

## **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 Ohio, Inc.'s (Molina) Part I Unified Rate Review Template submission to the Ohio Department of Insurance.

The actuarial memorandum and certification describe Molina's rating methodology used to develop rates for Individual products offered in Ohio effective January 1, 2027.

Molina Healthcare of Ohio, Inc. is a managed care organization that provides healthcare services to individuals eligible for Medicaid, Medicare, and Marketplace throughout the State of Ohio. Molina Healthcare of Ohio, 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.

200 Oceangate ♦ Suite 100 ♦ Long Beach, CA ♦ 800.526.8196

**MolinaHealthcare.com**

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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).

Effective January 1, 2027, Molina proposes to offer one off-exchange-only plan in OH. More details are available in other sections of this Actuarial Memorandum.

## COMPANY IDENTIFYING INFORMATION

| Company Identifying Information |                                 |
|---------------------------------|---------------------------------|
| Legal Name:                     | Molina Healthcare of Ohio, Inc. |
| State:                          | Ohio                            |
| HIOS Issuer ID:                 | 64353                           |
| Market:                         | Ohio Individual Marketplace     |
| Effective Date:                 | January 1, 2027                 |

## COMPANY CONTACT INFORMATION

| Company Contact Information |                                |
|-----------------------------|--------------------------------|
| Contact Name:               | Yaohua Ji                      |
| E-mail:                     | Yaohua.ji@molinahealthcare.com |

## 1 PROPOSED RATE INCREASE(S)

Molina's filed 2027 rates will be effective January 1, 2027 and apply through December 31, 2027.

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

Table 1: Rate Change by Plan ID

|            |
|------------|
| [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] 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] in rates.
- **Margin:** Margins are expected to contribute toward a [REDACTED] in rates at our company standard 3.0% after-tax profit margin.
- **Risk Transfer:** Risk transfer is expected to contribute toward a [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] in rates due to higher plan, corporate and QA expenses, offset by zero 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 [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.

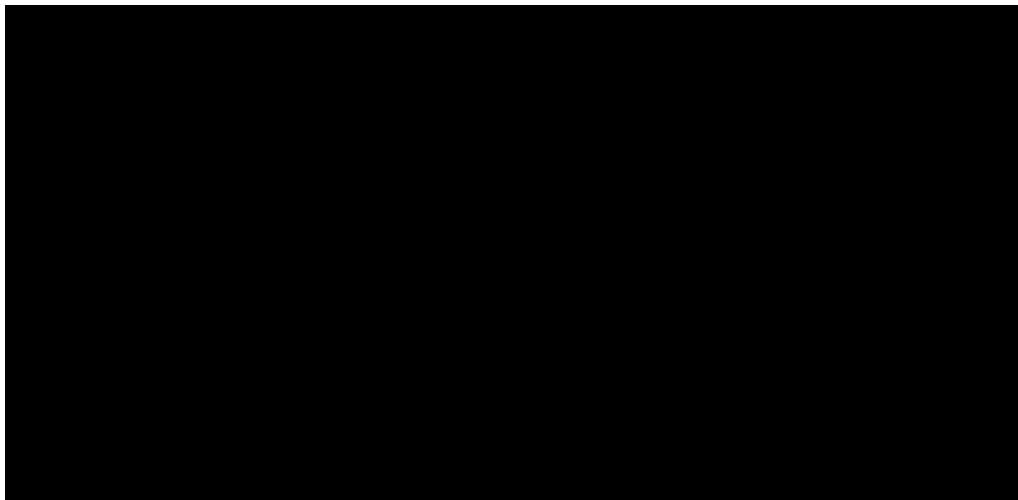
### 2.1 EXPERIENCE PERIOD PREMIUM AND CLAIMS

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

Table 2: Experience Period Claims



The 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 Ohio 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 Worksheet 2, Section II of the URRT.

Experience Period Premium and Experience Period Member Months in 2025 were reported in Worksheet 1, Section I and Worksheet 2, Section II 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 3: 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

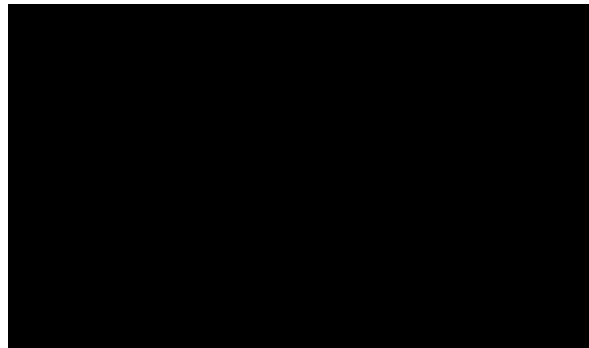
**Trend Factors:** Trend factors were applied separately for unit cost and utilization and by each major benefit category shown in Worksheet 1, Section II of the URRT. The Year 1 and Year 2 trend factors represent the annual trend numbers that were used to trend the experience period claims forward 24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

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.

Unit cost trends were measured by calculating average reimbursement rates in the base period and projection period, which consider reimbursement changes and provider mix changes. The unit cost trends include the expected impact of Medicare reimbursement changes from 2025 to 2027 for provider reimbursement contracts that are based on a percentage of the Medicare fee schedule. The unit cost projections reflect input on network and provider contract term changes for the projection year. The contract changes were calculated for the major service categories based on fee schedule changes in each rating area. Pharmacy unit cost trends are based on an analysis of the changes in AWP and dispensing fee over time for a fixed basket of drugs.

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

Table 4: Annualized Claims Trends



### 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 increase between the experience period and the projection period.

An acuity adjustment of [REDACTED] was made to the 2025 experience period data to reflect changes in the population acuity from the 2025 experience period to the 2026 current period as well as expectations for acuity changes from the 2026 current period to the 2027 projection period.

The acuity changes from the 2025 experience period to the 2026 current period is measured by calculating the difference in the 2025 claims experience for the entire population enrolled during the 2025 experience period compared to the 2025 claims experience for the population that renewed with Molina in the 2026 current period, normalized for differences in the membership mix by metal tiers between the two populations.

The acuity change from the 2026 current period to the 2027 projection period is calculated in the same way, weighting 2026 and 2027 risk scores with 2027 projected metal mix. The acuity of the population is expected to increase by [REDACTED]

For the detailed breakdown of changes in acuity, please refer to Appendix Exhibit 1.

**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 May 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 allowed claims by age cohort. 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 2.

**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 3.

**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 weigh the 2025 membership mix against the membership mix of members enrolled in the 2026 current period to develop a plan mix adjustment factor between the 2025 experience period and 2026 current period.

Similarly, the 2025 claims experience by Metal and CSR variant was used to weigh the 2026 membership mix against the membership mix of members enrolled in the 2027 projection period to develop a plan mix adjustment factor between the 2026 current period and 2027 projection period.

The plan mix adjustment made to the 2025 experience period data is [REDACTED]. Please refer to Appendix Exhibit 4.

**Other Adjustments:** No other adjustment factors were made.

**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 5 for a summary of the adjustment factors described above that were applied to the claims development.

### 2.3.3 Manual Rate Adjustments

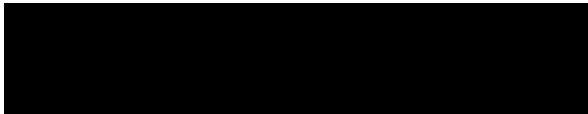
Not Applicable.

## 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 [REDACTED] 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:



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 100% experience 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 Ohio Marketplace. The index rate does not include adjustments for the risk adjustment and reinsurance programs or an adjustment for the Ohio Marketplace user fee.

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

Table 5: Projected Allowed Claims

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### 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 risk transfer payable released by CMS on 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 the higher relative risk scores as 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 payable.

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 receivable.

The resulting 2027 risk transfer receivable estimate is [REDACTED] PMPM. Molina included [REDACTED] PMPM payable for projected national high-risk pooling funding and [REDACTED] PMPM receivable for projected risk adjustment data

validation to get a net risk transfer receivable 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 6.

**Ohio Marketplace Exchange Fee:** No exchange fee is assumed since Molina's product will be off-exchange only product.

**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 7.

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 8.

**Paid to Allowed Ratio:** The Paid to Allowed ratio reflects the estimated cost-sharing in the projected period. The actuarial value (AV) for each product was based on Molina's actual claims experience and was adjusted based on expected cost-sharing differences between the 2025 and 2027 plans. Please refer to Appendix Exhibit 9.

**Actuarial Value and Cost Sharing:** Please refer to Appendix Exhibit 10 for Molina's AVs and Cost Sharing Design (CSD) Adjustment factors.

**Benefits in Addition to EHBs:** Per OH HB 315 legislation requirement, Molina offers Hearing Aid benefit to all members who enroll with Molina's benefit plans. The cost of hearing aid is estimated to be [REDACTED].

For the non-EHB factor please refer to Appendix Exhibit 11.

**Retention Loads, excluding Exchange User Fees:** All costs related to admin, profit & risk and taxes & fees, excluding the Ohio Marketplace Fee, are calculated for each expected plan offering.

**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 Ohio Marketplace population. An internal administrative cost budget was developed on a PMPM basis and applied to the Ohio 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 12a for details.

**Broker Commissions:** No broker commissions are expected since Molina does not plan to actively market the off-exchange only product. Please refer to Appendix Exhibit 12b.

**Profit Margin:** The target after-tax margin is 3.0%, 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 estimate [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.
- **PCORI Fee:** An estimated [REDACTED] PMPM will be paid toward the PCORI fee.
- **Premium Tax:** An estimated [REDACTED] PMPM will be paid toward the state premium tax.

Please refer to Appendix Exhibits 12c and 12d for details on taxes and fees.

## 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 13.

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 1.000 equals the weighted average geographic factor. Please refer to Appendix Exhibits 14a-14b.

**Tobacco Factor Calibration:** Molina does not price in a tobacco surcharge. The calibration factor is set to 1.000.

#### **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 15.

## **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 16 for calculation details.

## 6 PLAN PRODUCT INFORMATION

### 6.1 AV METAL VALUES

The benefit plan offered meets ACA essential health benefit (EHB) requirements.

Table 6: AV Metal Values

| 16-Digit Plan ID | CSR Tier | AV |
|------------------|----------|----|
| 64353OH001000100 | Gold     |    |

### 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 Appendix Exhibit 17.

### 6.3 MEMBERSHIP PROJECTIONS

Molina is filing one off-exchange only plan in 1 county representing 1 rating region. The membership projection is based on anticipated renewals of existing members and new members. Molina does not plan to actively market the off-exchange only plan but will enroll all eligible applicants. The enrollment projections were based on members enrolled in early 2026, reported as of May 2026. Please refer to Appendix Exhibit 18.

Table 7: Molina Counties

| Region | County List |
|--------|-------------|
| 1      | Defiance    |

## 6.4 TERMINATED PRODUCTS

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

### 2027 Plan Portfolio:

Table 8: Plan Portfolio

| Plan ID        | Plan Name             | Metal | 2027 Status |
|----------------|-----------------------|-------|-------------|
| 64353OH0010001 | Molina Gold Core 1500 | Gold  | Renewing    |

### 2027 Terminated Plans:

Table 9: Terminated Plans

| Plan ID        | Plan Name                                                    | Metal  | 2027 Status | Mapped 2027 Plan Name |
|----------------|--------------------------------------------------------------|--------|-------------|-----------------------|
| 64353OH0010002 | Molina Silver Core                                           | Silver | Terminated  | N/A                   |
| 64353OH0010008 | Molina Gold Standard                                         | Gold   | Terminated  | N/A                   |
| 64353OH0010009 | Molina Silver Standard                                       | Silver | Terminated  | N/A                   |
| 64353OH0010010 | Molina Silver Saver with Four Free PCP Visits                | Silver | Terminated  | N/A                   |
| 64353OH0010011 | Molina Bronze Standard                                       | Bronze | Terminated  | N/A                   |
| 64353OH0010012 | Molina Bronze Saver 7000                                     | Bronze | Terminated  | N/A                   |
| 64353OH0010013 | Molina Bronze Enhanced 4000                                  | Bronze | Terminated  | N/A                   |
| 64353OH0010014 | Molina Gold Enhanced 895                                     | Gold   | Terminated  | N/A                   |
| 64353OH0010015 | Molina Silver Empower 2750                                   | Silver | Terminated  | N/A                   |
| 64353OH0010016 | Molina Silver Empower 3750                                   | Silver | Terminated  | N/A                   |
| 64353OH0010017 | Molina Silver Empower 4500                                   | Silver | Terminated  | N/A                   |
| 64353OH0010018 | Molina Silver Empower 5500                                   | Silver | Terminated  | N/A                   |
| 64353OH0010019 | Molina Gold Empower 2000                                     | Gold   | Terminated  | N/A                   |
| 64353OH0010020 | Molina Bronze Empower 6000                                   | Bronze | Terminated  | N/A                   |
| 64353OH0040001 | Molina Gold Core 1500 Plus with Adult Vision                 | Gold   | Terminated  | N/A                   |
| 64353OH0040002 | Molina Silver Core Plus with Adult Vision                    | Silver | Terminated  | N/A                   |
| 64353OH0040012 | Molina Bronze Saver 7000 Plus with Adult Vision              | Bronze | Terminated  | N/A                   |
| 64353OH0040004 | Molina Bronze Enhanced 3500 Plus with Adult Vision           | Bronze | Terminated  | N/A                   |
| 64353OH0040005 | Molina Gold Enhanced 895 Plus with Adult Vision              | Gold   | Terminated  | N/A                   |
| 64353OH0040006 | Molina Silver Empower 2750 Plus with Adult Vision            | Silver | Terminated  | N/A                   |
| 64353OH0040007 | Molina Silver Empower 3750 Plus with Adult Vision            | Silver | Terminated  | N/A                   |
| 64353OH0040008 | Molina Silver Empower 4500 Plus with Adult Vision            | Silver | Terminated  | N/A                   |
| 64353OH0040009 | Molina Silver Empower 5500 Plus with Adult Vision            | Silver | Terminated  | N/A                   |
| 64353OH0040010 | Molina Gold Empower 2000 Plus with Adult Vision              | Gold   | Terminated  | N/A                   |
| 64353OH0040011 | Molina Bronze Empower 6000 Plus with Adult Vision            | Bronze | Terminated  | N/A                   |
| 64353OH0060001 | Molina Gold Core 1500 Plus with Adult Dental and Vision      | Gold   | Terminated  | N/A                   |
| 64353OH0060002 | Molina Silver Core Plus with Adult Dental and Vision         | Silver | Terminated  | N/A                   |
| 64353OH0060003 | Molina Bronze Saver 7000 Plus with Adult Dental and Vision   | Bronze | Terminated  | N/A                   |
| 64353OH0060004 | Molina Bronze Enhanced 3500 Plus with Adult Vision           | Bronze | Terminated  | N/A                   |
| 64353OH0060005 | Molina Gold Enhanced 895 Plus with Adult Dental and Vision   | Gold   | Terminated  | N/A                   |
| 64353OH0060006 | Molina Silver Empower 2750 Plus with Adult Dental and Vision | Silver | Terminated  | N/A                   |
| 64353OH0060007 | Molina Silver Empower 3750 Plus with Adult Dental and Vision | Silver | Terminated  | N/A                   |
| 64353OH0060008 | Molina Silver Empower 4500 Plus with Adult Dental and Vision | Silver | Terminated  | N/A                   |
| 64353OH0060009 | Molina Silver Empower 5500 Plus with Adult Dental and Vision | Silver | Terminated  | N/A                   |
| 64353OH0060010 | Molina Gold Empower 2000 Plus with Adult Dental and Vision   | Gold   | Terminated  | N/A                   |
| 64353OH0060011 | Molina Bronze Empower 6000 Plus with Adult Dental and Vision | Bronze | Terminated  | N/A                   |
| 64353OH0070001 | Molina Bronze Smart Heart Health                             | Bronze | Terminated  | N/A                   |
| 64353OH0070002 | Molina Gold Smart Heart Health                               | Gold   | Terminated  | N/A                   |
| 64353OH0070003 | Molina Silver Smart Heart Health                             | Silver | Terminated  | N/A                   |

## **6.5 PLAN TYPE**

All benefit plans are comprehensive HMO individual products.

## **7 MISCELLANEOUS INSTRUCTIONS**

### **7.1 CSR EXPERIENCE AND LOAD**

In accordance with the CMS guidance issued on May 2, 2025 and the corresponding published FAQs, Molina estimated actual CSRs paid for calendar year 2025 using a simplified methodology.

In the 2025 experience period across all Silver CSR (73%, 87% and 94% AV) plans, Molina experienced a total of [REDACTED] of paid claims on a total of [REDACTED] of allowed claims for a total paid/allowed ratio of [REDACTED]. In total across all Silver non-CSR (70% AV) plans, Molina experienced a total of [REDACTED] of paid claims on a total of [REDACTED] of allowed claims for a total paid/allowed ratio of [REDACTED]. The difference in paid/allowed ratio between the non-CSR and CSR plans is therefore [REDACTED]. Applying the [REDACTED] difference to the total CSR plan allowed claims cost of [REDACTED] yields an estimated [REDACTED] in CSRs collected.

In 2027, there is no CSR load in rate development since Molina does not offer Silver plan on exchange.

### **7.2 EFFECTIVE RATE REVIEW INFORMATION**

Not Applicable.

### **7.3 RELIANCE**

Internal support for the following was relied upon the following material factors:

- Unit Costs and Provider Reimbursement
- Pharmacy Costs
- Administrative Costs
- Base Manual data

## ACTUARIAL CERTIFICATION

I, Yaohua Ji, 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:

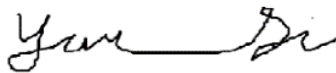
1. In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80 and 147.102)
2. Developed in compliance with the applicable Actuarial Standards of Practice
3. Reasonable in relation to the benefits provided and the population anticipated to be covered
4. Neither excessive 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.



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Yaohua Ji, ASA, MAAA  
Director, Actuarial Services  
Molina Healthcare

July 2, 2026

---

Date

Exhibit 1

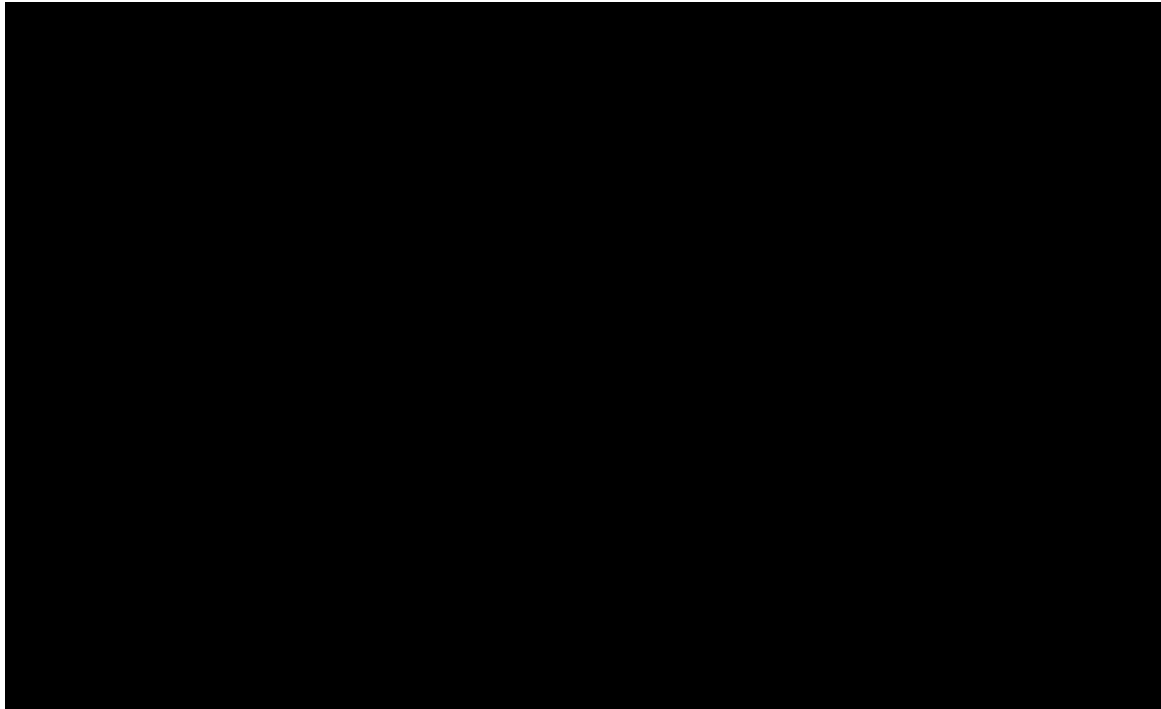


Exhibit 2

1 Exhibit Number

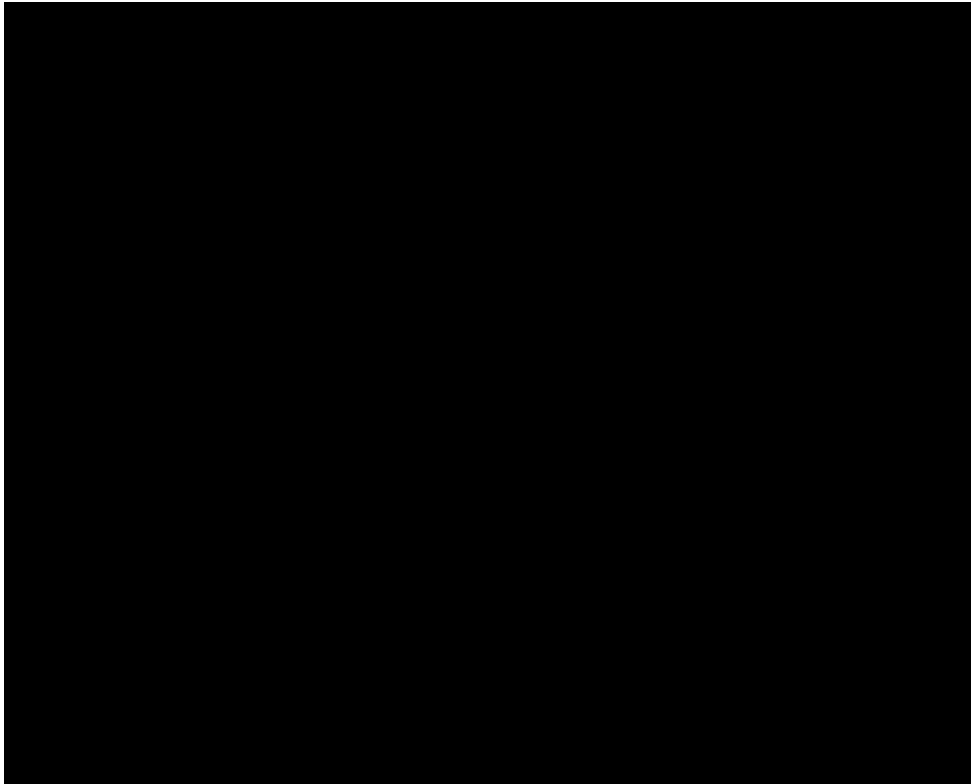


Exhibit 3

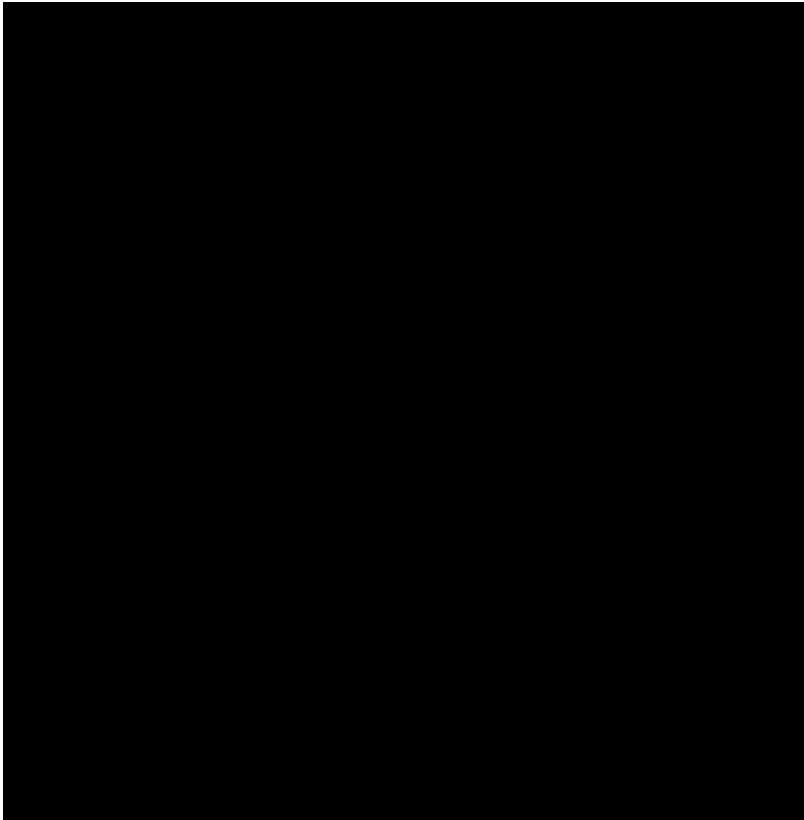


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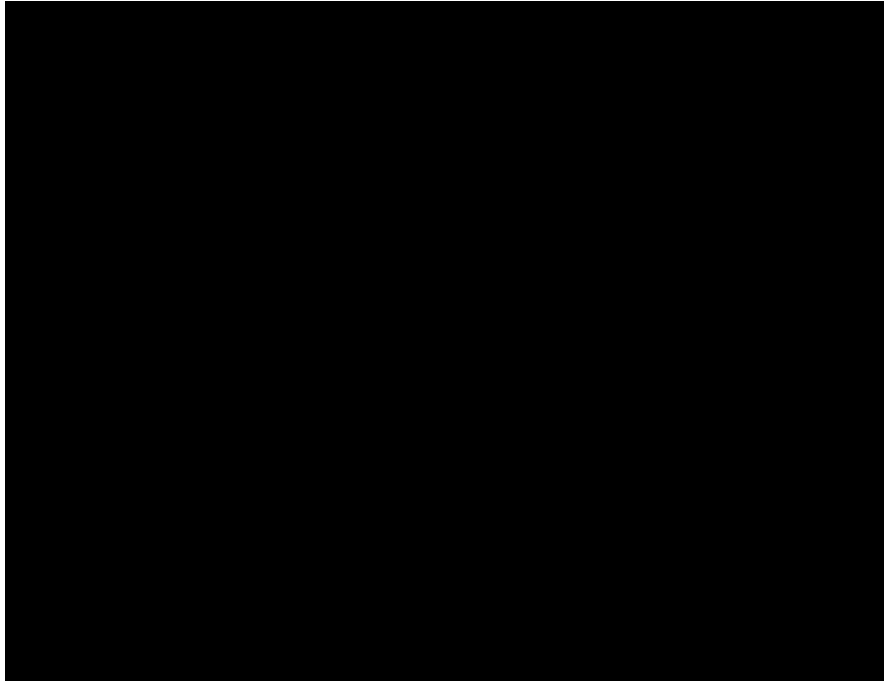


Exhibit 5



Exhibit 6

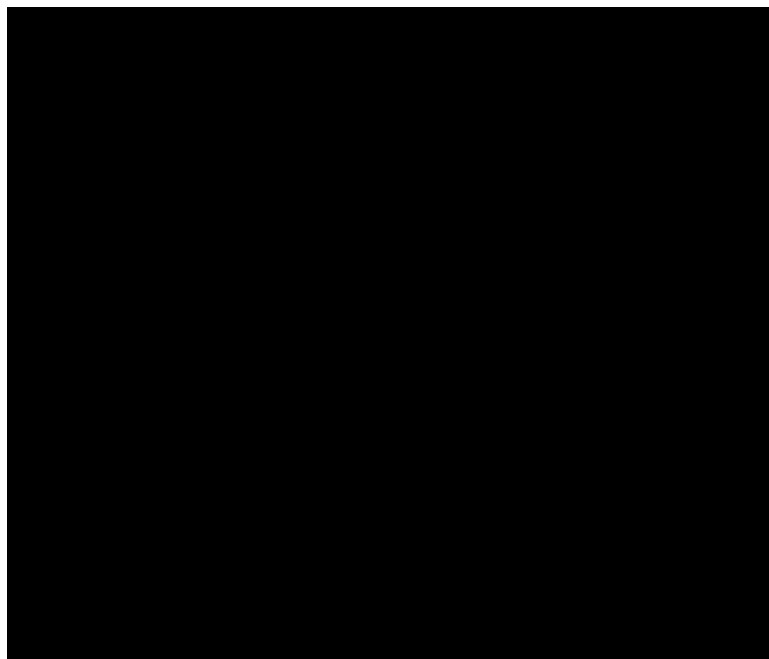


Exhibit 7



Exhibit 8



Exhibit 9



Exhibit 10

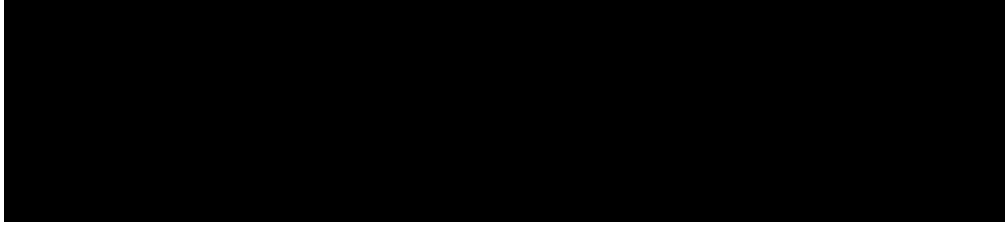


Exhibit 11



Exhibit 12a

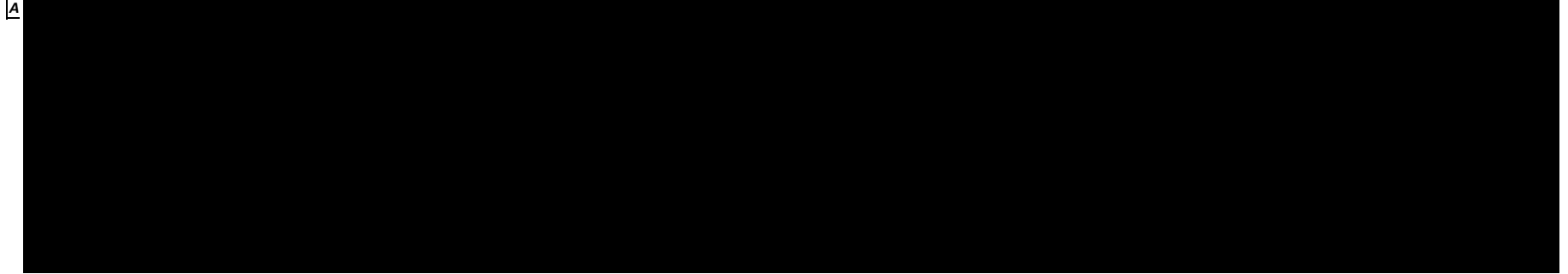


Exhibit 12b

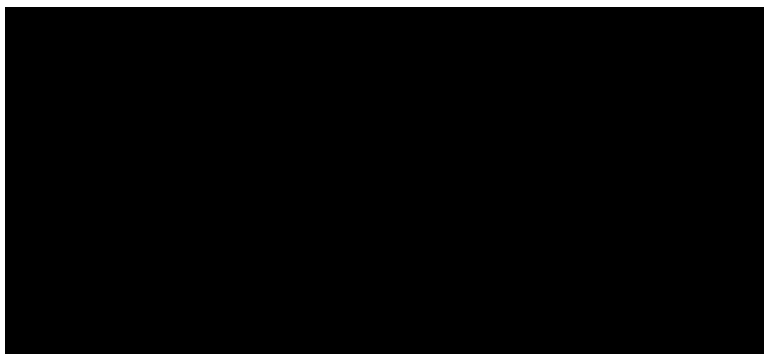


Exhibit 12c

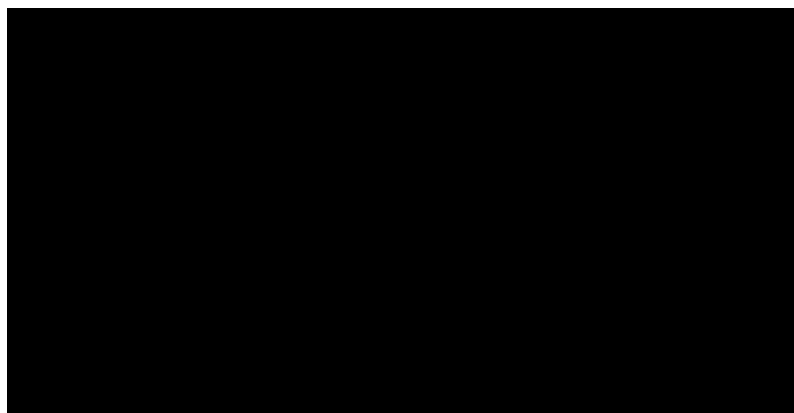


Exhibit 12d

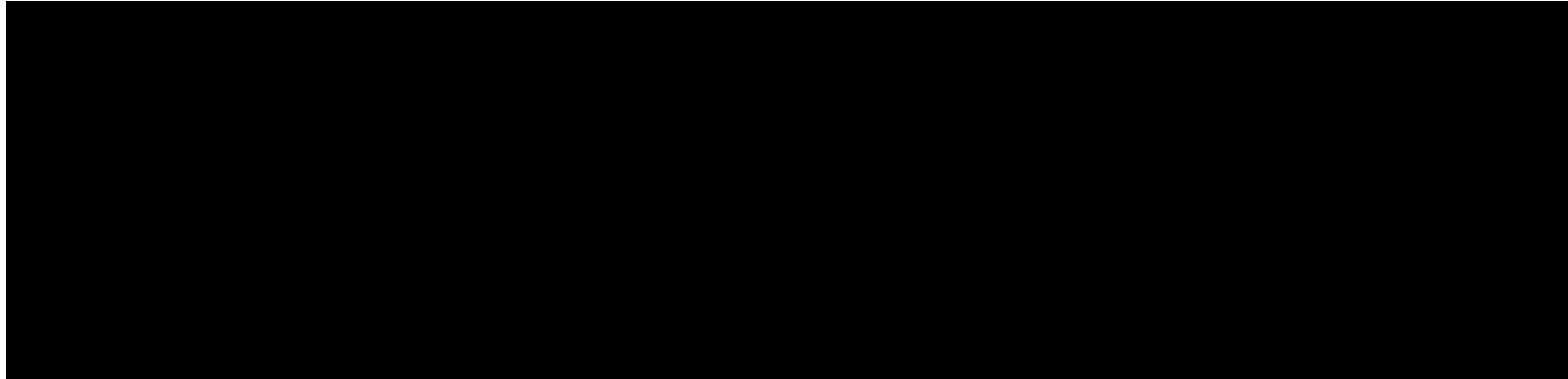


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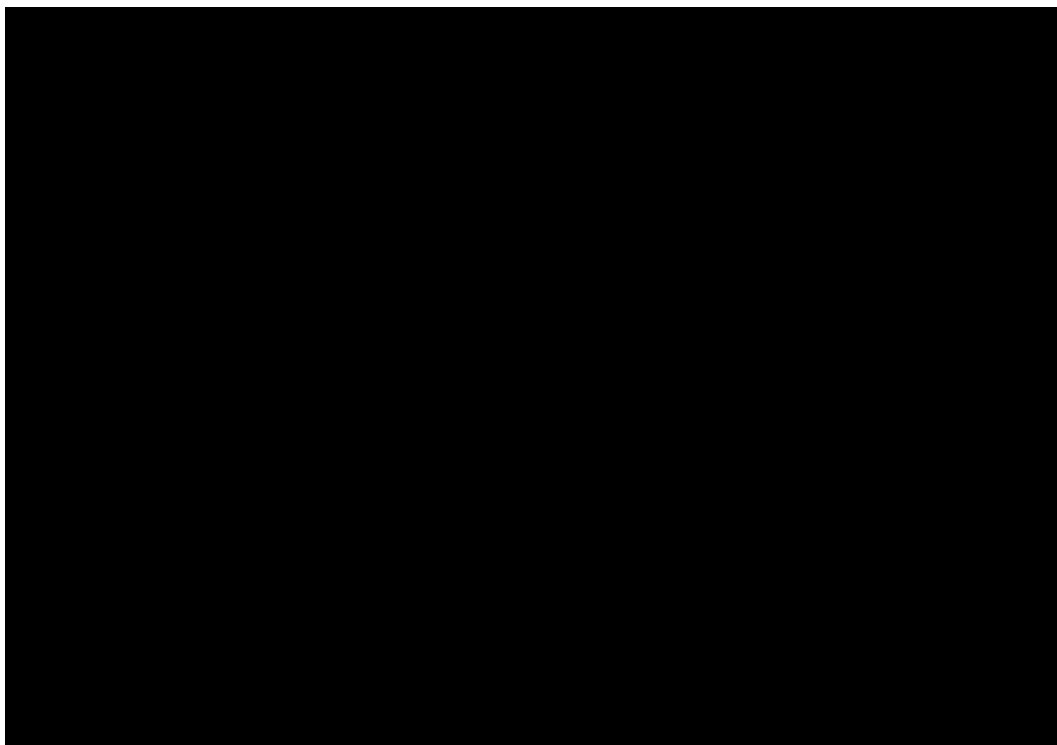


Exhibit 14a

Exhibit 14b



Exhibit 15

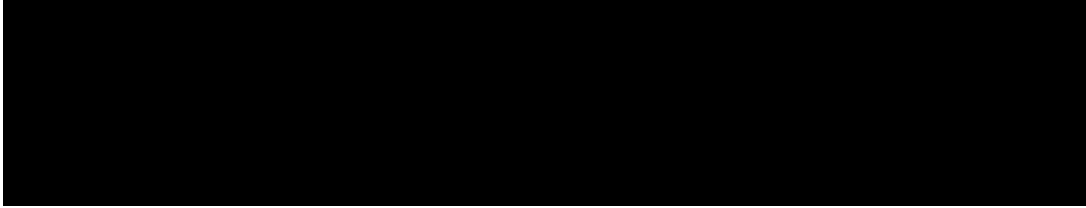


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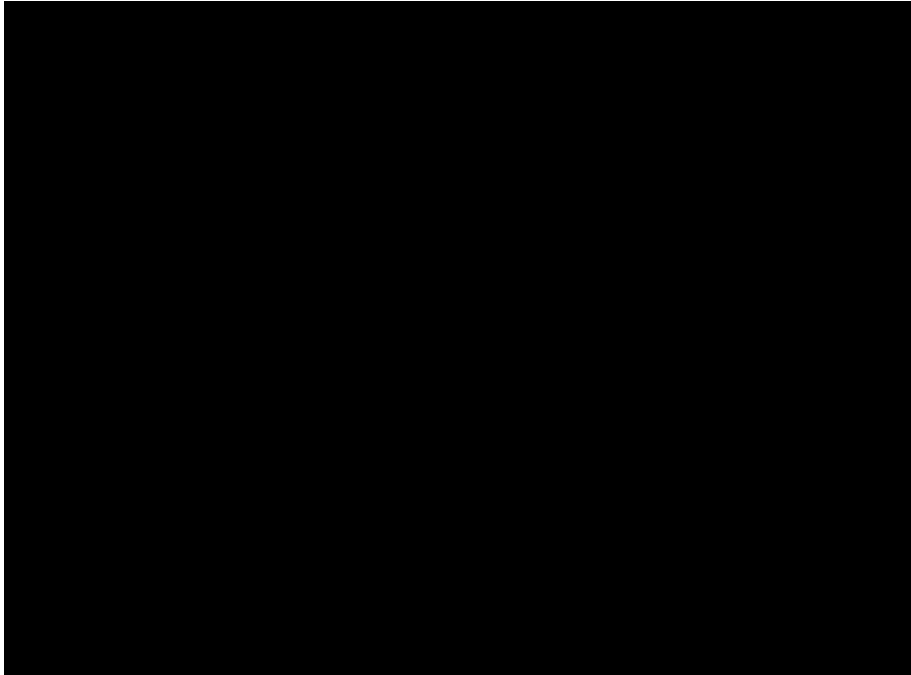


Exhibit 17

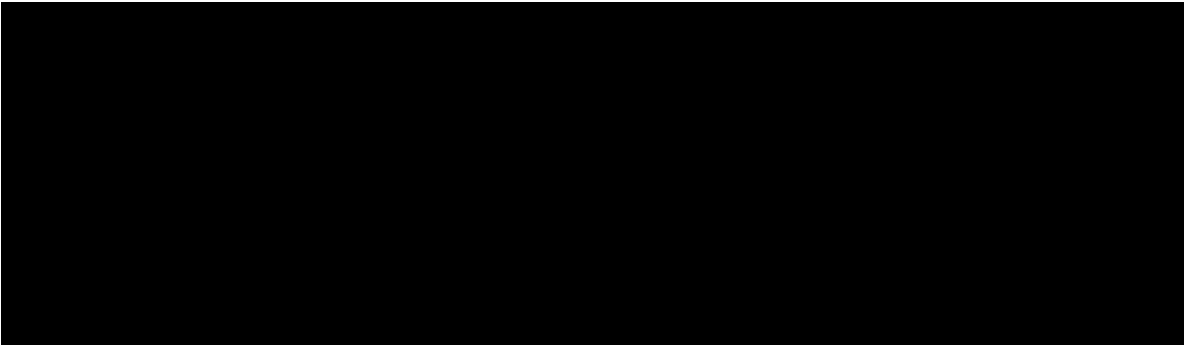




Exhibit 19

