

PROPOSED RATES & PLANS

2027 market landscape preview

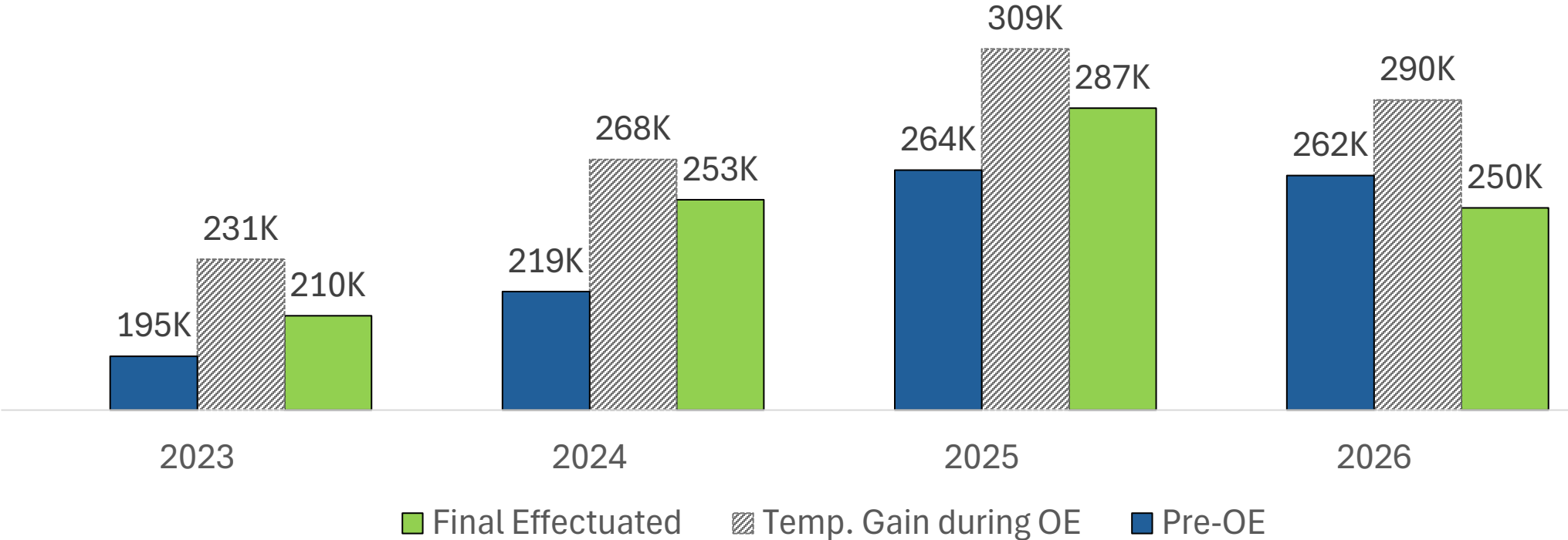
Kristin Villas, Senior Policy Analyst



Starting point for 2027:

Spring 2026 enrollment report shows cost pressure reduced net enrollment

Enrollment counts (2023–2026)



A greater proportion of drops in dual QHP and Apple Health carriers

- ▶ Coordinated Care, CHPW and Molina accounted for a larger proportion of drops than might be expected.
- ▶ LifeWise and Kaiser had fewer drops than might be expected.

Spring 2026 vs. dropped population by carrier

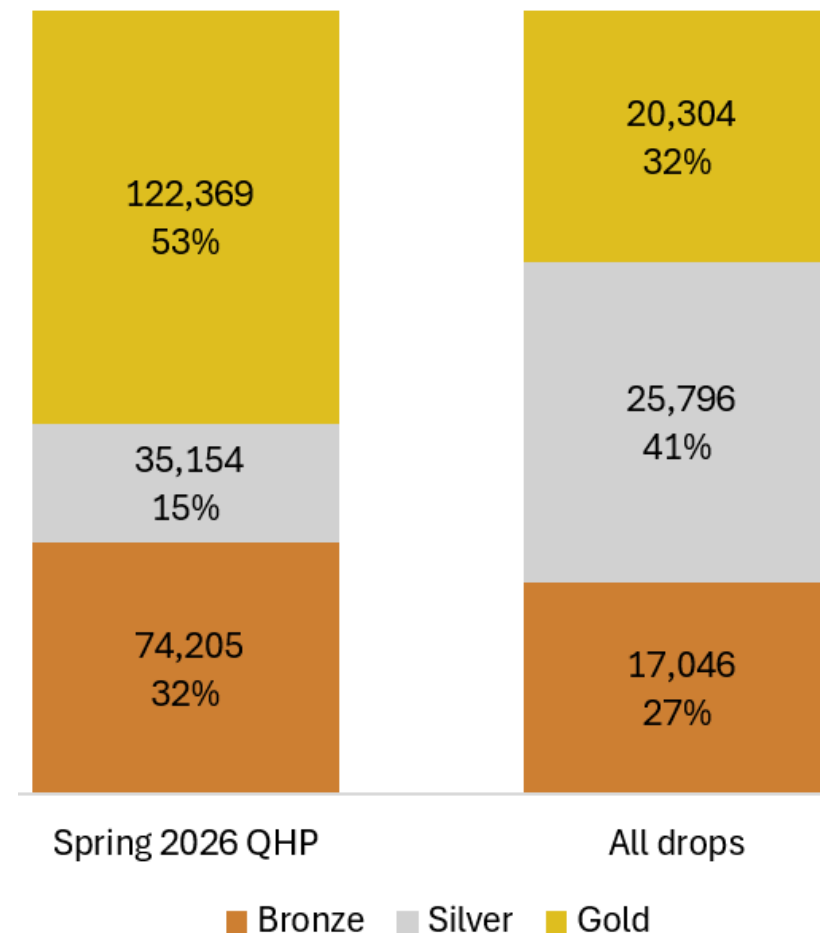
Carrier	2026 Spring	All drops
Coordinated Care	34%	43%
CHPW	14%	19%
Molina	13%	15%
LifeWise WA	10%	6%
Kaiser WA	12%	6%
Regence BlueShield	4%	4%
Regence OR	3%	2%
Premera	4%	2%
UnitedHealthcare of OR	2%	2%
Kaiser Northwest	3%	1%
Wellpoint WA	<1%	<1%
BridgeSpan	<1%	<1%

Table represents everyone who selected a QHP at any point on or after Nov. 1, 2025, or before March 31, 2026, and then canceled or dropped and compares them to spring enrollment report. For drops, this is their latest drop status as of May 5, 2026. Excludes those who churned to Washington Apple Health (Medicaid) and people who may have churned to Medicare due to age.

Silver plan customers overrepresented in dropped population

- ▶ People who dropped in 2026 were more likely to be in Silver plans compared to people who stayed enrolled.
 - ▶ Customers may not have realized they could enroll in a lower premium Gold plan.

Spring 2026 vs. dropped population by metal

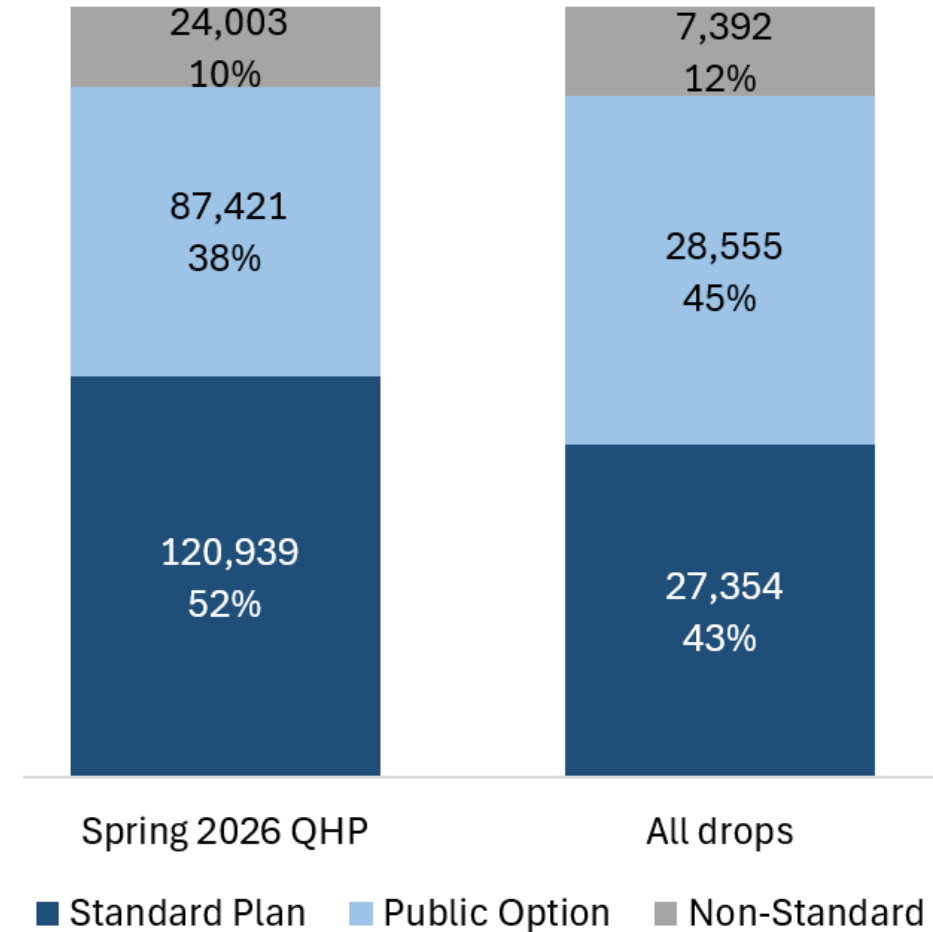


Graph depicts everyone who selected a QHP at any point on or after Nov. 1, 2025, and before March 31, 2026, and then canceled or dropped, and compares them to Spring Enrollment Report 2026. This is their latest drop status as of May 5, 2026, excludes those who churned to Washington Apple Health (Medicaid) and people who may have churned to Medicare due to age status. Excludes catastrophic plans.

Public option customers overrepresented in dropped population

- ▶ Public option plans have some of the lowest premiums.
 - ▶ Customers who select these plans are lower income and likely more price sensitive and disproportionately affected by the loss of subsidies.
- ▶ Standard plan customers were least likely to drop.

Spring 2026 vs. dropped population by plan

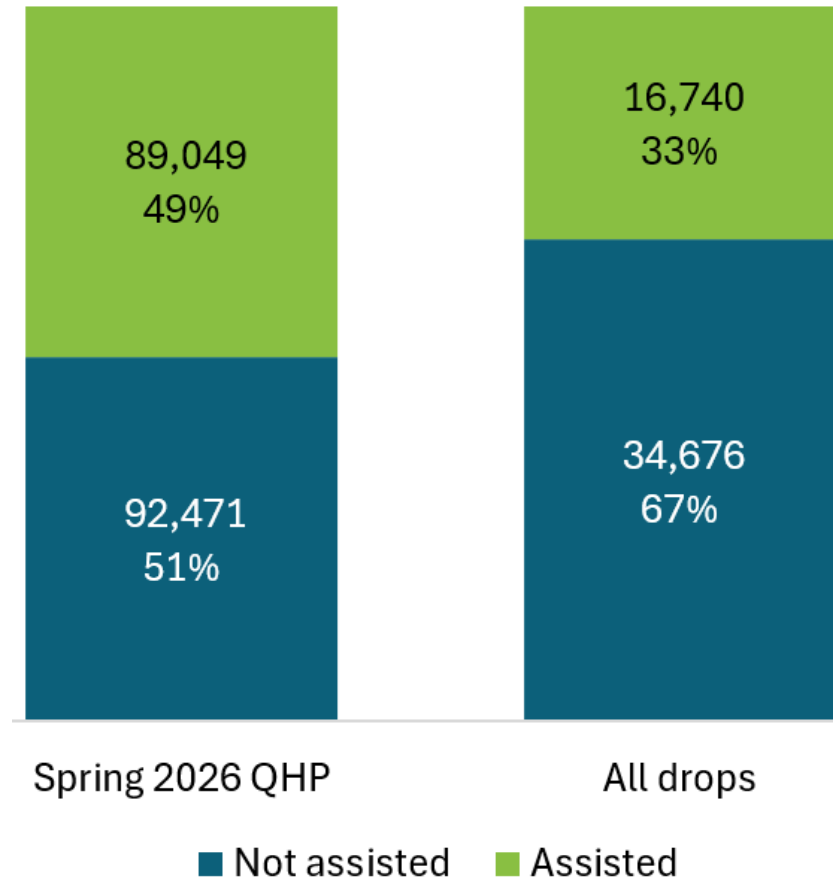


Graph depicts everyone who selected a QHP at any point on or after Nov 1, 2025, and before March 31, 2026, and then canceled or dropped, and compares them to the 2026 spring enrollment report. This is their latest drop status as of May 5, 2026, excludes those who churned to Washington Apple Health (Medicaid) and people who may have churned to Medicare due to age status.

Assisters critical in keeping customers covered

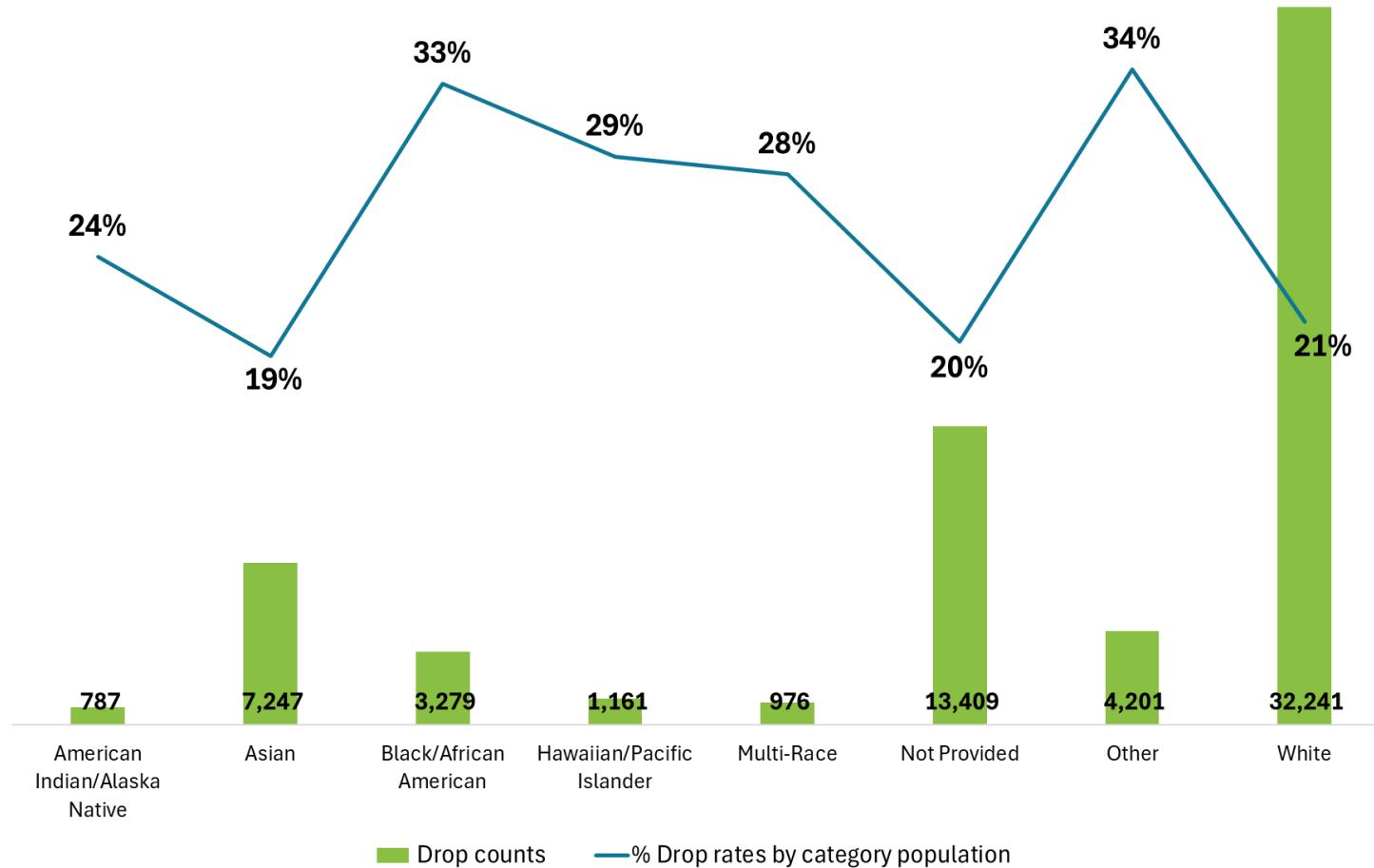
People who dropped their plan were significantly less likely to be partnered with a broker or navigator than people who stayed enrolled in a QHP.

Drops by use of assister



This is everyone who selected a QHP at any point on or after Nov. 1, 2025, or before March 31, 2026, and then canceled or dropped. This is their latest drop status as of May 5, 2026, excludes those who churned to Washington Apple Health (Medicaid) and people who may have churned to Medicare due to age status. Compared to spring enrollment report population (2026)

Drop rates by race in 2026 (Percent of pre-drop enrollment)



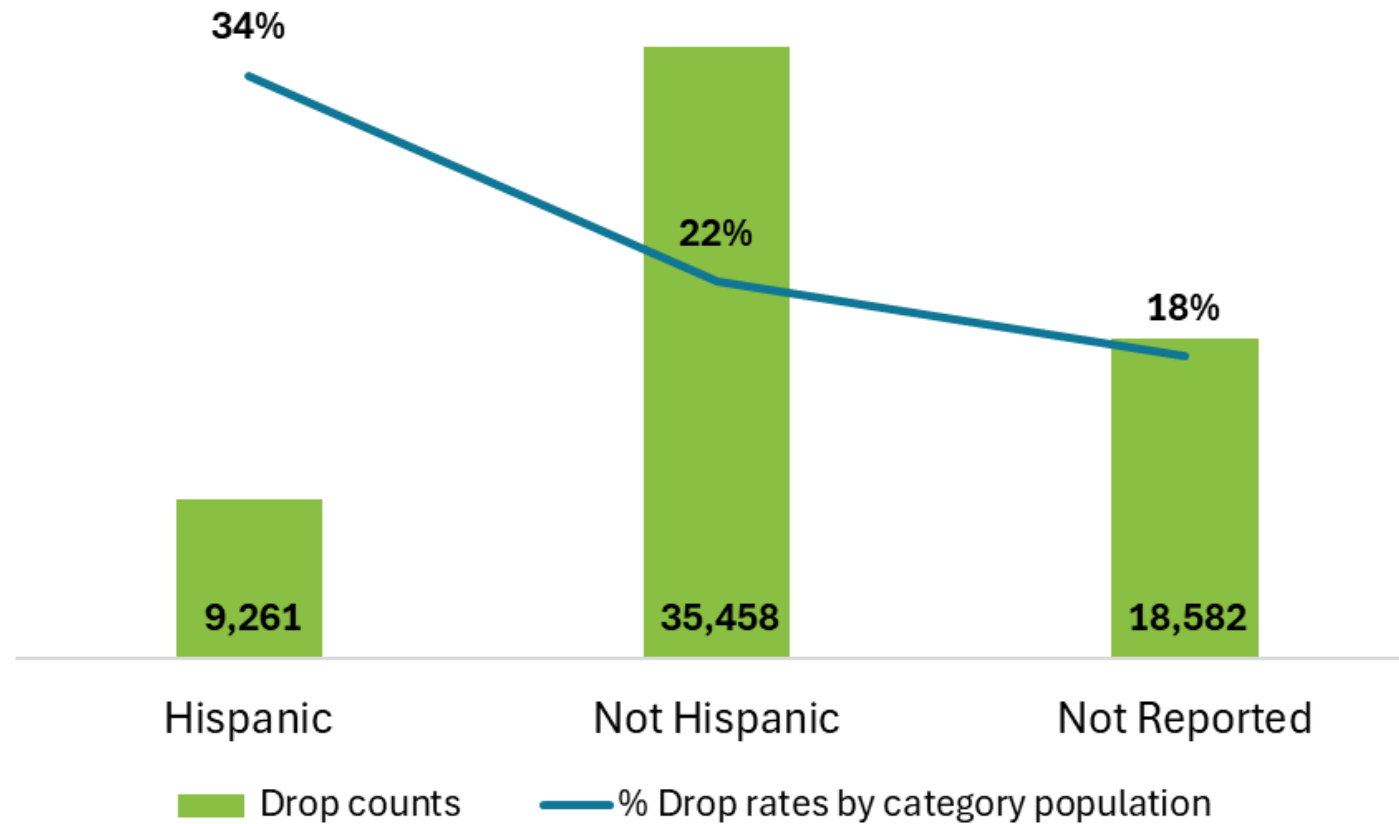
Black customers and those identifying race as "Other" are more likely to drop coverage

- ▶ "Other" category has the highest drop rate (34%)
 - ▶ Option commonly selected by Hispanic customers
- ▶ Black/African American has the second highest drop rate among that category (33%)

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Hispanic customers more likely to drop coverage

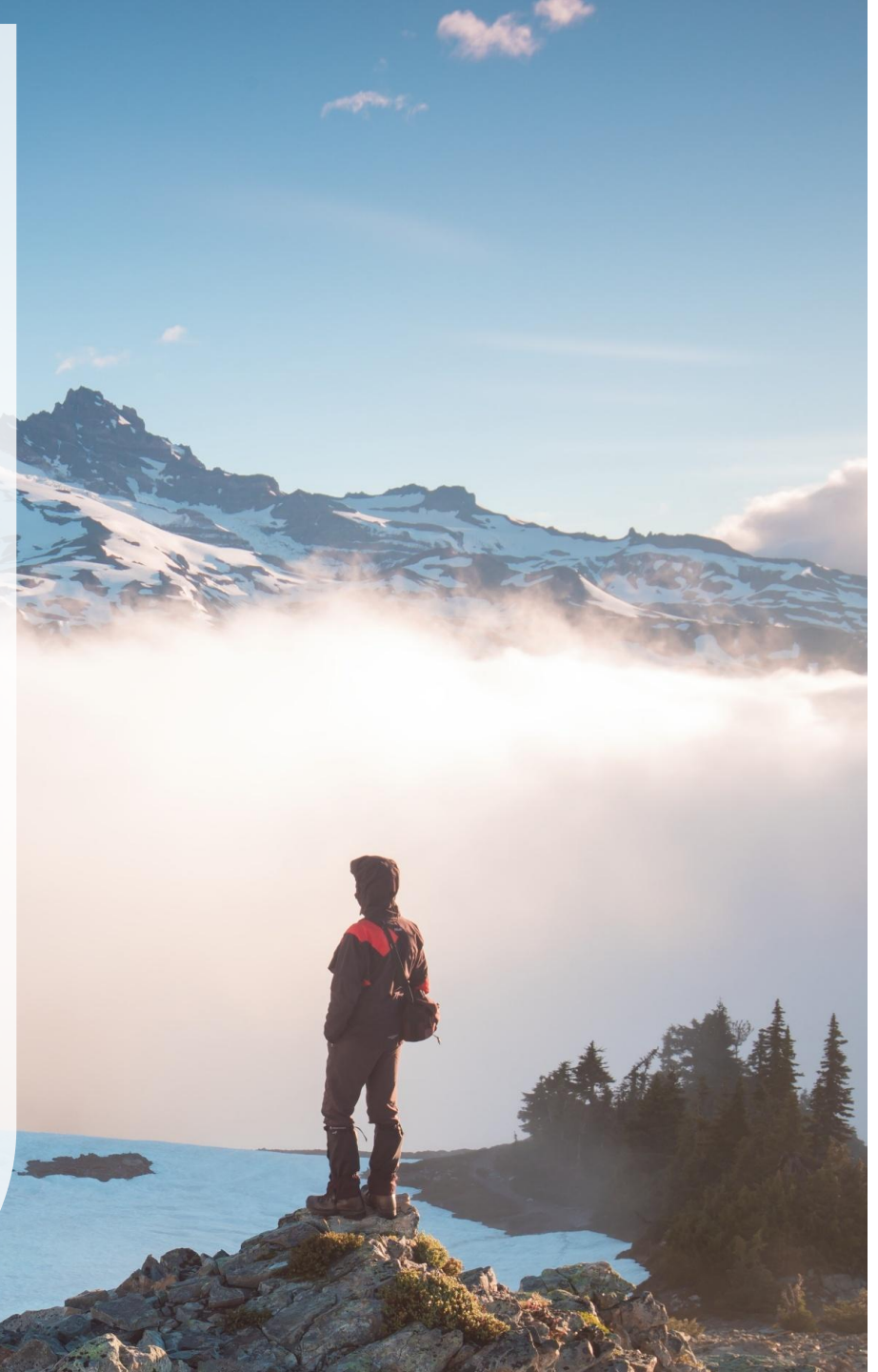
Drop rates by ethnicity in 2026 (percent of pre-drop enrollment)



Graph depicts everyone who selected a QHP at any point on or after Nov. 1, 2025, or before March 31, 2026, and then canceled or dropped. This is their latest drop status as of May 5, 2026, excludes those who churned to Washington Apple Health and people who may have churned to Medicare due to age status.

Initial filings: Stable carrier participation, sufficient coverage, significant rate increases

- ▶ Same 12 health plan carriers; 82 QHPs proposed
- ▶ Strong statewide coverage
 - ▶ No single issuer counties
 - ▶ All counties have at least one proposed Bronze plan and proposed public option offerings



Initial filings watchpoint:

Carriers propose
significant rate
increases



Half of carriers propose increases over 20%

Carrier	Proposed increase %*
Coordinated Care	27%
United OR	26%
Molina	26%
CHPW	24%
Premera	24%
LifeWise	21%
Regence OR	18%
Wellpoint WA	14%
BridgeSpan	13%
Kaiser NW	10%
Kaiser WA	10%
Regence WA	9%

* On-Exchange plans only, weighted for enrollment

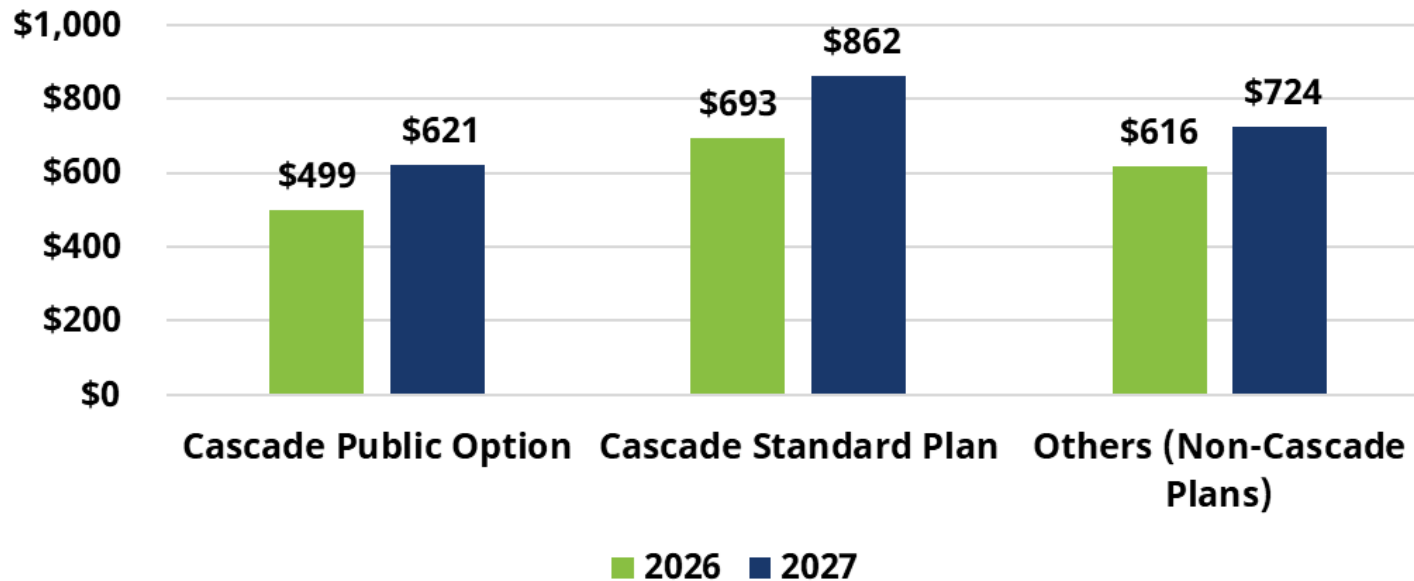
Drivers behind rate increases significantly vary by carrier

- ▶ Example: Carrier A and Carrier B both requested rate increases over 20%, but demographics are a key driver for Carrier A while use is a major driver for Carrier B

Carrier	Medical and pharmacy claims	Use trend	Cost trend	Population/demographics
Carrier A	11.8%	3.5%	-4.5%	18.9%
Carrier B	14.2%	12.0%	-0.6%	-4.9%

While public option rates are some of the lowest, their proposed rate of increase is highest

Average premiums by plan type 2026 2027



As proposed, public option plans are lowest cost Silver in 38 counties and lowest cost Gold plans in 36 counties

Plan type	Proposed increase %
Public option	24%
Standard	24%
Nonstandard	18%

Rates are proposed, for a 40-year-old and not weighted for enrollment

Challenges with multiple public option carriers in a county

- Ideal state – Public option is lowest cost Gold plan
- Scenario in 13 counties

One
carrier

1

- Problematic when public option is first- and second-lowest cost Silver plans
- Reduces available tax credit
- Scenario in 11 counties (~\$40), **except Adams (\$466 less APTC)**

Two
carriers

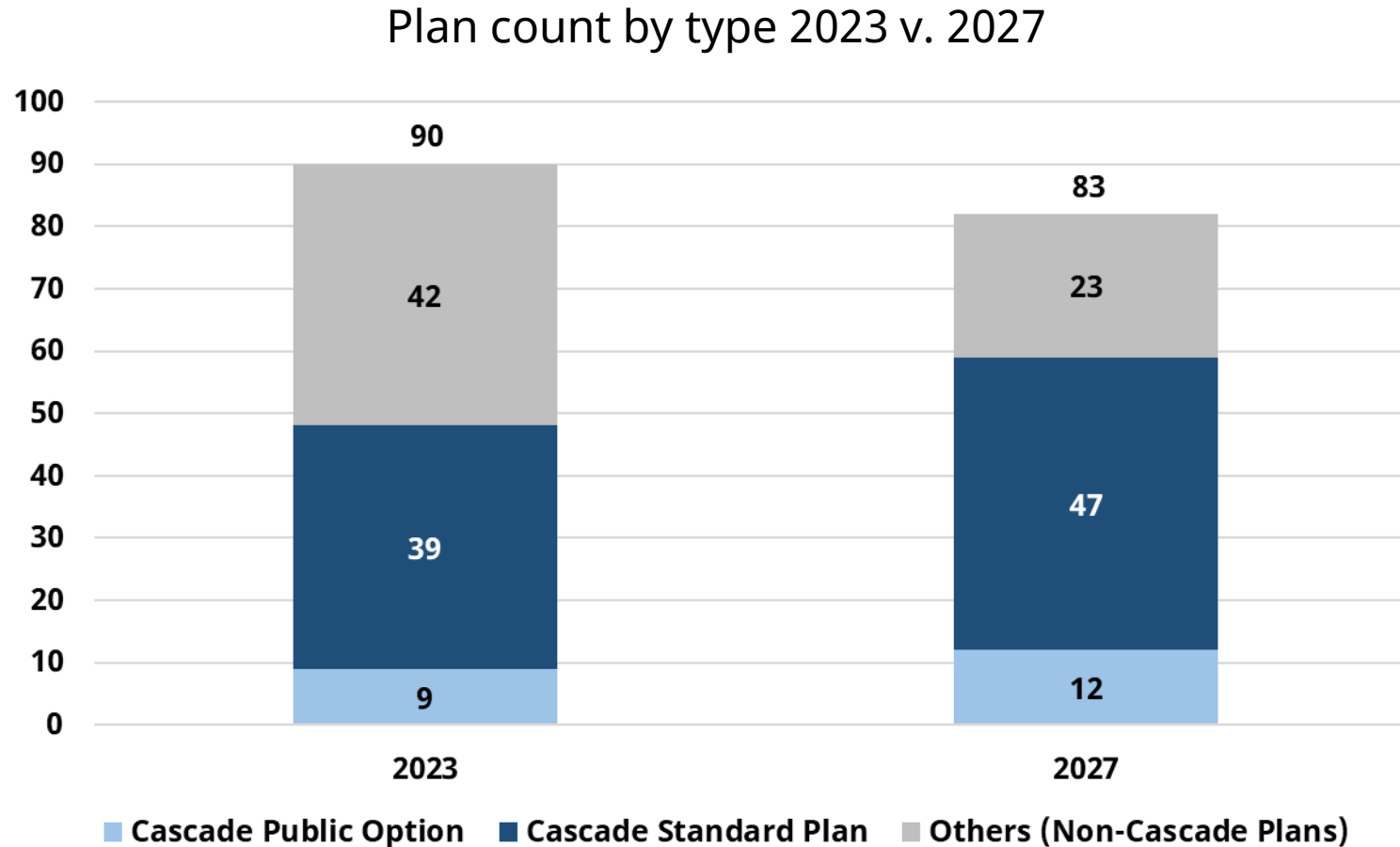
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- Tax credit reduction concerns
- Third carrier offers no premium savings and contributes to choice overload
- Scenario in six counties

Three
carriers

3

Carriers opted to reduce non-standard plan offerings by 50% since 2023



Proposed market shelf has new plans in Bronze, reductions in Silver, stability in Gold

Bronze

- New plans are all Bronze
- Carriers making changes to non-standard offerings
- One carrier not offering Bronze
 - Customers cannot apply CCS to plans

Silver

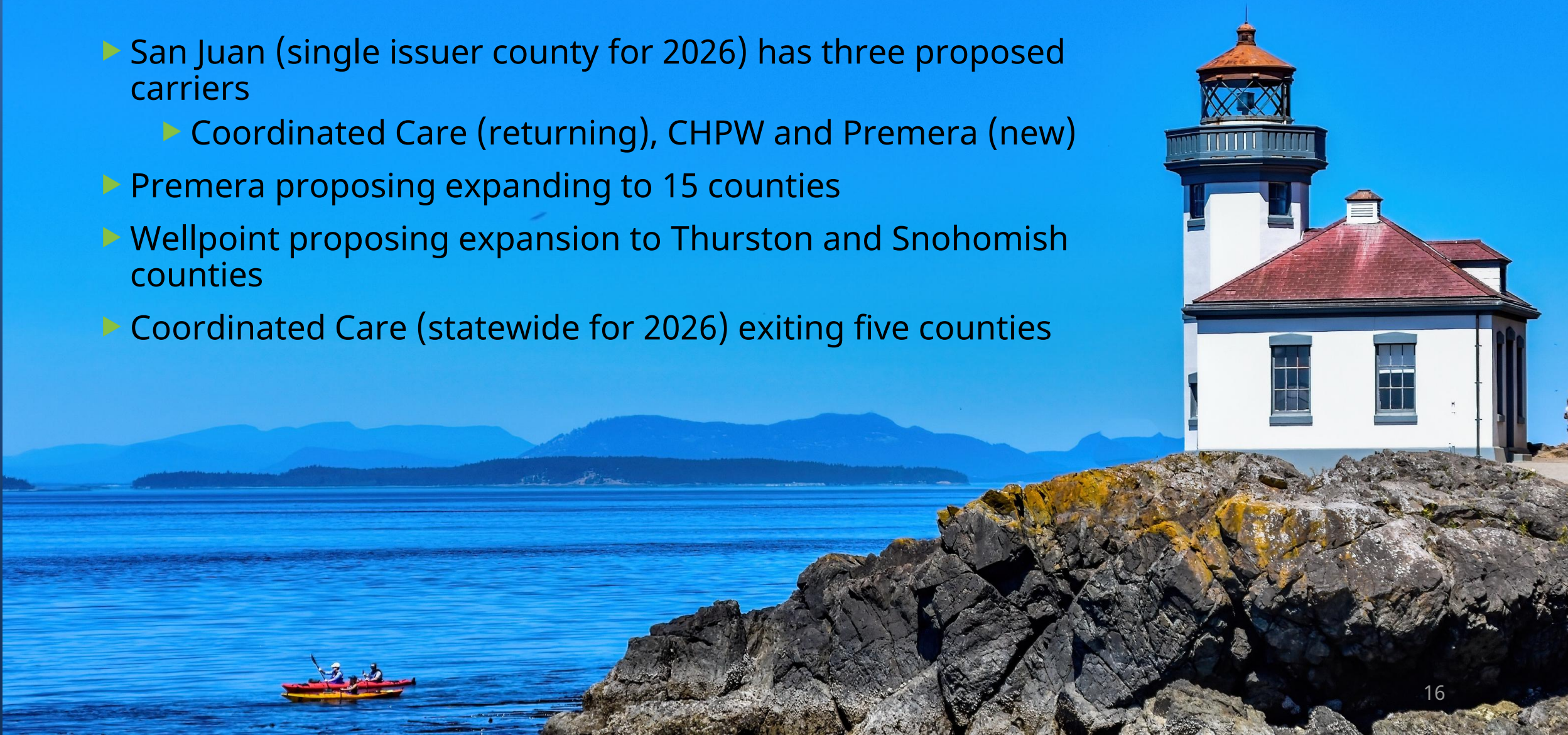
- Only one non-standard Silver remains
 - Tax credit will be set based on high AV standard Silver

Gold

- Stability in offerings
 - Same carriers continue to offer non-standard Gold plans

Notable proposed service area changes

- ▶ San Juan (single issuer county for 2026) has three proposed carriers
 - ▶ Coordinated Care (returning), CHPW and Premera (new)
- ▶ Premera proposing expanding to 15 counties
- ▶ Wellpoint proposing expansion to Thurston and Snohomish counties
- ▶ Coordinated Care (statewide for 2026) exiting five counties



- Additional rate analysis

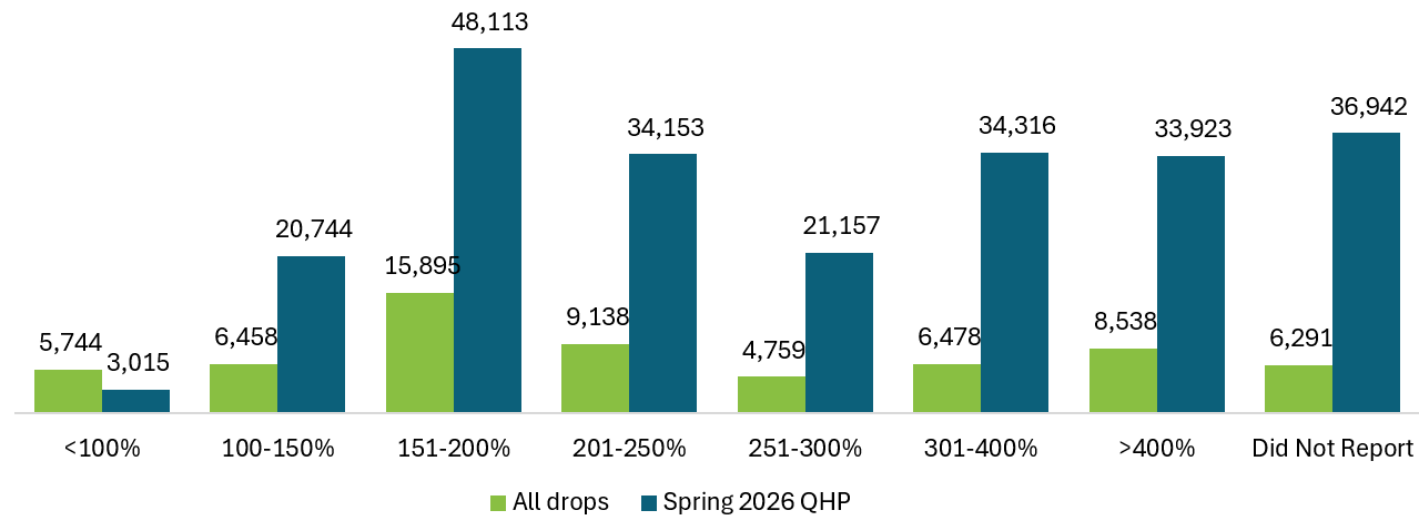
Appendix



Under 100% and 151-200% FPL customers overrepresented in drops

- Customers in 151–200% FPL bracket are 25% of the dropped population but only 21% of enrollees in spring 2026
 - FPL bracket with greatest number of drops (16k)
- Customers in <100% FPL bracket are 9% of the dropped population but only 1% of enrollees in spring 2026
 - Almost twice the people in this category dropped (6k) than remained in QHPs (3k).

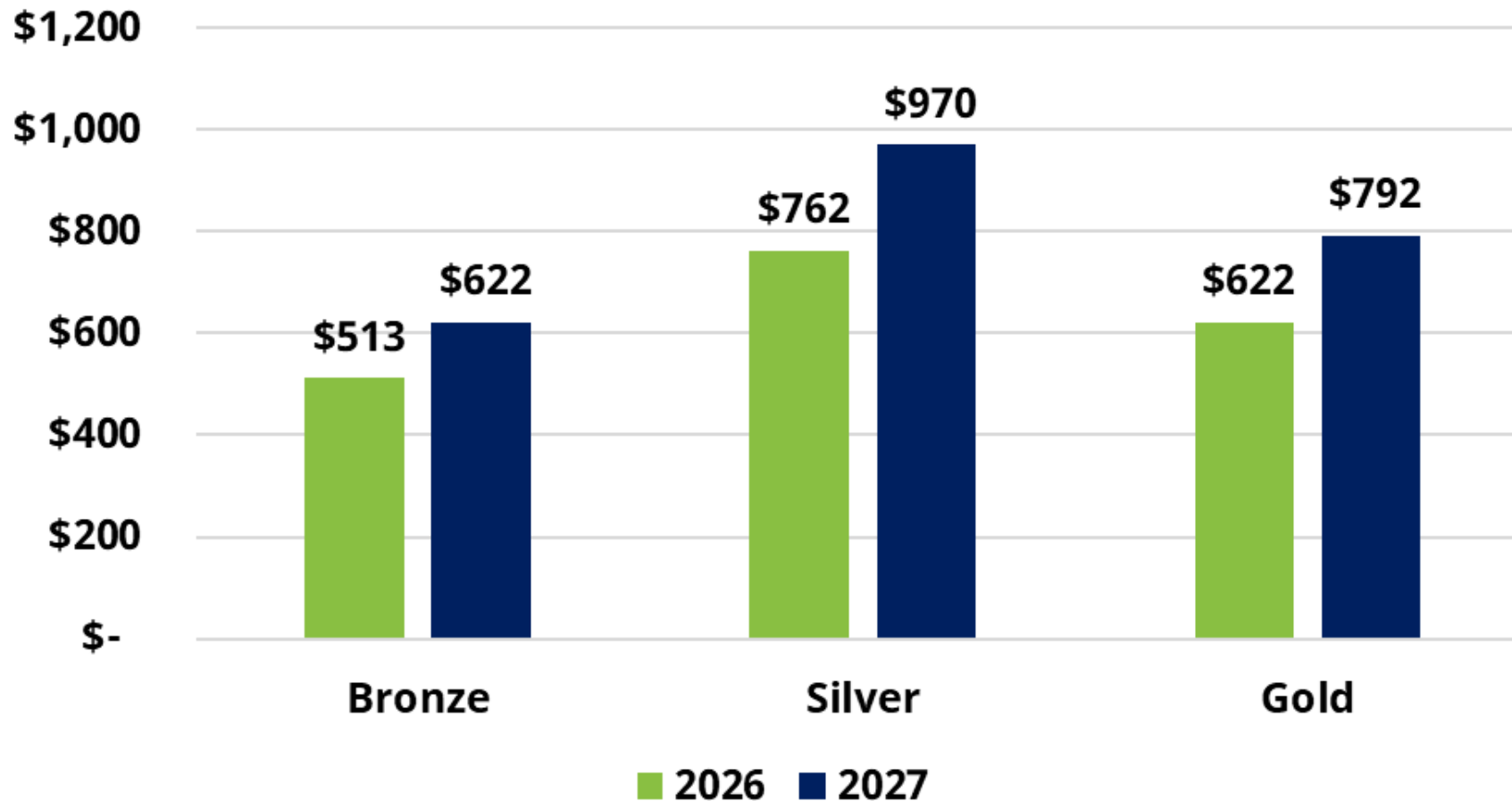
	All drops	Spring 2026 QHP
<100%	9%	1%
100-150%	10%	9%
151-200%	25%	21%
201-250%	14%	15%
251-300%	8%	9%
301-400%	10%	15%
>400%	13%	15%
Did Not Report	10%	16%



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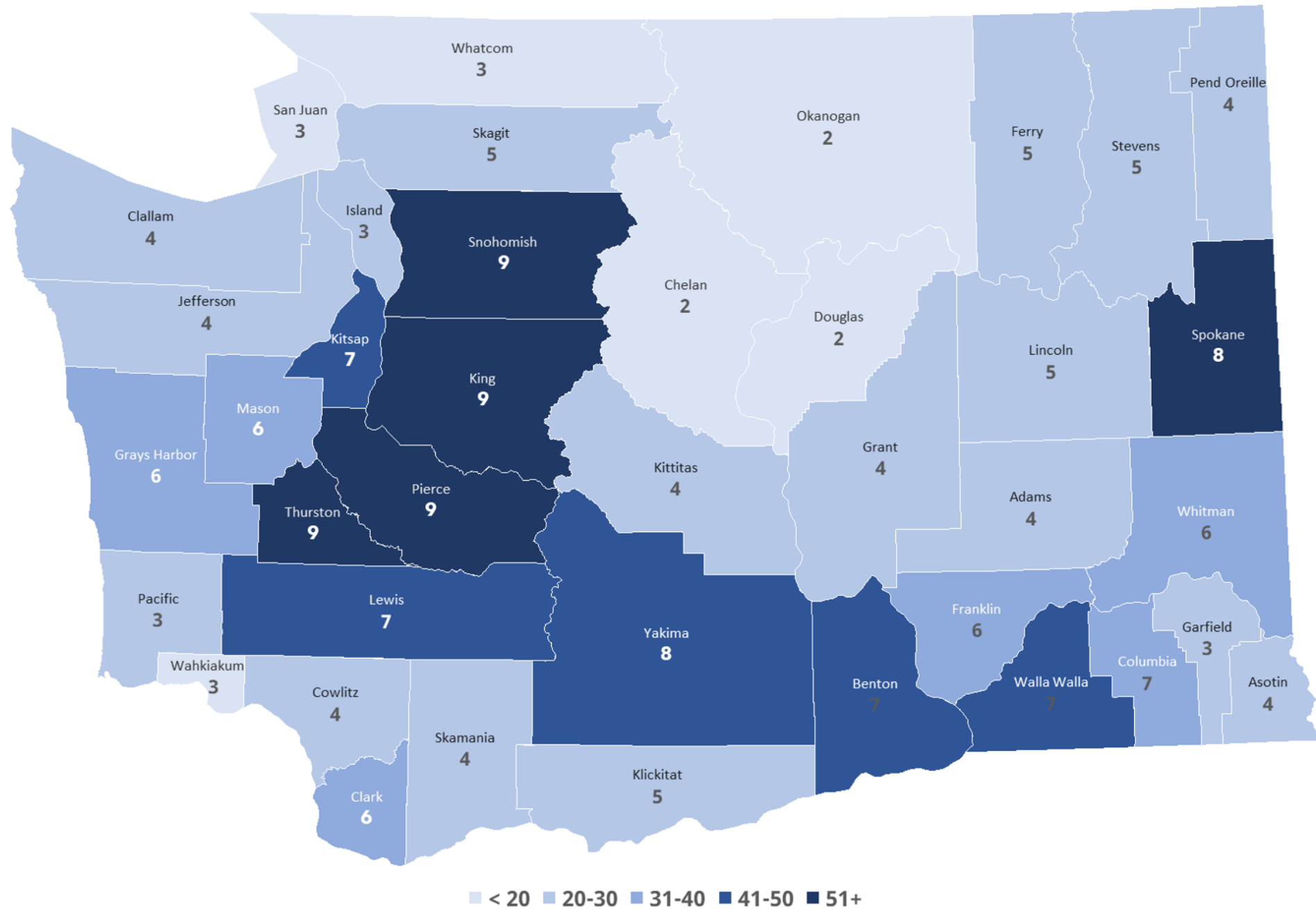
Silver plan rates proposed increase of 27%, not from implementation of premium alignment

Average Premiums by Metal Level from 2026-2027



Metal level	Increase %
Bronze	21%
Silver	27%
Gold	27%

Number of plan year 2027 carriers and plans by county



Key factors driving rate increases

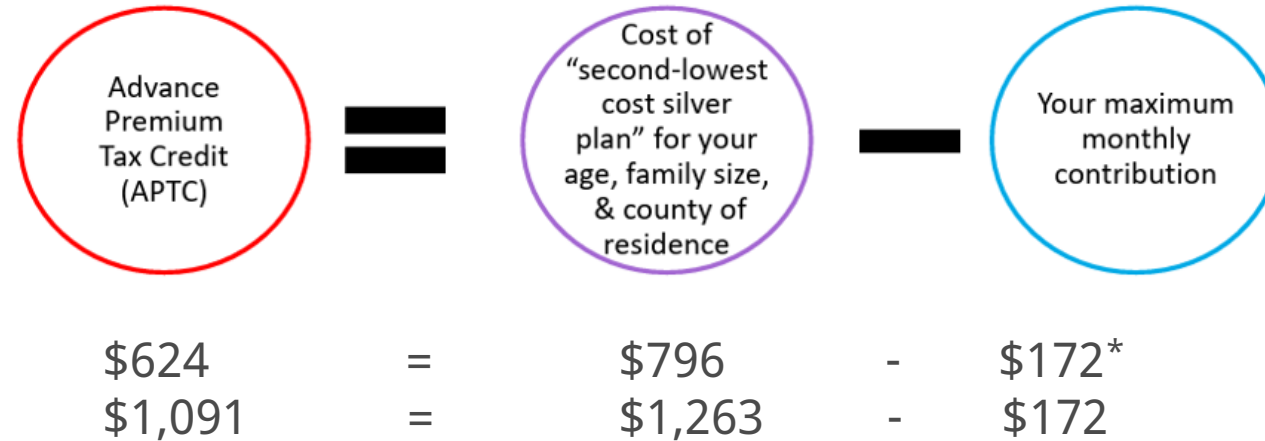
Carrier	Medical and Pharmacy Claims	Utilization Trend	Cost Trend	Population/ Demographics
Coordinated Care	11.8%	3.5%	-4.5%	18.9%
United OR	21.3%	-2.0%	2.4%	10.5%
Molina	12.1%	1.5%	8.6%	15.6%
CHPW	9.5%	3.3%	-2.1%	19.3%
Premera	12.0%	4.1%	-1.7%	1.3%
LifeWise	14.2%	12.0%	-0.6%	-4.9%

Key factors driving rate increases

Carrier	Medical and Pharmacy Claims	Utilization Trend	Cost Trend	Population/ Demographics
Regence OR	11.3%	1.2%	6.0%	1.5%
Wellpoint WA	12.5%	0%	0%	0%
BridgeSpan	7.6%	1.3%	6.0%	0.5%
Kaiser NW	6.7%	-6.2%	9.9%	-5.1%
Kaiser WA	9.4%	-4.4%	7.1%	1.2%
Regence WA	2.8%	1.3%	6.0%	1.5%

Impact of second lowest cost Silver plan (SLCSP) in Adams county on tax credit

Calculation of the Federal Advance Premium Tax Credit



Carrier/Plan	Premium*
CHPW Cascade Select Silver	\$ 703
LifeWise Cascade Select Silver	\$ 796
United Cascade Silver	\$ 1,263
United UHC Silver Copay Focus	\$ 1,264
Premiera Cascade Silver	\$ 1,552

*\$466 lower tax credit for a 200% FPL, 40-year-old customer, 2026 APTC calculator used to estimate maximum monthly contribution



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