2026 Plan Year (PY)

Individual Nongrandfathered Health Plan

Supplemental Checklist for 1332 Waiver Reporting

## Instructions:

This supplemental checklist is requested by the Washington Health Benefit Exchange (HBE) regarding the 1332 waiver reporting requirements. This form (i.e., supplemental checklist) applies to **all individual health plan market issuers** including those with only off-Exchange plans.

The OIC helps the HBE gather the following information when issuers submit their initial and final rate filing documents. The OIC will check the consistency of data reported in this form versus data reported elsewhere in the rate filing. If the information reported in this form is inconsistent with other rate filing information, the OIC may send out an objection requesting a reporting issuer to update this form.

The purpose of this form is to collect with-waiver versus without-waiver differences in assumptions, methodologies, and projections used for individual market rate filings for PY 2026. This information will be used for reporting purposes associated with the guidelines stated in the 1332 Waiver. The federal government requires the State of Washington to report on elements related to health insurance rates, spending, and enrollment as if the waiver were not in effect. The following information is needed to create that report. Details on the waiver can be found [here](https://www.wahbexchange.org/about-the-exchange/what-is-the-exchange/legislation/1332-waiver-information/).

## Response Information:

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| --- |
| **General Information** |
| Issuer Name: |  |
| Applicable Market: | Individual Medical |
| Plan Year: | 2026 |

## Section I – Please provide a response for each item.

**General Assumptions**

1. Are the reporting issuer’s PY 2026 premium rates impacted?
	1. If the waiver were not in effect, would the reporting issuer’s premium rates differ by rating cell (i.e., by plan, smoker/non-smoker, geographic rating area, age band) in the Rate Schedule?

[ ]  Yes [ ]  No

* 1. If the waiver were not in effect, would the reporting issuer’s total projected earned premiums be different?

[ ]  Yes [ ]  No

1. If yes for #1a and/or #1b, how are the reporting issuer’s PY 2026 premium rates impacted?
	1. If yes for #1a, please describe the projected impact by rating cell (i.e., by plan, smoker/non-smoker, geographic rating area, age band), including any quantitative factors used to differentiate premium rates with-waiver versus without-waiver. Note that the purpose of this item is to identify any potential population acuity factors due to the waiver.
	2. If yes for #1b, please describe the projected impact to total premiums. Please describe any other differences that apply beyond those by rating cell already described above under #2a. If differences are only due to factors described above in #2a, please explain.

**Enrollment**

Note that “average annual members” is equal to total member months for the year divided by 12.

1. What is the reporting issuer’s projected with-waiver enrollment for PY 2026?

Provide the reporting issuer’s average annual members by rating area as well as summed across the issuer’s rating areas. The total number summed across the rating areas and multiplied by 12 months should reconcile to the value reported in the Unified Rate Review Template (URRT), Worksheet 2 – Product-Plan Data, Section IV: Projected Plan Level Information, field **4.9 Projected Member Months**.

1. What is the reporting issuer’s projected without-waiver enrollment for PY 2026?

Provide the reporting issuer’s average annual members by rating area as well as summed across the issuer’s rating areas.

1. For the reporting issuer’s PY 2026 projected enrollment, please provide enrollment projections by plan. Provide both with-waiver and without-waiver projected enrollment. Describe how with-waiver and without-waiver assumptions differ. If no plan mix differences are expected, please explain.

**Total Premiums**

1. What is the reporting issuer’s projected with-waiver total premium for PY 2026?

Provide the reporting issuer’s projected premium by rating area as well as summed across the issuer’s rating areas. The total amount summed across the rating areas should reconcile to the value reported in the Unified Rate Review Template (URRT), Worksheet 2 – Product-Plan Data, Section IV: Projected Plan Level Information, field **4.8 Premium**.

Round to the nearest cent.

Use enrollment reported above in #3.

1. What is the reporting issuer’s projected without-waiver total premium for PY 2026?

Provide the reporting issuer’s projected premium by rating area as well as summed across the issuer’s rating areas.

Round to the nearest cent.

Use enrollment reported above in #4.

1. For the reporting issuer’s PY 2026 projected premiums, please describe how with-waiver and without-waiver assumptions and methodologies differ.

Discuss impacts to individual rating cell premium rates, premium PMPM, and total premium.

Discuss how assumed plan enrollment differences discussed above in #5 impact projected premiums.

See also #13 below related to projected medical spending.

If no differences are expected, please explain.

**Service Area**

1. For PY 2026, would the service area offered by the reporting issuer have differed if the waiver were not in effect?

[ ]  Yes [ ]  No

1. If yes for #9, please describe how the reporting issuer’s PY 2026 service area participation would have differed without the waiver.

**Medical Spending (a.k.a. Claims or Costs)**

1. What is the reporting issuer’s PY 2026 with-waiver total projected medical allowed claims spending (i.e., the sum of incurred claims and member cost shares)?

Provide the reporting issuer’s projected medical allowed claims spending by rating area as well as summed across the issuer’s rating areas. The total amount summed across the rating areas should reconcile to the value reported in the Unified Rate Review Template (URRT), Worksheet 2 – Product-Plan Data, Section IV: Projected Plan Level Information, field **4.2 Allowed Claims**.

Round to the nearest cent.

Use enrollment reported above in #3.

1. What is the reporting issuer’s PY 2026 without-waiver total projected medical allowed claims spending (i.e., the sum of incurred claims and member cost shares)?

Provide the reporting issuer’s projected medical spending by rating area as well as summed across the issuer’s rating areas.

Round to the nearest cent.

Use enrollment reported above in #4.

1. For the reporting issuer’s PY 2026 medical allowed claims spending projections, please describe how with-waiver and without-waiver assumptions and methodologies differ.

For example, address changes to adjustment factors for URRT Worksheet 1, Section II: Projections.

Discuss impacts to both PMPM and total costs.

Discuss how assumed plan enrollment differences discussed above in #5 impact projected medical allowed claims spending.

See also #8 above related to projected premiums.

If differences are not expected, please explain.

1. For the reporting issuer’s PY 2026 Risk Adjustment projections, please describe how with-waiver and without-waiver assumptions differ.

Please also describe expected impacts.

If differences are not expected, please explain.

1. For the reporting issuer’s PY 2026 Administrative Expense projections, please describe how with-waiver and without-waiver assumptions and methodologies differ.

Please also describe expected impacts.

If differences are not expected, please explain.

## Section II - For Informational Purposes as Background Information

The state is required to submit the [following information to CMS](https://www.cms.gov/files/document/1332-wa-approval-letter-stcs.pdf) on an annual basis.

1. The final Second Lowest Cost Silver Plan (SLCSP) rates for individual health insurance coverage for a representative individual (e.g., a 21-year-old non-smoker) in each rating area or service area (if premiums vary by geographies smaller than rating areas) for the applicable plan year that are actuarially certified. Also include the actuarial memoranda;
2. The estimate of what the final SLCSP rates for individual health insurance coverage for a representative individual in each rating area or service area (if premiums vary by geographies smaller than rating areas) would have been absent approval of this waiver for the applicable plan year, that are actuarially certified. The state must include with this information the methods and assumptions the state used to estimate the final SLCSP rates and state’s estimate of what the final SLCSP rates would have been absent approval of the waiver for each rating area or service area absent approval of this waiver. Also include the actuarial memoranda;
3. From each issuer, the estimate of the total amount of all premiums expected to be paid for individual health insurance coverage for the applicable plan year;
4. From each issuer, the estimate of the total premiums that would have been expected to be paid for individual health insurance coverage for the applicable plan year without the waiver;
5. From each issuer, the estimate of the total amount of all medical spending expected to be paid for individual health insurance enrollees for the applicable plan year, along with any underlying analyses;
6. From each issuer, the estimate of the total amount of all medical spending that would have been expected to be paid for individual health insurance enrollees for applicable plan year without the waiver, along with any underlying analyses;
7. The state specific age curve premium variation for the current and upcoming plan year;
8. Reports of the estimated total state subsidy program reimbursements for the upcoming plan year;
9. Reports of the total enrollment estimates for individual health insurance coverage, both with and without the waiver for the upcoming plan year;
10. An explanation of why the experience for the upcoming plan year may vary from previous estimates and how assumptions used to estimate the impact have changed. This includes an explanation of changes in the estimated impact of the waiver on aggregate premiums, the estimated impact to the SLCSP rates, and the estimated impact on enrollment. The state should also explain changes to the estimated state subsidy program estimates relative to prior estimates.