

Appendix B: Preliminary Rate Increase Justification for 2027

Rate Change

This filing requests an average rate change of +8.0% versus the 2026 fourth quarter rates approved in our most recent filing. PacificSource currently has 9,399 members on ACA-compliant plans that are potentially impacted by this filing. If approved, year over year rate impacts for these policies will range from -5.9% to +29.0%, with a premium-weighted average of +15.0%. The large range of increases is primarily due to group renewal dates due to a midyear rate increase effective 7/1/2026. The rate change reported in the Unified Rate Review Template is +15.24%, which is weighted by membership and premium and only includes the impact of members on renewing plans.

Rate impacts vary based on the following:

- Renewal quarter: Rate changes slightly vary by renewal quarter due to changes in quarterly trend factors versus the 2026 filing. Rate changes will also vary by renewal quarter due to our approved rate increase effective 7/1/2026.

Effective Date	Members	Average Rate Change
Q1-Q2	6,710	+17.81%
Q3-Q4	2,689	+9.23%

- Plan: Rate increases will vary by plan due to benefit changes.

Most Significant Factors

The average +15.0% increase is primarily driven by the following factors.

Changes in Risk Assumptions:	+9.6%
Changes in Trend and Leveraging:	+8.6%
Changes in Benefits:	-5.1%
Changes in Administration:	+1.9%
Other:	-0.0%
Total:	+15.0%

The table above shows an illustrative breakdown of the factors that most significantly impact the projected rates.

These drivers are discussed below:

- Changes in Risk Assumptions: This reflects changes in assumptions regarding relative morbidity and risk adjustment versus the previous filing. The positive number does not indicate an expected increase in market morbidity between 2026 and 2027.
- Trend and Leveraging: This factor captures the impact of baseline increases in unit cost and utilization, as well as deductible, copay, and out-of-pocket maximum leveraging. See “Key Assumptions” below for details.
- Changes in Benefits: This reflects changes in average benefit versus the previous filing, including the impact of mapping discontinued plans.
- Changes in Administration: This reflects changes in the cost associated with adjudicating and paying claims, marketing, contracting with providers, and so forth.
- Other: This reflects the combined impact of less significant drivers such as changes in taxes and fees.

Financial Experience

Over the calendar year 2025, the ACA-compliant Idaho Small Group block earned an estimated 54.0 million in risk adjusted premium and incurred an estimated 48.4 million in claims, for a medical claims rate of 89.7%.

With the proposed rate increase, we project that the ACA-Compliant Idaho Small Group block will earn 73.4 million in premium in 2027 and incur approximately 60.5 million in risk adjusted claims, for a medical claims rate of 82.5%. Combined administrative expenses, commissions, taxes, and assessments are projected to be 14.5% of premium, leaving 3.0% of premium for contributions to reserves after taxes.

Key Assumptions

The annual cost trends used in developing the 2027 rates are:

Medical:	7.31%
Drug:	13.04%

We are applying two years of combined medical and pharmacy trend. To develop the overall medical trend, we estimate separate utilization trends and allowed cost per service trends for a variety of inpatient, outpatient, and physician categories. These estimates are informed by examining our commercial block of business. They do not include changes in age, benefits, or morbidity. We work closely with Health Services and Provider Contracting for these estimates to ensure that they reflect up to date expectations in future medical utilization as well as expectations in future contracting for Idaho Small Group members.

A pharmacy trend model is developed separately by our pharmacy benefit manager (PBM). This model takes into account introduction of new drugs, expiration of patents, and our issuer-specific utilization by drug class.

The 2027 rates are made up of the following components:

Incurred claims:	82.47%
Administrative costs:	9.99%
Federal taxes and fees:	0.08%
State taxes and fees:	1.75%
Commissions:	2.71%
Contribution to surplus, profit, and risk margin:	3.00%
Total:	100.00%

Components are described below:

- Incurred claims: Includes the impact of risk adjustment.
- Administration: This is the cost associated with adjudicating and paying claims, marketing, contracting with providers, and so forth. This figure includes health improvement costs that may be included as claims for MLR and rebate calculation purposes.
- Federal taxes and fees: The federal risk adjustment fee is \$0.18 per member per month. PCORI is estimated to be \$0.34 per member per month.
- State taxes and fees: We expect Exchange User Fees to be 0.0% of premium based on our expected 0.0% of Idaho small group membership being subject to the exchange fee. The children's immunization program is estimated to be approximately \$1.60 PMPM. Idaho premium tax is 1.50% of premium.
- Commissions: PacificSource will pay broker commissions at a rate of \$32.00 per employee per month for groups size 6+, and \$26.00 per employee per month for all other groups. Commissions do not vary by plan, exchange status, or any other variables.
- Contribution to surplus: PacificSource Health Plans is targeting a pre-income tax margin of 3.0%.