

Idaho Section 1332 Waiver

Amendment and Extension Application Addendum 1

Supplemental Response to CMS Information Request

Idaho Department of Insurance

Overview

This Addendum 1 supplements Idaho’s previously submitted Section 1332 State Innovation Waiver Extension and Amendment Application. It provides additional context, clarifications, and supplemental analysis to address specific CMS questions, as requested. All financial projections and actuarial estimates herein are consistent with the Milliman Actuarial Certification and Economic Analyses dated January 29, 2026, except where this Addendum provides updated or corrected figures, which are noted explicitly.

Question 1 - Plan Parameters and Out-of-Pocket (OOP) Spending for the Covered Choice Population, Medicaid and QHP

Medicaid Plan Parameters (All Projection Years), All Scenarios

For individuals in the Covered Choice-eligible population (income 100%-138% Federal Poverty Level (FPL)) who remain in or would enroll in Medicaid in the absence of the waiver, the following plan parameters apply:

Parameter	Without-Waiver (Medicaid)
Gross Premium	\$0
Net Premium (member cost)	\$0
Deductible	\$0
Outpatient Copay	\$3.65/visit (increasing to \$4.00 effective July 1, 2026)
Prescription Drug Copay	\$0 currently; Idaho intends to implement \$4.00 preferred / \$8.00 non-preferred by date uncertain
Other Cost Sharing	None
Maximum OOP	Copays capped at 5% of household income, per P.L. 119-21

Note that Idaho Code § 56-2203 requires the Idaho Department of Health and Welfare to submit a state plan amendment for increasing participant cost-sharing, to the extent allowed under federal law, “that is at least to the levels developed by other states and up to the maximum charged by other states.” The application process for that state plan amendment shall begin no later than July 1, 2026. Therefore, the costs in the table above are expected to increase to yet undetermined amounts.

Estimated Annual OOP under Medicaid, All Scenarios

Because Medicaid premiums are \$0 and cost-sharing is limited to modest copays subject to a 5% household income cap, annual OOP for the Covered Choice-eligible population in the without-waiver scenario is estimated as follows, using national benchmark utilization data for low-income Medicaid expansion enrollees and Idaho Medicaid copay structure:

Year	Outpatient Copay (est. annual PMPY)	Rx Copay (est. annual PMPY)	Est. Total Annual OOP
2027	\$20-\$24	\$48-\$96	\$68-\$120
2028	\$20-\$24	\$48-\$96	\$68-\$120
2029	\$20-\$24*	\$48-\$96*	\$68-\$120*
2030	\$20-\$24*	\$48-\$96*	\$68-\$120*
2031	\$20-\$24*	\$48-\$96*	\$68-\$120*

*** Methodology note:** Estimates below use nationally benchmarked average utilization rates for Medicaid expansion enrollees (approximately 4-6 outpatient visits per member per year and 8-12 prescription fills per member per year), applied to Idaho’s copay schedule. These are conservative estimates; actual OOP will vary by individual health status and utilization. The 5% household income cap limits maximum annual exposure to approximately \$830-\$1,160 for a single individual at 100%-138% FPL, based on 2027 FPL levels. Future increases to the copays are expected, but undetermined as of the date of this application.

Qualified Health Plan (QHP) Parameters (All Projection Years), All Scenarios

Covered Choice enrollees will be eligible exclusively for the 94% actuarial value cost-sharing reduction (CSR) variant silver plan available through Your Health Idaho. The following parameters represent the second-lowest cost silver plan (SLCSP) 94% CSR variant in Ada County (the State’s most populous county), provided as a representative example. Plan designs will vary by rating area and issuer; the 94% CSR variant is the applicable plan tier for all Covered Choice enrollees with income 100%-138% FPL. See the SBC of the sample plan for more details. Plan parameters are not dependent on the waiver approval and do not change between scenarios.

Parameter	With-Waiver (94% CSR QHP - Ada County SLCSP)
Gross Premium	Varies by rating area and age; see Figure 1 of the Actuarial Certification for projected gross SLCSP premiums by year
Net Premium (member cost)	Reduced by APTC; see Figure 1 of the Actuarial Certification for net premium projections by year
Deductible	\$0
Maximum OOP	\$1,000 individual / \$2,000 family
Cost Sharing	\$0-\$15 for most services, \$2-\$10 for most prescriptions
Example Plan	Moda Select Idaho Silver 4000 Plus Vision Exam 94% CSR (Ada County, 2026)

Figure 1 of the Actuarial Certification (Milliman, January 2026) is incorporated herein by reference. Figure 1 presents projected gross and net premiums by year (2027-2031) for the Covered Choice population at the average income level for the Choice population.

FIGURE 1: COVERED CHOICE ENROLLMENT AND COST PROJECTIONS

Covered Choice Assuming 20% Election Rate	CY 2027	CY 2028	CY 2029	CY 2030	CY 2031
Estimated Enrollment	3,400	3,500	3,500	3,600	3,600
Aggregate Gross Premiums (\$ Millions)	\$ 25.7	\$ 27.3	\$ 28.8	\$ 30.4	\$ 32.0
Aggregate Premium Tax Credits (\$ Millions)	\$ 24.0	\$ 25.5	\$ 26.9	\$ 28.5	\$ 30.0
Aggregate Net Premiums (\$ Millions)	\$ 1.7	\$ 1.7	\$ 1.8	\$ 1.9	\$ 2.0
Gross Premium PMPM	\$ 621.38	\$ 648.72	\$ 675.31	\$ 703.00	\$ 731.83
Premium Tax Credit PMPM	581.05	607.18	632.39	658.84	686.39
Net Premium PMPM	40.33	41.54	42.93	44.16	45.43

Estimated Annual OOP under 94% CSR QHP, All Scenarios

Annual net premiums are derived from Figure 1 of the Actuarial Certification (Net Premium PMPM × 12).

Annual Net Premium (all ages, Net PMPM × 12)

Age Group	CY 2027	CY 2028	CY 2029	CY 2030	CY 2031
All	\$483.96	\$498.48	\$515.16	\$529.92	\$545.16

Based on CY 2024 EDGE server data for the population purchasing a 94% CSR variant plan, with trend applied to estimate costs for each projection year, the following table illustrates estimated Covered Choice annual cost sharing by age group. Cost sharing for actual selected plans will vary from the plan design discussed above to an unknown degree.

Annual Cost Sharing by Age Group (Monthly Cost Sharing × 12)

Age Group	CY 2027	CY 2028	CY 2029	CY 2030	CY 2031
0-18	\$291.96	\$304.80	\$317.40	\$330.48	\$344.16
19-29	\$384.00	\$400.92	\$417.48	\$434.76	\$452.76
30-39	\$573.48	\$598.80	\$623.52	\$649.32	\$676.20
40-49	\$759.96	\$793.32	\$826.20	\$860.28	\$895.92
50+	\$1,111.80	\$1,160.76	\$1,208.76	\$1,258.68	\$1,310.76

Total Annual OOP by Age Group (Net Premium + Cost Sharing)

Age Group	CY 2027	CY 2028	CY 2029	CY 2030	CY 2031
0-18	\$775.92	\$803.28	\$832.56	\$860.40	\$889.32
19-29	\$867.96	\$899.40	\$932.64	\$964.68	\$997.92
30-39	\$1,057.44	\$1,097.28	\$1,138.68	\$1,179.24	\$1,221.36
40-49	\$1,243.92	\$1,291.80	\$1,341.36	\$1,390.20	\$1,441.08
50+	\$1,595.76	\$1,659.24	\$1,723.92	\$1,788.60	\$1,855.92

OOP Comparison Summary

The table below summarizes the key affordability comparison between the two scenarios for the Covered Choice population:

Parameter	Without Waiver (Medicaid)	With Waiver (94% CSR QHP)
Net Annual Premium	\$0	\$483.96 (CY 2027) → \$545.16 (CY 2031)
Deductible	\$0	\$0
Maximum OOP	5% of household income, per P.L. 119-21 (~\$830-\$1,160/yr at 100-138% FPL)	\$1,000 individual

Note that enrollment in Covered Choice is entirely voluntary. Individuals selecting a QHP do so with full knowledge of their Medicaid option. The 94% CSR plan’s \$0 deductible and \$1,000 individual maximum OOP provide strong catastrophic protection comparable to Medicaid’s 5%-of-income cap. Enrollees retain the right to return to Medicaid at any time, ensuring no permanent reduction in coverage access.

Question 2 - Additional Data for Each of the Three Scenarios

Question 2a - Non-Group Market Enrollment by FPL Band and Metal Level

Enrollment projections by FPL band and metal level across each scenario were developed by Milliman and are provided here for each projection year (2027-2031).

Note that under the reinsurance-only scenario (Scenario 2), enrollment changes relative to the without-waiver baseline are projected only for the >400% FPL cohort, consistent with the reinsurance program’s primary effect on unsubsidized enrollees. Covered Choice enrollment is reflected in the ≥100%-≤133% FPL cohort in the amended with-waiver scenario (Scenario 3). Estimated enrollment values have been rounded.

Without Waiver - Estimated ACA Compliant Enrollment by Income Level

FPL Cohort	CY 2026	CY 2027	CY 2028	CY 2029	CY 2030	CY 2031
LE 99%	1,800	1,800	1,800	1,800	1,900	1,900
GE 100% and LE 133%	2,500	2,500	2,500	2,600	2,600	2,600
GT 133% and LE 150%	6,400	6,400	6,500	6,600	6,700	6,800
GT 150% and LE 200%	22,000	22,300	22,600	22,900	23,100	23,400
GT 200% and LE 250%	18,500	18,800	19,000	19,300	19,500	19,700
GT 250% and LE 300%	11,900	12,100	12,300	12,400	12,600	12,700
GT 300% and LE 400%	12,900	13,100	13,300	13,500	13,600	13,800
GT 400%	27,100	27,500	27,800	28,100	28,500	28,900
Total	103,100	104,500	105,800	107,200	108,500	109,800

With Waiver (Reinsurance Extension Only) - Estimated ACA Compliant Enrollment by Income Level

FPL Cohort	CY 2026	CY 2027	CY 2028	CY 2029	CY 2030	CY 2031
LE 99%	1,800	1,800	1,800	1,800	1,900	1,900
GE 100% and LE 133%	2,500	2,500	2,500	2,600	2,600	2,600
GT 133% and LE 150%	6,400	6,400	6,500	6,600	6,700	6,800
GT 150% and LE 200%	22,000	22,300	22,600	22,900	23,100	23,400
GT 200% and LE 250%	18,500	18,800	19,000	19,300	19,500	19,700
GT 250% and LE 300%	11,900	12,100	12,300	12,400	12,600	12,700
GT 300% and LE 400%	12,900	13,100	13,300	13,500	13,600	13,800
GT 400%	27,900	28,300	28,700	29,000	29,400	29,800
Total	103,900	105,300	106,700	108,100	109,400	110,700

With Waiver (Reinsurance Extension & Covered Choice) - Estimated ACA Compliant Enrollment by Income Level						
FPL Cohort	CY 2026	CY 2027	CY 2028	CY 2029	CY 2030	CY 2031
LE 99%	1,800	1,800	1,800	1,800	1,900	1,900
GE 100% and LE 133%	2,500	5,900	6,000	6,100	6,200	6,200
GT 133% and LE 150%	6,400	6,400	6,500	6,600	6,700	6,800
GT 150% and LE 200%	22,000	22,300	22,600	22,900	23,100	23,400
GT 200% and LE 250%	18,500	18,800	19,000	19,300	19,500	19,700
GT 250% and LE 300%	11,900	12,100	12,300	12,400	12,600	12,700
GT 300% and LE 400%	12,900	13,100	13,300	13,500	13,600	13,800
GT 400%	27,900	28,300	28,700	29,000	29,400	29,800
Total	103,900	108,700	110,200	111,600	113,000	114,300

The next series of tables provide the estimated metal-level enrollment under the three scenarios. Estimated enrollment values have been rounded.

Without Waiver - Estimated ACA Compliant Enrollment by Metal Level						
Metal Level	CY 2026	CY 2027	CY 2028	CY 2029	CY 2030	CY 2031
Catastrophic	500	500	500	500	500	500
Bronze	61,400	62,300	63,000	63,800	64,600	65,500
Silver	30,700	31,100	31,500	31,900	32,300	32,600
Gold	9,900	10,000	10,100	10,300	10,400	10,500
Platinum	700	700	700	700	700	700
Total	103,100	104,500	105,800	107,200	108,500	109,800

With Waiver (Reinsurance Extension Only) - Estimated ACA Compliant Enrollment by Metal Level						
Metal Level	CY 2026	CY 2027	CY 2028	CY 2029	CY 2030	CY 2031
Catastrophic	500	500	500	500	500	500
Bronze	62,000	62,900	63,700	64,500	65,300	66,200
Silver	30,700	31,100	31,600	32,000	32,400	32,700
Gold	10,000	10,100	10,200	10,400	10,500	10,600
Platinum	700	700	700	700	700	700
Total	103,900	105,300	106,700	108,100	109,400	110,700

With Waiver (Reinsurance Extension & Covered Choice) - Estimated ACA Compliant Enrollment by Metal Level						
Metal Level	CY 2026	CY 2027	CY 2028	CY 2029	CY 2030	CY 2031
Catastrophic	500	500	500	500	500	500
Bronze	62,000	62,900	63,700	64,500	65,300	66,200
Silver	30,700	34,500	35,100	35,500	36,000	36,300
Gold	10,000	10,100	10,200	10,400	10,500	10,600
Platinum	700	700	700	700	700	700
Total	103,900	108,700	110,200	111,600	113,000	114,300

Question 2b - SLCSP Rates by Service Area

SLCSP rates for a 21-year-old nonsmoker by service area without-waiver (Scenario 1) and with-waiver (Scenario 2 and Scenario 3) are provided here for projection years 2026-2031. Due to the nature of the Covered Choice program, it has no impact on the SLCSP premium rates, resulting in no difference between Scenario 2 and Scenario 3.

The rates reflect Idaho’s 44 service areas, each corresponding to one of Idaho’s 44 counties, organized within Idaho’s 6 rating areas. All insurers set their service areas along county lines; accordingly, the 44 service areas align with all issuer-specific service areas.

Second Lowest-Cost Silver Premium (SLCSP) by County
Section 1332 Waiver Impacts

Rating Area	Service Area	Without Waiver SLCSP (Age 21)					With Waiver (Amended and under Covered Choice) SLCSP (Age 21)						
		Actual	Projected				Actual	Projected					
		2026	2027	2028	2029	2030	2031	2026	2027	2028	2029	2030	2031
1	ID0001	\$ 462.93	\$ 486.22	\$ 507.60	\$ 528.61	\$ 550.37	\$ 573.15	\$ 379.61	\$ 437.80	\$ 457.00	\$ 475.90	\$ 495.50	\$ 515.99
1	ID0002	\$ 462.76	\$ 486.04	\$ 507.41	\$ 528.41	\$ 550.16	\$ 572.93	\$ 379.46	\$ 437.63	\$ 456.82	\$ 475.72	\$ 495.31	\$ 515.79
1	ID0003	\$ 462.93	\$ 486.22	\$ 507.60	\$ 528.61	\$ 550.37	\$ 573.15	\$ 379.61	\$ 437.80	\$ 457.00	\$ 475.90	\$ 495.50	\$ 515.99
1	ID0004	\$ 462.76	\$ 486.04	\$ 507.41	\$ 528.41	\$ 550.16	\$ 572.93	\$ 379.46	\$ 437.63	\$ 456.82	\$ 475.72	\$ 495.31	\$ 515.79
1	ID0005	\$ 462.93	\$ 486.22	\$ 507.60	\$ 528.61	\$ 550.37	\$ 573.15	\$ 379.61	\$ 437.80	\$ 457.00	\$ 475.90	\$ 495.50	\$ 515.99
2	ID0006	\$ 461.40	\$ 484.61	\$ 505.91	\$ 526.85	\$ 548.53	\$ 571.23	\$ 378.35	\$ 436.35	\$ 455.48	\$ 474.32	\$ 493.85	\$ 514.27
2	ID0007	\$ 461.40	\$ 484.61	\$ 505.91	\$ 526.85	\$ 548.53	\$ 571.23	\$ 378.35	\$ 436.35	\$ 455.48	\$ 474.32	\$ 493.85	\$ 514.27
2	ID0008	\$ 461.40	\$ 484.61	\$ 505.91	\$ 526.85	\$ 548.53	\$ 571.23	\$ 378.35	\$ 436.35	\$ 455.48	\$ 474.32	\$ 493.85	\$ 514.27
2	ID0009	\$ 461.40	\$ 484.61	\$ 505.91	\$ 526.85	\$ 548.53	\$ 571.23	\$ 378.35	\$ 436.35	\$ 455.48	\$ 474.32	\$ 493.85	\$ 514.27
2	ID0010	\$ 461.40	\$ 484.61	\$ 505.91	\$ 526.85	\$ 548.53	\$ 571.23	\$ 378.35	\$ 436.35	\$ 455.48	\$ 474.32	\$ 493.85	\$ 514.27
3	ID0011	\$ 466.13	\$ 489.58	\$ 511.10	\$ 532.25	\$ 554.16	\$ 577.09	\$ 382.23	\$ 440.82	\$ 460.15	\$ 479.18	\$ 498.91	\$ 519.54
3	ID0012	\$ 468.06	\$ 491.61	\$ 513.22	\$ 534.46	\$ 556.46	\$ 579.49	\$ 383.81	\$ 442.64	\$ 462.05	\$ 481.16	\$ 500.98	\$ 521.70
3	ID0013	\$ 466.13	\$ 489.58	\$ 511.10	\$ 532.25	\$ 554.16	\$ 577.09	\$ 382.23	\$ 440.82	\$ 460.15	\$ 479.18	\$ 498.91	\$ 519.54
3	ID0014	\$ 466.13	\$ 489.58	\$ 511.10	\$ 532.25	\$ 554.16	\$ 577.09	\$ 382.23	\$ 440.82	\$ 460.15	\$ 479.18	\$ 498.91	\$ 519.54
3	ID0015	\$ 468.06	\$ 491.61	\$ 513.22	\$ 534.46	\$ 556.46	\$ 579.49	\$ 383.81	\$ 442.64	\$ 462.05	\$ 481.16	\$ 500.98	\$ 521.70
3	ID0016	\$ 466.13	\$ 489.58	\$ 511.10	\$ 532.25	\$ 554.16	\$ 577.09	\$ 382.23	\$ 440.82	\$ 460.15	\$ 479.18	\$ 498.91	\$ 519.54
3	ID0017	\$ 468.06	\$ 491.61	\$ 513.22	\$ 534.46	\$ 556.46	\$ 579.49	\$ 383.81	\$ 442.64	\$ 462.05	\$ 481.16	\$ 500.98	\$ 521.70
3	ID0018	\$ 466.13	\$ 489.58	\$ 511.10	\$ 532.25	\$ 554.16	\$ 577.09	\$ 382.23	\$ 440.82	\$ 460.15	\$ 479.18	\$ 498.91	\$ 519.54
3	ID0019	\$ 476.68	\$ 500.66	\$ 522.67	\$ 544.30	\$ 566.70	\$ 590.15	\$ 390.88	\$ 450.80	\$ 470.57	\$ 490.04	\$ 510.22	\$ 531.32
3	ID0020	\$ 466.13	\$ 489.58	\$ 511.10	\$ 532.25	\$ 554.16	\$ 577.09	\$ 382.23	\$ 440.82	\$ 460.15	\$ 479.18	\$ 498.91	\$ 519.54
4	ID0021	\$ 456.18	\$ 479.13	\$ 500.19	\$ 520.89	\$ 542.33	\$ 564.78	\$ 374.07	\$ 431.41	\$ 450.33	\$ 468.96	\$ 488.27	\$ 508.46
4	ID0022	\$ 473.99	\$ 497.83	\$ 519.72	\$ 541.23	\$ 563.51	\$ 586.83	\$ 388.67	\$ 448.25	\$ 467.91	\$ 487.27	\$ 507.34	\$ 528.32
4	ID0023	\$ 473.99	\$ 497.83	\$ 519.72	\$ 541.23	\$ 563.51	\$ 586.83	\$ 388.67	\$ 448.25	\$ 467.91	\$ 487.27	\$ 507.34	\$ 528.32
4	ID0024	\$ 484.11	\$ 508.46	\$ 530.81	\$ 552.78	\$ 575.53	\$ 599.35	\$ 396.97	\$ 457.82	\$ 477.90	\$ 497.67	\$ 518.17	\$ 539.60
4	ID0025	\$ 473.99	\$ 497.83	\$ 519.72	\$ 541.23	\$ 563.51	\$ 586.83	\$ 388.67	\$ 448.25	\$ 467.91	\$ 487.27	\$ 507.34	\$ 528.32
4	ID0026	\$ 473.99	\$ 497.83	\$ 519.72	\$ 541.23	\$ 563.51	\$ 586.83	\$ 388.67	\$ 448.25	\$ 467.91	\$ 487.27	\$ 507.34	\$ 528.32
4	ID0027	\$ 484.11	\$ 508.46	\$ 530.81	\$ 552.78	\$ 575.53	\$ 599.35	\$ 396.97	\$ 457.82	\$ 477.90	\$ 497.67	\$ 518.17	\$ 539.60
4	ID0028	\$ 473.99	\$ 497.83	\$ 519.72	\$ 541.23	\$ 563.51	\$ 586.83	\$ 388.67	\$ 448.25	\$ 467.91	\$ 487.27	\$ 507.34	\$ 528.32
4	ID0029	\$ 473.99	\$ 497.83	\$ 519.72	\$ 541.23	\$ 563.51	\$ 586.83	\$ 388.67	\$ 448.25	\$ 467.91	\$ 487.27	\$ 507.34	\$ 528.32
5	ID0030	\$ 491.45	\$ 516.17	\$ 538.86	\$ 561.16	\$ 584.26	\$ 608.44	\$ 402.99	\$ 464.76	\$ 485.14	\$ 505.21	\$ 526.02	\$ 547.77
5	ID0031	\$ 491.45	\$ 516.17	\$ 538.86	\$ 561.16	\$ 584.26	\$ 608.44	\$ 402.99	\$ 464.76	\$ 485.14	\$ 505.21	\$ 526.02	\$ 547.77
5	ID0032	\$ 488.66	\$ 513.24	\$ 535.80	\$ 557.97	\$ 580.94	\$ 604.98	\$ 400.70	\$ 462.12	\$ 482.38	\$ 502.33	\$ 523.02	\$ 544.65
5	ID0033	\$ 491.45	\$ 516.17	\$ 538.86	\$ 561.16	\$ 584.26	\$ 608.44	\$ 402.99	\$ 464.76	\$ 485.14	\$ 505.21	\$ 526.02	\$ 547.77
5	ID0034	\$ 491.45	\$ 516.17	\$ 538.86	\$ 561.16	\$ 584.26	\$ 608.44	\$ 402.99	\$ 464.76	\$ 485.14	\$ 505.21	\$ 526.02	\$ 547.77
5	ID0035	\$ 491.45	\$ 516.17	\$ 538.86	\$ 561.16	\$ 584.26	\$ 608.44	\$ 402.99	\$ 464.76	\$ 485.14	\$ 505.21	\$ 526.02	\$ 547.77
5	ID0036	\$ 488.66	\$ 513.24	\$ 535.80	\$ 557.97	\$ 580.94	\$ 604.98	\$ 400.70	\$ 462.12	\$ 482.38	\$ 502.33	\$ 523.02	\$ 544.65
5	ID0037	\$ 491.45	\$ 516.17	\$ 538.86	\$ 561.16	\$ 584.26	\$ 608.44	\$ 402.99	\$ 464.76	\$ 485.14	\$ 505.21	\$ 526.02	\$ 547.77
6	ID0038	\$ 475.04	\$ 498.94	\$ 520.87	\$ 542.43	\$ 564.76	\$ 588.13	\$ 389.53	\$ 449.24	\$ 468.94	\$ 488.34	\$ 508.45	\$ 529.48
6	ID0039	\$ 475.04	\$ 498.94	\$ 520.87	\$ 542.43	\$ 564.76	\$ 588.13	\$ 389.53	\$ 449.24	\$ 468.94	\$ 488.34	\$ 508.45	\$ 529.48
6	ID0040	\$ 475.04	\$ 498.94	\$ 520.87	\$ 542.43	\$ 564.76	\$ 588.13	\$ 389.53	\$ 449.24	\$ 468.94	\$ 488.34	\$ 508.45	\$ 529.48
6	ID0041	\$ 475.04	\$ 498.94	\$ 520.87	\$ 542.43	\$ 564.76	\$ 588.13	\$ 389.53	\$ 449.24	\$ 468.94	\$ 488.34	\$ 508.45	\$ 529.48
6	ID0042	\$ 475.04	\$ 498.94	\$ 520.87	\$ 542.43	\$ 564.76	\$ 588.13	\$ 389.53	\$ 449.24	\$ 468.94	\$ 488.34	\$ 508.45	\$ 529.48
6	ID0043	\$ 475.04	\$ 498.94	\$ 520.87	\$ 542.43	\$ 564.76	\$ 588.13	\$ 389.53	\$ 449.24	\$ 468.94	\$ 488.34	\$ 508.45	\$ 529.48
6	ID0044	\$ 475.04	\$ 498.94	\$ 520.87	\$ 542.43	\$ 564.76	\$ 588.13	\$ 389.53	\$ 449.24	\$ 468.94	\$ 488.34	\$ 508.45	\$ 529.48

Note, values in Appendix 2, Scenario 3 for the Statewide Average SLCSP Premium PMPM and Statewide Aggregate SLCSP premium have been updated due to a calculation issue. Revised values have been provided below:

Appendix 2, Scenario 3	CY 2026	CY 2027	CY 2028	CY 2029	CY 2030	CY 2031
Statewide Average SLCSP Premium PMPM	\$ 557.63	\$ 642.18	\$ 670.34	\$ 698.06	\$ 726.80	\$ 756.84
Statewide Aggregate SLCSP Premiums (\$ Millions)	\$ 508.9	\$ 619.4	\$ 655.3	\$ 691.4	\$ 728.7	\$ 768.1

Question 2c - Age Rating Curve

The State of Idaho uses the federal default age rating curve.

Question 2d - Medicaid Enrollment by FPL Band

Idaho’s Covered Choice-Eligible cohort (100%-138% FPL) is assumed to be 21.2% of the full Medicaid expansion population (0%-138% FPL). The waiver’s scope is limited entirely to the expansion population; the traditional Medicaid population is unaffected and is not addressed in this waiver analysis.

100%-138% FPL (Covered Choice-Eligible Cohort): Medicaid enrollment projections for the 100%-138% FPL cohort are provided in Figure 3 of the Actuarial Certification and reproduced here, covering without-waiver baseline, low Covered Choice enrollment, and high Covered Choice enrollment scenarios for each projection year 2027-2031. The without-waiver baseline is approximately 17,200 for calendar year 2027.

FIGURE 3: COVERED CHOICE ENROLLMENT AND COST PROJECTIONS

	<u>2027</u>	<u>2028</u>	<u>2029</u>	<u>2030</u>	<u>2031</u>
100% to 138% FPL Medicaid Expansion Enrollment	17,200	17,500	17,700	18,000	18,200
Medicaid Expansion PMPM (State and Federal)	\$ 862.00	\$ 895.79	\$ 930.91	\$ 967.41	\$ 1,005.34
Covered Choice (Low Enrollment)	-	-	-	-	-
Covered Choice Federal Savings (\$ Millions)	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
Covered Choice (High Enrollment)	3,400	3,500	3,500	3,600	3,600
Covered Choice Federal Savings (\$ Millions)	\$ 32.1	\$ 33.9	\$ 35.7	\$ 37.6	\$ 39.6

Notes:

1. Medicaid expansion enrollment estimates for 100% to 138% FPL income cohort prior to Covered Choice elections.
2. Federal savings estimates assume 90% federal medical assistance percentage (FMAP) for Expansion population.
3. Medicaid PMPM values include offsets from collected pharmacy rebates.
4. Values are rounded.

0%-99% FPL (Remaining Expansion Cohort): The 0%-99% FPL expansion enrollees are not eligible for Covered Choice, which is expressly limited to individuals with income at or above 100% FPL under Idaho H.B. 345 (2025). Their enrollment is identical across all three scenarios. The following table presents total expansion enrollment by FPL band.

Calendar Year	0%-99% FPL Expansion	100%-138% FPL Expansion	Total Expansion (0%-138% FPL)
2027	63,900	17,200	81,100
2028	65,000	17,500	82,500
2029	65,800	17,700	83,500
2030	66,900	18,000	84,900
2031	67,600	18,200	85,800

Question 2e - Aggregate Medicaid Spending by FPL Band and State/Federal Split

100%-138% FPL (Covered Choice-Eligible Cohort): Aggregate Medicaid spending projections for this cohort, with separate state and federal expenditure line items, and breakout by without-waiver baseline, low Covered Choice enrollment, and high Covered Choice enrollment scenarios, are found in the following table. These projections apply the 90% enhanced FMAP applicable to all ACA expansion enrollees. The values are consistent with Figure 3 of the Actuarial Certification.

Calendar Year	Medicaid Expansion Enrollment 100% to 138% FPL			Medicaid Expansion Aggregate Expenditures (\$ Millions) 100% to 138% FPL			Medicaid Expansion Aggregate Federal Expenditures (\$ Millions) 100% to 138% FPL			Medicaid Expansion Aggregate State Expenditures (\$ Millions) 100% to 138% FPL		
	Without Waiver	Low Covered Choice	High Covered Choice	Without Waiver	Low Covered Choice	High Covered Choice	Without Waiver	Low Covered Choice	High Covered Choice	Without Waiver	Low Covered Choice	High Covered Choice
		Enrollment Scenario	Enrollment Scenario		Enrollment Scenario	Enrollment Scenario		Enrollment Scenario	Enrollment Scenario		Enrollment Scenario	Enrollment Scenario
2027	17,200	17,200	13,800	\$ 178.2	\$ 178.2	\$ 142.6	\$ 160.4	\$ 160.4	\$ 128.3	\$ 17.8	\$ 17.8	\$ 14.3
2028	17,500	17,500	14,000	\$ 188.1	\$ 188.1	\$ 150.5	\$ 169.3	\$ 169.3	\$ 135.5	\$ 18.8	\$ 18.8	\$ 15.1
2029	17,700	17,700	14,200	\$ 198.2	\$ 198.2	\$ 158.6	\$ 178.4	\$ 178.4	\$ 142.7	\$ 19.8	\$ 19.8	\$ 15.9
2030	18,000	18,000	14,400	\$ 208.9	\$ 208.9	\$ 167.1	\$ 188.0	\$ 188.0	\$ 150.4	\$ 20.9	\$ 20.9	\$ 16.7
2031	18,200	18,200	14,600	\$ 220.0	\$ 220.0	\$ 176.0	\$ 198.0	\$ 198.0	\$ 158.4	\$ 22.0	\$ 22.0	\$ 17.6

0%-99% FPL Expansion Cohort: The waiver does not affect Medicaid expenditures for the 0%-99% FPL expansion population; spending for this cohort is identical across all three scenarios. All expansion enrollees - including those with income below 100% FPL - receive the 90% enhanced FMAP.

The PMPM for the 0%-99% FPL cohort is consistent with Milliman’s actuarial assumptions. The 100%-138% FPL cohort is assumed to have per-member costs approximately 15% below the full expansion population composite, reflecting the relatively better health status of higher-income expansion enrollees. All figures rounded to the nearest \$0.1M. These expenditures are identical under all three scenarios (without-waiver, reinsurance-only, and reinsurance + Covered Choice).

Calendar Year	0%–99% Enrollment	0%–99% PMPM	Total Annual Expenditure	Federal Share (90%)	State Share (10%)
2027	63,900	\$1,051	\$805.9M	\$725.3M	\$80.6M
2028	65,000	\$1,075	\$838.5M	\$754.7M	\$83.9M
2029	65,800	\$1,117	\$882.0M	\$793.8M	\$88.2M
2030	66,900	\$1,160	\$931.2M	\$838.1M	\$93.1M
2031	67,600	\$1,205	\$977.5M	\$879.7M	\$97.7M