15.5% when comparing calendar year 2025 to calendar year 2024. This estimate of recent underlying trend experience is a single point of reference and is not the sole predictor of future trends.

#### **4.4.3.2: Adjustments to Trended EHB Allowed Claims PMPM**

##### **4.4.3.2(a): Morbidity Adjustment**

This assumption reflects the anticipated change in morbidity from calendar year 2025 (“base period”) to calendar year 2027 (“projection period”) for BridgeSpan Individual ACA plans. The morbidity adjustment reflects a change in the expected health risk of the pool regardless of the underlying demographics.

The morbidity adjustment used for rate development is shown on the “Changes in Morbidity” line in “Exhibit 1: Development of Rate Change.” Development of the claims adjustment for morbidity is shown in “Exhibit B1: Morbidity and Risk Adjustment.” This exhibit also shows the projected risk adjustment transfer, which is closely related to the assumed projection period morbidity. An explanation of the risk adjustment transfer and its relation to company and market morbidity assumptions is provided in the “Risk Adjustment Payment/Charge” section of this memorandum.

The claims adjustment for morbidity was developed using the following process:

- Estimate morbidity level of base period company experience
- Estimate BridgeSpan Individual morbidity change from base period to projection period
- Adjust base period experience to projection period BridgeSpan Individual morbidity level

##### *Morbidity Level of Base Period Company Experience*

Morbidity for each base period experience pool was estimated using risk score data normalized for demographic and benefit differences. Because the risk scores were calculated on a consistent basis for each pool, the relativities between the risk scores represent the relative morbidities.

##### *BridgeSpan Individual Morbidity Change from Base Period to Projection Period*

A wide range of outcomes is possible for the average morbidity change between the base period and projection period for the population insured on BridgeSpan Individual plans. Population enrollment change is the biggest driver of morbidity change. Similar to claims variability, the average morbidity of an insured population will vary from one year to the next, even with no change in covered members.

Some drivers of insured population changes include macroeconomic conditions, market competitiveness, and consumer behavior changes; however, none of these factors or their resulting impacts can be forecasted with certainty.

An estimate for the projected morbidity change between the base period and projection period is shown in “Exhibit B1: Morbidity and Risk Adjustment.” Changes to each of the risk adjustment transfer components between 2025 and 2027 are shown in the exhibit. The projection of 2027 risk adjustment transfers is developed using the risk adjustment parameters and coefficients in effect for the 2025 benefit year. This is done to provide transparency in the reconciliation of experience period risk adjustment transfers as well as the assumptions used to project into the rating period. This implicitly assumes that the impact from model recalibrations will not materially skew the results in a known manner at the issuer level. No explicit adjustments have been made to account for model recalibration impacts. The calculation of the 2027 transfer payments reflects the 14 percent administrative cost reduction to state average premium.

BridgeSpan Health Company – Individual  
Actuarial Memorandum and Certification – Part III (continued)

*Adjust Base Period Experience to Projection Period BridgeSpan Individual Morbidity Level*

The final factor used to adjust company base period morbidity to the projection period BridgeSpan Individual morbidity is derived by taking the ratio of the projection period BridgeSpan Individual morbidity to the base period company morbidity.

For purposes of incorporating the morbidity adjustment into the “Morbidity Adjustment” projection factor in the URRT, Worksheet 1, Section II, a dampening adjustment was applied to convert the factor to an allowed claims basis. The projection factor for the URRT for each experience pool is shown in “Exhibit E1: Development of 2027 Index Rate.”

**4.4.3.2(b): Demographic Shift**

A demographic adjustment is reflected to account for population demographic differences between the experience period and the projection period. Adjustments are developed consistent with current filed factors for age and area.

The demographic adjustment used for rate development is shown on the “Changes in Demographics” line in “Exhibit 1: Development of Rate Change.”

For purposes of incorporating this adjustment into the “Demographic Shift” projection factor in the URRT, Worksheet 1, Section II, a dampening adjustment was applied to convert the factor to an allowed claims basis. The projection factor used in the URRT for each experience pool can be found in “Exhibit E1: Development of 2027 Index Rate.”

**4.4.3.2(c): Plan Design Changes**

Company experience period claim costs are adjusted to reflect anticipated changes in covered benefits (Essential Health Benefits, Mandated Benefits, and Other Benefits) and changes in cost sharing.

The overall benefit design adjustment used for rate development is shown on the “Changes in Benefits” line in “Exhibit 1: Development of Rate Change.”

*Essential Health Benefits*

Plans offered in 2027 must include covered benefits following Oregon’s essential health benefits (EHB) benchmark package for Individual plans. Covered benefits included in the base period plans were reviewed against the 2027 EHB benchmark plan.

*Mandated Benefits*

There are no significant pricing adjustments for mandated benefits included in this filing.

*Other Benefits*

This adjustment reflects anticipated differences in non-EHB benefits between the experience period and projection period. There are no material differences that require an adjustment.

*Changes in Cost Sharing*

This adjustment reflects anticipated changes in the average cost sharing requirements between the base period and projection period, which was derived by comparing the base period average benefit design to the projection period average benefit design, independent of changes in covered benefits and population health status. It includes anticipated changes in the average utilization and cost of services due to differences in average cost sharing requirements.

The “Plan Design Changes” projection factor in the URRT, Worksheet 1, Section II, includes corresponding adjustments to the changes in covered benefits and changes in cost sharing described above. The changes in cost sharing component only includes the portion of the adjustment attributable to anticipated changes in the average utilization of services due to differences in average cost sharing requirements. Anticipated changes in the average cost sharing requirements were excluded because they do not affect allowed claims.

*Summary of Benefit Changes*

A summary of benefit plan changes is included in “Exhibit 2: Covered Benefit or Plan Design Changes.” This exhibit also includes benefit change impacts for continuing plans and plan factor changes from realignment within the new portfolio of plan offerings.

**4.4.3.2(d): Other Adjustments**

This section describes cost adjustments other than changes in morbidity, demographic shift, and plan design changes.

*Changes in Network*

A network adjustment is reflected to account for expected network differences between the experience period and the projection period. The network adjustment used for rate development is shown on the “Changes in Network” line in “Exhibit 1: Development of Rate Change.”

A proprietary network model is used to determine the projected cost relativities between different networks, based on historical experience projected to the rating period. The model allows the inclusion or exclusion of providers on a group by group basis. As a provider group is excluded from the network, the services that were delivered by that group are redistributed to other providers within the same specialty. As care is shifted among providers, adjustments are made to reflect utilization efficiency and unit cost differences between the providers.

If the network also has a risk sharing arrangement with the provider with an incentive component, a second model is used to calculate the cost impact of this arrangement. An additional reduction in cost is assumed due to improvements in care management for these members and a simulation model is used to estimate the value of the shared savings and/or deficit repayment. The value of these arrangements is included in the network factors.

BridgeSpan Health Company – Individual  
Actuarial Memorandum and Certification – Part III (continued)

In 2027, network offerings include the Individual Value network (a statewide network).

For purposes of incorporating this adjustment into the “Other” projection factor in the URRT, Worksheet 1, Section II, a dampening adjustment is applied to convert the factor to an allowed claims basis. The projection factor used in the URRT for each experience pool is shown in “Exhibit E1: Development of 2027 Index Rate.”

*Pharmacy Rebates*

Incurred claims in the experience period are not reduced by estimated pharmaceutical manufacturer rebates, so a pharmacy rebates adjustment is reflected to account for estimated rebates in the projection period. The pharmacy rebates adjustment for rate development is shown on the “Pharmacy Rebates” line in “Exhibit 1: Development of Rate Change.” Pharmacy rebates are estimated by projecting 2027 aggregate rebate-eligible script counts companywide from base period experience, adjusting for expected changes in average per script rebate guarantees, and then allocating the projected rebates to each line of business using base period pharmacy experience.

Because experience period allowed claims used in the URRT are net of pharmacy rebates, for purposes of incorporating this adjustment into the “Other” projection factor in the URRT, Worksheet 1, Section II, only the estimated difference in pharmacy rebates between the experience period and the projection period is reflected. The projection factor used in the URRT for each experience pool is shown in “Exhibit E1: Development of 2027 Index Rate.”

Overall, the “Other” projection factor in the URRT, Worksheet 1, Section II, includes adjustments for network and pharmacy rebates.

**4.4.3.3: Manual Rate Adjustments**

**Source and Appropriateness of Experience Data Used**

As described previously in the Experience Period Premium and Claims section, 2025 calendar year data for BridgeSpan and RBCBSO Individual ACA plans are used to develop 2027 rates. Given the choice of available options, affiliated company Individual experience was deemed best to develop the framework for a state-wide single risk pool.

For purposes of completing the URRT, Worksheet 1, all BridgeSpan non-grandfathered Individual experience was included to develop the Adjusted Trended EHB Allowed Claims PMPM. All other experience used to develop rates was reflected in the Manual EHB Allowed Claims PMPM item in the URRT, Worksheet 1. A detailed summary is included in “Exhibit E1: Development of 2027 Index Rate.”

**Adjustments Made to the Data**

Adjustments made to the data underlying the Credibility Manual section of the URRT are similar to the adjustments made to the data included in the URRT, Worksheet 1, Section II. A detailed summary of the adjustments is included in “Exhibit E1: Development of 2027 Index Rate.” Descriptions of the adjustments are included in the corresponding sections of this memorandum.

#### **Inclusion of Capitation Payments**

No services are provided under a capitation arrangement.

#### **4.4.3.4: Credibility of Experience**

To develop 2027 rates, the overall projected claims cost was derived by taking a weighted average from each experience pool.

The claims cost weight assigned to each experience pool is shown in “Exhibit 1: Development of Rate Change.” The resulting overall projected incurred claims cost is \$1078.09 PMPM.

For purposes of completing the URRT, the credibility percentage applied to the experience included in the Credibility Manual section is consistent with the weights for rate development. The resulting projected allowed claims cost is \$1372.11 PMPM.

#### **4.4.3.5: Establishing the Index Rate**

The index rate is \$839.55 PMPM. Non-EHB benefit categories are excluded from the calculation based upon the benefit category code assigned automatically within the BridgeSpan data warehouse. Benefits excluded include termination of pregnancy and gene therapy. Please note the index rate does not demonstrate the process used to develop the rates; it was prepared for reporting purposes and is calculated consistently with the results of the underlying rate development process.

For purposes of determining non-EHB benefits, only material benefit categories not covered in the EHB benchmark plan are identified. In cases where the company provided offering is richer than the EHB benchmark plan, the benefits are not considered non-EHB. For instance, if 15 service visits are covered compared to 10 visits in the benchmark plan, then the additional 5 visits would be considered non-EHB.

Development of the index rate is shown in “Exhibit E1: Development of 2027 Index Rate.”

#### **4.4.3.6: Development of the Market-wide Adjusted Index Rate**

The market adjusted index rate is \$921.55 PMPM. It is calculated as the projection period index rate adjusted for the following allowable market-wide modifiers:

- Reinsurance Program Adjustment
- Impact of the risk adjustment program
- Exchange user fees

Development of the market adjusted index rate is shown in “Exhibit E1: Development of 2027 Index Rate.”

#### **4.4.3.6(a): Reinsurance**

Oregon has a state reinsurance program for the Individual line of business. BridgeSpan anticipates an average recovery from the state reinsurance program of 10.0% of claims in 2027. This amount is shown in “Exhibit 1: Development of Rate Change” under “Reinsurance Receipts.” The expected recovery from the state reinsurance program was determined by analyzing the impact of the 2026 proposed reinsurance parameters on claims experience from 2022-2025 for the individual line of business and actuarial judgment.

BridgeSpan Health Company – Individual  
Actuarial Memorandum and Certification – Part III (continued)

The reinsurance amount entered into the URRT, Worksheet 1 is \$100.42.

Cambia, the parent company to BridgeSpan, was engaged in a private reinsurance arrangement for all its insured business during the experience period. This arrangement partially reimbursed a portion of claims incurred above \$4.0 million for any one member in a year in the experience period, and a similar arrangement is expected for claims in excess of \$4.0 million in the projection period in exchange for a small premium. The net impact of this arrangement is expected to be negligible, so the amounts are excluded from this filing.

**4.4.3.6(b): Risk Adjustment Payment/Charge**

Risk adjustment transfers are populated in the “Risk Adjustment Transfer Amount” line of the URRT, Worksheet 2, Section II. The risk adjustment user fee for 2025 was \$0.18 PMPM. The experience period risk adjustment transfer PMPM, before reduction for the risk adjustment user fee, is shown in “Exhibit B1: Morbidity and Risk Adjustment.”

The projected risk adjustment PMPM reflects the difference in projection period expected relative risk between the BridgeSpan block of business and the overall market. The estimated risk adjustment transfer used for rate development is shown on the “Risk Adjustment Transfer” line in “Exhibit 1: Development of Rate Change.” Information regarding the transfer estimate is shown in “Exhibit B1: Morbidity and Risk Adjustment.” A positive amount represents an anticipated risk adjustment payment receipt, and a negative amount represents an anticipated risk adjustment charge.

The federal risk adjustment program transfers funds from carriers with relatively lower risk enrollees to carriers with relatively higher risk enrollees, which mitigates the potential concern of adverse selection in a guaranteed issue market. The transfer formula operates such that, in general, changes in a carrier’s enrolled risk profile results in corresponding changes to the transfer amount. That is, a carrier enrolling relatively higher risk members would expect to receive a higher transfer payment (or pay a lower transfer charge). Similarly, a carrier whose enrolled risk profile stayed the same while the market-wide average risk improved would also expect a higher transfer payment (or lower transfer charge).

A carrier’s risk transfer results from HHS’s risk transfer formula will inherently vary from year-to-year even with no significant carrier or market morbidity changes. For example, periodic updates to the transfer formula methodology and carrier differences in diagnosis coding practices and data submission capabilities will introduce additional variation. For carriers whose enrollees have a significantly different average risk profile than market average, the variability in risk adjustment results may be even higher.

BridgeSpan Health Company – Individual  
Actuarial Memorandum and Certification – Part III (continued)

The 2027 projected risk adjustment PMPM is developed considering expected changes in market-wide morbidity and company enrollment profile changes, combined with risk adjustment transfer formula relationships and reasonable judgment. Considerations included 2024 actual risk adjustment results, 2025 estimated risk adjustment results, projected changes in the market-wide morbidity level between 2025 and 2027, and projected changes in company morbidity of the population insured between 2025 and 2027. In order to enhance transfer credibility and to have rate consistency and stability, the morbidity and risk relationships between Cambia companies in the Oregon Individual market were considered together.

Continuing in 2027, a federal high-cost risk pooling program (HCRP) is expected to partially reimburse carriers for claims over one million dollars, with a fee assessed to the pool to cover the cost of the claims. For rate development purposes, both claim and premium adjustments are made to account for the impact of this program. For claims projection, expected reimbursement amounts from HCRP are removed from the experience period before trending to the projection period. For the anticipated HCRP program assessment, an estimated value of 0.6% of premium is added to the non-benefit expenses.

The projected risk adjustment transfer was populated in the “Risk Adjustment Payment/Charge” item in the URRT, Worksheet 1, Section II.

The “Risk Adjustment Transfer Amount” item in the URRT, Worksheet 2, Section IV is the plan allocation of the aggregate risk adjustment transfer amount from the URRT, Worksheet 1, Section II. Single risk pool pricing requirements require anticipated risk adjustment transfers to be allocated proportionally as a market level adjustment, so the risk adjustment transfer amounts were similarly allocated.

**4.4.3.6(c): Exchange User Fees**

This filing reflects exchange user fees of \$25.48 PMPM. This is based on a \$5.50 PMPM proposed administrative assessment from Oregon’s exchange marketplace and a 1.50% of premium assessment for state-based exchanges utilizing the federal platform (SBE-FP).

**4.4.4: Plan Adjusted Index Rate**

The plan adjusted index rates are calculated as the market adjusted index rate adjusted for allowable plan-level modifiers. The following adjustments are made:

- AV and cost-sharing design
- Network, delivery system characteristics, and utilization management practices
- Non-EHB benefits
- Administrative costs, excluding exchange user fees and reinsurance fees

Development of the plan adjusted index rates from the market adjusted index rate and allowable plan-level modifiers is shown in “Exhibit E2: Plan Adjusted Index Rate Development.” Included in the exhibit are explanations of how the modifiers are developed.

#### **4.4.5: Calibration**

The URRT and actuarial memorandum instructions require the plan adjusted index rates to be calibrated for age, area, and tobacco use factors. Calibration adjustments for these factors were applied uniformly to all plans.

The plan adjusted index rates calibrated for age, tobacco, and area factors are expected to approximate plan starting costs for premium determination, before applying the allowable consumer-specific rating factors for age, area, and tobacco, as well as family composition adjustments. Reconciliation of the plan adjusted index rates and the 2027 plan base rates is shown in “Exhibit E3: Plan Adjusted Index Rate to Base Rate Mapping.”

Exhibit E3 displays the actual 2027 Plan Base Rates and may not exactly match the URRT, Worksheet 2, Section III Calibrated Plan Adjusted Index Rates. As noted in the URR Instructions, section 2.2.3, “It is understood [the Calibrated Plan Adjusted Index Rate] may not match exactly to rates submitted in the Rates Table Template document due to rounding and truncation of variables in the URRT; however it is expected the rates will be reasonably close to each other.”

#### **Age Curve Calibration**

The age factor calibration adjustment was calculated by applying the age curve premium factors to the projection period population. An age factor of 0 was used for the projected population under age 21 subject to the three child family rating limitation. Development of the calibration adjustment is shown in “Exhibit C1: Age Curve and Tobacco Calibration Factors.”

#### **Geographic Factor Calibration**

The geographic factor calibration adjustment is calculated by applying the 2027 area factors to the projection period population. This adjustment is shown in “Exhibit C2: Geographic Calibration Factor.”

#### **Tobacco Use Rating Factor Calibration**

The tobacco use rating factor calibration adjustment is calculated by applying the 2027 tobacco use factors to the projection period population. Development of the calibration adjustment is shown in “Exhibit C1: Age Curve and Tobacco Calibration Factors.”

#### **4.4.6: Consumer Adjusted Premium Rate Development**

The consumer adjusted premium rate is the final premium rate charged to an individual or family. Premiums are determined starting from each plan’s base rate. Premium rates may vary due to the following factors, as permitted by 45 CFR 147.102 and 45 CFR 146.121(f):

- Plan
- Age
- Area
- Tobacco
- Family status

BridgeSpan Health Company – Individual  
Actuarial Memorandum and Certification – Part III (continued)

To distribute the projected average premium across the projected population, BridgeSpan determined an overall pool base rate using a normalization calculation. The pool base rate represents the starting amount for premium determination purposes before applying consumer-specific premium factors.

The 2027 pool base rate of \$1070.96 and the average factors for normalization are shown in “Exhibit 1: Development of Rate Change.”

The pool base rate is determined by dividing the projected average premium by the projected population’s average factors. The average age factor is adjusted to reflect the three child dependent premium limit. Area factors reflect geographical delivery cost differences with respect to unit cost and provider practice pattern differences; as required, they do not include differences for population morbidity. Tobacco use status is also used as a rating factor.

A plan base rate is calculated for each plan by multiplying the pool base rate with the plan’s corresponding plan factor.

Each member’s premium is developed by multiplying the plan base rate for the member’s selected plan with the member’s applicable age, area and tobacco factors. The total premium for family coverage must be determined by summing the premiums for each individual family member. With respect to family members under the age of 21, the premiums for no more than the three oldest covered children are considered in determining the total family premium.

**4.4.7: Non-Benefit Expenses and Profit & Risk**

The “Retention Development” section of “Exhibit 1: Development of Rate Change” and the “Premium Retention” section of “Exhibit 5: Statement of Administrative Expenses” show non-benefit expenses included in the premium development.

**4.4.7(a): Administrative Expense Load**

The BridgeSpan administrative expense load is comprised of expected plan operating expenses and commissions paid to agents and brokers.

Operating expenses for 2027 are projected at \$79.15 PMPM or 8.3% of premium. Operating expenses are developed by the cost accounting department consistent with company policy and were reviewed for reasonability compared to prior results. When possible, operating expenses are assigned directly as a claim or non-claim related expense to the appropriate line of business. When costs cannot be assigned directly to a specific line of business, the expenses are allocated based upon appropriate objective statistical measures. As such, reliance is placed on the internal cost accounting department’s expertise in developing these estimates. Operating expense detail is included in the “Expenses” section of “Exhibit 5: Statement of Administrative Expenses.”

Commission expenses for 2027 are projected at \$2.23 PMPM or 0.2% of premium. Historical utilization of distribution channels was analyzed against the 2027 commission schedule.

BridgeSpan Health Company – Individual  
Actuarial Memorandum and Certification – Part III (continued)

The following table shows the components of “Administrative Expense” in the URRT Worksheet 2 Section III.

<b>Administrative Expense Components</b>		
<b>Component</b>	<b>Percent of Premium</b>	<b>PMPM</b>
Administrative Expenses	8.3%	\$79.15
Commissions	0.2%	\$2.23
Total Administrative Expense Load	8.5%	\$81.38

2027 Projected Average Premium PMPM: \$951.33

PMPM values shown here match the rate development and may differ from the URRT due to rounding.

**4.4.7(b): Contribution to Surplus & Risk Margin**

Rate setting for ACA plans includes many pricing risks. Claims experience continues to be more volatile and less predictable relative to recent years because the covered population may change materially from year-to-year. These changes increase uncertainty with how closely morbidity adjustments align to final risk adjustment transfer amounts. There is further underlying variability with risk adjustment transfers due to differences between carriers in diagnosis coding practices and data submission capabilities, which are factors that cannot be predicted. Also, while the risk adjustment program is intended to compensate for morbidity differences between carriers, it does not protect against the risk of market morbidity being less favorable than projected across all carriers.

A value of 4.0% is included in this filing for risk and contingency margin. The assumption included in the 2026 rate filing was 4.0%.

A value of 0.0% is included in this filing for contribution to surplus.

This information is included in “Profit & Risk Load” in the URRT Worksheet 2 Section III.

**4.4.7(c): Taxes and Fees**

The BridgeSpan taxes and fees for the Individual line of business are comprised of state premium taxes, exchange user fees, PCORI fees, and HCRP fees. These are in addition to the risk adjustment user fee previously described.

- State premium tax is set at 2.0% by the state of Oregon
- This filing reflects exchange user fees of \$25.48 PMPM
- This filing assumes a PCORI fee of \$0.32 PMPM
- This filing assumes an HCRP assessment of 0.5% of premium

BridgeSpan Health Company – Individual  
Actuarial Memorandum and Certification – Part III (continued)

The following table summarizes the components of “Taxes & Fees” in the URRT Worksheet 2 Section III.

<b>Taxes &amp; Fees Components</b>		
<b>Component</b>	<b>Percent of Premium</b>	<b>PMPM</b>
Premium Tax	2.0%	\$19.03
PCORI Fee	0.0%	\$0.36
HCRP Fee	0.6%	\$5.71
Exchange User Fee	2.7%	\$25.48
<b>Total Taxes &amp; Fees</b>	<b>5.3%</b>	<b>\$50.58</b>

2027 Projected Average Premium PMPM: \$951.33

PMPM values shown here match the rate development and may differ from the URRT due to rounding.

**4.5: Projected Loss Ratio**

The projected loss ratio for this line of business is 82.1%. The numerator for this ratio is projected incurred claims net of projected risk adjustment transfers, \$781.15 PMPM, and the denominator is projected average premium, \$951.33 PMPM.

The projected federal loss ratio calculated using federally-prescribed methodology for medical loss ratio (MLR) rebates calculations is 86.7%, which is greater than the federally prescribed MLR requirement of 80.0%. Due to the complexity of the federal MLR rebate methodology, which is beyond the scope of this filing, the only adjustment reflected is subtracting projected taxes and fees from the premium denominator. This simplified MLR calculation is strictly less than or equal to the federal MLR methodology, so the federal MLR must also be greater than 80.0%. The denominator of this simplified calculation is equal to projected average premium, less the Total Taxes & Fees PMPM described in the preceding Taxes & Fees section and \$0.18 PMPM for the risk adjustment user fee: \$900.58.

Both the projected loss ratio and the projected federal loss ratios are shown in “Exhibit 1: Development of Rate Change.”

**4.6: Plan Product Information**

**4.6.1: AV Metal Values**

BridgeSpan followed applicable guidance in determining AV Metal Values using the prescribed AV Calculator methodology, including guidance issued by CMS on May 16, 2014, titled “Frequently Asked Questions on Health Insurance Market Reforms and Marketplace Standards.” This CMS guidance states, “A plan design is incompatible when the use of the AV Calculator yields a materially different AV result from using the other approved methodologies.” A materially different AV result is interpreted as one that changes a plan’s metal tier.

BridgeSpan Health Company – Individual  
Actuarial Memorandum and Certification – Part III (continued)

As required, BridgeSpan used an actuarially justifiable process for inputting plan designs into the AV Calculator. For non-standard cost shares, AV Metal Values were tested using an alternate methodology under 45 CFR 156.135(b), and all plan designs were determined to be compatible with the AV Calculator, as the alternate methodologies did not produce materially different results.

Please note that AV Metal Value determinations follow the AV Calculator methodology prescribed by HHS, and these actuarial values are only to be used to determine a plan's metal tier. They do not reflect the BridgeSpan best estimate of the portion of allowed costs covered by the health plan.

**4.6.2: Membership Projections**

Projected member months by plan for the URRT, Worksheet 2, are estimated based on data through March 2026, assuming minimal changes in the enrollment distribution by plan to ensure non-zero enrollment in each 2027 plan. 2027 product selections are assumed to be similar to 2026 product selections. Although no explicit projection is made for additional 2027 enrollment or disenrollment, BridgeSpan implicitly assumes that there will be enrollment changes that are immaterial to rate development.

Projected member months by CSR subsidy levels for 2027 silver on-exchange plans can be found on "Exhibit F1: Silver Plan Projected Enrollment by Subsidy Level."

**4.6.3: Plan Type**

BridgeSpan does not offer any plans that do not meet the plan type definitions in the URRT, Worksheet 2.

**4.6.4: CSR Funding**

This filing assumes CSR payments will not be funded in 2027. The additional rate load for Silver plans on the exchange included in this filing is 0.5%. The CSR load was determined by calculating the weighted average of the actuarial value (AV) difference between all CSR variations and the base silver (rounded to the nearest 0.5%). An 87% was chosen as a more reasonable estimate of the expected relative cost increase for the 94% CSR plan. Estimated 2027 company's silver enrollment by CSR level was used for the weighting. Development of the rate load is also discussed in Appendix III, Question 5.

#### **4.7 Miscellaneous Instructions**

##### **4.7.1: Effective Rate Review Information and Additional Memorandum Requirements**

This rate filing includes information meeting Oregon’s rate filing requirements:

The following exhibits are included in the rate filing to comply with OAR 836-010-0011(2):

- Filing Description
- Exhibit 1: Development of Rate Change
- Exhibit 2: Covered Benefit or Plan Design Changes
- Exhibit 3: Summary of Rate Increases
- Exhibit 4: Trend Information and Projection
- Exhibit 5: Statement of Administrative Expenses
- Exhibit 6: Plan Relativities
- Actuarial Memorandum Supplemental Exhibits, including:
  - Summary of Filed Rating Assumptions
  - Exhibit B1: Morbidity and Risk Adjustment
  - Exhibit B2: Normalized Claims Trend
  - Exhibit C1: Age Curve and Tobacco Calibration Factors
  - Exhibit C2: Geographic Calibration Factor
  - Exhibit D1: 2027 Average Change in Plan Base Rates
  - Exhibit D2: Terminated Plan Mapping
  - Exhibit D3: Paid to Allowed Ratio and AV Metal Value
  - Exhibit E1: Development of 2027 Index Rate
  - Exhibit E2: Plan Adjusted Index Rate Development
  - Exhibit E3: Plan Adjusted Index Rate to Base Rate Mapping
  - Exhibit E4: Plan Variation from Market Adjusted Index Rate for Renewal Plans
  - Exhibit F1: Silver Plan Projected Enrollment by Subsidy Level
- Consumer Friendly Rate Summary
- Appendix I: Insurers Financial Position
- Appendix II: Cost Containment and Quality Improvement Efforts
- Appendix III: Standard Review Questions
- Rate Tables and Factors
- 2027 Proposed Individual Standard Plan Rates
- 2027 Service Area
- Certificate of Compliance
- Cost and Quality Metrics
- Unified Rate Review Template

**4.7.2: Reliance**

In preparing this filing, other internal experts were relied upon to produce information contained in the following documents:

- Exhibit 5: Statement of Administrative Expenses
- Appendix I: Insurers Financial Position
- Appendix II: Cost Containment and Quality Improvement Efforts
- Appendix III: Standard Review Questions
- 2027 Service Area
- Cost and Quality Metrics

Other than as previously identified, I did not rely on any other information or underlying assumptions provided by another individual in preparing the Part I Unified Rate Review Template.

*Caveats and Limitations*

The index rate and premium projections contained in this filing reflect best estimates of future costs that were developed based on available data, review of the literature, applicable rules and regulations, best thinking regarding the market population, and actuarial judgment. Actual experience and financial results will likely differ from these estimates for many reasons, including material differences in the population that enrolls, demographic mix, new treatments and technologies, economic conditions, catastrophic claims, and random claim fluctuations. Changes in rules and regulations may require revisions to the premium rates included in this filing.

BridgeSpan Health Company – Individual  
Actuarial Memorandum and Certification – Part III (continued)

**4.7.3: Actuarial Certification**

I, Daniel Boeder, am an actuary employed by Cambia Health Solutions, the parent company of BridgeSpan. I am a member of the American Academy of Actuaries (AAA), in good standing, and meet the education and experience standards necessary to complete this actuarial certification.

On behalf of BridgeSpan, I have reviewed this rate filing for a January 1, 2027 effective date for the Individual block of business. I hereby certify that, in my opinion:

- The monthly premium rates are actuarially sound; aggregate expected premium is adequate to cover expected claims costs and the filed rates are reasonable in relation to the benefits offered
- The projected index rate is:
  - In compliance with all applicable State and Federal Statutes and Regulations
  - Developed in compliance with applicable Actuarial Standards of Practice (ASOPs) and professional standards
  - Reasonable in relation to the benefits provided and the population anticipated to be covered
  - Neither excessive nor deficient
- The index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates
- The factors representing benefits in addition to EHB (essential health benefits) included in the Part I URRT, Worksheet 2, Section III, were calculated in accordance with actuarial standards of practice
- Geographic rating factors reflect only differences in the costs of delivery (which can include unit cost and provider practice pattern differences) and do not include differences for population morbidity by geographic area
- The AV Calculator was used to determine the AV Metal Values shown in the Part I URRT, Worksheet 2
- This rate filing is consistent with the BridgeSpan internal business plans

Relevant AAA documents reviewed in preparation for this filing include:

- ASOP No. 5, *Incurred Health and Disability Claims*
- ASOP No. 8, *Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits*
- ASOP No. 12, *Risk Classification*
- ASOP No. 23, *Data Quality*
- ASOP No. 25, *Credibility Procedures*
- ASOP No. 41, *Actuarial Communications*
- ASOP No. 45, *The Use of Health Status Based Risk Adjustment Methodologies*
- ASOP No. 50, *Determining Minimum Value and Actuarial Value under the Affordable Care Act*
- Professional Code of Conduct

**Daniel Boeder**  
Digitally signed by Daniel Boeder  
Date: 2026.06.03 09:19:24 -07'00'

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Daniel Boeder, FSA, MAAA  
Assistant Director, Actuarial Pricing  
Cambia Health Solutions, on behalf of BridgeSpan Health Company

## Summary of Filed Rating Assumptions 2027 Non-Grandfathered, ACA Compliant Plans

Rating Assumption	BridgeSpan Health Company
Starting Point	2025 Individual Experience
<i>Projected Member Months</i>	936
<i>Morbidity Changes</i>	16.5%
<i>Market Merger Impact</i>	0.0%
<i>Pent-up Demand</i>	0.0%
<i>Bad Debt Adjustments</i>	0.0%
<i>Rating Trend (Two Years)</i>	19.9%*
<i>Risk Adjustment/Average Market Risk Impact</i>	-38.0%
<i>2026 Net Paid Claims PMPM (prior filing)</i>	\$762.17
<i>2027 Net Paid Claims PMPM</i>	\$781.15
<i>Average Annual Rate Change</i>	11.7%

\*Bad debt impact is embedded in trend, see Exhibit 4 for more detail.

**EXHIBIT B1: MORBIDITY AND RISK ADJUSTMENT**  
**BridgeSpan Health Company - Individual**

**APPENDIX**

**Morbidity Adjustment**

	Experience Pool	
	BHC ACA	ACA Market
2025 Normalized Risk Score	1.286	
2025 to 2027 Estimated Change	16.5%	5.0%
2027 Estimated Normalized Risk Score	1.498	
<b>Morbidity Claims Adjustment</b>	<b>1.165</b>	

**Risk Adjustment Transfer**

	Experience Pool
	BHC ACA
2024 Transfer Factor	29.0%
2025 Transfer Factor	22.2%
2025 Transfer PMPM	\$129.47
2027 Estimated Transfer Factor	33.8%
2027 Transfer Admin Decrease	14%
<b>2027 Estimated Transfer PMPM</b>	<b>\$296.95</b>

	Premium	Estimated Change
2024 State Average Premium	\$638.61	6.0%
2025 State Average Premium	\$676.84	9.7%
2026 Estimated State Average Premium	\$742.49	10.0%
2027 Estimated State Average Premium	\$816.94	

**EXHIBIT B2: NORMALIZED CLAIMS TREND**  
**BridgeSpan Health Company - Individual**

**Incurred Claims Trend**

Month	Member Months	Normalization Factor	Claims	Normalized Claims	Normalized PMPM	Rolling 6 Normalized PMPM	Rolling 6 Trend	Rolling 12 Normalized PMPM	Rolling 12 Trend
202301	26,200	0.5209	\$11,076,734	\$21,265,395	\$811.66				
202302	27,637	0.5221	\$11,971,690	\$22,927,916	\$829.61				
202303	27,562	0.5244	\$14,207,865	\$27,092,709	\$982.97				
202304	27,503	0.5273	\$13,065,503	\$24,777,827	\$900.91				
202305	27,466	0.5294	\$14,656,534	\$27,684,969	\$1,007.97				
202306	27,522	0.5259	\$15,033,912	\$28,587,378	\$1,038.71	\$929.50			
202307	27,625	0.5243	\$14,109,316	\$26,909,536	\$974.10	\$955.63			
202308	27,720	0.5227	\$16,083,589	\$30,770,695	\$1,110.05	\$1,002.57			
202309	27,851	0.5209	\$13,615,906	\$26,140,374	\$938.58	\$995.07			
202310	27,998	0.5161	\$16,818,690	\$32,587,996	\$1,163.94	\$1,039.11			
202311	27,952	0.5158	\$16,014,366	\$31,046,028	\$1,110.69	\$1,056.24			
202312	27,635	0.5145	\$16,012,329	\$31,125,077	\$1,126.29	\$1,070.74		\$1,000.74	
202401	33,007	0.5313	\$15,201,467	\$28,610,183	\$866.79	\$1,047.15		\$1,002.32	
202402	34,925	0.5319	\$17,393,858	\$32,700,648	\$936.31	\$1,015.85		\$1,009.48	
202403	34,922	0.5356	\$17,093,851	\$31,914,789	\$913.89	\$1,008.29		\$1,002.07	
202404	35,019	0.5390	\$19,656,263	\$36,469,872	\$1,041.43	\$991.76		\$1,013.64	
202405	35,213	0.5405	\$19,175,964	\$35,479,732	\$1,007.57	\$977.98		\$1,013.48	
202406	35,412	0.5349	\$18,378,874	\$34,361,704	\$970.34	\$957.02	3.0%	\$1,007.56	
202407	35,544	0.5329	\$20,561,798	\$38,586,319	\$1,085.59	\$992.79	3.9%	\$1,017.21	
202408	35,562	0.5363	\$21,495,706	\$40,080,765	\$1,127.07	\$1,024.67	2.2%	\$1,020.62	
202409	35,238	0.5345	\$20,912,869	\$39,122,751	\$1,110.24	\$1,057.14	6.2%	\$1,034.28	
202410	34,992	0.5345	\$25,601,626	\$47,900,122	\$1,368.89	\$1,111.20	6.9%	\$1,054.21	
202411	34,638	0.5331	\$22,463,216	\$42,138,534	\$1,216.54	\$1,145.72	8.5%	\$1,064.02	
202412	33,856	0.5317	\$24,788,288	\$46,621,754	\$1,377.06	\$1,212.65	13.3%	\$1,085.24	8.4%
202501	34,045	0.5410	\$17,421,892	\$32,205,374	\$945.96	\$1,190.75	13.7%	\$1,091.13	8.9%
202502	34,238	0.5375	\$18,615,639	\$34,633,928	\$1,011.56	\$1,172.05	15.4%	\$1,097.54	8.7%
202503	33,754	0.5397	\$19,136,442	\$35,454,485	\$1,050.38	\$1,162.66	15.3%	\$1,109.09	10.7%
202504	33,457	0.5421	\$22,489,889	\$41,486,346	\$1,239.99	\$1,139.97	14.9%	\$1,125.31	11.0%
202505	33,218	0.5403	\$21,828,092	\$40,398,468	\$1,216.16	\$1,139.37	16.5%	\$1,142.62	12.7%
202506	32,940	0.5339	\$21,318,579	\$39,931,286	\$1,212.24	\$1,111.37	16.1%	\$1,163.02	15.4%
202507	32,811	0.5277	\$23,052,735	\$43,685,645	\$1,331.43	\$1,175.49	18.4%	\$1,183.27	16.3%
202508	32,569	0.5242	\$20,389,742	\$38,900,310	\$1,194.40	\$1,206.83	17.8%	\$1,189.09	16.5%
202509	32,412	0.5250	\$22,227,088	\$42,338,567	\$1,306.26	\$1,249.91	18.2%	\$1,205.41	16.5%
202510	32,192	0.5236	\$25,358,325	\$48,433,326	\$1,504.51	\$1,293.39	16.4%	\$1,215.18	15.3%
202511	31,921	0.5255	\$24,380,549	\$46,393,384	\$1,453.38	\$1,332.76	16.3%	\$1,234.19	16.0%
202512	31,132	0.5254	\$26,677,510	\$50,776,712	\$1,631.01	\$1,401.43	15.6%	\$1,253.23	15.5%

Monthly large claimants have been capped at \$200,000

This exhibit includes experience from the following pools:  
 Individual ACA for RBCBSO and BHC

**EXHIBIT C1: AGE CURVE AND TOBACCO CALIBRATION FACTORS**

**BridgeSpan Health Company - Individual**

Member Age	Age Factor	Distribution		
		Non-Tobacco	Tobacco	Total
Capped 0-14	0.000	0.0%	0.0%	0.0%
Capped 15	0.000	0.0%	0.0%	0.0%
Capped 16	0.000	0.0%	0.0%	0.0%
Capped 17	0.000	0.0%	0.0%	0.0%
Capped 18	0.000	0.0%	0.0%	0.0%
Capped 19	0.000	0.0%	0.0%	0.0%
Capped 20	0.000	0.0%	0.0%	0.0%
0-14	0.635	7.7%	0.0%	7.7%
15	0.635	0.0%	0.0%	0.0%
16	0.635	0.0%	0.0%	0.0%
17	0.635	0.0%	0.0%	0.0%
18	0.635	1.3%	0.0%	1.3%
19	0.635	0.0%	0.0%	0.0%
20	0.635	0.0%	0.0%	0.0%
21	1.000	0.0%	0.0%	0.0%
22	1.000	1.2%	0.1%	1.3%
23	1.000	0.0%	0.0%	0.0%
24	1.000	1.2%	0.1%	1.3%
25	1.004	1.2%	0.1%	1.3%
26	1.024	1.2%	0.1%	1.3%
27	1.048	2.4%	0.1%	2.6%
28	1.087	1.2%	0.1%	1.3%
29	1.119	2.4%	0.1%	2.6%
30	1.135	0.0%	0.0%	0.0%
31	1.159	0.0%	0.0%	0.0%
32	1.183	1.2%	0.1%	1.3%
33	1.198	1.2%	0.1%	1.3%
34	1.214	1.2%	0.1%	1.3%
35	1.222	1.2%	0.1%	1.3%
36	1.230	3.7%	0.2%	3.8%
37	1.238	2.4%	0.1%	2.6%
38	1.246	1.2%	0.1%	1.3%
39	1.262	1.2%	0.1%	1.3%
40	1.278	2.4%	0.1%	2.6%
41	1.302	1.2%	0.1%	1.3%
42	1.325	0.0%	0.0%	0.0%
43	1.357	3.7%	0.2%	3.8%
44	1.397	4.9%	0.3%	5.1%
45	1.444	3.7%	0.2%	3.8%
46	1.500	3.7%	0.2%	3.8%
47	1.563	0.0%	0.0%	0.0%
48	1.635	4.9%	0.3%	5.1%
49	1.706	1.2%	0.1%	1.3%
50	1.786	0.0%	0.0%	0.0%
51	1.865	2.4%	0.1%	2.6%
52	1.952	2.4%	0.1%	2.6%
53	2.040	1.2%	0.1%	1.3%
54	2.135	2.4%	0.1%	2.6%
55	2.230	2.4%	0.1%	2.6%
56	2.333	0.0%	0.0%	0.0%
57	2.437	3.7%	0.2%	3.8%
58	2.548	0.0%	0.0%	0.0%
59	2.603	2.4%	0.1%	2.6%
60	2.714	0.0%	0.0%	0.0%
61	2.810	2.4%	0.1%	2.6%
62	2.873	2.4%	0.1%	2.6%
63	2.952	3.7%	0.2%	3.8%
64+	3.000	11.0%	0.6%	11.5%
<b>Total Percent of Members</b>		95.4%	4.6%	100.0%
<b>Age Curve Calibration Factor</b>				<b>1.7452</b>
<b>Average Tobacco Factor</b>		1.000	1.150	
<b>Age &amp; Tobacco Combined</b>		1.7399	2.1328	<b>1.7578</b>

Nearest whole age corresponding to the calibration factor: 49

Age Factor assuming all members are charged a premium: 1.7452

Family Rating Adjustment for three child dependent limit: 1.0000

Tobacco Factor: 1.0068

**EXHIBIT C2: GEOGRAPHIC FACTORS**  
**BridgeSpan Health Company - Individual**

<b>Rating Area</b>	<b>Geographic Factor</b>	<b>Distribution</b>
1	0.952	30.8%
2	1.009	16.7%
3	0.960	1.3%
4	0.922	35.9%
5	1.208	9.0%
6	1.157	2.6%
7	1.170	3.8%
<b>Average Geographic Factor</b>	<b>0.9874</b>	

**EXHIBIT D1: 2027 AVERAGE CHANGE IN PLAN BASE RATES**  
**BridgeSpan Health Company - Individual**

2026 Plan ID	2026 Plan Name	2027 Plan ID	March 2026 Membership	Renewal or Mapped Plan	2026 Plan Base Rate	2027 Plan Base Rate	Plan Base Rate Change	Average Change in Area Factor	Average Change in Age Factor	Average Rate Change to Renewal or Mapped Plan	Average Rate Change to Renewal or Mapped Plan
63474OR0600010	BridgeSpan Standard Silver Plan	63474OR0600010	27	Renewal	\$516.31	\$565.04	9.44%	0.05%	0.00%	9.49%	9.49%
63474OR0600009	BridgeSpan Standard Bronze Plan	63474OR0600009	41	Renewal	\$442.34	\$494.78	11.86%	0.62%	0.00%	12.55%	12.55%
63474OR0600007	BridgeSpan Standard Gold Plan	63474OR0600007	10	Renewal	\$639.03	\$722.90	13.12%	1.00%	0.00%	14.25%	14.25%

Total Enrollment **78**

**11.71%**

Due to underlying calculations being performed with additional precision, there may be small rounding differences.

EXHIBIT D2: TERMINATED PLAN MAPPING  
BridgeSpan Health Company - Individual

		TERMINATED PLAN				MAPPED PLAN		
2025 Offered	2026 Offered	Plan ID	Plan Name	Year	2026 Plan ID	2027 Plan ID	2027 Plan Name	

\*There were no mapped plans between 2025 and 2027

**EXHIBIT D3: PAID TO ALLOWED RATIO AND AV METAL VALUE**  
**BridgeSpan Health Company - Individual**

**APPENDIX**

<b>2027 Plan ID</b>	<b>2027 Plan Name</b>	<b>Projected Member Months</b>	<b>Projected Paid to Allowed Ratio</b>	<b>AV Metal Value</b>
63474OR0600007	BridgeSpan Standard Gold Plan	120	83.6%	81.9%
63474OR0600009	BridgeSpan Standard Bronze Plan	492	77.0%	64.6%
63474OR0600010	BridgeSpan Standard Silver Plan	324	79.1%	71.8%
<b>Average/Total</b>		<b>936</b>	<b>78.6%</b>	<b>69.3%</b>

**EXHIBIT E1: DEVELOPMENT OF 2027 INDEX RATE**  
**BridgeSpan Health Company - Individual**

Experience Period: 1/1/2025 - 12/31/2025  
 Projection Period: 1/1/2027 - 12/31/2027

Experience - Total	Experience	Manual - Total	Credibility Manual
BridgeSpan Health Company	BridgeSpan Health Company		Regence BlueCross BlueShield of Oregon
Individual	Individual		Individual
Total	ACA Experience	Total	ACA Experience

*URRT, Section I: Experience Period Data*

	Total	PMPM	Total	PMPM	Total	PMPM	Total	PMPM
Earned Premium	\$1,505,019	\$797.15	\$1,505,019.20	\$797.15	\$255,198,882	\$649.69	\$255,198,882	\$649.69
MLR Rebates	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00
Estimated Risk Adjustment Transfers	\$244,447	\$129.47	\$244,447	\$129.47	\$0	\$0.00	\$0	\$0.00
HCRP Receipts	\$0	\$0.00	\$0	\$0.00	\$1,084,131	\$2.76	\$1,084,131	\$2.76
<b>Premiums (net of MLR Rebate) in Experience Period</b>	<b>\$1,749,467</b>	<b>\$926.62</b>	<b>\$1,749,467</b>	<b>\$926.62</b>	<b>\$256,283,012</b>	<b>\$652</b>	<b>\$256,283,012</b>	<b>\$652.45</b>
Incurring Claims Paid through March 2026	\$1,632,761	\$864.81	\$1,632,761	\$864.81	\$255,226,378	\$649.76	\$255,226,378	\$649.76
Incurring Claims UCL	\$12,008	\$6.36	\$12,008	\$6.36	\$7,086,130	\$18.04	\$7,086,130	\$18.04
Estimated Incurring Claims	\$1,644,769	\$871.17	\$1,644,769	\$871.17	\$262,312,508	\$667.80	\$262,312,508	\$667.80
Pharmacy Rebates	\$330,433	\$175.02	\$330,433	\$175.02	\$20,592,878	\$52.43	\$20,592,878	\$52.43
BlueCard Access Fees	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00
Reinsurance	\$236,439	\$125.23	\$236,439	\$125.23	\$25,278,371	\$64.35	\$25,278,371	\$64.35
<b>Incurring Claims in Experience Period</b>	<b>\$1,077,897</b>	<b>\$570.92</b>	<b>\$1,077,897</b>	<b>\$570.92</b>	<b>\$216,441,258</b>	<b>\$551</b>	<b>\$216,441,258</b>	<b>\$551.02</b>
Allowed Claims Paid through March 2026	\$1,902,047	\$1,007.44	\$1,902,047	\$1,007.44	\$317,135,743	\$807.37	\$317,135,743	\$807.37
Allowed Claims UCL	\$16,633	\$8.81	\$16,633	\$8.81	\$8,551,278	\$21.77	\$8,551,278	\$21.77
Estimated Allowed Claims	\$1,918,680	\$1,016.25	\$1,918,680	\$1,016.25	\$325,687,021	\$829.14	\$325,687,021	\$829.14
Pharmacy Rebates	\$330,433	\$175.02	\$330,433	\$175.02	\$20,592,878	\$52.43	\$20,592,878	\$52.43
BlueCard Access Fees	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00
<b>Allowed Claims</b>	<b>\$1,588,247</b>	<b>\$841.23</b>	<b>\$1,588,247</b>	<b>\$841.23</b>	<b>\$305,094,143</b>	<b>\$776.71</b>	<b>\$305,094,143</b>	<b>\$776.71</b>
Experience EHB Percent	99.8%		99.8%		99.8%		99.8%	
<b>Index Rate</b>	<b>\$839.55</b>		<b>\$839.55</b>		<b>\$776.16</b>		<b>\$776.16</b>	
<b>Member Months</b>	<b>1,888</b>		<b>1,888</b>		<b>392,801</b>		<b>392,801</b>	

*URRT, Section II: Projections*

	Factor	PMPM	Factor	PMPM	Factor	PMPM	Factor	PMPM
Experience Period Allowed Claims		\$839.55		\$839.55		\$776.16		\$776.16
<b>Cost</b>	<b>1.054</b>		<b>1.054</b>		<b>1.054</b>		<b>1.054</b>	
<b>Util</b>	<b>1.021</b>		<b>1.021</b>		<b>1.021</b>		<b>1.021</b>	
Trended Allowed Claims PMPM		\$972.25		\$972.25		\$897.68		\$897.68
<b>Pop'l risk Morbidity</b>	<b>1.143</b>		<b>1.143</b>		<b>1.482</b>		<b>1.482</b>	
<b>Demographic Shift</b>	<b>0.915</b>		<b>0.915</b>		<b>1.030</b>		<b>1.030</b>	
<b>Plan Design Changes</b>	<b>0.981</b>		<b>0.981</b>		<b>0.973</b>		<b>0.973</b>	
<b>Other</b>	<b>1.127</b>		<b>1.127</b>		<b>1.031</b>		<b>1.031</b>	
Network		1.000		1.000		1.037		1.037
Pharmacy Rebates		1.127		1.127		0.994		0.994
Projected EHB Change		1.000		1.000		1.000		1.000
<b>Adjusted Trended EHB Allowed Claims PMPM</b>		<b>\$1,124.19</b>		<b>\$1,124.19</b>		<b>\$1,374.61</b>		<b>\$1,374.61</b>
<b>Weighting</b>	<b>1%</b>		<b>1%</b>		<b>99%</b>		<b>99%</b>	

Factor to Translate Paid Claims Factor to Allowed Claims Factor<sup>1</sup>: 1.15000

	After Credibility
Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)	\$1,372.11
2027 Q1 Trend factor	1.000
<b>Index Rate for Projection Period</b>	<b>\$1,372.11</b>

*Development of Market Adjusted Index Rate*

Index Rate for Projection Period	\$1,372.11
Reinsurance Program Adjustment <sup>2</sup>	\$100.42
Risk Adjustment <sup>2</sup>	\$377.79
Marketplace User Fee Adjustment <sup>2</sup>	3.00%
<b>Market Adjusted Index Rate</b>	<b>\$921.55</b>

Due to underlying calculations being performed with additional precision, there may be small rounding differences.

This exhibit (Exhibit E1) demonstrates the development of results appearing in the URRT. Certain development items are prescribed by the URRT instructions.

Exhibits 1 and E1 have similarly labeled items but their values may differ due to methodology differences. Please see the actuarial memorandum for additional details.

<sup>1</sup>This factor is used to translate claims projection factors from a paid basis (Exhibit 1) to an allowed basis (Exhibit E1). This factor was developed from a historical study using actuarial judgment.

<sup>2</sup>These adjustments have been converted from paid amounts to allowed amounts.

**EXHIBIT E2: PLAN ADJUSTED INDEX RATE DEVELOPMENT**  
**BridgeSpan Health Company - Individual**

2027 Plan ID	2027 Plan Name	Projected Member Months	AV PRICING VALUE COMPONENTS				Market Adjusted Index Rate	PLAN ADJUSTMENTS TO MARKET ADJUSTED INDEX RATE				Plan Adjusted Index Rate	
			AV Pricing Value	Base Product	CSR Load	Network		Benefits in Addition to EHB	AV and Cost-Sharing Design <sup>1</sup>	Network (Normalized) <sup>2</sup>	Benefits in Addition to EHB <sup>3</sup>		Administrative Costs <sup>4</sup>
63474OR0600007	BridgeSpan Standard Gold Plan	120	0.6750	0.6737	1.0000	1.0000	1.0020	\$921.55	1.1516	1.0000	1.0020	1.1794	\$1,254.18
63474OR0600009	BridgeSpan Standard Bronze Plan	492	0.4620	0.4611	1.0000	1.0000	1.0020	\$921.55	0.7882	1.0000	1.0020	1.1794	\$858.41
63474OR0600010	BridgeSpan Standard Silver Plan	324	0.5276	0.5240	1.0050	1.0000	1.0020	\$921.55	0.9001	1.0000	1.0020	1.1794	\$980.30
<b>Total / Average</b>		<b>936</b>	<b>0.512</b>	<b>0.5101</b>	<b>1.0017</b>	<b>1.0000</b>	<b>1.0020</b>	<b>\$921.55</b>	<b>0.8735</b>	<b>1.0000</b>	<b>1.0020</b>	<b>1.1794</b>	<b>\$951.34</b>

Due to underlying calculations being performed with additional precision, there may be small rounding differences.

<sup>1</sup>AV and Cost-Sharing Design factors represent an adjustment from the Market Adjusted Index Rate to the expected incurred claims PMPM for each plan, are based on AV and Cost-Sharing Design, and exclude adjustment for Network and Benefits in Addition to EHB.

<sup>2</sup>Network factors represent the projected cost relativities between networks.

<sup>3</sup>Benefits in addition to EHB factors are applied to the Market Adjusted Index rate (which excludes non-EHBs).

<sup>4</sup>Administrative Costs calculated using percentages from Exhibit 1: 1/[1-(Total Retention % - Marketplace Fee %)].

**EXHIBIT E3: PLAN ADJUSTED INDEX RATE TO BASE RATE MAPPING**  
**BridgeSpan Health Company - Individual**

		(A)	(B)	(C)	(D)	(A) / [ (B) * (C) * (D) ]
<b>2027 Plan ID</b>	<b>2027 Plan Name</b>	<b>Plan Adjusted Index Rate</b>	<b>Age Curve Factor</b>	<b>Geographic Factor</b>	<b>Toobacco Calibration Factor</b>	<b>2027 Plan Base Rate</b>
63474OR0600007	BridgeSpan Standard Gold Plan	\$1,254.18	1.7452	0.9874	1.0068	\$722.90
63474OR0600009	BridgeSpan Standard Bronze Plan	\$858.41	1.7452	0.9874	1.0068	\$494.78
63474OR0600010	BridgeSpan Standard Silver Plan	\$980.30	1.7452	0.9874	1.0068	\$565.04

EXHIBIT E4: PLAN VARIATION FROM MARKET ADJUSTED INDEX RATE FOR RENEWAL PLANS

BridgeSpan Health Company - Individual

2027 Plan ID	2027 Plan Name	ADJUSTMENTS FROM 2026 MARKET ADJUSTED INDEX RATE			ADJUSTMENTS FROM 2027 MARKET ADJUSTED INDEX RATE				
		AV and Cost-Sharing Design	Network (Normalized)	Benefits in Addition to EHB	Administrative Costs	AV and Cost-Sharing Design	Network (Normalized)	Benefits in Addition to EHB	Administrative Costs
63474OR0600010	BridgeSpan Standard Silver Plan	0.9362	1.0000	1.0020	1.1564	0.9001	1.0000	1.0020	1.1794
63474OR0600009	BridgeSpan Standard Bronze Plan	0.8020	1.0000	1.0020	1.1564	0.7882	1.0000	1.0020	1.1794
63474OR0600007	BridgeSpan Standard Gold Plan	1.1587	1.0000	1.0020	1.1564	1.1516	1.0000	1.0020	1.1794

**EXHIBIT F1: SILVER PLAN PROJECTED ENROLLMENT BY SUBSIDY LEVEL**  
**BridgeSpan Health Company - Individual**

2027 PlanID	2027 Plan Name (On-Exchange Silver plans only)	PROJECTED MEMBER MONTHS BY SUBSIDY LEVEL				Total Projected Member Months
		Base Silver Plan	73% AV Cost-Sharing Reduction Plan	87% AV Cost-Sharing Reduction Plan	94% AV Cost-Sharing Reduction Plan	
63474OR0600010	BridgeSpan Standard Silver Plan	299	25	-	-	324

**Exhibit 1: DEVELOPMENT OF RATE CHANGE**  
**BridgeSpan Health Company - Individual**

Experience Period: 1/1/2025 - 12/31/2025 Projection Period: 1/1/2027 - 12/31/2027		Projected Claim Cost Development by Experience Pool					
		BridgeSpan Health Company Individual		BridgeSpan Health Company Individual		Regence BlueCross BlueShield of Oregon Individual	
		2027 Projection		ACA Experience		ACA Experience	
Experience	Total	PMPM	Total	PMPM	Total	PMPM	
Member Months			1,888		392,801		
Earned Premium			\$1,505,019	\$797.15	\$255,198,882	\$649.69	
Estimated Incurred Claims			\$1,644,769	\$871.17	\$262,312,508	\$667.80	
BlueCard Access Fees			\$0	\$0.00	\$0	\$0.00	
HCRP Receipts			\$0	\$0.00	\$1,084,131	\$2.76	
Adjusted Estimated Incurred Claims			\$1,644,769	\$871.17	\$261,228,377	\$665.04	

Projected Claims Cost Development	Factors	PMPM	Factors	PMPM	Factors	PMPM
Changes in Morbidity			1.165		1.554	
Changes in Benefits			0.963		0.946	
Changes in Demographics			0.902		1.034	
Changes in Network Arrangements			1.000		1.042	
Pharmacy Rebates			0.950		0.950	
Reinsurance Receipts			0.900		0.900	
Trend Factor to Rating Period			1.199		1.199	
Projected Claims Cost by Pool				\$903.75		\$1,079.85
Overall Projected Claims Cost		\$1,078.0900	1%		99%	
Risk Adjustment Transfer		\$296.95				
Net Projected Claims Cost		\$781.15				

Retention Development	Percent	PMPM
Risk Adjustment Program Fee	0.02%	\$0.18
Operating Expenses	8.32%	\$79.15
Commission Expenses	0.23%	\$2.23
Federal HCRP Charge	0.60%	\$5.71
Risk and Contingency	4.00%	\$38.05
Contribution to Surplus	0.00%	\$0.00
Premium Tax	2.00%	\$19.03
Insurer Tax	0.00%	\$0.00
Patient-Centered Outcomes Research Fee	0.04%	\$0.36
Marketplace Fee	2.68%	\$25.48
Vendor Fees	0.00%	\$0.00
Total Retention	17.89%	\$170.19

Base Rate Development and Rate Change	Total	PMPM
Projected Average Premium		\$951.33
Average Plan Factor	0.5120	
Average Area Factor	0.9874	
Average Tobacco Factor	1.0068	
Age Curve Factor	1.7452	
Composite Rating Factor	0.8883	
2027 Pool Base Rate		\$1,070.96
Average Annual Rate Change		11.71%
Projected Loss Ratio	82.1%	
Projected Federal Loss Ratio	86.7%	

Pharmacy rebates are not removed from Experience Estimated Incurred Claims. Instead, the Pharmacy Rebates projection factor represents total projected rebates, rather than an incremental change.

Claims in the "Projected Claim Cost Development" are on an incurred basis.

Due to underlying calculations being performed with additional precision, there may be small rounding differences.

The "Base Rate" is the pool starting amount used to determine premiums. Plan premiums are equal to the "Base Rate" multiplied by applicable rating factors. See the "Rate Factors" document for details.

The Projected Federal Loss Ratio subtracts Taxes and Fees from the premium denominator. This simplified version of the ratio used for federal MLR rebate demonstrates compliance with the federal MLR threshold of 80%.

The Average Plan Factor represents plan design relativity and is used in Exhibit E3 to calculate the Calibrated Plan Adjusted Index Rates.

EXHIBIT 2 - COVERED BENEFIT OR PLAN DESIGN CHANGES

Bridgespan Health Company - Individual  
Rates Effective January 1, 2027

Covered Benefit Level Changes

There are no changes to covered benefits with a pricing impact above \$1 pmpm for 2027.

Member Cost-Sharing Changes

Notable member cost-sharing changes can be found later in this exhibit, with the exception of standard plans.

Elimination of Plans

No plans from 2026 have been eliminated from the 2027 portfolio.

Implementation of New Plan Designs

No new plan designs have been implemented in the 2027 portfolio.

Provider Network Changes

There are no new networks or network changes for 2027.

New Utilization or Prior Authorization Programs

New utilization and prior authorization programs can be found in Appendix II.

Changes to Eligibility Requirements/Exclusions

There are no new exclusions for 2027.

Other Changes

There are no other benefit changes that have an impact on pricing.

Pricing Impacts

Final pricing AV changes by plan can be found in Exhibit 6.

Members Impacted

Impacted members can be found in the Actuarial Memorandum Supplemental Exhibits on Exhibit D1.

EXHIBIT 2 - COVERED BENEFIT OR PLAN DESIGN CHANGES  
 Bridgespan Health Company - Individual  
 Rates Effective January 1, 2027

<b>Member Cost-Sharing Changes</b> <b>Plan</b>	<b>Deductible</b>		<b>OOP Max</b>		<b>Rx Tier 1</b>		<b>Rx Tier 2</b>		<b>Rx Tier 3</b>		<b>Rx Tier 4</b>		<b>Rx Tier 5</b>		<b>Rx Tier 6</b>	
	2026	2027	2026	2027	2026	2027	2026	2027	2026	2027	2026	2027	2026	2027	2026	2027
N/A																

Other Changes:  
 N/A

SUMMARY OF RATE INCREASES

Company Name: BridgeSpan Health Company

Market: Individual

Effective Date: 1/1/2027

2027 Rate Effective Date	Requested Annual Rate Change From Last Effective Date	Minimum Rate Change	Maximum Rate Change	Renewing Members
January	11.71%	8.96%	14.69%	78
April (small group only)	N/A	N/A	N/A	N/A
July (small group only)	N/A	N/A	N/A	N/A
October (small group only)	N/A	N/A	N/A	N/A
<b>Total</b>	<b>11.71%</b>	<b>8.96%</b>	<b>14.69%</b>	<b>78</b>

**Distribution of rate changes (across all effective dates)**

Instructions: This table should show a meaningful distribution of rate increases across the pool.

Rate increase	Distribution	Members
8% to 11%	34.6%	27
11% to 14%	57.7%	45
14% to 17%	7.7%	6

**Estimate of Contributing Factors in Rate Request**

Instructions: This table should reflect the impact of each of the factors on the rate increase from last year to this year.

This table is not exhaustive. If additional factors influence the rate increase, add them to the table.

Most of the rate increase should be itemized between the factors in this table.

Contributing Factors	Magnitude of Impact
Trend and Experience	13.6%
Administrative expenses	1.2%
Profit	0.0%
Change in Benefits	-4.1%
Change in age/area distribution	0.0%
Mandates	0.0%
Morbidity	1.0%
<b>Total</b>	<b>11.7%</b>

**BridgeSpan Health Company  
Individual Rate Filing**

**TREND INFORMATION AND PROJECTION**

**Rates Effective January 1, 2027**

**Rating Trend Development**

The trend developed in this filing was based on generally accepted actuarial principles and consists of 24 months of projected rating trend (to trend from the middle of the experience period to the middle of the rating period). The pricing trend used in this filing is 9.5%. This filing combines data from BridgeSpan Health Company (BridgeSpan) and Regence BlueCross BlueShield of Oregon due to BridgeSpan's limited experience.

*Projected Trend*

The projected rating trend assumption includes the following components:

Reimbursement Agreements	5.4%
Utilization	1.5%
Mix/Intensity	0.7%
Leverage	1.9%
Projected Rating Trend	9.5%

The following trend variables are not considered when calculating trend: margin, fluctuation, anti-selection, underwriting wear-off, duration, or any other factors.

*Cost Trends by Major Service Category*

The following cost trends are based upon our projected contractual increases in hospital and professional agreements with Oregon providers.

<b>Major Service Category</b>	<b>2026 - 2027 Projected Increase, Annualized</b>	<b>% of Claims</b>
Inpatient	6.6%	13%
Outpatient	6.6%	27%
ASC	4.8%	2%
Professional	4.0%	26%
Ancillary	4.8%	7%
<b>Total Medical</b>	<b>5.5%</b>	
Pharmacy	5.0%	25%
<b>Overall Medical/Rx</b>	<b>5.4%</b>	

**Trend Description**

Allowed cost trend refers to the change in total provider payments from both the member and the insurer. Allowed cost trend in charges or claims PMPM can be subdivided into two components: cost per service and number of services per member (almost always per 1,000 members per year).

### *Cost per Service*

Cost per service trend includes both the reimbursement and the mix/intensity trends included in the filing. The Reimbursement trend in this filing reflects the known contractual increases in hospital and professional agreements. The Mix/Intensity trend in this filing reflects the anticipated mix of services provided to members during the rating period.

Health care services fall into four general service categories: inpatient, outpatient, physician/professional, and prescription drugs. Trends can measure and be used to project the change in the average cost of services within these broad categories. For example, change in the cost per inpatient admission or inpatient day.

There are many forces that can influence the trend in average cost per service, including, but not limited to:

- Changes in negotiated hospital or physician reimbursement levels, which includes cost shifting (changes in government program reimbursements tend to shift costs to commercial insurers, increasing negotiated reimbursement levels);
- New medical technology (the introduction of high cost treatments will result in higher cost per service trends);
- Changes in the mix of services within a category (more MRIs versus x-rays will result in increased outpatient cost per service trends); and
- New prescription drugs approved by the FDA (new high-cost specialty drugs coming to market results in higher cost per script trends).

### *Services per Member*

Just as the changes in cost per service influence trend, changes in the number of services used, or utilization, also impact claim cost trends. Inpatient utilization trends are measured and projected in terms of admissions or days per 1,000 members per year. For outpatient and physician, the units can either be services or visits per 1,000 members per year. For prescription drugs, the units are prescriptions per 1,000 members per year.

Forces that can influence the utilization of health care services include:

- Epidemics (such as the flu), which can result in increased physician visits and increased inpatient admissions
- Aging (in general, the number of services utilized increases with natural age-related health deterioration)
- Changes in benefit richness (e.g., a shift to richer plan designs will usually result in higher utilization trends)
- Introduction of state/federal mandated benefits (an increase in benefits equates to an increase in utilization of those services)
- Anticipated economic conditions (worsening economic conditions can cause members to delay or forgo care, which reduces the utilization trend)

### *Leveraging*

The difference between the projected allowed cost trend (cost per service and services per member) and the projected rating trend used in this filing is the effect of leveraging. Leveraging exists when the insurer's obligation of total health care costs increases at a faster rate than the consumer's share, due to the presence of fixed dollar consumer cost-sharing amounts contained in the benefit package (primarily deductibles and copays). For example, in year 1, a member has total allowed charges of \$1,000 and a deductible of \$500, so the insurer pays \$500 in claims. In year 2, the member maintains the \$500 deductible and has allowed charges of \$1,100 with the insurer paying \$600 in claims. In this example, the allowed cost trend is 10% ( $\$1,100 / \$1,000 - 1$ ), yet the trend in costs paid by the insurer is 20% ( $\$600 / \$500 - 1$ ). This simplified example is for illustrative purposes only and is not related in any way to the rating trends used in this filing.

### *Uncompensated Care*

At BridgeSpan, we regularly review our partnerships with our network providers to identify ways to improve care delivered to BridgeSpan members. One component of this partnership with providers is how the member's healthcare dollar is spent. Uncompensated care is a component of the overall contractual relationship we have with our provider partners.

Each year, BridgeSpan sets aggressive unit cost targets to control cost increases related to our provider partner negotiated contracts. For our hospital partners, the contracts are usually multi-year. Because of this, any effort to impact these contracts and our member costs is a longer-term approach. As our contracts renew, uncompensated care is one of the areas considered in negotiations, along with provider financial results, provider impact to networks, and other provider initiatives.

In addition to working with providers, we utilize the treatment cost estimator, transparency tools, and smart shopper programs to educate and orient our members on how best to spend their healthcare dollar. We also enable use of HSAs with eligible plans and other funding tools to mitigate out of pocket costs.

### *Normalized Trend*

The observed monthly average claim costs include a variety of changes that impact claim costs over time, such as benefit richness, demographics, health risk, and large claims. If historical average claim costs are not adjusted to reflect these changes, the true value of claim cost trends will not be accurately portrayed. The normalization process provides a way to calculate the underlying claims trend while controlling for the impact of these factors.

BridgeSpan normalizes monthly claims PMPM by calculating factors for the average age, area, health risk, and benefit relativity present in each incurred month and by smoothing the impact of large claims. Normalized trends are calculated in the Historical Observed and Underlying Trends tables.

As shown in the table below, the underlying claims cost trend for the experience period has been estimated at 15.5% with the observed claims cost trend at 14.8%. This estimate of recent underlying trend experience is a single point of reference and is not expected to be the best predictor of future trends.

The following are definitions of key fields in the table:

[C] - Estimated Incurred Claims by Month

[D] - Estimated Incurred Claims PMPM, which is each month's estimated incurred claims divided by membership

[E] - 12 month rolling average estimated incurred claim PMPM. This is calculated as the sum of the previous 12 months of claims divided by the sum of the previous 12 months of membership.

[F] - 12 month rolling average observed claim trend. This is calculated as the current month's rolling 12 month estimated Incurred Claims PMPM value divided by the value 12 months prior.

[G] - Total normalization factor. This factor is a product of the normalizing factors mentioned above.

[H] - Each month's Normalized Claims, which is [C] divided by [G]

[I] - Estimated Normalized Claims PMPM, which is each month's normalized claims divided by membership

[J] - 12 month rolling normalized claim PMPM. This is calculated as the current month's rolling 12 month normalized claims

[K] - 12 month rolling normalized claim trend. This is calculated as the current month's rolling 12 month normalized claims PMPM value divided by the value 12 months prior. Only annual values are displayed.

Historical Observed and Underlying Trends - Medical and Rx Combined

Month	Member Months	Claims	Observed PMPM	Rolling 12 Observed PMPM	Rolling 12 Observed Trend	Normalization Factor	Normalized Claims	Normalized PMPM	Rolling 12 Normalized PMPM	Rolling 12 Trend
A	B	C	D	E	F	G	H	I	J	K
			C / B				C / G	H / B		
202301	26,200	\$11,076,734	\$422.78			0.5209	\$21,265,395	\$811.66		
202302	27,637	\$11,971,690	\$433.18			0.5221	\$22,927,916	\$829.61		
202303	27,562	\$14,207,865	\$515.49			0.5244	\$27,092,709	\$982.97		
202304	27,503	\$13,065,503	\$475.06			0.5273	\$24,777,827	\$900.91		
202305	27,466	\$14,656,534	\$533.62			0.5294	\$27,684,969	\$1,007.97		
202306	27,522	\$15,033,912	\$546.25			0.5259	\$28,587,378	\$1,038.71		
202307	27,625	\$14,109,316	\$510.74			0.5243	\$26,909,536	\$974.10		
202308	27,720	\$16,083,589	\$580.22			0.5227	\$30,770,695	\$1,110.05		
202309	27,851	\$13,615,906	\$488.88			0.5209	\$26,140,374	\$938.58		
202310	27,998	\$16,818,690	\$600.71			0.5161	\$32,587,996	\$1,163.94		
202311	27,952	\$16,014,366	\$572.92			0.5158	\$31,046,028	\$1,110.69		
202312	27,635	\$16,012,329	\$579.42	\$522.17		0.5145	\$31,125,077	\$1,126.29	\$1,000.74	
202401	33,007	\$15,201,467	\$460.55	\$523.86		0.5313	\$28,610,183	\$866.79	\$1,002.32	
202402	34,925	\$17,393,858	\$498.03	\$528.51		0.5319	\$32,700,648	\$936.31	\$1,009.48	
202403	34,922	\$17,093,851	\$489.49	\$525.66		0.5356	\$31,914,789	\$913.89	\$1,002.07	
202404	35,019	\$19,656,263	\$561.30	\$533.00		0.5390	\$36,469,872	\$1,041.43	\$1,013.64	
202405	35,213	\$19,175,964	\$544.57	\$534.06		0.5405	\$35,479,732	\$1,007.57	\$1,013.48	
202406	35,412	\$18,378,874	\$519.00	\$531.75		0.5349	\$34,361,704	\$970.34	\$1,007.56	
202407	35,544	\$20,561,798	\$578.49	\$537.60		0.5329	\$38,586,319	\$1,085.59	\$1,017.21	
202408	35,562	\$21,495,706	\$604.46	\$540.66		0.5363	\$40,080,765	\$1,127.07	\$1,020.62	
202409	35,238	\$20,912,869	\$593.47	\$548.95		0.5345	\$39,122,751	\$1,110.24	\$1,034.28	
202410	34,992	\$25,601,626	\$731.64	\$561.14		0.5345	\$47,900,122	\$1,368.89	\$1,054.21	
202411	34,638	\$22,463,216	\$648.51	\$567.69		0.5331	\$42,138,534	\$1,216.54	\$1,064.02	
202412	33,856	\$24,788,288	\$732.17	\$580.22	11.1%	0.5317	\$46,621,754	\$1,377.06	\$1,085.24	8.4%
202501	34,045	\$17,421,892	\$511.73	\$584.08	11.5%	0.5410	\$32,205,374	\$945.96	\$1,091.13	
202502	34,238	\$18,615,639	\$543.71	\$587.96	11.2%	0.5375	\$34,633,928	\$1,011.56	\$1,097.54	
202503	33,754	\$19,136,442	\$566.94	\$594.50	13.1%	0.5397	\$35,454,485	\$1,050.38	\$1,109.09	
202504	33,457	\$22,489,889	\$672.20	\$603.54	13.2%	0.5421	\$41,486,346	\$1,239.99	\$1,125.31	
202505	33,218	\$21,828,092	\$657.12	\$612.86	14.8%	0.5403	\$40,398,468	\$1,216.16	\$1,142.62	
202506	32,940	\$21,318,579	\$647.19	\$623.68	17.3%	0.5339	\$39,931,286	\$1,212.24	\$1,163.02	
202507	32,811	\$23,052,735	\$702.59	\$633.95	17.9%	0.5277	\$43,685,645	\$1,331.43	\$1,183.27	
202508	32,569	\$20,389,742	\$626.05	\$635.90	17.6%	0.5242	\$38,900,310	\$1,194.40	\$1,189.09	
202509	32,412	\$22,227,088	\$685.77	\$643.62	17.2%	0.5250	\$42,338,567	\$1,306.26	\$1,205.41	
202510	32,192	\$25,358,325	\$787.72	\$647.51	15.4%	0.5236	\$48,433,326	\$1,504.51	\$1,215.18	
202511	31,921	\$24,380,549	\$763.78	\$656.77	15.7%	0.5255	\$46,393,384	\$1,453.38	\$1,234.19	
202512	31,132	\$26,677,510	\$856.92	\$666.09	14.8%	0.5254	\$50,776,712	\$1,631.01	\$1,253.23	15.5%

Monthly large claimants have been capped at \$500,000

Data is comprised of ACA experience from BridgeSpan Health Company and Regence BlueCross BlueShield of Oregon

Expenses	2021 PMPM	2022 PMPM	2023 PMPM	2024 PMPM	2025 PMPM	Fixed or Variable	2026 Filed PMPM	2026 Filed % of Premium	Fixed or Variable2	PMPM Current Filing Period	% of Premium Current Filing Period
Salaries, Wages, Employment Taxes & Other Benefits	\$32.13	\$32.53	\$35.18	\$32.36	\$37.52	Variable	\$38.00	4.1%	Variable	\$46.76	4.9%
Cost Depreciation: equipment, software, furniture, etc.	\$5.05	\$5.15	\$4.80	\$4.81	\$5.37	Fixed	\$5.65	0.6%	Fixed	\$6.69	0.7%
Rent (Occupancy)	\$1.29	\$1.31	\$1.15	\$0.65	\$0.58	Fixed	\$0.76	0.1%	Fixed	\$0.73	0.1%
Marketing & Advertising	\$0.29	\$0.32	\$0.38	\$0.34	\$0.38	Fixed	\$0.40	0.0%	Fixed	\$0.47	0.0%
General Office Expenses: sundries, supplies, telephone, printing, postage, etc.	\$1.12	\$1.30	\$1.27	\$1.02	\$1.52	Variable	\$1.20	0.1%	Variable	\$1.89	0.2%
Third Party Administration Expenses or Fees or Other Group Service Expense or Fees	\$2.42	\$5.54	\$5.82	\$7.68	\$6.53	Variable	\$9.03	1.0%	Variable	\$8.13	0.9%
Legal Fees and Expenses & Other Professional or Consulting Fees	\$6.35	\$5.87	\$5.22	\$8.87	\$11.17	Fixed	\$10.42	1.1%	Fixed	\$13.92	1.5%
Traveling Expenses	\$0.07	\$0.32	\$0.39	\$0.43	\$0.45	Variable	\$0.50	0.1%	Variable	\$0.56	0.1%
<b>Total Expenses Incurred</b>	<b>\$48.74</b>	<b>\$52.32</b>	<b>\$54.21</b>	<b>\$56.16</b>	<b>\$63.51</b>		<b>\$65.96</b>	<b>7.2%</b>		<b>\$79.15</b>	<b>8.3%</b>

Premium Retention	2021 PMPM	2022 PMPM	2023 PMPM	2024 PMPM	2025 PMPM	Fixed or Variable	2026 Filed PMPM	2026 Filed % of Premium	Fixed or Variable2	PMPM Current Filing Period	% of Premium Current Filing Period
Expenses (from above table)	\$48.74	\$52.32	\$54.21	\$56.16	\$63.51	Both	\$65.96	7.2%	Both	\$79.15	8.3%
Commissions	\$2.47	\$3.27	\$2.80	\$2.93	\$3.09	Fixed	\$2.79	0.3%	Fixed	\$2.23	0.2%
Vendor Fees	N/A	N/A	N/A	N/A	\$3.26	N/A	\$11.28	N/A	Fixed	\$14.36	N/A
Insurer Fee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Variable	\$0.00	0.0%	Variable	\$0.00	0.0%
Risk Adjustment Program Fee	\$0.25	\$0.25	\$0.22	\$0.21	\$0.18	Fixed	\$0.20	0.0%	Fixed	\$0.18	0.0%
Oregon Supplemental Reinsurance program fee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Fixed	\$0.00	0.0%	Fixed	\$0.00	0.0%
HCR - Funding of Patient-Centered Outcomes Research Fee	\$0.22	\$0.25	\$0.26	\$0.28	\$0.30	Fixed	\$0.32	0.0%	Fixed	\$0.36	0.0%
Oregon Exchange Fee	\$18.73	\$18.99	\$20.67	\$21.12	\$17.41	N/A	\$29.41	3.2%	Fixed	\$25.48	2.7%
Profit/Margin							\$36.83	4.0%		\$38.05	4.0%
<b>Total Premium Retention</b>	<b>\$70.41</b>	<b>\$75.08</b>	<b>\$78.16</b>	<b>\$80.71</b>	<b>\$84.49</b>		<b>\$135.50</b>	<b>14.7%</b>		<b>\$145.45</b>	<b>15.3%</b>

\*Vendor Fees in 2025 reflects the portion of fees reclassified from claims to administrative expenses. Thereafter, the value reflects total vendor fees embedded in the Total Expenses Incurred and are excluded from the Total Premium Retention row.

**Explanation of the change in administrative costs from 2026 to 2027**

2027 projected expenses are expected to be similar to amounts included in the 2026 filing. Expense allocations are expected to vary slightly from year to year.

**Allocation of expenses**

Whenever possible, administrative costs are assigned directly as a claim or non-claim related expense to the appropriate line of business. When costs cannot be directly assigned to a specific line of business, the company allocates expenses based on appropriate objective

**Description of retention**

Premium retention is the percentage of the premium retained by the insurer to cover all of the insurer's non-claim costs, including risk margin.

**Premium tax and High Cost Risk Pool (HCRP) charge**

State premium tax and Federal HCRP charge are not included above for filing periods where applicable. Therefore, the total retention shown differs from retention shown in Exhibit 1.

PLAN RELATIVITIES

Company Name: BridgeSpan Health Company

Market: Individual

Effective Date: 1/1/2027

	Plan ID	Marketing Name	Metal Tier	Plan Actuarial Value	AV Calculator Used	Previous Filing Plan Relativity	Plan Relativity	% change in plan relativity	Identify quarter and year	Benefit Substitution(s)	Exchange Status	Geographic Areas Offered	Pediatric Dental Embedded
1	63474OR0600007	BridgeSpan Standard Gold Plan	Gold	81.91%	Yes	0.6920	0.6750	-2.5%	1/1/2027	No	On Exchange	1 2 3 4 5 6 7	No
2	63474OR0600010	BridgeSpan Standard Silver Plan	Silver	71.81%	Yes	0.5591	0.5276	-5.6%	1/1/2027	No	On Exchange	1 2 3 4 5 6 7	No
3	63474OR0600009	BridgeSpan Standard Bronze Plan	Bronze	64.55%	Yes	0.4790	0.4620	-3.5%	1/1/2027	No	On Exchange	1 2 3 4 5 6 7	No

**BridgeSpan Health Company  
Individual Rate Filing - ACA-Compliant Plans**

**Insurer's Financial Position**

**Rates Effective January 1, 2027**

The proposed rate adjustment is necessary to maintain rate stability and guard against excessive increases for the line of business in the future.



SUPPLEMENT FOR THE YEAR 2025 OF THE BridgeSpan Health Company  
**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [https://content.naic.org/sites/default/files/inline-files/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](https://content.naic.org/sites/default/files/inline-files/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

REPORT FOR: 1. CORPORATION      BridgeSpan Health Company

2. 2890 East Cottonwood Parkway Salt Lake City, UT 84121-7035

NAIC Group Code	1207	BUSINESS IN THE STATE OF      Oregon		DURING THE YEAR							(LOCATION)				
				2025							NAIC Company Code      95303				
				Business Subject to MLR			9		10	11	12	13	14	15	
				Comprehensive Health Coverage		Mini-Med Plans									Expatriate Plans
	1	2	3	4	5	6	7	8	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group							
1. Premium:															
1.1 Health premiums earned (from Part 2, Line 1.11)	1,942,692	0	0	0	0	0	0	0	0	0	0	0	1,942,692	XXX	1,942,692
1.2 Federal high risk pools													0	XXX	0
1.3 State high risk pools													0	XXX	0
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	1,942,692	0	0	0	0	0	0	0	0	0	0	0	1,942,692	XXX	1,942,692
1.5 Federal taxes and federal assessments	127,271												127,271		127,271
1.6 State insurance, premium and other taxes (similar local taxes of \$ .....0 )	53,005												53,005		53,005
1.6a Community benefit expenditures (informational only)													0		0
1.7 Regulatory authority licenses and fees	30,140												30,140		30,140
1.8 Adjusted premiums earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	1,732,275	0	0	0	0	0	0	0	0	0	0	0	1,732,275	XXX	1,732,275
1.9 Net assumed less ceded reinsurance premiums earned	(715)	0	0	0	0	0	0	0	0	0	0	0	(715)	XXX	(715)
1.10 Other adjustments due to MLR calculations - premiums	3,226												3,226	XXX	3,226
1.11 Risk revenue													0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	1,734,786	0	0	0	0	0	0	0	0	0	0	0	1,734,786	XXX	1,734,786
2. Claims:															
2.1 Incurred claims excluding prescription drugs	780,955												780,955	XXX	780,955
2.2 Prescription drugs	797,550												797,550	XXX	797,550
2.3 Pharmaceutical rebates	223,580												223,580	XXX	223,580
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)													0	XXX	0
3. Incurred medical incentive pools and bonuses	(2,204)	0	0	0	0	0	0	0	0	0	0	0	(2,204)	XXX	(2,204)
4. Deductible fraud and abuse detection/recovery expenses (for MLR use only)													0		0
5. 5.0 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 3) (from Part 2, Line 2.15)	1,352,721	0	0	0	0	0	0	0	0	0	0	0	1,352,721	XXX	1,352,721
5.1 Net assumed less ceded reinsurance claims incurred	(234,033)	0	0	0	0	0	0	0	0	0	0	0	(234,033)	XXX	(234,033)
5.2 Other Adjustments due to MLR calculations - claims	0												0	XXX	0
5.3 Rebates paid													0	XXX	0
5.4 Estimated rebates unpaid prior year													0	XXX	0
5.5 Estimated rebates unpaid current year													0	XXX	0
5.6 Fee for service and co-pay revenue													0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	1,118,688	0	0	0	0	0	0	0	0	0	0	0	1,118,688	XXX	1,118,688
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	4,372												4,372		4,372
6.2 Activities to prevent hospital readmissions													0		0
6.3 Improve patient safety and reduce medical errors	3,594												3,594		3,594
6.4 Wellness and health promotion activities	40												40		40
6.5 Health information technology expenses related to health improvement	2,723												2,723		2,723
6.6 Total of defined expenses incurred for improving health care quality (Lines 6.1+6.2+6.3+6.4+6.5)	10,729	0	0	0	0	0	0	0	0	0	0	0	10,729	0	10,729
7. Preliminary medical loss ratio: MLR ((Lines 4 + 5.0 + 6.6)/Line 1.8)	0.787	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	0.000
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	15,550												15,550		15,550
8.2 All other claims adjustment expenses	11,542												11,542		11,542
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	27,092	0	0	0	0	0	0	0	0	0	0	0	27,092	0	27,092
9. Claims adjustment expense ratio (Line 8.3/Line 1.8)	0.016	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	0.000

216-1 OR

SUPPLEMENT FOR THE YEAR 2025 OF THE BridgeSpan Health Company  
**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)**

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans		Expatriate Plans		9							
	1	2	3	4	5	6	7		8						
Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14	
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits .....	47,394												47,394		47,394
10.2 Agents and brokers fees and commissions.....	4,206												4,206		4,206
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	3,613												3,613		3,613
10.4 Other general and administrative expenses.....	28,790												28,790		28,790
10.4a Community benefit expenditures (informational only) .....													0		0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	84,004	0	0	0	0	0	0	0	0	0	0	0	84,004	0	84,004
11. Underwriting gain/(loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	494,274	0	0	0	0	0	0	0	0	0	0	0	494,274	XXX	494,274
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	248,839	XXX	248,839
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	53,151	XXX	53,151
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	689,962	XXX	689,962
16. ICD-10 implementation expenses (informational only; already included in general expenses and line 10.4)													0		0
16. 16a ICD-10 implementation expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:															
1. Number of certificates/policies	121												121		121
2. Number of covered lives	148												148		148
3. Number of groups	XXX			XXX									0		0
4. Member months	1,942												1,942		1,942

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ ..... Claims \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1	2	3	4
	Individual Plans	Small Group Employer Plans	Individual Plans	Small Group Employer Plans
<b>ACA Receivables and Payables</b>				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	193,404		292,127	
<b>ACA Receipts and Payments</b>				
2. Permanent ACA Risk Adjustment Program				
2.0 Premium adjustments receipts/(payments)	443,990		295,498	

216-2-OR



SUPPLEMENT FOR THE YEAR 2025 OF THE BridgeSpan Health Company  
**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [https://content.naic.org/sites/default/files/inline-files/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](https://content.naic.org/sites/default/files/inline-files/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

REPORT FOR: 1. CORPORATION BridgeSpan Health Company

2. 2890 East Cottonwood Parkway Salt Lake City, UT 84121-7035

NAIC Group Code	1207	BUSINESS IN THE STATE OF	Grand Total	Business Subject to MLR						DURING THE YEAR		2025 NAIC Company Code					95303	
				Comprehensive Health Coverage			Mini-Med Plans		Expatriate Plans		9	10	11	12	13	14		15
				1	2	3	4	5	6	7								
Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans										
1. Premium:																		
1.1 Health premiums earned (from Part 2, Line 1.11)	9,941,045	0	0	0	0	0	0	0	0	0	264,460	0	10,205,505	XXX	10,205,505			
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0			
1.3 State high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0			
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	9,941,045	0	0	0	0	0	0	0	0	0	264,460	0	10,205,505	XXX	10,205,505			
1.5 Federal taxes and federal assessments	(215,378)	0	0	0	0	0	0	0	0	0	678	0	(214,700)	0	(214,700)			
1.6 State insurance, premium and other taxes (similar local taxes of \$ )	96,064	0	0	0	0	0	0	0	0	0	1,849	0	97,913	0	97,913			
1.6a Community benefit expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
1.7 Regulatory authority licenses and fees	77,277	0	0	0	0	0	0	0	0	0	329	0	77,605	0	77,605			
1.8 Adjusted premiums earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	9,983,083	0	0	0	0	0	0	0	0	0	261,604	0	10,244,687	XXX	10,244,687			
1.9 Net assumed less ceded reinsurance premiums earned	(3,124)	0	0	0	0	0	0	0	0	0	0	0	(3,124)	XXX	(3,124)			
1.10 Other adjustments due to MLR calculations - premiums	15,440	0	0	0	0	0	0	0	0	0	0	0	15,440	XXX	15,440			
1.11 Risk revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0			
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	9,995,399	0	0	0	0	0	0	0	0	0	261,604	0	10,257,003	XXX	10,257,003			
2. Claims:																		
2.1 Incurred claims excluding prescription drugs	5,541,487	0	0	0	0	0	0	0	0	0	202,073	0	5,743,560	XXX	5,743,560			
2.2 Prescription drugs	5,931,304	0	0	0	0	0	0	0	0	0	0	0	5,931,304	XXX	5,931,304			
2.3 Pharmaceutical rebates	990,177	0	0	0	0	0	0	0	0	0	0	0	990,177	XXX	990,177			
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0			
3. Incurred medical incentive pools and bonuses	(9,263)	0	0	0	0	0	0	0	0	0	0	0	(9,263)	XXX	(9,263)			
4. Deductible fraud and abuse detection/recovery expenses (for MLR use only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
5. Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 3) (from Part 2, Line 2.15)	10,473,351	0	0	0	0	0	0	0	0	0	202,073	0	10,675,424	XXX	10,675,424			
5.1 Net assumed less ceded reinsurance claims incurred	(234,033)	0	0	0	0	0	0	0	0	0	0	0	(234,033)	XXX	(234,033)			
5.2 Other Adjustments due to MLR calculations - claims	(200,000)	0	0	0	0	0	0	0	0	0	0	0	(200,000)	XXX	(200,000)			
5.3 Rebates paid	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0			
5.4 Estimated rebates unpaid prior year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0			
5.5 Estimated rebates unpaid current year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0			
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0			
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	10,039,318	0	0	0	0	0	0	0	0	0	202,073	0	10,241,391	XXX	10,241,391			
6. Improving Health Care Quality Expenses Incurred:																		
6.1 Improve health outcomes	20,745	0	0	0	0	0	0	0	0	0	48	0	20,793	0	20,793			
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
6.3 Improve patient safety and reduce medical errors	18,034	0	0	0	0	0	0	0	0	0	47	0	18,082	0	18,082			
6.4 Wellness and health promotion activities	165	0	0	0	0	0	0	0	0	0	0	0	165	0	165			
6.5 Health information technology expenses related to health improvement	9,555	0	0	0	0	0	0	0	0	0	152	0	9,707	0	9,707			
6.6 Total of defined expenses incurred for improving health care quality (Lines 6.1+6.2+6.3+6.4+6.5)	48,499	0	0	0	0	0	0	0	0	0	247	0	48,746	0	48,746			
7. Preliminary medical loss ratio: MLR ((Lines 4 + 5.0 + 6.6)/Line 1.8)	1.054	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX	XXX			
8. Claims Adjustment Expenses:																		
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	64,617	0	0	0	0	0	0	0	0	0	654	0	65,271	0	65,271			
8.2 All other claims adjustment expenses	75,648	0	0	0	0	0	0	0	0	0	6,664	0	82,312	0	82,312			
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	140,265	0	0	0	0	0	0	0	0	0	7,318	0	147,583	0	147,583			
9. Claims adjustment expense ratio (Line 8.3/Line 1.8)	0.014	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.028	0.000	XXX	XXX	XXX			

216-1-GT

SUPPLEMENT FOR THE YEAR 2025 OF THE BridgeSpan Health Company  
**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)**

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans		Expatriate Plans		9							
	1	2	3	4	5	6	7		8						
Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14	
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits .....	211,650	0	0	0	0	0	0	0	0	0	13,239	0	224,889	0	224,889
10.2 Agents and brokers fees and commissions.....	37,301	0	0	0	0	0	0	0	0	0	12,206	0	49,507	0	49,507
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	17,807	0	0	0	0	0	0	0	0	0	675	0	18,482	0	18,482
10.4 Other general and administrative expenses.....	129,537	0	0	0	0	0	0	0	0	0	9,060	0	138,597	0	138,597
10.4a Community benefit expenditures (informational only) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	396,296	0	0	0	0	0	0	0	0	0	35,179	0	431,474	0	431,474
11. Underwriting gain/(loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	(628,979)	0	0	0	0	0	0	0	0	0	16,787	0	(612,192)	XXX	(612,192)
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,308,613	XXX	1,308,613
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	314,422	XXX	314,422
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	381,999	XXX	381,999
16. ICD-10 implementation expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 implementation expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	440	0	0	0	0	0	0	0	0	0	54	0	494	0	494
2. Number of covered lives	635	0	0	0	0	0	0	0	0	0	54	0	689	0	689
3. Number of groups	XXX	0	0	XXX	0	0	0	0	0	0	0	0	0	0	0
4. Member months	8,480	0	0	0	0	0	0	0	0	0	706	0	9,186	0	9,186

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums \$ .....0 Claims \$ .....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1	2	3	4
	Individual Plans	Small Group Employer Plans	Individual Plans	Small Group Employer Plans
<b>ACA Receivables and Payables</b>				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	2,728,493	0	1,710,636	0
<b>ACA Receipts and Payments</b>				
2. Permanent ACA Risk Adjustment Program				
2.0 Premium adjustments receipts/(payments)	2,544,970	0	649,376	0

216-2.GT

# BridgeSpan Health Company

## Individual Rate Filing

### COST CONTAINMENT AND QUALITY IMPROVEMENT EFFORTS

Rates Effective January 1, 2027

BridgeSpan Health Company (BridgeSpan) continually reviews business practices for opportunities to offset rising medical costs while improving the member experience. To this end, BridgeSpan is engaged in several quality and cost-containment initiatives for 2027. The total savings of these initiatives is estimated to be range of \$6 - \$7 PMPM. BridgeSpan has either implemented or plans to implement the following new or expanded initiatives since the last filing:

***IP to Home Transitions Management*** – BridgeSpan is enhancing its approach to inpatient care transitions by moving toward proactive, member-centered coordination to support members with complex risks for 30 days post-discharge. By providing care management support to members as they transition out of the hospital setting, we are strengthening the continuity of care members receive and ensuring safe and timely transitions. This coordinated approach connects members to the right post-acute resources and support at the right time, improving health outcomes and reducing avoidable readmissions.

***Provider Performance Evaluation Framework*** – BridgeSpan has launched a new provider-rating methodology to identify and surface for our members providers with a record of using evidence-based practices, adhering to best practices for patient care and delivering cost-efficiencies. Our provider-search tool prioritizes health care providers with higher performance ratings. The rating framework uses objective vendor-driven data and analytics widely accepted in the industry as well as BridgeSpan claims data on cost of care to assign performance ratings to individual providers. Provider ratings are transparent to members and providers. Providers may request reconsideration of their ratings, and we will work with providers who seek to improve their ratings based on the data gathered.

***Episodes of Care*** – Adding to our portfolio of value-based payment models, BridgeSpan is launching a new Episodes of Care program to enhance population health incentives across the care continuum, targeting specialty providers. This program includes data-driven network provider recruiting, targeted engagement around achievable care improvement levers, deep data integrations, cost and quality reporting and program financial reconciliation with the engaged network providers. This program enhances care and outcomes for members by specifically targeting and engaging providers with controllable variation in cost, avoidable complications, and avoidable services, all based on each providers' historical data and performance.

***Inpatient Management Expansion*** – BridgeSpan is expanding its comprehensive approach to manage inpatient short stays through clinical review and collaborative provider engagement. The expansion focuses on ensuring appropriate care decisions by reviewing cases when a member is admitted to a

hospital where observation status may be more clinically appropriate. By partnering with providers to optimize site-of-service and length-of-stay decisions, we help reduce unnecessary hospitalizations while maintaining quality of care.

**Utilization Management Expansion** – Utilization management, specifically pre-authorization (PA), continues to be one of the most effective ways to control costs and ensure medical appropriateness of care. We continuously review our utilization management criteria and are accelerating the development-to-implementation cycle to align seamlessly with emerging technologies, new medical research, and evolving clinical practice guidelines both for medical services and pharmaceutical drugs. This results in changes to or removal of existing PAs as well as implementation of new PAs. For example, our expansion of air ambulance PA ensures that high-cost service is reserved for truly emergent situations where ground transport is not medically appropriate, helps avoid unnecessary costs and eliminates waste when there is insufficient evidence of safety and efficacy.

**Biosimilars Strategy Expansion** – Biologic drugs are large-molecule, complex entities for which the traditional generic approval pathways are insufficient to ensure safety and efficacy of equivalent alternative products once the patent on the innovator brand has expired. The FDA established the biosimilar regulatory pathway to approve products that are considered biosimilar and are thus expected to have the same clinical safety and efficacy and bring competitors to the market that can lead to reductions in net prices for these high-cost drugs. New FDA-approved biosimilars entering the market continue to give BridgeSpan the opportunity to shift utilization to lower-cost options from the innovator products through preferred product strategy.

**Surgery Site of Care** – Many procedures and surgeries are done in a hospital setting when a hospital setting is not medically necessary. These procedures can be completed at an ambulatory surgical center (ASC) at a reduced rate. We continue to revise our policies and processes to drive affordability for our members by guiding them to ASCs instead of hospitals for clinically appropriate surgeries and procedures.

**Expansion of Claims Editing and Audits** – Ensuring payment accuracy via edits, audits and reviews continues to be a vital component of our cost-containment efforts. To ensure claims accuracy, we have implemented an additional claim editor. This additional layer of review goes beyond our existing editors to identify and address billing errors, coding inconsistencies, and overpayments. This will increase accuracy by identifying post-adjudicated, pre-payment claims that are on a path to inaccurate payment and adjusting them to pay in accordance with our reimbursement policies. Additionally, we are increasing our audit capabilities for inpatient claims, implementing additional reviews of claims associated with denials, and expanding data-mining capabilities and post-pay audits.

**Level of Service Reviews** – To ensure fair and consistent evaluation and management coding and reimbursement, BridgeSpan has implemented a focused program to review levels of service. A pre-payment solution that systematically assesses reimbursement code complexity against the patient's clinical condition and the treatment provided, ensuring that coding accurately reflects the intensity of

resource utilization in accordance with Centers for Medicare & Medicaid Services (CMS) guidelines.

# Cost and Quality Metrics, CY2025 Individual and Small Group Rate Filings

Table 1: Utilization per 1,000 members and per member, per month costs

Major Medical Service Category	Count Type	Utilization <sup>1</sup>	Cost Per Utilization <sup>2</sup>	Cost PMPM <sup>3</sup>
Inpatient	Admissions	43.9	\$30,101.92	\$110.13
	Days	216.6	\$6,101.32	
Outpatient	Visits	1,449.1	\$1,482.14	\$178.99
Emergency Room	Visits	147.2	\$1,704.35	\$20.91
Primary Care Physicians	Visits	1,871.6	\$189.19	\$29.51
Specialty Care Physicians	Visits	995.3	\$209.83	\$17.40
Pharmacy - Outpatient <sup>4</sup>	Scripts	8,869.8	\$238.34	\$176.17
Other	Misc	11,306.5	\$192.55	\$181.42

Data reflects all the carrier's commercial, fully funded, major medical insurance.

<sup>1</sup> Utilization is expressed in terms of "per 1,000 members, per year."

<sup>2</sup> Costs include additional services provided at that service. For example, pharmacy prescriptions filled in an inpatient stay will show up in the Inpatient category

<sup>3</sup> Costs per member per month, before applying cost sharing. The formula to calculate PMPM costs is Utilization \* Cost per Utilization / 12,000

<sup>4</sup> Does not include costs of drugs administered during a hospital admission

# Cost and Quality Metrics, CY 2025 Individual and Small Group Rate Filings

[Read more about rates reform recommendations to the governor](#)

Table 2: Key Quality Measures

Major Medical Service Category <sup>1,2</sup>	Company Measure
Access to Care (CAHPS) <sup>3</sup> <i>Percentage of patients (adults and children) who thought they received appointments and care when they needed them.</i>	N/A
Breast Cancer Screening <sup>2</sup> <i>Percentage of women 40 to 69 who had a mammogram for breast cancer every 2 years.</i>	N/A
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing <sup>2</sup> <i>Percentage of members 18 to 75 who had this test.</i>	N/A
Follow-Up After Hospitalization for Mental Illness <sup>2</sup> <i>Percentage of patients (ages 6+) who received a follow-up with a health care provider within 7 days of being discharged from the hospital for mental illness.</i>	N/A
Developmental Screening in the First Three Years of Life <sup>4</sup> <i>Percentage of children who were screened for risks of developmental, behavioral and social delays using standardized screening tools in the 12 months preceding their first, second or third birthday.</i>	N/A

Measures reflects the carrier's statewide, commercial, fully funded, major medical insurance. Metrics are for informative purposes only.

[Oregon state library repository](#)

**NOTE: Quality metrics provided for CY 2025. Unaudited final rates.**

*The enclosed metrics are for informative purposes only and should not be published or compared to similarly named rates that do not*

**Notes by Regence HEDIS Quality Programs:**

<sup>1</sup> Measures are derived for the Bridgespan Health Company, Marketplace EPO line of business.

<sup>2</sup> OR Bridgespan population is below the CMS reporting threshold of 500 enrolled members, rates were not produced for this plan.

<sup>3</sup> OR Bridgespan population is below the CMS reporting threshold of 500 enrolled members, member experience survey was not fielded.

<sup>4</sup> This is not a HEDIS measure currently, therefore Regence does not calculate this measure.

# BridgeSpan Health Company Individual Rate Filing – ACA-Compliant Plans

Rates Effective January 1, 2027

## STANDARD REVIEW QUESTIONS

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1. *What is the greatest financial loss and gain that the company believes is conceivable in 2026? 2027?*
  - a. *Please describe the nature, extent, and results of stress testing performed in developing the proposed rates?*
  - b. *How have these projections changed since last year's filing?*

### BridgeSpan Response:

The stress testing performed as part of developing the proposed rates involves determining a range of potential outcomes for different market changes and measuring the resulting financial impact.

BridgeSpan does not expect to incur significant financial losses in 2026 or 2027.

The primary risk for 2026 and 2027 is changes to the market rules and regulatory guidance that will be in place and the resulting implications to the size and composition of the market. Additionally, there is risk that the rates and benefits offered by BridgeSpan's competitors will directly impact market risk adjustment and the ability to offset risk selection in the marketplace. These risks remain unchanged from last year's filing.

2. *What was the average age factor for 2026 premiums? What is the initial average age factor being filed for 2027 premiums?*

### BridgeSpan Response:

Average age factor for 2026 ACA premiums: 1.9207

Average age factor for 2027 ACA premiums: 1.7452

3. *Primary Care spending: As required by OAR 836-053-0473, identify the following information regarding the company's spending on primary care in the Primary Care Spending in Oregon Report (located at the following link <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Primary-Care-Spending-Dashboard.aspx>)*
  - a. *Percentage of medical spending allocated to primary care.*
  - b. *If the organizations spend is less than 12%, the rate filing should include a plan to increase primary care spending by 1% per year.*

### BridgeSpan Response:

BridgeSpan is not included in the 2025 Primary Care Spending in Oregon report as it did not meet the "prominent carrier" requirements of SB 231.

4. Under SB 1529 (2020), consumers are entitled to three \$5 primary care visits annually, before deductible.
  - a. How many consumers used at least one of the \$5 visits in 2025.
  - b. How many consumers used all three visits in 2025?

**BridgeSpan Response:**

- a. 96 members used at least one \$5 primary care visit in 2025
  - b. 33 members used all three \$5 primary care visits in 2025
5. What is the load to silver plan rates attributable to the non-payment of CSRs? How is this calculated?

**BridgeSpan Response:**

The CSR load to Silver plans is 0.5% which was determined by calculating the weighted average of the actuarial value (AV) difference between all CSR variations and the base silver (rounded to the nearest 0.5%). An 87% was chosen as a more reasonable estimate of the expected relative cost increase for the 94% CSR plan. Estimated 2027 company’s silver enrollment by CSR level was used for the weighting. See the table below for the calculation of additional rate change needed for Silver On-Exchange plans.

**Estimated Silver CSR Load with Projected Membership Distribution**

	<b>Est 2027 # of Mems</b>	<b>Est 2027 % of Mems</b>	<b>Metal AV</b>	<b>CSR load</b>
<b>94% CSR</b>	0	0.0%	87.0%	24.3%
<b>87% CSR</b>	0	0.0%	87.0%	24.3%
<b>73% CSR</b>	6	7.6%	73.0%	4.3%
<b>Base Silver</b>	72	92.4%	70.0%	0.0%
<b>Total</b>	78	100.0%	70.2%	<b>0.5%</b>

6. What is your organizations 2025 spend on telehealth? Both the total claims dollar amount and the percent of overall claims spend?

**BridgeSpan Response:**

2025 spend on telehealth was \$50K which represents 3.1% of overall claims spend.

7. Has your organization experienced increased spending on abortion service with recent federal actions, or actions of other states, related to abortion access?

**BridgeSpan Response:**

BridgeSpan has not experienced material changes to cost or utilization of abortion services.

8. *How is your organization managing healthcare workforce shortages impacting care availability generally?*
- a. *Are providers requesting contract changes due to workforce shortages?*
  - b. *How has your organization adjusted networks to ensure adequacy?*

**BridgeSpan Response:**

- a. Providers have not directly addressed this outside of asking and requiring trends that have been materially greater than the historical and exceed the cost cap for Oregon. All providers have mentioned that labor costs and shortages play a significant role in this need.
  - b. BridgeSpan continues to follow the network adequacy requirements developed by CMS and reviews the access elements such as wait times on regular basis and resolves issues if they arise. BridgeSpan has a process that allows nominations by external parties for network to research, explore, and potentially resolve if an issue is confirmed.
9. *How many members who were enrolled in the -05 (87% CSR) and -06 (94% CSR) silver plans did not re-enroll with your company in 2026?*

**BridgeSpan Response:**

9 members from the 87% CSR and 94% CSR cohorts did not re-enroll with BridgeSpan in 2026.

10. *For the following categories of care please provide the trend, total claims dollars spent, and the percentage of overall claims spend for the following service category. Have there been noticeable utilization changes in these categories?*
- a. *Mental Health/Substance Use Disorder Services*
  - b. *Inpatient/hospitalization*
  - c. *Prescription Drug*
  - d. *Preventive Services*
  - e. *Outpatient care, not including emergency care*
  - f. *Emergency services*

**BridgeSpan Response:**

- a. Mental Health/Substance Use Disorder Services
  - 2025/2024 trend: 148.3%
  - 2025 total claim dollars spent: \$52K
  - % of overall claims spend: 3.2%
  - Noticeable utilization changes: 104% increase in Professional OP Psychiatric category
- b. Inpatient/hospitalization
  - 2025/2024 trend: 15.5%
  - 2025 total claim dollars spent: \$168K
  - % of overall claims spend: 10.3%
  - Noticeable utilization changes: 59% decrease in IP Surgical category
- c. Prescription Drug
  - 2025/2024 trend: 23.6%
  - 2025 total claim dollars spent: \$833K
  - % of overall claims spend: 51.2%
  - Noticeable utilization changes: 11% decrease in Specialty Rx category and 35% increase in Preferred Brand category

- d. Preventive Services
  - 2025/2024 trend: 35.9%
  - 2025 total claim dollars spent: \$79K
  - % of overall claims spend: 4.9%
  - Noticeable utilization changes: 28% increase in Preventive Physical Exams category
- e. Outpatient care, not including emergency care
  - 2025/2024 trend: -5.8%
  - 2025 total claim dollars spent: \$299K
  - % of overall claims spend: 18.4%
  - Noticeable utilization changes: 205% increase in OP Surgery – Ambulatory Surgery Center category and 19% decrease in OP Surgery – Hospital Outpatient category
- f. Emergency services
  - 2025/2024 trend: -18.9%
  - 2025 total claim dollars spent: \$29K
  - % of overall claims spend: 1.8%
  - Noticeable utilization changes: n/a

11. *What is the total dollar amount of prescription drug rebates received in the experience period?*

**BridgeSpan Response:**

Total amount of prescription drug rebates received in 2025 is \$330K.

12. *What is the percent of overall spend on in-network vs. out-of-network spend?*

**BridgeSpan Response:**

In-network accounts for almost 100% and out-of-network accounts for nearly 0% of 2025 overall spend.

13. *Has your organization experienced an increase in claims costs from ongoing communicable disease events in Oregon or nationally – including whooping cough, avian flu, and measles?*

**BridgeSpan Response:**

BridgeSpan has not experienced a material increase in claims costs from ongoing communicable disease events as all of them have had very limited prevalence in BridgeSpan’s population.

14. *In what ways has the company reflected federal uncertainty in the filed rates?*

**BridgeSpan Response:**

BridgeSpan has not made any specific adjustments. Rates are reasonable for the current laws and known policies as of the filing date. If those laws and policies change, the impacts could vary significantly based on those specific changes.

15. *For Plan Year 2027, did your organization use any form of generalized linear model (GLM), machine learning tool, or other complex statistical model in developing rating factors or projecting claims to prepare and submit this rate filing?*
- a. *If yes, please identify which categories of benefits were subjected to the model.*
  - b. *Please indicate if different models were used for different categories of benefits.*

**BridgeSpan Response:**

BridgeSpan did not use any form of generalized liner model (GLM) or machine learning tools to develop rating factors or project claims to prepare and submit this rate filing. AI tools (Microsoft Copilot and CamChat , Cambia's internal AI assistant) were used solely in an administrative capacity to assist with drafting exhibit language, comparing document versions, and facilitating internal review discussions. All actuarial work was performed and validated by qualified actuaries in accordance with the Code of Professional Conduct and applicable ASOPs, including ASOP No. 56.

16. *What is the PMPM dollar amount of prescription drug rebates received in the experience period. What are the PMPM dollar amount of prescription drug rebates in the projection period?*

**BridgeSpan Response:**

The PMPM dollar amount of prescription drug rebates received in the experience period is \$175.02. The PMPM dollar amount of prescription drug rebates in the projection period is \$57.09.

17. *Aside from trend and experience, provide the top three factors or variables contributing to the requested rate increase. Similarly, please provide the top three factors or variables that caused downward pressure on the requested change.*

**BridgeSpan Response:**

In addition to increasing medical care costs, the requested rate change is driven by projected increases in market morbidity, higher administrative expenses and differences in actual results vs expected, while leaner benefit designs changes exert downward pressure on the rate.

## Portland Area Proposed Rate Examples

### 2027 Individual Non-Grandfathered Plans

*Clackamas, Multnomah, Washington, Yamhill*

	Description	
<b>Catastrophic Plan</b>	21-year-old, single, non-tobacco user	N/A
<b>Standard Bronze Plan</b>	21-year-old, single, non-tobacco user	\$471.03
	40-year-old, single, non-tobacco user	\$601.98
	60-year-old, single, non-tobacco user	\$1,278.37
<b>Standard Silver Plan</b>	21-year-old, single, non-tobacco user	\$537.92
	40-year-old, single, non-tobacco user	\$687.46
	60-year-old, single, non-tobacco user	\$1,459.91
<b>Standard Gold Plan</b>	21-year-old, single, non-tobacco user	\$688.20
	40-year-old, single, non-tobacco user	\$879.52
	60-year-old, single, non-tobacco user	\$1,867.78

\* Reflects respective standard plans on Individual Value Network

## Eugene Area Proposed Rate Examples

### 2027 Individual Non-Grandfathered Plans

*Benton, Lane, Linn*

	Description	
<b>Catastrophic Plan</b>	21-year-old, single, non-tobacco user	N/A
<b>Standard Bronze Plan</b>	21-year-old, single, non-tobacco user	\$499.23
	40-year-old, single, non-tobacco user	\$638.02
	60-year-old, single, non-tobacco user	\$1,354.92
<b>Standard Silver Plan</b>	21-year-old, single, non-tobacco user	\$570.13
	40-year-old, single, non-tobacco user	\$728.62
	60-year-old, single, non-tobacco user	\$1,547.32
<b>Standard Gold Plan</b>	21-year-old, single, non-tobacco user	\$729.41
	40-year-old, single, non-tobacco user	\$932.18
	60-year-old, single, non-tobacco user	\$1,979.61

\* Reflects respective standard plans on Individual Value

## Salem Area Proposed Rate Examples 2027 Individual Non-Grandfathered Plans *Marion, Polk*

	Description	
<b>Catastrophic Plan</b>	21-year-old, single, non-tobacco user	N/A
<b>Standard Bronze Plan</b>	21-year-old, single, non-tobacco user	\$474.99
	40-year-old, single, non-tobacco user	\$607.04
	60-year-old, single, non-tobacco user	\$1,289.12
<b>Standard Silver Plan</b>	21-year-old, single, non-tobacco user	\$542.44
	40-year-old, single, non-tobacco user	\$693.24
	60-year-old, single, non-tobacco user	\$1,472.18
<b>Standard Gold Plan</b>	21-year-old, single, non-tobacco user	\$693.98
	40-year-old, single, non-tobacco user	\$886.92
	60-year-old, single, non-tobacco user	\$1,883.47

\* Reflects respective standard plans on Individual Value

## Bend Area Proposed Rate Examples 2027 Individual Non-Grandfathered Plans *Deschutes, Klamath, Lake*

	Description	
<b>Catastrophic Plan</b>	21-year-old, single, non-tobacco user	N/A
<b>Standard Bronze Plan</b>	21-year-old, single, non-tobacco user	\$456.19
	40-year-old, single, non-tobacco user	\$583.01
	60-year-old, single, non-tobacco user	\$1,238.09
<b>Standard Silver Plan</b>	21-year-old, single, non-tobacco user	\$520.97
	40-year-old, single, non-tobacco user	\$665.79
	60-year-old, single, non-tobacco user	\$1,413.91
<b>Standard Gold Plan</b>	21-year-old, single, non-tobacco user	\$666.51
	40-year-old, single, non-tobacco user	\$851.81
	60-year-old, single, non-tobacco user	\$1,808.92

\* Reflects respective standard plans on Individual Value

## North Coast Proposed Rate Examples

### 2027 Individual Non-Grandfathered Plans

*Clatsop, Columbia, Coos, Curry, Lincoln, Tillamook*

	Description	
<b>Catastrophic Plan</b>	21-year-old, single, non-tobacco user	N/A
<b>Standard Bronze Plan</b>	21-year-old, single, non-tobacco user	\$597.69
	40-year-old, single, non-tobacco user	\$763.85
	60-year-old, single, non-tobacco user	\$1,622.14
<b>Standard Silver Plan</b>	21-year-old, single, non-tobacco user	\$682.57
	40-year-old, single, non-tobacco user	\$872.32
	60-year-old, single, non-tobacco user	\$1,852.49
<b>Standard Gold Plan</b>	21-year-old, single, non-tobacco user	\$873.26
	40-year-old, single, non-tobacco user	\$1,116.03
	60-year-old, single, non-tobacco user	\$2,370.04

\* Reflects respective standard plans on Individual Value

## Pendleton-Hermiston Area Proposed Rate Examples 2027 Individual Non-Grandfathered Plans

*Baker, Crook, Gilliam, Grant, Harney, Hood River, Jefferson, Malheur, Morrow,  
Sherman, Umatilla, Union, Wallowa, Wasco, Wheeler*

	Description	
<b>Catastrophic Plan</b>	21-year-old, single, non-tobacco user	N/A
<b>Standard Bronze Plan</b>	21-year-old, single, non-tobacco user	\$572.46
	40-year-old, single, non-tobacco user	\$731.61
	60-year-old, single, non-tobacco user	\$1,553.65
<b>Standard Silver Plan</b>	21-year-old, single, non-tobacco user	\$653.75
	40-year-old, single, non-tobacco user	\$835.49
	60-year-old, single, non-tobacco user	\$1,774.28
<b>Standard Gold Plan</b>	21-year-old, single, non-tobacco user	\$836.40
	40-year-old, single, non-tobacco user	\$1,068.92
	60-year-old, single, non-tobacco user	\$2,269.98

\* Reflects respective standard plans on Individual Value

## Medford Area Proposed Rate Examples

### 2027 Individual Non-Grandfathered Plans

*Douglas, Jackson, Josephine*

	Description	
<b>Catastrophic Plan</b>	21-year-old, single, non-tobacco user	N/A
<b>Standard Bronze Plan</b>	21-year-old, single, non-tobacco user	\$578.89
	40-year-old, single, non-tobacco user	\$739.83
	60-year-old, single, non-tobacco user	\$1,571.11
<b>Standard Silver Plan</b>	21-year-old, single, non-tobacco user	\$661.10
	40-year-old, single, non-tobacco user	\$844.88
	60-year-old, single, non-tobacco user	\$1,794.22
<b>Standard Gold Plan</b>	21-year-old, single, non-tobacco user	\$845.79
	40-year-old, single, non-tobacco user	\$1,080.93
	60-year-old, single, non-tobacco user	\$2,295.48

\* Reflects respective standard plans on Individual Value

## 2027 Service Area v16.0

All fields with an asterisk ( \* ) are required

To validate, press the Validate button or Ctrl + Shift + I. To finalize, press the Finalize button or Ctrl + Shift + F

Click Create Service Area IDs button (or Ctrl + Shift + R) to Create Service Area IDs based on your state

Service Area IDs will populate in the drop-down box in Service Area ID column

For each row, enter one County for that Service Area ID (unless the Service Area covers entire state)

<b>HIOS Issuer ID:*</b>	63474
<b>Issuer State:*</b>	OR

<b>Service Area ID*</b>	<b>Service Area Name*</b>	<b>State*</b>	<b>County Name</b>	<b>Partial County</b>
<b>Required:</b> Enter the Service Area ID	<b>Required:</b> Enter the Service Area Name	<b>Required:</b> Does this Service Area cover the entire state?	<b>Required if State is "No":</b> Select the County - FIPS this Service Area covers	<b>Required if State is "No":</b> Does this Service Area include a partial county?
ORS001	Individual Value	Yes		

**BridgeSpan Health Company**  
**Preliminary Rate Increase Justification for 2027**  
**Individual Health Benefit Plans**

**Website:** <https://www.bridgespanhealth.com/member/home>

**Customer Service:** 1 (855) 857-9944, TTY: 711

**NIAC SERFF Rate Filing Tracking #:** RGOR-134948668

**Rate Change**

The projected average rate change for plans effective January 1, 2027 is 11.7% which is an average rate change of about \$100 per member per month (pmpm). Because 11.7% (or about \$100) is an average, it is possible to have a different rate change. Factors affecting a member's premium are age, tobacco use, family composition, plan, and geographic area. Rate changes vary from about 9.5% to 14.3% and this variability in rate changes is driven by plan design and geographic factor changes. Expected cost differences by product are updated every year to ensure premium differences are appropriate. BridgeSpan has approximately 100 members enrolled in this line of business as of March 2026. BridgeSpan has 3 plans modified by the rate request, 0 new plans offered, and is discontinuing 0 plans that were offered in 2026.

**Most Significant Factors**

The rate change described above is driven by the following factors:

- Medical and Rx Blended Trend : 9.5% or \$81.73
- Change in Market Morbidity : 1.0% or \$8.96
- Change in Benefits, Age, Area, and Network : -3.7% or -\$33.95
- Actual Results vs Expected : 4.0% or \$35.01
- Other : 0.9% or \$8.42

Other includes changes to admin expenses.

**Financial Experience**

The 2025 ACA unadjusted premium revenue was \$1,505,019 (\$797 pmpm), compared to total estimated incurred claims of \$1,077,897 (\$571 pmpm). This produced an unadjusted loss ratio of 71.6%. Premium revenue will be adjusted by the 2025 Risk Adjustment transfer, currently estimated as a receipt of \$129 pmpm. Any variations from the estimates for the federal risk adjustment will not be known until the summer of 2026 and could significantly impact financial results.

**Key Assumptions**

The annual cost trends used in developing the 2027 rates:

- Medical : 9.0%
- Rx : 11.1%
- Medical and Rx Blended: 9.5%

To determine projected trend for the rating period, BridgeSpan Health Company analyzed the individual components of trend - change in reimbursement, utilization, mix and intensity, and leverage. High Rx cost trends are driven by the increased prevalence of specialty drugs in the market, new specialty drugs expected to be introduced, the high cost per specialty prescription, and the lack of low cost substitutes for these drugs. Blended trend is calculated by weighting Medical and Rx trends based on their relative contribution to claims in the experience period.

The 2027 rates are made up of the following components:

- Claims: 82.1%
- Administrative Costs: 8.3%
- Federal taxes and fees: 0.6%
- State taxes and fees: 4.8%
- Commissions: 0.2%
- Contribution to surplus, profit, and risk margin: 4.0%

Claims costs represent estimated incurred claims. They are net of BlueCard access fees, expected Rx rebates and risk adjustment transfer payments.

The table below shows a breakdown of retained premium and Medical Loss Ratio for the past three years

Year	Earned Premium	Paid Claims	MLR	Retained Earnings
2023	3,486,231	3,105,405	89.1%	380,826
2024	2,686,155	1,731,877	64.5%	954,278
2025	1,705,019	1,077,897	63.2%	627,123

Earned premium includes risk adjustment

Paid claims includes Oregon reinsurance

BridgeSpan did not have any changes to the service area. OHSU hospitals are being removed from the Individual Value network for 2027.