

ACTUARIAL MEMORANDUM AND CERTIFICATION

Effective January 1, 2027

The purpose of this actuarial memorandum and certification is to provide information related to Molina Healthcare of South Carolina, Inc.'s (Molina) Part I Unified Rate Review Template submission to the South Carolina Individual Marketplace (South Carolina Marketplace).

The actuarial memorandum and certification describe Molina's rating methodology used to develop rates for Individual products offered on the South Carolina Marketplace effective January 1, 2027. Molina will not market Individual products outside of the South Carolina Marketplace.

The rate methodology and resulting premiums outlined in this Actuarial Memorandum assumes the following. Molina will seek regulatory approval to file revised rates if material changes to the regulatory environment occur.

Molina Healthcare of South Carolina, Inc. is a managed care organization that provides healthcare services to individuals eligible for Medicaid, Medicare, and Marketplace throughout the State of South Carolina. Molina Healthcare of South Carolina, Inc. is a licensed state health plan managed by its parent corporation, Molina Healthcare, Inc.

Molina Healthcare, Inc., a FORTUNE 500 company, provides managed health care services under the Medicaid and Medicare programs and through the state insurance marketplaces. Through our locally operated health plans in 20 states across the nation, Molina serves more than 5 million members. Dr. C. David Molina founded our company in 1980 as a provider organization serving low-income families in Southern California. Today, we continue his mission of providing high quality and cost-effective health care to those who need it most.

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GENERAL INFORMATION

The information below documents the company identifying and contact information entered into the general information section of Worksheet 1 of the Unified Rate Review Template (URRT).

COMPANY IDENTIFYING INFORMATION

Company Identifying Information	
Legal Name:	Molina Healthcare of South Carolina, Inc.
State:	South Carolina
HIOS Issuer ID:	42326
Market:	South Carolina Individual Marketplace
Effective Date:	January 1, 2027

COMPANY CONTACT INFORMATION

Company Contact Information	
Contact Name:	[REDACTED]
E-mail:	[REDACTED]

1 PROPOSED RATE INCREASE(S)

Molina's rate filing reflects the following rate changes by metal tier for Molina's membership. Molina has [REDACTED] members enrolled effective March 2026 and reported as of April 2026. The rate change calculation below is consistent with Worksheet 2, Section II of the URRT, which only includes members on renewing plans.

The rate changes vary by metal tier due to changes in the Actuarial Value (AV) Pricing Values assigned to each metal plan that are applied to the Plan Adjusted Index Rate.

[REDACTED]

Reason for Rate Change(s): The following factors contribute toward the overall change in the proposed rates.

- **Claims:** Projected claims for 2027 are expected to contribute toward a [REDACTED] [REDACTED] in rates due to updated base period experience claims, trend, changes in product, acuity, and demographic mix.
- **Taxes and Fees:** Taxes, fees, and retention are expected to contribute toward a [REDACTED] [REDACTED] in rates.
- **Margin:** Margins are expected to contribute toward a [REDACTED] [REDACTED] in rates at our company standard [REDACTED] after-tax profit margin.
- **Risk Transfer:** Risk transfer is expected to contribute toward a [REDACTED] [REDACTED] in rates due to differences in actual versus expected risk transfer amounts for the 2025 benefit year and expected changes in 2027 population mix.
- **Administrative Expenses:** Administrative expenses are expected to contribute toward a [REDACTED] [REDACTED] in rates due to higher plan and corporate expenses and higher expected broker commissions.
- **Membership Mix:** The membership mix from the base period to the projection period compared to the membership mix for comparable time periods from the prior year rate filing is expected to contribute toward a [REDACTED] [REDACTED] in rates.

Rate changes vary by metal tier due to changes in Actuarial Value, Cost Share Design (CSD), and Geographic factors.

2 MARKET EXPERIENCE

The single risk pool was established according to the requirements in 45 CFR 156.80. No transitional products/plans or grandfathered products are included in the development of the single risk pool.

Molina's 2025 experience in Part I of the Unified Rate Review Template (URRT) is based on [REDACTED] member months or [REDACTED] average members in the period of January 1, 2025 to December 31, 2025.

2.1 EXPERIENCE PERIOD PREMIUM AND CLAIMS

Paid Through Date: The market experience reported in Worksheet 1, Section I of the URRT represents 2025 incurred claims paid through March 2026. The completion factors applied to the 2025 claims experience were updated with data through March 2026.

Premiums (Net of MLR Rebate) in Experience Period: The premiums reported in Worksheet 1, Section I of the URRT represent the earned premium from 2025, excluding risk adjustment transfer payments for the 2025 benefit year. Earned premium does not reflect any MLR rebates. No amounts were subtracted from the earned premium for any reductions prescribed by the federal MLR formula, such as taxes and assessments.

Allowed and Incurred Claims in Experience Period: The following table reports the allowed and incurred claims during the experience period of January 1, 2025 to December 31, 2025.

[REDACTED]

Allowed claims for the experience period were obtained from the claims records by adding the plan incurred paid claims and the member cost-sharing for medical and pharmacy claims net of rebates received from drug manufacturers. The allowed claims calculation applies to both fee-for-service claims and capitation costs.

Completion factors were applied to both the allowed and incurred medical claim amounts. The completion factors were developed separately for inpatient and non-inpatient medical claims based on Molina's South Carolina Marketplace data. The IBNR factor applied to the allowed and incurred claims is [REDACTED]. IBNR factors were not applied to capitation and pharmacy claims.

All medical claims are paid through Molina's claims system. Pharmacy claims are processed through Molina's pharmacy benefit manager.

There were no federal or state reinsurance amounts to report in Worksheet 1, Section I and Section II, Worksheet 2 of the URRT.

Experience Period Premium and Experience Period Member Months in 2025 were reported in Worksheet 1, Section I and Section II, Worksheet 2 of the URRT

2.2 BENEFIT CATEGORIES

Molina assigned all experience claims to benefit categories utilizing Milliman's MedInsight Health Cost Guidelines (HCG) grouper. The following table displays the measurement units related to each benefit category.

Table 1: Benefit Categories

Benefit Category	Util Type
Inpatient Hospital	Days
Outpatient Hospital	Visits
Professional	Services
Other Medical	Services
Capitation	Benefit Period
Prescription Drug	Prescriptions

2.3 PROJECTION FACTORS

2.3.1 Trend Factors

Trend Factors: Trend factors were applied separately for unit cost and utilization and by each major benefit category shown in Worksheet 1, Section II of the URRT. The Year 1 and Year 2 trend factors represent the annual trend numbers that were used to trend the experience period claims forward 24 months from the midpoint of the base period, July 2025, to the midpoint of the projection period, July 2027.

Unit cost trends were developed by comparing anticipated changes in provider contracts between the 2025 experience period and the 2027 projection period. The contract changes were calculated for the major service categories based on fee schedule changes in each rating area.

Utilization trends were developed through a review of trends from the 2026 URRT public use files in Worksheet 1, Section II, with a focus on Individual Market plans with non-zero credibility and non-zero trend factors in states where Molina offers coverage.

The chart below shows each annual trend by category of service.

[REDACTED]

2.3.2 Adjustments to Trended EHB Allowed Claims PMPM

Morbidity Adjustment: The morbidity adjustment is comprised of an acuity factor that represents anticipated changes in Molina's single risk pool.

Changes in Acuity: The morbidity of Molina's covered population is expected to [REDACTED] between the experience period and the projection period.

An acuity adjustment of [REDACTED] was made to the 2025 experience period data to reflect expected changes in the population acuity from the 2025 experience period to the 2027 projection period.

The acuity change is measured by comparing the total metal mix-weighted risk score for the 2025 experience period population with the expected total metal mix-weighted risk score for the 2027 projection period population. Please refer to Appendix Exhibit [REDACTED].

Demographic Shift: A demographic adjustment factor was applied to the experience period claims to reflect the anticipated change in the demographic mix from the 2025 experience data to the 2027 projection period.

The anticipated demographic mix is based on a review of enrollment through [REDACTED] 2026 and projected 2027 enrollment compared to the experience period. Molina anticipates that its 2027 demographics will be consistent with its 2026 demographics for existing membership. The demographic adjustments were developed using allowed claims by age cohort normalized for differences in metal and acuity. Demographic adjustments were not made to capitation costs. The total demographic adjustment made to the 2025 experience period data is [REDACTED]. Please refer to Appendix Exhibit [REDACTED].

Geographic Adjustment: A geographic adjustment factor was applied to the experience period claims to reflect the anticipated change in the area membership mix from the 2025 experience data to the 2027 projection period. A geographic adjustment of [REDACTED] was made to the fee-for-service portion of the 2025 experience period data. Please refer to Appendix Exhibit [REDACTED].

Plan Mix Adjustment: The plan mix adjustment reflects anticipated changes in the average utilization of services due to differences in average cost-sharing requirements during the experience period and average cost-sharing requirements in the projection period. This includes changes in induced demand and the effects of selection for the single risk pool.

The 2025 claims experience by Metal and CSR variant was used to weight the 2025 membership mix against the membership mix of members enrolled in the 2027 projection period to develop a plan mix adjustment factor between the 2025 experience period and 2027 projection period.

The plan mix adjustment made to the 2025 experience period data is [REDACTED]. Please refer to Appendix Exhibit [REDACTED].

Reinsurance Recoverable Adjustment: No recovery adjustments were made to claims for large claims that exceeded the internal reinsurance threshold.

Inclusion of Capitation Payments: All capitated payments are included in the experience data and rate development.

Please refer to Appendix Exhibit **[REDACTED]** for a summary of the adjustment factors described above that were applied to the claims development.

Manual Rate Adjustments

Not Applicable.

2.4 CREDIBILITY OF EXPERIENCE

A Monte Carlo simulation was used to determine the credibility level to assign to the base period experience. The simulation used a claims probability distribution (CPD) from the Actuarial Value calculator to generate random samples of members and calculated the average annual cost for each sample.

The results showed that 60,000 member months are needed so that the average annual cost is within 10% of the mean (expected claims amount) 95% of the time.

The credibility percentage to apply to the experience data is based on experience period member months and the credibility formula below:

- 0 – 59,999 member months: 100% manual
- 60,000+ member months: 100% experience

The 2025 experience in Part I of the Unified Rate Review Template (URRT) is based on **[REDACTED]** member months resulting in a credibility percentage that is **[REDACTED]** rated. This method is consistent with the applicable American Academy of Actuaries' Actuarial Standards of Practice (ASOP) No. 25 Credibility Procedures.

2.4.1 Establishing the Index Rate

Index Rate: The index rate is developed following the specifications of 45 CFR part 156.80(d)(1). The index rate for the projection period is estimated to be **[REDACTED]**. The index rate represents the estimated total allowed claims experience for the essential health benefits within the South Carolina Marketplace. The index rate does not include adjustments for the risk adjustment and reinsurance programs or an adjustment for the South Carolina Marketplace user fee.

The projected allowed claims in Worksheet 1, Section II of the URRT is **[REDACTED]**.

[REDACTED]

3 DEVELOPMENT OF THE MARKET-WIDE ADJUSTED INDEX RATE

3.1 REINSURANCE

Not Applicable.

3.2 RISK ADJUSTMENT AND PAYMENT CHANGE

Experience Period Risk Adjustment PMPM: Molina used results from the Wakely National Risk Adjustment Reporting (WNRAR) Project to supplement internal estimates of risk scores, statewide premiums, and related risk adjustment transfer amounts. For the 2025 experience period, the estimated risk transfer [REDACTED] is [REDACTED] per member per month (PMPM) or [REDACTED].

Projected Risk Adjustments PMPM: Molina estimated the risk transfer amount for 2027 using the 2025 experience period risk transfer amounts. The 2027 risk transfer estimates were developed by projecting 2026 relative risk scores and transfer payments, then projecting 2027 relative risk scores and transfer payments. The risk transfer payment amounts in the projection period reflect expected changes in the relative risk of the population and changes to the statewide premium. The projection is based on the 2027 calibrated model. The population was grouped into the following cohorts:

- *2026 Renewal Members* – Some of Molina’s current members previously had coverage in 2025 and renewed in 2026 with Molina. Molina relied on the renewal member’s 2025 experience and risk scores to project their 2026 relative risk scores, taking into consideration any applicable changes in enrollment across metal tiers.
- *2026 New Members* – To estimate the relative risk of the 2026 new members, Molina referred to the estimated risk scores and transfer amounts from the 2025 experience period. Estimated risk scores were adjusted in consideration of the metal tier mix between the 2025 members and the 2026 new members.
- *2027 Members* – Molina assumed the 2027 members would have [REDACTED] relative risk scores compared to the 2026 members, with consideration for the metal tier mix between the two years.

The impact of the national high-risk pool fund was incorporated using 2025 claims experience and a white paper report from Wakely on the estimated high-cost risk pooling charges based on information voluntarily provided by issuers. The net impact of estimated charges and recoveries was calculated as [REDACTED] PMPM [REDACTED].

The impact of the risk adjustment data validation program was incorporated using historical error rates from the final CMS RADV results and the RADV error rate report from Wakely based on information voluntarily provided by issuers. The net impact of estimated payment was calculated as [REDACTED] PMPM [REDACTED].

The resulting 2027 risk transfer [REDACTED] estimate is [REDACTED] PMPM. Molina included [REDACTED] PMPM [REDACTED] for projected national high-risk pooling funding and [REDACTED] PMPM [REDACTED] for projected risk adjustment data validation to get a net risk transfer [REDACTED] estimate of [REDACTED] PMPM. This amount was converted from a paid to allowed basis and entered in the URRT Worksheet I, Section II.

The risk transfer receivable amounts in the projection period reflect expected changes in the relative risk of the population and changes to the statewide premium. The 14% administrative cost reduction is factored into the transfer estimates. For the summary of the 2027 risk transfer estimate development please refer to Appendix Exhibit [REDACTED].

South Carolina Marketplace Exchange Fee: South Carolina Marketplace will charge a fee of [REDACTED] of premium for Molina's members enrolled in South Carolina Marketplace. The Exchange user fee is applied at the Market Adjusted Index Rate.

Market Adjusted Index Rate: The market adjusted index rate is developed following the specifications of 45 CFR part 156.80(d)(1). Molina modified the index rate provided in URRT Worksheet I to a market adjusted index rate as seen in Appendix Exhibit [REDACTED]. The Market Adjusted Index Rate in Worksheet 1, Section II of the URRT is [REDACTED].

4 PLAN ADJUSTED INDEX RATES

The plan adjusted index rates are developed following the specifications of 45 CFR part 156.80(d)(2). The plan adjusted index rates are entered in Worksheet 2, Section IV, of the URRT. Molina calculated the plan adjusted index rates by applying plan specific level adjustments for actuarial value, cost sharing utilization, additional benefits, and administrative costs, excluding exchange user fees, to the market adjusted index rate. Please refer to Appendix Exhibit [REDACTED].

Paid to Allowed Ratio: The Paid to Allowed ratio reflects the estimated cost-sharing in the projected period. Molina relied on a commercially available AV pricing tool to evaluate the Pricing AV of each of the plan designs. This tool complies with the ACA rating rules by using a consistent population to model the Pricing AVs for each plan.

This rate methodology assumes the Cost Sharing Reduction subsidies are not funded. The Paid to Allowed ratios for the Silver 100, Silver 150 and Silver 200 plans represent the amounts without the Cost Sharing Reduction subsidies.

The Paid to Allowed ratio is the average of the AVs weighted by projected allowed claim costs. Please refer to Appendix Exhibit [REDACTED].

Actuarial Value and Cost Sharing: Please refer to Appendix Exhibit [REDACTED] for Molina's AVs and Cost Sharing Design (CSD) Adjustment factors.

Benefits in Addition to EHBs: Molina provides a chiropractic benefit which is priced at a cost of [REDACTED] PMPM. Worksheet 2, Section III of the URRT shows the chiropractic benefit in the "Benefits in addition to EHB". For the non-EHB factor please refer to Appendix Exhibit [REDACTED].

Retention Loads, excluding Exchange User Fees: All costs related to admin, profit & risk and taxes & fees, excluding the South Carolina Marketplace Fee, are calculated for each expected plan offering. Please refer to Appendix Exhibit [REDACTED].

Provider Network, Delivery System Characteristics, and Utilization Management Practices: Plan rates do not vary for variation in provider network, delivery system characteristics, or utilization management.

Provider Compensation Statement: Provider compensation does not include bonuses in addition to other payments.

Catastrophic Plans: Not Applicable.

4.1 NON-BENEFIT EXPENSES AND PROFIT & RISK

Administrative Expense Load: Administrative expenses for the Marketplace product from 2025 and 2026 were reviewed and projected forward to 2027 to develop the administrative costs required to manage the South Carolina Marketplace population. An internal administrative cost budget was developed on a PMPM basis and applied to the South Carolina Marketplace rates. Part of the total administrative expense load is a subcomponent for Quality Expenses which are administrative costs dedicated to improving health care quality for Molina Marketplace members. Please refer to Appendix Exhibit [REDACTED] for details.

Broker Commissions: Broker commissions of [REDACTED] PMPM are expected based on historical broker-sold business and a projection of new and renewing members sold through the broker channel. [REDACTED] PMPM was added for bonuses based on expected mix of business sold through the broker channel. Please refer to Appendix Exhibit [REDACTED].

Profit Margin: The target after-tax margin is [REDACTED], which aligns with Molina's company standard target. Molina's current capital and surplus did not impact the filing.

Taxes and Fees: Molina's estimated taxes and fees (excluding Exchange Fee) are [REDACTED]. The taxes and fees estimates are comprised of the following:

- **Federal Income Tax:** An estimated [REDACTED] of premiums will be paid in Federal income taxes based on an anticipated effective tax rate of [REDACTED].
- **Risk Adjustment User Fee:** [REDACTED] PMPM will be paid toward the risk adjustment user fee.
- **Premium Tax and Other Fees:** An estimated [REDACTED] will be paid toward the PCORI fee. [REDACTED] PMPM will be paid towards the state premium tax.

4.2 CALIBRATION

Age Curve Calibration: Molina calibrated the Plan Adjusted Index Rates to an age 21 rate. The average composite age factor was estimated by multiplying the population distribution by the age factors. The calibration factor is [REDACTED]. An additional adjustment was implemented in the age calibration process to account for the dependent cap where only the 3 eldest children's premiums contribute to the family premium. Please refer to Appendix Exhibit [REDACTED].

Molina estimated the average age of the single risk pool to be [REDACTED] years of age by multiplying the expected age distribution percentages by the age. Molina assumed an average age of [REDACTED] for the Age 0-14 cohort in the average age estimate and an average age of [REDACTED] for the Age 64+ cohort. Premium rates are based on the attained age as of the coverage effective date and will not be re-rated/adjusted when a birthdate occurs during the year after the coverage starts.

Geographic Factor Calibration: Molina applied geographic factors to the index rate in the calculation of region-specific rates. The geographic factors are based on the provider reimbursement expectations in each region. The calibration factor of [REDACTED] equals the weighted average geographic factor. Please refer to Appendix Exhibits [REDACTED] -[REDACTED]

Tobacco Factor Calibration: Molina does not price in a tobacco surcharge. The calibration factor is set to [REDACTED].

4.3 CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT

The Consumer Adjusted Premium Rates are calibrated to an age 21 premium with an area factor of 1.000. Only the allowable rating factors will be applied to the Consumer Adjusted Premium Rates. Please refer to Appendix Exhibit [REDACTED].

5 PROJECTED LOSS RATIO

The projected medical loss ratio (MLR) using the federally prescribed MLR methodology is for calendar year 2027 based on the ratio of projected incurred claims divided by projected revenue. The MLR result was calculated to be **[REDACTED]**. Please refer to Appendix Exhibit **[REDACTED]** for calculation details.

6 PLAN PRODUCT INFORMATION

6.1 AV METAL VALUES

All benefit plans offered meet ACA essential health benefit (EHB) requirements.

[REDACTED]

6.2 AV PRICING VALUES

AV pricing value of each plan only includes the allowable modifiers to the index rate, as described in 45 CFR Part 156, §156.80(d)(2). Cost-sharing adjustments ensure that differences due to health status were not included in the adjustment. The modifiers are applied to the index rate as shown in Exhibit **[REDACTED]**.

6.3 MEMBERSHIP PROJECTIONS

Molina is filing South Carolina Marketplace rates in **[REDACTED]** counties. The membership projection is based on anticipated new members as we are not allowed to map exchange members to off exchange plans. New membership is based on an estimate of the total number of members enrolled in South Carolina Marketplace by county. The source of new members is mostly from other carriers.

The enrollment projections by plan were based on members enrolled effective March 2026, reported as of April 2026. The baseline membership projections reflect limited membership in 2027.

Molina plans to offer its products in the counties listed by region below.

[REDACTED]

6.4 TERMINATED PRODUCTS

A summary of Molina's terminated, renewing, and new products is provided in the following table(s):

2027 Plan Portfolio:

[REDACTED]

2027 Terminated Plans:

[REDACTED]

6.5 PLAN TYPE

All benefit plans are comprehensive HMO individual products.

7 MISCELLANEOUS INSTRUCTIONS

7.1 EFFECTIVE RATE REVIEW INFORMATION

Not Applicable.

7.2 RELIANCE

Not Applicable.

ACTUARIAL CERTIFICATION

I, [REDACTED], as a member in good standing with the American Academy of Actuaries, hereby certify, to the best of my knowledge and judgment, the following: The projected index rate is:

1. In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80 and 147.102)
2. Developed in compliance with the applicable Actuarial Standards of Practice
3. Reasonable in relation to the benefits provided and the population anticipated to be covered
4. Neither excessive nor deficient

The index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.

The percent of total premium that represents essential health benefits included in Worksheet 2, Section III was calculated in accordance with actuarial standards of practice.

The geographic rating factors reflect only differences in the costs of delivery and do not include differences for population morbidity by geographic area.

The 2027 AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template.

[REDACTED]

[REDACTED]
[REDACTED]
Molina Healthcare

July 10, 2026

Date

8 EXHIBITS

[REDACTED]