Part III Actuarial Memorandum

Community Care Health Plan

Small Group Rate Filing

Effective January 1, 2027

Prepared for:
Community Care Health Plan

Prepared by:
Annie Man, FSA, MAAA, Ph.D.
Principal and Consulting Actuary
Milliman, Inc.

4370 La Jolla Village Drive, Suite 700
San Diego, CA 92122
Tel +1 858 558 8400
Fax +1 858 597 0111

milliman.com

TABLE OF CONTENTS

The following table summarizes the exhibits included in this document. Some exhibits may span multiple pages.

Exhibit #	Exhibit Title
Exhibit 1	General Information
Exhibit 2	Proposed Rate Changes
Exhibit 3	Experience and Current Period Premium, Claims, and Enrollment
Exhibit 4	Benefit Categories
Exhibit 5	Projection Factors
Exhibit 6	Manual Rate Adjustments
Exhibit 7	Credibility of Experience
Exhibit 8	Establishing the Index Rate
Exhibit 9	Development of the Market-Wide Adjusted Index Rate
Exhibit 10	Plan Adjusted Index Rate
Exhibit 11	Calibration
Exhibit 12	Consumer Adjusted Premium Rate Development
Exhibit 13	Projected Loss Ratio
Exhibit 14	AV Metal Values
Exhibit 15	Membership Projections
Exhibit 16	Terminated Products
Exhibit 17	Plan Type
Exhibit 18	Effective Rate Review Information
Exhibit 19	Reliance
Exhibit 20	Actuarial Certification

EXHIBIT 1. GENERAL INFORMATION

Document Overview

This document contains the Part III Actuarial Memorandum for Community Care Health Plan's (CCHP) small group block of business, effective January 1, 2027. This actuarial memorandum is submitted in conjunction with the Part I Unified Rate Review Template (URRT).

The purpose of the Actuarial Memorandum is to provide certain information related to the submission, including support for the values entered into Part I URRT, which supports compliance with the market rating rules and reasonableness of applicable rate increases. This information may not be appropriate for other purposes.

This information is intended for use by the State of California Department of Managed Health Care, the Center for Consumer Information and Insurance Oversight (CCIIO), and their subcontractors to assist in the review of CCHP's small group rate filing. However, we recognize that this certification may become a public document. Milliman makes no representations or warranties regarding the contents of this letter to other users. Likewise, other users of this letter should not place reliance upon this Actuarial Memorandum that would result in the creation of any duty or liability for Milliman under any theory of law.

The rates being filed are currently neither excessive nor deficient. However, future regulatory changes may affect the appropriateness of these rates. The premium rates developed and supported by this Actuarial Memorandum assume the following:

- The proposed MCO tax may be in effect in 2027 but is not included in this filing based on DMHC's direction until CMS's approval of tax structure.
- The Health Insurer Fee will not apply in 2027.
- The PCORI and risk adjustment user fee will apply in 2027.

This filing includes small group rates for new and renewing groups effective from 1/1/2027 – 12/31/2027. CCHP will submit revised quarterly filings if they wish to revise rates for renewals in Q2-Q4 2027.

This filing applies to both the HMO and EPO plans, renewing from 2026 to 2027.

Company Identifying Information

Company Legal Name: Community Care Health Plan
State: The State of California has regulatory authority over these policies.
HIOS Issuer ID: 89506
Market: Small Group
Effective Date: January 1, 2027

Company Contact Information

Primary Contact Name: Aldo De La Torre
Primary Contact Telephone Number: (916) 952-8171
Primary Contact Email Address: adelatorre@communitymedical.org

EXHIBIT 2. PROPOSED RATE CHANGES

The proposed overall rate change is 11.5%. The rate change is calculated based on the current enrollment by plan and age in the HMO and EPO plans.

Table 2.1 summarizes proposed rate changes effective January 1, 2027. The following are significant factors driving the proposed rate changes discussed below.

Table 2.1
Community Care Health Plan
Breakdown of Proposed Rate Change

Description	Value
Average 2026 Premium PMPM	$605.72
Changes in Starting Point of the Pricing	1.040
Change in Demographics	1.000
Change in Plan Mix and Benefits	0.985
Impact of Trend	1.024
Changes in Net Risk Adjustment Transfer Estimate	1.000
Changes in Administrative Costs	1.000
Changes in Taxes & Fees (excluding market level fees)	1.004
Changes in Profit and Risk Margin	1.040
Average 2027 Premium PMPM	$675.38
Overall Rate Change	11.50%

Note that the factors in Table 2.1 compare items on a PMPM basis, as used in the 2026 and 2027 premium rate developments. This means that some items that are set at the same percentage of premium in 2026 and 2027 can show a factor not equal to 1.0.

Medical and Prescription Drug Inflation & Utilization Trend

Claims costs were increased for anticipated changes due to medical/prescription drug inflation and increased medical/prescription drug utilization. The overall trend rate is 5.9% per year.

New Taxes, Fees and Administrative Expenses

Changes to the overall premium level are needed because of required changes in federal/state taxes and fees. In addition, there are anticipated changes in the administrative expenses and commission arrangements. The following is a list of any anticipated changes and comments regarding the adjustment:

Table 2.2
Community Care Health Plan
Anticipated Non-Benefit Expenses Changes

Item	Prior Year Value	Effective Year Value	Reason for Adjustment
PCORI Fee	$0.31	$0.35	The PCORI fee increased slightly from 2026 to 2027.
Risk Adjustment Transfer	$70.69	$85.11	We included an estimated risk adjustment payment for 2027, based on 2025 final risk adjustment results and estimated improvements between 2025 and 2027.
Risk Adjustment User Fee	$0.20	$0.18	Based on the final 2027 NBPP.
Margin	$11.98	$13.51	CCHP's margin is estimated at 2.0% for both 2026 and 2027.

EXHIBIT 2. PROPOSED RATE CHANGES

Prospective Benefit Changes

Effective January 1, 2027 benefits have changed based on new Actuarial Value Calculator testing. The following are a list of the benefit changes:

- Platinum 90 HMO 0/20/250:
  - The plan name was updated from Platinum HMO 0/10/250 due to the increase in PCP copay.
  - MOOP increased from $3,000 to $5,500, PCP and mental health visits from $10 to $20, Specialist from $20 to $40, PT/OT/ST from $10 to $20.
- Platinum 90 HMO 0/20/500:
  - The plan name was updated from Platinum HMO 0/10/500 due to the increase in PCP copay.
  - MOOP increased from $3,500 to $5,500, PCP and mental health visits from $10 to $20, Specialist from $20 to $30, and PT/OT/ST from $10 to $20.
- Platinum HMO 0/25/300 (mirroring the 2027 CovCA CCSB-only Platinum Copay Plan):
  - The plan name was updated from HMO 0/20 due to the increase in PCP copay.
  - MOOP increased from $4,500 to $5,000, ER $150 to $250, inpatient from $250 per day (up to 5 days) to $300 per day (up to 5 days), PCP and mental health visits from $20 to $25, Specialist from $30 to $40, PT/OT/ST from $20 to $25, Imagining (CT/PET Scans, MRI) from $100 to $150, Lab from $20 to $25, X-ray $30 to $35, OP Surg Phys/Surg Services $25 to $35, generic drugs from $5 to $10, preferred brand drugs from $20 to $25, non-preferred brand drugs from $30 to $40.
- Platinum 90 HMO 0/25/500:
  - The plan name was updated from HMO 0/25 to reflect the Inpatient hospital benefit.
  - MOOP increased from $2,500 to $3,450.
- Gold 80 HMO 325/40 (mirroring the 2027 CovCA CCSB-only Gold Copay Plan)
  - The plan name was updated from Gold HMO 250/35 due to the increase in medical deductible and PCP copay.
  - Medical deductible increased from $250 to $325, MOOP increased from $7,800 to $8,600, ER $250 to $300, PCP and mental health visits from $35 to $40, Specialist from $55 to $60, PT/OT/ST from $35 to $40, Imagining (CT/PET Scans, MRI) from $250 to $350, Lab OP from $35 to $40, X-ray from $55 to $60, skill nursing facility from $300 per day (up to 5 days) to $500 per day (up to 5 days), OP Surg Phys/Surg Services $35 to $50, preferred brand drugs from $40 to $50.
- Silver 70 HMO 2250/50:
  - MOOP increased from $8,900 to $10,400.
- Silver 70 HMO HRA 2250/50:
  - MOOP increased from $8,900 to $10,400.
- Silver 70 HDHP HMO 3200/25 (mirroring the 2027 CovCA CCSB-only Silver HDHP Plan):
  - MOOP increased from $8,300 to $8,800.
- Bronze 60 HMO 6300/65:
  - MOOP increased from $8,500 to $9,300.
- Bronze 60 HDHP HMO 7800/0 (mirroring the 2027 CovCA CCSB-only Bronze HDHP Plan):
  - The plan name was updated from Bronze HMO 7200/0 due to the increase in medical deductible and MOOP.
  - Deductible increased from $7,200 to $7,800, MOOP increased from $7,200 to $7,800
- Platinum 90 EPO 0/20:
  - The plan name was updated from Platinum 90 EPO 0/15 due to the increase in PCP copay.
  - MOOP increased from $2,500 to $5,500, PCP and mental health visits from $10 to $20, Specialist from $20 to $40, PT/OT/ST from $10 to $20.
- Platinum 90 EPO 0/25:
  - MOOP increased from $2,550 to $3,450.
- Gold 80 EPO 250/30:
  - MOOP increased from $8,000 to $10,700.
- Silver 70 EPO 1500/50:
  - MOOP increased from $9,100 to $10,400.
- Silver 70 HDHP EPO 3200/25 (mirroring the 2027 CovCA CCSB-only Silver HDHP Plan):
  - MOOP increased from $8,300 to $8,800.

Market Stabilization Program Changes

The federal transitional reinsurance program was a temporary program that ended in 2016. Since this program is not expected to continue in 2027, we assume that reinsurance contributions and reinsurance recoveries will be zero.

Anticipated Single Risk Pool Morbidity

We assumed that morbidity will not change materially in the single risk pool for California from 2026 to 2027.

Rate Changes by Plan

The following table summarizes proposed rate changes by plan.

Table 2.3 Community Care Health Plan Summary of Proposed Rate Changes				
Plan HIOS ID	**2027 Plan Name**	**2026 Rate**	**2027 Rate**	**Rate Change**
89506CA0010001	Platinum 90 HMO 0/20/250	$494.02	$529.29	7.1%
89506CA0010002	Platinum 90 HMO 0/20/500	$490.66	$531.41	8.3%
89506CA0010003	Platinum 90 HMO 0/25/300	$480.90	$525.08	9.2%
89506CA0010004	Platinum 90 HMO 0/25/500	$463.81	$512.54	10.5%
89506CA0010005	Gold 80 HMO 325/40	$472.79	$517.22	9.4%
89506CA0010006	Gold 80 HMO 500/35	$437.44	$489.95	12.0%
89506CA0010007	Gold 80 HMO 750/30	$428.22	$479.67	12.0%
89506CA0010008	Gold 80 HMO 1000/35	$430.02	$481.68	12.0%
89506CA0010009	Gold 80 HMO HRA 2150/35	$403.80	$452.27	12.0%
89506CA0010010	Silver 70 HMO 2250/50	$383.58	$424.29	10.6%
89506CA0010011	Silver 70 HMO HRA 2250/50	$373.89	$413.57	10.6%
89506CA0010012	Silver 70 HDHP HMO 3200/25	$363.72	$404.28	11.2%
89506CA0010013	Bronze 60 HMO 6300/65	$347.08	$380.66	9.7%
89506CA0010014	Bronze 60 HDHP HMO 7800/0	$325.28	$355.75	9.4%
89506CA0020001	Platinum 90 HMO 0/20/250 INF	$510.81	$547.28	7.1%
89506CA0020002	Platinum 90 HMO 0/20/500 INF	$507.34	$549.48	8.3%
89506CA0020003	Platinum 90 HMO 0/25/300 INF	$497.25	$542.93	9.2%
89506CA0020004	Platinum 90 HMO 0/25/500 INF	$479.58	$529.97	10.5%
89506CA0020005	Gold 80 HMO 325/40 INF	$488.86	$534.80	9.4%
89506CA0020006	Gold 80 HMO 500/35 INF	$452.31	$506.60	12.0%
89506CA0020007	Gold 80 HMO 750/30 INF	$442.78	$495.98	12.0%
89506CA0020008	Gold 80 HMO 1000/35 INF	$444.64	$498.06	12.0%
89506CA0020009	Gold 80 HMO HRA 2150/35 INF	$417.53	$467.65	12.0%
89506CA0020010	Silver 70 HMO 2250/50 INF	$396.62	$438.72	10.6%
89506CA0020011	Silver 70 HMO HRA 2250/50 INF	$386.60	$427.64	10.6%
89506CA0020012	Silver 70 HDHP HMO 3200/25 INF	$376.08	$418.03	11.2%
89506CA0020013	Bronze 60 HMO 6300/65 INF	$358.88	$393.60	9.7%
89506CA0020014	Bronze 60 HDHP HMO 7800/0 INF	$336.34	$367.84	9.4%
89506CA0030001	Platinum 90 EPO 0/20	$559.11	$619.63	10.8%
89506CA0030002	Platinum 90 EPO 0/25	$519.03	$589.50	13.6%
89506CA0030003	Gold 80 EPO 250/30	$508.17	$578.98	13.9%
89506CA0030004	Gold 80 EPO 500/30	$483.37	$555.95	15.0%
89506CA0030005	Gold 80 EPO 750/30	$470.47	$541.06	15.0%
89506CA0030006	Gold 80 EPO 1500/35	$440.35	$506.42	15.0%
89506CA0030007	Silver 70 EPO 1500/50	$389.19	$442.98	13.8%
89506CA0030008	Silver 70 HDHP EPO 3200/25	$416.37	$475.20	14.1%
89506CA0030009	Bronze 60 EPO 4500/50	New in 2027		
89506CA0030010	Bronze 60 HDHP EPO 7800/0	New in 2027		
89506CA0040001	Platinum 90 EPO 0/20 INF	$578.12	$640.70	10.8%
89506CA0040002	Platinum 90 EPO 0/25 INF	$536.68	$609.54	13.6%
89506CA0040003	Gold 80 EPO 250/30 INF	$525.45	$598.67	13.9%
89506CA0040004	Gold 80 EPO 500/30 INF	$499.80	$574.86	15.0%
89506CA0040005	Gold 80 EPO 750/30 INF	$486.47	$559.46	15.0%
89506CA0040006	Gold 80 EPO 1500/35 INF	$455.32	$523.64	15.0%
89506CA0040007	Silver 70 EPO 1500/50 INF	$402.42	$458.05	13.8%
89506CA0040008	Silver 70 HDHP EPO 3200/25 INF	$430.53	$491.36	14.1%
89506CA0040009	Bronze 60 EPO 4500/50 INF	New in 2027		
89506CA0040010	Bronze 60 HDHP EPO 7800/0 INF	New in 2027		

Single Risk Pool

CCHP rates are developed using a single risk pool, established according to the requirements in 45 CFR section 156.80(d) and reflects all covered lives for every non-grandfathered product/plan combination, in the State of California small group health insurance market.

EXHIBIT 3. EXPERIENCE AND CURRENT PERIOD PREMIUM, CLAIMS, AND ENROLLMENT

The experience reported on Worksheet 1, Section I of the URRT shows CCHP's earned premium, incurred and paid claims, and enrollment for the period of 1/1/2025 through 12/31/2025, with claims paid through 5/31/2026. Current enrollment and current premium on Worksheet 2, Section II are reported as of 5/31/2026.

Premiums in Experience Period

The premiums earned during the experience period and as reported on Worksheet 1, Section I of the URRT are from CCHP's audited financial statements for CY2025. The premiums are not adjusted for MLR rebates.

Method for Determining Allowed Claims

All fee-for-service (FFS) allowed claims processed both in and out of the claim system were included. Of this amount, 100% were processed through the claim system. An estimate of incurred but not reported allowed claims was added to the processed amount to arrive at a final estimate of total allowed claims. No estimate of incurred but not reported claims was added to the prescription drug claims.

Method for Determining Paid Claims

All FFS paid claims processed both in and out of the claim system were included. An estimate of incurred but not reported claims was added to the processed amount to arrive at a final estimate of total paid claims. No estimate of incurred but not reported claims was added to the prescription drug claims.

Method for Determining Incurred But Not Reported Paid Claims

Incurred claims were calculated by applying a completion factor to the paid claims from the experience period. The completion factors were developed using the lag development method. The completion factors for paid and allowed claims are the same.

Method for Determining Paid Cost Sharing

Paid member cost sharing was determined by subtracting paid claims from allowed claims.

EXHIBIT 4. BENEFIT CATEGORIES

We assigned the experience data utilization and cost information to benefit categories as shown in Worksheet 1, Section II of the Part 1 URRT based on place and type of service using a detailed claims mapping algorithm summarized as follows:

Inpatient Hospital

The inpatient hospital category includes non-capitated facility services for medical, surgical, maternity, mental health and substance abuse, skilled nursing, and other services provided in an inpatient facility setting and billed by the facility.

Outpatient Hospital

The outpatient hospital category includes non-capitated facility services for surgery, emergency room, lab, radiology, therapy, observation and other services provided in an outpatient facility setting and billed by the facility.

Professional

The professional category includes non-capitated primary care, specialist, therapy, the professional component of laboratory and radiology, and other professional services, other than hospital based professionals whose payments are included in facility fees.

Other Medical

The other medical category includes non-capitated ambulance, home health care, DME, prosthetics, supplies, vision exams, dental services and other services.

Capitation

The capitation category includes all services provided under one or more capitated arrangements.

Prescription Drug

The prescription drug category includes drugs dispensed by a pharmacy. This amount is net of rebates received from drug manufacturers.

EXHIBIT 5. PROJECTION FACTORS

This section includes a description of trend factors used to project the experience period Index Rate to the projection period, and supporting information related to the development of those factors. For a demonstration of the trends, please see Table 5.1 below. This section also includes a description of adjustment factors (other than trend) that are applied to the experience period Index Rate in order to develop the projected Index Rate, and supporting information related to the development of those factors.

Trend Factors (Cost/Utilization)

This development of the CY2027 rates reflects an annual trend rate in Year 1 of 5.9% and an annual trend rate in Year 2 of 5.9%, which was developed using the following data source and methodology:

The trends for year 1 and year 2 were developed using trends by benefit category within the HCGs. CCHP's experience by benefit category was used to weight the benefit category trends from the HCGs. Table 5.1 below documents CCHP's projected trends by category and year.

Table 5.1
Community Care Health Plan
Annual Unit Cost and Utilization Trend Assumptions

	Year 1			Year 2		
Service Type	**Inflation**	**Utilization**	**Total**	**Inflation**	**Utilization**	**Total**
Inpatient Hospital	3.7%	-0.5%	3.3%	3.7%	-0.5%	3.3%
Outpatient Hospital	4.2%	0.9%	5.2%	4.2%	0.9%	5.2%
Professional	2.8%	0.0%	2.8%	2.8%	0.0%	2.8%
Other Medical	2.8%	0.0%	2.8%	2.8%	0.0%	2.8%
Capitation	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Prescription Drug	9.4%	2.3%	11.9%	9.4%	2.3%	11.9%
Total			**5.9%**			**5.9%**

Months of Trend Year 1	12.0
Months of Trend Year 2	12.0

Demographic Shift

Our rate projection reflects the anticipated differences in the demographic mix of the projected CY2027 small group population, as compared to the CY2025 small group experience. The impact of the demographic change was estimated based on Milliman's 2026 Health Cost Guidelines (HCGs).

Plan Design Changes

Our rate projection reflects the anticipated differences in the distribution of members across benefit plans in the projected CY2027 small group population, as compared to the CY2025 small group experience. The impact of plan design changes was estimated based on Milliman's Health Cost Guidelines (HCGs) for applicable plans.

EXHIBIT 6. MANUAL RATE ADJUSTMENTS

Source and Appropriateness of Experience Data Used in Manual Rate Development

We used CCHP's small group emerging experience for 2026 to develop the credibility manual rate shown in Worksheet 1, Section II of the URRT.

In past filings, we have used CCHP's large group experience as the manual rate. However, over time, CCHP's large group claims level is now significantly below the small group. Therefore, we no longer consider CCHP's large group experience as the best choice for the manual rate.

Adjustments Made to the Data

This section includes a description of each factor used to adjust the experience on which the manual rates are based, as well as supporting information related to the development of those factors.

Trend (Cost/Utilization)

This development of the CY2027 rates reflects an annual trend rate of 5.9% from 2026 to 2027, which is consistent with the experience-based development.

Morbidity Adjustment

No morbidity adjustments are made to the manual rate.

Demographic Shifts

Our development of the CY2027 Index Rate reflects the anticipated differences in the demographic mix of the projected CY2027 small group population, as compared to the 2026 small group population.

Plan Design Changes

We reflected differences in CCHP's projected small group benefit plans and membership, as compared to the current 2026 small group plans. We used the HCGs to estimate the impact of benefit differences.

EXHIBIT 7. CREDIBILITY OF EXPERIENCE

Description of the Credibility Method Used

The CMS guidelines used for Medicare Advantage/Prescription Drug Plans (MA/PD) were considered to determine the credibility of the experience. These guidelines specify 24,000 member months as 100% credible for medical and specify the following formula for determination of partial credibility:

(n / 24,000)^(1/2) for medical and
(n / 60,000)^(1/2) for prescription drugs

where n = member months in the experience period.

Since prescription drug and medical coverage are both covered, and medical services make up a significantly larger portion of the costs, the above medical formula was used for the determination of partial credibility. The use of the CMS MA/PD credibility is appropriate given that both MA/PD and Commercial cover similar benefit categories.

Resulting Credibility Level Assigned to the Base Period Experience

The credibility assigned to CCHP's CY2025 small group base period experience is 75% with 12,907 member months, based on the method described above.

EXHIBIT 8. ESTABLISHING THE INDEX RATE

The Index Rate for the projection period is a measurement of the average allowed claims PMPM for EHB benefits. The projection period Index Rate reflects the projected CY2027 mixture of smoker/non-smoker population, area factors, and the projected mixture of risk morbidity that CCHP expects to receive in the Single Risk Pool. There are no additional benefits offered beyond the EHB benefits for all the non-INF plans. The Projection Period Index Rate has not been adjusted for payments and charges projected under the risk adjustment program, or for Exchange User Fees.

The projection period Index Rate is equal to the projected total allowed claims PMPM since there are no members expected to enroll in the INF plans.

EXHIBIT 9. DEVELOPMENT OF THE MARKET-WIDE ADJUSTED INDEX RATE

The following table summarizes the factors applied to the Index Rate in the projection period to determine the Market-Wide Adjusted Index Rate.

Table 9.1
Community Care Health Plan
Market-Wide Adjusted Index Rate Development

2027 Index Rate PMPM	$625.51
Market-Wide Adjustments (paid basis)	
Risk Adjustment Transfer Amount	$85.11
Net Market Reinsurance	$0.00
Exchange User Fees	$0.00
Paid-to-Allowed Ratio	0.781
Market-Wide Adjustments (allowed basis)	
Risk Adjustment Transfer Amount	$109.03
Net Market Reinsurance	$0.00
Exchange User Fees	$0.00
Market-Wide Adjusted Index Rate PMPM	**$734.55**

The Market-Wide Adjusted Index Rate is not calibrated. This means that this rate reflects the average demographic characteristics of the single risk pool.

Each of the above modifiers were developed as follows:

- Risk Adjustment Transfer Amount
  This factor includes the impact of the estimated risk adjustment transfer payment as addressed in a subsequent section of this Exhibit.

- Net Market Reinsurance
  This factor includes any adjustments for expected reinsurance recoveries from federal or state reinsurance programs, net of the cost of the reinsurance.

- Exchange User Fee Adjustment
  Not applicable since CCHP is offering off-Exchange only.

Projected Reinsurance Recoveries

The federal transitional reinsurance program was a temporary program that ended in 2016. Since this program is not expected to continue in 2027, we assume that reinsurance contributions and reinsurance recoveries will be zero. As a result, we did not project any federal transitional reinsurance contributions or recoveries for 2027.

Experience Period Risk Adjustments PMPM

The experience period risk adjustment transfer amount was based on the CMS 2025 final risk adjustment report as of June 30, 2026. The final CY2025 risk adjustment transfer is a payment of $102.96 PMPM from CCHP to the single risk pool.

Projected Risk Adjustments PMPM

The 2027 risk adjustment is projected to be a payment of $85.11 PMPM, based on the 2025 plan risk scores, the risk score relativities between the stayers and new members, CCHP's membership growth in 2026, and the projected market changes between 2025 and 2027.

Paid to Allowed Ratios

The following table provides support for the average projected paid to allowed ratio. The average projected allowed and incurred PMPM reflects the member month weighted average from Worksheet 2, Section IV of the URRT.

Table 9.2
Community Care Health Plan
Average Paid to Allowed Factor Support

Description	Value
Average Projected Allowed PMPM	$625.51
Average Projected Incurred Claims PMPM	$488.24
Average Projected Paid-to-Allowed Ratio	**78.1%**
Average AV Metal Value	**79.7%**

The average AV metal value is based on AVs calculated using the federal AV calculator, weighted on projected allowable cost by metal level.

EXHIBIT 10. PLAN ADJUSTED INDEX RATE

The Market-Wide Adjusted Index Rate is adjusted to compute the Plan Adjusted Index Rate using the following allowable adjustments:

- Actuarial value and cost sharing adjustment
  - The CMS Actuarial Value Calculator was used to determine the AV metal value for each plan.
  - The AV and cost sharing pricing adjustment was developed utilizing the HGCs. Relativities between plans were based on the differences in cost and utilization for varying levels of cost sharing.

- Provider network, delivery system and utilization management adjustment
  - There are no expected differences in the provider network and/or utilization management between plans.

- Adjustment for benefits in addition to the EHBs
  - CCHP is offering an infertility benefit for some of its benefit plans. Plans with this benefit include an adjustment for benefits in addition to the EHBs.

- Adjustment for distribution and administrative costs
  - Adjustment is developed to indicate the impact of non-benefit expenses.

- Impact of specific eligibility categories for the catastrophic plan
  - Not applicable.

The following table demonstrates the Plan Adjusted Index Rate development for each plan in the projection period:

Table 10.1 Community Care Health Plan Projection Period Plan Adjusted Index Rate Development								
Plan Name	HIOS ID	Market-Wide Adjusted Index Rate	AV & Cost Sharing	Provider Network Adjustment	Benefits in Addition to EHBs	Admin Cost Fee	Catastrophic Eligibility	Plan Adjusted Index Rate
Platinum 90 HMO 0/20/250	89506CA0010001	$734.55	0.897	1.000	1.000	1.120	1.000	$738.44
Platinum 90 HMO 0/20/500	89506CA0010002	$734.55	0.901	1.000	1.000	1.120	1.000	$741.40
Platinum 90 HMO 0/25/300	89506CA0010003	$734.55	0.890	1.000	1.000	1.120	1.000	$732.56
Platinum 90 HMO 0/25/500	89506CA0010004	$734.55	0.869	1.000	1.000	1.120	1.000	$715.08
Gold 80 HMO 325/40	89506CA0010005	$734.55	0.877	1.000	1.000	1.120	1.000	$721.60
Gold 80 HMO 500/35	89506CA0010006	$734.55	0.831	1.000	1.000	1.120	1.000	$683.55
Gold 80 HMO 750/30	89506CA0010007	$734.55	0.813	1.000	1.000	1.120	1.000	$669.22
Gold 80 HMO 1000/35	89506CA0010008	$734.55	0.817	1.000	1.000	1.120	1.000	$672.02
Gold 80 HMO HRA 2150/35	89506CA0010009	$734.55	0.767	1.000	1.000	1.120	1.000	$630.99
Silver 70 HDHP HMO 3200/25	89506CA0010010	$734.55	0.719	1.000	1.000	1.120	1.000	$591.95
Silver 70 HMO 2250/50	89506CA0010011	$734.55	0.701	1.000	1.000	1.120	1.000	$577.00
Silver 70 HMO HRA 2250/50	89506CA0010012	$734.55	0.685	1.000	1.000	1.120	1.000	$564.04
Bronze 60 HMO 6300/65	89506CA0010013	$734.55	0.645	1.000	1.000	1.120	1.000	$531.08
Bronze 60 HDHP HMO 7800/0	89506CA0010014	$734.55	0.603	1.000	1.000	1.120	1.000	$496.33
Platinum 90 HMO 0/20/250 INF	89506CA0020001	$734.55	0.896	1.000	1.035	1.120	1.000	$763.54
Platinum 90 HMO 0/20/500 INF	89506CA0020002	$734.55	0.900	1.000	1.035	1.120	1.000	$766.61
Platinum 90 HMO 0/25/300 INF	89506CA0020003	$734.55	0.889	1.000	1.035	1.120	1.000	$757.47
Platinum 90 HMO 0/25/500 INF	89506CA0020004	$734.55	0.868	1.000	1.035	1.120	1.000	$739.39
Gold 80 HMO 325/40 INF	89506CA0020005	$734.55	0.876	1.000	1.035	1.120	1.000	$746.13
Gold 80 HMO 500/35 INF	89506CA0020006	$734.55	0.830	1.000	1.035	1.120	1.000	$706.79
Gold 80 HMO 750/30 INF	89506CA0020007	$734.55	0.812	1.000	1.035	1.120	1.000	$691.97
Gold 80 HMO 1000/35 INF	89506CA0020008	$734.55	0.816	1.000	1.035	1.120	1.000	$694.87
Gold 80 HMO HRA 2150/35 INF	89506CA0020009	$734.55	0.766	1.000	1.035	1.120	1.000	$652.44
Silver 70 HDHP HMO 3200/25 INF	89506CA0020010	$734.55	0.718	1.000	1.035	1.120	1.000	$612.08
Silver 70 HMO 2250/50 INF	89506CA0020011	$734.55	0.700	1.000	1.035	1.120	1.000	$596.62
Silver 70 HMO HRA 2250/50 INF	89506CA0020012	$734.55	0.685	1.000	1.035	1.120	1.000	$583.21
Bronze 60 HMO 6300/65 INF	89506CA0020013	$734.55	0.645	1.000	1.035	1.120	1.000	$549.14
Bronze 60 HDHP HMO 7800/0 INF	89506CA0020014	$734.55	0.602	1.000	1.035	1.120	1.000	$513.20
Platinum 90 EPO 0/20	89506CA0030001	$734.55	1.050	1.000	1.000	1.120	1.000	$864.49
Platinum 90 EPO 0/25	89506CA0030002	$734.55	0.999	1.000	1.000	1.120	1.000	$822.44
Gold 80 EPO 250/30	89506CA0030003	$734.55	0.982	1.000	1.000	1.120	1.000	$807.77
Gold 80 EPO 500/30	89506CA0030004	$734.55	0.942	1.000	1.000	1.120	1.000	$775.64
Gold 80 EPO 750/30	89506CA0030005	$734.55	0.917	1.000	1.000	1.120	1.000	$754.87
Gold 80 EPO 1500/35	89506CA0030006	$734.55	0.858	1.000	1.000	1.120	1.000	$706.53
Silver 70 EPO 1500/50	89506CA0030007	$734.55	0.751	1.000	1.000	1.120	1.000	$618.03
Silver 70 HDHP EPO 3200/25	89506CA0030008	$734.55	0.806	1.000	1.000	1.120	1.000	$662.98
Bronze 60 EPO 4500/50	89506CA0030009	$734.55	0.762	1.000	1.000	1.120	1.000	$627.52
Bronze 60 HDHP EPO 7800/0	89506CA0030010	$734.55	0.709	1.000	1.000	1.120	1.000	$583.39
Platinum 90 EPO 0/20 INF	89506CA0040001	$734.55	1.049	1.000	1.035	1.120	1.000	$893.88
Platinum 90 EPO 0/25 INF	89506CA0040002	$734.55	0.998	1.000	1.035	1.120	1.000	$850.40
Gold 80 EPO 250/30 INF	89506CA0040003	$734.55	0.980	1.000	1.035	1.120	1.000	$835.24
Gold 80 EPO 500/30 INF	89506CA0040004	$734.55	0.941	1.000	1.035	1.120	1.000	$802.01
Gold 80 EPO 750/30 INF	89506CA0040005	$734.55	0.916	1.000	1.035	1.120	1.000	$780.53
Gold 80 EPO 1500/35 INF	89506CA0040006	$734.55	0.857	1.000	1.035	1.120	1.000	$730.55
Silver 70 EPO 1500/50 INF	89506CA0040007	$734.55	0.750	1.000	1.035	1.120	1.000	$639.04
Silver 70 HDHP EPO 3200/25 INF	89506CA0040008	$734.55	0.805	1.000	1.035	1.120	1.000	$685.53
Bronze 60 EPO 4500/50 INF	89506CA0040009	$734.55	0.762	1.000	1.035	1.120	1.000	$648.86
Bronze 60 HDHP EPO 7800/0 INF	89506CA0040010	$734.55	0.708	1.000	1.035	1.120	1.000	$603.23

The Plan Adjusted Index Rates reflect the average demographic characteristics of the single risk pool and therefore are not calibrated.

Non-Benefit Expenses, Profit, and Risk

The following table summarizes retention components included in rate development.

Table 10.2
Community Care Health Plan
Illustration of Administrative Expenses by URRT, Worksheet 2 Category

Retention Description	PMPM	% Premium	Basis	Annotation
Administrative Expense Load				
Commission	$30.20		PMPM	
General Administrative Expenses	$57.81		PMPM	
Subtotal: Administrative Expense Load	**$88.00**	**13.03%**		**(1)**
Profit and Risk Load				
Margin		2.00%	% of Premium	
Subtotal: Profit and Risk Load	**$13.51**	**2.00%**		**(2)**
Taxes and Fees				
Health Insurer Fee	$0.00		PMPM	
Risk Adjustment User Fee	$0.18		PMPM	
PCORI Fee	$0.35		PMPM	
MCO Tax	$0.00		PMPM	
Subtotal: Taxes and Fees	**$0.53**	**0.08%**		**(3)**
Total Retention	**$102.04**	**15.11%**		**(4) = (1)+(2)+(3)**

EXHIBIT 11. CALIBRATION

A single calibration factor is applied to the Plan Adjusted Index Rates from Exhibit 10 to calibrate rates for the expected age, geographic, and tobacco use distribution expected to enroll in the plan. The single calibration factor is applied uniformly across all plans.

Age Curve Calibration

The approximate weighted average age, rounded to a whole number, for the single risk pool is 44. The weighted average age calibration factor is 0.717.

In order to determine the calibration factor for age, the projected distribution of members by age was determined. The weighted average of the factors in the age curve was then calculated using this distribution. The average age was then determined by finding the age of a member that would have the closest factor to the weighted average age curve calibration factor. Prior to applying the allowed rating factors for age, geography and tobacco, the plan adjusted Index Rates need to be multiplied by the age calibration factor. A development of the age calibration factor is given below as Table 11.2.

Additional information regarding the age curve can be found in Exhibit 12.

Geographic Factor Calibration

Not applicable. CCHP has plans only offered in rating area 11.

Tobacco Factor Calibration

Not applicable. CCHP does not vary premiums by tobacco usage.

The following tables demonstrate the calibration performed for each plan.

Table 11.1
Community Care Health Plan
Calibrated Plan Adjusted Index Rate Development

Plan Name	HIOS ID	Plan Adjusted Index Rate	Age Calibration Factor	Geographic Calibration Factor	Tobacco Calibration Factor	Calibration Factor	Calibrated Plan Adjusted Index Rate
Platinum 90 HMO 0/20/250	89506CA0010001	$738.44	0.717	1.000	1.000	0.717	$529.29
Platinum 90 HMO 0/20/500	89506CA0010002	$741.40	0.717	1.000	1.000	0.717	$531.41
Platinum 90 HMO 0/25/300	89506CA0010003	$732.56	0.717	1.000	1.000	0.717	$525.08
Platinum 90 HMO 0/25/500	89506CA0010004	$715.08	0.717	1.000	1.000	0.717	$512.54
Gold 80 HMO 325/40	89506CA0010005	$721.60	0.717	1.000	1.000	0.717	$517.22
Gold 80 HMO 500/35	89506CA0010006	$683.55	0.717	1.000	1.000	0.717	$489.95
Gold 80 HMO 750/30	89506CA0010007	$669.22	0.717	1.000	1.000	0.717	$479.67
Gold 80 HMO 1000/35	89506CA0010008	$672.02	0.717	1.000	1.000	0.717	$481.68
Gold 80 HMO HRA 2150/35	89506CA0010009	$630.99	0.717	1.000	1.000	0.717	$452.27
Silver 70 HDHP HMO 3200/25	89506CA0010010	$591.95	0.717	1.000	1.000	0.717	$424.29
Silver 70 HMO 2250/50	89506CA0010011	$577.00	0.717	1.000	1.000	0.717	$413.57
Silver 70 HMO HRA 2250/50	89506CA0010012	$564.04	0.717	1.000	1.000	0.717	$404.28
Bronze 60 HMO 6300/65	89506CA0010013	$531.08	0.717	1.000	1.000	0.717	$380.66
Bronze 60 HDHP HMO 7800/0	89506CA0010014	$496.33	0.717	1.000	1.000	0.717	$355.75
Platinum 90 HMO 0/20/250 INF	89506CA0020001	$763.54	0.717	1.000	1.000	0.717	$547.28
Platinum 90 HMO 0/20/500 INF	89506CA0020002	$766.61	0.717	1.000	1.000	0.717	$549.48
Platinum 90 HMO 0/25/300 INF	89506CA0020003	$757.47	0.717	1.000	1.000	0.717	$542.93
Platinum 90 HMO 0/25/500 INF	89506CA0020004	$739.39	0.717	1.000	1.000	0.717	$529.97
Gold 80 HMO 325/40 INF	89506CA0020005	$746.13	0.717	1.000	1.000	0.717	$534.80
Gold 80 HMO 500/35 INF	89506CA0020006	$706.79	0.717	1.000	1.000	0.717	$506.60
Gold 80 HMO 750/30 INF	89506CA0020007	$691.97	0.717	1.000	1.000	0.717	$495.98
Gold 80 HMO 1000/35 INF	89506CA0020008	$694.87	0.717	1.000	1.000	0.717	$498.06
Gold 80 HMO HRA 2150/35 INF	89506CA0020009	$652.44	0.717	1.000	1.000	0.717	$467.65
Silver 70 HDHP HMO 3200/25 INF	89506CA0020010	$612.08	0.717	1.000	1.000	0.717	$438.72
Silver 70 HMO 2250/50 INF	89506CA0020011	$596.62	0.717	1.000	1.000	0.717	$427.64
Silver 70 HMO HRA 2250/50 INF	89506CA0020012	$583.21	0.717	1.000	1.000	0.717	$418.03
Bronze 60 HMO 6300/65 INF	89506CA0020013	$549.14	0.717	1.000	1.000	0.717	$393.60
Bronze 60 HDHP HMO 7800/0 INF	89506CA0020014	$513.20	0.717	1.000	1.000	0.717	$367.84
Platinum 90 EPO 0/20	89506CA0030001	$864.49	0.717	1.000	1.000	0.717	$619.63
Platinum 90 EPO 0/25	89506CA0030002	$822.44	0.717	1.000	1.000	0.717	$589.50
Gold 80 EPO 250/30	89506CA0030003	$807.77	0.717	1.000	1.000	0.717	$578.98
Gold 80 EPO 500/30	89506CA0030004	$775.64	0.717	1.000	1.000	0.717	$555.95
Gold 80 EPO 750/30	89506CA0030005	$754.87	0.717	1.000	1.000	0.717	$541.06
Gold 80 EPO 1500/35	89506CA0030006	$706.53	0.717	1.000	1.000	0.717	$506.42
Silver 70 EPO 1500/50	89506CA0030007	$618.03	0.717	1.000	1.000	0.717	$442.98
Silver 70 HDHP EPO 3200/25	89506CA0030008	$662.98	0.717	1.000	1.000	0.717	$475.20
Bronze 60 EPO 4500/50	89506CA0030009	$627.52	0.717	1.000	1.000	0.717	$449.79
Bronze 60 HDHP EPO 7800/0	89506CA0030010	$583.39	0.717	1.000	1.000	0.717	$418.16
Platinum 90 EPO 0/20 INF	89506CA0040001	$893.88	0.717	1.000	1.000	0.717	$640.70
Platinum 90 EPO 0/25 INF	89506CA0040002	$850.40	0.717	1.000	1.000	0.717	$609.54
Gold 80 EPO 250/30 INF	89506CA0040003	$835.24	0.717	1.000	1.000	0.717	$598.67
Gold 80 EPO 500/30 INF	89506CA0040004	$802.01	0.717	1.000	1.000	0.717	$574.86
Gold 80 EPO 750/30 INF	89506CA0040005	$780.53	0.717	1.000	1.000	0.717	$559.46
Gold 80 EPO 1500/35 INF	89506CA0040006	$730.55	0.717	1.000	1.000	0.717	$523.64
Silver 70 EPO 1500/50 INF	89506CA0040007	$639.04	0.717	1.000	1.000	0.717	$458.05
Silver 70 HDHP EPO 3200/25 INF	89506CA0040008	$685.53	0.717	1.000	1.000	0.717	$491.36
Bronze 60 EPO 4500/50 INF	89506CA0040009	$648.86	0.717	1.000	1.000	0.717	$465.08
Bronze 60 HDHP EPO 7800/0 INF	89506CA0040010	$603.23	0.717	1.000	1.000	0.717	$432.37

Table 11.2
Community Care Health Plan
Development of Age Calibration Factor

Age Band	Rating Factors	Membership Distribution
0-14 (1-3)	0.765	15.8%
0-14 (4+)	0.000	0.7%
15-20	0.833	6.1%
21-24	1.000	4.8%
25-29	1.004	12.3%
30-34	1.135	12.0%
35-39	1.222	11.4%
40-44	1.278	9.0%
45-49	1.444	8.0%
50-54	1.786	5.7%
55-59	2.230	5.1%
60-63	2.714	4.6%
64+	3.000	4.6%
	Composite Rating Factor	1.395
	Age Calibration Factor	**0.717**

EXHIBIT 12. CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT

The Consumer Adjusted Premium Rate is the final premium rate for a plan that is charged to an individual, family, or small employer group utilizing the rating and premium adjustments as articulated in the applicable Market Reform Rating Rules. It is the product of the Plan Adjusted Index Rate, the geographic rating factor, the age rating factor and the tobacco status rating factor. All rating factors are described and shown below.

CCHP's CY2027 age and tobacco rating factors are shown below. The age rating factors used by CCHP are identical to those prescribed by CMS. Tobacco factor is 1.0 for all ages.

Table 12.1
Community Care Health Plan
Age and Tobacco Factors

Age Band	Age Rating Factor	Tobacco Factor		Age Band	Age Rating Factor	Tobacco Factor
0-14	0.765	1.000		40	1.278	1.000
15	0.833	1.000		41	1.302	1.000
16	0.859	1.000		42	1.325	1.000
17	0.885	1.000		43	1.357	1.000
18	0.913	1.000		44	1.397	1.000
19	0.941	1.000		45	1.444	1.000
20	0.970	1.000		46	1.500	1.000
21	1.000	1.000		47	1.563	1.000
22	1.000	1.000		48	1.635	1.000
23	1.000	1.000		49	1.706	1.000
24	1.000	1.000		50	1.786	1.000
25	1.004	1.000		51	1.865	1.000
26	1.024	1.000		52	1.952	1.000
27	1.048	1.000		53	2.040	1.000
28	1.087	1.000		54	2.135	1.000
29	1.119	1.000		55	2.230	1.000
30	1.135	1.000		56	2.333	1.000
31	1.159	1.000		57	2.437	1.000
32	1.183	1.000		58	2.548	1.000
33	1.198	1.000		59	2.603	1.000
34	1.214	1.000		60	2.714	1.000
35	1.222	1.000		61	2.810	1.000
36	1.230	1.000		62	2.873	1.000
37	1.238	1.000		63	2.952	1.000
38	1.246	1.000		64+	3.000	1.000
39	1.262	1.000				

CCHP's CY2027 geographic rating factors are shown below. CCHP only offers plans in rating area 11.

Table 12.2
Community Care Health Plan
Geographic Rating Factors

Rating Area	Area Rating Factor
11	1.000

The premium for family coverage is determined by summing the consumer adjusted premium rates for each individual family member, provided at most three child dependents under age 21 are taken into account.

The following table demonstrates the premium rate development for the Consumer Adjusted Premium Rate beginning with the Calibrated Plan Adjusted Index Rate and applying the appropriate age, area, and tobacco factors.

Table 12.3
Community Care Health Plan
Sample Consumer Adjusted Premium Rate Development

Bronze 60 HMO 6300/65	
Calibrated Plan Adjusted Index Rate	$380.66
Age: 45	1.444
Rating Area 11	1.000
Tobacco Status: Tobacco User	1.000
Consumer Adjusted Premium Rate	**$549.67**

EXHIBIT 13. PROJECTED LOSS RATIO

The projected 2027 medical loss ratio (MLR) is 97.8%. This loss ratio is calculated based on the MLR methodology as prescribed by 45 CFR 158.

The following table summarizes the calculation for the projected federal medical loss ratio:

Table 13.1
Community Care Health Plan
Projected Federal Medical Loss Ratio

	All Business (2025-2027)
Member Months	35,975
MLR Numerator Calculations	
Paid Claims PMPM	$456.18
Claim-Related Retention (QI/Health IT) PMPM	$4.49
Prior Rebate	$0.00
Other Claim-Related Adjustments	$0.00
Risk Adjustment Paid (Received) PMPM	$99.07
Market Reinsurance Recoveries (Received) PMPM	$0.00
MLR Numerator	**$559.74**
MLR Denominator Calculations	
Premium PMPM	$600.10
Other Premium Related Adjustments	$0.00
Premium-Related Retention (Taxes & Fees) PMPM	$0.51
MLR Denominator	**$599.59**
Medical Loss Ratio	**93.4%**
Credibility Adjustment	**4.0%**
Cost Share Adjustment Factor	**109.4%**
Adjusted Medical Loss Ratio	**97.8%**

EXHIBIT 14. AV METAL VALUES

The AV metal values included in Worksheet 2 are entirely based on the AV Calculator. Table 14.1 below summarizes these values for each product.

Table 14.1
Community Care Health Plan
Actuarial Values

Plan	HIOS ID	Actuarial Value	Source
Platinum 90 HMO 0/20/250	89506CA0010001	0.920	Federal AV Calculator
Platinum 90 HMO 0/20/500	89506CA0010002	0.919	Federal AV Calculator
Platinum 90 HMO 0/25/300	89506CA0010003	0.919	Federal AV Calculator
Platinum 90 HMO 0/25/500	89506CA0010004	0.920	Federal AV Calculator
Gold 80 HMO 325/40	89506CA0010005	0.812	Federal AV Calculator
Gold 80 HMO 500/35	89506CA0010006	0.810	Federal AV Calculator
Gold 80 HMO 750/30	89506CA0010007	0.817	Federal AV Calculator
Gold 80 HMO 1000/35	89506CA0010008	0.820	Federal AV Calculator
Gold 80 HMO HRA 2150/35	89506CA0010009	0.812	Federal AV Calculator
Silver 70 HMO 2250/50	89506CA0010010	0.719	Federal AV Calculator
Silver 70 HMO HRA 2250/50	89506CA0010011	0.719	Federal AV Calculator
Silver 70 HDHP HMO 3200/25	89506CA0010012	0.715	Federal AV Calculator
Bronze 60 HMO 6300/65	89506CA0010013	0.649	Federal AV Calculator
Bronze 60 HDHP HMO 7800/0	89506CA0010014	0.649	Federal AV Calculator
Platinum 90 HMO 0/20/250 INF	89506CA0020001	0.920	Federal AV Calculator
Platinum 90 HMO 0/20/500 INF	89506CA0020002	0.919	Federal AV Calculator
Platinum 90 HMO 0/25/300 INF	89506CA0020003	0.919	Federal AV Calculator
Platinum 90 HMO 0/25/500 INF	89506CA0020004	0.920	Federal AV Calculator
Gold 80 HMO 325/40 INF	89506CA0020005	0.812	Federal AV Calculator
Gold 80 HMO 500/35 INF	89506CA0020006	0.810	Federal AV Calculator
Gold 80 HMO 750/30 INF	89506CA0020007	0.817	Federal AV Calculator
Gold 80 HMO 1000/35 INF	89506CA0020008	0.820	Federal AV Calculator
Gold 80 HMO HRA 2150/35 INF	89506CA0020009	0.812	Federal AV Calculator
Silver 70 HMO 2250/50 INF	89506CA0020010	0.719	Federal AV Calculator
Silver 70 HMO HRA 2250/50 INF	89506CA0020011	0.719	Federal AV Calculator
Silver 70 HDHP HMO 3200/25 INF	89506CA0020012	0.715	Federal AV Calculator
Bronze 60 HMO 6300/65 INF	89506CA0020013	0.649	Federal AV Calculator
Bronze 60 HDHP HMO 7800/0 INF	89506CA0020014	0.649	Federal AV Calculator
Platinum 90 EPO 0/20	89506CA0030001	0.920	Federal AV Calculator
Platinum 90 EPO 0/25	89506CA0030002	0.920	Federal AV Calculator
Gold 80 EPO 250/30	89506CA0030003	0.820	Federal AV Calculator
Gold 80 EPO 500/30	89506CA0030004	0.813	Federal AV Calculator
Gold 80 EPO 750/30	89506CA0030005	0.810	Federal AV Calculator
Gold 80 EPO 1500/35	89506CA0030006	0.805	Federal AV Calculator
Silver 70 EPO 1500/50	89506CA0030007	0.718	Federal AV Calculator
Silver 70 HDHP EPO 3200/25	89506CA0030008	0.715	Federal AV Calculator
Bronze 60 EPO 4500/50	89506CA0030009	0.649	Federal AV Calculator
Bronze 60 HDHP EPO 7800/0	89506CA0030010	0.649	Federal AV Calculator
Platinum 90 EPO 0/20 INF	89506CA0040001	0.920	Federal AV Calculator
Platinum 90 EPO 0/25 INF	89506CA0040002	0.920	Federal AV Calculator
Gold 80 EPO 250/30 INF	89506CA0040003	0.820	Federal AV Calculator
Gold 80 EPO 500/30 INF	89506CA0040004	0.813	Federal AV Calculator
Gold 80 EPO 750/30 INF	89506CA0040005	0.810	Federal AV Calculator
Gold 80 EPO 1500/35 INF	89506CA0040006	0.805	Federal AV Calculator
Silver 70 EPO 1500/50 INF	89506CA0040007	0.718	Federal AV Calculator
Silver 70 HDHP EPO 3200/25 INF	89506CA0040008	0.715	Federal AV Calculator
Bronze 60 EPO 4500/50 INF	89506CA0040009	0.649	Federal AV Calculator
Bronze 60 HDHP EPO 7800/0 INF	89506CA0040010	0.649	Federal AV Calculator

EXHIBIT 15. MEMBERSHIP PROJECTIONS

The projected membership (as displayed in Worksheet 2, Section IV of the URRT) was determined by the current membership size, distribution, estimated terminations and expected new groups. We assumed the small group book to remain at 845 HMO members and 569 EPO members in 2027.

EXHIBIT 16. TERMINATED PRODUCTS

Not applicable. All plans active in CY2026 will be effective in CY2027.

EXHIBIT 17. PLAN TYPE

There are no differences between the plans of CCHP and the plan type selected in the drop-down box in Worksheet 2, Section I of the URRT.

EXHIBIT 18. EFFECTIVE RATE REVIEW INFORMATION (OPTIONAL)

Not applicable.

EXHIBIT 19. RELIANCE

In performing this analysis, I relied on data and other information provided by CCHP. I have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete.

I performed a limited review of the data used directly in the analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of the assignment.

We relied on the following data provided by Michelle Mills and William Lee from CCHP:

- 2025-2026 small group enrollment details with group numbers
- 2025 and 2026 financial statements
- 2025 small group premiums
- 2025 small group detailed pharmacy data
- 2025 small group pharmacy rebate report
- Small Group Risk adjustment data:
    - TIPR file as of June 30, 2025
    - Estimated no impact of RADV in 2027 risk adjustment payment
- Confirmation that no capitation agreements are in place for 2027 other than pediatric dental/vision
- 2027 small group plan benefits
- 2027 small group plan names and HIOS IDs
- 2027 small group service area
- 2027 small group membership projections
- 2027 small group provider reimbursements and PBM contract
- 2027 small group projected non-benefit expense
- 2027 small group profit margin

EXHIBIT 20. ACTUARIAL CERTIFICATION

I am a Principal and Consulting Actuary with the firm of Milliman, Inc. Community Care Health Plan engaged me to provide the opinion herein.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. I am a member of the American Academy of Actuaries, and I meet its qualification standards to perform the analysis and render the actuarial opinion contained herein.

I certify to the best of my knowledge and judgment:

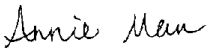
1. The projected Index Rate is
    - In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80 and 147.102)
    - Developed in compliance with the applicable Actuarial Standards of Practice
    - Reasonable in relation to the benefits provided and the population anticipated to be covered
    - Neither excessive nor deficient based on my best estimates of the 2027 small group market.
2. 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.
3. The geographic rating factors shown in Worksheet 3 of URRT reflect only differences in the cost of delivery, and do not include differences for population morbidity by geographic area.
4. The CMS Actuarial Value Calculator was used to determine the AV Metal Values shown in Worksheet 2, Section I of the URRT for all plans.

The URRT does not demonstrate the process used to develop proposed premium rates. It is representative of information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

The 2027 plan year premium rates in this actuarial memorandum are contingent upon the status of the ACA statutes and regulations including any regulatory guidance, court decisions, or otherwise. Changes have the potential to greatly impact the 2027 plan year premium rates provided in this Actuarial Memorandum. Changes include, but are not limited to, any legislative or regulatory amendments, court decisions, or decisions by Congress, the Health and Human Services Secretary or the Centers for Medicare and Medicaid Services director.

The information provided in this actuarial memorandum is in support of the items illustrated in the URRT and does not provide an actuarial opinion regarding the process used to develop proposed premium rates. It does certify that rates were developed in accordance with applicable regulations, as noted.

Differences between the projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience.



Signed:
Name: Annie Man, FSA, MAAA, Ph.D.
Title: Principal and Consulting Actuary
Date: July 14, 2026