

State: Oregon Filing Company: Kaiser Foundation Health Plan of the Northwest
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other
Product Name: Small Group 2027
Project Name/Number: /

Filing at a Glance

Company: Kaiser Foundation Health Plan of the Northwest
Product Name: Small Group 2027
State: Oregon
TOI: H16G Group Health - Major Medical
Sub-TOI: H16G.003G Small Group Only - Other
Filing Type: Rate
Date Submitted: 06/03/2026
SERFF Tr Num: KFNW-134906004
SERFF Status: Pending State Action
State Tr Num: KFNW-134906004
State Status: Pending Actuary
Co Tr Num: EOSGDED0127, EOSG3TPOSDED0127, EOSGKPPDED0127, EOSGDEDSTD0127,
EOSGHDHP0127, EOSGKPP0127, EOSGTRAD0127

Effective: 01/01/2027
Date Requested:
Author(s): Luke Hampton, David Liebert, Annunziata Johnson, Jennifer Battaglini, Norma Espinoza, Kitty Yang, Marcella Lopez
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,MODDIS - Modification/Discontinuance

State: Oregon **Filing Company:** Kaiser Foundation Health Plan of the Northwest
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other
Product Name: Small Group 2027
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: Group
Submission Type: New Submission Group Market Size: Small
Group Market Type: Employer Overall Rate Impact: 9.5%
Filing Status Changed: 06/05/2026
State Status Changed: 06/03/2026 Deemer Date:
Created By: Luke Hampton Submitted By: Luke Hampton
Corresponding Filing Tracking Number:

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Exchange Intentions: Exchange and Outside Market

Filing Description:
2027 Small Group ACA compliant plans

Company and Contact

Filing Contact Information

Luke Hampton, Senior Actuarial Associate luke.w.hampton@kp.org
500 NE Multnomah St., Ste 100, 503-314-2590 [Phone]
14th Fl
Portland, OR 97232-2099

Filing Company Information

Kaiser Foundation Health Plan of the Northwest CoCode: 95540 State of Domicile: Oregon
500 NE Multnomah St. Group Code: Company Type: HCSC
Suite 100 Group Name: State ID Number: 126
Portland, OR 97232 FEIN Number: 93-0798039
(503) 813-4146 ext. [Phone]

State: Oregon Filing Company: Kaiser Foundation Health Plan of the Northwest
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other
Product Name: Small Group 2027
Project Name/Number: /

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

State: Oregon Filing Company: Kaiser Foundation Health Plan of the Northwest
 TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other
 Product Name: Small Group 2027
 Project Name/Number: /

Correspondence Summary

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending industry response	Tashia Sizemore	06/05/2026	06/05/2026

Response Letters

Responded By	Created On	Date Submitted
Luke Hampton	06/05/2026	06/05/2026

State: Oregon **Filing Company:** Kaiser Foundation Health Plan of the Northwest
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other
Product Name: Small Group 2027
Project Name/Number: /

Objection Letter

Objection Letter Status	Pending industry response
Objection Letter Date	06/05/2026
Submitted Date	06/05/2026
Respond By Date	

Dear Luke Hampton,

Introduction:

Please submit the Consumer Friendly Rate Summary document as a Supporting Document. For details on this requirement please see the last page of the Current Product Standards.

Conclusion:

If you have questions about this objection please contact Tashia Sizemore, Life and Health Product Regulation Manager.

Email: tashia.sizemore@dcbs.oregon.gov or phone: 971-283-0102.

Sincerely,
Tashia Sizemore

SERFF Tracking #:

KFNW-134906004

State Tracking #:

KFNW-134906004

Company Tracking #:

EOSGDED0127, EOSG3TPOSEDED0127,
EOSGKPPDE...

State:

Oregon

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name:

Small Group 2027

Project Name/Number:

/

Response Letter

Response Letter Status

Submitted to State

Response Letter Date

06/05/2026

Submitted Date

06/05/2026

Dear Michael Sink,

Introduction:

Response 1

Comments:

My apologies. The Consumer Friendly Rate Summary document has been added under supporting documents.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No URRT Items Changed.

Supporting Document Schedule Item Changes

Satisfied - Item:

Consumer Friendly Summary Document for Rate Filing

Comments:

Attachment(s):

Consumer Friendly Summary Document for Rate Filings 20260605.pdf

Conclusion:

Sincerely,

Luke Hampton

State: Oregon Filing Company: Kaiser Foundation Health Plan of the Northwest
 TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other
 Product Name: Small Group 2027
 Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method: Review & Approve
 Rate Change Type: Increase
 Overall Percentage of Last Rate Revision: 6.600%
 Effective Date of Last Rate Revision: 01/01/2026
 Filing Method of Last Filing: Review & Approve
 SERFF Tracking Number of Last Filing: KFNW-134500659

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):
Kaiser Foundation Health Plan of the Northwest	Increase	9.500%	9.500%	\$17,293,787	25,354	\$199,343,978	19.000%	5.400%

State: Oregon Filing Company: Kaiser Foundation Health Plan of the Northwest
 TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other
 Product Name: Small Group 2027
 Project Name/Number: /

Rate Review Detail

COMPANY:

Company Name: Kaiser Foundation Health Plan of the Northwest
 HHS Issuer Id: 71287

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
HMO SBG Products	71287OR043		591
POS SBG Products - PED DNT	71287OR066		2130
SBG KP Plus - PED DNT	71287OR067		758
SBG-NONPOS - PED DNT	71287OR065		21882

Trend Factors: Our annual claims and admin trend is 6.5%

FORMS:

New Policy Forms:
 Affected Forms:
 Other Affected Forms: EOSGDED0127, EOSG3TPOSDED0127, EOSGKPPDED0127, EOSGDEDSTD0127, EOSGHDHP0127, EOSGKPP0127, EOSGTRAD0127

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
 Member Months: 49,493,592
 Benefit Change: None
 Percent Change Requested: Min: 5.4 Max: 19.0 Avg: 9.5

PRIOR RATE:

Total Earned Premium: 182,050,191.00
 Total Incurred Claims: 169,109,180.00
 Annual \$: Min: 186.00 Max: 1,671.00 Avg: 601.49

REQUESTED RATE:

Projected Earned Premium: 199,343,978.00
 Projected Incurred Claims: 180,185,832.00
 Annual \$: Min: 213.00 Max: 1,854.00 Avg: 655.02

SERFF Tracking #:

KFNW-134906004

State Tracking #:

KFNW-134906004

Company Tracking #:

EOSGDED0127, EOSG3TPOSEDED0127,
EOSGKPPDE...

State:

Oregon

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name:

Small Group 2027

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		Rate Schedule	EOSGDED0127, EOSG3TPOSEDED0127, EOSGKPPDED0127, EOSGDEDSTD0127, EOSGHDHP0127, EOSGKPP0127, EOSGTRAD0127	New		2027 Rate Tables and Factors 20260530.pdf, 2027 Rate Tables and Factors 20260530.xlsm, 2027 Proposed Small Group Standard Plan Rates.pdf,

SERFF Tracking #:	KFNW-134906004	State Tracking #:	KFNW-134906004	Company Tracking #:	EOSGDED0127, EOSG3TPOSEDED0127, EOSGKPPDE...
--------------------------	----------------	--------------------------	----------------	----------------------------	---

State:	Oregon	Filing Company:	Kaiser Foundation Health Plan of the Northwest
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other		
Product Name:	Small Group 2027		
Project Name/Number:	/		

Attachment 2027 Rate Tables and Factors 20260530.xlsm is not a PDF document and cannot be reproduced here.

Kaiser Foundation Health Plan of the Northwest
Oregon Small Group Medical
Small Group Rate Tables and Factors
Table of Contents

Exhibits	Content
Exhibit A	Geographic Average Rates by Plan and Family Type
Exhibit B	Rating Factors
Exhibit C	Rating Example
Exhibit D	Rate Sheets

Kaiser Foundation Health Plan of the Northwest

Small Group Rate Tables and Factors

Geographic Average Rates by Plan

Metallic Level	Name	Calibrated Plan Adjusted Index Rate (Base Rate)	Avg Area Factor	Avg Min & Max Demo Factor	Q1 Rate	Q2 Rate	Q3 Rate	Q4 Rate	Q1 Rate Increase	Q2 Rate Increase	Q3 Rate Increase	Q4 Rate Increase
Gold	KP Oregon Standard Gold Plan	459.06	1.0000	1.82	834.34	844.58	854.95	865.44	10.1%	10.7%	11.4%	10.7%
Silver	KP Oregon Standard Silver Plan	397.66	1.0000	1.82	722.75	731.62	740.60	749.69	13.1%	13.8%	14.5%	14.8%
Bronze	KP Oregon Standard Bronze Plan	356.99	1.0000	1.82	648.84	656.60	664.86	673.02	12.6%	13.2%	14.0%	14.9%
Bronze	KP OR Bronze HSA 7800	338.28	1.0000	1.82	614.83	623.38	630.01	637.75	15.4%	15.9%	16.8%	19.0%
Bronze	KP OR Bronze 7000	360.31	1.0000	1.82	654.86	662.90	671.03	679.27	7.8%	8.6%	9.2%	10.0%
Bronze	KP OR Bronze Added Choice 7000	411.14	1.0000	1.82	747.24	756.41	765.69	775.09	10.2%	10.9%	11.4%	11.5%
Bronze	KP OR Gold Added Choice OOA 7000	393.80	1.0000	1.82	715.73	724.51	733.40	742.40	9.7%	10.5%	11.3%	11.2%
Bronze	KP OR Bronze KP Plus 7000	370.59	1.0000	1.82	673.54	681.81	690.17	698.64	8.2%	8.7%	9.5%	10.0%
Bronze	KP OR Bronze 9700	336.26	1.0000	1.82	611.14	618.64	626.24	633.92	11.6%	12.2%	13.1%	14.8%
Gold	KP OR Gold 0	462.20	1.0000	1.82	840.05	850.36	860.79	871.36	6.6%	6.9%	7.5%	6.4%
Gold	KP OR Gold 1000	454.03	1.0000	1.82	825.19	835.32	845.57	855.95	8.4%	9.0%	9.4%	9.0%
Gold	KP OR Gold Added Choice 1500	516.83	1.0000	1.82	939.34	950.86	962.53	974.35	11.4%	12.0%	12.8%	11.4%
Gold	KP OR Gold KP Plus 1000	467.25	1.0000	1.82	849.22	859.65	870.20	880.87	8.4%	9.2%	9.9%	9.0%
Gold	KP OR Gold Added Choice OOA 1500	493.86	1.0000	1.82	897.59	908.61	919.76	931.04	11.0%	11.6%	12.2%	11.3%
Gold	KP OR Gold 1500	440.07	1.0000	1.82	799.83	809.65	819.58	829.64	9.5%	10.1%	10.8%	10.4%
Gold	KP OR Gold 2000	433.79	1.0000	1.82	788.42	798.10	807.89	817.80	9.9%	10.3%	11.3%	10.8%
Gold	KP OR Gold KP Plus 2000	446.38	1.0000	1.82	811.30	821.25	831.33	841.53	na	na	na	na
Gold	KP OR Gold 5500	434.09	1.0000	1.82	788.96	798.64	808.44	818.36	na	na	na	na
Gold	KP OR Gold Added Choice 500	520.85	1.0000	1.82	946.64	958.26	970.02	981.93	11.6%	12.1%	13.1%	11.8%
Gold	KP OR Gold Added Choice OOA 500	503.24	1.0000	1.82	914.64	925.86	937.22	948.72	11.0%	11.6%	12.4%	11.3%
Gold	KP OR Gold HSA 1900	431.43	1.0000	1.82	784.12	793.75	803.49	813.33	12.2%	12.9%	13.6%	13.7%
Platinum	KP OR Platinum 0	546.18	1.0000	1.82	981.77	993.82	1006.02	1018.36	10.0%	10.7%	11.5%	9.8%
Platinum	KP OR Platinum KP Plus 0	556.10	1.0000	1.82	1010.72	1023.12	1035.68	1048.39	10.8%	11.5%	12.2%	10.8%
Platinum	KP OR Platinum 250	522.35	1.0000	1.82	949.37	961.02	972.82	984.75	7.9%	8.6%	9.2%	8.0%
Platinum	KP OR Platinum Added Choice 250	590.15	1.0000	1.82	1072.59	1085.75	1099.08	1112.57	9.5%	10.1%	11.0%	9.1%
Platinum	KP OR Platinum Added Choice OOA 250	574.27	1.0000	1.82	1043.74	1056.54	1069.51	1082.64	8.7%	9.4%	10.1%	8.6%
Platinum	KP OR Platinum 500	507.63	1.0000	1.82	922.61	933.93	945.40	957.00	8.9%	9.5%	10.1%	8.9%
Silver	KP OR Silver 3000	401.00	1.0000	1.82	728.82	737.76	746.82	755.98	9.6%	10.0%	10.8%	10.9%
Silver	KP OR Silver Added Choice 3000	456.96	1.0000	1.82	830.53	840.72	851.04	861.48	13.1%	13.8%	14.4%	13.9%
Silver	KP OR Silver Added Choice OOA 3000	441.04	1.0000	1.82	801.59	811.43	821.38	831.46	12.5%	13.2%	13.9%	13.7%
Silver	KP OR Silver KP Plus 3000	412.55	1.0000	1.82	749.82	759.02	768.33	777.76	9.8%	10.3%	11.0%	10.9%
Silver	KP OR Silver HSA 3800	366.58	1.0000	1.82	671.71	679.96	688.30	696.75	14.2%	14.7%	15.5%	16.4%
Silver	KP OR Silver 4000	390.72	1.0000	1.82	710.13	718.64	727.60	736.60	8.9%	9.6%	10.4%	10.4%
Silver	KP OR Silver Added Choice 4000	448.98	1.0000	1.82	816.02	826.03	836.17	846.43	12.5%	12.9%	13.9%	13.7%
Silver	KP OR Silver Added Choice OOA 4000	433.91	1.0000	1.82	788.62	798.30	808.10	818.01	12.1%	12.6%	13.5%	13.1%
Silver	KP OR Silver 5000	378.59	1.0000	1.82	688.08	696.53	705.07	713.73	8.6%	9.1%	9.9%	10.4%
Silver	KP OR Silver 6000	375.75	1.0000	1.82	682.93	691.81	699.79	708.38	9.0%	9.5%	10.2%	10.8%
Bronze	KP OR Bronze HSA 7800 w/VX	342.22	1.0000	1.82	621.98	629.61	637.34	645.16	14.8%	15.3%	16.2%	17.9%
Bronze	KP OR Bronze 7000 w/VX	364.28	1.0000	1.82	662.07	670.20	678.42	686.75	7.4%	8.2%	8.4%	9.6%
Bronze	KP OR Bronze Added Choice 7000 w/VX	415.03	1.0000	1.82	754.32	763.58	772.95	782.44	9.5%	10.2%	11.0%	11.1%
Bronze	KP OR Bronze Added Choice OOA 7000 w/VX	397.69	1.0000	1.82	722.81	731.68	740.66	749.75	9.3%	9.8%	10.6%	11.0%
Bronze	KP OR Bronze KP Plus 7000 w/VX	471.64	1.0000	1.82	680.75	689.11	697.56	706.12	7.8%	8.3%	9.1%	9.6%
Bronze	KP OR Bronze 9700 w/VX	340.19	1.0000	1.82	618.29	625.88	633.56	641.33	13.2%	12.2%	13.9%	13.7%
Gold	KP OR Gold 0 w/VX	466.52	1.0000	1.82	847.90	858.31	868.84	879.50	5.7%	6.1%	6.7%	6.1%
Gold	KP OR Gold 1000 w/VX	458.42	1.0000	1.82	833.18	843.41	853.76	864.23	7.5%	8.2%	9.0%	8.4%
Gold	KP OR Gold Added Choice 1500 w/VX	521.22	1.0000	1.82	947.32	958.95	970.72	982.63	10.6%	11.4%	11.9%	10.9%
Gold	KP OR Gold KP Plus 1000 w/VX	471.64	1.0000	1.82	857.21	867.73	878.38	889.16	8.0%	8.4%	9.0%	8.4%
Gold	KP OR Gold Added Choice OOA 1500 w/VX	498.18	1.0000	1.82	905.45	916.56	927.81	939.19	10.4%	11.0%	11.6%	10.7%
Gold	KP OR Gold 1500 w/VX	444.32	1.0000	1.82	807.56	817.47	827.50	837.66	8.8%	9.5%	10.2%	9.8%
Gold	KP OR Gold 2000 w/VX	438.05	1.0000	1.82	796.15	805.92	815.81	825.82	9.0%	9.7%	10.3%	9.9%
Gold	KP OR Gold KP Plus 2000 w/VX	450.63	1.0000	1.82	819.02	829.07	839.25	849.55	na	na	na	na
Gold	KP OR Gold 5500 w/VX	438.55	1.0000	1.82	797.07	806.85	816.75	826.78	na	na	na	na
Gold	KP OR Gold 5000 w/VX	525.10	1.0000	1.82	954.37	966.08	978.04	990.94	11.8%	12.8%	13.9%	11.2%
Gold	KP OR Gold Added Choice OOA 500 w/VX	507.49	1.0000	1.82	922.36	933.68	945.14	956.74	10.5%	11.3%	11.8%	10.7%
Gold	KP OR Gold HSA 1900 w/VX	435.50	1.0000	1.82	791.52	801.23	811.06	821.02	11.3%	12.2%	12.6%	12.7%
Platinum	KP OR Platinum 0 w/VX	544.64	1.0000	1.82	989.89	1002.04	1014.33	1026.78	9.4%	10.0%	10.7%	9.3%
Platinum	KP OR Platinum KP Plus 0 w/VX	560.57	1.0000	1.82	1018.83	1031.34	1043.99	1056.81	10.4%	11.0%	11.5%	10.0%
Platinum	KP OR Platinum 250 w/VX	526.74	1.0000	1.82	957.36	969.10	981.00	993.04	7.3%	7.9%	8.7%	7.3%
Platinum	KP OR Platinum Added Choice 250 w/VX	594.54	1.0000	1.82	1080.58	1093.84	1107.26	1120.85	9.2%	9.7%	10.3%	8.9%
Platinum	KP OR Platinum Added Choice OOA 250 w/VX	578.66	1.0000	1.82	1051.72	1064.63	1077.69	1090.92	8.4%	8.9%	9.6%	7.6%
Platinum	KP OR Platinum 500 w/VX	512.02	1.0000	1.82	930.60	942.02	953.58	965.28	8.8%	9.4%	9.1%	7.9%
Silver	KP OR Silver 3000 w/VX	405.18	1.0000	1.82	736.42	745.45	754.60	763.86	8.6%	9.3%	10.1%	10.2%
Silver	KP OR Silver Added Choice 3000 w/VX	461.07	1.0000	1.82	838.00	848.28	858.69	869.23	12.4%	13.1%	13.7%	13.9%
Silver	KP OR Silver Added Choice OOA 3000 w/VX	445.15	1.0000	1.82	809.06	818.99	829.04	839.21	11.8%	12.8%	13.2%	13.2%
Silver	KP OR Silver KP Plus 3000 w/VX	416.74	1.0000	1.82	757.42	766.71	776.12	785.65	9.2%	9.6%	10.3%	10.2%
Silver	KP OR Silver HSA 3800 w/VX	373.80	1.0000	1.82	679.38	687.71	696.15	704.70	13.3%	13.9%	14.7%	15.8%
Silver	KP OR Silver 4000 w/VX	394.83	1.0000	1.82	717.60	726.41	735.32	744.34	8.2%	9.0%	9.5%	9.9%
Silver	KP OR Silver Added Choice 4000 w/VX	453.09	1.0000	1.82	823.49	833.60	843.83	854.18	11.9%	12.5%	13.2%	13.0%
Silver	KP OR Silver Added Choice OOA 4000 w/VX	438.01	1.0000	1.82	796.09	805.86	815.75	825.76	11.5%	11.9%	12.8%	12.4%
Silver	KP OR Silver 5000 w/VX	382.63	1.0000	1.82	695.42	703.96	712.60	721.34	7.9%	8.4%	9.2%	9.7%
Silver	KP OR Silver 6000 w/VX	379.79	1.0000	1.82	690.27	698.74	707.31	715.99	8.3%	8.8%	9.6%	10.4%
Bronze	KP OR Bronze HSA 7800 w/VX & Massage	343.80	1.0000	1.82	624.86	632.53	640.29	648.15	14.7%	15.2%	15.8%	17.8%
Bronze	KP OR Bronze 7000 w/VX & Massage	365.86	1.0000	1.82	664.95	673.11	681.37	689.74	7.3%	7.9%	8.7%	9.2%
Bronze	KP OR Bronze Added Choice 7000 w/VX & Massage	416.62	1.0000	1.82	757.20	766.50	775.90	785.43	9.7%	10.5%	10.9%	11.1%
Bronze	KP OR Bronze Added Choice OOA 7000 w/VX & Massage	399.28	1.0000	1.82	725.69	734.60	743.61	752.74	9.0%	9.8%	10.5%	10.7%
Bronze	KP OR Bronze KP Plus 7000 w/VX & Massage	376.14	1.0000	1.82	683.63	692.02	700.52	709.11	7.4%	8.2%	8.8%	9.6%
Bronze	KP OR Bronze 9700 w/VX & Massage	341.77	1.0000	1.82	621.17	628.80	636.51	644.32	11.0%	11.6%	12.2%	14.1%
Gold	KP OR Gold 0 w/VX & Massage	468.11	1.0000	1.82	850.79	861.23	871.80	882.49	5.4%	6.3%	6.9%	6.1%
Gold	KP OR Gold 1000 w/VX & Massage	460.01	1.0000	1.82	836.06	846.32	856.71	867.22	7.7%	8.4%	8.8%	8.4%

2027 Rating Factors & Gradient

Age and Smoker Factors

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

Quarterly Gradient

Trend	6.55%			
	Q1	Q2	Q3	Q4
	1.0000	1.0123	1.0247	1.0373

Area	Factor
Area 1, 5, & 6	1.00
Area 2	1.00
Area 3	1.00

Tiers	Factor
Employee	1
Emp + Spouse	2
Emp + Child(ren)	1.85
Family	2.85

2026 Rating Factors & Gradient

Age and Smoker Factors

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

Quarterly Gradient

Trend	4.1%			
	Q1	Q2	Q3	Q4
	1.0000	1.0062	1.0124	1.0187

Area	Factor
Area 1, 5, & 6	1.000
Area 2	1.000
Area 3	1.000

Tiers	Factor
Employee	1
Emp + Spouse	2
Emp + Child(ren)	1.85
Family	2.85

Example of Rate Calculation			
Base Rate		\$852.99	1
KP OR Gold Added Choice OOA 500			
Provider Network		1.1021	2
Cost Sharing Design		0.7049	3
Non EHB		\$0.86	4
Admin		1.0976	5
Plan Adjusted Index Rate	$=(1 \times 2 \times 3) + 4) \times 5$	\$728.28	6
Demographic Normalization		0.6910	7
Area Calibration		1.0000	8
Calibrated Plan Adjusted Index Rate	$=6 \times 7 \times 8$	\$503.24	9
Area 1 Factor		1.0000	10
Q2 Gradient		1.0123	11
KP OR Gold Added Choice OOA 500 Age 21, Q2, Area 1 Rate	$=9 \times 10 \times 11$	\$509.00	12
Group Census	Age	Demo Factors	
Member 1	6	0.64	13
Member 2	32	1.18	
Member 3	48	1.64	
Member 4	70	3.00	
Member 5	26	1.02	
Rate by Mem			
Member 1	$=12 \times 13$	323.00	14
Member 2		602.00	
Member 3		832.00	
Member 4		1527.00	
Member 5		521.00	
Group PMPM Rate	Sum Mem Rate/ # of Mem	761.00	15

Note

The group PMPM rate represents the per member premium liability for the group.

Portland Area Proposed Rates Examples
2027 Small Group Non-Grandfathered Plans
Clackamas, Multnomah, Washington, Yamhill Counties

	Description	
Standard Bronze Plan	21-year-old, single, non-tobacco user	\$357
	40-year-old, single, non-tobacco user	\$456
	60-year-old, single, non-tobacco user	\$969
Standard Silver Plan	21-year-old, single, non-tobacco user	\$398
	40-year-old, single, non-tobacco user	\$509
	60-year-old, single, non-tobacco user	\$1,080
Standard Gold Plan	21-year-old, single, non-tobacco user	\$459
	40-year-old, single, non-tobacco user	\$587
	60-year-old, single, non-tobacco user	\$1,246

Eugene Area Proposed Rate Examples
2027 Small Group Non-Grandfathered Plans
Benton, Lane, Linn Counties

	Description	
Standard Bronze Plan	21-year-old, single, non-tobacco user	\$357
	40-year-old, single, non-tobacco user	\$456
	60-year-old, single, non-tobacco user	\$969
Standard Silver Plan	21-year-old, single, non-tobacco user	\$398
	40-year-old, single, non-tobacco user	\$509
	60-year-old, single, non-tobacco user	\$1,080
Standard Gold Plan	21-year-old, single, non-tobacco user	\$459
	40-year-old, single, non-tobacco user	\$587
	60-year-old, single, non-tobacco user	\$1,246

Salem Area Proposed Rate Examples
2027 Small Group Non-Grandfathered Plans
Marion, Polk Counties

	Description	
Standard Bronze Plan	21-year-old, single, non-tobacco user	\$357
	40-year-old, single, non-tobacco user	\$456
	60-year-old, single, non-tobacco user	\$969
Standard Silver Plan	21-year-old, single, non-tobacco user	\$398
	40-year-old, single, non-tobacco user	\$509
	60-year-old, single, non-tobacco user	\$1,080
Standard Gold Plan	21-year-old, single, non-tobacco user	\$459
	40-year-old, single, non-tobacco user	\$587
	60-year-old, single, non-tobacco user	\$1,246

Bend Area Proposed Rate Examples
2027 Small Group Non-Grandfathered Plans
Deschutes, Klamath, Lake Counties

	Description	
Standard Bronze Plan	21-year-old, single, non-tobacco user	na
	40-year-old, single, non-tobacco user	na
	60-year-old, single, non-tobacco user	na
Standard Silver Plan	21-year-old, single, non-tobacco user	na
	40-year-old, single, non-tobacco user	na
	60-year-old, single, non-tobacco user	na
Standard Gold Plan	21-year-old, single, non-tobacco user	na
	40-year-old, single, non-tobacco user	na
	60-year-old, single, non-tobacco user	na

North Coast Proposed Rate Examples
2027 Small Group Non-Grandfathered Plans
Clatsop, Columbia, Coos, Curry, Lincoln, Tillamook Counties

	Description	
Standard Bronze Plan	21-year-old, single, non-tobacco user	\$357
	40-year-old, single, non-tobacco user	\$456
	60-year-old, single, non-tobacco user	\$969
Standard Silver Plan	21-year-old, single, non-tobacco user	\$398
	40-year-old, single, non-tobacco user	\$509
	60-year-old, single, non-tobacco user	\$1,080
Standard Gold Plan	21-year-old, single, non-tobacco user	\$459
	40-year-old, single, non-tobacco user	\$587
	60-year-old, single, non-tobacco user	\$1,246

Pendleton-Hermiston Area Proposed Rate Examples 2027 Small Group Non-Grandfathered Plans

*Baker, Crook, Gilliam, Grant, Harney, Hood River, Jefferson, Malheur,
Morrow, Sherman, Umatilla, Union, Wallowa, Wasco, Wheeler Counties*

	Description	
Standard Bronze Plan	21-year-old, single, non-tobacco user	\$357
	40-year-old, single, non-tobacco user	\$456
	60-year-old, single, non-tobacco user	\$969
Standard Silver Plan	21-year-old, single, non-tobacco user	\$398
	40-year-old, single, non-tobacco user	\$509
	60-year-old, single, non-tobacco user	\$1,080
Standard Gold Plan	21-year-old, single, non-tobacco user	\$459
	40-year-old, single, non-tobacco user	\$587
	60-year-old, single, non-tobacco user	\$1,246

Medford Area Proposed Rate Examples
2027 Small Group Non-Grandfathered Plans
Douglas, Jackson, Josephine Counties

	Description	
Standard Bronze Plan	21-year-old, single, non-tobacco user	na
	40-year-old, single, non-tobacco user	na
	60-year-old, single, non-tobacco user	na
Standard Silver Plan	21-year-old, single, non-tobacco user	na
	40-year-old, single, non-tobacco user	na
	60-year-old, single, non-tobacco user	na
Standard Gold Plan	21-year-old, single, non-tobacco user	na
	40-year-old, single, non-tobacco user	na
	60-year-old, single, non-tobacco user	na

SERFF Tracking #: KFNW-134906004 **State Tracking #:** KFNW-134906004 **Company Tracking #:** EOSGDED0127, EOSG3TPOSEDED0127, EOSGKPPDE...

State: Oregon **Filing Company:** Kaiser Foundation Health Plan of the Northwest
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other
Product Name: Small Group 2027
Project Name/Number: /

URRT

State Determination

Review Status:	Incomplete
-----------------------	------------

SERFF Tracking #: KFNW-134906004 State Tracking #: KFNW-134906004 Company Tracking #: EOSGDED0127, EOSG3TPOSEDED0127, EOSGKPPDE...

State: Oregon Filing Company: Kaiser Foundation Health Plan of the Northwest
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other
Product Name: Small Group 2027
Project Name/Number: /

URRT Items

Item Name	Attachment(s)
Actuarial Memorandum	<i>2027_OR_Small_Group_Actuarial_Memorandum.pdf</i>
Actuarial Memorandum - Redacted	<i>2027_OR_Small_Group_Actuarial_Memorandum_Redacted.pdf</i>
Consumer Justification Narrative	<i>2027_Filing_Description.pdf</i>

Kaiser Foundation Health Plan of the Northwest

State of Oregon 2027 Small Group Rate Filing HIOS Issuer ID 71287

HIOS Product ID 71287OR043, 71287OR065, 71287OR066, 71287OR067

Form Numbers: EOSGDED0127, EOSG3TPOSD0127, EOSGKPPDED0127, EOSGDEDSTD0127, EOSGHDHP0127, EOSGKPP0127, EOSGTRAD0127

Actuarial Memorandum

I, Luke Hampton, Sr. Actuarial Manager for Kaiser Foundation Health Plan of the Northwest (KFHP) am a member of the American Academy of Actuaries. I meet the qualification standards for certifying Regulatory Filings for Rates and Financial Projections for Health Plans. This Actuarial Certification applies to the attached filing for an approval of premium rates for Small Groups sold on and off the exchange. This actuarial memorandum documents the assumptions and sources of data pertaining to the development of KFHP premium rates for 2027. This rate filing is to be effective beginning 1/1/2027.

This rate filing applies to forms that are open to new sales. KFHP offers traditional HMO copayment plans covering medical and pharmacy claims expenses. KFHP also offers Point of Service (POS), Deductible and High Deductible plans, some of which are HSA qualified. A list of plans that are impacted by this filing can be found in Exhibit AM6 and the average annual rate change can be seen in Exhibit AM11.

I am the primary contact for submission of this filing. My telephone number is 503-314-2590 and my email address is luke.w.hampton@kp.org. The secondary contact is David Liebert. His email address is David.M.Liebert@kp.org and his phone number is 503-593-8851.

Part I Unified Rate Review Template

Premiums (net of MLR Rebate) in Experience Period:

The experience period incurred premium is the premium received from employer groups during calendar year 2025. It does not include rebates or risk adjustment transfers.

Benefit Categories:

The benefit categories in Section II of Worksheet I are mapped based on type of service and place of treatment codes. For example:

Benefit Category	Services
Inpatient Hospital	Inpatient Facility, Inpatient Visits (Rounding), Inpatient Surgery - Non Maternity, Maternity
Outpatient Hospital	Outpatient Facility, Emergency/Urgent Care, Hospital Outpatient Other Professional, Outpatient Surgery
Professional	Diagnostic Services, Office Visits, Cardiovascular, Chemotherapy/Pharmacy, Dialysis, PT/OT/ST
Other Medical	Other Services
Capitation	None
Prescription Drug	Pharmacy

Morbidity and Other Adjustments:

The Other Adjustment in Section II Worksheet I contains an adjustment to calibrate our experience with our pricing model. Our pricing model's 1.0 factor represents a 0% member cost share plan therefore calibration is required between the pricing model and our experience.

Projected Incurred Claims

The projected incurred claims in worksheet 1 of the URRT is within 0.5% of the projected incurred claims in Exhibit 1. We believe this is an acceptable difference given rounding and the two different methodologies used to develop the projected incurred claims.

Projected Risk Adjustments PMPM:

For 2027 we are projecting a payable of -\$10M. This equates to a payment of -\$32.87 PMPM.

Membership Projections:

The total membership projection included across the plans in Section II of Worksheet Two is developed based on KFHP's current membership as of March 2026.

Terminated Plans:

No plans are being terminated in 2027.

Proposed Rate Increases

We are proposing an average rate increase of 9.5% in filed rates for 2027 ACA-compliant plans. Note that not all renewing ACA-compliant groups will receive this rate increase as rate changes are not uniform across the ACA-compliant plans, and changes in group's demographics and benefits also impact a group's change in rates. Oregon-specific Exhibit 3 (Average Annual Rate Change) reflects this rate change.

Experience Period Claims

Base period data:

The Revenue Requirement for 2027 for the renewing ACA plans is developed by accumulating medical and administrative expenses for essential health benefits (EHB) for non-grandfathered business in the Small Group line of business incurred in calendar year 2025 and paid through February 2026, including incurred but not reported estimates. Net cost data from internal cost systems (i.e., the cost for medical services delivered within our integrated delivery system), fee for service claims, and prescription drug claims are aggregated to determine paid claims. For the experience period, allowed claims are calculated based on paid claims divided by the paid to allowed ratio as discussed in the Paid to Allowed Ratio section in this document. Detail on the experience period data can be seen in Exhibit AM3.

Morbidity adjustment

We do not foresee a material change in morbidity from the experience period to the projection period.

Incurred but not Reported Estimates:

Incurred but not reported expense was estimated using completion factors developed based on an analysis of actual claims lag for the Oregon small group portfolio for internal and external claims incurred from Jan. 2023 to Dec. 2025 and paid through Feb. 2026.

Updates to Accounting System

As an integrated delivery system, the internal medical costs incurred by Kaiser Permanente are not medical claims but the costs of running a medical system, such as salaries, depreciation, rent, etc. We utilize a complex process to allocate these costs to the encounter or member level. For our 2025 experience period data, Kaiser has retired their end-of-life cost accounting system and implemented a new system with standardized allocation rules across all Kaiser markets and regulatory filings. We believe the new process is more accurate and allows for greater transparency when tracing costs back to the general ledger and financial statements.

While total costs by line of business are similar to before, there are some nuanced differences with the new cost accounting system. For example, certain admin costs have been reclassified as medical expense, such as medical management (e.g., case management and utilization management), which better aligns to MLR filing guidelines. The method of splitting administrative costs between medical delivery administrative costs (as opposed to health plan administrative costs) is now aligned with the approach taken with Kaiser's other regulatory filings and financial statements.

Index Rate

The development of the index rate is summarized in Exhibit AM1. The following factors have been considered in the development and are documented below.

Trend:

The future trend numbers are based on actuarial judgment considering a mixture of expected industry trends, future fixed costs, and expected internalization of services (i.e., movement of medical care delivery from contracted external providers to our integrated delivery system). As an integrated health care provider, a large portion of KFHP's expenses are the fixed costs associated with providing medical care through our facilities. Therefore, the projected cost that is included in our total revenue requirement is largely based on budgeting. For traditional carriers, projected claims trends are developed to project expected costs. However, given KFHP's fixed cost structure, KFHP's projected claims trends stem from the development of projected budgeted costs. For 2025 to 2027, our projected total annual medical expense trend for Small Group is 6.5%. More information on the development of the trend can be found in exhibit 4.

Change in Util:

Allowed claims are grossed up for anticipated changes in the average utilization of services due to average cost sharing requirements in the base period. Member cost sharing results in lower utilization and, thus, lower allowed costs, than would otherwise occur in a zero cost share environment.

Util Impact:

This factor calibrates our experience to our pricing model. Our pricing model's 1.0 factor represents a 100% coverage plan therefore calibration is required.

Age Normalization:

Base period claims experience is normalized for the age of the non-grandfathered population. An average age factor was derived by applying experience period member months to the CMS age factors. The allowed claims are then divided by this factor to adjust to a 21 year-old level since the 21 year-old factor is 1.00. The development of the average age factor is shown in Exhibit AM4.

Plan Factor Development

The rates for specific plans are calculated by multiplying plan factors by the index rate. The plan factors use the AV calculator from CMS with calibration to KFHP Experience to calculate the impact of the various cost share and plan elements for EHBs, including the impact on utilization of benefit differences. The experience has been updated that is used to develop the plan factors.

The reference plan used as the basis for the AV pricing values is a \$0 cost share plan valued using the same industry standard factors described above.

Exhibit AM6 indicates the portion of the AV Pricing Value (allowable modifiers) that is attributable to each of the allowable modifiers to the Index Rate. The modifiers include adjustments for non-EHBs and administrative expenses. Also, the Cost-Sharing Design adjustment (shown in more detail in Exhibit AM6) reflects both member cost shares (Effective Plan Design) and the resulting dampening of expected

utilization (Utilization Adjustment) due to these cost shares. In the case of POS plans the allowable modifiers also reflects the impact of network differences between the various tiers, and non-POS factors include a small adjustment to lower their expected cost from the overall average network level

KFHP will not be rating for tobacco usage for Small Group.

Age Factors

The age factor table used to develop age specific rates is the standard table provided by CMS, prior to the update made by CMS in 2018.

Area Factors

The area factors for all areas are 1.0 in 2027 which is unchanged from 2026. More info about the area factors can be found in Exhibit AM16.

Non-EHB

An adjustment has been made to the base period allowed amount to remove the Non-EHB benefits from the Index Rate. This multiplier was calculated by summing the allowed amount for Non-EHB benefits in the base period and dividing by total allowed.

The cost of additional non-EHB benefits are included as well based on specific benefits for each plan. Specifically, as a general pattern, KFHP 2027 small group plans are developed with three different types of non-EHB packages: a version with naturopath, a version with vision benefits and naturopath, and a version with vision, massage benefits, and naturopath. Details on the non EHBs can be found in Exhibit AM7.

Administrative Expense

Retention includes broker commissions, administrative expenses, and capital contribution. Commissions are paid to Brokers of Record. The capital contribution is an amount to maintain and expand medical center facilities where members receive the majority of health care in the integrated delivery system. In other health care delivery models, capital contributions are included in fee for service payments whereas for KFHP, these are funded through premium rates. Exhibit AM8 contains a buildup of retention.

Benefit Changes

There are no changes to benefits in 2027.

Rate Factors

There are no changes to rating factors in 2027.

Quarterly Rate Factors

Quarterly rate factors have been applied to develop base rates for 2nd, 3rd and 4th quarter 2027 effective dates. These adjustments are based on 5.0%.

Profit and Risk Margin

We are projecting a capital contribution of 0.5%. This meets our long-term objectives for capital contribution from the small group line of business and is consistent with our internal business plan.

Taxes and Fees

Administrative expense has been adjusted to reflect the Oregon 2.0% premium tax. More info can be found in Exhibit AM8.

Summary Rate Calculation

Exhibit AM1 shows the development of the Index Rate from the experience period Medical Cost Data. The final 2027 rates by plan, area, and age are developed by applying plan factors, non-EHB benefit costs and admin expense to the index rate to get a plan specific PMPMs. The plan specific PMPMs are multiplied by the age slope and the applicable area adjustment to generate age- and area-specific rates. Exhibit AM10 show how plan-specific rates are derived from the index rate in Exhibit AM1.

Projected Loss Ratio

We anticipate an MLR based on federally prescribed methodology to be at least 85.0%, based on a target admin percentage of 9.1%, which includes a 0.5% capital contribution margin. Exhibit AM12 shows our projected MLR based on the federal methodology.

Credibility

This block of business is considered 100% credible.

Mandates State and Federal Changes

This filing reflects the state mandate that the first three office visits have a cost share of \$5 for non HDHP plans.

AV Metal Values

The AV Metal Values were developed based on the CMS Actuarial Value calculator.

Exhibit Table of Contents:

The following exhibits are included in this filing:

- Exhibit AM1 – Index Rate Development
- Exhibit AM2 – Terminated Plans
- Exhibit AM3 – Historical Experience
- Exhibit AM4 – Average Age Factor
- Exhibit AM5 – Risk Adjustment User Fee
- Exhibit AM6 – Allowable Modifiers
- Exhibit AM7 – Non EHB
- Exhibit AM8 – Administrative Expense
- Exhibit AM9 – Development of Admin Load
- Exhibit AM10 – Plan Adjusted Index Rate Development
- Exhibit AM11 – Summary of Filed Rating Assumptions
- Exhibit AM12 – Minimum Loss Ratio
- Exhibit AM13 – Projected Risk Adjustment
- Exhibit AM14 – Development of Gradient
- Exhibit AM15 – Change in Utilization Adjustments
- Exhibit AM16 – Area Factors
- Exhibit AM17 – Avg 2026 Rate
- Exhibit AM18 – Pediatric Dental

Certification

This filing is in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8. To the best of my knowledge, the rating methodologies of KFHP Foundation Health Plan of the Northwest and the development of the Index Rate comply with the applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)). The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice. The index rate was developed in accordance with 45 CFR part 147.102 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 rating methodologies produce premiums that are reasonable in relation to benefits being provided and the populations being covered and are based on sound and commonly accepted actuarial principles and are neither excessive nor deficient. The federal AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans.



Luke Hampton, ASA, MAAA
Sr. Actuarial Manager
Kaiser Foundation Health Plan of the Northwest
5/29/2026

Peer Review Actuary
David Liebert, ASA, MAAA
503-593-8851
David.M.Liebert@kp.org
Actuarial Director
Kaiser Foundation Health Plan of the Northwest
5/29/2026

Kaiser Foundation Health Plan of the Northwest
Market: Small Group

Exhibit AM1
Index Rate Development - Summary

Projected Index Rate Development		
1 Base Period Allowed	\$626.42	Data
2 Non-EHB Claims Adjustment	0.9954	Data
3 Experience Period Index Rate	\$623.52	Calculation
4 Annualized Trend	6.55%	Assumption
5 Months of Trend	24	Data
6 Trend Factor	1.135	Calculation
7 Projected Period Index Rate - Base Data	\$707.88	Calculation
8 Change in Morbidity	1.000	
9 <i>Change in Util</i>	0.986	
10 Util Impact	1.154	
11 Adjusted Trended EHB Allowed Claims	\$805.08	Calculation
12 Risk Adjustment Payable	(\$47.91)	Assumption
13 Base Rate for Reference Plan	\$852.99	Calculation

Normalized Base Rate		
1 Base Rate for Reference Plan	\$852.99	Calculation
2 Tobacco Normalization	1.000	Assumption
3 Demographic Normalization	0.691	Assumption
4 Area Normalization	1.000	Assumption
5 Normalized Base Rate	\$589.41	Calculation

**Kaiser Foundation Health Plan of the Northwest
Market: Small Group
Terminated Plans**

Exhibit AM2

No plans are terminating for 2027

**Kaiser Foundation Health Plan of the Northwest
Market: Small Group**

**Historical Experience
Exhibit AM3**

	Entire Pool
Member Months	306,699
Average Members	25,558
Premium	\$553.91
Premium Tax	\$11.30
Total Premium	\$565.21
Paid and Incurred Allowed Claims	\$619.90
IBNR	\$6.53
Completed Allowed Claims	\$626.42
Large Claim Adj	\$0.00
Completed Allowed Claims w Adj	\$626.42
Completed Paid Claims	\$519.12
Large Claim Adj	\$0.00
Completed Paid Claims w Adj	\$519.12
Administrative Expense	\$42.99

Note

Administrative expense does not include premium tax

**Kaiser Foundation Health Plan of the Northwest
Market: Small Group**

**Exhibit AM4
Average Age Factor**

Age Bracket	Demo Factor	Sum of Member	Age Bracket	Demo Factor	Sum of Member
0-14	0.635	29,345	40	1.278	6,250
15	0.635	2,295	41	1.302	5,973
16	0.635	2,403	42	1.325	6,124
17	0.635	2,583	43	1.357	6,653
18	0.635	2,553	44	1.397	6,140
19	0.635	2,884	45	1.444	6,432
20	0.635	2,827	46	1.500	5,772
21	1.000	3,517	47	1.563	5,911
22	1.000	3,690	48	1.635	5,407
23	1.000	3,659	49	1.706	5,989
24	1.000	4,923	50	1.786	5,705
25	1.004	5,599	51	1.865	5,183
26	1.024	5,894	52	1.952	5,647
27	1.048	7,371	53	2.040	5,606
28	1.087	7,206	54	2.135	5,672
29	1.119	7,411	55	2.230	5,453
30	1.135	7,093	56	2.333	5,528
31	1.159	6,854	57	2.437	4,942
32	1.183	7,030	58	2.548	4,805
33	1.198	6,881	59	2.603	4,741
34	1.214	7,194	60	2.714	4,920
35	1.222	6,881	61	2.810	4,578
36	1.230	6,630	62	2.873	3,727
37	1.238	6,681	63	2.952	4,432
38	1.246	6,591	64 +	3.000	9,489
39	1.262	5,865	Total Rated Mem	443,849	302,939
			All Members	443,849	306,699
			Avg Demo		1.45

Age Adj Factor = 1/avg demo factor
0.6910

Kaiser Foundation Health Plan of the Northwest
Market: Small Group
Risk Adjustment User Fee

Exhibit AM5

Risk Adjustment User Fee	\$0.18
--------------------------	--------

Kaiser Foundation Health Plan of the Northwest
Market: Small Group

Exhibit AM6
Allowable Modifiers

Plans	Name	(A)	(B)	(C)	(D)	(E)	(F)
		Utilization Adjustment	Effective Plan Design	Pediatric Dental factor	Cost Sharing Design ¹	Federal AV Value	2027 Projected Membership
1	KP Oregon Standard Gold Plan	0.877	0.813	1.000	0.713	82.00	103
2	KP Oregon Standard Silver Plan	0.840	0.726	1.000	0.610	71.89	254
3	KP Oregon Standard Bronze Plan	0.819	0.661	1.000	0.542	64.64	234
4	KP OR Bronze HSA 7800	0.811	0.624	1.007	0.510	64.91	377
5	KP OR Bronze 7000	0.820	0.662	1.007	0.547	64.73	183
6	KP OR Bronze Added Choice 7000	0.818	0.658	1.007	0.542	64.29	6
7	KP OR Bronze Added Choice OOA 7000	0.818	0.656	1.007	0.541	64.14	3
8	KP OR Bronze KP Plus 7000	0.820	0.662	1.007	0.547	64.73	5
9	KP OR Bronze 9700	0.810	0.621	1.007	0.506	63.05	263
10	KP OR Gold 0	0.877	0.812	1.007	0.717	81.93	572
11	KP OR Gold 1000	0.872	0.801	1.007	0.703	80.87	841
12	KP OR Gold Added Choice 1500	0.868	0.794	1.007	0.694	80.12	106
13	KP OR Gold KP Plus 1000	0.872	0.801	1.007	0.703	80.87	53
14	KP OR Gold Added Choice OOA 1500	0.867	0.791	1.007	0.691	79.88	19
15	KP OR Gold 1500	0.863	0.783	1.007	0.680	79.00	412
16	KP OR Gold 2000	0.859	0.774	1.007	0.669	78.14	517
17	KP OR Gold KP Plus 2000	0.859	0.774	1.007	0.669	78.14	1
18	KP OR Gold 5500	0.859	0.774	1.007	0.670	78.17	1
19	KP OR Gold Added Choice 500	0.870	0.798	1.007	0.700	80.58	90
20	KP OR Gold Added Choice OOA 500	0.872	0.802	1.007	0.705	81.00	20
21	KP OR Gold HSA 1900	0.857	0.770	1.007	0.665	79.53	4
22	KP OR Platinum 0	0.930	0.904	1.007	0.847	91.93	396
23	KP OR Platinum KP Plus 0	0.930	0.904	1.007	0.847	91.93	5
24	KP OR Platinum 250	0.918	0.884	1.007	0.817	89.95	236
25	KP OR Platinum Added Choice 250	0.910	0.872	1.007	0.799	88.68	131
26	KP OR Platinum Added Choice OOA 250	0.915	0.880	1.007	0.811	89.54	36
27	KP OR Platinum 500	0.907	0.868	1.007	0.793	88.25	208
28	KP OR Silver 3000	0.840	0.727	1.007	0.615	71.92	940
29	KP OR Silver Added Choice 3000	0.838	0.721	1.007	0.608	71.31	32
30	KP OR Silver Added Choice OOA 3000	0.839	0.724	1.007	0.612	71.64	36
31	KP OR Silver KP Plus 3000	0.840	0.727	1.007	0.615	71.92	95
32	KP OR Silver HSA 3800	0.824	0.677	1.007	0.562	70.21	236
33	KP OR Silver 4000	0.834	0.711	1.007	0.597	70.35	460
34	KP OR Silver Added Choice 4000	0.834	0.710	1.007	0.596	70.26	4
35	KP OR Silver Added Choice OOA 4000	0.835	0.714	1.007	0.601	70.67	2
36	KP OR Silver 5000	0.828	0.692	1.007	0.577	68.46	288
37	KP OR Silver 6000	0.827	0.688	1.007	0.573	68.01	118
38	KP OR Bronze HSA 7800 w/VX	0.811	0.624	1.007	0.510	64.91	79
39	KP OR Bronze 7000 w/VX	0.820	0.662	1.007	0.547	64.73	83
40	KP OR Bronze Added Choice 7000 w/VX	0.818	0.658	1.007	0.542	64.29	1
41	KP OR Bronze Added Choice OOA 7000 w/VX	0.818	0.656	1.007	0.541	64.14	4
42	KP OR Bronze KP Plus 7000 w/VX	0.820	0.662	1.007	0.547	64.73	4
43	KP OR Bronze 9700 w/VX	0.810	0.621	1.007	0.506	63.05	80
44	KP OR Gold 0 w/VX	0.877	0.812	1.007	0.717	81.93	133
45	KP OR Gold 1000 w/VX	0.872	0.801	1.007	0.703	80.87	620
46	KP OR Gold Added Choice 1500 w/VX	0.868	0.794	1.007	0.694	80.12	40
47	KP OR Gold KP Plus 1000 w/VX	0.872	0.801	1.007	0.703	80.87	39
48	KP OR Gold Added Choice OOA 1500 w/VX	0.867	0.791	1.007	0.691	79.88	20
49	KP OR Gold 1500 w/VX	0.863	0.783	1.007	0.680	79.00	253
50	KP OR Gold 2000 w/VX	0.859	0.774	1.007	0.669	78.14	206
51	KP OR Gold KP Plus 2000 w/VX	0.859	0.774	1.007	0.669	78.14	1
52	KP OR Gold 5500 w/VX	0.859	0.774	1.007	0.670	78.17	1
53	KP OR Gold Added Choice 500 w/VX	0.870	0.798	1.007	0.700	80.58	34
54	KP OR Gold Added Choice OOA 500 w/VX	0.872	0.802	1.007	0.705	81.00	15
55	KP OR Gold HSA 1900 w/VX	0.857	0.770	1.007	0.665	79.53	8
56	KP OR Platinum 0 w/VX	0.930	0.904	1.007	0.847	91.93	275
57	KP OR Platinum KP Plus 0 w/VX	0.930	0.904	1.007	0.847	91.93	58
58	KP OR Platinum 250 w/VX	0.918	0.884	1.007	0.817	89.95	283
59	KP OR Platinum Added Choice 250 w/VX	0.910	0.872	1.007	0.799	88.68	19
60	KP OR Platinum Added Choice OOA 250 w/VX	0.915	0.880	1.007	0.811	89.54	15
61	KP OR Platinum 500 w/VX	0.907	0.868	1.007	0.793	88.25	181
62	KP OR Silver 3000 w/VX	0.840	0.727	1.007	0.615	71.92	446
63	KP OR Silver Added Choice 3000 w/VX	0.838	0.721	1.007	0.608	71.31	48
64	KP OR Silver Added Choice OOA 3000 w/VX	0.839	0.724	1.007	0.612	71.64	23
65	KP OR Silver KP Plus 3000 w/VX	0.840	0.727	1.007	0.615	71.92	80
66	KP OR Silver HSA 3800 w/VX	0.824	0.677	1.007	0.562	70.21	73
67	KP OR Silver 4000 w/VX	0.834	0.711	1.007	0.597	70.35	255
68	KP OR Silver Added Choice 4000 w/VX	0.834	0.710	1.007	0.596	70.26	12
69	KP OR Silver Added Choice OOA 4000 w/VX	0.835	0.714	1.007	0.601	70.67	2
70	KP OR Silver 5000 w/VX	0.828	0.692	1.007	0.577	68.46	144
71	KP OR Silver 6000 w/VX	0.827	0.688	1.007	0.573	68.01	33
72	KP OR Bronze HSA 7800 w/VX & Massage	0.811	0.624	1.007	0.510	64.91	174
73	KP OR Bronze 7000 w/VX & Massage	0.820	0.662	1.007	0.547	64.73	191
74	KP OR Bronze Added Choice 7000 w/VX & Massage	0.818	0.658	1.007	0.542	64.29	1
75	KP OR Bronze Added Choice OOA 7000 w/VX & Massage	0.818	0.656	1.007	0.541	64.14	2
76	KP OR Bronze KP Plus 7000 w/VX & Massage	0.820	0.662	1.007	0.547	64.73	6
77	KP OR Bronze 9700 w/VX & Massage	0.810	0.621	1.007	0.506	63.05	219
78	KP OR Gold 0 w/VX & Massage	0.877	0.812	1.007	0.717	81.93	762
79	KP OR Gold 1000 w/VX & Massage	0.872	0.801	1.007	0.703	80.87	2,560
80	KP OR Gold Added Choice 1500 w/VX & Massage	0.868	0.794	1.007	0.694	80.12	283
81	KP OR Gold KP Plus 1000 w/VX & Massage	0.872	0.801	1.007	0.703	80.87	111
82	KP OR Gold Added Choice OOA 1500 w/VX & Massage	0.867	0.791	1.007	0.691	79.88	79
83	KP OR Gold 1500 w/VX & Massage	0.863	0.783	1.007	0.680	79.00	1,212
84	KP OR Gold 2000 w/VX & Massage	0.859	0.774	1.007	0.669	78.14	884
85	KP OR Gold KP Plus 2000 w/VX & Massage	0.859	0.774	1.007	0.669	78.14	1
86	KP OR Gold 5500 w/VX & Massage	0.859	0.774	1.007	0.670	78.17	1
87	KP OR Gold Added Choice 500 w/VX & Massage	0.870	0.798	1.007	0.700	80.58	219
88	KP OR Gold Added Choice OOA 500 w/VX & Massage	0.872	0.802	1.007	0.705	81.00	57
89	KP OR Gold HSA 1900 w/VX & Massage	0.857	0.770	1.007	0.665	79.53	8
90	KP OR Platinum 0 w/VX & Massage	0.930	0.904	1.007	0.847	91.93	1,678
91	KP OR Platinum KP Plus 0 w/VX & Massage	0.930	0.904	1.007	0.847	91.93	196
92	KP OR Platinum 250 w/VX & Massage	0.918	0.884	1.007	0.817	89.95	871
93	KP OR Platinum Added Choice 250 w/VX & Massage	0.910	0.872	1.007	0.799	88.68	382
94	KP OR Platinum Added Choice OOA 250 w/VX & Massage	0.915	0.880	1.007	0.811	89.54	112
95	KP OR Platinum 500 w/VX & Massage	0.907	0.868	1.007	0.793	88.25	771
96	KP OR Silver 3000 w/VX & Massage	0.840	0.727	1.007	0.615	71.92	1,831
97	KP OR Silver Added Choice 3000 w/VX & Massage	0.838	0.721	1.007	0.608	71.31	153
98	KP OR Silver Added Choice OOA 3000 w/VX & Massage	0.839	0.724	1.007	0.612	71.64	91
99	KP OR Silver KP Plus 3000 w/VX & Massage	0.840	0.727	1.007	0.615	71.92	103
100	KP OR Silver HSA 3800 w/VX & Massage	0.824	0.677	1.007	0.562	70.21	235
101	KP OR Silver 4000 w/VX & Massage	0.834	0.711	1.007	0.597	70.35	688
102	KP OR Silver Added Choice 4000 w/VX & Massage	0.834	0.710	1.007	0.596	70.26	27
103	KP OR Silver Added Choice OOA 4000 w/VX & Massage	0.835	0.714	1.007	0.601	70.67	5
104	KP OR Silver 5000 w/VX & Massage	0.828	0.692	1.007	0.577	68.46	463
105	KP OR Silver 6000 w/VX & Massage	0.827	0.688	1.007	0.573	68.01	129

Average Value	0.8668	0.7812	1.0069	0.684
---------------	--------	--------	--------	-------

¹ Cost Sharing Design = Product/Effective Plan Design, Utilization Adjustment)

Kaiser Foundation Health Plan of the Northwest
Market: Small Group
Non EHB
Exhibit AM7

Non EHB Adjustment

	CV Copy	Vx Exam PMPM	Vx Hardware PMPM	Massage PMPM	Naturopath	Total Non EHB PMPM
Adult Vision Exam	\$2.37					
Vision Hardware	\$3.70					
Massage	\$2.24					
CP Oregon Standard Gold Plan	\$20.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CP Oregon Standard Silver Plan	\$40.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CP Oregon Standard Bronze Plan	\$50.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CP OR Bronze HSA 7800	0% AD	\$0.00	\$0.00	\$0.00	\$0.86	\$0.86
CP OR Bronze 7000	\$55.00	\$0.00	\$0.00	\$0.00	\$0.66	\$0.66
CP OR Bronze Added Choice 7000	\$60.00	\$0.00	\$0.00	\$0.00	\$0.61	\$0.61
CP OR Bronze Added Choice OOA 7000	\$60.00	\$0.00	\$0.00	\$0.00	\$0.61	\$0.61
CP OR Bronze KP Plus 7000	\$55.00	\$0.00	\$0.00	\$0.00	\$0.66	\$0.66
CP OR Bronze 9700	0% AD	\$0.00	\$0.00	\$0.00	\$0.86	\$0.86
CP OR Gold 0	\$30.00	\$0.00	\$0.00	\$0.00	\$0.89	\$0.89
CP OR Gold 1000	\$25.00	\$0.00	\$0.00	\$0.00	\$0.89	\$0.89
CP OR Gold Added Choice 1500	\$25.00	\$0.00	\$0.00	\$0.00	\$0.89	\$0.89
CP OR Gold KP Plus 1000	\$25.00	\$0.00	\$0.00	\$0.00	\$0.89	\$0.89
CP OR Gold Added Choice OOA 1500	\$30.00	\$0.00	\$0.00	\$0.00	\$0.86	\$0.86
CP OR Gold 1500	\$35.00	\$0.00	\$0.00	\$0.00	\$0.86	\$0.86
CP OR Gold 2000	\$35.00	\$0.00	\$0.00	\$0.00	\$0.82	\$0.82
CP OR Gold KP Plus 2000	\$35.00	\$0.00	\$0.00	\$0.00	\$0.82	\$0.82
CP OR Gold 5500	\$20.00	\$0.00	\$0.00	\$0.00	\$0.97	\$0.97
CP OR Gold Added Choice 500	\$35.00	\$0.00	\$0.00	\$0.00	\$0.86	\$0.86
CP OR Gold Added Choice OOA 500	\$35.00	\$0.00	\$0.00	\$0.00	\$0.86	\$0.86
CP OR Gold HSA 1900	\$20.00	\$0.00	\$0.00	\$0.00	\$1.16	\$1.16
CP OR Platinum 0	\$20.00	\$0.00	\$0.00	\$0.00	\$1.05	\$1.05
CP OR Platinum KP Plus 0	\$20.00	\$0.00	\$0.00	\$0.00	\$1.05	\$1.05
CP OR Platinum 250	\$25.00	\$0.00	\$0.00	\$0.00	\$1.01	\$1.01
CP OR Platinum Added Choice 250	\$25.00	\$0.00	\$0.00	\$0.00	\$1.01	\$1.01
CP OR Platinum Added Choice OOA 250	\$25.00	\$0.00	\$0.00	\$0.00	\$1.01	\$1.01
CP OR Platinum 500	\$25.00	\$0.00	\$0.00	\$0.00	\$1.01	\$1.01
CP OR Silver 3000	\$40.00	\$0.00	\$0.00	\$0.00	\$0.82	\$0.82
CP OR Silver Added Choice 3000	\$45.00	\$0.00	\$0.00	\$0.00	\$0.82	\$0.82
CP OR Silver Added Choice OOA 3000	\$45.00	\$0.00	\$0.00	\$0.00	\$0.82	\$0.82
CP OR Silver KP Plus 3000	\$40.00	\$0.00	\$0.00	\$0.00	\$0.82	\$0.82
CP OR Silver HSA 3800	25%	\$0.00	\$0.00	\$0.00	\$1.12	\$1.12
CP OR Silver 4000	\$45.00	\$0.00	\$0.00	\$0.00	\$0.86	\$0.86
CP OR Silver Added Choice 4000	\$45.00	\$0.00	\$0.00	\$0.00	\$0.82	\$0.82
CP OR Silver Added Choice OOA 4000	\$45.00	\$0.00	\$0.00	\$0.00	\$0.82	\$0.82
CP OR Silver 5000	\$50.00	\$0.00	\$0.00	\$0.00	\$0.71	\$0.71
CP OR Silver 6000	\$50.00	\$0.00	\$0.00	\$0.00	\$0.66	\$0.66
CP OR Bronze HSA 7800 w/VX	0% AD	\$1.85	\$3.70	\$0.00	\$0.86	\$6.40
CP OR Bronze 7000 w/VX	\$55.00	\$1.90	\$3.70	\$0.00	\$0.66	\$6.26
CP OR Bronze Added Choice 7000 w/VX	\$60.00	\$1.80	\$3.70	\$0.00	\$0.61	\$6.11
CP OR Bronze Added Choice OOA 7000 w/VX	\$60.00	\$1.80	\$3.70	\$0.00	\$0.61	\$6.11
CP OR Bronze KP Plus 7000 w/VX	\$55.00	\$1.90	\$3.70	\$0.00	\$0.66	\$6.26
CP OR Bronze 9700 w/VX	0% AD	\$1.85	\$3.70	\$0.00	\$0.86	\$6.40
CP OR Gold 0 w/VX	\$30.00	\$2.40	\$3.70	\$0.00	\$0.89	\$6.99
CP OR Gold 1000 w/VX	\$25.00	\$2.50	\$3.70	\$0.00	\$0.89	\$7.09
CP OR Gold Added Choice 1500 w/VX	\$25.00	\$2.50	\$3.70	\$0.00	\$0.89	\$7.09
CP OR Gold KP Plus 1000 w/VX	\$25.00	\$2.50	\$3.70	\$0.00	\$0.89	\$7.09
CP OR Gold Added Choice OOA 1500 w/VX	\$30.00	\$2.40	\$3.70	\$0.00	\$0.86	\$6.95
CP OR Gold 1500 w/VX	\$35.00	\$2.30	\$3.70	\$0.00	\$0.86	\$6.85
CP OR Gold 2000 w/VX	\$35.00	\$2.30	\$3.70	\$0.00	\$0.82	\$6.82
CP OR Gold KP Plus 2000 w/VX	\$35.00	\$2.30	\$3.70	\$0.00	\$0.82	\$6.82
CP OR Gold 5500 w/VX	\$20.00	\$2.60	\$3.70	\$0.00	\$0.97	\$7.27
CP OR Gold Added Choice 500 w/VX	\$35.00	\$2.30	\$3.70	\$0.00	\$0.86	\$6.85
CP OR Gold Added Choice OOA 500 w/VX	\$35.00	\$2.30	\$3.70	\$0.00	\$0.86	\$6.85
CP OR Gold HSA 1900 w/VX	\$20.00	\$2.60	\$3.70	\$0.00	\$1.16	\$6.90
CP OR Platinum 0 w/VX	\$20.00	\$2.60	\$3.70	\$0.00	\$1.05	\$7.35
CP OR Platinum KP Plus 0 w/VX	\$20.00	\$2.60	\$3.70	\$0.00	\$1.05	\$7.35
CP OR Platinum 250 w/VX	\$25.00	\$2.50	\$3.70	\$0.00	\$1.01	\$7.21
CP OR Platinum Added Choice 250 w/VX	\$25.00	\$2.50	\$3.70	\$0.00	\$1.01	\$7.21
CP OR Platinum Added Choice OOA 250 w/VX	\$25.00	\$2.50	\$3.70	\$0.00	\$1.01	\$7.21
CP OR Platinum 500 w/VX	\$25.00	\$2.50	\$3.70	\$0.00	\$1.01	\$7.21
CP OR Silver 3000 w/VX	\$40.00	\$2.20	\$3.70	\$0.00	\$0.82	\$6.71
CP OR Silver Added Choice 3000 w/VX	\$45.00	\$2.10	\$3.70	\$0.00	\$0.82	\$6.61
CP OR Silver Added Choice OOA 3000 w/VX	\$45.00	\$2.10	\$3.70	\$0.00	\$0.82	\$6.61
CP OR Silver KP Plus 3000 w/VX	\$40.00	\$2.20	\$3.70	\$0.00	\$0.82	\$6.71
CP OR Silver HSA 3800 w/VX	25%	\$2.25	\$3.70	\$0.00	\$1.12	\$7.07
CP OR Silver 4000 w/VX	\$45.00	\$2.10	\$3.70	\$0.00	\$0.86	\$6.65
CP OR Silver Added Choice 4000 w/VX	\$45.00	\$2.10	\$3.70	\$0.00	\$0.82	\$6.61
CP OR Silver Added Choice OOA 4000 w/VX	\$45.00	\$2.10	\$3.70	\$0.00	\$0.82	\$6.61
CP OR Silver 5000 w/VX	\$50.00	\$2.00	\$3.70	\$0.00	\$0.71	\$6.41
CP OR Silver 6000 w/VX	\$50.00	\$2.00	\$3.70	\$0.00	\$0.66	\$6.36
CP OR Bronze HSA 7800 w/VX & Massage	0% AD	\$1.85	\$3.70	\$2.24	\$0.86	\$8.64
CP OR Bronze 7000 w/VX & Massage	\$55.00	\$1.90	\$3.70	\$2.24	\$0.66	\$8.50
CP OR Bronze Added Choice 7000 w/VX & Massage	\$60.00	\$1.80	\$3.70	\$2.24	\$0.61	\$8.35
CP OR Bronze Added Choice OOA 7000 w/VX & Massage	\$60.00	\$1.80	\$3.70	\$2.24	\$0.61	\$8.35
CP OR Bronze KP Plus 7000 w/VX & Massage	\$55.00	\$1.90	\$3.70	\$2.24	\$0.66	\$8.50
CP OR Bronze 9700 w/VX & Massage	0% AD	\$1.85	\$3.70	\$2.24	\$0.86	\$8.64
CP OR Gold 0 w/VX & Massage	\$30.00	\$2.40	\$3.70	\$2.24	\$0.89	\$9.23
CP OR Gold 1000 w/VX & Massage	\$25.00	\$2.50	\$3.70	\$2.24	\$0.89	\$9.33
CP OR Gold Added Choice 1500 w/VX & Massage	\$25.00	\$2.50	\$3.70	\$2.24	\$0.89	\$9.33
CP OR Gold KP Plus 1000 w/VX & Massage	\$25.00	\$2.50	\$3.70	\$2.24	\$0.89	\$9.33
CP OR Gold Added Choice OOA 1500 w/VX & Massage	\$30.00	\$2.40	\$3.70	\$2.24	\$0.86	\$9.19
CP OR Gold 1500 w/VX & Massage	\$35.00	\$2.30	\$3.70	\$2.24	\$0.86	\$9.09
CP OR Gold 2000 w/VX & Massage	\$35.00	\$2.30	\$3.70	\$2.24	\$0.82	\$9.05
CP OR Gold KP Plus 2000 w/VX & Massage	\$35.00	\$2.30	\$3.70	\$2.24	\$0.82	\$9.05
CP OR Gold 5500 w/VX & Massage	\$20.00	\$2.60	\$3.70	\$2.24	\$0.97	\$9.51
CP OR Gold Added Choice 500 w/VX & Massage	\$35.00	\$2.30	\$3.70	\$2.24	\$0.86	\$9.09
CP OR Gold Added Choice OOA 500 w/VX & Massage	\$35.00	\$2.30	\$3.70	\$2.24	\$0.86	\$9.09
CP OR Gold HSA 1900 w/VX & Massage	\$20.00	\$2.60	\$3.70	\$2.24	\$1.16	\$9.14
CP OR Platinum 0 w/VX & Massage	\$20.00	\$2.60	\$3.70	\$2.24	\$1.05	\$9.59
CP OR Platinum KP Plus 0 w/VX & Massage	\$20.00	\$2.60	\$3.70	\$2.24	\$1.05	\$9.59
CP OR Platinum 250 w/VX & Massage	\$25.00	\$2.50	\$3.70	\$2.24	\$1.01	\$9.45
CP OR Platinum Added Choice 250 w/VX & Massage	\$25.00	\$2.50	\$3.70	\$2.24	\$1.01	\$9.45
CP OR Platinum Added Choice OOA 250 w/VX & Massage	\$25.00	\$2.50	\$3.70	\$2.24	\$1.01	\$9.45
CP OR Platinum 500 w/VX & Massage	\$25.00	\$2.50	\$3.70	\$2.24	\$1.01	\$9.45
CP OR Silver 3000 w/VX & Massage	\$40.00	\$2.20	\$3.70	\$2.24	\$0.82	\$8.95
CP OR Silver Added Choice 3000 w/VX & Massage	\$45.00	\$2.10	\$3.70	\$2.24	\$0.82	\$8.85
CP OR Silver Added Choice OOA 3000 w/VX & Massage	\$45.00	\$2.10	\$3.70	\$2.24	\$0.82	\$8.85
CP OR Silver KP Plus 3000 w/VX & Massage	\$40.00	\$2.20	\$3.70	\$2.24	\$0.82	\$8.95
CP OR Silver HSA 3800 w/VX & Massage	25%	\$2.25	\$3.70	\$2.24	\$1.12	\$9.31
CP OR Silver 4000 w/VX & Massage	\$45.00	\$2.10	\$3.70	\$2.24	\$0.86	\$8.89
CP OR Silver Added Choice 4000 w/VX & Massage	\$45.00	\$2.10	\$3.70	\$2.24	\$0.82	\$8.85
CP OR Silver Added Choice OOA 4000 w/VX & Massage	\$45.00	\$2.10	\$3.70	\$2.24	\$0.82	\$8.85
CP OR Silver 5000 w/VX & Massage	\$50.00	\$2.00	\$3.70	\$2.24	\$0.71	\$8.65
CP OR Silver 6000 w/VX & Massage	\$50.00	\$2.00	\$3.70	\$2.24	\$0.66	\$8.60

**Kaiser Foundation Health Plan of the Northwest
Market: Small Group**

**Exhibit AM8
Administrative Expense**

(1)	Base Period Admin	\$42.99
	Base Period Fees	
	Reinsurance Fee	\$0.00
	OR Supplemental Reinsurance	\$0.00
	Insurer Fee	\$0.00
	Risk adj user Fee	\$0.18
	Pcori	\$0.30
	Commissions	\$16.62
	Net Admin	\$25.89
(2)	Trend	6.55%
(3)	Months of Trend	24
(4)	Trend Factor	1.135
(5)	Trended Admin	\$29.40
	(5) = (1) x (4)	
(5)	Commissions	\$16.66
(6)	Prem Tax	2.0%
(7)	Risk Adj User Fee	\$0.18
(8)	PCORI	\$0.34
(9)	Margin	0.50%

Kaiser Foundation Health Plan of the Northwest
Market: Small Group

Exhibit AM9
Development of Admin Load

HIOS ID	Name	Market Adjusted Index Rate		Cost Sharing Design		Q4 Plan Specific Rate net of Retention	Projected Admin Subtotal	Premium Tax	Risk Adj PCORI	Risk Adj User Fee	Margin	Plan Specific Admin Load	Plan Adjusted Index Rate	Admin % of Prem	Taxes and Fees % of Prem	
		Proj Members	Rate	Provider Network	Sharing											NON EHB PMPM
71287OR0430011	KP Oregon Standard Gold Plan	103	\$852.99	0.9889	0.7127	\$0.00	\$601.16	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1051	\$664.34	6.9%	2.1%
71287OR0430014	KP Oregon Standard Silver Plan	254	\$852.99	0.9889	0.6100	\$0.00	\$514.53	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1185	\$575.49	8.0%	2.1%
71287OR0650018	KP Oregon Standard Bronze Plan	234	\$852.99	0.9889	0.5419	\$0.00	\$457.14	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1301	\$516.64	8.9%	2.1%
71287OR0650007	KP OR Bronze HSA 7800	377	\$852.99	0.9889	0.5096	\$0.00	\$430.74	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1365	\$489.56	9.4%	2.1%
71287OR0650001	KP OR Bronze 7000	183	\$852.99	0.9889	0.5467	\$0.66	\$461.82	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1291	\$521.43	8.8%	2.1%
71287OR0660001	KP OR Bronze Added Choice 7000	6	\$852.99	1.1521	0.5423	\$0.61	\$533.54	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1152	\$594.99	7.7%	2.1%
71287OR0660004	KP OR Bronze Added Choice OOA 7000	3	\$852.99	1.1021	0.5409	\$0.61	\$509.07	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1195	\$569.90	8.1%	2.1%
71287OR0670001	KP OR Bronze KP Plus 7000	5	\$852.99	1.0200	0.5467	\$0.66	\$476.32	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1259	\$536.31	8.6%	2.1%
71287OR0650004	KP OR Bronze 9700	263	\$852.99	0.9889	0.5062	\$0.86	\$427.88	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1373	\$486.62	9.5%	2.1%
71287OR0650010	KP OR Gold 0	573	\$852.99	0.9889	0.7169	\$0.89	\$605.59	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1045	\$668.89	6.9%	2.1%
71287OR0650013	KP OR Gold 1000	841	\$852.99	0.9889	0.7032	\$0.89	\$594.06	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1061	\$657.06	7.0%	2.1%
71287OR0660007	KP OR Gold Added Choice 1500	106	\$852.99	1.1521	0.6938	\$0.89	\$682.67	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.0956	\$747.95	6.2%	2.1%
71287OR0670004	KP OR Gold KP Plus 1000	53	\$852.99	1.0200	0.7032	\$0.89	\$612.71	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1036	\$676.19	6.8%	2.1%
71287OR0660013	KP OR Gold Added Choice OOA 1500	19	\$852.99	1.1021	0.6908	\$0.86	\$650.26	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.0991	\$714.70	6.4%	2.1%
71287OR0650016	KP OR Gold 1500	412	\$852.99	0.9889	0.6799	\$0.86	\$574.37	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1088	\$636.87	7.2%	2.1%
71287OR0650019	KP OR Gold 2000	517	\$852.99	0.9889	0.6694	\$0.82	\$565.51	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1101	\$627.78	7.3%	2.1%
71287OR0670013	KP OR Gold KP Plus 2000	1	\$852.99	1.0200	0.6694	\$0.82	\$583.27	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1075	\$645.99	7.1%	2.1%
71287OR0650049	KP OR Gold 5500	1	\$852.99	0.9889	0.6698	\$0.97	\$565.92	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1101	\$627.94	7.3%	2.1%
71287OR0660010	KP OR Gold Added Choice 500	90	\$852.99	1.1521	0.6996	\$0.86	\$688.34	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.0950	\$753.76	6.1%	2.1%
71287OR0660016	KP OR Gold Added Choice OOA 500	20	\$852.99	1.1021	0.7049	\$0.86	\$663.49	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.0976	\$728.28	6.3%	2.1%
71287OR0650046	KP OR Gold HSA 1900	4	\$852.99	0.9889	0.6651	\$1.16	\$562.17	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1106	\$624.36	7.4%	2.1%
71287OR0650022	KP OR Platinum 0	396	\$852.99	0.9889	0.8471	\$1.05	\$715.62	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.0924	\$781.74	5.9%	2.1%
71287OR0670007	KP OR Platinum KP Plus 0	5	\$852.99	1.0200	0.8471	\$1.05	\$738.09	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.0904	\$804.78	5.7%	2.1%
71287OR0650025	KP OR Platinum 250	236	\$852.99	0.9889	0.8173	\$1.01	\$690.46	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.0948	\$755.94	6.1%	2.1%
71287OR0660019	KP OR Platinum Added Choice 250	131	\$852.99	1.1521	0.7989	\$1.01	\$786.12	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.0864	\$854.05	5.4%	2.1%
71287OR0660022	KP OR Platinum Added Choice OOA 250	36	\$852.99	1.1021	0.8113	\$1.01	\$763.72	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.0882	\$831.07	5.5%	2.1%
71287OR0650028	KP OR Platinum 500	208	\$852.99	0.9889	0.7927	\$1.01	\$669.69	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.0970	\$734.63	6.3%	2.1%
71287OR0650031	KP OR Silver 3000	940	\$852.99	0.9889	0.6146	\$0.82	\$519.24	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1176	\$580.32	7.9%	2.1%
71287OR0660025	KP OR Silver Added Choice 3000	32	\$852.99	1.1521	0.6079	\$0.82	\$598.20	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1055	\$661.31	7.0%	2.1%
71287OR0660031	KP OR Silver Added Choice OOA 3000	36	\$852.99	1.1021	0.6116	\$0.82	\$575.73	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1086	\$638.26	7.2%	2.1%
71287OR0670010	KP OR Silver KP Plus 3000	95	\$852.99	1.0200	0.6146	\$0.82	\$535.54	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1148	\$597.04	7.7%	2.1%
71287OR0650043	KP OR Silver HSA 3800	236	\$852.99	0.9889	0.5617	\$1.12	\$474.90	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1262	\$534.85	8.6%	2.1%
71287OR0650034	KP OR Silver 4000	460	\$852.99	0.9889	0.5973	\$0.86	\$504.73	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1203	\$565.44	8.1%	2.1%
71287OR0660028	KP OR Silver Added Choice 4000	4	\$852.99	1.1521	0.5964	\$0.82	\$586.93	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1070	\$649.76	7.1%	2.1%
71287OR0660034	KP OR Silver Added Choice OOA 4000	3	\$852.99	1.1021	0.6009	\$0.82	\$565.66	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1101	\$627.94	7.3%	2.1%
71287OR0650037	KP OR Silver 5000	288	\$852.99	0.9889	0.5772	\$0.71	\$487.61	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1236	\$547.88	8.4%	2.1%
71287OR0650040	KP OR Silver 6000	118	\$852.99	0.9889	0.5725	\$0.66	\$483.61	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1244	\$543.78	8.5%	2.1%
71287OR0650046	KP OR Bronze HSA 7800 w/VX	79	\$852.99	0.9889	0.6651	\$0.60	\$436.29	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1351	\$494.25	9.3%	2.1%
71287OR0650002	KP OR Bronze 7000 w/VX	83	\$852.99	0.9889	0.5467	\$0.66	\$467.42	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1278	\$527.17	8.7%	2.1%
71287OR0660002	KP OR Bronze Added Choice 7000 w/VX	1	\$852.99	1.1521	0.5423	\$0.61	\$539.04	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1143	\$600.63	7.7%	2.1%
71287OR0660005	KP OR Bronze Added Choice OOA 7000 w/VX	4	\$852.99	1.1021	0.5409	\$0.61	\$514.57	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1185	\$575.54	8.0%	2.1%
71287OR0670002	KP OR Bronze KP Plus 7000 w/VX	4	\$852.99	1.0200	0.5467	\$0.66	\$481.92	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1248	\$542.05	8.5%	2.1%
71287OR0650005	KP OR Bronze 9700 w/VX	80	\$852.99	0.9889	0.5062	\$0.60	\$433.43	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1359	\$492.31	9.4%	2.1%
71287OR0650011	KP OR Gold 0 w/VX	133	\$852.99	0.9889	0.7169	\$0.99	\$611.69	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1037	\$675.14	6.8%	2.1%
71287OR0650014	KP OR Gold 1000 w/VX	620	\$852.99	0.9889	0.7032	\$7.09	\$600.26	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1052	\$663.42	6.9%	2.1%
71287OR0660008	KP OR Gold Added Choice 1500 w/VX	40	\$852.99	1.1521	0.6938	\$7.09	\$688.87	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.0950	\$754.30	6.1%	2.1%
71287OR0670005	KP OR Gold KP Plus 1000 w/VX	39	\$852.99	1.0200	0.7032	\$7.09	\$618.91	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1028	\$682.55	6.7%	2.1%
71287OR0660014	KP OR Gold Added Choice OOA 1500 w/VX	20	\$852.99	1.1021	0.6908	\$6.95	\$656.36	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.0984	\$720.96	6.4%	2.1%
71287OR0650017	KP OR Gold 1500 w/VX	253	\$852.99	0.9889	0.6799	\$6.85	\$580.37	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1080	\$643.02	7.2%	2.1%
71287OR0650020	KP OR Gold 2000 w/VX	206	\$852.99	0.9889	0.6694	\$6.82	\$571.51	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1092	\$639.93	7.3%	2.1%
71287OR0670014	KP OR Gold KP Plus 2000 w/VX	1	\$852.99	1.0200	0.6694	\$6.82	\$589.27	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1067	\$652.15	7.1%	2.1%
71287OR0650050	KP OR Gold 5500 w/VX	1	\$852.99	0.9889	0.6698	\$7.27	\$572.22	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1091	\$634.67	7.3%	2.1%
71287OR0660011	KP OR Gold Added Choice 500 w/VX	34	\$852.99	1.1521	0.6996	\$6.85	\$694.34	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.0944	\$759.92	6.1%	2.1%
71287OR0660017	KP OR Gold Added Choice OOA 500 w/VX	15	\$852.99	1.1021	0.7049	\$6.85	\$669.49	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.0970	\$730.42	6.3%	2.1%
71287OR0650047	KP OR Gold HSA 1900 w/VX	8	\$852.99	0.9889	0.6651	\$0.60	\$436.29	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1098	\$630.24	7.3%	2.1%
71287OR0650023	KP OR Platinum 0 w/VX	275	\$852.99	0.9889	0.8471	\$7.35	\$721.92	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.0918	\$788.20	5.8%	2.1%
71287OR0670008	KP OR Platinum KP Plus 0 w/VX	58	\$852.99	1.0200	0.8471	\$7.35	\$744.39	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.0898	\$811.25	5.7%	2.1%
71287OR0650026	KP OR Platinum 250 w/VX	283	\$852.99	0.9889	0.8173	\$7.21	\$696.66	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.0942	\$762.29	6.0%	2.1%
71287OR0660020	KP OR Platinum Added Choice 250 w/VX	19	\$852.99	1.1521	0.7989	\$7.21	\$792.32	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.0859	\$860.41	5.4%	2.1%
71287OR0660023	KP OR Platinum Added Choice OOA 250 w/VX	15	\$852.99	1.1021	0.8113	\$7.21	\$769.92	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.0877	\$837.43	5.5%	2.1%
71287OR0650029	KP OR Platinum 500 w/VX	181	\$852.99	0.9889	0.7927	\$7.21	\$675.89	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.0963	\$740.99	6.2%	2.1%
71287OR0650032	KP OR Silver 3000 w/VX	446	\$852.99	0.9889	0.6146	\$6.71	\$525.13	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1166	\$586.37	7.9%	2.1%
71287OR0660026	KP OR Silver Added Choice 3000 w/VX	48	\$852.99	1.1521	0.6079	\$6.61	\$604.00	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1047	\$667.25	6.9%	2.1%
71287OR0660032	KP OR Silver Added Choice OOA 3000 w/VX	23	\$852.99	1.1021	0.6116	\$6.61	\$581.53	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1078	\$644.21	7.1%	2.1%
71287OR0670011	KP OR Silver KP Plus 3000 w/VX	80	\$852.99	1.0200	0.6146	\$6.71	\$541.44	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1139	\$603.09	7.6%	2.1%
71287OR0650044	KP OR Silver HSA 3800 w/VX	73	\$852.99	0.9889	0.5617	\$7.07	\$480.85	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1250	\$540.95	8.5%	2.1%
71287																

Kaiser Foundation Health Plan of the Northwest
Market: SmallGroup

Exhibit AM10
Plan Adjusted Index Rate Development

Plan	Metal Level	Name	Provider Network	Adjustable Modifiers							C9	C10	C11	C12	C13
				Rate (100% Plan Paid)	Provider	Cost Sharing	Impact of Non-FIRB	Plan Adjusted	Age Curve Adjustment (Average Age)	Area Curve Adjustment					
1	Gold	EP Oregon Standard Gold Plan	EPO	852.99	0.989	1.171	684.24	1.101	659.96	0.001	1.000	0.000	439.96		
2	Silver	EP Oregon Standard Silver Plan	EPO	852.99	0.989	0.610	50.00	1.118	575.49	0.001	1.000	0.000	397.66		
3	Bronze	EP Oregon Standard Bronze Plan	EPO	852.99	0.989	0.242	0.00	1.130	514.44	0.001	1.000	0.000	336.99		
4	Bronze	EP OR Bronze HSA 7000	EPO	852.99	0.989	0.510	50.06	1.117	499.56	0.001	1.000	0.000	338.28		
5	Bronze	EP OR Bronze 7000	EPO	852.99	0.989	0.247	50.66	1.129	521.43	0.001	1.000	0.000	360.31		
6	Bronze	EP OR Bronze Added Choice 7000	POS	852.99	1.152	0.542	58.61	1.119	569.99	0.001	1.000	0.000	411.14		
7	Bronze	EP OR Bronze Added Choice DCA 7000	POS	852.99	1.102	0.541	58.61	1.119	569.99	0.001	1.000	0.000	393.80		
8	Gold	EP OR Gold EP Plus 2000	EPO	852.99	1.020	0.669	58.82	1.126	536.31	0.001	1.000	0.000	376.99		
9	Bronze	EP OR Bronze 9700	EPO	852.99	0.989	0.506	58.86	1.137	486.62	0.001	1.000	0.000	338.26		
10	Gold	EP OR Gold 500	POS	852.99	0.989	0.717	58.89	1.105	669.89	0.001	1.000	0.000	462.20		
11	Gold	EP OR Gold 2000	POS	852.99	0.989	0.763	58.89	1.106	657.86	0.001	1.000	0.000	454.03		
12	Gold	EP OR Gold Added Choice 1500	POS	852.99	1.152	0.694	58.89	1.099	747.95	0.001	1.000	0.000	536.83		
13	Gold	EP OR Gold EP Plus 1200	POS	852.99	1.020	0.703	58.89	1.104	676.79	0.001	1.000	0.000	467.25		
14	Gold	EP OR Gold Added Choice DCA 1500	POS	852.99	1.102	0.693	58.86	1.099	716.79	0.001	1.000	0.000	499.86		
15	Gold	EP OR Gold 2000	POS	852.99	0.989	0.689	58.86	1.099	658.67	0.001	1.000	0.000	446.07		
16	Gold	EP OR Gold 2000	EPO	852.99	0.989	0.669	58.82	1.110	627.78	0.001	1.000	0.000	433.79		
17	Gold	EP OR Gold EP Plus 1000	EPO	852.99	1.020	0.669	58.82	1.106	645.99	0.001	1.000	0.000	446.38		
18	Gold	EP OR Gold 500	POS	852.99	0.989	0.670	58.97	1.110	628.21	0.001	1.000	0.000	434.09		
19	Gold	EP OR Gold Added Choice 500	POS	852.99	1.152	0.709	58.86	1.095	757.76	0.001	1.000	0.000	528.85		
20	Gold	EP OR Gold Added Choice DCA 500	POS	852.99	1.102	0.705	58.86	1.098	728.28	0.001	1.000	0.000	503.24		
21	Gold	EP OR Gold HSA 1500	POS	852.99	0.989	0.665	51.16	1.111	624.36	0.001	1.000	0.000	431.43		
22	Platinum	EP OR Platinum 5	POS	852.99	0.989	0.847	51.85	1.092	701.74	0.001	1.000	0.000	546.18		
23	Platinum	EP OR Platinum KP Plus 0	POS	852.99	1.020	0.847	51.85	1.090	684.78	0.001	1.000	0.000	556.10		
24	Platinum	EP OR Platinum 250	POS	852.99	0.989	0.817	51.81	1.095	725.94	0.001	1.000	0.000	522.35		
25	Platinum	EP OR Platinum Added Choice 250	POS	852.99	1.152	0.799	51.81	1.086	854.05	0.001	1.000	0.000	596.15		
26	Platinum	EP OR Platinum Added Choice DCA 250	POS	852.99	1.102	0.811	51.81	1.088	831.07	0.001	1.000	0.000	574.27		
27	Platinum	EP OR Platinum 500	POS	852.99	0.989	0.793	51.81	1.097	734.63	0.001	1.000	0.000	507.63		
28	Silver	EP OR Silver 3000	EPO	852.99	0.989	0.615	58.82	1.118	586.27	0.001	1.000	0.000	401.00		
29	Silver	EP OR Silver Added Choice 3000	POS	852.99	1.152	0.688	58.82	1.105	661.31	0.001	1.000	0.000	456.96		
30	Silver	EP OR Silver Added Choice 3000	POS	852.99	1.102	0.612	58.82	1.109	636.26	0.001	1.000	0.000	441.04		
31	Silver	EP OR Silver HSA 3000	EPO	852.99	1.020	0.615	58.82	1.115	597.84	0.001	1.000	0.000	412.55		
32	Silver	EP OR Silver HSA 3000	POS	852.99	0.989	0.562	51.12	1.126	534.85	0.001	1.000	0.000	366.58		
33	Silver	EP OR Silver 4000	EPO	852.99	0.989	0.507	58.86	1.120	469.97	0.001	1.000	0.000	306.72		
34	Silver	EP OR Silver Added Choice 4000	POS	852.99	1.152	0.596	58.82	1.107	649.76	0.001	1.000	0.000	448.98		
35	Silver	EP OR Silver Added Choice DCA 4000	POS	852.99	1.102	0.603	58.82	1.108	629.44	0.001	1.000	0.000	423.01		
36	Silver	EP OR Silver 5000	POS	852.99	0.989	0.577	58.71	1.124	547.88	0.001	1.000	0.000	378.59		
37	Silver	EP OR Silver 4000	EPO	852.99	0.989	0.573	58.86	1.124	547.78	0.001	1.000	0.000	378.75		
38	Bronze	EP OR Bronze HSA 7000 w/VX	EPO	852.99	0.989	0.510	58.40	1.135	485.81	0.001	1.000	0.000	342.22		
39	Bronze	EP OR Bronze 7000 w/VX	POS	852.99	0.989	0.547	56.26	1.128	527.17	0.001	1.000	0.000	364.28		
40	Bronze	EP OR Bronze Added Choice 7000 w/VX	POS	852.99	1.152	0.542	56.11	1.114	608.63	0.001	1.000	0.000	415.03		
41	Bronze	EP OR Bronze Added Choice DCA 7000 w/VX	POS	852.99	1.102	0.541	56.11	1.118	575.54	0.001	1.000	0.000	397.69		
42	Bronze	EP OR Bronze EP Plus 2000 w/VX	POS	852.99	1.020	0.547	56.26	1.125	549.89	0.001	1.000	0.000	374.55		
43	Bronze	EP OR Bronze 9700 w/VX	POS	852.99	0.989	0.506	56.40	1.136	492.31	0.001	1.000	0.000	349.19		
44	Gold	EP OR Gold w/VX	POS	852.99	0.989	0.717	57.09	1.105	674.99	0.001	1.000	0.000	466.42		
45	Gold	EP OR Gold 2000 w/VX	POS	852.99	0.989	0.703	57.09	1.105	663.42	0.001	1.000	0.000	458.42		
46	Gold	EP OR Gold Added Choice 1500 w/VX	POS	852.99	1.152	0.684	57.09	1.095	734.30	0.001	1.000	0.000	521.22		
47	Gold	EP OR Gold EP Plus 1000 w/VX	POS	852.99	1.020	0.703	57.09	1.103	692.55	0.001	1.000	0.000	473.64		
48	Gold	EP OR Gold Added Choice DCA 1500 w/VX	POS	852.99	1.102	0.691	56.95	1.099	720.96	0.001	1.000	0.000	498.18		
49	Gold	EP OR Gold 1500 w/VX	POS	852.99	0.989	0.689	56.85	1.098	648.82	0.001	1.000	0.000	444.32		
50	Gold	EP OR Gold 2000 w/VX	POS	852.99	0.989	0.669	56.82	1.109	631.93	0.001	1.000	0.000	430.45		
51	Gold	EP OR Gold EP Plus 1000 w/VX	POS	852.99	1.020	0.669	56.85	1.106	654.44	0.001	1.000	0.000	456.63		
52	Gold	EP OR Gold 500 w/VX	POS	852.99	0.989	0.670	57.27	1.109	634.67	0.001	1.000	0.000	438.55		
53	Gold	EP OR Gold Added Choice 500 w/VX	POS	852.99	1.152	0.709	56.85	1.094	759.02	0.001	1.000	0.000	526.10		
54	Gold	EP OR Gold Added Choice DCA 500 w/VX	POS	852.99	1.102	0.705	56.85	1.097	734.43	0.001	1.000	0.000	507.49		
55	Gold	EP OR Gold HSA 1500 w/VX	POS	852.99	0.989	0.665	56.90	1.110	636.24	0.001	1.000	0.000	435.50		
56	Platinum	EP OR Platinum 5 w/VX	POS	852.99	0.989	0.847	57.35	1.092	709.29	0.001	1.000	0.000	544.64		
57	Platinum	EP OR Platinum KP Plus 0 w/VX	POS	852.99	1.020	0.847	57.35	1.090	691.25	0.001	1.000	0.000	566.57		
58	Platinum	EP OR Platinum 250 w/VX	POS	852.99	0.989	0.817	57.21	1.094	702.29	0.001	1.000	0.000	526.74		
59	Platinum	EP OR Platinum Added Choice 250 w/VX	POS	852.99	1.152	0.799	57.21	1.086	860.41	0.001	1.000	0.000	594.54		
60	Platinum	EP OR Platinum Added Choice DCA 250 w/VX	POS	852.99	1.102	0.811	57.21	1.088	837.47	0.001	1.000	0.000	578.66		
61	Platinum	EP OR Platinum 500 w/VX	POS	852.99	0.989	0.793	57.21	1.096	740.99	0.001	1.000	0.000	512.02		
62	Silver	EP OR Silver 3000 w/VX	EPO	852.99	0.989	0.615	56.71	1.117	586.27	0.001	1.000	0.000	401.18		
63	Silver	EP OR Silver Added Choice 3000 w/VX	POS	852.99	1.152	0.688	56.61	1.105	667.25	0.001	1.000	0.000	465.07		
64	Silver	EP OR Silver Added Choice DCA 3000 w/VX	POS	852.99	1.102	0.612	56.61	1.108	646.21	0.001	1.000	0.000	445.15		
65	Silver	EP OR Silver EP Plus 3000 w/VX	POS	852.99	1.020	0.615	56.71	1.114	603.09	0.001	1.000	0.000	446.74		
66	Silver	EP OR Silver HSA 3000 w/VX	POS	852.99	0.989	0.562	57.07	1.123	549.95	0.001	1.000	0.000	373.80		
67	Silver	EP OR Silver 4000 w/VX	POS	852.99	0.989	0.507	56.65	1.119	473.99	0.001	1.000	0.000	306.63		
68	Silver	EP OR Silver Added Choice 4000 w/VX	POS	852.99	1.152	0.596	56.61	1.106	655.70	0.001	1.000	0.000	451.09		
69	Silver	EP OR Silver Added Choice DCA 4000 w/VX	POS	852.99	1.102	0.603	56.61	1.109	631.99	0.001	1.000	0.000	436.01		
70	Silver	EP OR Silver 5000 w/VX	POS	852.99	0.989	0.577	56.41	1.122	553.73	0.001	1.000	0.000	382.63		
71	Silver	EP OR Silver 4000 w/VX	EPO	852.99	0.989	0.573	56.36	1.123	549.62	0.001	1.000	0.000	379.79		
72	Bronze	EP OR Bronze HSA 7000 w/VX & Message	EPO	852.99	0.989	0.516	58.64	1.135	497.54	0.001	1.000	0.000	343.80		
73	Bronze	EP OR Bronze 7000 w/VX & Message	POS	852.99	0.989	0.547	56.50	1.127	529.47	0.001	1.000	0.000	365.86		
74	Bronze	EP OR Bronze Added Choice 7000 w/VX & Message	POS	852.99	1.152	0.542	56.35	1.114	662.92	0.001	1.000	0.000	416.62		
75	Bronze	EP OR Bronze Added Choice DCA 7000 w/VX & Message	POS	852.99	1.102	0.541	56.35	1.118	637.83	0.001	1.000	0.000	398.28		
76	Bronze	EP OR Bronze EP Plus 7000 w/VX & Message	POS	852.99	1.020	0.547	56.50	1.124	549.24	0.001	1.000	0.000	376.14		
77	Bronze	EP OR Bronze 9700 w/VX & Message	EPO	852.99	0.989	0.506	56.44	1.135	494.61	0.001	1.000	0.000	341.77		
78	Gold	EP OR Gold EP Plus 1000 w/VX & Message	POS	852.99	0.989	0.717	59.23	1.103	677.44	0.001	1.000	0.000	466.11		
79	Gold	EP OR Gold 2000 w/VX & Message	POS	852.99	0.989	0.703	59.33	1.105	667.71	0.001	1.000	0.000	460.01		
80	Gold	EP OR Gold Added Choice 1500 w/VX & Message	POS	852.99	1.152	0.694	59.33	1.095	756.69	0.001	1.000	0.000	522.81		
81	Gold	EP OR Gold EP Plus 1000 w/VX & Message	POS	852.99	1.020	0.703	59.33	1.103	694.85	0.001	1.000	0.000	473.23		
82	Gold	EP OR Gold Added Choice DCA 1500 w/VX & Message	POS	852.99	1.102	0.691	59.19	1.098	723.36	0.001	1.000	0.000	499.77		
83	Gold	EP OR Gold 1500 w/VX & Message	POS	852.99	0.989	0.689	59.09	1.106	645.31	0.001	1.000	0.000	445.91		
84	Gold	EP OR Gold 2000 w/VX & Message	EPO	852.99	0.989	0.669	59.05	1.109	636.23	0.001	1.				

**Kaiser Foundation Health Plan of the Northwest
Market: Small Group**

**Exhibit AM11
Summary of Filed Rating Assumptions
2027 Non-Grandfathered, ACA Compliant Plans**

Rating Assumption	Kaiser Permanente of the Northwest
Starting Point	Small Group Experience
<i>Projected Member Months</i>	304,332
<i>Morbidity Changes</i>	0.0%
<i>Pent-up Demand</i>	0.0%
<i>Bad Debt Adjustments</i>	0.0%
<i>Net State, Federal Reinsurance Impact & User Adj Fee</i>	0.00%
<i>Risk Adjustment/Average Market Risk Impact</i>	-\$47.91
<i>Risk Corridor Impact</i>	0.0%
<i>2024 Net Paid Claims PMPM (prior filing)</i>	\$444.82
<i>2025 Net Paid Claims PMPM</i>	\$519.12
<i>Average Annual Rate Change</i>	9.5%

**Kaiser Foundation Health Plan of the Northwest
Market: Small Group**

**Exhibit AM12
Minimum Loss Ratio**

Premium Buildup	PMPM	Formula
Net Claims PMPM	\$622.15	(1)
Administrative Expenses		
Quality Improvement	\$0.34	(2)
All Other Admin	45.72	(3)
Total	\$46.06	(4)
Taxes/Fees		
Exchange Fee	\$0.00	(5)
ACA Health Insurer Tax & Prem Tax	\$13.10	(6)
PCORI	\$0.34	(7)
Risk Adjustment User Fee	\$0.18	(8)
Total	\$13.62	(9)
3R's		
Risk Adjustment Result	(\$32.87)	(10)
Total	(\$32.87)	(11)
Risk Margin	\$3.28	(12)
Total Premium PMPM	\$717.98	(13) = (1)-(12)+(4)+(9)+(12)
Traditional Loss Ratio	91.23%	(14) = [(1)+(11)] / (13)
ACA MLR	93.04%	(15) = [(1)+(2)-(11)] / [(13)-(9)]

Note

Net Claims are gross of risk adjustment payable.

Premium is net of risk adjustment payable.

**Kaiser Foundation Health Plan of the Northwest
2027 Projected Risk Adjustment
Exhibit AM13**

Estimated Risk of Kaiser Members Relative to Market

(a)	Expected Per Member Per Month Risk Adjustment Payable	-\$32.87
(b)	Average Cost Share	0.684
(c)	Avg Network Factor	1.002

(e)	Total Adjustment	-\$47.91
-----	------------------	----------

Kaiser Foundation Health Plan of the Northwest
Market: Small Group
Development of the Gradients

Exhibit AM14

	Q1	Q2	Q3	Q4
Trend	5.0%	5.0%	5.0%	5.0%
Months	24	27	30	33
Trend Factor	1.103	1.116	1.130	1.144
Gradient	1.000	1.012	1.025	1.037

**Kaiser Foundation Health Plan of the Northwest
Market: Small Group**

Exhibit AM15

Change in Utilization Adjustments

Experience Period TOTAL	0.879	a
2027 Medical Plans	0.867	b
Change in Utilization	0.986	c = b/a
2027 Plans - Blended Medical	0.867	d
Reference Plan Basis Adjustment	1.154	e = 1/d

Kaiser Foundation Health Plan of the Northwest
Market: Small Group
Exhibit AM16

Area Factors

Area	MM	2027 Area Factor	2026 Area Factor
Areas 1, 5, & 6	268,927	1.0000	1.0000
Area 2	7,349	1.0000	1.0000
Area 3	30,423	1.0000	1.0000
Total	306,699	1.0000	1.0000

Area Adj = 1 / avg area factor
1.0000

Kaiser Foundation Health Plan of the Northwest
Market: Small Group
Exhibit AM17

HIOS ID	2026 Plan	Q1 Age 21	Member
		Rate	Months
71287OR0430011	KP Oregon Standard Gold Plan	\$417.00	103
71287OR0430014	KP Oregon Standard Silver Plan	\$352.00	254
71287OR0430018	KP Oregon Standard Bronze Plan	\$317.00	234
71287OR0650007	KP OR Bronze HSA 7100	\$293.00	377
71287OR0650001	KP OR Bronze 7000	\$334.00	183
71287OR0660001	KP OR Bronze Added Choice 7000	\$373.00	6
71287OR0660004	KP OR Bronze Added Choice OOA 7000	\$359.00	3
71287OR0670001	KP OR Bronze KP Plus 7000	\$343.00	5
71287OR0650004	KP OR Bronze 9200	\$301.00	263
71287OR0650010	KP OR Gold 0	\$436.00	572
71287OR0650013	KP OR Gold 1000	\$419.00	841
71287OR0660007	KP OR Gold Added Choice 1000	\$464.00	106
71287OR0670004	KP OR Gold KP Plus 1000	\$431.00	53
71287OR0660013	KP OR Gold Added Choice OOA 1000	\$445.00	19
71287OR0650016	KP OR Gold 1500	\$402.00	412
71287OR0650019	KP OR Gold 2000	\$395.00	517
71287OR0660010	KP OR Gold Added Choice 500	\$467.00	90
71287OR0660015	KP OR Gold Added Choice OOA 500	\$453.00	20
71287OR0650046	KP OR Gold HSA 1800	\$384.00	4
71287OR0650022	KP OR Platinum 0	\$491.00	396
71287OR0670007	KP OR Platinum KP Plus 0	\$502.00	5
71287OR0650025	KP OR Platinum 250	\$484.00	236
71287OR0660019	KP OR Platinum Added Choice 250	\$539.00	131
71287OR0660022	KP OR Platinum Added Choice OOA 250	\$528.00	36
71287OR0650028	KP OR Platinum 500	\$469.00	208
71287OR0650031	KP OR Silver 3000	\$366.00	940
71287OR0660025	KP OR Silver Added Choice 3000	\$404.00	32
71287OR0660031	KP OR Silver Added Choice OOA 3000	\$399.00	36
71287OR0670010	KP OR Silver KP Plus 3000	\$376.00	95
71287OR0650043	KP OR Silver HSA 3600	\$324.00	236
71287OR0650034	KP OR Silver 4000	\$359.00	460
71287OR0660028	KP OR Silver Added Choice 4000	\$399.00	4
71287OR0660034	KP OR Silver Added Choice OOA 4000	\$387.00	3
71287OR0650037	KP OR Silver 5000	\$349.00	288
71287OR0650040	KP OR Silver 6000	\$345.00	118
71287OR0650008	KP OR Bronze HSA 7100 w/VX	\$298.00	79
71287OR0650002	KP OR Bronze 7000 w/VX	\$339.00	83
71287OR0660002	KP OR Bronze Added Choice 7000 w/VX	\$379.00	1
71287OR0660005	KP OR Bronze Added Choice OOA 7000 w/VX	\$364.00	4
71287OR0670002	KP OR Bronze KP Plus 7000 w/VX	\$348.00	4
71287OR0650005	KP OR Bronze 9200 w/VX	\$307.00	80
71287OR0650011	KP OR Gold 0 w/VX	\$442.00	133
71287OR0650014	KP OR Gold 1000 w/VX	\$426.00	620
71287OR0660008	KP OR Gold Added Choice 1000 w/VX	\$471.00	40
71287OR0670005	KP OR Gold KP Plus 1000 w/VX	\$437.00	39
71287OR0660014	KP OR Gold Added Choice OOA 1000 w/VX	\$451.00	20
71287OR0650017	KP OR Gold 1500 w/VX	\$408.00	253
71287OR0650020	KP OR Gold 2000 w/VX	\$402.00	206
71287OR0660011	KP OR Gold Added Choice 500 w/VX	\$473.00	34
71287OR0660017	KP OR Gold Added Choice OOA 500 w/VX	\$459.00	15
71287OR0650047	KP OR Gold HSA 1800 w/VX	\$391.00	8
71287OR0650023	KP OR Platinum 0 w/VX	\$498.00	275
71287OR0670008	KP OR Platinum KP Plus 0 w/VX	\$508.00	58
71287OR0650026	KP OR Platinum 250 w/VX	\$491.00	283
71287OR0660020	KP OR Platinum Added Choice 250 w/VX	\$545.00	19
71287OR0660023	KP OR Platinum Added Choice OOA 250 w/VX	\$534.00	15
71287OR0650029	KP OR Platinum 500 w/VX	\$475.00	181
71287OR0650032	KP OR Silver 3000 w/VX	\$373.00	446
71287OR0660026	KP OR Silver Added Choice 3000 w/VX	\$410.00	48
71287OR0660032	KP OR Silver Added Choice OOA 3000 w/VX	\$398.00	23
71287OR0670011	KP OR Silver KP Plus 3000 w/VX	\$382.00	80
71287OR0650044	KP OR Silver HSA 3600 w/VX	\$330.00	73
71287OR0650035	KP OR Silver 4000 w/VX	\$365.00	255
71287OR0660029	KP OR Silver Added Choice 4000 w/VX	\$405.00	12
71287OR0660035	KP OR Silver Added Choice OOA 4000 w/VX	\$393.00	2
71287OR0650038	KP OR Silver 5000 w/VX	\$355.00	144
71287OR0650041	KP OR Silver 6000 w/VX	\$351.00	33
71287OR0650009	KP OR Bronze HSA 7100 w/VX & Massage	\$300.00	174
71287OR0650003	KP OR Bronze 7000 w/VX & Massage	\$341.00	191
71287OR0660003	KP OR Bronze Added Choice 7000 w/VX & Massage	\$380.00	0
71287OR0660006	KP OR Bronze Added Choice OOA 7000 w/VX & Massage	\$366.00	2
71287OR0670003	KP OR Bronze KP Plus 7000 w/VX & Massage	\$350.00	6
71287OR0650006	KP OR Bronze 9200 w/VX & Massage	\$308.00	219
71287OR0650012	KP OR Gold 0 w/VX & Massage	\$444.00	762
71287OR0650015	KP OR Gold 1000 w/VX & Massage	\$427.00	2,560
71287OR0660009	KP OR Gold Added Choice 1000 w/VX & Massage	\$473.00	283
71287OR0670006	KP OR Gold KP Plus 1000 w/VX & Massage	\$439.00	111
71287OR0660015	KP OR Gold Added Choice OOA 1000 w/VX & Massage	\$453.00	79
71287OR0650018	KP OR Gold 1500 w/VX & Massage	\$410.00	1,212
71287OR0650021	KP OR Gold 2000 w/VX & Massage	\$403.00	884
71287OR0660012	KP OR Gold Added Choice 500 w/VX & Massage	\$474.00	219
71287OR0660018	KP OR Gold Added Choice OOA 500 w/VX & Massage	\$461.00	57
71287OR0650048	KP OR Gold HSA 1800 w/VX & Massage	\$392.00	8
71287OR0650024	KP OR Platinum 0 w/VX & Massage	\$499.00	1,678
71287OR0670009	KP OR Platinum KP Plus 0 w/VX & Massage	\$510.00	196
71287OR0650027	KP OR Platinum 250 w/VX & Massage	\$493.00	871
71287OR0660021	KP OR Platinum Added Choice 250 w/VX & Massage	\$547.00	382
71287OR0660024	KP OR Platinum Added Choice OOA 250 w/VX & Massage	\$536.00	112
71287OR0650030	KP OR Platinum 500 w/VX & Massage	\$477.00	771
71287OR0650033	KP OR Silver 3000 w/VX & Massage	\$374.00	1,831
71287OR0660027	KP OR Silver Added Choice 3000 w/VX & Massage	\$412.00	153
71287OR0660033	KP OR Silver Added Choice OOA 3000 w/VX & Massage	\$399.00	91
71287OR0670012	KP OR Silver KP Plus 3000 w/VX & Massage	\$384.00	103
71287OR0650045	KP OR Silver HSA 3600 w/VX & Massage	\$332.00	235
71287OR0650036	KP OR Silver 4000 w/VX & Massage	\$367.00	688
71287OR0660030	KP OR Silver Added Choice 4000 w/VX & Massage	\$407.00	27
71287OR0660036	KP OR Silver Added Choice OOA 4000 w/VX & Massage	\$395.00	5
71287OR0650039	KP OR Silver 5000 w/VX & Massage	\$356.00	463
71287OR0650042	KP OR Silver 6000 w/VX & Massage	\$352.00	129
Total		\$415.82	25,354

Kaiser Foundation Health Plan of the Northwest
 Market: Small Group
 Pediatric Dental
 Exhibit AM18

WA Pediatric Dent Allowed Claims	\$556,509
WA Member Months	100,187
PMPM	\$5.55
WA % of Mem Pediatric Age	18%
OR % of Mem Pediatric Age	15%
Proj OR Ped Dent PMPM	\$4.42
Experience Period Index Rate	\$623.52

His ID	2026 Plan Name	Pediatric Dental Load
71287OR0430011	KP Oregon Standard Gold Plan	1.000
71287OR0430014	KP Oregon Standard Silver Plan	1.000
71287OR0430018	KP Oregon Standard Bronze Plan	1.000
71287OR0650007	KP OR Bronze HSA 7800	1.007
71287OR0650001	KP OR Bronze 7000	1.007
71287OR0650001	KP OR Bronze Added Choice 7000	1.007
71287OR0650004	KP OR Bronze Added Choice OOA 7000	1.007
71287OR0670001	KP OR Bronze KP Plus 7000	1.007
71287OR0650004	KP OR Bronze 9700	1.007
71287OR0650010	KP OR Gold 0	1.007
71287OR0650013	KP OR Gold 1000	1.007
71287OR0660007	KP OR Gold Added Choice 1500	1.007
71287OR0670004	KP OR Gold KP Plus 1000	1.007
71287OR0660013	KP OR Gold Added Choice OOA 1500	1.007
71287OR0650016	KP OR Gold 1500	1.007
71287OR0650019	KP OR Gold 2000	1.007
71287OR0670013	KP OR Gold KP Plus 2000	1.007
71287OR0650049	KP OR Gold 5500	1.007
71287OR0660010	KP OR Gold Added Choice 500	1.007
71287OR0660016	KP OR Gold Added Choice OOA 500	1.007
71287OR0650046	KP OR Gold HSA 1900	1.007
71287OR0650022	KP OR Platinum 0	1.007
71287OR0670007	KP OR Platinum KP Plus 0	1.007
71287OR0650025	KP OR Platinum 250	1.007
71287OR0660019	KP OR Platinum Added Choice 250	1.007
71287OR0660022	KP OR Platinum Added Choice OOA 250	1.007
71287OR0650028	KP OR Platinum 500	1.007
71287OR0650031	KP OR Silver 3000	1.007
71287OR0660025	KP OR Silver Added Choice 3000	1.007
71287OR0660031	KP OR Silver Added Choice OOA 3000	1.007
71287OR0670010	KP OR Silver KP Plus 3000	1.007
71287OR0650043	KP OR Silver HSA 3800	1.007
71287OR0650034	KP OR Silver 4000	1.007
71287OR0660028	KP OR Silver Added Choice 4000	1.007
71287OR0660034	KP OR Silver Added Choice OOA 4000	1.007
71287OR0650037	KP OR Silver 5000	1.007
71287OR0650040	KP OR Silver 6000	1.007
71287OR0650008	KP OR Bronze HSA 7800 w/VX	1.007
71287OR0650002	KP OR Bronze 7000 w/VX	1.007
71287OR0660002	KP OR Bronze Added Choice 7000 w/VX	1.007
71287OR0660005	KP OR Bronze Added Choice OOA 7000 w/VX	1.007
71287OR0670002	KP OR Bronze KP Plus 7000 w/VX	1.007
71287OR0650005	KP OR Bronze 9700 w/VX	1.007
71287OR0650011	KP OR Gold 0 w/VX	1.007
71287OR0650014	KP OR Gold 1000 w/VX	1.007
71287OR0660008	KP OR Gold Added Choice 1500 w/VX	1.007
71287OR0670005	KP OR Gold KP Plus 1000 w/VX	1.007
71287OR0660014	KP OR Gold Added Choice OOA 1500 w/VX	1.007
71287OR0650017	KP OR Gold 1500 w/VX	1.007
71287OR0650020	KP OR Gold 2000 w/VX	1.007
71287OR0670014	KP OR Gold KP Plus 2000 w/VX	1.007
71287OR0650050	KP OR Gold 5500 w/VX	1.007
71287OR0660011	KP OR Gold Added Choice 500 w/VX	1.007
71287OR0660017	KP OR Gold Added Choice OOA 500 w/VX	1.007
71287OR0650047	KP OR Gold HSA 1900 w/VX	1.007
71287OR0650023	KP OR Platinum 0 w/VX	1.007
71287OR0670008	KP OR Platinum KP Plus 0 w/VX	1.007
71287OR0650026	KP OR Platinum 250 w/VX	1.007
71287OR0660020	KP OR Platinum Added Choice 250 w/VX	1.007
71287OR0660023	KP OR Platinum Added Choice OOA 250 w/VX	1.007
71287OR0650029	KP OR Platinum 500 w/VX	1.007
71287OR0650032	KP OR Silver 3000 w/VX	1.007
71287OR0660026	KP OR Silver Added Choice 3000 w/VX	1.007
71287OR0660032	KP OR Silver Added Choice OOA 3000 w/VX	1.007
71287OR0670011	KP OR Silver KP Plus 3000 w/VX	1.007
71287OR0650044	KP OR Silver HSA 3800 w/VX	1.007
71287OR0650035	KP OR Silver 4000 w/VX	1.007
71287OR0660039	KP OR Silver Added Choice 4000 w/VX	1.007
71287OR0660035	KP OR Silver Added Choice OOA 4000 w/VX	1.007
71287OR0650038	KP OR Silver 5000 w/VX	1.007
71287OR0650041	KP OR Silver 6000 w/VX	1.007
71287OR0650009	KP OR Bronze HSA 7800 w/VX & Massage	1.007
71287OR0650003	KP OR Bronze 7000 w/VX & Massage	1.007
71287OR0660003	KP OR Bronze Added Choice 7000 w/VX & Massage	1.007
71287OR0660006	KP OR Bronze Added Choice OOA 7000 w/VX & Massage	1.007
71287OR0670003	KP OR Bronze KP Plus 7000 w/VX & Massage	1.007
71287OR0650006	KP OR Bronze 9700 w/VX & Massage	1.007
71287OR0650012	KP OR Gold 0 w/VX & Massage	1.007
71287OR0650015	KP OR Gold 1000 w/VX & Massage	1.007
71287OR0660009	KP OR Gold Added Choice 1500 w/VX & Massage	1.007
71287OR0670006	KP OR Gold KP Plus 1000 w/VX & Massage	1.007
71287OR0660015	KP OR Gold Added Choice OOA 1500 w/VX & Massage	1.007
71287OR0650018	KP OR Gold 1500 w/VX & Massage	1.007
71287OR0650021	KP OR Gold 2000 w/VX & Massage	1.007
71287OR0670015	KP OR Gold KP Plus 2000 w/VX & Massage	1.007
71287OR0650051	KP OR Gold 5500 w/VX & Massage	1.007
71287OR0660012	KP OR Gold Added Choice 500 w/VX & Massage	1.007
71287OR0660018	KP OR Gold Added Choice OOA 500 w/VX & Massage	1.007
71287OR0650048	KP OR Gold HSA 1900 w/VX & Massage	1.007
71287OR0650024	KP OR Platinum 0 w/VX & Massage	1.007
71287OR0670009	KP OR Platinum KP Plus 0 w/VX & Massage	1.007
71287OR0650027	KP OR Platinum 250 w/VX & Massage	1.007
71287OR0660021	KP OR Platinum Added Choice 250 w/VX & Massage	1.007
71287OR0660024	KP OR Platinum Added Choice OOA 250 w/VX & Massage	1.007
71287OR0650030	KP OR Platinum 500 w/VX & Massage	1.007
71287OR0650033	KP OR Silver 3000 w/VX & Massage	1.007
71287OR0660027	KP OR Silver Added Choice 3000 w/VX & Massage	1.007
71287OR0660033	KP OR Silver Added Choice OOA 3000 w/VX & Massage	1.007
71287OR0670012	KP OR Silver KP Plus 3000 w/VX & Massage	1.007
71287OR0650045	KP OR Silver HSA 3800 w/VX & Massage	1.007
71287OR0650036	KP OR Silver 4000 w/VX & Massage	1.007
71287OR0660030	KP OR Silver Added Choice 4000 w/VX & Massage	1.007
71287OR0660036	KP OR Silver Added Choice OOA 4000 w/VX & Massage	1.007
71287OR0650039	KP OR Silver 5000 w/VX & Massage	1.007
71287OR0650042	KP OR Silver 6000 w/VX & Massage	1.007

Kaiser Foundation Health Plan of the Northwest

State of Oregon
2027 Small Group Rate Filing
HIOS Issuer ID 71287

HIOS Product ID 71287OR043, 71287OR065, 71287OR066, 71287OR067

Form Numbers: EOSGDED0127, EOSG3TPOSD0127, EOSGKPPDED0127, EOSGDEDSTD0127, EOSGHDHP0127, EOSGKPP0127, EOSGTRAD0127

Actuarial Memorandum

I, Luke Hampton, Sr. Actuarial Manager for Kaiser Foundation Health Plan of the Northwest (KFHP) am a member of the American Academy of Actuaries. I meet the qualification standards for certifying Regulatory Filings for Rates and Financial Projections for Health Plans. This Actuarial Certification applies to the attached filing for an approval of premium rates for Small Groups sold on and off the exchange. This actuarial memorandum documents the assumptions and sources of data pertaining to the development of KFHP premium rates for 2027. This rate filing is to be effective beginning 1/1/2027.

This rate filing applies to forms that are open to new sales. KFHP offers traditional HMO copayment plans covering medical and pharmacy claims expenses. KFHP also offers Point of Service (POS), Deductible and High Deductible plans, some of which are HSA qualified. A list of plans that are impacted by this filing can be found in Exhibit AM6 and the average annual rate change can be seen in Exhibit AM11.

I am the primary contact for submission of this filing. My telephone number is 503-314-2590 and my email address is luke.w.hampton@kp.org. The secondary contact is David Liebert. His email address is David.M.Liebert@kp.org and his phone number is 503-593-8851.

Part I Unified Rate Review Template

Premiums (net of MLR Rebate) in Experience Period:

The experience period incurred premium is the premium received from employer groups during calendar year 2025. It does not include rebates or risk adjustment transfers.

Benefit Categories:

The benefit categories in Section II of Worksheet I are mapped based on type of service and place of treatment codes. For example:

Benefit Category	Services
Inpatient Hospital	Inpatient Facility, Inpatient Visits (Rounding), Inpatient Surgery - Non Maternity, Maternity
Outpatient Hospital	Outpatient Facility, Emergency/Urgent Care, Hospital Outpatient Other Professional, Outpatient Surgery
Professional	Diagnostic Services, Office Visits, Cardiovascular, Chemotherapy/Pharmacy, Dialysis, PT/OT/ST
Other Medical	Other Services
Capitation	None
Prescription Drug	Pharmacy

Morbidity and Other Adjustments:

The Other Adjustment in Section II Worksheet I contains an adjustment to calibrate our experience with our pricing model. Our pricing model's 1.0 factor represents a 0% member cost share plan therefore calibration is required between the pricing model and our experience.

Projected Incurred Claims

The projected incurred claims in worksheet 1 of the URRT is within 0.5% of the projected incurred claims in Exhibit 1. We believe this is an acceptable difference given rounding and the two different methodologies used to develop the projected incurred claims.

Projected Risk Adjustments PMPM:

For 2027 we are projecting a payable of -\$10M. This equates to a payment of -\$32.87 PMPM.

Membership Projections:

The total membership projection included across the plans in Section II of Worksheet Two is developed based on KFHP's current membership as of March 2026.

Terminated Plans:

No plans are being terminated in 2027.

Proposed Rate Increases

We are proposing an average rate increase of 9.5% in filed rates for 2027 ACA-compliant plans. Note that not all renewing ACA-compliant groups will receive this rate increase as rate changes are not uniform across the ACA-compliant plans, and changes in group's demographics and benefits also impact a group's change in rates. Oregon-specific Exhibit 3 (Average Annual Rate Change) reflects this rate change.

Experience Period Claims

Base period data:

The Revenue Requirement for 2027 for the renewing ACA plans is developed by accumulating medical and administrative expenses for essential health benefits (EHB) for non-grandfathered business in the Small Group line of business incurred in calendar year 2025 and paid through February 2026, including incurred but not reported estimates. Net cost data from internal cost systems (i.e., the cost for medical services delivered within our integrated delivery system), fee for service claims, and prescription drug claims are aggregated to determine paid claims. For the experience period, allowed claims are calculated based on paid claims divided by the paid to allowed ratio as discussed in the Paid to Allowed Ratio section in this document. Detail on the experience period data can be seen in Exhibit AM3.

Morbidity adjustment

We do not foresee a material change in morbidity from the experience period to the projection period.

Incurred but not Reported Estimates:

Incurred but not reported expense was estimated using completion factors developed based on an analysis of actual claims lag for the Oregon small group portfolio for internal and external claims incurred from Jan. 2023 to Dec. 2025 and paid through Feb. 2026.

Updates to Accounting System

As an integrated delivery system, the internal medical costs incurred by Kaiser Permanente are not medical claims but the costs of running a medical system, such as salaries, depreciation, rent, etc. We utilize a complex process to allocate these costs to the encounter or member level. For our 2025 experience period data, Kaiser has retired their end-of-life cost accounting system and implemented a new system with standardized allocation rules across all Kaiser markets and regulatory filings. We believe the new process is more accurate and allows for greater transparency when tracing costs back to the general ledger and financial statements.

While total costs by line of business are similar to before, there are some nuanced differences with the new cost accounting system. For example, certain admin costs have been reclassified as medical expense, such as medical management (e.g., case management and utilization management), which better aligns to MLR filing guidelines. The method of splitting administrative costs between medical delivery administrative costs (as opposed to health plan administrative costs) is now aligned with the approach taken with Kaiser's other regulatory filings and financial statements.

Index Rate

The development of the index rate is summarized in Exhibit AM1. The following factors have been considered in the development and are documented below.

Trend:

The future trend numbers are based on actuarial judgment considering a mixture of expected industry trends, future fixed costs, and expected internalization of services (i.e., movement of medical care delivery from contracted external providers to our integrated delivery system). As an integrated health care provider, a large portion of KFHP's expenses are the fixed costs associated with providing medical care through our facilities. Therefore, the projected cost that is included in our total revenue requirement is largely based on budgeting. For traditional carriers, projected claims trends are developed to project expected costs. However, given KFHP's fixed cost structure, KFHP's projected claims trends stem from the development of projected budgeted costs. For 2025 to 2027, our projected total annual medical expense trend for Small Group is 6.5%. More information on the development of the trend can be found in exhibit 4.

Change in Util:

Allowed claims are grossed up for anticipated changes in the average utilization of services due to average cost sharing requirements in the base period. Member cost sharing results in lower utilization and, thus, lower allowed costs, than would otherwise occur in a zero cost share environment.

Util Impact:

This factor calibrates our experience to our pricing model. Our pricing model's 1.0 factor represents a 100% coverage plan therefore calibration is required.

Age Normalization:

Base period claims experience is normalized for the age of the non-grandfathered population. An average age factor was derived by applying experience period member months to the CMS age factors. The allowed claims are then divided by this factor to adjust to a 21 year-old level since the 21 year-old factor is 1.00. The development of the average age factor is shown in Exhibit AM4.

Plan Factor Development

The rates for specific plans are calculated by multiplying plan factors by the index rate. The plan factors use the AV calculator from CMS with calibration to KFHP Experience to calculate the impact of the various cost share and plan elements for EHBs, including the impact on utilization of benefit differences. The experience has been updated that is used to develop the plan factors.

The reference plan used as the basis for the AV pricing values is a \$0 cost share plan valued using the same industry standard factors described above.

Exhibit AM6 indicates the portion of the AV Pricing Value (allowable modifiers) that is attributable to each of the allowable modifiers to the Index Rate. The modifiers include adjustments for non-EHBs and administrative expenses. Also, the Cost-Sharing Design adjustment (shown in more detail in Exhibit AM6) reflects both member cost shares (Effective Plan Design) and the resulting dampening of expected

utilization (Utilization Adjustment) due to these cost shares. In the case of POS plans the allowable modifiers also reflects the impact of network differences between the various tiers, and non-POS factors include a small adjustment to lower their expected cost from the overall average network level

KFHP will not be rating for tobacco usage for Small Group.

Age Factors

The age factor table used to develop age specific rates is the standard table provided by CMS, prior to the update made by CMS in 2018.

Area Factors

The area factors for all areas are 1.0 in 2027 which is unchanged from 2026. More info about the area factors can be found in Exhibit AM16.

Non-EHB

An adjustment has been made to the base period allowed amount to remove the Non-EHB benefits from the Index Rate. This multiplier was calculated by summing the allowed amount for Non-EHB benefits in the base period and dividing by total allowed.

The cost of additional non-EHB benefits are included as well based on specific benefits for each plan. Specifically, as a general pattern, KFHP 2027 small group plans are developed with three different types of non-EHB packages: a version with naturopath, a version with vision benefits and naturopath, and a version with vision, massage benefits, and naturopath. Details on the non EHBs can be found in Exhibit AM7.

Administrative Expense

Retention includes broker commissions, administrative expenses, and capital contribution. Commissions are paid to Brokers of Record. The capital contribution is an amount to maintain and expand medical center facilities where members receive the majority of health care in the integrated delivery system. In other health care delivery models, capital contributions are included in fee for service payments whereas for KFHP, these are funded through premium rates. Exhibit AM8 contains a buildup of retention.

Benefit Changes

There are no changes to benefits in 2027.

Rate Factors

There are no changes to rating factors in 2027.

Quarterly Rate Factors

Quarterly rate factors have been applied to develop base rates for 2nd, 3rd and 4th quarter 2027 effective dates. These adjustments are based on 5.0%.

Profit and Risk Margin

We are projecting a capital contribution of 0.5%. This meets our long-term objectives for capital contribution from the small group line of business and is consistent with our internal business plan.

Taxes and Fees

Administrative expense has been adjusted to reflect the Oregon 2.0% premium tax. More info can be found in Exhibit AM8.

Summary Rate Calculation

Exhibit AM1 shows the development of the Index Rate from the experience period Medical Cost Data. The final 2027 rates by plan, area, and age are developed by applying plan factors, non-EHB benefit costs and admin expense to the index rate to get a plan specific PMPMs. The plan specific PMPMs are multiplied by the age slope and the applicable area adjustment to generate age- and area-specific rates. Exhibit AM10 show how plan-specific rates are derived from the index rate in Exhibit AM1.

Projected Loss Ratio

We anticipate an MLR based on federally prescribed methodology to be at least 85.0%, based on a target admin percentage of 9.1%, which includes a 0.5% capital contribution margin. Exhibit AM12 shows our projected MLR based on the federal methodology.

Credibility

This block of business is considered 100% credible.

Mandates State and Federal Changes

This filing reflects the state mandate that the first three office visits have a cost share of \$5 for non HDHP plans.

AV Metal Values

The AV Metal Values were developed based on the CMS Actuarial Value calculator.

Exhibit Table of Contents:

The following exhibits are included in this filing:

- Exhibit AM1 – Index Rate Development
- Exhibit AM2 – Terminated Plans
- Exhibit AM3 – Historical Experience
- Exhibit AM4 – Average Age Factor
- Exhibit AM5 – Risk Adjustment User Fee
- Exhibit AM6 – Allowable Modifiers
- Exhibit AM7 – Non EHB
- Exhibit AM8 – Administrative Expense
- Exhibit AM9 – Development of Admin Load
- Exhibit AM10 – Plan Adjusted Index Rate Development
- Exhibit AM11 – Summary of Filed Rating Assumptions
- Exhibit AM12 – Minimum Loss Ratio
- Exhibit AM13 – Projected Risk Adjustment
- Exhibit AM14 – Development of Gradient
- Exhibit AM15 – Change in Utilization Adjustments
- Exhibit AM16 – Area Factors
- Exhibit AM17 – Avg 2026 Rate
- Exhibit AM18 – Pediatric Dental

Certification

This filing is in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8. To the best of my knowledge, the rating methodologies of KFHP Foundation Health Plan of the Northwest and the development of the Index Rate comply with the applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)). The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice. The index rate was developed in accordance with 45 CFR part 147.102 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 rating methodologies produce premiums that are reasonable in relation to benefits being provided and the populations being covered and are based on sound and commonly accepted actuarial principles and are neither excessive nor deficient. The federal AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans.



Luke Hampton, ASA, MAAA
Sr. Actuarial Manager
Kaiser Foundation Health Plan of the Northwest
5/29/2026

Peer Review Actuary
David Liebert, ASA, MAAA
503-593-8851
David.M.Liebert@kp.org
Actuarial Director
Kaiser Foundation Health Plan of the Northwest
5/29/2026

Kaiser Foundation Health Plan of the Northwest
Market: Small Group

Exhibit AM1
Index Rate Development - Summary

Projected Index Rate Development		
1 Base Period Allowed	\$626.42	Data
2 Non-EHB Claims Adjustment	0.9954	Data
3 Experience Period Index Rate	\$623.52	Calculation
4 Annualized Trend	6.55%	Assumption
5 Months of Trend	24	Data
6 Trend Factor	1.135	Calculation
7 Projected Period Index Rate - Base Data	\$707.88	Calculation
8 Change in Morbidity	1.000	
9 <i>Change in Util</i>	0.986	
10 Util Impact	1.154	
11 Adjusted Trended EHB Allowed Claims	\$805.08	Calculation
12 Risk Adjustment Payable	(\$47.91)	Assumption
13 Base Rate for Reference Plan	\$852.99	Calculation

Normalized Base Rate		
1 Base Rate for Reference Plan	\$852.99	Calculation
2 Tobacco Normalization	1.000	Assumption
3 Demographic Normalization	0.691	Assumption
4 Area Normalization	1.000	Assumption
5 Normalized Base Rate	\$589.41	Calculation

**Kaiser Foundation Health Plan of the Northwest
Market: Small Group
Terminated Plans**

Exhibit AM2

No plans are terminating for 2027

**Kaiser Foundation Health Plan of the Northwest
Market: Small Group**

**Historical Experience
Exhibit AM3**

	Entire Pool
Member Months	306,699
Average Members	25,558
Premium	\$553.91
Premium Tax	\$11.30
Total Premium	\$565.21
Paid and Incurred Allowed Claims	\$619.90
IBNR	\$6.53
Completed Allowed Claims	\$626.42
Large Claim Adj	\$0.00
Completed Allowed Claims w Adj	\$626.42
Completed Paid Claims	\$519.12
Large Claim Adj	\$0.00
Completed Paid Claims w Adj	\$519.12
Administrative Expense	\$42.99

Note

Administrative expense does not include premium tax

**Kaiser Foundation Health Plan of the Northwest
Market: Small Group**

**Exhibit AM4
Average Age Factor**

Age Bracket	Demo Factor	Sum of Member	Age Bracket	Demo Factor	Sum of Member
0-14	0.635	29,345	40	1.278	6,250
15	0.635	2,295	41	1.302	5,973
16	0.635	2,403	42	1.325	6,124
17	0.635	2,583	43	1.357	6,653
18	0.635	2,553	44	1.397	6,140
19	0.635	2,884	45	1.444	6,432
20	0.635	2,827	46	1.500	5,772
21	1.000	3,517	47	1.563	5,911
22	1.000	3,690	48	1.635	5,407
23	1.000	3,659	49	1.706	5,989
24	1.000	4,923	50	1.786	5,705
25	1.004	5,599	51	1.865	5,183
26	1.024	5,894	52	1.952	5,647
27	1.048	7,371	53	2.040	5,606
28	1.087	7,206	54	2.135	5,672
29	1.119	7,411	55	2.230	5,453
30	1.135	7,093	56	2.333	5,528
31	1.159	6,854	57	2.437	4,942
32	1.183	7,030	58	2.548	4,805
33	1.198	6,881	59	2.603	4,741
34	1.214	7,194	60	2.714	4,920
35	1.222	6,881	61	2.810	4,578
36	1.230	6,630	62	2.873	3,727
37	1.238	6,681	63	2.952	4,432
38	1.246	6,591	64 +	3.000	9,489
39	1.262	5,865	Total Rated Mem	443,849	302,939
			All Members	443,849	306,699
			Avg Demo		1.45

Age Adj Factor = 1/avg demo factor
0.6910

Kaiser Foundation Health Plan of the Northwest
Market: Small Group
Risk Adjustment User Fee

Exhibit AM5

Risk Adjustment User Fee	\$0.18
--------------------------	--------

Kaiser Foundation Health Plan of the Northwest
Market: Small Group

Exhibit AM6
Allowable Modifiers

Plans	Name	(A)	(B)	(C)	(D)	(E)	(F)
		Utilization Adjustment	Effective Plan Design	Pediatric Dental factor	Cost Sharing Design ¹	Federal AV Value	2027 Projected Membership
1	KP Oregon Standard Gold Plan	0.877	0.813	1.000	0.713	82.00	103
2	KP Oregon Standard Silver Plan	0.840	0.726	1.000	0.610	71.89	254
3	KP Oregon Standard Bronze Plan	0.819	0.661	1.000	0.542	64.64	234
4	KP OR Bronze HSA 7800	0.811	0.624	1.007	0.510	64.91	377
5	KP OR Bronze 7000	0.820	0.662	1.007	0.547	64.73	183
6	KP OR Bronze Added Choice 7000	0.818	0.658	1.007	0.542	64.29	6
7	KP OR Bronze Added Choice OOA 7000	0.818	0.656	1.007	0.541	64.14	3
8	KP OR Bronze KP Plus 7000	0.820	0.662	1.007	0.547	64.73	5
9	KP OR Bronze 9700	0.810	0.621	1.007	0.506	63.05	263
10	KP OR Gold 0	0.877	0.812	1.007	0.717	81.93	572
11	KP OR Gold 1000	0.872	0.801	1.007	0.703	80.87	841
12	KP OR Gold Added Choice 1500	0.868	0.794	1.007	0.694	80.12	106
13	KP OR Gold KP Plus 1000	0.872	0.801	1.007	0.703	80.87	53
14	KP OR Gold Added Choice OOA 1500	0.867	0.791	1.007	0.691	79.88	19
15	KP OR Gold 1500	0.863	0.783	1.007	0.680	79.00	412
16	KP OR Gold 2000	0.859	0.774	1.007	0.669	78.14	517
17	KP OR Gold KP Plus 2000	0.859	0.774	1.007	0.669	78.14	1
18	KP OR Gold 5500	0.859	0.774	1.007	0.670	78.17	1
19	KP OR Gold Added Choice 500	0.870	0.798	1.007	0.700	80.58	90
20	KP OR Gold Added Choice OOA 500	0.872	0.802	1.007	0.705	81.00	20
21	KP OR Gold HSA 1900	0.857	0.770	1.007	0.665	79.53	4
22	KP OR Platinum 0	0.930	0.904	1.007	0.847	91.93	396
23	KP OR Platinum KP Plus 0	0.930	0.904	1.007	0.847	91.93	5
24	KP OR Platinum 250	0.918	0.884	1.007	0.817	89.95	236
25	KP OR Platinum Added Choice 250	0.910	0.872	1.007	0.799	88.68	131
26	KP OR Platinum Added Choice OOA 250	0.915	0.880	1.007	0.811	89.54	36
27	KP OR Platinum 500	0.907	0.868	1.007	0.793	88.25	208
28	KP OR Silver 3000	0.840	0.727	1.007	0.615	71.92	940
29	KP OR Silver Added Choice 3000	0.838	0.721	1.007	0.608	71.31	32
30	KP OR Silver Added Choice OOA 3000	0.839	0.724	1.007	0.612	71.64	36
31	KP OR Silver KP Plus 3000	0.840	0.727	1.007	0.615	71.92	95
32	KP OR Silver HSA 3800	0.824	0.677	1.007	0.562	70.21	236
33	KP OR Silver 4000	0.834	0.711	1.007	0.597	70.35	460
34	KP OR Silver Added Choice 4000	0.834	0.710	1.007	0.596	70.26	4
35	KP OR Silver Added Choice OOA 4000	0.835	0.714	1.007	0.601	70.67	2
36	KP OR Silver 5000	0.828	0.692	1.007	0.577	68.46	288
37	KP OR Silver 6000	0.827	0.688	1.007	0.573	68.01	118
38	KP OR Bronze HSA 7800 w/VX	0.811	0.624	1.007	0.510	64.91	79
39	KP OR Bronze 7000 w/VX	0.820	0.662	1.007	0.547	64.73	83
40	KP OR Bronze Added Choice 7000 w/VX	0.818	0.658	1.007	0.542	64.29	1
41	KP OR Bronze Added Choice OOA 7000 w/VX	0.818	0.656	1.007	0.541	64.14	4
42	KP OR Bronze KP Plus 7000 w/VX	0.820	0.662	1.007	0.547	64.73	4
43	KP OR Bronze 9700 w/VX	0.810	0.621	1.007	0.506	63.05	80
44	KP OR Gold 0 w/VX	0.877	0.812	1.007	0.717	81.93	133
45	KP OR Gold 1000 w/VX	0.872	0.801	1.007	0.703	80.87	620
46	KP OR Gold Added Choice 1500 w/VX	0.868	0.794	1.007	0.694	80.12	40
47	KP OR Gold KP Plus 1000 w/VX	0.872	0.801	1.007	0.703	80.87	39
48	KP OR Gold Added Choice OOA 1500 w/VX	0.867	0.791	1.007	0.691	79.88	20
49	KP OR Gold 1500 w/VX	0.863	0.783	1.007	0.680	79.00	253
50	KP OR Gold 2000 w/VX	0.859	0.774	1.007	0.669	78.14	206
51	KP OR Gold KP Plus 2000 w/VX	0.859	0.774	1.007	0.669	78.14	1
52	KP OR Gold 5500 w/VX	0.859	0.774	1.007	0.670	78.17	1
53	KP OR Gold Added Choice 500 w/VX	0.870	0.798	1.007	0.700	80.58	34
54	KP OR Gold Added Choice OOA 500 w/VX	0.872	0.802	1.007	0.705	81.00	15
55	KP OR Gold HSA 1900 w/VX	0.857	0.770	1.007	0.665	79.53	8
56	KP OR Platinum 0 w/VX	0.930	0.904	1.007	0.847	91.93	275
57	KP OR Platinum KP Plus 0 w/VX	0.930	0.904	1.007	0.847	91.93	58
58	KP OR Platinum 250 w/VX	0.918	0.884	1.007	0.817	89.95	283
59	KP OR Platinum Added Choice 250 w/VX	0.910	0.872	1.007	0.799	88.68	19
60	KP OR Platinum Added Choice OOA 250 w/VX	0.915	0.880	1.007	0.811	89.54	15
61	KP OR Platinum 500 w/VX	0.907	0.868	1.007	0.793	88.25	181
62	KP OR Silver 3000 w/VX	0.840	0.727	1.007	0.615	71.92	446
63	KP OR Silver Added Choice 3000 w/VX	0.838	0.721	1.007	0.608	71.31	48
64	KP OR Silver Added Choice OOA 3000 w/VX	0.839	0.724	1.007	0.612	71.64	23
65	KP OR Silver KP Plus 3000 w/VX	0.840	0.727	1.007	0.615	71.92	80
66	KP OR Silver HSA 3800 w/VX	0.824	0.677	1.007	0.562	70.21	73
67	KP OR Silver 4000 w/VX	0.834	0.711	1.007	0.597	70.35	255
68	KP OR Silver Added Choice 4000 w/VX	0.834	0.710	1.007	0.596	70.26	12
69	KP OR Silver Added Choice OOA 4000 w/VX	0.835	0.714	1.007	0.601	70.67	2
70	KP OR Silver 5000 w/VX	0.828	0.692	1.007	0.577	68.46	144
71	KP OR Silver 6000 w/VX	0.827	0.688	1.007	0.573	68.01	33
72	KP OR Bronze HSA 7800 w/VX & Massage	0.811	0.624	1.007	0.510	64.91	174
73	KP OR Bronze 7000 w/VX & Massage	0.820	0.662	1.007	0.547	64.73	191
74	KP OR Bronze Added Choice 7000 w/VX & Massage	0.818	0.658	1.007	0.542	64.29	1
75	KP OR Bronze Added Choice OOA 7000 w/VX & Massage	0.818	0.656	1.007	0.541	64.14	2
76	KP OR Bronze KP Plus 7000 w/VX & Massage	0.820	0.662	1.007	0.547	64.73	6
77	KP OR Bronze 9700 w/VX & Massage	0.810	0.621	1.007	0.506	63.05	219
78	KP OR Gold 0 w/VX & Massage	0.877	0.812	1.007	0.717	81.93	762
79	KP OR Gold 1000 w/VX & Massage	0.872	0.801	1.007	0.703	80.87	2,560
80	KP OR Gold Added Choice 1500 w/VX & Massage	0.868	0.794	1.007	0.694	80.12	283
81	KP OR Gold KP Plus 1000 w/VX & Massage	0.872	0.801	1.007	0.703	80.87	111
82	KP OR Gold Added Choice OOA 1500 w/VX & Massage	0.867	0.791	1.007	0.691	79.88	79
83	KP OR Gold 1500 w/VX & Massage	0.863	0.783	1.007	0.680	79.00	1,212
84	KP OR Gold 2000 w/VX & Massage	0.859	0.774	1.007	0.669	78.14	884
85	KP OR Gold KP Plus 2000 w/VX & Massage	0.859	0.774	1.007	0.669	78.14	1
86	KP OR Gold 5500 w/VX & Massage	0.859	0.774	1.007	0.670	78.17	1
87	KP OR Gold Added Choice 500 w/VX & Massage	0.870	0.798	1.007	0.700	80.58	219
88	KP OR Gold Added Choice OOA 500 w/VX & Massage	0.872	0.802	1.007	0.705	81.00	57
89	KP OR Gold HSA 1900 w/VX & Massage	0.857	0.770	1.007	0.665	79.53	8
90	KP OR Platinum 0 w/VX & Massage	0.930	0.904	1.007	0.847	91.93	1,678
91	KP OR Platinum KP Plus 0 w/VX & Massage	0.930	0.904	1.007	0.847	91.93	196
92	KP OR Platinum 250 w/VX & Massage	0.918	0.884	1.007	0.817	89.95	871
93	KP OR Platinum Added Choice 250 w/VX & Massage	0.910	0.872	1.007	0.799	88.68	382
94	KP OR Platinum Added Choice OOA 250 w/VX & Massage	0.915	0.880	1.007	0.811	89.54	112
95	KP OR Platinum 500 w/VX & Massage	0.907	0.868	1.007	0.793	88.25	771
96	KP OR Silver 3000 w/VX & Massage	0.840	0.727	1.007	0.615	71.92	1,831
97	KP OR Silver Added Choice 3000 w/VX & Massage	0.838	0.721	1.007	0.608	71.31	153
98	KP OR Silver Added Choice OOA 3000 w/VX & Massage	0.839	0.724	1.007	0.612	71.64	91
99	KP OR Silver KP Plus 3000 w/VX & Massage	0.840	0.727	1.007	0.615	71.92	103
100	KP OR Silver HSA 3800 w/VX & Massage	0.824	0.677	1.007	0.562	70.21	235
101	KP OR Silver 4000 w/VX & Massage	0.834	0.711	1.007	0.597	70.35	688
102	KP OR Silver Added Choice 4000 w/VX & Massage	0.834	0.710	1.007	0.596	70.26	27
103	KP OR Silver Added Choice OOA 4000 w/VX & Massage	0.835	0.714	1.007	0.601	70.67	5
104	KP OR Silver 5000 w/VX & Massage	0.828	0.692	1.007	0.577	68.46	463
105	KP OR Silver 6000 w/VX & Massage	0.827	0.688	1.007	0.573	68.01	129

Average Value 0.8668 0.7812 1.0069 0.684

¹ Cost Sharing Design = Product/Effective Plan Design, Utilization Adjustment

Kaiser Foundation Health Plan of the Northwest
Market: Small Group
Non EHB
Exhibit AM7

Non EHB Adjustment

	CV Copy	Vx Exam PMPM	Vx Hardware PMPM	Massage PMPM	Naturopath	Total Non EHB PMPM
Adult Vision Exam	\$2.37					
Vision Hardware	\$3.70					
Massage	\$2.24					
CP Oregon Standard Gold Plan	\$20.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CP Oregon Standard Silver Plan	\$40.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CP Oregon Standard Bronze Plan	\$50.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CP OR Bronze HSA 7800	0% AD	\$0.00	\$0.00	\$0.00	\$0.86	\$0.86
CP OR Bronze 7000	\$55.00	\$0.00	\$0.00	\$0.00	\$0.66	\$0.66
CP OR Bronze Added Choice 7000	\$60.00	\$0.00	\$0.00	\$0.00	\$0.61	\$0.61
CP OR Bronze Added Choice OOA 7000	\$60.00	\$0.00	\$0.00	\$0.00	\$0.61	\$0.61
CP OR Bronze KP Plus 7000	\$55.00	\$0.00	\$0.00	\$0.00	\$0.66	\$0.66
CP OR Bronze 9700	0% AD	\$0.00	\$0.00	\$0.00	\$0.86	\$0.86
CP OR Gold 0	\$30.00	\$0.00	\$0.00	\$0.00	\$0.89	\$0.89
CP OR Gold 1000	\$25.00	\$0.00	\$0.00	\$0.00	\$0.89	\$0.89
CP OR Gold Added Choice 1500	\$25.00	\$0.00	\$0.00	\$0.00	\$0.89	\$0.89
CP OR Gold KP Plus 1000	\$25.00	\$0.00	\$0.00	\$0.00	\$0.89	\$0.89
CP OR Gold Added Choice OOA 1500	\$30.00	\$0.00	\$0.00	\$0.00	\$0.86	\$0.86
CP OR Gold 1500	\$35.00	\$0.00	\$0.00	\$0.00	\$0.86	\$0.86
CP OR Gold 2000	\$35.00	\$0.00	\$0.00	\$0.00	\$0.82	\$0.82
CP OR Gold KP Plus 2000	\$35.00	\$0.00	\$0.00	\$0.00	\$0.82	\$0.82
CP OR Gold 5500	\$20.00	\$0.00	\$0.00	\$0.00	\$0.97	\$0.97
CP OR Gold Added Choice 500	\$35.00	\$0.00	\$0.00	\$0.00	\$0.86	\$0.86
CP OR Gold Added Choice OOA 500	\$35.00	\$0.00	\$0.00	\$0.00	\$0.86	\$0.86
CP OR Gold HSA 1900	\$20.00	\$0.00	\$0.00	\$0.00	\$1.16	\$1.16
CP OR Platinum 0	\$20.00	\$0.00	\$0.00	\$0.00	\$1.05	\$1.05
CP OR Platinum KP Plus 0	\$20.00	\$0.00	\$0.00	\$0.00	\$1.05	\$1.05
CP OR Platinum 250	\$25.00	\$0.00	\$0.00	\$0.00	\$1.01	\$1.01
CP OR Platinum Added Choice 250	\$25.00	\$0.00	\$0.00	\$0.00	\$1.01	\$1.01
CP OR Platinum Added Choice OOA 250	\$25.00	\$0.00	\$0.00	\$0.00	\$1.01	\$1.01
CP OR Platinum 500	\$25.00	\$0.00	\$0.00	\$0.00	\$1.01	\$1.01
CP OR Silver 3000	\$40.00	\$0.00	\$0.00	\$0.00	\$0.82	\$0.82
CP OR Silver Added Choice 3000	\$45.00	\$0.00	\$0.00	\$0.00	\$0.82	\$0.82
CP OR Silver Added Choice OOA 3000	\$45.00	\$0.00	\$0.00	\$0.00	\$0.82	\$0.82
CP OR Silver KP Plus 3000	\$40.00	\$0.00	\$0.00	\$0.00	\$0.82	\$0.82
CP OR Silver HSA 3800	25%	\$0.00	\$0.00	\$0.00	\$1.12	\$1.12
CP OR Silver 4000	\$45.00	\$0.00	\$0.00	\$0.00	\$0.86	\$0.86
CP OR Silver Added Choice 4000	\$45.00	\$0.00	\$0.00	\$0.00	\$0.82	\$0.82
CP OR Silver Added Choice OOA 4000	\$45.00	\$0.00	\$0.00	\$0.00	\$0.82	\$0.82
CP OR Silver 5000	\$50.00	\$0.00	\$0.00	\$0.00	\$0.71	\$0.71
CP OR Silver 6000	\$50.00	\$0.00	\$0.00	\$0.00	\$0.66	\$0.66
CP OR Bronze HSA 7800 w/VX	0% AD	\$1.85	\$3.70	\$0.00	\$0.86	\$6.40
CP OR Bronze 7000 w/VX	\$55.00	\$1.90	\$3.70	\$0.00	\$0.66	\$6.26
CP OR Bronze Added Choice 7000 w/VX	\$60.00	\$1.80	\$3.70	\$0.00	\$0.61	\$6.11
CP OR Bronze Added Choice OOA 7000 w/VX	\$60.00	\$1.80	\$3.70	\$0.00	\$0.61	\$6.11
CP OR Bronze KP Plus 7000 w/VX	\$55.00	\$1.90	\$3.70	\$0.00	\$0.66	\$6.26
CP OR Bronze 9700 w/VX	0% AD	\$1.85	\$3.70	\$0.00	\$0.86	\$6.40
CP OR Gold 0 w/VX	\$30.00	\$2.40	\$3.70	\$0.00	\$0.89	\$6.99
CP OR Gold 1000 w/VX	\$25.00	\$2.50	\$3.70	\$0.00	\$0.89	\$7.09
CP OR Gold Added Choice 1500 w/VX	\$25.00	\$2.50	\$3.70	\$0.00	\$0.89	\$7.09
CP OR Gold KP Plus 1000 w/VX	\$25.00	\$2.50	\$3.70	\$0.00	\$0.89	\$7.09
CP OR Gold Added Choice OOA 1500 w/VX	\$30.00	\$2.40	\$3.70	\$0.00	\$0.86	\$6.95
CP OR Gold 1500 w/VX	\$35.00	\$2.30	\$3.70	\$0.00	\$0.86	\$6.85
CP OR Gold 2000 w/VX	\$35.00	\$2.30	\$3.70	\$0.00	\$0.82	\$6.82
CP OR Gold KP Plus 2000 w/VX	\$35.00	\$2.30	\$3.70	\$0.00	\$0.82	\$6.82
CP OR Gold 5500 w/VX	\$20.00	\$2.60	\$3.70	\$0.00	\$0.97	\$7.27
CP OR Gold Added Choice 500 w/VX	\$35.00	\$2.30	\$3.70	\$0.00	\$0.86	\$6.85
CP OR Gold Added Choice OOA 500 w/VX	\$35.00	\$2.30	\$3.70	\$0.00	\$0.86	\$6.85
CP OR Gold HSA 1900 w/VX	\$20.00	\$2.60	\$3.70	\$0.00	\$1.16	\$6.90
CP OR Platinum 0 w/VX	\$20.00	\$2.60	\$3.70	\$0.00	\$1.05	\$7.35
CP OR Platinum KP Plus 0 w/VX	\$20.00	\$2.60	\$3.70	\$0.00	\$1.05	\$7.35
CP OR Platinum 250 w/VX	\$25.00	\$2.50	\$3.70	\$0.00	\$1.01	\$7.21
CP OR Platinum Added Choice 250 w/VX	\$25.00	\$2.50	\$3.70	\$0.00	\$1.01	\$7.21
CP OR Platinum Added Choice OOA 250 w/VX	\$25.00	\$2.50	\$3.70	\$0.00	\$1.01	\$7.21
CP OR Platinum 500 w/VX	\$25.00	\$2.50	\$3.70	\$0.00	\$1.01	\$7.21
CP OR Silver 3000 w/VX	\$40.00	\$2.20	\$3.70	\$0.00	\$0.82	\$6.71
CP OR Silver Added Choice 3000 w/VX	\$45.00	\$2.10	\$3.70	\$0.00	\$0.82	\$6.61
CP OR Silver Added Choice OOA 3000 w/VX	\$45.00	\$2.10	\$3.70	\$0.00	\$0.82	\$6.61
CP OR Silver KP Plus 3000 w/VX	\$40.00	\$2.20	\$3.70	\$0.00	\$0.82	\$6.71
CP OR Silver HSA 3800 w/VX	25%	\$2.25	\$3.70	\$0.00	\$1.12	\$7.07
CP OR Silver 4000 w/VX	\$45.00	\$2.10	\$3.70	\$0.00	\$0.86	\$6.65
CP OR Silver Added Choice 4000 w/VX	\$45.00	\$2.10	\$3.70	\$0.00	\$0.82	\$6.61
CP OR Silver Added Choice OOA 4000 w/VX	\$45.00	\$2.10	\$3.70	\$0.00	\$0.82	\$6.61
CP OR Silver 5000 w/VX	\$50.00	\$2.00	\$3.70	\$0.00	\$0.71	\$6.41
CP OR Silver 6000 w/VX	\$50.00	\$2.00	\$3.70	\$0.00	\$0.66	\$6.36
CP OR Bronze HSA 7800 w/VX & Massage	0% AD	\$1.85	\$3.70	\$2.24	\$0.86	\$8.64
CP OR Bronze 7000 w/VX & Massage	\$55.00	\$1.90	\$3.70	\$2.24	\$0.66	\$8.50
CP OR Bronze Added Choice 7000 w/VX & Massage	\$60.00	\$1.80	\$3.70	\$2.24	\$0.61	\$8.35
CP OR Bronze Added Choice OOA 7000 w/VX & Massage	\$60.00	\$1.80	\$3.70	\$2.24	\$0.61	\$8.35
CP OR Bronze KP Plus 7000 w/VX & Massage	\$55.00	\$1.90	\$3.70	\$2.24	\$0.66	\$8.50
CP OR Bronze 9700 w/VX & Massage	0% AD	\$1.85	\$3.70	\$2.24	\$0.86	\$8.64
CP OR Gold 0 w/VX & Massage	\$30.00	\$2.40	\$3.70	\$2.24	\$0.89	\$9.23
CP OR Gold 1000 w/VX & Massage	\$25.00	\$2.50	\$3.70	\$2.24	\$0.89	\$9.33
CP OR Gold Added Choice 1500 w/VX & Massage	\$25.00	\$2.50	\$3.70	\$2.24	\$0.89	\$9.33
CP OR Gold KP Plus 1000 w/VX & Massage	\$25.00	\$2.50	\$3.70	\$2.24	\$0.89	\$9.33
CP OR Gold Added Choice OOA 1500 w/VX & Massage	\$30.00	\$2.40	\$3.70	\$2.24	\$0.86	\$9.19
CP OR Gold 1500 w/VX & Massage	\$35.00	\$2.30	\$3.70	\$2.24	\$0.86	\$9.09
CP OR Gold 2000 w/VX & Massage	\$35.00	\$2.30	\$3.70	\$2.24	\$0.82	\$9.05
CP OR Gold KP Plus 2000 w/VX & Massage	\$35.00	\$2.30	\$3.70	\$2.24	\$0.82	\$9.05
CP OR Gold 5500 w/VX & Massage	\$20.00	\$2.60	\$3.70	\$2.24	\$0.97	\$9.51
CP OR Gold Added Choice 500 w/VX & Massage	\$35.00	\$2.30	\$3.70	\$2.24	\$0.86	\$9.09
CP OR Gold Added Choice OOA 500 w/VX & Massage	\$35.00	\$2.30	\$3.70	\$2.24	\$0.86	\$9.09
CP OR Gold HSA 1900 w/VX & Massage	\$20.00	\$2.60	\$3.70	\$2.24	\$1.16	\$9.14
CP OR Platinum 0 w/VX & Massage	\$20.00	\$2.60	\$3.70	\$2.24	\$1.05	\$9.59
CP OR Platinum KP Plus 0 w/VX & Massage	\$20.00	\$2.60	\$3.70	\$2.24	\$1.05	\$9.59
CP OR Platinum 250 w/VX & Massage	\$25.00	\$2.50	\$3.70	\$2.24	\$1.01	\$9.45
CP OR Platinum Added Choice 250 w/VX & Massage	\$25.00	\$2.50	\$3.70	\$2.24	\$1.01	\$9.45
CP OR Platinum Added Choice OOA 250 w/VX & Massage	\$25.00	\$2.50	\$3.70	\$2.24	\$1.01	\$9.45
CP OR Platinum 500 w/VX & Massage	\$25.00	\$2.50	\$3.70	\$2.24	\$1.01	\$9.45
CP OR Silver 3000 w/VX & Massage	\$40.00	\$2.20	\$3.70	\$2.24	\$0.82	\$8.95
CP OR Silver Added Choice 3000 w/VX & Massage	\$45.00	\$2.10	\$3.70	\$2.24	\$0.82	\$8.85
CP OR Silver Added Choice OOA 3000 w/VX & Massage	\$45.00	\$2.10	\$3.70	\$2.24	\$0.82	\$8.85
CP OR Silver KP Plus 3000 w/VX & Massage	\$40.00	\$2.20	\$3.70	\$2.24	\$0.82	\$8.95
CP OR Silver HSA 3800 w/VX & Massage	25%	\$2.25	\$3.70	\$2.24	\$1.12	\$9.31
CP OR Silver 4000 w/VX & Massage	\$45.00	\$2.10	\$3.70	\$2.24	\$0.86	\$8.89
CP OR Silver Added Choice 4000 w/VX & Massage	\$45.00	\$2.10	\$3.70	\$2.24	\$0.82	\$8.85
CP OR Silver Added Choice OOA 4000 w/VX & Massage	\$45.00	\$2.10	\$3.70	\$2.24	\$0.82	\$8.85
CP OR Silver 5000 w/VX & Massage	\$50.00	\$2.00	\$3.70	\$2.24	\$0.71	\$8.65
CP OR Silver 6000 w/VX & Massage	\$50.00	\$2.00	\$3.70	\$2.24	\$0.66	\$8.60

**Kaiser Foundation Health Plan of the Northwest
Market: Small Group**

**Exhibit AM8
Administrative Expense**

(1)	Base Period Admin	\$42.99
	Base Period Fees	
	Reinsurance Fee	\$0.00
	OR Supplemental Reinsurance	\$0.00
	Insurer Fee	\$0.00
	Risk adj user Fee	\$0.18
	Pcori	\$0.30
	Commissions	\$16.62
	Net Admin	\$25.89
(2)	Trend	6.55%
(3)	Months of Trend	24
(4)	Trend Factor	1.135
(5)	Trended Admin	\$29.40
	(5) = (1) x (4)	
(5)	Commissions	\$16.66
(6)	Prem Tax	2.0%
(7)	Risk Adj User Fee	\$0.18
(8)	PCORI	\$0.34
(9)	Margin	0.50%

Kaiser Foundation Health Plan of the Northwest
Market: Small Group

Exhibit AM9
Development of Admin Load

HIOS ID	Name	Market		Provider Network	Cost Sharing Design	NON EHB PMPM	Q4 Plan Specific Rate of Retention	Projected Admin Subtotal	Premium Tax	Risk Adj PCORI User Fee	Margin	Plan Specific Admin Load	Plan Adjusted Index Rate	Admin % of Prem	Taxes and Fees % of Prem	
		Proj Members	Adjusted Index Rate													
71287OR0430011	KP Oregon Standard Gold Plan	103	\$852.99	0.9889	0.7127	\$0.00	\$601.16	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1051	\$664.34	6.9%	2.1%
71287OR0430014	KP Oregon Standard Silver Plan	254	\$852.99	0.9889	0.6100	\$0.00	\$514.53	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1185	\$575.49	8.0%	2.1%
71287OR0650018	KP Oregon Standard Bronze Plan	234	\$852.99	0.9889	0.5419	\$0.00	\$457.14	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1301	\$516.64	8.9%	2.1%
71287OR0650007	KP OR Bronze HSA 7800	377	\$852.99	0.9889	0.5096	\$0.00	\$430.74	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1365	\$489.56	9.4%	2.1%
71287OR0650001	KP OR Bronze 7000	183	\$852.99	0.9889	0.5467	\$0.66	\$461.82	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1291	\$521.43	8.8%	2.1%
71287OR0660001	KP OR Bronze Added Choice 7000	6	\$852.99	1.1521	0.5423	\$0.61	\$533.54	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1152	\$594.99	7.7%	2.1%
71287OR0660004	KP OR Bronze Added Choice OOA 7000	3	\$852.99	1.1021	0.5409	\$0.61	\$509.07	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1195	\$569.90	8.1%	2.1%
71287OR0670001	KP OR Bronze KP Plus 7000	5	\$852.99	1.0200	0.5467	\$0.66	\$476.32	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1259	\$536.31	8.6%	2.1%
71287OR0650004	KP OR Bronze 9700	263	\$852.99	0.9889	0.5062	\$0.86	\$427.88	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1373	\$486.62	9.5%	2.1%
71287OR0650010	KP OR Gold 0	573	\$852.99	0.9889	0.7169	\$0.89	\$605.59	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1045	\$668.89	6.9%	2.1%
71287OR0650013	KP OR Gold 1000	841	\$852.99	0.9889	0.7032	\$0.89	\$594.06	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1061	\$657.06	7.0%	2.1%
71287OR0660007	KP OR Gold Added Choice 1500	106	\$852.99	1.1521	0.6938	\$0.89	\$682.67	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.0956	\$747.95	6.2%	2.1%
71287OR0670004	KP OR Gold KP Plus 1000	53	\$852.99	1.0200	0.7032	\$0.89	\$612.71	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1036	\$676.19	6.8%	2.1%
71287OR0660013	KP OR Gold Added Choice OOA 1500	19	\$852.99	1.1021	0.6908	\$0.86	\$650.26	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.0991	\$714.70	6.4%	2.1%
71287OR0650016	KP OR Gold 1500	412	\$852.99	0.9889	0.6799	\$0.86	\$574.37	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1088	\$636.87	7.2%	2.1%
71287OR0650019	KP OR Gold 2000	517	\$852.99	0.9889	0.6694	\$0.82	\$565.51	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1101	\$627.78	7.3%	2.1%
71287OR0670013	KP OR Gold KP Plus 2000	1	\$852.99	1.0200	0.6694	\$0.82	\$583.27	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1075	\$645.99	7.1%	2.1%
71287OR0650049	KP OR Gold 5500	1	\$852.99	0.9889	0.6698	\$0.97	\$565.92	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1101	\$628.21	7.3%	2.1%
71287OR0660010	KP OR Gold Added Choice 500	90	\$852.99	1.1521	0.6996	\$0.86	\$688.34	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.0950	\$753.76	6.1%	2.1%
71287OR0660016	KP OR Gold Added Choice OOA 500	20	\$852.99	1.1021	0.7049	\$0.86	\$663.49	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.0976	\$728.28	6.3%	2.1%
71287OR0650046	KP OR Gold HSA 1900	4	\$852.99	0.9889	0.6651	\$1.16	\$562.17	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1106	\$624.36	7.4%	2.1%
71287OR0650022	KP OR Platinum 0	396	\$852.99	0.9889	0.8471	\$1.05	\$715.62	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.0924	\$781.74	5.9%	2.1%
71287OR0670007	KP OR Platinum KP Plus 0	5	\$852.99	1.0200	0.8471	\$1.05	\$738.09	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.0904	\$804.78	5.7%	2.1%
71287OR0650025	KP OR Platinum 250	236	\$852.99	0.9889	0.8173	\$1.01	\$690.46	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.0948	\$755.94	6.1%	2.1%
71287OR0660019	KP OR Platinum Added Choice 250	131	\$852.99	1.1521	0.7989	\$1.01	\$786.12	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.0864	\$854.05	5.4%	2.1%
71287OR0660022	KP OR Platinum Added Choice OOA 250	36	\$852.99	1.1021	0.8113	\$1.01	\$763.72	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.0882	\$831.07	5.5%	2.1%
71287OR0650028	KP OR Platinum 500	208	\$852.99	0.9889	0.7927	\$1.01	\$669.69	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.0970	\$734.63	6.3%	2.1%
71287OR0650031	KP OR Silver 3000	940	\$852.99	0.9889	0.6146	\$0.82	\$519.24	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1176	\$580.32	7.9%	2.1%
71287OR0660025	KP OR Silver Added Choice 3000	32	\$852.99	1.1521	0.6079	\$0.82	\$598.20	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1055	\$661.31	7.0%	2.1%
71287OR0660031	KP OR Silver Added Choice OOA 3000	36	\$852.99	1.1021	0.6116	\$0.82	\$575.73	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1086	\$638.26	7.2%	2.1%
71287OR0670010	KP OR Silver KP Plus 3000	95	\$852.99	1.0200	0.6146	\$0.82	\$535.54	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1148	\$597.04	7.7%	2.1%
71287OR0650043	KP OR Silver HSA 3800	236	\$852.99	0.9889	0.5617	\$1.12	\$474.90	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1262	\$534.85	8.6%	2.1%
71287OR0650034	KP OR Silver 4000	460	\$852.99	0.9889	0.5973	\$0.86	\$504.73	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1203	\$565.44	8.1%	2.1%
71287OR0660028	KP OR Silver Added Choice 4000	4	\$852.99	1.1521	0.5964	\$0.82	\$586.93	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1070	\$649.76	7.1%	2.1%
71287OR0660034	KP OR Silver Added Choice OOA 4000	3	\$852.99	1.1021	0.6009	\$0.82	\$565.66	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1101	\$627.94	7.3%	2.1%
71287OR0650037	KP OR Silver 5000	288	\$852.99	0.9889	0.5772	\$0.71	\$487.61	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1236	\$547.88	8.4%	2.1%
71287OR0650040	KP OR Silver 6000	118	\$852.99	0.9889	0.5725	\$0.66	\$483.61	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1244	\$543.78	8.5%	2.1%
71287OR0650046	KP OR Bronze HSA 7800 w/VX	79	\$852.99	0.9889	0.6651	\$0.40	\$436.29	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1351	\$494.25	9.3%	2.1%
71287OR0650002	KP OR Bronze 7000 w/VX	83	\$852.99	0.9889	0.5467	\$6.26	\$467.42	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1278	\$527.17	8.7%	2.1%
71287OR0660002	KP OR Bronze Added Choice 7000 w/VX	1	\$852.99	1.1521	0.5423	\$6.11	\$539.04	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1143	\$600.63	7.7%	2.1%
71287OR0660005	KP OR Bronze Added Choice OOA 7000 w/VX	4	\$852.99	1.1021	0.5409	\$6.11	\$514.57	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1185	\$575.54	8.0%	2.1%
71287OR0670002	KP OR Bronze KP Plus 7000 w/VX	4	\$852.99	1.0200	0.5467	\$6.26	\$481.92	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1248	\$542.05	8.5%	2.1%
71287OR0650005	KP OR Bronze 9700 w/VX	80	\$852.99	0.9889	0.5062	\$6.40	\$433.43	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1359	\$492.31	9.4%	2.1%
71287OR0650011	KP OR Gold 0 w/VX	133	\$852.99	0.9889	0.7169	\$6.99	\$611.69	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1037	\$675.14	6.8%	2.1%
71287OR0650014	KP OR Gold 1000 w/VX	620	\$852.99	0.9889	0.7032	\$7.09	\$600.26	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1052	\$663.42	6.9%	2.1%
71287OR0660008	KP OR Gold Added Choice 1500 w/VX	40	\$852.99	1.1521	0.6938	\$7.09	\$688.87	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.0950	\$754.30	6.1%	2.1%
71287OR0670005	KP OR Gold KP Plus 1000 w/VX	39	\$852.99	1.0200	0.7032	\$7.09	\$618.91	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1028	\$682.55	6.7%	2.1%
71287OR0660014	KP OR Gold Added Choice OOA 1500 w/VX	20	\$852.99	1.1021	0.6908	\$6.95	\$656.36	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.0984	\$720.96	6.4%	2.1%
71287OR0650017	KP OR Gold 1500 w/VX	253	\$852.99	0.9889	0.6799	\$6.85	\$580.37	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1080	\$643.02	7.2%	2.1%
71287OR0650020	KP OR Gold 2000 w/VX	206	\$852.99	0.9889	0.6694	\$6.82	\$571.51	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1092	\$639.93	7.3%	2.1%
71287OR0670014	KP OR Gold KP Plus 2000 w/VX	1	\$852.99	1.0200	0.6694	\$6.82	\$589.27	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1067	\$652.15	7.1%	2.1%
71287OR0650050	KP OR Gold 5500 w/VX	1	\$852.99	0.9889	0.6698	\$7.27	\$572.22	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1091	\$634.67	7.3%	2.1%
71287OR0660011	KP OR Gold Added Choice 500 w/VX	34	\$852.99	1.1521	0.6996	\$6.85	\$694.34	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.0944	\$759.92	6.1%	2.1%
71287OR0660017	KP OR Gold Added Choice OOA 500 w/VX	15	\$852.99	1.1021	0.7049	\$6.85	\$669.49	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.0970	\$730.43	6.3%	2.1%
71287OR0650047	KP OR Gold HSA 1900 w/VX	8	\$852.99	0.9889	0.6651	\$0.90	\$567.91	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1098	\$630.24	7.3%	2.1%
71287OR0650023	KP OR Platinum 0 w/VX	275	\$852.99	0.9889	0.8471	\$7.35	\$721.92	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.0918	\$788.20	5.8%	2.1%
71287OR0670008	KP OR Platinum KP Plus 0 w/VX	58	\$852.99	1.0200	0.8471	\$7.35	\$744.39	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.0898	\$811.25	5.7%	2.1%
71287OR0650026	KP OR Platinum 250 w/VX	283	\$852.99	0.9889	0.8173	\$7.21	\$696.66	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.0942	\$762.29	6.0%	2.1%
71287OR0660020	KP OR Platinum Added Choice 250 w/VX	19	\$852.99	1.1521	0.7989	\$7.21	\$792.32	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.0859	\$860.41	5.4%	2.1%
71287OR0660023	KP OR Platinum Added Choice OOA 250 w/VX	15	\$852.99	1.1021	0.8113	\$7.21	\$769.92	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.0877	\$837.43	5.5%	2.1%
71287OR0650029	KP OR Platinum 500 w/VX	181	\$852.99	0.9889	0.7927	\$7.21	\$675.89	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.0963	\$740.99	6.2%	2.1%
71287OR0650032	KP OR Silver 3000 w/VX	446	\$852.99	0.9889	0.6146	\$6.71	\$525.13	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1166	\$586.37	7.9%	2.1%
71287OR0660026	KP OR Silver Added Choice 3000 w/VX	48	\$852.99	1.1521	0.6079	\$6.61	\$604.00	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1047	\$667.25	6.9%	2.1%
71287OR0660032	KP OR Silver Added Choice OOA 3000 w/VX	23	\$852.99	1.1021	0.6116	\$6.61	\$581.53	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1078	\$644.21	7.1%	2.1%
71287OR0670011	KP OR Silver KP Plus 3000 w/VX	80	\$852.99	1.0200	0.6146	\$6.71	\$541.44	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1139	\$603.09	7.6%	2.1%
71287OR0650044	KP OR Silver HSA 3800 w/VX	73	\$852.99	0.9889	0.5617	\$7.07	\$480.85	\$46.06	2.00%	\$0.34	\$0.18	0.5%	0.1250	\$540.95	8.5%	2.1%
71287OR0650035	KP OR															

Kaiser Foundation Health Plan of the Northwest
Market: SmallGroup

Exhibit AM10
Plan Adjusted Index Rate Development

Plan	Metal Level	Name	Provider Network	Adjustable Modifiers									
				(A) Admitted Index Rate (100% Plan Paid)	(B) Provider	(C) Cost Sharing	(D) FFR	(E) Admin	(F) Inks Adjusted	(G) Age Curve	(H) Area Curve	(I) Calibrated Plan	
1	Gold	EP Oregon Standard Gold Plan	EPO	852.99	0.889	0.6424	0.713	1.000	459.96	0.001	1.000	459.96	
2	Silver	EP Oregon Standard Silver Plan	EPO	852.99	0.889	0.610	50.00	1.118	575.49	0.001	1.000	397.66	
3	Bronze	EP Oregon Standard Bronze Plan	EPO	852.99	0.889	0.542	50.00	1.130	514.44	0.001	1.000	336.99	
4	Bronze	EP OR Bronze HSA 7000	EPO	852.99	0.889	0.510	50.00	1.117	489.56	0.001	1.000	338.28	
5	Bronze	EP OR Bronze 7000	EPO	852.99	0.889	0.547	50.00	1.129	521.43	0.001	1.000	368.31	
6	Bronze	EP OR Bronze Added Choice DCA 7000	POS	852.99	1.152	0.542	50.01	1.119	569.99	0.001	1.000	411.14	
7	Bronze	EP OR Bronze Added Choice DCA 7000	POS	852.99	1.102	0.541	50.61	1.119	569.99	0.001	1.000	393.80	
8	Gold	EP OR Gold EP Plus 2000	EPO	852.99	1.020	0.669	50.82	1.126	536.31	0.001	1.000	376.59	
9	Bronze	EP OR Bronze 9700	EPO	852.99	0.889	0.506	50.86	1.137	486.62	0.001	1.000	336.26	
10	Gold	EP OR Gold 500	EPO	852.99	0.889	0.717	50.89	1.105	669.89	0.001	1.000	462.20	
11	Gold	EP OR Gold 500	EPO	852.99	0.889	0.763	50.89	1.106	657.86	0.001	1.000	454.03	
12	Gold	EP OR Gold Added Choice 1500	POS	852.99	1.152	0.694	50.89	1.096	747.95	0.001	1.000	536.83	
13	Gold	EP OR Gold EP Plus 1000	EPO	852.99	1.020	0.703	50.89	1.104	676.79	0.001	1.000	467.25	
14	Gold	EP OR Gold Added Choice DCA 1500	EPO	852.99	1.102	0.693	50.86	1.099	714.79	0.001	1.000	499.86	
15	Gold	EP OR Gold 500	EPO	852.99	0.889	0.689	50.86	1.099	656.67	0.001	1.000	446.07	
16	Gold	EP OR Gold 2000	EPO	852.99	0.889	0.669	50.82	1.110	627.78	0.001	1.000	433.79	
17	Gold	EP OR Gold EP Plus 1000	EPO	852.99	1.020	0.669	50.82	1.106	645.99	0.001	1.000	446.38	
18	Gold	EP OR Gold 500	EPO	852.99	0.889	0.670	50.97	1.110	628.21	0.001	1.000	434.09	
19	Gold	EP OR Gold Added Choice 500	POS	852.99	1.152	0.709	50.86	1.095	757.76	0.001	1.000	528.85	
20	Gold	EP OR Gold Added Choice DCA 500	POS	852.99	1.102	0.705	50.86	1.098	728.28	0.001	1.000	503.24	
21	Gold	EP OR Gold HSA 1500	EPO	852.99	0.889	0.665	51.16	1.111	624.36	0.001	1.000	431.43	
22	Platinum	EP OR Platinum 5	EPO	852.99	0.889	0.847	51.05	1.092	701.74	0.001	1.000	546.18	
23	Platinum	EP OR Platinum KP Plus 0	EPO	852.99	1.020	0.847	51.05	1.090	684.78	0.001	1.000	536.10	
24	Platinum	EP OR Platinum 250	EPO	852.99	0.889	0.817	51.01	1.095	725.94	0.001	1.000	522.35	
25	Platinum	EP OR Platinum Added Choice 250	POS	852.99	1.152	0.799	51.01	1.086	854.05	0.001	1.000	596.15	
26	Platinum	EP OR Platinum Added Choice DCA 250	POS	852.99	1.102	0.811	51.01	1.088	831.07	0.001	1.000	574.27	
27	Platinum	EP OR Platinum 500	EPO	852.99	0.889	0.793	51.01	1.097	734.63	0.001	1.000	507.63	
28	Silver	EP OR Silver 3000	EPO	852.99	0.889	0.615	50.82	1.118	586.27	0.001	1.000	400.00	
29	Silver	EP OR Silver Added Choice 3000	POS	852.99	1.152	0.688	50.82	1.105	661.31	0.001	1.000	456.96	
30	Silver	EP OR Silver Added Choice DCA 3000	POS	852.99	1.102	0.612	50.82	1.109	636.26	0.001	1.000	441.04	
31	Silver	EP OR Silver HSA 3000	EPO	852.99	1.020	0.615	50.82	1.115	597.84	0.001	1.000	412.55	
32	Silver	EP OR Silver HSA 3000	EPO	852.99	0.889	0.562	51.12	1.126	534.85	0.001	1.000	366.58	
33	Silver	EP OR Silver 4000	EPO	852.99	0.889	0.597	50.86	1.120	569.99	0.001	1.000	396.72	
34	Silver	EP OR Silver Added Choice 4000	POS	852.99	1.152	0.596	50.82	1.107	649.76	0.001	1.000	448.98	
35	Silver	EP OR Silver Added Choice DCA 4000	POS	852.99	1.102	0.603	50.82	1.110	629.84	0.001	1.000	423.01	
36	Silver	EP OR Silver 5000	EPO	852.99	0.889	0.577	50.71	1.124	547.88	0.001	1.000	378.59	
37	Silver	EP OR Silver 4000	EPO	852.99	0.889	0.573	50.66	1.124	545.78	0.001	1.000	376.75	
38	Bronze	EP OR Bronze HSA 7000 w/VX	EPO	852.99	0.889	0.510	50.40	1.115	489.56	0.001	1.000	342.22	
39	Bronze	EP OR Bronze 7000 w/VX	EPO	852.99	0.889	0.547	50.26	1.128	527.17	0.001	1.000	364.28	
40	Bronze	EP OR Bronze Added Choice 7000 w/VX	EPO	852.99	1.152	0.542	50.11	1.114	606.63	0.001	1.000	415.03	
41	Bronze	EP OR Bronze Added Choice DCA 7000 w/VX	POS	852.99	1.102	0.541	50.11	1.118	575.54	0.001	1.000	397.69	
42	Bronze	EP OR Bronze EP Plus 7000 w/VX	EPO	852.99	1.020	0.547	50.26	1.125	549.09	0.001	1.000	374.55	
43	Bronze	EP OR Bronze 9700 w/VX	EPO	852.99	0.889	0.506	50.40	1.136	492.31	0.001	1.000	349.19	
44	Gold	EP OR Gold w/VX	EPO	852.99	0.889	0.717	51.09	1.105	674.99	0.001	1.000	464.52	
45	Gold	EP OR Gold 1500 w/VX	EPO	852.99	0.889	0.703	57.09	1.105	663.42	0.001	1.000	458.42	
46	Gold	EP OR Gold Added Choice 1500 w/VX	POS	852.99	1.152	0.684	57.09	1.095	734.30	0.001	1.000	521.22	
47	Gold	EP OR Gold EP Plus 1000 w/VX	EPO	852.99	1.020	0.703	57.09	1.103	692.25	0.001	1.000	473.44	
48	Gold	EP OR Gold Added Choice DCA 1500 w/VX	POS	852.99	1.102	0.691	56.95	1.098	720.96	0.001	1.000	498.18	
49	Gold	EP OR Gold 500 1500 w/VX	EPO	852.99	0.889	0.689	56.85	1.096	646.82	0.001	1.000	444.32	
50	Gold	EP OR Gold 2000 w/VX	EPO	852.99	0.889	0.669	56.82	1.109	631.93	0.001	1.000	430.05	
51	Gold	EP OR Gold EP Plus 2000 w/VX	EPO	852.99	1.020	0.669	56.85	1.106	654.44	0.001	1.000	456.63	
52	Gold	EP OR Gold 5000 w/VX	EPO	852.99	0.889	0.670	57.27	1.109	634.67	0.001	1.000	438.55	
53	Gold	EP OR Gold Added Choice 500 w/VX	POS	852.99	1.152	0.709	56.85	1.094	759.02	0.001	1.000	525.10	
54	Gold	EP OR Gold Added Choice DCA 500 w/VX	POS	852.99	1.102	0.705	56.85	1.097	734.43	0.001	1.000	507.49	
55	Gold	EP OR Gold HSA 1500 w/VX	EPO	852.99	0.889	0.665	56.90	1.110	636.24	0.001	1.000	435.50	
56	Platinum	EP OR Platinum 5 w/VX	EPO	852.99	0.889	0.847	57.35	1.092	709.29	0.001	1.000	544.64	
57	Platinum	EP OR Platinum KP Plus 0 w/VX	EPO	852.99	1.020	0.847	57.35	1.090	691.25	0.001	1.000	566.57	
58	Platinum	EP OR Platinum 250 w/VX	EPO	852.99	0.889	0.817	57.21	1.094	702.29	0.001	1.000	526.74	
59	Platinum	EP OR Platinum Added Choice 250 w/VX	POS	852.99	1.152	0.799	57.21	1.086	860.41	0.001	1.000	594.54	
60	Platinum	EP OR Platinum Added Choice DCA 250 w/VX	POS	852.99	1.102	0.811	57.21	1.088	827.47	0.001	1.000	578.66	
61	Platinum	EP OR Platinum 500 w/VX	EPO	852.99	0.889	0.793	57.21	1.096	740.99	0.001	1.000	512.02	
62	Silver	EP OR Silver 3000 w/VX	EPO	852.99	0.889	0.615	56.71	1.117	586.27	0.001	1.000	406.18	
63	Silver	EP OR Silver Added Choice 3000 w/VX	POS	852.99	1.152	0.688	56.61	1.105	667.25	0.001	1.000	465.07	
64	Silver	EP OR Silver Added Choice DCA 3000 w/VX	POS	852.99	1.102	0.612	56.61	1.108	646.21	0.001	1.000	445.15	
65	Silver	EP OR Silver KP Plus 3000 w/VX	EPO	852.99	1.020	0.615	56.71	1.114	603.09	0.001	1.000	446.74	
66	Silver	EP OR Silver HSA 3000 w/VX	EPO	852.99	0.889	0.562	57.07	1.123	549.95	0.001	1.000	373.80	
67	Silver	EP OR Silver 4000 w/VX	EPO	852.99	0.889	0.597	56.65	1.119	573.39	0.001	1.000	394.63	
68	Silver	EP OR Silver Added Choice 4000 w/VX	POS	852.99	1.152	0.596	56.61	1.106	655.70	0.001	1.000	451.09	
69	Silver	EP OR Silver Added Choice DCA 4000 w/VX	POS	852.99	1.102	0.603	56.61	1.109	631.99	0.001	1.000	439.01	
70	Silver	EP OR Silver 5000 w/VX	EPO	852.99	0.889	0.577	56.41	1.122	553.73	0.001	1.000	382.63	
71	Silver	EP OR Silver 4000 w/VX	EPO	852.99	0.889	0.573	56.36	1.123	549.62	0.001	1.000	379.79	
72	Bronze	EP OR Bronze HSA 7000 w/VX & Message	EPO	852.99	0.889	0.516	50.64	1.135	497.54	0.001	1.000	343.80	
73	Bronze	EP OR Bronze 7000 w/VX & Message	EPO	852.99	0.889	0.547	50.50	1.127	529.47	0.001	1.000	365.86	
74	Bronze	EP OR Bronze Added Choice DCA 7000 w/VX & Message	EPO	852.99	1.152	0.542	50.35	1.114	602.92	0.001	1.000	416.62	
75	Bronze	EP OR Bronze EP Plus 7000 w/VX & Message	POS	852.99	1.102	0.541	50.35	1.118	577.83	0.001	1.000	398.28	
76	Bronze	EP OR Bronze 9700 w/VX & Message	EPO	852.99	0.889	0.547	50.56	1.124	549.24	0.001	1.000	376.14	
77	Bronze	EP OR Bronze 9700 w/VX & Message	EPO	852.99	0.889	0.506	50.64	1.135	494.61	0.001	1.000	341.77	
78	Gold	EP OR Gold EP Plus 1000 w/VX & Message	EPO	852.99	0.889	0.717	50.23	1.103	677.44	0.001	1.000	468.11	
79	Gold	EP OR Gold 2000 w/VX & Message	EPO	852.99	0.889	0.703	50.33	1.105	667.71	0.001	1.000	460.01	
80	Gold	EP OR Gold Added Choice 1500 w/VX & Message	POS	852.99	1.152	0.694	50.33	1.095	756.69	0.001	1.000	522.81	
81	Gold	EP OR Gold EP Plus 1000 w/VX & Message	EPO	852.99	1.020	0.703	50.33	1.103	694.85	0.001	1.000	473.23	
82	Gold	EP OR Gold Added Choice DCA 1500 w/VX & Message	POS	852.99	1.102	0.691	50.19	1.098	723.26	0.001	1.000	499.77	
83	Gold	EP OR Gold 500 1500 w/VX & Message	EPO	852.99	0.889	0.689	50.99	1.106	645.31	0.001	1.000	445.91	
84	Gold	EP OR Gold 2000 w/VX & Message	EPO	852.99	0.889	0.669	50.85	1.109	636.23	0.001	1.000	439.63	
85	Gold	EP OR Gold EP Plus 2000 w/VX & Message	EPO	852.99	1.020	0.669	50.85	1.106	654.44	0.001	1.000	452.22	
86	Gold	EP OR Gold 5000 w/VX & Message	EPO	852.99	0.889	0.670	50.51	1.109	639.96	0.001	1.000	440.14	
87	Gold	EP OR Gold Added Choice 500 w/VX & Message	POS	852.99	1.152	0.709	50.99	1.094	762.21	0.001	1.000	526.89	
88	Gold	EP OR Gold Added Choice DCA 500 w/VX & Message	POS	852.99	1.102	0.693	50.14	1.099	736.71	0.001	1.000	509.08	
89	Gold	EP OR Gold HSA 1500 w/VX & Message	EPO	852.99	0.889	0.665	50.14	1.109	632.24	0.001	1.000	437.08	
90	Platinum	EP OR Platinum 5 w/VX & Message	EPO	852.99	0.889	0.847	50.59	1.092	709.49	0.001	1.000	546.23	
91	Platinum												

**Kaiser Foundation Health Plan of the Northwest
Market: Small Group**

**Exhibit AM11
Summary of Filed Rating Assumptions
2027 Non-Grandfathered, ACA Compliant Plans**

Rating Assumption	Kaiser Permanente of the Northwest
Starting Point	Small Group Experience
<i>Projected Member Months</i>	304,332
<i>Morbidity Changes</i>	0.0%
<i>Pent-up Demand</i>	0.0%
<i>Bad Debt Adjustments</i>	0.0%
<i>Net State, Federal Reinsurance Impact & User Adj Fee</i>	0.00%
<i>Risk Adjustment/Average Market Risk Impact</i>	-\$47.91
<i>Risk Corridor Impact</i>	0.0%
<i>2024 Net Paid Claims PMPM (prior filing)</i>	\$444.82
<i>2025 Net Paid Claims PMPM</i>	\$519.12
<i>Average Annual Rate Change</i>	9.5%

**Kaiser Foundation Health Plan of the Northwest
Market: Small Group**

**Exhibit AM12
Minimum Loss Ratio**

Premium Buildup	PMPM	Formula
Net Claims PMPM	\$622.15	(1)
Administrative Expenses		
Quality Improvement	\$0.34	(2)
All Other Admin	45.72	(3)
Total	\$46.06	(4)
Taxes/Fees		
Exchange Fee	\$0.00	(5)
ACA Health Insurer Tax & Prem Tax	\$13.10	(6)
PCORI	\$0.34	(7)
Risk Adjustment User Fee	\$0.18	(8)
Total	\$13.62	(9)
3R's		
Risk Adjustment Result	(\$32.87)	(10)
Total	(\$32.87)	(11)
Risk Margin	\$3.28	(12)
Total Premium PMPM	\$717.98	(13) = (1)-(12)+(4)+(9)+(12)
Traditional Loss Ratio	91.23%	(14) = [(1)+(11)] / (13)
ACA MLR	93.04%	(15) = [(1)+(2)-(11)] / [(13)-(9)]

Note

Net Claims are gross of risk adjustment payable.

Premium is net of risk adjustment payable.

**Kaiser Foundation Health Plan of the Northwest
2027 Projected Risk Adjustment
Exhibit AM13**

Estimated Risk of Kaiser Members Relative to Market

(a)	Expected Per Member Per Month Risk Adjustment Payable	-\$32.87
(b)	Average Cost Share	0.684
(c)	Avg Network Factor	1.002

(e)	Total Adjustment	-\$47.91
-----	------------------	----------

Kaiser Foundation Health Plan of the Northwest
Market: Small Group
Development of the Gradients

Exhibit AM14

	Q1	Q2	Q3	Q4
Trend	5.0%	5.0%	5.0%	5.0%
Months	24	27	30	33
Trend Factor	1.103	1.116	1.130	1.144
Gradient	1.000	1.012	1.025	1.037

**Kaiser Foundation Health Plan of the Northwest
Market: Small Group**

Exhibit AM15

Change in Utilization Adjustments

Experience Period TOTAL	0.879	a
2027 Medical Plans	0.867	b
Change in Utilization	0.986	c = b/a
2027 Plans - Blended Medical	0.867	d
Reference Plan Basis Adjustment	1.154	e = 1/d

Kaiser Foundation Health Plan of the Northwest
Market: Small Group
Exhibit AM16

Area Factors

Area	MM	2027 Area Factor	2026 Area Factor
Areas 1, 5, & 6	268,927	1.0000	1.0000
Area 2	7,349	1.0000	1.0000
Area 3	30,423	1.0000	1.0000
Total	306,699	1.0000	1.0000

Area Adj = 1 / avg area factor
1.0000

Kaiser Foundation Health Plan of the Northwest
Market: Small Group
Exhibit AM17

HIOS ID	2026 Plan	Q1 Age 21	Member
		Rate	Months
71287OR0430011	KP Oregon Standard Gold Plan	\$417.00	103
71287OR0430014	KP Oregon Standard Silver Plan	\$352.00	254
71287OR0430018	KP Oregon Standard Bronze Plan	\$317.00	234
71287OR0650007	KP OR Bronze HSA 7100	\$293.00	377
71287OR0650001	KP OR Bronze 7000	\$334.00	183
71287OR0660001	KP OR Bronze Added Choice 7000	\$373.00	6
71287OR0660004	KP OR Bronze Added Choice OOA 7000	\$359.00	3
71287OR0670001	KP OR Bronze KP Plus 7000	\$343.00	5
71287OR0650004	KP OR Bronze 9200	\$301.00	263
71287OR0650010	KP OR Gold 0	\$436.00	572
71287OR0650013	KP OR Gold 1000	\$419.00	841
71287OR0660007	KP OR Gold Added Choice 1000	\$464.00	106
71287OR0670004	KP OR Gold KP Plus 1000	\$431.00	53
71287OR0660013	KP OR Gold Added Choice OOA 1000	\$445.00	19
71287OR0650016	KP OR Gold 1500	\$402.00	412
71287OR0650019	KP OR Gold 2000	\$395.00	517
71287OR0660010	KP OR Gold Added Choice 500	\$467.00	90
71287OR0660015	KP OR Gold Added Choice OOA 500	\$453.00	20
71287OR0650046	KP OR Gold HSA 1800	\$384.00	4
71287OR0650022	KP OR Platinum 0	\$491.00	396
71287OR0670007	KP OR Platinum KP Plus 0	\$502.00	5
71287OR0650025	KP OR Platinum 250	\$484.00	236
71287OR0660019	KP OR Platinum Added Choice 250	\$539.00	131
71287OR0660022	KP OR Platinum Added Choice OOA 250	\$528.00	36
71287OR0650028	KP OR Platinum 500	\$469.00	208
71287OR0650031	KP OR Silver 3000	\$366.00	940
71287OR0660025	KP OR Silver Added Choice 3000	\$404.00	32
71287OR0660031	KP OR Silver Added Choice OOA 3000	\$399.00	36
71287OR0670010	KP OR Silver KP Plus 3000	\$376.00	95
71287OR0650043	KP OR Silver HSA 3600	\$324.00	236
71287OR0650034	KP OR Silver 4000	\$359.00	460
71287OR0660028	KP OR Silver Added Choice 4000	\$399.00	4
71287OR0660034	KP OR Silver Added Choice OOA 4000	\$387.00	3
71287OR0650037	KP OR Silver 5000	\$349.00	288
71287OR0650040	KP OR Silver 6000	\$345.00	118
71287OR0650008	KP OR Bronze HSA 7100 w/VX	\$298.00	79
71287OR0650002	KP OR Bronze 7000 w/VX	\$339.00	83
71287OR0660002	KP OR Bronze Added Choice 7000 w/VX	\$379.00	1
71287OR0660005	KP OR Bronze Added Choice OOA 7000 w/VX	\$364.00	4
71287OR0670002	KP OR Bronze KP Plus 7000 w/VX	\$348.00	4
71287OR0650005	KP OR Bronze 9200 w/VX	\$307.00	80
71287OR0650011	KP OR Gold 0 w/VX	\$442.00	133
71287OR0650014	KP OR Gold 1000 w/VX	\$426.00	620
71287OR0660008	KP OR Gold Added Choice 1000 w/VX	\$471.00	40
71287OR0670005	KP OR Gold KP Plus 1000 w/VX	\$437.00	39
71287OR0660014	KP OR Gold Added Choice OOA 1000 w/VX	\$451.00	20
71287OR0650017	KP OR Gold 1500 w/VX	\$408.00	253
71287OR0650020	KP OR Gold 2000 w/VX	\$402.00	206
71287OR0660011	KP OR Gold Added Choice 500 w/VX	\$473.00	34
71287OR0660017	KP OR Gold Added Choice OOA 500 w/VX	\$459.00	15
71287OR0650047	KP OR Gold HSA 1800 w/VX	\$391.00	8
71287OR0650023	KP OR Platinum 0 w/VX	\$498.00	275
71287OR0670008	KP OR Platinum KP Plus 0 w/VX	\$508.00	58
71287OR0650026	KP OR Platinum 250 w/VX	\$491.00	283
71287OR0660020	KP OR Platinum Added Choice 250 w/VX	\$545.00	19
71287OR0660023	KP OR Platinum Added Choice OOA 250 w/VX	\$534.00	15
71287OR0650029	KP OR Platinum 500 w/VX	\$475.00	181
71287OR0650032	KP OR Silver 3000 w/VX	\$373.00	446
71287OR0660026	KP OR Silver Added Choice 3000 w/VX	\$410.00	48
71287OR0660032	KP OR Silver Added Choice OOA 3000 w/VX	\$398.00	23
71287OR0670011	KP OR Silver KP Plus 3000 w/VX	\$382.00	80
71287OR0650044	KP OR Silver HSA 3600 w/VX	\$330.00	73
71287OR0650035	KP OR Silver 4000 w/VX	\$365.00	255
71287OR0660029	KP OR Silver Added Choice 4000 w/VX	\$405.00	12
71287OR0660035	KP OR Silver Added Choice OOA 4000 w/VX	\$393.00	2
71287OR0650038	KP OR Silver 5000 w/VX	\$355.00	144
71287OR0650041	KP OR Silver 6000 w/VX	\$351.00	33
71287OR0650009	KP OR Bronze HSA 7100 w/VX & Massage	\$300.00	174
71287OR0650003	KP OR Bronze 7000 w/VX & Massage	\$341.00	191
71287OR0660003	KP OR Bronze Added Choice 7000 w/VX & Massage	\$380.00	0
71287OR0660006	KP OR Bronze Added Choice OOA 7000 w/VX & Massage	\$366.00	2
71287OR0670003	KP OR Bronze KP Plus 7000 w/VX & Massage	\$350.00	6
71287OR0650006	KP OR Bronze 9200 w/VX & Massage	\$308.00	219
71287OR0650012	KP OR Gold 0 w/VX & Massage	\$444.00	762
71287OR0650015	KP OR Gold 1000 w/VX & Massage	\$427.00	2,560
71287OR0660009	KP OR Gold Added Choice 1000 w/VX & Massage	\$473.00	283
71287OR0670006	KP OR Gold KP Plus 1000 w/VX & Massage	\$439.00	111
71287OR0660015	KP OR Gold Added Choice OOA 1000 w/VX & Massage	\$453.00	79
71287OR0650018	KP OR Gold 1500 w/VX & Massage	\$410.00	1,212
71287OR0650021	KP OR Gold 2000 w/VX & Massage	\$403.00	884
71287OR0660012	KP OR Gold Added Choice 500 w/VX & Massage	\$474.00	219
71287OR0660018	KP OR Gold Added Choice OOA 500 w/VX & Massage	\$461.00	57
71287OR0650048	KP OR Gold HSA 1800 w/VX & Massage	\$392.00	8
71287OR0650024	KP OR Platinum 0 w/VX & Massage	\$499.00	1,678
71287OR0670009	KP OR Platinum KP Plus 0 w/VX & Massage	\$510.00	196
71287OR0650027	KP OR Platinum 250 w/VX & Massage	\$493.00	871
71287OR0660021	KP OR Platinum Added Choice 250 w/VX & Massage	\$547.00	382
71287OR0660024	KP OR Platinum Added Choice OOA 250 w/VX & Massage	\$536.00	112
71287OR0650030	KP OR Platinum 500 w/VX & Massage	\$477.00	771
71287OR0650033	KP OR Silver 3000 w/VX & Massage	\$374.00	1,831
71287OR0660027	KP OR Silver Added Choice 3000 w/VX & Massage	\$412.00	153
71287OR0660033	KP OR Silver Added Choice OOA 3000 w/VX & Massage	\$399.00	91
71287OR0670012	KP OR Silver KP Plus 3000 w/VX & Massage	\$384.00	103
71287OR0650045	KP OR Silver HSA 3600 w/VX & Massage	\$332.00	235
71287OR0650036	KP OR Silver 4000 w/VX & Massage	\$367.00	688
71287OR0660030	KP OR Silver Added Choice 4000 w/VX & Massage	\$407.00	27
71287OR0660036	KP OR Silver Added Choice OOA 4000 w/VX & Massage	\$395.00	5
71287OR0650039	KP OR Silver 5000 w/VX & Massage	\$356.00	463
71287OR0650042	KP OR Silver 6000 w/VX & Massage	\$352.00	129
Total		\$415.82	25,354

Kaiser Foundation Health Plan of the Northwest
 Market: Small Group
 Pediatric Dental
 Exhibit AM18

WA Pediatric Dent Allowed Claims	\$556,509
WA Member Months	100,187
PMPM	\$5.55
WA % of Mem Pediatric Age	18%
OR % of Mem Pediatric Age	15%
Proj OR Ped Dent PMPM	\$4.42
Experience Period Index Rate	\$623.52

His ID	2026 Plan Name	Pediatric Dental Load
71287OR0430011	KP Oregon Standard Gold Plan	1.000
71287OR0430014	KP Oregon Standard Silver Plan	1.000
71287OR0430018	KP Oregon Standard Bronze Plan	1.000
71287OR0650007	KP OR Bronze HSA 7800	1.007
71287OR0650001	KP OR Bronze 7000	1.007
71287OR0650001	KP OR Bronze Added Choice 7000	1.007
71287OR0650004	KP OR Bronze Added Choice OOA 7000	1.007
71287OR0670001	KP OR Bronze KP Plus 7000	1.007
71287OR0650004	KP OR Bronze 9700	1.007
71287OR0650010	KP OR Gold 0	1.007
71287OR0650013	KP OR Gold 1000	1.007
71287OR0660007	KP OR Gold Added Choice 1500	1.007
71287OR0670004	KP OR Gold KP Plus 1000	1.007
71287OR0660013	KP OR Gold Added Choice OOA 1500	1.007
71287OR0650016	KP OR Gold 1500	1.007
71287OR0650019	KP OR Gold 2000	1.007
71287OR0670013	KP OR Gold KP Plus 2000	1.007
71287OR0650049	KP OR Gold 5500	1.007
71287OR0660010	KP OR Gold Added Choice 500	1.007
71287OR0660016	KP OR Gold Added Choice OOA 500	1.007
71287OR0650046	KP OR Gold HSA 1900	1.007
71287OR0650022	KP OR Platinum 0	1.007
71287OR0670007	KP OR Platinum KP Plus 0	1.007
71287OR0650025	KP OR Platinum 250	1.007
71287OR0660019	KP OR Platinum Added Choice 250	1.007
71287OR0660022	KP OR Platinum Added Choice OOA 250	1.007
71287OR0650028	KP OR Platinum 500	1.007
71287OR0650031	KP OR Silver 3000	1.007
71287OR0660025	KP OR Silver Added Choice 3000	1.007
71287OR0660031	KP OR Silver Added Choice OOA 3000	1.007
71287OR0670010	KP OR Silver KP Plus 3000	1.007
71287OR0650043	KP OR Silver HSA 3800	1.007
71287OR0650034	KP OR Silver 4000	1.007
71287OR0660028	KP OR Silver Added Choice 4000	1.007
71287OR0660034	KP OR Silver Added Choice OOA 4000	1.007
71287OR0650037	KP OR Silver 5000	1.007
71287OR0650040	KP OR Silver 6000	1.007
71287OR0650008	KP OR Bronze HSA 7800 w/VX	1.007
71287OR0650002	KP OR Bronze 7000 w/VX	1.007
71287OR0660002	KP OR Bronze Added Choice 7000 w/VX	1.007
71287OR0660005	KP OR Bronze Added Choice OOA 7000 w/VX	1.007
71287OR0670002	KP OR Bronze KP Plus 7000 w/VX	1.007
71287OR0650005	KP OR Bronze 9700 w/VX	1.007
71287OR0650011	KP OR Gold 0 w/VX	1.007
71287OR0650014	KP OR Gold 1000 w/VX	1.007
71287OR0660008	KP OR Gold Added Choice 1500 w/VX	1.007
71287OR0670005	KP OR Gold KP Plus 1000 w/VX	1.007
71287OR0660014	KP OR Gold Added Choice OOA 1500 w/VX	1.007
71287OR0650017	KP OR Gold 1500 w/VX	1.007
71287OR0650020	KP OR Gold 2000 w/VX	1.007
71287OR0670014	KP OR Gold KP Plus 2000 w/VX	1.007
71287OR0650050	KP OR Gold 5500 w/VX	1.007
71287OR0660011	KP OR Gold Added Choice 500 w/VX	1.007
71287OR0660017	KP OR Gold Added Choice OOA 500 w/VX	1.007
71287OR0650047	KP OR Gold HSA 1900 w/VX	1.007
71287OR0650023	KP OR Platinum 0 w/VX	1.007
71287OR0670008	KP OR Platinum KP Plus 0 w/VX	1.007
71287OR0650026	KP OR Platinum 250 w/VX	1.007
71287OR0660020	KP OR Platinum Added Choice 250 w/VX	1.007
71287OR0660023	KP OR Platinum Added Choice OOA 250 w/VX	1.007
71287OR0650029	KP OR Platinum 500 w/VX	1.007
71287OR0650032	KP OR Silver 3000 w/VX	1.007
71287OR0660026	KP OR Silver Added Choice 3000 w/VX	1.007
71287OR0660032	KP OR Silver Added Choice OOA 3000 w/VX	1.007
71287OR0670011	KP OR Silver KP Plus 3000 w/VX	1.007
71287OR0650044	KP OR Silver HSA 3800 w/VX	1.007
71287OR0650035	KP OR Silver 4000 w/VX	1.007
71287OR0660039	KP OR Silver Added Choice 4000 w/VX	1.007
71287OR0660035	KP OR Silver Added Choice OOA 4000 w/VX	1.007
71287OR0650038	KP OR Silver 5000 w/VX	1.007
71287OR0650041	KP OR Silver 6000 w/VX	1.007
71287OR0650009	KP OR Bronze HSA 7800 w/VX & Massage	1.007
71287OR0650003	KP OR Bronze 7000 w/VX & Massage	1.007
71287OR0660003	KP OR Bronze Added Choice 7000 w/VX & Massage	1.007
71287OR0660006	KP OR Bronze Added Choice OOA 7000 w/VX & Massage	1.007
71287OR0670003	KP OR Bronze KP Plus 7000 w/VX & Massage	1.007
71287OR0650006	KP OR Bronze 9700 w/VX & Massage	1.007
71287OR0650012	KP OR Gold 0 w/VX & Massage	1.007
71287OR0650015	KP OR Gold 1000 w/VX & Massage	1.007
71287OR0660009	KP OR Gold Added Choice 1500 w/VX & Massage	1.007
71287OR0670006	KP OR Gold KP Plus 1000 w/VX & Massage	1.007
71287OR0660015	KP OR Gold Added Choice OOA 1500 w/VX & Massage	1.007
71287OR0650018	KP OR Gold 1500 w/VX & Massage	1.007
71287OR0650021	KP OR Gold 2000 w/VX & Massage	1.007
71287OR0670015	KP OR Gold KP Plus 2000 w/VX & Massage	1.007
71287OR0650051	KP OR Gold 5500 w/VX & Massage	1.007
71287OR0660012	KP OR Gold Added Choice 500 w/VX & Massage	1.007
71287OR0660018	KP OR Gold Added Choice OOA 500 w/VX & Massage	1.007
71287OR0650048	KP OR Gold HSA 1900 w/VX & Massage	1.007
71287OR0650024	KP OR Platinum 0 w/VX & Massage	1.007
71287OR0670009	KP OR Platinum KP Plus 0 w/VX & Massage	1.007
71287OR0650027	KP OR Platinum 250 w/VX & Massage	1.007
71287OR0660021	KP OR Platinum Added Choice 250 w/VX & Massage	1.007
71287OR0660024	KP OR Platinum Added Choice OOA 250 w/VX & Massage	1.007
71287OR0650030	KP OR Platinum 500 w/VX & Massage	1.007
71287OR0650033	KP OR Silver 3000 w/VX & Massage	1.007
71287OR0660027	KP OR Silver Added Choice 3000 w/VX & Massage	1.007
71287OR0660033	KP OR Silver Added Choice OOA 3000 w/VX & Massage	1.007
71287OR0670012	KP OR Silver KP Plus 3000 w/VX & Massage	1.007
71287OR0650045	KP OR Silver HSA 3800 w/VX & Massage	1.007
71287OR0650036	KP OR Silver 4000 w/VX & Massage	1.007
71287OR0660030	KP OR Silver Added Choice 4000 w/VX & Massage	1.007
71287OR0660036	KP OR Silver Added Choice OOA 4000 w/VX & Massage	1.007
71287OR0650039	KP OR Silver 5000 w/VX & Massage	1.007
71287OR0650042	KP OR Silver 6000 w/VX & Massage	1.007

All plans offered and underwritten by
Kaiser Foundation Health Plan of the Northwest

May 29, 2026

To: DEPARTMENT OF CONSUMER & BUSINESS SERVICES
INSURANCE DIVISION
350 WINTER STREET NE, ROOM 440
SALEM, OR 97301-3883

From: Kaiser Foundation Health Plan of the Northwest
500 N.E. Multnomah St., Suite 100
Portland, OR 97232-2099

Carrier Contact Person: Luke Hampton, ASA, Sr. Actuarial Manager
Carrier Contact Phone: (503) 314-2590

Subject: Small Group Rate Filing Description
Standard Master Contract Numbers: EOSGDED0127, EOSG3TPOSEDED0127,
EOSGKPPDED0127, EOSGDEDSTD0127, EOSGHDHP0127, EOSGKPP0127,
EOSGTRAD0127
Previous SERFF Filing Number: KFNW-134500659
Approval Date: September 26th
HIOS Identifiers: 71287OR043, 71287OR065, 71287OR066, 71287OR067

Dear Mr. Sink,

Enclosed for your review is our Small Group Rate Filing effective January 1, 2027 through December 31, 2027.

We are requesting an average change in per member per month rates of 9.5% for these annual rates that last for a 12-month duration. These average rates do not indicate that every group's rate will increase or decrease by these amounts, as rates are affected by the ages of those covered, family coverage, and the date of policy renewal. We have estimated that small group rate changes will range between 5.4% and 19.0%, including the impact of benefit changes.

Oregon small group membership is 25,354 as of March 2026. We expect minimal membership change between the experience and projection period.

For this filing, we are reporting the financial position of the Kaiser Foundation Health Plan of the Northwest only, instead of a combined health plan and hospital report. This is consistent with our statutory reporting, medical loss ratio reporting, and our previous small group rate filings.

All plans offered and underwritten by
Kaiser Foundation Health Plan of the Northwest

The average annual increase for each quarter included in this filing as well as the membership associated with each quarter is shown in the table below.

2027 Rate Effective Date	Requested Annual Rate Change From Last Effective Date	Minimum Rate Change	Maximum Rate Change	Experience Period Member Months
January	8.9%	5.4%	15.4%	89,094
April	9.5%	6.1%	15.9%	38,474
July	10.1%	6.7%	16.8%	49,850
October	9.7%	6.1%	19.0%	129,281
Total	9.5%	5.4%	19.0%	306,699

2025 Projection vs Actual

In our approved rate filing effective Jan. 2025, we projected the following financial results for 2025.

- Claims costs: 83.3%
- Administrative costs: 16.2%
- Risk Adj Payment: -6.1%
- Total Profit: 0.5%

Actual results for this period were as follows.

- Claims costs: 91.8%
- Administrative costs: 9.6%
- UW Margin: -1.5%
- Projected Risk Adj Payable -5.6%
- Total Profit -7.1%

The primary driver of the difference between expected and actual results was higher than expected claims cost.

Plan Modifications and Discontinuations

No plans are being discontinued in 2027.



All plans offered and underwritten by
Kaiser Foundation Health Plan of the Northwest

Plan Description and Plan Status (Renewing vs New Plan)

Plan ID	Marketing Name	Metal Tier	Plan Status
71287OR0430011	KP Oregon Standard Gold Plan	Gold	Renewal
71287OR0430014	KP Oregon Standard Silver Plan	Silver	Renewal
71287OR0430018	KP Oregon Standard Bronze Plan	Bronze	Renewal
71287OR0650007	KP OR Bronze HSA 7800	Bronze	Renewal
71287OR0650001	KP OR Bronze 7000	Bronze	Renewal
71287OR0660001	KP OR Bronze Added Choice 7000	Bronze	Renewal
71287OR0660004	KP OR Bronze Added Choice OOA 7000	Bronze	Renewal
71287OR0670001	KP OR Bronze KP Plus 7000	Bronze	Renewal
71287OR0650004	KP OR Bronze 9700	Bronze	Renewal
71287OR0650010	KP OR Gold 0	Gold	Renewal
71287OR0650013	KP OR Gold 1000	Gold	Renewal
71287OR0660007	KP OR Gold Added Choice 1500	Gold	Renewal
71287OR0670004	KP OR Gold KP Plus 1000	Gold	Renewal
71287OR0660013	KP OR Gold Added Choice OOA 1500	Gold	Renewal
71287OR0650016	KP OR Gold 1500	Gold	Renewal
71287OR0650019	KP OR Gold 2000	Gold	Renewal
71287OR0670013	KP OR Gold KP Plus 2000	Gold	New
71287OR0650049	KP OR Gold 5500	Gold	New
71287OR0660010	KP OR Gold Added Choice 500	Gold	Renewal
71287OR0660016	KP OR Gold Added Choice OOA 500	Gold	Renewal
71287OR0650046	KP OR Gold HSA 1900	Gold	Renewal
71287OR0650022	KP OR Platinum 0	Platinum	Renewal
71287OR0670007	KP OR Platinum KP Plus 0	Platinum	Renewal
71287OR0650025	KP OR Platinum 250	Platinum	Renewal
71287OR0660019	KP OR Platinum Added Choice 250	Platinum	Renewal
71287OR0660022	KP OR Platinum Added Choice OOA 250	Platinum	Renewal
71287OR0650028	KP OR Platinum 500	Platinum	Renewal
71287OR0650031	KP OR Silver 3000	Silver	Renewal
71287OR0660025	KP OR Silver Added Choice 3000	Silver	Renewal
71287OR0660031	KP OR Silver Added Choice OOA 3000	Silver	Renewal
71287OR0670010	KP OR Silver KP Plus 3000	Silver	Renewal
71287OR0650043	KP OR Silver HSA 3800	Silver	Renewal
71287OR0650034	KP OR Silver 4000	Silver	Renewal
71287OR0660028	KP OR Silver Added Choice 4000	Silver	Renewal
71287OR0660034	KP OR Silver Added Choice OOA 4000	Silver	Renewal
71287OR0650037	KP OR Silver 5000	Silver	Renewal
71287OR0650040	KP OR Silver 6000	Silver	Renewal
71287OR0650008	KP OR Bronze HSA 7800 w/VX	Bronze	Renewal
71287OR0650002	KP OR Bronze 7000 w/VX	Bronze	Renewal
71287OR0660002	KP OR Bronze Added Choice 7000 w/VX	Bronze	Renewal
71287OR0660005	KP OR Bronze Added Choice OOA 7000 w/VX	Bronze	Renewal
71287OR0670002	KP OR Bronze KP Plus 7000 w/VX	Bronze	Renewal
71287OR0650005	KP OR Bronze 9700 w/VX	Bronze	Renewal
71287OR0650011	KP OR Gold 0 w/VX	Gold	Renewal
71287OR0650014	KP OR Gold 1000 w/VX	Gold	Renewal
71287OR0660008	KP OR Gold Added Choice 1500 w/VX	Gold	Renewal
71287OR0670005	KP OR Gold KP Plus 1000 w/VX	Gold	Renewal
71287OR0660014	KP OR Gold Added Choice OOA 1500 w/VX	Gold	Renewal
71287OR0650017	KP OR Gold 1500 w/VX	Gold	Renewal
71287OR0650020	KP OR Gold 2000 w/VX	Gold	Renewal
71287OR0670014	KP OR Gold KP Plus 2000 w/VX	Gold	New
71287OR0650050	KP OR Gold 5500 w/VX	Gold	New
71287OR0660011	KP OR Gold Added Choice 500 w/VX	Gold	Renewal



All plans offered and underwritten by
Kaiser Foundation Health Plan of the Northwest

Plan ID	Marketing Name	Metal Tier	Plan Status
71287OR0660017	KP OR Gold Added Choice OOA 500 w/VX	Gold	Renewal
71287OR0650047	KP OR Gold HSA 1900 w/VX	Gold	Renewal
71287OR0650023	KP OR Platinum 0 w/VX	Platinum	Renewal
71287OR0670008	KP OR Platinum KP Plus 0 w/VX	Platinum	Renewal
71287OR0650026	KP OR Platinum 250 w/VX	Platinum	Renewal
71287OR0660020	KP OR Platinum Added Choice 250 w/VX	Platinum	Renewal
71287OR0660023	KP OR Platinum Added Choice OOA 250 w/VX	Platinum	Renewal
71287OR0650029	KP OR Platinum 500 w/VX	Platinum	Renewal
71287OR0650032	KP OR Silver 3000 w/VX	Silver	Renewal
71287OR0660026	KP OR Silver Added Choice 3000 w/VX	Silver	Renewal
71287OR0660032	KP OR Silver Added Choice OOA 3000 w/VX	Silver	Renewal
71287OR0670011	KP OR Silver KP Plus 3000 w/VX	Silver	Renewal
71287OR0650044	KP OR Silver HSA 3800 w/VX	Silver	Renewal
71287OR0650035	KP OR Silver 4000 w/VX	Silver	Renewal
71287OR0660029	KP OR Silver Added Choice 4000 w/VX	Silver	Renewal
71287OR0660035	KP OR Silver Added Choice OOA 4000 w/VX	Silver	Renewal
71287OR0650038	KP OR Silver 5000 w/VX	Silver	Renewal
71287OR0650041	KP OR Silver 6000 w/VX	Silver	Renewal
71287OR0650009	KP OR Bronze HSA 7800 w/VX & Massage	Bronze	Renewal
71287OR0650003	KP OR Bronze 7000 w/VX & Massage	Bronze	Renewal
71287OR0660003	KP OR Bronze Added Choice 7000 w/VX & Massage	Bronze	Renewal
71287OR0660006	KP OR Bronze Added Choice OOA 7000 w/VX & Massage	Bronze	Renewal
71287OR0670003	KP OR Bronze KP Plus 7000 w/VX & Massage	Bronze	Renewal
71287OR0650006	KP OR Bronze 9700 w/VX & Massage	Bronze	Renewal
71287OR0650012	KP OR Gold 0 w/VX & Massage	Gold	Renewal
71287OR0650015	KP OR Gold 1000 w/VX & Massage	Gold	Renewal
71287OR0660009	KP OR Gold Added Choice 1500 w/VX & Massage	Gold	Renewal
71287OR0670006	KP OR Gold KP Plus 1000 w/VX & Massage	Gold	Renewal
71287OR0660015	KP OR Gold Added Choice OOA 1500 w/VX & Massage	Gold	Renewal
71287OR0650018	KP OR Gold 1500 w/VX & Massage	Gold	Renewal
71287OR0650021	KP OR Gold 2000 w/VX & Massage	Gold	Renewal
71287OR0670015	KP OR Gold KP Plus 2000 w/VX & Massage	Gold	New
71287OR0650051	KP OR Gold 5500 w/VX & Massage	Gold	New
71287OR0660012	KP OR Gold Added Choice 500 w/VX & Massage	Gold	Renewal
71287OR0660018	KP OR Gold Added Choice OOA 500 w/VX & Massage	Gold	Renewal
71287OR0650048	KP OR Gold HSA 1900 w/VX & Massage	Gold	Renewal
71287OR0650024	KP OR Platinum 0 w/VX & Massage	Platinum	Renewal
71287OR0670009	KP OR Platinum KP Plus 0 w/VX & Massage	Platinum	Renewal
71287OR0650027	KP OR Platinum 250 w/VX & Massage	Platinum	Renewal
71287OR0660021	KP OR Platinum Added Choice 250 w/VX & Massage	Platinum	Renewal
71287OR0660024	KP OR Platinum Added Choice OOA 250 w/VX & Massage	Platinum	Renewal
71287OR0650030	KP OR Platinum 500 w/VX & Massage	Platinum	Renewal
71287OR0650033	KP OR Silver 3000 w/VX & Massage	Silver	Renewal
71287OR0660027	KP OR Silver Added Choice 3000 w/VX & Massage	Silver	Renewal
71287OR0660033	KP OR Silver Added Choice OOA 3000 w/VX & Massage	Silver	Renewal
71287OR0670012	KP OR Silver KP Plus 3000 w/VX & Massage	Silver	Renewal
71287OR0650045	KP OR Silver HSA 3800 w/VX & Massage	Silver	Renewal
71287OR0650036	KP OR Silver 4000 w/VX & Massage	Silver	Renewal
71287OR0660030	KP OR Silver Added Choice 4000 w/VX & Massage	Silver	Renewal
71287OR0660036	KP OR Silver Added Choice OOA 4000 w/VX & Massage	Silver	Renewal
71287OR0650039	KP OR Silver 5000 w/VX & Massage	Silver	Renewal
71287OR0650042	KP OR Silver 6000 w/VX & Massage	Silver	Renewal

All plans offered and underwritten by
Kaiser Foundation Health Plan of the Northwest

Rating Factor Changes

There are no rating factor changes for 2027.

Benefit or Administrative Changes

There are no benefit or administrative changes for 2027.

Please let me know if you have any questions about this filing.

Sincerely,



Luke Hampton, ASA
Actuarial Services

SERFF Tracking #:

KFNW-134906004

State Tracking #:

KFNW-134906004

Company Tracking #:

EOSGDED0127, EOSG3TPOSDED0127,
EOSGKPPDE...

State:

Oregon

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name:

Small Group 2027

Project Name/Number:

/

Supporting Document Schedules

Bypassed - Item:	4872 - Individual and Small Group Health Benefit Plan Rate Filings
Bypass Reason:	No longer required to upload a copy
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	3894 Certification of Compliance
Comments:	
Attachment(s):	2027 Small Group Cerification of compliance.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Third party filers letter of authorization
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	HBP - Draft notice to policyholder
Comments:	
Attachment(s):	2027 SBG Renewal Packet Cover Letter_Final.pdf
Item Status:	
Status Date:	

Satisfied - Item:	HBP - Filing Description
Comments:	
Attachment(s):	2027_Filing_Description.pdf
Item Status:	
Status Date:	

Bypassed - Item:	HBP - Rate Data
Bypass Reason:	see rate rule schedule tab
Attachment(s):	
Item Status:	
Status Date:	

State: Oregon Filing Company: Kaiser Foundation Health Plan of the Northwest
 TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other
 Product Name: Small Group 2027
 Project Name/Number: /

Satisfied - Item:	HBP -Exhibit 1: Development of Rate Change
Comments:	
Attachment(s):	2027 Development of Rate Change (Exhibit 1).pdf
Item Status:	
Status Date:	

Satisfied - Item:	HBP - Exhibit 2: Covered Benefit or Plan Design Changes
Comments:	
Attachment(s):	2027 Covered Benefit or Plan Design Changes (Exhibit 2).pdf
Item Status:	
Status Date:	

Satisfied - Item:	HBP- Exhibit 3:Average Annual Rate Change
Comments:	
Attachment(s):	2027 Summary of Rate Increases (Exhibit 3).pdf
Item Status:	
Status Date:	

Satisfied - Item:	HBP - Exhibit 4: Trend Information and Projection
Comments:	
Attachment(s):	2027 Trend Information and Projection (Exhibit 4).pdf
Item Status:	
Status Date:	

Satisfied - Item:	HBP - Exhibit 5: Statement of Administrative Expenses and Premium
Comments:	
Attachment(s):	2027 Statement of Administrative Expense (Exhibit 5).pdf
Item Status:	
Status Date:	

Satisfied - Item:	HBP - Exhibit 6: Plan Relativities
Comments:	
Attachment(s):	2027 Plan Relativities (Exhibit 6).pdf
Item Status:	
Status Date:	

Satisfied - Item:	HBP - Appendix I: Insurer's Financial Position:
--------------------------	---

State: Oregon Filing Company: Kaiser Foundation Health Plan of the Northwest
 TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other
 Product Name: Small Group 2027
 Project Name/Number: /

Comments:	
Attachment(s):	2027 Insurer's Financial Position.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Standard Review Questions
Comments:	
Attachment(s):	2027 Standard Review Questions Final.pdf
Item Status:	
Status Date:	

Satisfied - Item:	UPD
Comments:	
Attachment(s):	PY2027 SuppDoc_UniquePlanDesign_DocumentationandJustification.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Consumer Friendly Summary Document for Rate Filing
Comments:	
Attachment(s):	Consumer Friendly Summary Document for Rate Filings 20260605.pdf
Item Status:	
Status Date:	



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.

Kaiser Foundation Health Plan of the Northwest

E0SGDED0127, E0SG3TPOSD0127, E0SGKPPDED0127, E0SGDED5TD0127, E0SGHDHP0127, E0SGKPP0127, E0SGTRAD0127

Name of Company

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

Luke Hampton

Digitally signed by: Luke Hampton
 DN: CN = Luke Hampton
 Date: 2026.05.14 11:00:59 -07'00'

5/14/2026

Signature of authorized filer

Date

Luke Hampton, ASA, MAAA

500 NE Multanomah

Print name of authorized filer

Address of Company or authorized filer

Sr. Actuarial Manager

Portland OR, 97232

Title

City State ZIP

503-314-2590

luke.w.hampton@kp.org

Direct telephone number of authorized filer

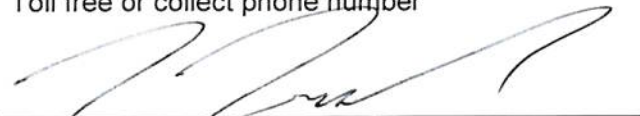
Email address of authorized filer

1-803-812-2000

NA

Toll free or collect phone number

Fax number of authorized filer



CFO KPWW

Signature of authorized officer

Officer Title

Luke Rodenbach

5/21/2026

Print name of authorized officer

Date

Your **2027** Renewal

A BETTER WAY TO MANAGE RENEWALS

<First Name><Last Name>
 <Group Address 1>
 <Group Address 2>
 <City>, <State> <Zip Code>

<Month day, year>

Group ID: <Group ID>
 Renewal Effective Date: <Renewal Date>

<First Name><Last Name>
 <Group Name>

Renewal Medical Monthly Premium: <Renewal Medical Monthly Premium>

Current Medical Monthly Premium: <Current Medical Monthly Premium>

% Change: <% Change>

\$ Change: <\$ Change>

Renewal Dental Monthly Premium: <Renewal Dental Monthly Premium>

Current Dental Monthly Premium: <Current Dental Monthly Premium>

% Change: <% Change>

\$ Change: <\$ Change>

Important information about your renewal

- If you'd like to renew your current plan(s), there's nothing you need to do.
- **Premium change** — The **2027** premium estimate shown above is based on your group's current enrollment and may change depending on the number of employees and dependents who actually enroll.
- **Your invoice for the first month of new coverage will reflect the new monthly premium.**
- Information on alternative plan options that could decrease your premium is included.
- You can find a summary of these benefit and cost share changes in the Plan Updates at <https://account.kp.org/business/employer/oregon-sw-washington/support-materials/renewal-documents>.

What you need to do:

- Review the enclosed renewal packet and supporting documents located [here](#) to select the plan(s) that best meet your employees needs.
- You can visit the website below to view a more detailed description of the benefit coverage you have chosen for your employees. There, you will find a few sample scenarios explaining how your coverage works and what you might pay for common services. <https://healthy.kaiserpermanente.org/oregon-washington/support/forms/health-plans/small-groups-summary-benefits-coverage.html>

Thank you for your continued business. We value your partnership and are committed to the health of your employees.

All
 plans
 offered
 and
 underwr
 itten by
 Kaiser
 Founda
 tion
 Health

If you haven't registered for a secure account yet, go to business.kp.org for instructions.

It's easy to get online access to your invoice information and all the other great tools and information available to help you manage your Kaiser Permanente

Need help?

Contact your broker or Account Manager, <AM Name>, at <AM Phone> or <AM Email>.

All plans offered and underwritten by
Kaiser Foundation Health Plan of the Northwest

May 29, 2026

To: DEPARTMENT OF CONSUMER & BUSINESS SERVICES
INSURANCE DIVISION
350 WINTER STREET NE, ROOM 440
SALEM, OR 97301-3883

From: Kaiser Foundation Health Plan of the Northwest
500 N.E. Multnomah St., Suite 100
Portland, OR 97232-2099

Carrier Contact Person: Luke Hampton, ASA, Sr. Actuarial Manager
Carrier Contact Phone: (503) 314-2590

Subject: Small Group Rate Filing Description
Standard Master Contract Numbers: EOSGDED0127, EOSG3TPOSEDED0127,
EOSGKPPDED0127, EOSGDEDSTD0127, EOSGHDHP0127, EOSGKPP0127,
EOSGTRAD0127
Previous SERFF Filing Number: KFNW-134500659
Approval Date: September 26th
HIOS Identifiers: 71287OR043, 71287OR065, 71287OR066, 71287OR067

Dear Mr. Sink,

Enclosed for your review is our Small Group Rate Filing effective January 1, 2027 through December 31, 2027.

We are requesting an average change in per member per month rates of 9.5% for these annual rates that last for a 12-month duration. These average rates do not indicate that every group's rate will increase or decrease by these amounts, as rates are affected by the ages of those covered, family coverage, and the date of policy renewal. We have estimated that small group rate changes will range between 5.4% and 19.0%, including the impact of benefit changes.

Oregon small group membership is 25,354 as of March 2026. We expect minimal membership change between the experience and projection period.

For this filing, we are reporting the financial position of the Kaiser Foundation Health Plan of the Northwest only, instead of a combined health plan and hospital report. This is consistent with our statutory reporting, medical loss ratio reporting, and our previous small group rate filings.

All plans offered and underwritten by
Kaiser Foundation Health Plan of the Northwest

The average annual increase for each quarter included in this filing as well as the membership associated with each quarter is shown in the table below.

2027 Rate Effective Date	Requested Annual Rate Change From Last Effective Date	Minimum Rate Change	Maximum Rate Change	Experience Period Member Months
January	8.9%	5.4%	15.4%	89,094
April	9.5%	6.1%	15.9%	38,474
July	10.1%	6.7%	16.8%	49,850
October	9.7%	6.1%	19.0%	129,281
Total	9.5%	5.4%	19.0%	306,699

2025 Projection vs Actual

In our approved rate filing effective Jan. 2025, we projected the following financial results for 2025.

- Claims costs: 83.3%
- Administrative costs: 16.2%
- Risk Adj Payment: -6.1%
- Total Profit: 0.5%

Actual results for this period were as follows.

- Claims costs: 91.8%
- Administrative costs: 9.6%
- UW Margin: -1.5%
- Projected Risk Adj Payable -5.6%
- Total Profit -7.1%

The primary driver of the difference between expected and actual results was higher than expected claims cost.

Plan Modifications and Discontinuations

No plans are being discontinued in 2027.



All plans offered and underwritten by
Kaiser Foundation Health Plan of the Northwest

Plan Description and Plan Status (Renewing vs New Plan)

Plan ID	Marketing Name	Metal Tier	Plan Status
71287OR0430011	KP Oregon Standard Gold Plan	Gold	Renewal
71287OR0430014	KP Oregon Standard Silver Plan	Silver	Renewal
71287OR0430018	KP Oregon Standard Bronze Plan	Bronze	Renewal
71287OR0650007	KP OR Bronze HSA 7800	Bronze	Renewal
71287OR0650001	KP OR Bronze 7000	Bronze	Renewal
71287OR0660001	KP OR Bronze Added Choice 7000	Bronze	Renewal
71287OR0660004	KP OR Bronze Added Choice OOA 7000	Bronze	Renewal
71287OR0670001	KP OR Bronze KP Plus 7000	Bronze	Renewal
71287OR0650004	KP OR Bronze 9700	Bronze	Renewal
71287OR0650010	KP OR Gold 0	Gold	Renewal
71287OR0650013	KP OR Gold 1000	Gold	Renewal
71287OR0660007	KP OR Gold Added Choice 1500	Gold	Renewal
71287OR0670004	KP OR Gold KP Plus 1000	Gold	Renewal
71287OR0660013	KP OR Gold Added Choice OOA 1500	Gold	Renewal
71287OR0650016	KP OR Gold 1500	Gold	Renewal
71287OR0650019	KP OR Gold 2000	Gold	Renewal
71287OR0670013	KP OR Gold KP Plus 2000	Gold	New
71287OR0650049	KP OR Gold 5500	Gold	New
71287OR0660010	KP OR Gold Added Choice 500	Gold	Renewal
71287OR0660016	KP OR Gold Added Choice OOA 500	Gold	Renewal
71287OR0650046	KP OR Gold HSA 1900	Gold	Renewal
71287OR0650022	KP OR Platinum 0	Platinum	Renewal
71287OR0670007	KP OR Platinum KP Plus 0	Platinum	Renewal
71287OR0650025	KP OR Platinum 250	Platinum	Renewal
71287OR0660019	KP OR Platinum Added Choice 250	Platinum	Renewal
71287OR0660022	KP OR Platinum Added Choice OOA 250	Platinum	Renewal
71287OR0650028	KP OR Platinum 500	Platinum	Renewal
71287OR0650031	KP OR Silver 3000	Silver	Renewal
71287OR0660025	KP OR Silver Added Choice 3000	Silver	Renewal
71287OR0660031	KP OR Silver Added Choice OOA 3000	Silver	Renewal
71287OR0670010	KP OR Silver KP Plus 3000	Silver	Renewal
71287OR0650043	KP OR Silver HSA 3800	Silver	Renewal
71287OR0650034	KP OR Silver 4000	Silver	Renewal
71287OR0660028	KP OR Silver Added Choice 4000	Silver	Renewal
71287OR0660034	KP OR Silver Added Choice OOA 4000	Silver	Renewal
71287OR0650037	KP OR Silver 5000	Silver	Renewal
71287OR0650040	KP OR Silver 6000	Silver	Renewal
71287OR0650008	KP OR Bronze HSA 7800 w/VX	Bronze	Renewal
71287OR0650002	KP OR Bronze 7000 w/VX	Bronze	Renewal
71287OR0660002	KP OR Bronze Added Choice 7000 w/VX	Bronze	Renewal
71287OR0660005	KP OR Bronze Added Choice OOA 7000 w/VX	Bronze	Renewal
71287OR0670002	KP OR Bronze KP Plus 7000 w/VX	Bronze	Renewal
71287OR0650005	KP OR Bronze 9700 w/VX	Bronze	Renewal
71287OR0650011	KP OR Gold 0 w/VX	Gold	Renewal
71287OR0650014	KP OR Gold 1000 w/VX	Gold	Renewal
71287OR0660008	KP OR Gold Added Choice 1500 w/VX	Gold	Renewal
71287OR0670005	KP OR Gold KP Plus 1000 w/VX	Gold	Renewal
71287OR0660014	KP OR Gold Added Choice OOA 1500 w/VX	Gold	Renewal
71287OR0650017	KP OR Gold 1500 w/VX	Gold	Renewal
71287OR0650020	KP OR Gold 2000 w/VX	Gold	Renewal
71287OR0670014	KP OR Gold KP Plus 2000 w/VX	Gold	New
71287OR0650050	KP OR Gold 5500 w/VX	Gold	New
71287OR0660011	KP OR Gold Added Choice 500 w/VX	Gold	Renewal



All plans offered and underwritten by
Kaiser Foundation Health Plan of the Northwest

Plan ID	Marketing Name	Metal Tier	Plan Status
71287OR0660017	KP OR Gold Added Choice OOA 500 w/VX	Gold	Renewal
71287OR0650047	KP OR Gold HSA 1900 w/VX	Gold	Renewal
71287OR0650023	KP OR Platinum 0 w/VX	Platinum	Renewal
71287OR0670008	KP OR Platinum KP Plus 0 w/VX	Platinum	Renewal
71287OR0650026	KP OR Platinum 250 w/VX	Platinum	Renewal
71287OR0660020	KP OR Platinum Added Choice 250 w/VX	Platinum	Renewal
71287OR0660023	KP OR Platinum Added Choice OOA 250 w/VX	Platinum	Renewal
71287OR0650029	KP OR Platinum 500 w/VX	Platinum	Renewal
71287OR0650032	KP OR Silver 3000 w/VX	Silver	Renewal
71287OR0660026	KP OR Silver Added Choice 3000 w/VX	Silver	Renewal
71287OR0660032	KP OR Silver Added Choice OOA 3000 w/VX	Silver	Renewal
71287OR0670011	KP OR Silver KP Plus 3000 w/VX	Silver	Renewal
71287OR0650044	KP OR Silver HSA 3800 w/VX	Silver	Renewal
71287OR0650035	KP OR Silver 4000 w/VX	Silver	Renewal
71287OR0660029	KP OR Silver Added Choice 4000 w/VX	Silver	Renewal
71287OR0660035	KP OR Silver Added Choice OOA 4000 w/VX	Silver	Renewal
71287OR0650038	KP OR Silver 5000 w/VX	Silver	Renewal
71287OR0650041	KP OR Silver 6000 w/VX	Silver	Renewal
71287OR0650009	KP OR Bronze HSA 7800 w/VX & Massage	Bronze	Renewal
71287OR0650003	KP OR Bronze 7000 w/VX & Massage	Bronze	Renewal
71287OR0660003	KP OR Bronze Added Choice 7000 w/VX & Massage	Bronze	Renewal
71287OR0660006	KP OR Bronze Added Choice OOA 7000 w/VX & Massage	Bronze	Renewal
71287OR0670003	KP OR Bronze KP Plus 7000 w/VX & Massage	Bronze	Renewal
71287OR0650006	KP OR Bronze 9700 w/VX & Massage	Bronze	Renewal
71287OR0650012	KP OR Gold 0 w/VX & Massage	Gold	Renewal
71287OR0650015	KP OR Gold 1000 w/VX & Massage	Gold	Renewal
71287OR0660009	KP OR Gold Added Choice 1500 w/VX & Massage	Gold	Renewal
71287OR0670006	KP OR Gold KP Plus 1000 w/VX & Massage	Gold	Renewal
71287OR0660015	KP OR Gold Added Choice OOA 1500 w/VX & Massage	Gold	Renewal
71287OR0650018	KP OR Gold 1500 w/VX & Massage	Gold	Renewal
71287OR0650021	KP OR Gold 2000 w/VX & Massage	Gold	Renewal
71287OR0670015	KP OR Gold KP Plus 2000 w/VX & Massage	Gold	New
71287OR0650051	KP OR Gold 5500 w/VX & Massage	Gold	New
71287OR0660012	KP OR Gold Added Choice 500 w/VX & Massage	Gold	Renewal
71287OR0660018	KP OR Gold Added Choice OOA 500 w/VX & Massage	Gold	Renewal
71287OR0650048	KP OR Gold HSA 1900 w/VX & Massage	Gold	Renewal
71287OR0650024	KP OR Platinum 0 w/VX & Massage	Platinum	Renewal
71287OR0670009	KP OR Platinum KP Plus 0 w/VX & Massage	Platinum	Renewal
71287OR0650027	KP OR Platinum 250 w/VX & Massage	Platinum	Renewal
71287OR0660021	KP OR Platinum Added Choice 250 w/VX & Massage	Platinum	Renewal
71287OR0660024	KP OR Platinum Added Choice OOA 250 w/VX & Massage	Platinum	Renewal
71287OR0650030	KP OR Platinum 500 w/VX & Massage	Platinum	Renewal
71287OR0650033	KP OR Silver 3000 w/VX & Massage	Silver	Renewal
71287OR0660027	KP OR Silver Added Choice 3000 w/VX & Massage	Silver	Renewal
71287OR0660033	KP OR Silver Added Choice OOA 3000 w/VX & Massage	Silver	Renewal
71287OR0670012	KP OR Silver KP Plus 3000 w/VX & Massage	Silver	Renewal
71287OR0650045	KP OR Silver HSA 3800 w/VX & Massage	Silver	Renewal
71287OR0650036	KP OR Silver 4000 w/VX & Massage	Silver	Renewal
71287OR0660030	KP OR Silver Added Choice 4000 w/VX & Massage	Silver	Renewal
71287OR0660036	KP OR Silver Added Choice OOA 4000 w/VX & Massage	Silver	Renewal
71287OR0650039	KP OR Silver 5000 w/VX & Massage	Silver	Renewal
71287OR0650042	KP OR Silver 6000 w/VX & Massage	Silver	Renewal

All plans offered and underwritten by
Kaiser Foundation Health Plan of the Northwest

Rating Factor Changes

There are no rating factor changes for 2027.

Benefit or Administrative Changes

There are no benefit or administrative changes for 2027.

Please let me know if you have any questions about this filing.

Sincerely,



Luke Hampton, ASA
Actuarial Services

DEVELOPMENT OF RATE CHANGE

Company Name: Kaiser Foundation Health Plan

Market: Small Group

Effective Date: 1/1/2027

Experience Period (2025)

Rating Period (2027)

	Experience:	Total	PMPM	% of Revenue	
(A)	Experience Period Member Months	306,699	na	na	Data
(B)	Expected Member Months in the Rating Period	304,332	na	na	Data
(C)	Experience Period Premium	\$173,350,455	\$565.21	100.0%	Data
(D)	Experience Period Completed Incurred Claims	\$159,212,634	\$519.12	91.8%	Data
(E)	Average Benefit Factor in Exp Period	0.83			Assumption
(F)	Experience Period Completed Allowed Claims	\$192,122,812	\$626.42		Calculation
(G)	Adjustments (EHB and non-EHB)	-\$888,693	-\$2.90	-0.5%	Data
(H)	Adjustment for Large Claim	\$0	\$0.00		
(I)	Adjusted Incurred Allowed Claims (full EHB only)	\$191,234,120	\$623.52	110.3%	Data
(J)	Experience Period Medical Loss Ratio	91.8%	na	na	Calculation

	Claims development:	Total	PMPM	% of Revenue	
(K)	Adjusted Incurred Allowed Claims (H)	\$191,234,120	\$623.52	110.3%	Data
(L)	Months of Trend	24	na	na	Calculation
(N)	Trend Factor	1.135	na	na	Assumption
(P)	Change in Morbidity	1.000	na	na	Assumption
(Q)	Change in Util	0.986	na	na	Assumption
(R)	Util Impact	1.154	na	na	Assumption
(S)	Risk Adjustment		-\$47.91		Assumption
(T)	Projected Allowed Claims	\$261,611,605	\$852.99	na	Calculation
(U)	Projected Plan Factor	0.686			Assumption
(V)	Non EHBs	1,981,908	\$6.46		Assumption
(W)	Projected Incurred Paid Claims	\$181,490,358	\$591.75	90.4%	Calculation

	Admin Development	Total	PMPM	% of Revenue	
(X)	Administrative Expenses	\$9,015,475	29.40	4.5%	Assumption
(Y)	Commissions	\$5,109,973	16.66	2.5%	Assumption
(Z)	Taxes and Fees	\$4,177,411	13.62	2.1%	Data
(AA)	Total Administrative Costs¹	\$18,302,859	59.68	9.1%	Calculation

	Proposed Base Rate Development:	Total	PMPM	% of Revenue	
(AA)	Projected Incurred Claims	\$180,089,676	\$591.75	90.4%	Calculation
(AB)	Total Administrative Costs	\$18,161,604	59.68	9.1%	Calculation
(AC)	Margin / Profit	\$996,730	3.28	0.5%	Calculation
(AD)	2027 Avg Premium	\$199,248,010	\$654.71	100.0%	Calculation

	2027 Rate Increase	Total	PMPM	% of Revenue	
(AE)	2027 Avg Premium	\$199,248,010	\$654.71		Calculation
(AF)	Non EHB	\$1,966,612	\$6.46		Assumption
(AH)	Admin on Non EHB w Admin		\$0.70		Calculation
(AI)	Non EHB w Admin Load	\$2,179,226	\$7.16		Calculation
(AJ)	2027 Avg Premium EHB Only	\$197,068,784	\$647.55		Calculation
(AM)	Age Calibration	0.691			Assumption
(AN)	Area Calibration	1.000			Assumption
(AQ)	Avg Age 21 Calibrated Rate	\$136,174,135	\$447.45		Calculation
(AR)	Provider Network	1.002			Assumption
(AS)	Avg Cost Sharing Design	0.684			Assumption
(AT)	2027 Age 21 Base Rate	\$198,457,142	\$652.11		Calculation
(AU)	Avg 2027 network Factor	1.002			Assumption
(AV)	Avg 2027 Cost Sharing Design	0.684			Assumption
(AW)	Non EHB w Admin Load		7.16		Calculation
(AX)	Age Calibration	0.691			Assumption
(AY)	Area Calibration	1.000			Assumption
(AZ)	2027 Area 1 Avg Age 21 Rate		\$452.40		Calculation
(BA)	2026 Area 1 Avg Age 21 Rate		\$415.82		Calculation
(BB)	Area 1 Q1 Requested Rate Increase	\$11,131,375	\$36.58	8.80%	Calculation
(BC)	Target Medical Loss Ratio			90.38%	Calculation
(BD)	Federal MLR Calculation			93.04%	Calculation

Notes:

Exhibit 3 show a slightly different rate increase as exhibit 3 uses rates at the plan level which are rounded to the nearest dollar.

The difference between Exhibit 1 and Exhibit 3 is also partially driven by the weighting the increase across plans by membership vs revenue.

For details on how row (BB) is calculated please see exhibit AM 17 in the actuarial memorandum.

Covered Benefit or Plan Design Changes - 2027

PLAN NAME	KP OR Platinum 0	KP OR Platinum KP Plus 0	KP OR Gold 0	KP OR Platinum 250
Deductible Individual / Family	\$0/\$0	\$0/\$0	\$0/\$0	\$250/\$500
Out of Pocket Individual / Family	\$4700/\$9400	\$4700/\$9400	\$11000/\$22000	\$5300/\$10600
PCP Office Visits	\$20, \$5 first 3 combined	\$20, \$5 first 3 combined	\$30, \$5 first 3 combined	\$25, \$5 first 3 combined
Specialty Office Visits	\$30	\$30	\$60	\$35
Preventive Office Visits	\$0	\$0	\$0	\$0
X-Ray	\$30	\$30	\$40	\$30
Lab	\$20	\$20	\$30	\$20
CT,MRI,PET	\$75	\$75	\$300	15% coin after ded
Outpatient Surgery	\$200	\$200	\$300	15% coin after ded
Mental Health/Substance Abuse Outpatient	\$20, \$5 first 3 combined	\$20, \$5 first 3 combined	\$30, \$5 first 3 combined	\$25, \$5 first 3 combined
Inpatient Hospital	\$300 per day, up to \$1500 per admit	\$300 per day, up to \$1500 per admit	\$500 per day, up to \$2500 per admit	15% coin after ded
Emergency Room	\$150	\$150	\$500	15% coin after ded
Urgent Care	\$40	\$40	\$60	\$45
Ambulance	\$200	\$200	\$200	15% coin after ded
Durable Medical Equipment	20%	20%	40%	15% coin after ded
Therapies	\$30	\$30	\$50	\$35
Skilled Nursing Facility	\$300 per day, up to \$1500 per admit	\$300 per day, up to \$1500 per admit	\$500 per day, up to \$2500 per admit	15% coin after ded
Drug Deductible	N/A	N/A	N/A	N/A
Generic	\$5	\$5	\$20	\$10
Brand	\$20	\$20	\$60	\$25
Non-Preferred Brand	50%	50%	50%	50%
Specialty Drugs	50%	50%	50%	50%

Notes

Cost share changes from 2027 are highlighted in blue

Covered Benefit or Plan Design Changes - 2027

PLAN NAME	KP OR Platinum 500	KP OR Gold 1000	KP OR Gold KP Plus 1000	KP OR Gold 1500
Deductible Individual / Family	\$500/\$1000	\$1000/\$2000	\$1000/\$2000	\$1500/\$3000
Out of Pocket Individual / Family	\$6500/\$13000	\$10000/\$20000	\$10000/\$20000	\$9500/\$19000
PCP Office Visits	\$25, \$5 first 3 combined	\$25, \$5 first 3 combined	\$25, \$5 first 3 combined	\$35, \$5 first 3 combined
Specialty Office Visits	\$35	\$50	\$50	\$55
Preventive Office Visits	\$0	\$0	\$0	\$0
X-Ray	\$30	\$40	\$40	\$45
Lab	\$20	\$20	\$20	\$35
CT,MRI,PET	20% coin after ded	\$300	\$300	\$300
Outpatient Surgery	20% coin after ded	25% coin after ded	25% coin after ded	30% coin after ded
Mental Health/Substance Abuse Outpatient	\$20, \$5 first 3 combined	\$20, \$5 first 3 combined	\$20, \$5 first 3 combined	\$35, \$5 first 3 combined
Inpatient Hospital	20% coin after ded	25% coin after ded	25% coin after ded	30% coin after ded
Emergency Room	20% coin after ded	25% coin after ded	25% coin after ded	30% coin after ded
Urgent Care	\$45	\$60	\$60	\$65
Ambulance	20% coin after ded	25% coin after ded	25% coin after ded	30% coin after ded
Durable Medical Equipment	20% coin after ded	25% coin after ded	25% coin after ded	30% coin after ded
Therapies	\$35	\$50	\$50	\$55
Skilled Nursing Facility	20% coin after ded	25% coin after ded	25% coin after ded	30% coin after ded
Drug Deductible	N/A	N/A	N/A	N/A
Generic	\$10	\$15	\$15	\$15
Brand	\$25	\$60	\$60	\$50
Non-Preferred Brand	50%	50%	50%	\$75
Specialty Drugs	50%	50%	50%	50%

Notes

Cost share changes from 2027 are highlighted in blue

Covered Benefit or Plan Design Changes - 2027

PLAN NAME	KP OR Gold 2000	KP OR Gold KP Plus 2000	KP OR Silver 3000/45	KP OR Silver KP Plus 3000
Deductible Individual / Family	\$2000/\$4000	\$2000/\$4000	\$3000/\$6000	\$3000/\$6000
Out of Pocket Individual / Family	\$9500/\$19000	\$9500/\$19000	\$11000/\$22000	\$11000/\$22000
PCP Office Visits	\$35, \$5 first 3 combined	\$35, \$5 first 3 combined	\$40, \$5 first 3 combined	\$40, \$5 first 3 combined
Specialty Office Visits	\$60	\$60	\$60	\$60
Preventive Office Visits	\$0	\$0	\$0	\$0
X-Ray	\$45	\$45	\$50	\$50
Lab	\$35	\$35	\$40	\$40
CT,MRI,PET	\$250	\$250	40% coin after ded	40% coin after ded
Outpatient Surgery	30% coin after ded	30% coin after ded	40% coin after ded	40% coin after ded
Mental Health/Substance Abuse Outpatient	\$35, \$5 first 3 combined	\$35, \$5 first 3 combined	\$45, \$5 first 3 combined	\$45, \$5 first 3 combined
Inpatient Hospital	30% coin after ded	30% coin after ded	40% coin after ded	40% coin after ded
Emergency Room	30% coin after ded	30% coin after ded	40% coin after ded	40% coin after ded
Urgent Care	\$70	\$70	\$70	\$70
Ambulance	30% coin after ded	30% coin after ded	40% coin after ded	40% coin after ded
Durable Medical Equipment	30% coin after ded	30% coin after ded	40% coin after ded	40% coin after ded
Therapies	\$60	\$60	\$60	\$60
Skilled Nursing Facility	30% coin after ded	30% coin after ded	40% coin after ded	40% coin after ded
Drug Deductible	N/A	N/A	N/A	N/A
Generic	\$15	\$15	\$30	\$30
Brand	\$50	\$50	\$65	\$65
Non-Preferred Brand	50%	50%	50%	50%
Specialty Drugs	50%	50%	50% coin after ded	50% coin after ded

Notes

Cost share changes from 2027 are highlighted in blue

Covered Benefit or Plan Design Changes - 2027

PLAN NAME	KP OR Silver 4000	KP OR Silver 5000	KP OR Gold 5500	KP OR Silver 6000
Deductible Individual / Family	\$4000/\$8000	\$5000/\$10000	\$5500/\$11000	\$6000/\$12000
Out of Pocket Individual / Family	\$11000/\$22000	\$11000/\$22000	\$10500/\$21000	\$11800/\$23600
PCP Office Visits	\$45, \$5 first 3 combined	\$50, \$5 first 3 combined	\$20, \$5 first 3 combined	\$50, \$5 first 3 combined
Specialty Office Visits	\$60	\$70	\$40	\$70
Preventive Office Visits	\$0	\$0	\$0	\$0
X-Ray	\$45	\$50 after ded	\$20	40% coin after ded
Lab	\$40	\$50	\$20	\$60
CT,MRI,PET	40% coin after ded	40% coin after ded	20% coin after ded	40% coin after ded
Outpatient Surgery	40% coin after ded	40% coin after ded	20% coin after ded	40% coin after ded
Mental Health/Substance Abuse Outpatient	\$45, \$5 first 3 combined	\$50, \$5 first 3 combined	\$20, \$5 first 3 combined	\$50, \$5 first 3 combined
Inpatient Hospital	40% coin after ded	40% coin after ded	20% coin after ded	40% coin after ded
Emergency Room	40% coin after ded	40% coin after ded	20% coin after ded	40% coin after ded
Urgent Care	\$70	\$80	\$50	35% coin after ded
Ambulance	40% coin after ded	40% coin after ded	20% coin after ded	40% coin after ded
Durable Medical Equipment	40% coin after ded	40% coin after ded	20% coin after ded	40% coin after ded
Therapies	\$60	\$70	\$40	\$75
Skilled Nursing Facility	40% coin after ded	40% coin after ded	20% coin after ded	40% coin after ded
Drug Deductible	N/A	N/A	N/A	N/A
Generic	\$30	\$30	\$10	\$30
Brand	\$60	\$60	\$50	\$75
Non-Preferred Brand	50% after deductible	50% after deductible	50%	50% after deductible
Specialty Drugs	50% after deductible	50% after deductible	50%	50% after deductible

Notes

Cost share changes from 2027 are highlighted in blue

Covered Benefit or Plan Design Changes - 2027

PLAN NAME	KP OR Bronze 7000	KP OR Bronze KP Plus 7000	KP OR Bronze 9700	KP OR Silver HSA 3600
Deductible Individual / Family	\$7000/\$14000	\$7000/\$14000	\$9700/\$19400	\$3800/\$7600
Out of Pocket Individual / Family	\$10500/\$21000	\$10500/\$21000	\$9700/\$19400	\$8800/\$17600
PCP Office Visits	\$55, \$5 first 3 combined	\$55, \$5 first 3 combined	First 3 \$5, then 0% after ded	\$5 after ded first 3 combined, then 25% after ded
Specialty Office Visits	\$75 Copay after deductible	\$75 Copay after deductible	0% coin after ded	25% coin after ded
Preventive Office Visits	\$0	\$0	\$0	\$0
X-Ray	40% coin after ded	40% coin after ded	0% coin after ded	25% coin after ded
Lab	\$30	\$30	0% coin after ded	25% coin after ded
CT,MRI,PET	40% coin after ded	40% coin after ded	0% coin after ded	25% coin after ded
Outpatient Surgery	40% coin after ded	40% coin after ded	0% coin after ded	25% coin after ded
Mental Health/Substance Abuse Outpatient	\$55, \$5 first 3 combined	\$55, \$5 first 3 combined	First 3 \$5, then 0% after ded	\$5 after ded first 3 combined, then 25% after ded
Inpatient Hospital	40% coin after ded	40% coin after ded	0% coin after ded	25% coin after ded
Emergency Room	40% coin after ded	40% coin after ded	0% coin after ded	25% coin after ded
Urgent Care	40% coin after ded	40% coin after ded	0% coin after ded	25% coin after ded
Ambulance	40% coin after ded	40% coin after ded	0% coin after ded	25% coin after ded
Durable Medical Equipment	40% coin after ded	40% coin after ded	0% coin after ded	25% coin after ded
Therapies	\$75 Copay after deductible	\$75 Copay after deductible	0% coin after ded	25% coin after ded
Skilled Nursing Facility	40% coin after ded	40% coin after ded	0% coin after ded	25% coin after ded
Drug Deductible	N/A	N/A	N/A	N/A
Generic	\$30	\$30	\$30	\$20 Copay after deductible
Brand	\$60	\$100	0% coin after ded	\$50 Copay after deductible
Non-Preferred Brand	50% after deductible	50% after deductible	0% coin after ded	50% coin after ded
Specialty Drugs	50% after deductible	50% after deductible	0% coin after ded	50% coin after ded

Notes

Cost share changes from 2027 are highlighted in blue

Covered Benefit or Plan Design Changes - 2027

PLAN NAME	KP OR Bronze HSA 7800	KP OR Gold HSA 1900
Deductible Individual / Family	\$7800/\$15600	\$1900/\$3800
Out of Pocket Individual / Family	\$7800/\$15600	\$6000/\$12000
PCP Office Visits	0% coin after ded	\$5 after ded first 3 combined, then 20% after ded
Specialty Office Visits	0% coin after ded	20% coin after ded
Preventive Office Visits	\$0	20% coin after ded
X-Ray	0% coin after ded	20% coin after ded
Lab	0% coin after ded	20% coin after ded
CT,MRI,PET	0% coin after ded	20% coin after ded
Outpatient Surgery	0% coin after ded	20% coin after ded
Mental Health/Substance Abuse Outpatient	0% coin after ded	\$5 after ded first 3 combined, then 20% after ded
Inpatient Hospital	0% coin after ded	20% coin after ded
Emergency Room	0% coin after ded	20% coin after ded
Urgent Care	0% coin after ded	20% coin after ded
Ambulance	0% coin after ded	20% coin after ded
Durable Medical Equipment	0% coin after ded	20% coin after ded
Therapies	0% coin after ded	20% coin after ded
Skilled Nursing Facility	0% coin after ded	20% coin after ded
Drug Deductible	N/A	20% coin after ded
Generic	0% coin after ded	\$20 after ded
Brand	0% coin after ded	20% coin after ded
Non-Preferred Brand	0% coin after ded	50% coin after ded
Specialty Drugs	0% coin after ded	50% coin after ded

Notes

Cost share changes from 2027 are highlighted in blue

Covered Benefit or Plan Design Changes - 2027

PLAN NAME	KP OR Platinum Added Choice 250		
Deductible Individual / Family	\$250/\$500	\$500/\$1000	\$750/\$1500
Out of Pocket Individual / Family	\$5300/\$10600	\$6400/\$12800	\$8000/\$16000
PCP Office Visits	\$25, \$5 first 3 combined	\$35	35% coin after ded
Specialty Office Visits	\$35	\$45	35% coin after ded
Preventive Office Visits	\$0	\$0	35% coin after ded
X-Ray	\$50	\$60	35% coin after ded
Lab	\$25	\$35	35% coin after ded
CT,MRI,PET	15% coin after ded	25% coin after ded	35% coin after ded
Outpatient Surgery	15% coin after ded	25% coin after ded	35% coin after ded
Mental Health/Substance Abuse Outpatient	\$25, \$5 first 3 combined	\$35	35% coin after ded
Inpatient Hospital	15% coin after ded	25% coin after ded	35% coin after ded
Emergency Room	15% coin after ded	10% coin after ded	10% coin after ded
Urgent Care	\$45	\$55	35% coin after ded
Ambulance	15% coin after ded	Not Covered	15% coin after ded
Durable Medical Equipment	15% coin after ded	25% coin after ded	35% coin after ded
Therapies	\$35	\$45	35% coin after ded
Skilled Nursing Facility	15% coin after ded	25% coin after ded	35% coin after ded
Drug Deductible	N/A	N/A	N/A
Generic	\$15	Not Covered	\$20
Brand	\$30	Not Covered	\$40
Non-Preferred Brand	50%	Not Covered	50%
Specialty Drugs	50%	Not Covered	50%

Notes

Cost share changes from 2027 are highlighted in blue

Covered Benefit or Plan Design Changes - 2027

PLAN NAME	KP OR Gold Added Choice 500		
	\$500/\$1000	\$1500/\$3000	\$4500/\$9000
Deductible Individual / Family	\$7700/\$15400	\$10000/\$20000	\$11500/\$23000
Out of Pocket Individual / Family			
PCP Office Visits	\$35, \$5 first 3 combined	\$60	50% coin after ded
Specialty Office Visits	\$55	\$80	50% coin after ded
Preventive Office Visits	\$0	\$0	50% coin after ded
X-Ray	\$45	40% coin after ded	50% coin after ded
Lab	\$35	40% coin after ded	50% coin after ded
CT,MRI,PET	30% coin after ded	50% coin after ded	50% coin after ded
Outpatient Surgery	30% coin after ded	50% coin after ded	50% coin after ded
Mental Health/Substance Abuse Outpatient	\$35, \$5 first 3 combined	\$60	50% coin after ded
Inpatient Hospital	30% coin after ded	50% coin after ded	50% coin after ded
Emergency Room	30% coin after ded	30% coin after ded	30% coin after ded
Urgent Care	\$65	\$90	50% coin after ded
Ambulance	30% coin after ded	Not Covered	50% coin after ded
Durable Medical Equipment	30% coin after ded	50% coin after ded	50% coin after ded
Therapies	\$55	\$80	50% coin after ded
Skilled Nursing Facility	30% coin after ded	50% coin after ded	50% coin after ded
Drug Deductible	N/A	N/A	N/A
Generic	\$10	Not Covered	\$25
Brand	\$25	Not Covered	\$75
Non-Preferred Brand	\$50	Not Covered	50%
Specialty Drugs	50%	Not Covered	50%

Notes

Cost share changes from 2027 are highlighted in blue

Covered Benefit or Plan Design Changes - 2027

PLAN NAME	KP OR Gold Added Choice 1500		
	\$1500/\$3000 \$8500/\$17000	\$2000/\$4000 \$10500/\$21000	\$6000/\$12000 \$12000/\$24000
Deductible Individual / Family	\$25, \$5 first 3 combined	\$45	50% coin after ded
Out of Pocket Individual / Family	\$50	\$70	50% coin after ded
PCP Office Visits	\$0	\$0	50% coin after ded
Specialty Office Visits	\$20	40% coin after ded	50% coin after ded
Preventive Office Visits	\$20	40% coin after ded	50% coin after ded
X-Ray	\$300	40% coin after ded	50% coin after ded
Lab	25% coin after ded	40% coin after ded	50% coin after ded
CT,MRI,PET			
Outpatient Surgery			
Mental Health/Substance Abuse Outpatient	\$20, \$5 first 3 combined	\$40	50% coin after ded
Inpatient Hospital	25% coin after ded	40% coin after ded	50% coin after ded
Emergency Room	25% coin after ded	25% coin after ded	25% coin after ded
Urgent Care	\$60	\$80	50% coin after ded
Ambulance	25% coin after ded	Not Covered	25% coin after ded
Durable Medical Equipment	25% coin after ded	40% coin after ded	50% coin after ded
Therapies	\$50	\$70	50% coin after ded
Skilled Nursing Facility	25% coin after ded	40% coin after ded	50% coin after ded
Drug Deductible	N/A	N/A	N/A
Generic	\$15	Not Covered	\$30
Brand	\$50	Not Covered	\$75
Non-Preferred Brand	50%	Not Covered	50%
Specialty Drugs	50%	Not Covered	50%

Notes

Cost share changes from 2027 are highlighted in blue

Covered Benefit or Plan Design Changes - 2027

PLAN NAME	KP OR Silver Added Choice 3000		
Deductible Individual / Family	\$3000/\$6000	\$5000/\$10000	\$7000/\$14000
Out of Pocket Individual / Family	\$10500/\$21000	\$11500/\$23000	\$14000/\$28000
PCP Office Visits	\$45, \$5 first 3 combined	\$60	50% coin after ded
Specialty Office Visits	\$60	\$75	50% coin after ded
Preventive Office Visits	\$0	\$0	50% coin after ded
X-Ray	\$50	45% coin after ded	50% coin after ded
Lab	\$45	45% coin after ded	50% coin after ded
CT,MRI,PET	40% coin after ded	45% coin after ded	50% coin after ded
Outpatient Surgery	40% coin after ded	45% coin after ded	50% coin after ded
Mental Health/Substance Abuse Outpatient	\$45, \$5 first 3 combined	\$60	50% coin after ded
Inpatient Hospital	40% coin after ded	45% coin after ded	50% coin after ded
Emergency Room	40% coin after ded	40% coin after ded	40% coin after ded
Urgent Care	\$70	\$85	50% coin after ded
Ambulance	40% coin after ded	Not Covered	30% coin after ded
Durable Medical Equipment	40% coin after ded	45% coin after ded	50% coin after ded
Therapies	\$60	\$75	50% coin after ded
Skilled Nursing Facility	40% coin after ded	45% coin after ded	50% coin after ded
Drug Deductible	N/A	N/A	N/A
Generic	\$30	Not Covered	\$40
Brand	\$65	Not Covered	\$75
Non-Preferred Brand	50%	Not Covered	50%
Specialty Drugs	50% after deductible	Not Covered	50% after deductible

Notes

Cost share changes from 2027 are highlighted in blue

Covered Benefit or Plan Design Changes - 2027

PLAN NAME	KP OR Bronze Added Choice 7000		
	\$7000/\$14000	\$9000/\$18000	\$11000/\$22000
Deductible Individual / Family	\$7000/\$14000	\$9000/\$18000	\$11000/\$22000
Out of Pocket Individual / Family	\$10500/\$21000	\$10500/\$21000	\$15000/\$30000
PCP Office Visits	\$60, \$5 first 3 combined	\$75	50% coin after ded
Specialty Office Visits	\$80 Copay after deductible	\$100 Copay after deductible	50% coin after ded
Preventive Office Visits	\$0	\$0	50% coin after ded
X-Ray	40% coin after ded	45% coin after ded	50% coin after ded
Lab	\$30	45% coin after ded	50% coin after ded
CT,MRI,PET	40% coin after ded	45% coin after ded	50% coin after ded
Outpatient Surgery	40% coin after ded	45% coin after ded	50% coin after ded
Mental Health/Substance Abuse Outpatient	\$60, \$5 first 3 combined	\$75	50% coin after ded
Inpatient Hospital	40% coin after ded	45% coin after ded	50% coin after ded
Emergency Room	40% coin after ded	40% coin after ded	40% coin after ded
Urgent Care	40% coin after ded	45% coin after ded	50% coin after ded
Ambulance	40% coin after ded	Not Covered	30% coin after ded
Durable Medical Equipment	40% coin after ded	45% coin after ded	50% coin after ded
Therapies	\$80 Copay after deductible	\$100 Copay after deductible	50% coin after ded
Skilled Nursing Facility	40% coin after ded	45% coin after ded	50% coin after ded
Drug Deductible	N/A	N/A	N/A
Generic	\$30	Not Covered	\$45
Brand	\$100	Not Covered	\$120
Non-Preferred Brand	50% after deductible	Not Covered	50% after deductible
Specialty Drugs	50% after deductible	Not Covered	50% after deductible

Notes

Cost share changes from 2027 are highlighted in blue

Covered Benefit or Plan Design Changes - 2027

PLAN NAME	KP OR Silver Added Choice 4000		
Deductible Individual / Family	\$4000/\$8000	\$6000/\$12000	\$7000/\$14000
Out of Pocket Individual / Family	\$10300/\$20600	\$11000/\$22000	\$14000/\$28000
PCP Office Visits	\$45, \$5 first 3 combined	\$60	50% coin after ded
Specialty Office Visits	\$60	\$70	50% coin after ded
Preventive Office Visits	\$0	\$0	50% coin after ded
X-Ray	\$45	45% coin after ded	50% coin after ded
Lab	\$45	45% coin after ded	50% coin after ded
CT,MRI,PET	40% coin after ded	45% coin after ded	50% coin after ded
Outpatient Surgery	40% coin after ded	45% coin after ded	50% coin after ded
Mental Health/Substance Abuse Outpatient	\$45, \$5 first 3 combined	\$60	50% coin after ded
Inpatient Hospital	40% coin after ded	45% coin after ded	50% coin after ded
Emergency Room	40% coin after ded	40% coin after ded	40% coin after ded
Urgent Care	\$70	\$80	50% coin after ded
Ambulance	40% coin after ded	Not Covered	30% coin after ded
Durable Medical Equipment	40% coin after ded	45% coin after ded	50% coin after ded
Therapies	\$60	\$70	50% coin after ded
Skilled Nursing Facility	40% coin after ded	45% coin after ded	50% coin after ded
Drug Deductible	N/A	N/A	N/A
Generic	\$30	Not Covered	\$40
Brand	\$60	Not Covered	\$70
Non-Preferred Brand	50% after deductible	Not Covered	50% after deductible
Specialty Drugs	50% after deductible	Not Covered	50% after deductible

Notes

Cost share changes from 2027 are highlighted in blue

Covered Benefit or Plan Design Changes - 2027

PLAN NAME	KP OR Platinum Added Choice OOA 250		
Deductible Individual / Family	\$250/\$500	\$250/\$500	\$750/\$1500
Out of Pocket Individual / Family	\$5300/\$10600	\$5300/\$10600	\$7500/\$15000
PCP Office Visits	\$25, \$5 first 3 combined	\$25	35% coin after ded
Specialty Office Visits	\$35	\$35	35% coin after ded
Preventive Office Visits	\$0	\$0	35% coin after ded
X-Ray	\$35	\$35	35% coin after ded
Lab	\$25	\$25	35% coin after ded
CT,MRI,PET	15% coin after ded	\$100	35% coin after ded
Outpatient Surgery	15% coin after ded	15% coin after ded	35% coin after ded
Mental Health/Substance Abuse Outpatient	\$25, \$5 first 3 combined	\$25	35% coin after ded
Inpatient Hospital	15% coin after ded	15% coin after ded	35% coin after ded
Emergency Room	15% coin after ded	15% coin after ded	15% coin after ded
Urgent Care	\$45	\$45	35% coin after ded
Ambulance	15% coin after ded	15% coin after ded	10% coin after ded
Durable Medical Equipment	15% coin after ded	15% coin after ded	35% coin after ded
Therapies	\$35	\$35	35% coin after ded
Skilled Nursing Facility	15% coin after ded	15% coin after ded	35% coin after ded
Drug Deductible	N/A	N/A	N/A
Generic	\$15	Not Covered	\$15
Brand	\$30	Not Covered	\$30
Non-Preferred Brand	50%	Not Covered	50%
Specialty Drugs	50%	Not Covered	50%

Notes

Cost share changes from 2027 are highlighted in blue

Covered Benefit or Plan Design Changes - 2027

PLAN NAME	KP OR Gold Added Choice OOA 500		
	\$500/\$1000 \$8000/\$16000	\$500/\$1000 \$8000/\$16000	\$4500/\$9000 \$11500/\$23000
Deductible Individual / Family			
Out of Pocket Individual / Family			
PCP Office Visits	\$35, \$5 first 3 combined	\$35	50% coin after ded
Specialty Office Visits	\$55	\$55	50% coin after ded
Preventive Office Visits	\$0	\$0	50% coin after ded
X-Ray	\$40	\$40	50% coin after ded
Lab	\$35	\$35	50% coin after ded
CT,MRI,PET	\$250 Copay after deductible	\$250 Copay after deductible	50% coin after ded
Outpatient Surgery	35% coin after ded	35% coin after ded	50% coin after ded
Mental Health/Substance Abuse Outpatient	\$35, \$5 first 3 combined	\$35	50% coin after ded
Inpatient Hospital	35% coin after ded	35% coin after ded	50% coin after ded
Emergency Room	35% coin after ded	35% coin after ded	35% coin after ded
Urgent Care	\$65	\$65	50% coin after ded
Ambulance	35% coin after ded	35% coin after ded	35% coin after ded
Durable Medical Equipment	35% coin after ded	35% coin after ded	50% coin after ded
Therapies	\$55	\$55	50% coin after ded
Skilled Nursing Facility	35% coin after ded	35% coin after ded	50% coin after ded
Drug Deductible	N/A	N/A	N/A
Generic	\$15	Not Covered	\$15
Brand	\$30	Not Covered	\$30
Non-Preferred Brand	50%	Not Covered	50%
Specialty Drugs	50%	Not Covered	50%

Notes

Cost share changes from 2027 are highlighted in blue

Covered Benefit or Plan Design Changes - 2027

PLAN NAME	KP OR Gold Added Choice OOA 1500		
Deductible Individual / Family	\$1500/\$3000	\$1500/\$3000	\$6000/\$12000
Out of Pocket Individual / Family	\$8500/\$17000	\$8500/\$17000	\$12000/\$24000
PCP Office Visits	\$30, \$5 first 3 combined	\$30	50% coin after ded
Specialty Office Visits	\$55	\$55	50% coin after ded
Preventive Office Visits	\$0	\$0	50% coin after ded
X-Ray	\$35	\$35	50% coin after ded
Lab	\$35	\$35	50% coin after ded
CT,MRI,PET	\$300	\$300	50% coin after ded
Outpatient Surgery	35% coin after ded	35% coin after ded	50% coin after ded
Mental Health/Substance Abuse Outpatient	\$30, \$5 first 3 combined	\$30	50% coin after ded
Inpatient Hospital	35% coin after ded	35% coin after ded	50% coin after ded
Emergency Room	35% coin after ded	35% coin after ded	35% coin after ded
Urgent Care	\$65	\$65	50% coin after ded
Ambulance	35% coin after ded	35% coin after ded	35% coin after ded
Durable Medical Equipment	35% coin after ded	35% coin after ded	50% coin after ded
Therapies	\$45	\$45	50% coin after ded
Skilled Nursing Facility	35% coin after ded	35% coin after ded	50% coin after ded
Drug Deductible	N/A	N/A	N/A
Generic	\$15	Not Covered	\$15
Brand	\$30	Not Covered	\$30
Non-Preferred Brand	\$60	Not Covered	\$60
Specialty Drugs	50%	Not Covered	50%

Notes

Cost share changes from 2027 are highlighted in blue

Covered Benefit or Plan Design Changes - 2027

PLAN NAME	KP OR Silver Added Choice OOA 3000		
Deductible Individual / Family	\$3000/\$6000	\$3000/\$6000	\$7000/\$14000
Out of Pocket Individual / Family	\$11000/\$22000	\$11000/\$22000	\$14000/\$28000
PCP Office Visits	\$45,\$5 first 3 combined	\$45	50% coin after ded
Specialty Office Visits	\$60	\$60	50% coin after ded
Preventive Office Visits	\$0	\$0	50% coin after ded
X-Ray	\$50	\$50	50% coin after ded
Lab	\$45	\$45	50% coin after ded
CT,MRI,PET	40% coin after ded	40% coin after ded	50% coin after ded
Outpatient Surgery	40% coin after ded	40% coin after ded	50% coin after ded
Mental Health/Substance Abuse Outpatient	\$45,\$5 first 3 combined	\$45	50% coin after ded
Inpatient Hospital	40% coin after ded	40% coin after ded	50% coin after ded
Emergency Room	40% coin after ded	40% coin after ded	40% coin after ded
Urgent Care	\$70	\$70	50% coin after ded
Ambulance	40% coin after ded	40% coin after ded	50% coin after ded
Durable Medical Equipment	40% coin after ded	40% coin after ded	50% coin after ded
Therapies	\$60	\$60	50% coin after ded
Skilled Nursing Facility	40% coin after ded	40% coin after ded	50% coin after ded
Drug Deductible	N/A	N/A	N/A
Generic	\$30	Not Covered	\$40
Brand	\$75	Not Covered	\$75
Non-Preferred Brand	50%	Not Covered	50%
Specialty Drugs	50% after deductible	Not Covered	50% after deductible

Notes

Cost share changes from 2027 are highlighted in blue

Covered Benefit or Plan Design Changes - 2027

PLAN NAME	KP OR Silver Added Choice OOA 4000		
Deductible Individual / Family	\$4000/\$8000	\$4000/\$8000	\$7000/\$14000
Out of Pocket Individual / Family	\$10500/\$21000	\$10500/\$21000	\$14000/\$28000
PCP Office Visits	\$45, \$5 first 3 combined	\$45	50% coin after ded
Specialty Office Visits	\$60	\$60	50% coin after ded
Preventive Office Visits	\$0	\$0	50% coin after ded
X-Ray	\$45	\$45	50% coin after ded
Lab	\$45	\$45	50% coin after ded
CT,MRI,PET	45% coin after ded	45% coin after ded	50% coin after ded
Outpatient Surgery	45% coin after ded	45% coin after ded	50% coin after ded
Mental Health/Substance Abuse Outpatient	\$45, \$5 first 3 combined	\$45	50% coin after ded
Inpatient Hospital	45% coin after ded	45% coin after ded	50% coin after ded
Emergency Room	45% coin after ded	45% coin after ded	45% coin after ded
Urgent Care	\$70	\$70	50% coin after ded
Ambulance	45% coin after ded	45% coin after ded	45% coin after ded
Durable Medical Equipment	45% coin after ded	45% coin after ded	50% coin after ded
Therapies	\$60	\$60	50% coin after ded
Skilled Nursing Facility	45% coin after ded	45% coin after ded	50% coin after ded
Drug Deductible	N/A	N/A	N/A
Generic	\$30	Not Covered	\$30
Brand	\$75	Not Covered	\$75
Non-Preferred Brand	50% after deductible	Not Covered	50% after deductible
Specialty Drugs	50% after deductible	Not Covered	50% after deductible

Notes

Cost share changes from 2027 are highlighted in blue

Covered Benefit or Plan Design Changes - 2027

PLAN NAME	KP OR Bronze Added Choice OOA 7000		
Deductible Individual / Family	\$7000/\$14000	\$7000/\$14000	\$11000/\$22000
Out of Pocket Individual / Family	\$10500/\$21000	\$10500/\$21000	\$15000/\$30000
PCP Office Visits	\$60, \$5 first 3 combined	\$60	50% coin after ded
Specialty Office Visits	\$80 Copay after deductible	\$80 Copay after deductible	50% coin after ded
Preventive Office Visits	\$0	\$0	50% coin after ded
X-Ray	45% coin after ded	45% coin after ded	50% coin after ded
Lab	\$30	45% coin after ded	50% coin after ded
CT,MRI,PET	45% coin after ded	45% coin after ded	50% coin after ded
Outpatient Surgery	45% coin after ded	45% coin after ded	50% coin after ded
Mental Health/Substance Abuse Outpatient	\$60, \$5 first 3 combined	\$60	50% coin after ded
Inpatient Hospital	45% coin after ded	45% coin after ded	50% coin after ded
Emergency Room	45% coin after ded	45% coin after ded	45% coin after ded
Urgent Care	45% coin after ded	45% coin after ded	50% coin after ded
Ambulance	45% coin after ded	45% coin after ded	45% coin after ded
Durable Medical Equipment	45% coin after ded	45% coin after ded	50% coin after ded
Therapies	\$80 Copay after deductible	\$80 Copay after deductible	50% coin after ded
Skilled Nursing Facility	45% coin after ded	45% coin after ded	50% coin after ded
Drug Deductible	N/A	N/A	N/A
Generic	\$30	Not Covered	\$30
Brand	\$100	Not Covered	\$100
Non-Preferred Brand	50% after deductible	Not Covered	50% after deductible
Specialty Drugs	50% after deductible	Not Covered	50% after deductible

Notes

Cost share changes from 2027 are highlighted in blue

AVERAGE ANNUAL RATE CHANGE

Company Name: Kaiser Foundation Health Plan

Market: Small Group

Effective Date: 1/1/2027

2027 Rate Effective Date	Requested Annual Rate Change From Last Effective Date	Minimum Rate Change	Maximum Rate Change	Experience Period Member Months
January	8.9%	5.4%	15.4%	89,094
April	9.5%	6.1%	15.9%	38,474
July	10.1%	6.7%	16.8%	49,850
October	9.7%	6.1%	19.0%	129,281
Total	9.5%	5.4%	19.0%	306,699

Distribution of rate changes (across all effective dates)

Rate increase	Distribution	Members
LT 5%	0.0%	0
5% to 8%	16.4%	3,165
8% to 11%	68.2%	13,163
11% to 14%	8.1%	1,567
14% to 17%	5.9%	1,136
17% to 20%	1.4%	266
GT 20%	0.0%	0

Estimate of Contributing Factors in the Rate Request

Contributing Factors	Magnitude of Impact
Paid Claims Experience & Trend	18.0%
Change in Risk Adjustment	-0.4%
Administrative expenses	-5.1%
HIP Fee	0.0%
Plan Design Changes	-2.6%
Change in Margin	0.0%
Other	-0.3%
Total	9.5%

Kaiser Foundation Health Plan of the Northwest
Market: Small Group
Exhibit 4: 2022 Trend Information and Projection

Month	Member Months	Allowed Claims PMPM																																	
		Total				Inpatient Hospital						Outpatient Hospital						Professional						Other Medical						Prescription Drug					
		Allowed (PMPM)	6-Month Trend	12-Month Trend	% Change	Allowed (PMPM)	6-Month Trend	12-Month Trend	% Change	Allowed (PMPM)	6-Month Trend	12-Month Trend	% Change	Allowed (PMPM)	6-Month Trend	12-Month Trend	% Change	Allowed (PMPM)	6-Month Trend	12-Month Trend	% Change	Allowed (PMPM)	6-Month Trend	12-Month Trend	% Change										
20201	28,448	\$468.52			\$101.96			\$688.62			\$244.54		\$688.62			\$244.54		\$688.62			\$688.62			\$688.62											
20202	28,317	\$414.76			\$81.01			\$609.06			\$235.50		\$609.06			\$235.50		\$609.06			\$609.06			\$609.06											
20203	28,188	\$510.24			\$98.05			\$78.71			\$268.59		\$78.71			\$268.59		\$78.71			\$78.71			\$78.71											
20204	28,035	\$453.25			\$86.03			\$668.03			\$238.41		\$668.03			\$238.41		\$668.03			\$668.03			\$668.03											
20205	28,037	\$599.59			\$90.82			\$106.77			\$326.05		\$106.77			\$326.05		\$106.77			\$106.77			\$106.77											
20206	27,959	\$556.52			\$116.85			\$80.64			\$283.59		\$80.64			\$283.59		\$80.64			\$80.64			\$80.64											
20207	27,880	\$516.15			\$100.09			\$89.53			\$274.74		\$89.53			\$274.74		\$89.53			\$89.53			\$89.53											
20208	27,853	\$521.42			\$95.94			\$75.75			\$281.57		\$75.75			\$281.57		\$75.75			\$75.75			\$75.75											
20209	27,728	\$513.04			\$59.14			\$64.02			\$316.25		\$64.02			\$316.25		\$64.02			\$64.02			\$64.02											
20210	27,485	\$600.08			\$115.42			\$95.52			\$316.26		\$95.52			\$316.26		\$95.52			\$95.52			\$95.52											
20211	27,786	\$537.29			\$72.72			\$91.89			\$306.07		\$91.89			\$306.07		\$91.89			\$91.89			\$91.89											
20212	27,725	\$530.31	7.2%		\$92.58	-1.4%		\$78.33	5.1%		\$285.82	10.6%			\$285.82	10.6%				\$92.58	-6.3%		\$92.58	10.5%											
202401	27,254	\$597.22	8.2%		\$82.09	-4.7%		\$203.81	23.8%		\$253.13	9.3%			\$253.13	9.3%				\$82.09	-12.9%		\$82.09	5.1%											
202402	27,169	\$490.97	3.5%		\$75.68	-15.8%		\$76.02	22.2%		\$270.50	5.6%			\$270.50	5.6%				\$75.68	-13.0%		\$75.68	2.5%											
202403	27,191	\$542.14	4.4%		\$81.42	-5.4%		\$84.34	30.1%		\$298.48	1.6%			\$298.48	1.6%				\$81.42	-11.2%		\$81.42	0.7%											
202404	27,121	\$513.95	-2.9%		\$64.51	-18.8%		\$86.30	21.5%		\$287.00	-4.5%			\$287.00	-4.5%				\$64.51	-25.5%		\$64.51	0.9%											
202405	27,020	\$554.39	-6.5%		\$97.85	-12.1%		\$84.64	23.0%		\$285.79	-4.0%			\$285.79	-4.0%				\$97.85	-15.7%		\$97.85	3.4%											
202406	27,151	\$521.66	0.1%		\$99.69	-6.8%		\$88.80	25.7%		\$263.35	-5.4%			\$263.35	-5.4%				\$99.69	-5.8%		\$99.69	2.8%											
202407	26,922	\$610.12	-2.0%		\$127.06	5.3%		\$100.02	-14.8%		\$300.36	-2.5%			\$300.36	-2.5%				\$127.06	3.2%		\$127.06	11.2%											
202408	26,826	\$561.40	1.1%		\$75.19	9.4%		\$98.28	-11.2%		\$307.97	0.3%			\$307.97	0.3%				\$75.19	14.7%		\$75.19	12.1%											
202409	26,770	\$624.33	2.7%		\$105.17	9.3%		\$107.79	-10.4%		\$321.71	2.8%			\$321.71	2.8%				\$105.17	15.5%		\$105.17	12.8%											
202410	26,510	\$643.10	9.4%		\$102.63	29.3%		\$90.16	-8.5%		\$343.37	7.9%			\$343.37	7.9%				\$102.63	42.4%		\$102.63	16.7%											
202411	26,424	\$554.75	8.9%		\$46.91	12.6%		\$107.08	-3.5%		\$317.56	9.8%			\$317.56	9.8%				\$46.91	36.7%		\$46.91	15.5%											
202412	26,355	\$594.44	11.4%	9.4%	\$61.59	3.5%	-5.0%	\$81.42	2.2%	24.8%	\$355.42	16.8%	7.7%		\$355.42	16.8%	7.7%			\$61.59	2.0%		\$61.59	21.8%											
202501	25,935	\$690.84	15.9%	8.7%	\$138.10	-3.0%	1.1%	\$121.03	16.6%	2.0%	\$356.23	16.9%	10.4%		\$356.23	16.9%	10.4%			\$138.10	12.8%	2.2%	\$138.10	17.7%	24.0%										
202502	25,733	\$595.79	12.1%	9.0%	\$109.59	3.3%	2.0%	\$90.83	10.4%	2.7%	\$322.10	15.2%	10.8%		\$322.10	15.2%	10.8%			\$109.59	-4.7%	4.3%	\$109.59	15.9%	22.5%										
202503	25,624	\$584.29	8.2%	9.2%	\$86.57	-4.2%	4.0%	\$95.80	3.6%	3.2%	\$322.30	13.5%	10.6%		\$322.30	13.5%	10.6%			\$86.57	-11.9%	4.7%	\$86.57	12.6%	20.3%										
202504	25,537	\$640.25	4.1%	10.1%	\$105.45	-9.7%	10.2%	\$114.17	7.1%	4.0%	\$314.17	9.2%	12.5%		\$314.17	9.2%	12.5%			\$105.45	-29.2%	3.9%	\$105.45	1.7%	18.2%										
202505	25,590	\$599.93	5.4%	11.5%	\$94.07	7.0%	9.1%	\$92.89	0.6%	6.8%	\$330.79	9.2%	12.5%		\$330.79	9.2%	12.5%			\$94.07	-33.5%	4.1%	\$94.07	0.7%	19.0%										
202506	25,634	\$616.80	3.9%	13.6%	\$107.84	23.8%	11.7%	\$90.66	3.3%	6.2%	\$334.71	3.0%	15.3%		\$334.71	3.0%	15.3%			\$107.84	-24.6%	5.5%	\$107.84	-9.3%	21.5%										
202507	25,474	\$624.17	-0.2%	12.2%	\$99.10	13.9%	6.3%	\$109.76	-2.1%	6.1%	\$338.38	-1.2%	14.7%		\$338.38	-1.2%	14.7%			\$99.10	-17.5%	4.5%	\$99.10	-7.0%	19.6%										
202508	25,489	\$584.67	-1.4%	11.9%	\$82.55	2.1%	9.1%	\$96.37	0.0%	3.8%	\$326.11	-1.7%	14.4%		\$326.11	-1.7%	14.4%			\$82.55	-1.1%	3.8%	\$82.55	-6.1%	18.7%										
202509	25,501	\$732.64	3.7%	11.6%	\$165.32	20.0%	10.1%	\$121.94	6.8%	1.2%	\$354.56	-0.1%	15.0%		\$354.56	-0.1%	15.0%			\$165.32	3.8%	-2.7%	\$165.32	-3.3%	17.4%										
202510	25,500	\$650.73	4.1%	11.0%	\$104.12	19.0%	11.5%	\$107.57	1.5%	3.1%	\$353.40	0.8%	14.4%		\$353.40	0.8%	14.4%			\$104.12	1.9%	-8.8%	\$104.12	2.1%	10.7%										
202511	25,306	\$579.14	2.2%	11.1%	\$95.29	9.8%	19.0%	\$89.70	3.4%	0.5%	\$318.04	-0.5%	14.0%		\$318.04	-0.5%	14.0%			\$95.29	19.7%	-15.6%	\$95.29	8.5%	8.5%										
202512	25,378	\$616.85	1.6%	10.4%	\$96.07	-6.2%	22.0%	\$120.96	6.9%	3.5%	\$348.62	1.2%	11.6%		\$348.62	1.2%	11.6%			\$96.07	-13.4%	7.6%	\$96.07	7.1%	4.6%										
2025	335,509	\$518.10			\$50.25			\$80.69			\$279.57				\$279.57						\$50.25			\$50.25											
2024	322,716	\$507.11	9.5%		\$85.04	-5.8%		\$100.85	-5.8%		\$300.85	25.0%			\$300.85	25.0%				\$85.04	2.0%		\$85.04	21.7%											
2025	306,701	\$626.42	10.5%		\$103.77	22.0%		\$104.24	3.4%		\$336.54	11.8%			\$336.54	11.8%				\$103.77	-13.3%		\$103.77	4.8%											
2027	304,332	\$711.69	6.6%		\$123.67	4.2%		\$123.13	8.7%		\$379.51	8.7%			\$379.51	8.7%				\$123.67	13.4%		\$123.67	7.8%											

Note: 2025 includes a large claim in excess of \$MM.

Utilization per 1,000 Member Months

Month	Member Months	Utilization per 1,000 Member Months																																	
		Total				Inpatient Hospital						Outpatient Hospital						Professional						Other Medical						Prescription Drug					
		Claims Units	6-Month Trend	12-Month Trend	% Change	Claims Units	6-Month Trend	12-Month Trend	% Change	Claims Units	6-Month Trend	12-Month Trend	% Change	Claims Units	6-Month Trend	12-Month Trend	% Change	Claims Units	6-Month Trend	12-Month Trend	% Change	Claims Units	6-Month Trend	12-Month Trend	% Change										
20201	28,448	3.0			3.0			27.1			497.0		3.0			306.6				3.0			522.1												
20202	28,317	3.0			3.0			28.4			464.2		3.0			283.2				3.0			466.6												
20203	28,188	3.5			3.5			30.6			528.6		3.5			316.2				3.5			533.7												
20204	28,103	3.8			3.8			29.1			474.7		3.8			285.5				3.8			492.6												
20205	28,037	3.7			3.7			30.2			527.2		3.7			302.7				3.7			521.3												
20206	27,959	3.9			3.9			27.8			502.1		3.9			290.8				3.9			529.7												
20207	27,880	3.1			3.1			25.2			448.9		3.1			267.9				3.1			490.0												
20208	27,853	3.7			3.7			27.9			511.2		3.7			303.3				3.7			519.9												
20209	27,728	3.8			3.8			28.0			582.0		3.8			310.2				3.8			524.4												
20210	27,485	3.8			3.8			29.7			618.7		3.8			279.6				3.8			506.6												
20211	27,786	3.8			3.8			28.0			545.7		3.8			276.4				3.8			517.2												

STATEMENT OF ADMINISTRATIVE EXPENSES

Company Name: Kaiser Foundation Health Plan

Market: Small Group

Effective Date: 1/1/2027

Expenses	2020	2021	2022	2023	2024	2025	Fixed or Variable	2026 Filed		Fixed or Variable	Current Filing Period	
	PMPM	PMPM	PMPM	PMPM	PMPM	PMPM		PMPM	% of Premium		PMPM	% of Premium
Salaries, Wages, Employment Taxes & Other Benefits	\$43.95	\$43.99	\$47.71	\$50.33	\$40.43	\$18.86	Variable	\$43.73	7.3%	Variable	\$21.42	3.3%
Cost Depreciation: equipment, software, furniture, etc.	\$0.08	\$0.09	\$0.08	\$0.01	\$0.02	\$0.02	Variable	\$0.02	0.0%	Variable	\$0.02	0.0%
Rent (Occupancy)	\$5.02	\$2.62	\$2.99	\$2.81	\$3.42	\$1.87	Variable	\$3.70	0.6%	Variable	\$2.12	0.3%
Marketing & Advertising	\$2.86	\$2.98	\$3.30	\$3.08	\$1.87	\$0.90	Variable	\$2.02	0.3%	Variable	\$1.02	0.2%
General Office Expenses: sundries, supplies, telephone, printing, postage, etc.	\$0.60	\$0.50	\$0.49	\$0.18	\$0.61	\$0.32	Variable	\$0.66	0.1%	Variable	\$0.37	0.1%
Third Party Administration Expenses or Fees or Other Group Service Expense or Fees	\$1.03	\$1.06	\$0.82	\$0.61	\$8.30	\$3.62	Variable	\$8.98	1.5%	Variable	\$4.11	0.6%
Legal Fees and Expenses & Other Professional or Consulting Fees	\$0.77	\$0.83	\$1.07	\$1.37	\$1.53	\$0.27	Variable	\$1.65	0.3%	Variable	\$0.30	0.0%
Traveling Expenses	\$0.07	\$0.06	\$0.03	\$0.02	\$0.04	\$0.03	Variable	\$0.04	0.0%	Variable	\$0.03	0.0%
Total Expenses Incurred	\$54.37	\$52.13	\$56.49	\$58.42	\$56.21	\$25.89		\$60.79	10.1%		\$29.40	4.5%

Premium Retention	2020	2021	2022	2023	2024	2025	Fixed or Variable	2026 Filed		Fixed or Variable	Current Filing Period	
	PMPM	PMPM	PMPM	PMPM	PMPM	PMPM		PMPM	% of Premium		PMPM	% of Premium
Expenses (from above table)	\$54.37	\$52.13	\$56.49	\$58.42	\$56.21	\$25.89	Variable	\$60.79	10.1%	Variable	\$29.40	4.5%
Commissions	\$14.45	\$13.57	\$13.73	\$15.35	\$16.53	\$16.62	Variable	\$17.02	2.8%	Variable	\$16.66	2.5%
Vendor Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Variable	\$0.00	0.0%	Variable	\$0.00	0.0%
Insurer Fee	\$4.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Variable	\$0.00	0.0%	Variable	\$0.00	0.0%
Risk Adjustment Program Fee	\$0.18	\$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	\$0.00	Fixed	\$0.00	0.0%	Fixed	\$0.00	0.0%
HCR - Funding of Patient-Centered Outcomes Research Fee	\$0.22	\$0.24	\$0.25	\$0.26	\$0.26	\$0.30	Fixed	\$0.30	0.1%	Fixed	\$0.34	0.1%
Oregon Premium Tax	\$8.58	\$8.90	\$9.14	\$9.68	\$10.41	\$11.30	Fixed	\$12.03	2.0%	Fixed	\$13.10	2.0%
Oregon Exchange Fee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Variable	\$0.00	0.0%	Variable	\$0.00	0.0%
Profit/Margin								\$3.01	0.5%		\$3.28	0.5%
Total Premium Retention	\$82.17	\$75.10	\$79.86	\$83.93	\$83.62	\$54.29		\$93.36	15.5%		\$62.95	9.6%

**Kaiser Permanente of the Northwest
Small Group Plan Relativities
Effective 1/01/2027**

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
712870R0430011	KP Oregon Standard Gold Plan	Gold	82.00	Yes	0.6724	0.7048	0.0324	2027 Q1	n/a	In & Out of Exchange	1, 2, 3, 5, & 6	No
712870R0430014	KP Oregon Standard Silver Plan	Silver	71.89	Yes	0.5510	0.6032	0.0522	2027 Q1	n/a	In & Out of Exchange	1, 2, 3, 5, & 6	No
712870R0430018	KP Oregon Standard Bronze Plan	Bronze	64.64	Yes	0.4862	0.5359	0.0497	2027 Q1	n/a	In & Out of Exchange	1, 2, 3, 5, & 6	No
712870R0650007	KP OR Bronze HSA 7800	Bronze	64.91	Yes	0.4405	0.5040	0.0635	2027 Q1	n/a	In & Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0650001	KP OR Bronze 7000	Bronze	64.73	Yes	0.5169	0.5406	0.0237	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0660001	KP OR Bronze Added Choice 7000	Bronze	64.29	Yes	0.5900	0.6248	0.0348	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0660004	KP OR Bronze Added Choice OOA 7000	Bronze	64.14	Yes	0.5634	0.5961	0.0327	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0670001	KP OR Bronze KP Plus 7000	Bronze	64.73	Yes	0.5332	0.5576	0.0245	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0650004	KP OR Bronze 9700	Bronze	63.05	Yes	0.4559	0.5006	0.0447	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0650010	KP OR Gold 0	Gold	81.93	Yes	0.7062	0.7089	0.0027	2027 Q1	n/a	In & Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0650013	KP OR Gold 1000	Gold	80.87	Yes	0.6755	0.6954	0.0199	2027 Q1	n/a	In & Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0660007	KP OR Gold Added Choice 1500	Gold	80.12	Yes	0.7594	0.7993	0.0399	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0670004	KP OR Gold KP Plus 1000	Gold	80.87	Yes	0.6967	0.7173	0.0205	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0660013	KP OR Gold Added Choice OOA 1500	Gold	79.88	Yes	0.7238	0.7613	0.0375	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0650016	KP OR Gold 1500	Gold	79.00	Yes	0.6431	0.6724	0.0293	2027 Q1	n/a	In & Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0650019	KP OR Gold 2000	Gold	78.14	Yes	0.6312	0.6620	0.0308	2027 Q1	n/a	In & Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0670013	KP OR Gold KP Plus 2000	Gold	78.14	Yes	na	0.6828	na	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0650049	KP OR Gold 5500	Gold	78.17	Yes	na	0.6623	na	2027 Q1	n/a	In & Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0660010	KP OR Gold Added Choice 500	Gold	80.58	Yes	0.7636	0.8060	0.0424	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0660016	KP OR Gold Added Choice OOA 500	Gold	81.00	Yes	0.7383	0.7768	0.0386	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0650046	KP OR Gold HSA 1900	Gold	79.53	Yes	0.6100	0.6577	0.0477	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0650022	KP OR Platinum 0	Platinum	91.93	Yes	0.8091	0.8377	0.0286	2027 Q1	n/a	In & Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0670007	KP OR Platinum KP Plus 0	Platinum	91.93	Yes	0.8283	0.8641	0.0357	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0650025	KP OR Platinum 250	Platinum	89.95	Yes	0.7961	0.8083	0.0122	2027 Q1	n/a	In & Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0660019	KP OR Platinum Added Choice 250	Platinum	88.68	Yes	0.8971	0.9204	0.0233	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0660022	KP OR Platinum Added Choice OOA 250	Platinum	89.54	Yes	0.8769	0.8942	0.0173	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0650028	KP OR Platinum 500	Platinum	88.25	Yes	0.7672	0.7839	0.0167	2027 Q1	n/a	In & Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0650031	KP OR Silver 3000	Silver	71.92	Yes	0.5773	0.6078	0.0305	2027 Q1	n/a	In & Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0660025	KP OR Silver Added Choice 3000	Silver	71.31	Yes	0.6475	0.7003	0.0528	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0660031	KP OR Silver Added Choice OOA 3000	Silver	71.64	Yes	0.6242	0.6740	0.0498	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0670010	KP OR Silver KP Plus 3000	Silver	71.92	Yes	0.5955	0.6269	0.0314	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0650043	KP OR Silver HSA 3800	Silver	70.21	Yes	0.4980	0.5554	0.0575	2027 Q1	n/a	In & Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0650034	KP OR Silver 4000	Silver	70.35	Yes	0.5636	0.5907	0.0272	2027 Q1	n/a	In & Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0660028	KP OR Silver Added Choice 4000	Silver	70.26	Yes	0.6382	0.6871	0.0489	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0660034	KP OR Silver Added Choice OOA 4000	Silver	70.67	Yes	0.6164	0.6622	0.0458	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0650037	KP OR Silver 5000	Silver	68.46	Yes	0.5446	0.5708	0.0262	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0650040	KP OR Silver 6000	Silver	68.01	Yes	0.5372	0.5662	0.0290	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0650008	KP OR Bronze HSA 7800 w/VX	Bronze	64.91	Yes	0.4405	0.5040	0.0635	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0650002	KP OR Bronze 7000 w/VX	Bronze	64.73	Yes	0.5169	0.5406	0.0237	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0660002	KP OR Bronze Added Choice 7000 w/VX	Bronze	64.29	Yes	0.5900	0.6248	0.0348	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0660005	KP OR Bronze Added Choice OOA 7000 w/VX	Bronze	64.14	Yes	0.5634	0.5961	0.0327	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0670002	KP OR Bronze KP Plus 7000 w/VX	Bronze	64.73	Yes	0.5332	0.5576	0.0245	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0650005	KP OR Bronze 9700 w/VX	Bronze	63.05	Yes	0.4559	0.5006	0.0447	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0650011	KP OR Gold 0 w/VX	Gold	81.93	Yes	0.7062	0.7089	0.0027	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0650014	KP OR Gold 1000 w/VX	Gold	80.87	Yes	0.6755	0.6954	0.0199	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0660008	KP OR Gold Added Choice 1500 w/VX	Gold	80.12	Yes	0.7594	0.7993	0.0399	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0670005	KP OR Gold KP Plus 1000 w/VX	Gold	80.87	Yes	0.6967	0.7173	0.0205	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0660014	KP OR Gold Added Choice OOA 1500 w/VX	Gold	79.88	Yes	0.7238	0.7613	0.0375	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0650017	KP OR Gold 1500 w/VX	Gold	79.00	Yes	0.6431	0.6724	0.0293	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0650020	KP OR Gold 2000 w/VX	Gold	78.14	Yes	0.6312	0.6620	0.0308	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0670014	KP OR Gold KP Plus 2000 w/VX	Gold	78.14	Yes	na	0.6828	na	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0650050	KP OR Gold 5500 w/VX	Gold	78.17	Yes	na	0.6623	na	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0660011	KP OR Gold Added Choice 500 w/VX	Gold	80.58	Yes	0.7636	0.8060	0.0424	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0660017	KP OR Gold Added Choice OOA 500 w/VX	Gold	81.00	Yes	0.7383	0.7768	0.0386	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0650047	KP OR Gold HSA 1900 w/VX	Gold	79.53	Yes	0.6100	0.6577	0.0477	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0650023	KP OR Platinum 0 w/VX	Platinum	91.93	Yes	0.8091	0.8377	0.0286	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0670008	KP OR Platinum KP Plus 0 w/VX	Platinum	91.93	Yes	0.8283	0.8641	0.0357	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0650026	KP OR Platinum 250 w/VX	Platinum	89.95	Yes	0.7961	0.8083	0.0122	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0660020	KP OR Platinum Added Choice 250 w/VX	Platinum	88.68	Yes	0.8971	0.9204	0.0233	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0660023	KP OR Platinum Added Choice OOA 250 w/VX	Platinum	89.54	Yes	0.8769	0.8942	0.0173	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0650029	KP OR Platinum 500 w/VX	Platinum	88.25	Yes	0.7672	0.7839	0.0167	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0650032	KP OR Silver 3000 w/VX	Silver	71.92	Yes	0.5773	0.6078	0.0305	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0660026	KP OR Silver Added Choice 3000 w/VX	Silver	71.31	Yes	0.6475	0.7003	0.0528	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0660032	KP OR Silver Added Choice OOA 3000 w/VX	Silver	71.64	Yes	0.6242	0.6740	0.0498	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0670011	KP OR Silver KP Plus 3000 w/VX	Silver	71.92	Yes	0.5955	0.6269	0.0314	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0650044	KP OR Silver HSA 3800 w/VX	Silver	70.21	Yes	0.4980	0.5554	0.0575	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0650045	KP OR Silver 4000 w/VX	Silver	70.35	Yes	0.5636	0.5907	0.0272	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0660029	KP OR Silver Added Choice 4000 w/VX	Silver	70.26	Yes	0.6382	0.6871	0.0489	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0660035	KP OR Silver Added Choice OOA 4000 w/VX	Silver	70.67	Yes	0.6164	0.6622	0.0458	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0650038	KP OR Silver 5000 w/VX	Silver	68.46	Yes	0.5446	0.5708	0.0262	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0650041	KP OR Silver 6000 w/VX	Silver	68.01	Yes	0.5372	0.5662	0.0290	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0650009	KP OR Bronze HSA 7800 w/VX & Massage	Bronze	64.91	Yes	0.4405	0.5040	0.0635	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0650003	KP OR Bronze 7000 w/VX & Massage	Bronze	64.73	Yes	0.5169	0.5406	0.0237	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0660003	KP OR Bronze Added Choice 7000 w/VX & Massage	Bronze	64.29	Yes	0.5900	0.6248	0.0348	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0660006	KP OR Bronze Added Choice OOA 7000 w/VX & Massage	Bronze	64.14	Yes	0.5634	0.5961	0.0327	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0670003	KP OR Bronze KP Plus 7000 w/VX & Massage	Bronze	64.73	Yes	0.5332	0.5576	0.0245	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0650006	KP OR Bronze 9700 w/VX & Massage	Bronze	63.05	Yes	0.4559	0.5006	0.0447	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0650012	KP OR Gold 0 w/VX & Massage	Gold	81.93	Yes	0.7062	0.7089	0.0027	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0650015	KP OR Gold 1000 w/VX & Massage	Gold	80.87	Yes	0.6755	0.6954	0.0199	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0660009	KP OR Gold Added Choice 1500 w/VX & Massage	Gold	80.12	Yes	0.7594	0.7993	0.0399	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0670006	KP OR Gold KP Plus 1000 w/VX & Massage	Gold	80.87	Yes	0.6967	0.7173	0.0205	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0660015	KP OR Gold Added Choice OOA 1500 w/VX & Massage	Gold	79.88	Yes	0.7238	0.7613	0.0375	2027 Q1	n/a	Out of Exchange	1, 2, 3, 5, & 6	Yes
712870R0650018	KP OR Gold 1500 w/V											

Insurer's Financial Position
Kaiser Foundation Health Plan of the Northwest (KFHPNW)
2027 Oregon Rate Filings

Kaiser's strategy is focused on sustaining affordable premiums in the marketplace for our high quality health care offering. We strive to be the most affordable and highest quality offering in the market. Our focus in 2027 will be to continue to deliver on this goal. We have accomplished this without sacrificing the high quality, comprehensive care delivered to our membership each and every day.

The rate change requested in this filing is needed to keep the line of business within an acceptable range of contribution to surplus and be consistent with our long-term business strategy. It will also maintain rate stability and prevent excessive rate changes for this line of business in the future.



SUPPLEMENT FOR THE YEAR 2025 OF THE KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

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)

REPORT FOR: 1. CORPORATION

KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

2. 500 N.E. Multnomah Street, Suite 100 Portland, OR 97232-2099

(LOCATION)

Table with columns: NAIC Group Code (0601), BUSINESS IN THE STATE OF (Oregon), DURING THE YEAR (2025), NAIC Company Code (95540). Rows include Premiums (1.1-1.12), Claims (2.1-2.4), Incentives (3), Deductibles (4), Net Incurred Claims (5), Quality Expenses (6), Medical Loss Ratio (7), Claims Adjustment Expenses (8), and Claims Adjustment Expense Ratio (9).

216-1 OR

SUPPLEMENT FOR THE YEAR 2025 OF THE KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST
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	313,333	670,606	8,544,311	0	0	0	0	0	0	0	1,394,724	646,604	11,569,577	0	11,569,577
10.2 Agents and brokers fees and commissions.....	2,641,395	4,858,933	10,746,858	0	0	0	0	0	0	0	1,353,052	1,138,540	20,738,779	0	20,738,779
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	32,986	14,832	582,060	0	0	0	0	0	0	0	682,960	418,625	1,731,463	0	1,731,463
10.4 Other general and administrative expenses.....	2,247,703	766,078	46,475,613	0	0	0	0	0	0	0	19,327,684	33,946,435	102,763,513	0	102,763,513
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)	5,235,417	6,310,450	66,348,843	0	0	0	0	0	0	0	22,758,420	36,150,203	136,803,332	0	136,803,332
11. Underwriting gain/(loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	2,816,722	5,727,648	181,942,374	0	0	0	0	0	0	0	544,941	(124,435,310)	66,596,375	XXX	66,596,375
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	53,918,705	XXX	53,918,705
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	120,515,080	XXX	120,515,080
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	22,721	18,608	139,992	0	0	0	0	0	0	0	0	75,241	256,561	0	256,561
2. Number of covered lives	30,720	25,767	279,802	0	0	0	0	0	0	0	0	80,911	417,200	0	417,200
3. Number of groups	XXX	3,346	1,166	XXX	0	0	0	0	0	0	0	432	4,944	0	4,944
4. Member months	379,601	306,365	3,373,661	0	0	0	0	0	0	0	0	962,278	5,021,904	0	5,021,904

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
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	(3,245,879)	(9,682,995)	(8,392,734)	(13,091,104)
ACA Receipts and Payments				
2. Permanent ACA Risk Adjustment Program				
2.0 Premium adjustments receipts/(payments)	(11,244,841)	(5,073,981)	(27,530,457)	(10,812,229)

216-2-OR



Oregon

Tina Kotek, Governor



Division of
Financial
Regulation

Department of Consumer
and Business Services

TO: Individual and Small Group Health Benefit Plan Issuers
FROM: Tashia Sizemore, Life and Health Product Regulation Manager
DATE: April 30, 2026
RE: 2027 Standard Rate Review Questions

Insurers planning to participate in the Individual and Small Group Health Benefit Plan Market are required to provide answers to the following Standard Review questions as part of the annual rate filing. This information is due with the filing rate submission, failure to include this information may result in a determination of an incomplete filing.

1. What is the greatest financial loss and gain that the company believes is conceivable in 2026? 2027?

Based on the information in our 2027 filing a 5% change in projected claims would be approximately \$9M for the projected ACA small group pool in 2027. In addition, our 2027 projected risk adjustment could vary from our current projection by \$1M for a total loss of roughly \$10M. The magnitude was similar in 2026.

- a. Please describe the nature, extent, and results of stress testing performed in developing the proposed rates?

Stress testing consisted of assessing the impact on KFHPNW's overall financials of deviations in projected claims and risk adjustment from expected. Given the size of our SG portfolio relative to overall membership and financials, the risk of deviation from expected is not significant to the organization.

- b. How have these projections changed since last year's filing?

These projections are quite similar to 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? The average age factor for 2026 is 1.45. We do not anticipate a material change in the average age factor between 2026 and 2027.

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.

Over 12% of our spending is associated with 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. This is not applicable to small group.

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?
We estimate that approximately 50% use at least one visit.
 - b. How many consumers used all three visits in 2025?
We estimate approximately 20% use all three visits.
5. What is the load to silver plan rates attributable to the non-payment of CSRs? How is this is calculated? This is not applicable to small group.
6. What is your organizations 2025 spend on telehealth? Both the total claims dollar amount and the percent of overall claims spend? In 2025 we spent \$208M or 4.3% of claims on telehealth. Note this does not include emails between patients and care providers.
7. Has your organization experienced increased spending on abortion service with recent federal actions, or actions of other states, related to abortion access? We have not seen a meaningful increase in the level of abortions.
8. How is your organization managing healthcare workforce shortages impacting care availability generally?

Are providers requesting contract changes due to workforce shortages?

How has your organization adjusted networks to ensure adequacy?

KP has been aggressively hiring nurses and other healthcare professionals. The increased staffing level allows KP to provide increased care through its internal provider network and avoid sending patients to an external provider. KP also also launched the Kaiser Permanente at Home™ program. Kaiser Permanente at Home™ allows members to receive care for certain procedures in the comfort of their own home that would otherwise have been performed in an inpatient setting. Patients benefit from receiving care in their own home and it frees up resources.

9. How many members who were enrolled in the -05 (87% CSR) and -06 (95% CSR) silver plans did not re-enroll with your company in 2026? This is not applicable to small group.
10. For the following categories of care please provide the trend, total claim 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 Healthcare/Substance Use Disorder Services
 - b. Inpatient/hospitalization
 - c. Prescription Drug
 - d. Preventive Services
 - e. Outpatient care, not including emergency care
 - f. Emergency services

Benefit Category	Claims Spent	% of Total Claims	Trend
Mental health	\$69M	1.4%	7.9%
Inpatient/Hospitalization	\$958M	19.6%	2.8%
Prescription Drug	\$631M	12.9%	1.5%
Preventative	\$238M	4.9%	-10.7%
Outpatient	\$527M	10.8%	12.0%
Emergency Care	\$180M	3.7%	9.8%

11. What is the total dollar amount of prescription drug rebates received in the experience period? [\\$0 dollars.](#)
12. What is the percent of overall spending on in-network care vs. out-of-network care? [Out of network accounts for about 5% of our 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? [We have not experienced a meaningful increase in cost due to these diseases.](#)
14. In what ways has the company reflected federal uncertainty in the filed rates? [For small group no changes have been made due to federal uncertainty. There is uncertainty around inflation, the economy, tariffs, and the war in Iran however we did put anything for this in the filing.](#)
15. For Plan Year 2027, did your organization use any form of generalized linear model (GLM), machine learning model, or other complex statistical model in developing rating factors or projecting claims to prepare and submit this rate filing?
- If yes, please identify which categories of benefits were subjected to the model.
 - Please indicate if different models were used for different categories of benefits.
- [These models were not used in this filing.](#)
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 projected period? [The PMPM amount is \\$0.00 for both the projection and experience period.](#)
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.

[Upward Factors](#)

[Outside of experience and trend there are no significant factors that are pushing our rate increase upward. This is reflected in the “Estimate of Contributing Factors in the Rate Request” section of exhibit three where all factors except experience and trend push the increase lower.](#)

[Downward Factors](#)

- [Decrease in administrative expenses.](#)
- [Plan design changes which were largely initiated to keep plans within the metal tier range.](#)
- [Change in projected risk adjustment after favorable 2024 results.](#)

Unique Plan Design—Supporting Documentation and Justification

Issuers must fill in the following information.

Health Insurance Oversight System (HIOS) Issuer ID:

71287

HIOS Product IDs:

71287OR043, 71287OR065, 71287OR066, 71287OR067

Applicable HIOS Plan IDs (Standard Component):

71287OR0430011 71287OR0650028 71287OR0660011 71287OR0660009
71287OR0430014 71287OR0650031 71287OR0660017 71287OR0670006
71287OR0430018 71287OR0660025 71287OR0650023 71287OR0660015
71287OR0650001 71287OR0660031 71287OR0670008 71287OR0650018

Reasons the plan design is unique, that is, the reason benefits are incompatible with the parameters of the Actuarial Value (AV) Calculator and their materiality:

First three office visits have a \$5 copay prior to the deductible for non HSA plans.

Acceptable alternate method used per *Code of Federal Regulations (CFR) 156.135(b)(2)* or *156.135(b)(3)*:

156.135(b)(2)

Confirmation that only in-network cost sharing, including multitier networks, was considered:

Yes

Description of the standardized plan population data used:

The average copay was calculated using our historical utilization data.

If the method described in CFR 156.135(b)(2) was used, a description of how the benefits were modified to fit the parameters of the AV Calculator:

We used the average office visit copay rounded to nearest dollar.

If the method described in CFR 156.135(b)(3) was used, a description of the data and method used to develop the adjustments:

Certification Language:

The development of the actuarial value is based on one of the acceptable alternative methods outlined in CFR 156.135(b)(2) or 156.135(b)(3) for benefits that deviate substantially from the parameters of the AV Calculator and have a material impact on the actuarial value.

The analysis was

- (i) conducted by a member of the American Academy of Actuaries and
- (ii) performed in accordance with generally accepted actuarial principles and methods.

Actuary Signature: Luke Hampton

Digitally signed by: Luke Hampton
DN: CN = Luke Hampton
Date: 2026.05.14 11:27:49 -07'00'

Actuary Printed Name: Luke Hampton, ASA, MAAA

Date: 5/14/2026

Kaiser Foundation Health Plan of the Northwest

1. Website: kaiserpermanente.org
2. Customer Service Phone Number: 1-800-813-2000
3. SERFF Tracking Number: KFNW-134906004
4. The average change in rates is 9.5%, min rate change of 5.4% and max rate change of 19% effective 1/1/2027.
5. All 105 of our plans are impacted by this filing.
6. No plans are being discontinued, 99 are being modified, and we are adding six new plans with this filing.
7. 25,354 of covered lives are impacted by this filing.
8. There is no change to our service area included with this filing.

Drivers of the Rate Increase

Category	PMPM	Percent
Medical Trend	\$55.68	8.5%
Pharmacy Trend	\$6.55	1.0%
Recent Legislation	\$0.00	0.0%
Market Wide Uncertainty	\$0.00	0.0%
Other Significant Drivers	\$0.00	0.0%
Total	\$62.23	9.5%

3 Year History of Premium & MLR

Year	2025	2024	2023
Premium	\$173,350,455	\$167,977,336	\$162,404,722
Paid Claims	\$159,212,634	\$143,551,183	\$137,578,762
MLR	0.9184	0.8546	0.8471

Notes

The MLR is a traditional MLR calculation and not the federal MLR Calculation

9. There are no significant changes to our network or out of area coverage included in this filing.