

Plan Design Options

WAHBE 2023 Standard Plan Designs

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Agenda



2023 Plan Design Review

- Background / Regulatory Changes
- 2023 Proposed Plans
- Pricing Impact for Additional Benefits

Background

Background

- Washington introduced the standard plan designs in 2021
- Plans were minimally changed for 2022
- Wakely was asked to provide options for each plan metal level
- Additional benefits were reviewed for pricing impacts

Notes and Caveats

The 2023 Federal Actuarial Value Calculator (AVC) and Notice of Benefit and Payment (NBPP) Parameters have not been released at this time.

The plan design options reflected here are based on the 2022 federal AVC

They are for discussion purposes only. These are meant to facilitate initial discussions around the priorities for the type of updates preferred in designing the 2023 standard plan designs.

- We have assumed no changes from the 2022 final AVC and NBPP
- The final 2023 standard plan designs will need to be run on the final AVC and may require changes to meet requirements in the NBPP when it is released.

Historical AV Calculator Changes

Historically, the trending of underlying claims data results in an increase in the AV year over year for the same plan design

Below is a summary of the historical AV changes by metal level from the 2019-2022 AVC.

Note that there were no changes in the AVC from 2021-2022

Metal Level	Min Change	Max Change	Average Change
Platinum	-0.3%	0.6%	0.1%
Gold	0.0%	1.0%	0.6%
Silver	-0.1%	1.2%	0.4%
Bronze	0.0%	2.3%	1.2%

Notes and Caveats (Cont'd)

“Pricing Model AV” and “Premium Impact”: The pricing model changes shown on subsequent slides are meant to illustrate the trade-off between premium increases and cost sharing increases. The actual premium change will be based on each carrier’s model and experience and may differ significantly from what is shown.

- The pricing model change is based on the Wakely benefit model and was not adjusted for any benefit designs that are not accommodated in the model. The actuarial values were based on high level estimates of allowed PMPMs and adjusted for each metal level by induced utilization factors. These estimates should be used as high level estimates and an additional reference point, but not as the actual expected premium changes.
- Pricing Impacts shown on the following slides incorporate the standardization of the DME, Home Health, and Hospice benefits. This impact is discussed in the “Additional Benefits” section below.

Standard Plan Design Options

Standard Gold Options

Benefits	Standard Gold	Standard Gold - Option 1	Standard Gold - Option 2
Deductible and Out-of-Pocket Maximum			
Medical/Pharmacy Integrated Deductible	No	No	No
Medical (or Integrated, if Applicable)/Pharmacy Deductibles (\$)	\$500 / \$0	\$500 / \$0	\$600 / \$0
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$5,250	\$5,700	\$5,500
Office Visits			
Preventive Care/Screening/Immunization	\$0	\$0	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)*	\$15	\$15	\$15
Specialist Visit**	\$40	\$40	\$40
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Office	\$15	\$15	\$15
Emergency/Urgent Care Services			
Emergency Care Services	\$450	\$450	\$450
Urgent Care	\$35	\$35	\$35
Outpatient Services			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$350	\$350	\$350
Outpatient Surgery Physician/Surgical Services	\$75	\$75	\$75
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other	\$15	\$15	\$15
Outpatient Diagnostic Tests			
Laboratory Outpatient and Professional Services	\$20	\$20	\$20
X-rays and Diagnostic Imaging	\$30	\$30	\$30
Advanced Imaging (CT/PET Scans, MRIs)	\$300	\$300	\$300
Inpatient Services			
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$525	\$525	\$525
Skilled Nursing Facility	\$350	\$350	\$350
Pharmacy			
Generics	\$10	\$10	\$10
Preferred Brand Drugs	\$60	\$60	\$60
Non-Preferred Brand Drugs	\$100	\$100	\$100
Specialty Drugs (i.e. high-cost)	\$100	\$100	\$100
All Other Benefits			
Speech Therapy	\$25	\$25	\$25
Occupational and Physical Therapy	\$25	\$25	\$25
Durable Medical Equipment (DME)*	N/A	20%	20%
Home Health* and Hospice*	N/A	\$0	\$0
All Other Benefits	20%	20%	20%
Federal AV Adjusted	81.89%	81.39%	81.55%
Difference from 2022 Plan	NA	-0.50%	-0.34%
Pricing Model AV	85.64%	85.53%	85.24%
Difference from 2022 Plan	NA	-0.11%	-0.40%



- **Not standardized in 2021 and 2022 plan designs*
- *Blue highlighted cells reflect benefits not subject to deductible*
- **Caveat:** *Adjustment factors have NOT been updated from 2022 pricing*

Standard Silver Options

Benefits	Standard Silver	Standard Silver - Option 1	Standard Silver - Option 2
Deductible and Out-of-Pocket Maximum			
Medical/Pharmacy Integrated Deductible	Yes	Yes	Yes
Medical (or Integrated, if Applicable)/Pharmacy Deductibles (\$)	\$2,000	\$2,200	\$2,000
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$7,800	\$8,000	\$8,200
Office Visits			
Preventive Care/Screening/Immunization	\$0	\$0	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)*	\$25	\$25	\$25
Specialist Visit**	\$60	\$60	\$60
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Office	\$25	\$25	\$25
Emergency/Urgent Care Services			
Emergency Care Services	\$800	\$800	\$800
Urgent Care	\$60	\$60	\$60
Outpatient Services			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$600	\$600	\$600
Outpatient Surgery Physician/Surgical Services	\$200	\$200	\$200
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other	\$25	\$25	\$25
Outpatient Diagnostic Tests			
Laboratory Outpatient and Professional Services	\$35	\$35	\$35
X-rays and Diagnostic Imaging	\$60	\$60	\$60
Advanced Imaging (CT/PET Scans, MRIs)	30%	30%	30%
Inpatient Services			
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$800	\$800	\$800
Skilled Nursing Facility	\$800	\$800	\$800
Pharmacy			
Generics	\$20	\$20	\$20
Preferred Brand Drugs	\$70	\$70	\$70
Non-Preferred Brand Drugs	\$250	\$250	\$250
Specialty Drugs (i.e. high-cost)	\$250	\$250	\$250
All Other Benefits			
Speech Therapy	\$35	\$35	\$35
Occupational and Physical Therapy	\$35	\$35	\$35
Durable Medical Equipment (DME)*	N/A	30%	30%
Home Health* and Hospice*	N/A	\$0	\$0
All Other Benefits	30%	30%	30%
Federal AV Adjusted	71.21%	70.91%	70.79%
Difference from 2022 Plan	NA	-0.30%	-0.42%
Pricing Model AV	74.77%	74.35%	74.62%
Difference from 2022 Plan	NA	-0.42%	-0.15%



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Standard Silver 73% AV Options

Benefits	Standard Silver 73% AV	Standard Silver 73% AV - Option 1	Standard Silver 73% AV - Option 2
Deductible and Out-of-Pocket Maximum			
Medical/Pharmacy Integrated Deductible	Yes	Yes	Yes
Medical (or Integrated, if Applicable)/Pharmacy Deductibles (\$)	\$2,000	\$2,200	\$2,000
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$6,500	\$6,700	\$6,800
Office Visits			
Preventive Care/Screening/Immunization	\$0	\$0	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)*	\$20	\$20	\$20
Specialist Visit**	\$60	\$60	\$60
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Office	\$20	\$20	\$20
Emergency/Urgent Care Services			
Emergency Care Services	\$750	\$750	\$750
Urgent Care	\$60	\$60	\$60
Outpatient Services			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$600	\$600	\$600
Outpatient Surgery Physician/Surgical Services	\$175	\$175	\$175
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other	\$20	\$20	\$20
Outpatient Diagnostic Tests			
Laboratory Outpatient and Professional Services	\$35	\$35	\$35
X-rays and Diagnostic Imaging	\$60	\$60	\$60
Advanced Imaging (CT/PET Scans, MRIs)	30%	30%	30%
Inpatient Services			
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$750	\$750	\$750
Skilled Nursing Facility	\$750	\$750	\$750
Pharmacy			
Generics	\$18	\$18	\$18
Preferred Brand Drugs	\$70	\$70	\$70
Non-Preferred Brand Drugs	\$200	\$200	\$200
Specialty Drugs (i.e. high-cost)	\$200	\$200	\$200
All Other Benefits			
Speech Therapy	\$35	\$35	\$35
Occupational and Physical Therapy	\$35	\$35	\$35
Durable Medical Equipment (DME)*	N/A	30%	30%
Home Health* and Hospice*	N/A	\$0	\$0
All Other Benefits	30%	30%	30%
Federal AV Adjusted	73.34%	72.97%	72.94%
Difference from 2022 Plan	NA	-0.36%	-0.40%
Pricing Model AV	76.32%	75.88%	76.16%
Difference from 2022 Plan	NA	-0.44%	-0.16%



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Standard Silver 87% AV Options

Benefits	Standard Silver 87% AV	Standard Silver 87% AV - Option 1	Standard Silver 87% AV - Option 2
Deductible and Out-of-Pocket Maximum			
Medical/Pharmacy Integrated Deductible	No	No	No
Medical (or Integrated, if Applicable)/Pharmacy Deductibles (\$)	\$750 / \$0	\$900 / \$0	\$750 / \$0
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$2,250	\$2,400	\$2,400
Office Visits			
Preventive Care/Screening/Immunization	\$0	\$0	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)*	\$10	\$10	\$10
Specialist Visit**	\$30	\$30	\$30
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Office	\$10	\$10	\$10
Emergency/Urgent Care Services			
Emergency Care Services	\$425	\$425	\$425
Urgent Care	\$30	\$30	\$30
Outpatient Services			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$325	\$325	\$325
Outpatient Surgery Physician/Surgical Services	\$120	\$120	\$120
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other	\$10	\$10	\$10
Outpatient Diagnostic Tests			
Laboratory Outpatient and Professional Services	\$20	\$20	\$20
X-rays and Diagnostic Imaging	\$40	\$40	\$40
Advanced Imaging (CT/PET Scans, MRIs)	20%	20%	20%
Inpatient Services			
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$425	\$425	\$425
Skilled Nursing Facility	\$425	\$425	\$425
Pharmacy			
Generics	\$12	\$12	\$12
Preferred Brand Drugs	\$35	\$35	\$35
Non-Preferred Brand Drugs	\$160	\$160	\$160
Specialty Drugs (i.e. high-cost)	\$160	\$160	\$160
All Other Benefits			
Speech Therapy	\$20	\$20	\$20
Occupational and Physical Therapy	\$20	\$20	\$20
Durable Medical Equipment (DME)*	N/A	20%	20%
Home Health* and Hospice*	N/A	\$0	\$0
All Other Benefits	20%	20%	20%
Federal AV Adjusted	87.60%	87.14%	87.20%
Difference from 2022 Plan	NA	-0.46%	-0.40%
Pricing Model AV	87.71%	87.20%	87.48%
Difference from 2022 Plan	NA	-0.51%	-0.23%



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Standard Silver 94% AV Options

Benefits	Standard Silver 94% AV	Standard Silver 94% AV - Option 1	Standard Silver 94% AV - Option 2
Deductible and Out-of-Pocket Maximum			
Medical/Pharmacy Integrated Deductible	No	Yes	Yes
Medical (or Integrated, if Applicable)/Pharmacy Deductibles (\$)	\$150 / \$0	\$0 / \$0	\$0 / \$0
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$800	\$900	\$1,000
Office Visits			
Preventive Care/Screening/Immunization	\$0	\$0	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)*	\$3	\$5	\$5
Specialist Visit**	\$15	\$15	\$15
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Office	\$3	\$5	\$5
Emergency/Urgent Care Services			
Emergency Care Services	\$150	\$150	\$150
Urgent Care	\$15	\$15	\$15
Outpatient Services			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100	\$100	\$100
Outpatient Surgery Physician/Surgical Services	\$25	\$25	\$25
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other	\$3	\$5	\$5
Outpatient Diagnostic Tests			
Laboratory Outpatient and Professional Services	\$5	\$5	\$5
X-rays and Diagnostic Imaging	\$15	\$15	\$15
Advanced Imaging (CT/PET Scans, MRIs)	15%	15%	15%
Inpatient Services			
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$100	\$100	\$100
Skilled Nursing Facility	\$100	\$100	\$100
Pharmacy			
Generics	\$3	\$5	\$5
Preferred Brand Drugs	\$12	\$12	\$12
Non-Preferred Brand Drugs	\$35	\$35	\$35
Specialty Drugs (i.e. high-cost)	\$35	\$35	\$35
All Other Benefits			
Speech Therapy	\$5	\$5	\$5
Occupational and Physical Therapy	\$5	\$5	\$5
Durable Medical Equipment (DME)*	N/A	15%	15%
Home Health* and Hospice*	N/A	\$0	\$0
All Other Benefits	15%	15%	15%
Federal AV Adjusted	94.42%	94.58%	94.28%
Difference from 2022 Plan	NA	0.15%	-0.15%
Pricing Model AV	96.02%	96.76%	96.64%
Difference from 2022 Plan	NA	0.74%	0.62%



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Standard Bronze

Benefits	Standard Bronze	Standard Bronze - Option 1	Standard Bronze - Option 2
Deductible and Out-of-Pocket Maximum			
Medical/Pharmacy Integrated Deductible	Yes	No	Yes
Medical (or Integrated, if Applicable)/Pharmacy Deductibles (\$)	\$6,000	\$6,000 / \$2,500	\$6,500
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$8,550	\$8,700	\$8,700
Office Visits			
Preventive Care/Screening/Immunization	\$0	\$0	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)*	\$50	\$55	\$50
Specialist Visit**	\$100	\$100	\$100
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Office	\$50	\$55	\$50
Emergency/Urgent Care Services			
Emergency Care Services	40%	40%	40%
Urgent Care	\$100	\$100	\$100
Outpatient Services			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	40%	40%	40%
Outpatient Surgery Physician/Surgical Services	40%	40%	40%
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other	40%	40%	40%
Outpatient Diagnostic Tests			
Laboratory Outpatient and Professional Services	40%	40%	40%
X-rays and Diagnostic Imaging	40%	40%	40%
Advanced Imaging (CT/PET Scans, MRIs)	40%	40%	40%
Inpatient Services			
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	40%	40%	40%
Skilled Nursing Facility	40%	40%	40%
Pharmacy			
Generics	\$32	\$32	\$32
Preferred Brand Drugs	40%	40%	40%
Non-Preferred Brand Drugs	40%	40%	40%
Specialty Drugs (i.e. high-cost)	40%	40%	40%
All Other Benefits			
Speech Therapy	40%	40%	40%
Occupational and Physical Therapy	40%	40%	40%
Durable Medical Equipment (DME)*	N/A	40%	40%
Home Health* and Hospice*	N/A	\$0	\$0
All Other Benefits	40%	40%	40%
Federal AV Adjusted	64.29%	63.96%	63.80%
Difference from 2022 Plan	NA	-0.33%	-0.49%
Pricing Model AV	64.61%	64.46%	64.24%
Difference from 2022 Plan	NA	-0.15%	-0.37%



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Pricing Impacts on Additional Benefits

Pricing Impacts with Additional Benefits

DME:

- Current Cost Sharing -> “All Other Benefits (coinsurance)”
- New Cost Sharing -> “All Other Benefits (coinsurance)”
- **Pricing Impact:** No Impact

Home Health / Hospice:

- Current Cost Sharing -> “All Other Benefits (coinsurance)”
- New Cost Sharing -> \$0 Copay, not subject to deductible
- **Pricing Impact:** Gold Plans: +.05%, Silver Plans: +0.8%, Bronze Plans: +0.9% to premiums on average

Considerations:

- The benefits listed below are not listed in the AV calculator and thus are not impactful on AV testing for Actuarial certification
- These benefits were not standardized in CY2021 or CY2022. The “Current Cost Sharing” above reflects the assumed cost sharing used to determine the pricing AV of the CY2022 plan designs. However, carriers may actually apply a different amount in CY2022.
- Actual pricing impacts will vary based on issuer’s specific experience
- Impact above does not take into account network changes, contracting changes, or anything else other than pricing AV differences due to benefit changes

Appendix

Standard Bronze – AVC Constraints

Benefits	Standard Bronze	Standard Bronze - Option 1	Standard Bronze - Option 2
Deductible and Out-of-Pocket Maximum			
Medical/Pharmacy Integrated Deductible	Yes	No	No
Medical (or Integrated, if Applicable) Deductible (\$)	\$6,000	\$6,000 / \$500	\$5,000 / \$3,000
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$8,550	\$9,100	\$9,100
Office Visits			
Preventive Care/Screening/Immunization	\$0	\$0	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)*	\$50	\$50	\$50
Specialist Visit**	\$100	\$100	\$100
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Office	\$50	\$50	\$50
Emergency/Urgent Care Services			
Emergency Care Services	40%	50%	40%
Urgent Care	\$100	\$100	\$100
Outpatient Services			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	40%	50%	40%
Outpatient Surgery Physician/Surgical Services	40%	50%	40%
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other	40%	50%	40%
Outpatient Diagnostic Tests			
Laboratory Outpatient and Professional Services	40%	50%	40%
X-rays and Diagnostic Imaging	40%	50%	40%
Advanced Imaging (CT/PET Scans, MRIs)	40%	50%	40%
Inpatient Services			
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	40%	50%	40%
Skilled Nursing Facility	40%	50%	40%
Pharmacy			
Generics	\$32	\$32	\$32
Preferred Brand Drugs	40%	50%	40%
Non-Preferred Brand Drugs	40%	50%	40%
Specialty Drugs (i.e. high-cost)	40%	50%	40%
All Other Benefits			
Speech Therapy	40%	50%	40%
Occupational and Physical Therapy	40%	50%	40%
Durable Medical Equipment (DME)*	N/A	50%	40%
Home Health* and Hospice*	N/A	\$0	\$0
All Other Benefits	40%	50%	40%
Federal AV Adjusted	64.29%	64.53%	63.84%
Difference from 2022 Plan	NA	0.24%	-0.45%
Pricing Model AV	64.61%	64.76%	64.39%
Difference from 2022 Plan	NA	0.15%	-0.22%



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Limitations and Disclosures

Disclosures and Limitations

Responsible Actuaries. Brittney Phillips and Brad Heywood are the actuaries responsible for this communication. They are Members of the American Academy of Actuaries and Associates of the Society of Actuaries.

Intended Users. This information has been prepared for the sole use of the Washington Health Benefit Exchange (WAHBE) and issuers within that state that will be submitting standard plan designs. Distribution to such parties should be made in its entirety. This report cannot be distributed to or relied on by any third party without the prior written permission of Wakely.

Risks and Uncertainties. The assumptions and resulting estimates included in this report and produced by the model are inherently uncertain. 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 that actual experience will tie to the AV estimated for the placement of plan designs into tiers. The developed actuarial values are for the purposes of classifying plan designs of similar value and do not represent the expected actuarial value of a plan or pricing AV used to determine premium rates. Actual AVs will vary based on a plan's specific population, utilization, unit cost, and other variables.

Conflict of Interest. Wakely provides actuarial services to a variety of clients throughout the health industry. Our clients include commercial, Medicare, and Medicaid health plans, the federal government and state governments, medical providers, and other entities that operate in the domestic and international health insurance markets. Wakely has implemented various internal practices to reduce or eliminate conflict of interest risk in serving our various clients. Except as noted here, 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 the state of Vermont.

Data and Reliance. We have relied on others for data and information used in the actuarial value adjustments. 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. Below is a list of data and assumptions provided by others and assumptions required by law.

- 2019-2021 Exchange enrollment provided by WAHBE, including rating area, plan, and premium information
- 2019-2021 Rate Filing Templates, including Plan & Benefits Template, URRT, and Rate Template

Subsequent Events. 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 my knowledge, the report and methods used in the analysis are in compliance with the appropriate Actuarial Standards of Practice (ASOP) with no known deviations.