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Washington Health Benefit Exchange
Public Comment Period: Opens 8 am Wednesday July 24, 2024, and closes 5:00 pm August 16, 2024

PY 2025 Draft Cascade Care Savings Fixed-Dollar Maximum Per Member Per Month Methodology

In 2021, the Washington State Legislature passed legislation directing the Exchange, operating within Legislatively appropriated funds, to implement a state premium assistance program. The Exchange implemented the program, known as Cascade Care Savings (CCS), for eligible customers starting in Plan Year 2023. In conjunction with the CCS policy, the CCS maximum per member per month (PMPM) methodology is annually updated.

Cascade Care Savings Goals:

- Serve Exchange's core mission of reducing the uninsured in WA
- Advance health equity
- Provide a bridge for individuals transitioning between Medicaid and QHP eligibility
- Soften impact for customers most affected by the potential loss of federal subsidies in plan year 2026
- Maximize impact of state investment into affordable individual market coverage
- Positively impact the individual market risk pool
- Grow enrollment

The following scenarios are illustrative and will change with the submission of final rates. We seek public comment to determine the direction of the PY 2025 maximum PMPM amounts and ask our stakeholders to review the scenarios through the lens of the Exchange's Cascade Care Savings goals.

For more information about Cascade Care Savings please visit our Cascade Care Savings page, and read the Final PY 2025 Cascade Care Savings policy.

Overview of Scenarios:

Almost all scenarios propose a reduced maximum PMPM for all customers from plan year 2024 to plan year 2025. This is primarily driven by increased 2025 rates (average 11% increase, as proposed).

- The average CCS utilization for a customer with Advanced Premium Tax Credit (APTC) (group 1) is $37 in PY 2024, and is expected to remain about the same in PY 2025. A reduced maximum PMPM for customers with federal subsidies will have the largest impact on customers who are higher FPL, customers who attest to tobacco use, older customers, and customers who are in mixed households with some members in Apple Health and some qualifying for a QHP. These customers

have higher premiums and/or do not receive as much APTC, and are more likely to maximize their use of available CCS.

- Customers without federal subsidies (groups 2/3) will be impacted by a reduction in CCS as nearly all these customers use all available state subsidy dollars. Customers that attest to tobacco use and older customers will similarly feel the greatest impact to a reduction in CCS as these customers have higher premiums.

Scenario 1: Customers with federal subsidies: $155 PMPM | Customers without federal subsidies: $250 PMPM

- This scenario demonstrates that the annual state funding necessary to maintain the PY 2024 maximum PMPMs would increase to $66M as a result of proposed rate increases. With a fixed budget ($55M) amid a dynamic environment, Cascade Care Savings cannot keep pace with rate increases over time.

Scenario 2: Customers with federal subsidies: $90 PMPM | Customers without federal subsidies: $200 PMPM

- This scenario scales PY 2024 maximum PMPM to PY 2025 maximum PMPM to stay within the fixed budget of $55M.
- 93% of customers with APTC would have access to a $0 Cascade Care Silver plan.
- This scenario also maximizes total Exchange enrollment, and provides the highest CCS PMPM utilization and lowest net premium for customers with federal subsidies.

Scenario 3: Customers with federal subsidies: $65 PMPM | Customers without federal subsidies: $250

- This scenario prioritizes keeping the maximum PMPM for customers who are not federally subsidized consistent from PY 2024 to PY 2025, recognizing the disproportionate impact lowering the state subsidy availability will have on customers without federal subsidies as a whole.
- 69% of customers with APTC would have access to a $0 Cascade Care Silver plan.
- This scenario projects a similar total Exchange enrollment as scenario 2, and provides the highest CCS PMPM utilization and lowest net premium for customers without federal subsidies.

Scenario 4: Customers with federal subsidies: $80 | Customers without federal subsidies: $160

- This scenario illustrates holding 10% of funding in reserve for enrollment uncertainty, recognizing the dynamic market. If the subsidy program is at risk of exceeding its Legislative appropriation, policy allows for the Exchange to stop allowing subsidy access to new customers.
- 77% of customers with APTC would have access to a $0 Cascade Care Silver plan.

- This scenario results in the lowest total Exchange enrollment and the highest net premiums for customers without federal subsidies.

Washington Health Benefits Exchange (WAHBE)
2025 Cascade Care Savings (CCS) Subsidy Amount Analysis

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DISCLOSURES AND LIMITATIONS

Responsible Actuary. We, Ksenia Whittal and Darren Johnson, are the actuaries responsible for this communication. We are Members of the American Academy of Actuaries and Fellows of the Society of Actuaries. We meet the Qualification Standards of the American Academy of Actuaries to issue this analysis. Michael Cohen has made significant contributions to this analysis.

Purpose. The purpose of this analysis is to provide estimated changes in the Cascade Care subsidy (CCS) PMPM amounts for 2025 benefit year, incorporating the preliminary filed 2025 premium rates and most recent 2024 enrollment snapshot. The goal for this analysis is to facilitate discussions with stakeholders on potential revisions to the CCS PMPM amounts.

The estimates are based on 2024 experience data as of May 31, 2024 and 2025 projected market experience. Future market changes such as significant changes in the risk pool, metal mix changes, changes in the starting number of eligible persons (for Group 2 and Group 3 cohorts), regulatory and economic changes would impact these estimates. Analysis was completed on July 17, 2024.

Intended Users. This information has been prepared for the sole use of the Washington Health Benefits Exchange (WAHBE). It is our understanding that these results will be provided to members of the stakeholder group for review. This analysis cannot be distributed to or relied on by any other third party without the prior written permission of Wakely. This information is confidential and proprietary.

Risks and Uncertainties. The assumptions and resulting estimates included in this analysis are inherently uncertain, and numerous projection assumptions may be refined before the subsidy amounts are finalized for 2025. Users of the results should be qualified to use it and understand the results and the inherent uncertainty. Actual results may vary, potentially materially, from our estimates. Wakely does not warrant or guarantee the projected values included in the analysis. It is the responsibility of the organization receiving this output to review the assumptions carefully and notify Wakely of any potential concerns.

Conflict of Interest. The responsible actuaries are financially independent and free from conflict concerning all matters related to performing the actuarial services underlying this analysis. In addition, Wakely is organizationally and financially independent to WAHBE.

Data and Reliance. We have relied on others for data and assumptions used in the assignment. We have reviewed the data for reasonableness, but have not performed any independent audit or otherwise verified the accuracy of the data/information. If the underlying information is incomplete or inaccurate, our estimates may be impacted, potentially significantly. For some estimates, there are multiple sources of information, including public sources. In some cases, the different sources produce meaningfully different data/information. In this draft version of the model, we have reviewed the data for reasonableness, however, we continue to review the various sources of information and subsequent versions may incorporate adjustments to better reflect the market in Washington.

Subsequent Events. Changes to federal or state law or regulation could impact the results. Additionally, changes to economic conditions could material affect results. There are no known relevant events subsequent to the date of information received that would impact the results of this report.

Contents of Actuarial Report. This document and the supporting exhibits/files constitute the entirety of actuarial report and supersede any previous communications on the project.

Deviations from ASOPS. Wakely completed the analysis using sound actuarial practice. To the best of our knowledge, the report and methods used in the analysis are in compliance with the appropriate Actuarial Standards of Practice (ASOP) with no known deviations. In developing this CCS Subsidy Amount Analysis design and the resulting actuarial certification, Wakely followed applicable Actuarial Standards of Practice (ASOP) including:

ASOP No. 23 Data Quality;
ASOP No. 25 Credibility Procedures;
ASOP No. 41 Actuarial Communications;
ASOP No. 56 Modeling.

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Washington Health Benefits Exchange (WAHBE)
2025 Cascade Care Savings (CCS) Subsidy Amount Analysis

The workbook contains the following tabs:

Tab	Tab Description
Methodology	This tab summarizes the methodology and assumptions underlying the estimates.
% $0 Net Prem	This tab summarizes the impact of the maximum CCS subsidy amount per member per month (PMPM) on the distribution of net premiums (gross premium less federal and states subsidies) for Group 1 (APTC-eligible) cohort of members.
Summary	This tab summarizes the 2024 estimates along with four sets of 2025 projected enrollment and CCS subsidy amounts: (1) 2025 Best Estimate with Prior Rate Change Assumptions; (2) Updated Analysis with Draft 2025 Rate Impacts for Best, Low, and High enrollment scenarios (Option 1); (3) Updated Analysis with Draft 2025 Rate Impacts for Best, Low, and High enrollment scenarios (Option 2); and (4) Updated Analysis with Draft 2025 Rate Impacts for Best, Low, and High enrollment scenarios (Option 3).

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Results and Methodology

The updated results of the analysis presented on [Summary] tab demonstrate the impacts on the projected 2025 enrollment by subsidy group (1, 2, and 3) of the following changes from the last set of CCS projections provided to WAHBE as part of February enrollment projections:

- Incorporating draft 2025 premium rates by issuer, plan and county, including the impacts for the SLCS and LCS CC benchmark plans by county; and
- May 31, 2024 enrollment snapshot.

The proposed 2025 CCS amount options targeted the following funding as requested by WAHBE:

1. $55 million in best scenario, including low and high scenarios at these PMPM amounts.
2. $55 million in best scenario holding the Group 2 and 3 subsidies level at $250, including low and high scenarios at the resulting PMPM amounts
3. $49.5 million in best scenario, including low and high scenarios at these PMPM amounts.

In general, the actual average 2025 premium changes were higher than the prior assumed rate changes:
11.1% actual vs. 8.5% assumed among all purchased plans; the average actual increase was 11.1% for CC plans, and 11.2% for non CC plans.
5.4% actual vs. 8.5% assumed for SLCS benchmark plans.
4.7% actual vs. 8.5% assumed for LCS CC benchmark plans. This was the most impactful driver of the CCS utilization increase.

As discussed previously, the relationship between these assumptions are highly sensitive and impactful on the resulting CCS subsidy utilization (and hence take up), with lower LCS CC rates driving the flat subsidy utilization and increase in the net premiums, followed by greater member attrition. With these assumptions and the same funding targets as assumed in prior analyses, two options for CCS amount for 2025 benefit year are proposed.

Methods and Assumptions

2025 projections of enrollment of waiver population by varying levels of Cascade Care Savings (CCS) premium subsidy amounts were developed using May 31, 2024 WAHBE enrollment snapshot data provided to Wakely by WAHBE staff. The data included several components including enrollment by county, age, income-level, subsidized status, and premium information. Premium and APTC information was also provided in this dataset. The member level experience was summarized to a cohort level and used in the subsidy modeling.

The take up, attrition and plan switching discussed below were modeled based on the elasticities estimated by the Congressional Budget Office (CBO (1)), and Saltzman et al (July 2021) research on selection in the ACA Exchanges (2). The function computes expected enrollment change based on premium rate changes. Dampening factors were applied to this take-up function. The dampening factor is intended to reflect the ramp-up factor of introducing a new premium subsidy program. This analysis is meant to reflect the impact in the first year of the program. It will require member outreach and education and therefore, the take-up of new enrollees in the first year will likely be lower than the steady-state enrollment levels. The dampening adjustment was determined based on the ramp-up levels researched by ASPE, which assumed it would take 3-5 years for programs to reach steady state enrollment (3).

There are three specific groups of members enrolled on-Exchange eligible for CCS state premium subsidies:

- Group 1 enrollees are QHP-eligible residents of Washington State who are eligible for both APTC Federal subsidies and for CCS state premium subsidies.
- Group 2 enrollees are QHP-eligible residents of Washington State who are not eligible for APTC Federal subsidies but eligible for CCS state premium subsidies.
- Group 3 enrollees are newly QHP-eligible, undocumented residents of Washington State who are not eligible for APTC Federal subsidies but eligible for CCS state premium subsidies under the state's 1332 waiver.

The key components of 2025 CCS estimate and associated take up include the following:

Effectuation adjustment for starting point data. Enrollment data for May 31, 2024 did not include complete effectuation from the ongoing enrollment. For 2024, we reviewed the A/E by month through May 2024 and compared it to what we projected in February 2024 enrollment projections to understand what adjustments to these assumptions were needed. We noted that we were too optimistic in effectuation rates for the APTC eligibles – fewer people actually effectuated than we expected, so in this projection, we are assuming no additional effectuation for the rest of 2024 for this cohort; for the unsubsidized members, we were closer to the actual experience, and we are assuming 50% of uneffectuated unsubsidized in May data will effectuate by the year end.

Member attrition from prior year (2024) modeled as a function of 2025 premium increases. The attrition dampening factors were calibrated using actual member attrition experience between 2022 and 2023 and varied by age, income, plan metal tier, and plan type (CC, CC Select and Non-CC plans). Given that in the most recent two years, there were increases in enrollment despite higher premium rate changes, we increased the dampening factors for the attrition to reflect this experience.

Member persistency through the year. The basis for the member persistency during the benefit year was experience in 2024 (Jan-May) and 2023 for the June-December 2024.

Medicaid redetermination related take up. Medicaid redetermination which began in May 2023 is assumed to continue through June 2024. Using information provided by WAHBE, we included an increase in enrollment on the Exchange due to Medicaid redetermination in 2024. Using the end date of WAH coverage, we identified QHP enrollees after the start of Medicaid redetermination (4/1/2023) in May 2024 enrollment data. Based on this information, we revised the monthly redetermination enrollment estimates by month. We also assumed an additional 3% monthly attrition (beyond typical QHP attrition) of these members after eight months of QHP enrollment, due to coverage changes (e.g., employment coverage).

Off-Exchange migration. Off-Exchange enrollment as of August 2021 by issuer, age and gender and was provided by WAHBE. This summary did not include enrollment information by rating area or income. We used 2022 risk adjustments report billable membership to back out the on-Exchange enrollment and estimate off-Exchange enrollment in aggregate, assuming similar distribution by rating area. We also assumed that these members would not be eligible for premium subsidies and that their income would be similar to unsubsidized members on the Exchange, with the majority of enrollees with income over 400% FPL. As such, we have assumed little take-up from off-Exchange enrollment but did reflect some movement based on the same elasticity function used to reflect movement from non-Cascade Care plans on-Exchange into Cascade Care plans given the additional subsidies available.

Uninsured take up (due to CCS and also general take up). The number of uninsured individuals was estimated based on the average uninsured individuals reported through ACS for 2019 and not revised at this time. To project the 2024 data to 2025, the enrollment changes were modeled as a function of change in 2025 premiums by county and also assumed general enrollment growth independent on the premium changes. The take up dampening factors were calibrated using actual member take up experience between 2022 and 2023 and varied by age, income and plan metal tier. The factors were smoothed and dampened to remove extreme values when selecting factors for 2025 projection.

Group 3 take up was modeled consistent with prior modeling assumptions. The number of potentially eligible members (by age and income) was updated based on the information received from WA OFM and based on 2021. The elasticity function as described above was used to estimate the number of individuals that may choose to take up coverage with the availability of the state premium subsidies, however the elasticity was dampened to reflect that these individuals may be hesitant to sign up for coverage, particularly in the first couple years of the program.

Plan switching from non-CC plans to CC plans. The switching dampening factors were calibrated using actual member switching experience between 2022 and 2023 and varied by age, income and plan metal tier. The factors were smoothed and dampened to remove extreme values when selecting factors for 2024 and 2025 projection. We assumed no meaningful changes in the Cascade Care plan offerings or premium amounts that may differ from the overall market from 2024 to the projection year. For 2024 projection, only the incremental switching was modeled in the remaining months of the calendar year.

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Plan switching from to lower cost plans (Bronze and LCCS). Given the significant average premium increase based on initial 2025 filed rates, we modeled consumer buydown to lower cost plans in order to preserve lower net premiums. For the CCS eligible consumers, we modeled switching to the LCCS plan available in their county; for those ineligible, we modeled switching to the bronze plans.

WAH impact. We incorporated the WAH Medicaid coverage expansion program to the undocumented eligibles with incomes below 139% FPL effective July 1, 2024 with 10,000 annual enrollment cap, which was assumed to be also in place in 2025 projection year. We reflected the impact of a lower pool of undocumented uninsured <138% by reducing the starting number 35,200 by 10,000 based on the Year 1 cap of eligible undocumented as of 7/1/2024. Additionally, we assumed that 60% of Group 3 enrollees would enroll in WAH coverage effective July 1, 2024. We did not update the starting number of uninsured undocumented residents in Washington to reflect any recent changes (increases) in this population driven by the influx of new immigrants into the state.

DACA impact. Effective 11/1/24, Deferred Action for Childhood Arrivals (DACA) recipients and other designated eligibility groups will be able to enroll in Qualified Health Plans (QHP) through the Marketplace with Advance Premium Tax Credits (APTCs) and/or Cost-Sharing Reductions (CSRs). Based on the information provided by WA OFM on uninsured by immigration status (2021), and the WA OFM DACA eligible report (2021), the number of QHP eligible uninsured customers over 138% was increased by 7,600, with a corresponding decrease in the number of group 2/ 3 eligible customers. Note that no undocumented are assumed to migrate from off-Exchange to Group 3 in our modeling. Final model will be updated as further data becomes available.

2025 premium rate increases. The actual initial 2025 premium rates filed by issuers were provided by WAHBE by plan and county for the continuing plans (same HIOS ID in 2024 and 2025). For the terminated plans, no crosswalk to the continuing or new plans was available. Wakely assumed an average rate increase observed for a particular issuer, metal and county; if issuer was not present in a particular county, and average rate increase in the metal and county was used. At this time, no off exchange only plans rates were available, and hence the lowest rate on or off exchange is currently equivalent to the rates offered on exchange.

The three scenarios (low, best and high) reflect the following assumptions:

Best scenario: This scenario reflects best estimate of market enrollment based on WAHBE experience and best estimates of assumptions for:
- Effectuation rates consistent with past experience;
- Member persistency improvement due to CCS program;
- Enrollment growth in absence of CCS (organic growth) consistent with 2023 experience;
- Enrollment attrition due to premium changes consistent with 2023 experience;
- CC plan switching consistent with 2023 experience;
- Uninsured take up consistent with 2023 experience;
- Undocumented take up with average dampening reflective of average hesitancy;
- 27% lower morbidity of the uninsured and undocumented taking up coverage.

Low scenario: This scenario reflects generally lower estimate of market enrollment and higher morbidity of those enrolling:
- Lower effectuation rates relative to the best scenario;
- Lower enrollment growth in absence of CCS (organic growth) relative to the best scenario;
- Higher enrollment attrition due to higher premium changes relative to the best scenario;
- Lower Medicaid redetermination impact on enrollment relative to the best scenario;
- Lower CC plan switching relative to the best scenario;
- Lower uninsured take up relative to the best scenario;
- Lower undocumented take up with the dampening reflective of higher hesitancy relative to the best scenario;
- 15% lower morbidity of the uninsured and undocumented taking up coverage.

High scenario: This scenario reflects generally higher estimate of market enrollment and lower morbidity of those enrolling:
- Higher effectuation rates relative to the best scenario;
- Higher enrollment growth in absence of CCS (organic growth) relative to the best scenario;
- Lower enrollment attrition due to higher premium changes relative to the best scenario;
- Higher Medicaid redetermination impact on enrollment relative to the best scenario;
- Higher CC plan switching relative to the best scenario;
- Higher uninsured take up relative to the best scenario;
- Higher undocumented take up with the dampening reflective of lower hesitancy relative to the best scenario;
- 36% lower morbidity of the uninsured and undocumented taking up coverage.

Except for the impacts described above, we did not assume any significant changes to enrollment or plan offerings in 2025. Changes to federal law, state law (beyond what was modeled), or economic conditions could materially impact the estimates.
We have assumed that the distribution of members' income as a federal poverty limit (FPL) in 2025 is similar to the current 2024 Exchange enrollment.
We have assumed that individuals that are ineligible for federal subsidies due to Medicaid eligibility will also not be eligible for the state program.
We assumed that the state subsidies funding levels would remain the amounts estimated as part of the 1332 application. We also assumed the same subsidy structure would apply as currently in force, with the subsidy amount capped at the lowest cost silver Cascade Care rate in a county.
Additionally, we assumed the 1332 waiver would not be impacted by the changes of the policy. Wakely did not evaluate the potential for the policies to impact the 1332 waiver or the guardrails necessary for the waiver to maintain approval status.
The premium subsidy estimates shown here are based on Advanced Premium Tax Credits (APTCs). The actual final Premium Tax Credit (PTC) may differ once income is verified through the tax filing process each year.
Finally, we relied on the determination of CCS eligibility provided by WAHBE at a member level in May enrollment data. Per discussion with WAHBE team, members with “NULL” CCS amounts were deemed as ineligible and were treated consistently in the 2025 projections.

References:

(1) https://www.cbo.gov/sites/default/files/cbofiles/ftpdocs/66xx/doc6620/08-24-healthinsurance.pdf
(2) NBER WORKING PAPER SERIES. INERTIA, MARKET POWER, AND ADVERSE SELECTION IN HEALTH INSURANCE: EVIDENCE FROM THE ACA EXCHANGES. Saltzman et al. http://www.nber.org/papers/w29097. July 2021
(3) https://aspe.hhs.gov/system/files/pdf/77161/ib_Targets.pdf
(4) Age and Family Income Level of Washington State's Undocumented Immigrants Who Were Uninsured, 2021, provided by WAHBE on July 12, 2023.

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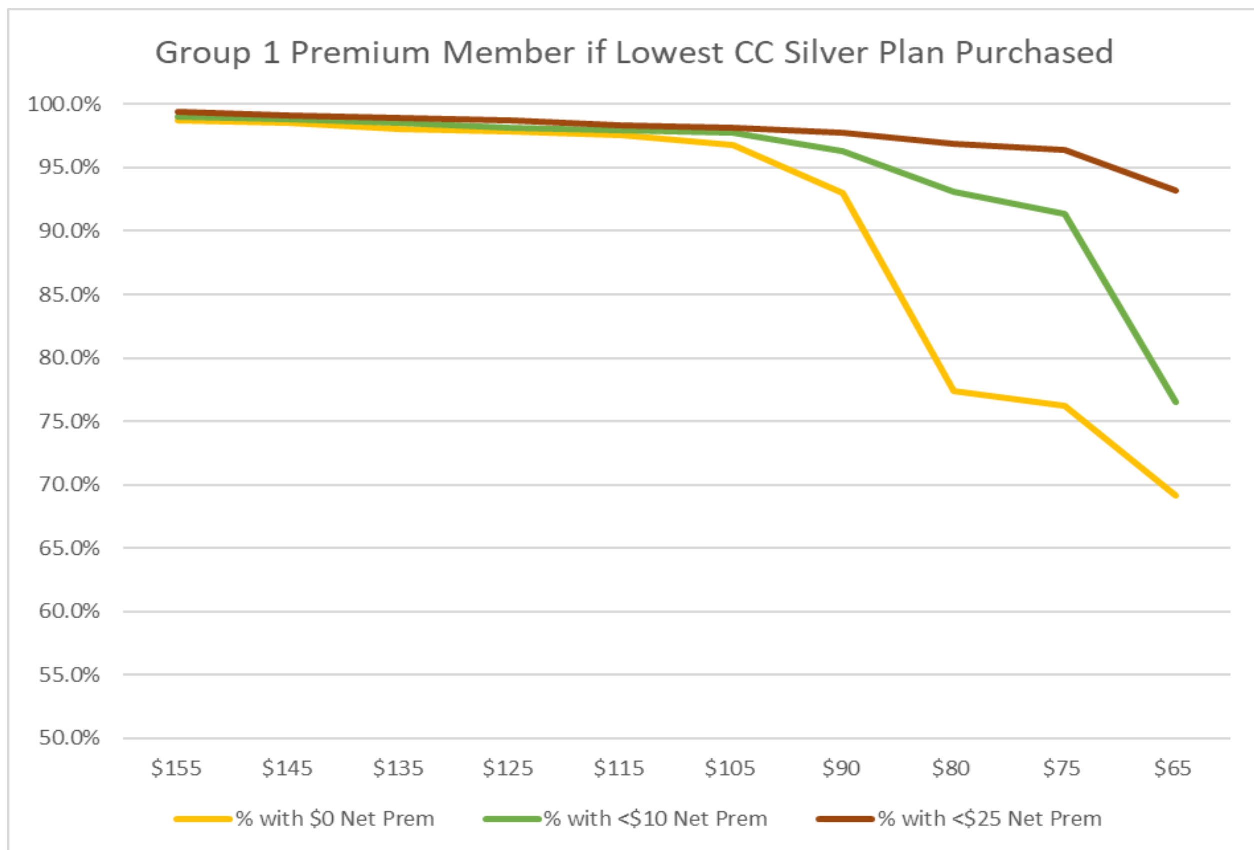
Group 1 CCS Amount Impact on Net Premium

CCS Max PMPM:	% with $0 Net Prem	% with <$10 Net Prem	% with <$25 Net Prem
$155	98.7%	99.0%	99.4%
$145	98.5%	98.8%	99.1%
$135	98.0%	98.5%	98.9%
$125	97.8%	98.1%	98.7%
$115	97.6%	97.9%	98.3%
$105	96.8%	97.7%	98.1%
$90	93.0%	96.3%	97.7%
$80	77.4%	93.1%	96.9%
$75	76.2%	91.3%	96.4%
$65	69.1%	76.5%	93.2%



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Washington Health Benefits Exchange (WAHBE)
2025 Cascade Care Savings (CCS) Subsidy Amount Analysis
Updated Analysis with Draft 2025 Rate Impacts, May 2024 Enrollment

Scenario 1: With Draft 2025 Rates (Best): Maintain Consistent PMPMs

	2024 Best Estimate	2025 Best Estimate With Draft 2025 Rates	Change
Source Tab:	[1]	[2]	[2]-[1]
CCS Maximum Subsidy:			
Group 1	$155	$155	
Group 2/3	$250	$250	
Enrollment:			
Group 1	95,580	101,900	6,320
Group 2/3	5,340	7,330	1,990
Total Exchange Enrollment	262,290	266,090	3,800
CCS Expenditures (in millions):			
Group 1	$42.1	$44.2	$2.1
Group 2/3	$16.0	$21.9	$5.9
Total	**$58.1**	**$66.1**	**$8.0**
CCS Utilization PMPM:			
Group 1	$37	$36	($1)
Group 2/3	$250	$249	($0)
Total	**$48**	**$50**	**$2**
Net Premium PMPM:			
Group 1	$51	$59	17%
Group 2/3	$214	$222	0%
Gross Premium PMPM:			
Group 1	$575	$603	5%
Group 2/3	$463	$471	2%

Updated CCS PMPMs for 2025
Scenario 2: With Draft 2025 Rates (Best) - $55 million Funding Target

	Best	Change	Low	High
Source Tab:	[3]	[3]-[2]	[4]	[5]
CCS Maximum Subsidy:				
Group 1	$90		$90	$90
Group 2/3	$200		$200	$200
Enrollment:				
Group 1	101,300	(600)	89,500	112,360
Group 2/3	6,250	(1,080)	5,090	7,560
Total Exchange Enrollment	264,710	(1,380)	238,500	304,900
CCS Expenditures (in millions):				
Group 1	$40.7	($3.5)	$35.3	$47.2
Group 2/3	$15.0	($6.9)	$12.2	$18.1
Total	**$55.7**	**($10.4)**	**$47.5**	**$65.3**
CCS Utilization PMPM:				
Group 1	$33	($3)	$33	$35
Group 2/3	$200	($49)	$200	$200
Total	**$43**	**($7)**	**$42**	**$45**
Net Premium PMPM:				
Group 1	$62	4%	$63	$61
Group 2/3	$293	32%	$297	$282
Gross Premium PMPM:				
Group 1	$603	0%	$607	$597
Group 2/3	$493	5%	$497	$482

Updated CCS PMPMs for 2025
Scenario 3: With Draft 2025 Rates (Best) - $55 million Funding Target

	Best	Change	Low	High
Source Tab:	[6]	[6]-[2]	[7]	[8]
CCS Maximum Subsidy:				
Group 1	$65		$65	$65
Group 2/3	$250		$250	$250
Enrollment:				
Group 1	99,440	(2,460)	87,800	110,390
Group 2/3	7,330	-	6,060	9,030
Total Exchange Enrollment	264,280	(1,810)	238,080	304,840
CCS Expenditures (in millions):				
Group 1	$33.1	($11.1)	$28.9	$37.9
Group 2/3	$21.9	$0.0	$18.1	$27.0
Total	**$55.0**	**($11.1)**	**$47.0**	**$64.9**
CCS Utilization PMPM:				
Group 1	$28	($8)	$27	$29
Group 2/3	$249	($0)	$249	$249
Total	**$43**	**($7)**	**$42**	**$45**
Net Premium PMPM:				
Group 1	$68	14%	$69	$67
Group 2/3	$222	0%	$223	$213
Gross Premium PMPM:				
Group 1	$606	1%	$610	$600
Group 2/3	$471	0%	$472	$462

Updated CCS PMPMs for 2025
Scenario 4: With Draft 2025 Rates (Best) - $49.5 million Funding Target

	Best	Change	Low	High
Source Tab:	[9]	[9]-[2]	[10]	[11]
CCS Maximum Subsidy:				
Group 1	$80		$80	$80
Group 2/3	$160		$160	$160
Enrollment:				
Group 1	100,790	(1,110)	89,050	111,670
Group 2/3	5,850	(1,480)	4,750	6,980
Total Exchange Enrollment	263,980	(2,110)	237,890	303,850
CCS Expenditures (in millions):				
Group 1	$38.6	($5.5)	$33.6	$44.3
Group 2/3	$11.2	($10.7)	$9.1	$13.4
Total	**$49.9**	**($16.2)**	**$42.7**	**$57.7**
CCS Utilization PMPM:				
Group 1	$32	($4)	$31	$33
Group 2/3	$160	($89)	$160	$160
Total	**$39**	**($11)**	**$38**	**$41**
Net Premium PMPM:				
Group 1	$63	6%	$64	$63
Group 2/3	$341	54%	$346	$331
Gross Premium PMPM:				
Group 1	$604	0%	$607	$598
Group 2/3	$501	6%	$506	$491

Note: average premiums PMPM reflect the demographic and plan mix of the projected population.

Rounding Multiple 10