



February 2, 2021

Jim Crawford
Chief Financial Officer
Washington Health Benefit Exchange
810 Jefferson Street SE
Olympia, WA 98501

Re: Washington Health Benefit Exchange Enrollment Estimates

Dear Jim:

At the request of the Washington Health Benefit Exchange (WAHBE), Wakely has completed an updated enrollment analysis with estimated Individual market medical and dental enrollment and per member per month (PMPM) medical premiums through 2024. Our understanding is that WAHBE will use the information contained within the analysis to assist in forecasting enrollment and updating revenue projections. Use of this analysis for other purposes may not be appropriate. This document, and any accompanying files and correspondence, are intended for WAHBE internal use only and are not meant for broad distribution.

There continues to be considerable uncertainty surrounding the impact of the COVID-19 pandemic on both the ACA market and Washington's economy. This situation is rapidly evolving and the estimates presented here are based on emerging data and information available as of the date of this report.

This report should only be utilized by qualified individuals with an understanding of the assumptions and limitations of the analysis described in the disclosures section of the report. If disseminated, the report should only be shared in its entirety. During the review of the report, if you should have any questions or would like further clarification, please do not hesitate to contact us via email or phone (contact information available below), and we will be happy to provide assistance.

Sincerely,

A handwritten signature in black ink that reads 'Brittney Phillips'.

Brittney Phillips, ASA, MAAA
Senior Consulting Actuary
720-228-4966
brittneyp@wakely.com



8000 S. Chester
Suite 650
Centennial, CO 80112

t 720-226-9800
f 720-226-9820
www.wakely.com

Washington Health Benefit Exchange

Enrollment Estimates

Prepared by:
Wakely Consulting Group

Brittney Phillips, ASA, MAAA
Senior Consulting Actuary

Brooke Steiner, ASA
Associate Actuary

Table of Contents

Executive Summary.....	1
Reliance	3
Methodology & Assumptions	4
Enrollment Data	4
Market Influences	6
Premium Amounts and Rate Increases.....	8
Population Growth	8
Uninsured Rate.....	9
Open Enrollment	9
Other Assumptions.....	9
Alternate Scenarios	10
Disclosures	10

Appendix A – Base Scenario

Appendix B – Low Scenario

Appendix C – High Scenario

Appendix D – Estimated Renewals

Appendix E – Premium PMPMs – Under Base Scenario

Executive Summary

WAHBE contracted with Wakely to provide initial and updated enrollment estimates for Individual market medical and dental plans offered through WAHBE. This report contains updated enrollment estimates based on our understanding of WAHBE historical enrollment and the health insurance environment in Washington as communicated by WAHBE staff, the Office of the Insurance Commissioner, and publicly available information. The analysis reflects enrollment data provided to Wakely by WAHBE on January 22, 2021. The intent of the analysis is to provide guidance to WAHBE regarding the expected medical and dental enrollment in the Exchange on a monthly basis through the end of calendar year 2024, as well as estimated PMPM medical premiums through the same time period.

Included in this report is a base estimate as well as high and low enrollment estimates to assist in understanding the volatility of this type of market. The three estimates were developed using different assumptions as described in the report. The base estimate is meant to represent the most plausible of the three. The high and low estimates provide a range, however, it is possible for actual enrollment results to fall outside that range. The low and high estimates should not be assumed to occur with the same probability.

In this iteration, the differences between the high and low estimates are primarily due to the estimated impact the COVID-19 pandemic may have on the Individual market in Washington State. The high scenario reflects an increase in individuals purchasing coverage on the Individual market as a large number of individuals are becoming unemployed and thus lose employer coverage or have a loss of income. The low scenario assumes very little change in the Individual market as individuals who lose employer coverage and enter the Individual market may be offset by individuals qualifying for Medicaid coverage and dropping Individual market coverage.

This iteration assumes that federal funding for cost sharing subsidies is not reinstated in any scenario for the duration of the projection. Should funding be reinstated at a future point, premiums would likely be impacted, potentially being reduced, which could in turn significantly impact the projected enrollment on the Exchange.

Tables 1 and 2 below summarize the total estimated member months in each calendar year for each of the scenarios described above for medical and dental plans. Monthly detail for medical and dental enrollment, including the breakout of pediatric and family dental, is provided in the appendix. Actual enrollment from 2019 through 2020 is included in each scenario for comparison.

Table 1 – Annual Estimated Medical Member Months

Year	Base Estimate	Low Estimate	High Estimate
2019	2,255,946	2,255,946	2,255,946
2020	2,293,707	2,293,707	2,293,707
2021	2,326,639	2,172,243	2,727,736
2022	2,343,442	2,020,883	3,077,365
2023	2,383,856	1,923,671	3,241,123
2024	2,424,270	1,832,552	3,341,629

Table 2 – Annual Estimated Dental Member Months

Year	Base Estimate			Low Estimate			High Estimate		
	Pediatric	Family	Total	Pediatric	Family	Total	Pediatric	Family	Total
2019	104,583	354,630	459,213	104,583	354,630	459,213	104,583	354,630	459,213
2020	105,118	388,591	493,709	105,118	388,591	493,709	105,118	388,591	493,709
2021	95,330	421,341	516,671	88,961	393,022	481,982	110,354	490,046	600,400
2022	97,882	426,920	524,802	84,453	368,246	452,700	128,635	561,113	689,748
2023	98,728	430,610	529,338	78,881	343,902	422,783	145,202	633,467	778,669
2024	99,581	434,332	533,913	73,735	321,422	395,158	161,839	706,047	867,886

In addition to estimated member months, WAHBE requested that Wakely include estimates of average premiums by month for calendar years 2019 through 2024. Table 3 below summarizes the total estimated medical plan premium and PMPMs for each calendar year assuming enrollment from the baseline scenario. The monthly detail is provided in Appendix E. Wakely assumed no change in member mix in future years compared to the mix in the January 2021 enrollment data, except for the distribution of subsidized and unsubsidized members, which is based on the mix reflected in the baseline enrollment projection. See the Methodology section for details on Wakely’s approach.

Table 3 – Individual Market Medical Premium Estimates for 2019-2024

Year	Member Months	Total Premiums	Premium PMPM
2019	2,255,946	\$1,269,801,525	\$562.87
2020	2,293,707	\$1,200,232,796	\$523.27
2021	2,326,639	\$1,183,871,483	\$508.83
2022	2,343,442	\$1,224,522,937	\$522.53
2023	2,383,856	\$1,279,092,356	\$536.56
2024	2,424,270	\$1,335,709,597	\$550.97

Wakely recommends continuing to monitor and update this analysis and adjusting WAHBE’s strategy accordingly as new information is released.

Reliance

Multiple sources of information and data were collected and used in developing the model and assumptions.

- Wakely relied on enrollment data for 2015 through January 2021 as of January 22, 2021 provided by WAHBE. We assumed that enrollment in 2020 and prior was final and not subject to any recasting.

Historical effectuated enrollment by month has fluctuated in subsequent enrollment data provided by WAHBE. Table 4 shows the number of members with coverage in January 2019 and 2020 as reported in each version of data received.

Table 4 – Individual Market Enrollment by Version of Data Received

Data Received	January 2019	January 2020
1/25/2021	N/A	193,572
10/21/2020	N/A	192,293
5/22/2020	202,879	189,808
1/16/2020	197,293	185,809
7/30/2019	197,927	N/A
2/15/2019	195,579	N/A

The number of effectuated members has restated higher in subsequent analyses relative to that received in the middle of each year. However, the magnitude of the restatement has varied. As discussed below, we have made an adjustment to reflect the estimated final effectuated enrollment in January 2021 due to this timing issue. We have made no other adjustments for restatements in prior years.

- Wakely relied on information from WAHBE staff regarding the historical and expected health insurance environment in the state, including carrier and broker approaches and WAHBE operational changes impacting enrollment.
- Wakely also utilized publicly available data and the results of other studies to help inform our assumptions, including:
 - American Community Survey (ACS), 2013 through 2019 results, which was used to identify the potential market for the WAHBE.
 - Current Population Survey (CPS), 2013 through 2019 results, which was used to identify the potential market for the WAHBE.

- New Estimates of Eligibility for ACA Coverage among the Uninsured – Kaiser Family Foundation – October, 2018, which was used to estimate the proportion of the incoming uninsured that would be Medicaid or subsidy eligible.¹
- Health Reimbursement Arrangements (HRA) and Other Account-Based Group Health Plans Final Rule – Internal Revenue Service, the Employee Benefits Security Administration, and the Health and Human Services Department – June 2019, which was used to estimate the increase in enrollment due to employers funding Individual market premiums through HRA accounts.²
- To estimate the impact of COVID, Wakely used the estimated enrollment impact for Individual Market enrollment from the Robert Wood Johnson Foundation and Urban Institute “How the COVID-19 Recession Could Affect Health Insurance Coverage”³

Methodology & Assumptions

In performing the analysis, Wakely relied on the enrollment data provided by WAHBE, information collected from CPS and ACS, as well as publicly available data and the results from other available studies. Local and national insured trends were considered when developing the estimates.

Based on enrollment from calendar years 2015 through January 2021, Wakely was able to develop the estimated enrollment. Additional details are provided below.

Enrollment Data

While Wakely did not audit the enrollment data provided by WAHBE, we did review it for reasonability. Additionally, Wakely was able to speak with the WAHBE analyst that provided the data to ensure our understanding of the data was correct and that the intended use was reasonable, given the limitations in the data. Updated 2020 and new 2021 medical and dental files were provided for the January 2021 update, which was compiled in mid-January and included enrollment information from January 2020 through January 2021. By and large, the enrollment data was considered reasonable and was instrumental in developing the estimates through 2024.

Actual enrollment as reported in the files provided by WAHBE was used for the enrollment through December 2020. As the information for January 2021 was not complete at the time we received the enrollment data from WAHBE, we included an adjustment to the effectuated enrollment in January to estimate the final enrollment. In the best estimate, the adjustment assumed that the number of effectuated members as a percent of the total number of members who enrolled, but may or may not be

¹<https://www.kff.org/health-reform/state-indicator/distribution-of-eligibility-for-aca-coverage-among-the-remaining-uninsured>

²<https://www.federalregister.gov/documents/2019/06/20/2019-12571/health-reimbursement-arrangements-and-other-account-based-group-health-plans>

³ <https://www.rwjf.org/en/library/research/2020/05/how-the-covid-19-recession-could-affect-health-insurance-coverage.html>

effectuated would equal the average from 2018-2020 based on the final enrollment numbers for those years. This estimate was compared to the actual effectuated enrollment reported through mid-January 2021 and was found to be largely reasonable. This assumption was varied in the high and low estimates as described in more detail below.

For the baseline scenario, the new enrollment from February through December 2021 was assumed to be equal to the comparable period in 2020. In reviewing the January enrollment during Open Enrollment, Washington's enrollment has increased very slightly relative to 2020. It is our understanding that, due to COVID-19, the lack of Medicaid redetermination has resulted in lower enrollment on the Exchange. This is offset by lower net attrition and an additional special enrollment period in April and May of 2020. Based on these dynamics, we are assuming that enrollment in 2021 will be similar to 2020. The timing of Medicaid redetermination as well as the potential impact on Exchange enrollment is unknown at this time.

This growth assumption is separate from the attrition rate described below and is used to estimate the number of new entrants outside of open enrollment. This growth assumption was varied in the high and low scenarios.

Attrition rate assumptions were also developed from the previously described enrollment files. The data provided had both a start date and end date for each policy. Wakely was able to summarize and create the historical attrition rates as a result. Attrition rates were developed separately for the unsubsidized and subsidized populations for the historical and projected periods. Actual attrition rates for 2020 are utilized through December 2020. We assumed attrition rates in the base scenario for 2021 would be similar to the actual attrition in 2020 for the same time period. This is in addition to the increase in new enrollment for the same time period and reflects members remaining enrolled in the Individual market. As noted above, the attrition rates in 2020 were markedly lower than prior years due to the COVID-19 pandemic. We are assuming that these lower attrition rates will continue in 2021.

RENEWAL RATE

Wakely calculated the renewal rate for 2020 using the definition that a member that was covered in December 2019 and has 2020 coverage effective by February 2020, consistent with effective coverage dates during the open enrollment period for 2020. This definition is slightly different than that used to calculate rates for previous years as the open enrollment period has varied. The 2020 renewal rate of 89% is slightly higher than that for 2019, and reflects the trend of increasing renewal rates since 2016. As members who enroll during open enrollment could have an effective date in February, the final renewal rate for 2021 is not yet final, based on the data received through January 2021. However, based on the effectuated enrollment reported to date, the 2021 renewal rate of 86% is lower than the renewal rate reported in 2020 based on similar run-out.

Members who were enrolled on the Exchange, but dropped their coverage prior to December are not included in the renewal rate, but are counted as a new entrant. Additionally, in 2020 there was a special open enrollment period due to the COVID-19 pandemic that ran from early March through May 8, 2020. Members who enrolled during this special enrollment period were not included in the calculation of the renewal rate for 2020. Note that in the enrollment data provided by WAHBE, we saw an increase in new enrollment in April and May 2020 due to this special enrollment period which was almost twice the enrollment for the similar time period in 2019.

The remaining enrollment is expected to come from outside the Exchange, including previously uninsured and insured enrollees that have shifted from other markets. The baseline model assumes the renewal rate in 2020 and beyond is similar to the rate seen in 2020. This assumes that there are no significant market changes after 2020. A breakdown of renewals and new entrants for the base scenario is provided in Appendix D.

Market Influences

The enrollment information received for January 2021 did not indicate a significant deviation from the assumptions made in the prior October 2020 analysis.

We made considerations and adjustments for the following market changes:

- Impact to the Individual market due to COVID-19 in 2021 and 2022. This adjustment reflects an increase in Individual market enrollment as a result of the increased unemployment rate and individuals losing employer coverage. This is offset by fewer enrollees moving into the individual market from Medicaid due to the lack of redetermination. Based on the initial 2021 enrollment figures, we are assuming that these two factors offset and enrollment in 2021 is similar to that in 2020. This was varied in the low and high estimates.

In the October analysis, the estimated impact of COVID-19 on Individual market enrollment was based on a study released by the Urban Institute and Robert Wood Johnson Foundation, *How the COVID-19 Recession Could Affect Health Insurance Coverage*.⁴ The report included estimates on the change in enrollment at various unemployment rates both nationally and at a state-level. Wakely calculated the implied increase in Individual market enrollment for a 1% change in unemployment in the state of Washington. This change was then applied based on the difference between the unemployment rate in Washington as of January 2020 as reported by the Bureau of Labor Statistics⁵ and the estimated unemployment rate in 2021 and 2022, estimated by the June 2020 Economic and Revenue Forecast⁶ for Washington. This approach resulted in an estimated increase in Individual market enrollment of approximately 2.5 percent per year. This increase was applied consistently for on-Exchange subsidized and unsubsidized. This change results in slightly lower enrollment estimates under the baseline scenario in the current iteration compared to the October analysis.

We have not made explicit adjustments for the following changes:

- Any changes to the regulations of the Affordable Care Act (ACA) that are not final. We have not estimated the impact of any possible changes, including carrier's reactions to recent federal actions (e.g. whether issuers will choose to participate in future years).
- Any impact to the Individual market as a result of the regulations which aim to:

⁴ https://www.urban.org/research/publication/how-covid-19-recession-could-affect-health-insurance-coverage/view/full_report

⁵ https://www.bls.gov/news.release/archives/laus_03162020.pdf

⁶ <https://erfc.wa.gov/sites/default/files/public/documents/publications/jun20pub.pdf>

- Expand access to association health plans
- Expand access to short-term health plans

It is our understanding that there are regulations in place in Washington that will limit the availability of association and short-term health plans. Therefore, we are not anticipating an impact to the enrollment in the Exchange.

- Any impact to enrollment from the proposed changes to public charge policies. The proposed rule would consider use of Medicaid in public charge determinations. Immigrants currently receiving subsidies on the Exchange may choose to drop coverage or be more hesitant to apply for coverage for fear it would affect their immigration status.
- Impact to the Individual market as a result of the proposed regulation which aims to expand the use of health reimbursement accounts. This rule will allow employers to use HRA funds to reimburse employees for premium expenses incurred in the Individual market. Previously, premiums were excluded and ineligible for coverage by these arrangements. As a result, we are anticipating an increase in take-up in the Individual market. The final rule estimated that approximately 0.4% of individuals currently covered in traditional group health plans (growing to 2.2% by 2022) and an additional 0.1% of currently uninsured individuals would move into the Individual market in 2020 (growing to 0.3% by 2022). It is anticipated that members eligible for reimbursement would be deemed ineligible for premium subsidies, therefore this increase only impacted the unsubsidized members.

These estimates were included in the growth rate assumption in the high estimate. We assumed no impact in the baseline and low estimate.

Additionally, the final rule estimates that premiums may increase by 1% from 2020 – 2029, however, they noted it may be higher or lower depending on the state. Due to the small impact and uncertainty around this estimate, we did not make any adjustments to the premium rates for this change.

- Impact due to introduction of public option and standard plan designs. Prior versions of this report incorporated an estimated impact due to the introduction of the public option. This change was expected to reduce premiums due to limits on provider reimbursement levels, which would go into effect in 2021. This impact should be reflected in the actual 2021 enrollment and premium rates and we have not made an explicit adjustment to our estimates for any further changes in the availability or take-up in these plans.
- Other proposed regulations that have not yet been released as any specific changes and their potential impact are still unknown.

Other changes in the market dynamics in the state of Washington are not expected to have a material impact on enrollment over the projection period. We are assuming no further changes in carrier participation as a result of potential federal changes, which are unknown at this point.

Prior iterations assumed there would not be significant changes in employer strategy regarding health insurance coverage, Medicaid and Medicare eligibility changes, or macroeconomic factors (such as unemployment, recessions, etc.). The COVID-19 pandemic may significantly impact the enrollment results due to changes in these markets. While we did not make explicit adjustments for these market influences, it is our intent that the adjustment made to the enrollment projection in 2021 due to COVID-19 is inclusive of these market changes.

Premium Amounts and Rate Increases

The focus of this analysis is to estimate WAHBE enrollment. Implicitly in the enrollment analysis, Wakely is expecting moderate rate increases over the projection period as described in this section. A summary of the premium estimates by month under the baseline enrollment scenario are included in the Appendices of this report.

The PMPM average premium estimates were developed by first calculating the average PMPM premiums for January 2015 through January 2021 based on the data provided to Wakely. Actual premium PMPMs were used for this same time period. For the rest of 2021, the ratio of that month's premium to the premium in January 2021 was applied in 2021. For example, the average premium in February 2020 was \$527, 0.3% lower than that in January 2020. Therefore, the average premium assumed for February 2021 is \$512, 0.3% lower than the premium in January 2021 of \$514.

The premium rate in January 2021 is 2.8% lower than that in January 2020. This is lower than the premium change assumed in the October analysis, which assumed a 2% decrease. The assumption in the October analysis was based on final rate filings for 2021 that indicated approximately a 2% average decrease relative to 2020. However, this decrease does not include the impact of members shopping and changing plans or the increase in premium as a result of aging. Therefore, we reviewed the rate impact assuming auto-renew as well as the impact if members choose to switch to the lowest cost plan in their current metal level and carrier. Assuming 80% of members auto-renew, this resulted in a similar rate decrease as the average filed. Consistent with the 2021 rate filings, we are assuming insurers will not incorporate a meaningful impact due to COVID-19 in setting premium rates beyond 2021.

An increase of 3% was used in 2022 and beyond. This assumes that increases in 2022 are similar to historical increases (excluding the 2017-2018 rate increases as that year was an outlier due to silver loading).

The analysis of the premium PMPMs uses the enrollment data provided by WAHBE, which may have variances from the actual enrollees who pay premiums. Any variation between the file provided by WAHBE and the actual enrollees who pay premiums will impact the PMPM results. In addition, the analysis assumes that there is no material change in the underlying distribution of membership by age, geography, metal level, or other factors driving premium from the 2020 data to the projections periods.

Population Growth

The population that represents the largest enrollment block in WAHBE over the projection period is the 18-64 year olds. The estimate includes an update of Washington's population from the 2014 statewide estimate to the 2019 statewide estimate, sourced from the 2019 ACS and CPS studies. These studies show annual growth between 1.5% - 1.8% in Washington's population from 2014-2018. However, both the CPS

and ACS studies indicated a decrease in 2019. Due to this variability in estimates and that annual growth is not expected to be significant, the base assumption is that there will be no population growth.

Uninsured Rate

Based on the updated 2019 statewide estimate from the 2019 ACS and CPS studies, Wakely has estimated the uninsured rate for 2019 to be approximately 6.5% of the total Washington population. This estimate is down from 13% to 14% in 2013 and has remained relatively stable since 2015, varying from 6%-7%. Wakely used the 2019 uninsured estimate as the proxy pool for potential WAHBE growth in prior iterations. Due to the significant change in unemployment rates and uncertainty of the full impact of the COVID-19 pandemic as of the date of this report, we are not placing significant reliance on the uninsured rates to estimate the pool of potential new enrollees in this iteration.

Open Enrollment

As our model demonstrates, enrollment in WAHBE is expected to change on a month to month basis. One major driver of enrollment by month is the timing of the open enrollment period. For 2021, we understand that WAHBE will be offering a Special Enrollment Period (SEP) from February 15th to May 15th related to the public health emergency around COVID-19. Members who enroll during this period may have an effective date between March 1st and June 1st 2021. A similar SEP was held in 2020, with effective dates in April and May. We have assumed more members will enroll during the first half of 2021 due to this SEP relative to 2019 and prior years. For 2022 and beyond, we have assumed the open enrollment period will continue to end late-December. The timing of the open enrollment period is crucial because it has an impact on the overall member months realized by WAHBE. Enrollment estimates should be updated to account for any changes.

Other Assumptions

Enrollment and PMPM premium estimates are also based on the following assumptions:

- No further changes in structure of ACA, including health insurance requirements both market-wide and on the Exchange, and premium and cost sharing reduction subsidy structures.
- A stable economy in Washington past 2021, once the full impact of the COVID-19 is known.
- No significant changes in employer offerings of insurance for employees/dependents or employee contributions for health insurance (no significant transition of employees to the Individual Exchange) besides that noted above related to the HRA final rule and unemployment changes.
- No push from carriers/brokers to transfer consumers from on Exchange to off Exchange plans (or vice versa).
- Special enrollment periods are assumed to continue to exist but qualifying events are not expected to change materially over the projection period. We are assuming that the special enrollment periods in March-May 2020 and February-May 2021 will not continue in future years.
- WAHBE is expected to continue operating with a similar effectiveness that has been realized to date.

- Penalties for individuals declining to enroll in any healthcare coverage may not be enforced for 2019 and beyond. There is significant uncertainty as to what extent the individual mandate will impact enrollment.
- No significant changes in carrier offerings both on and off the Exchange as has been a significant factor in prior years.

Alternate Scenarios

Deviation from the baseline assumptions for the low scenario include:

- January 2021 enrollment restates lower and is similar to the lowest restatement from 2018 to 2020.
- Higher attrition rates in 2021 (1% increase in each month over baseline attrition rates).
- No significant impact on enrollment in 2021 and beyond due to the change in employer coverage and income as a result of the COVID-19 pandemic.

Deviation from the baseline assumptions for the high scenario include:

- Additional restatement of the January 2021 effectuated enrollment equal to the total enrollment reported as of January 22, 2021.
- Better attrition rates in 2021 (1% improvement in each month over baseline attrition rates).
- Additional increase in enrollment in 2021 and beyond due to the change in employer coverage and income as a result of the COVID-19 pandemic.
- Increase in take-up in the Individual market as a result of the HRA final rule.

Disclosures

All assumptions used in Wakely's analysis were discussed in detail with WAHBE during various conference calls. Other important considerations when utilizing the estimates contained in this report include:

- This report is intended for use by WAHBE for estimating monthly medical and dental enrollment and PMPM premiums in the Individual market on the Exchange for purposes of forecasting future Exchange enrollment, estimating the assessments needed, and estimating revenue to fund Exchange operations in future years. Assumptions were developed with this goal in mind. It is not appropriate to use these estimates for other purposes.
- Wakely does not guarantee the results of this analysis, nor does it guarantee that assessments developed based on these estimates will be sufficient to fund Exchange operations. Actual results will vary based on market forces, including carrier, employer and individual consumer perceptions, behaviors and decisions which cannot be estimated with any certainty.

- Wakely does not intend to benefit third parties and assumes no duty or liability to other parties who receive this work.
- Wakely relied on information provided by WAHBE, OIC and OFM, as well as other sources as described earlier in the report. This information was reviewed for reasonableness but not audited by Wakely. Results may vary if any of the information provided is found to be incomplete or incorrect.
- Risks and Uncertainties. Please note that these results are preliminary and are subject to change as we gather input, and potentially refine the modeling methodology and assumptions. 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. It is the responsibility of the readers receiving this output to review the assumptions carefully and notify Wakely of any potential concerns.
- This report should only be utilized by qualified individuals with an understanding of the assumptions and limitations of the analysis. Dissemination of the report should be done only in its entirety.

The accuracy of the estimates contained herein are dependent on the underlying assumptions and data. Any deviation or inaccuracies will impact the accuracy of our estimates. We recommend updating the analysis as additional information and data become available, or if there are changes in the health insurance or economic environment in Washington.

Appendix A Base Scenario 2019-2024 Medical Membership

	2019	2020	2021	2022	2023	2024
January	202,879	193,581	195,751	204,710	208,245	211,780
February	199,603	194,700	197,404	202,942	206,435	209,927
March	197,384	193,067	195,690	201,618	205,088	208,558
April	194,816	194,781	195,754	198,384	201,803	205,222
May	191,840	194,899	196,771	195,625	198,997	202,369
June	189,269	194,211	199,965	195,296	198,659	202,021
July	186,831	192,509	197,262	194,083	197,429	200,775
August	184,342	191,021	194,864	192,865	196,194	199,523
September	182,127	189,807	192,738	191,750	195,061	198,372
October	179,853	188,209	190,419	190,720	194,013	197,306
November	176,825	185,713	187,424	189,386	192,654	195,922
December	170,177	181,209	182,597	186,064	189,279	192,494
Member Months	2,255,946	2,293,707	2,326,639	2,343,442	2,383,856	2,424,270

Base Scenario 2019-2024 Dental Membership Pediatric Dental Only

	2019	2020	2021	2022	2023	2024
January	10,005	9,844	8,520	9,164	9,243	9,323
February	9,527	9,780	8,470	9,032	9,110	9,189
March	9,300	9,377	8,158	8,668	8,743	8,819
April	9,132	9,187	8,014	8,412	8,485	8,558
May	8,915	9,020	7,983	8,243	8,314	8,386
June	8,745	8,889	8,035	8,159	8,229	8,301
July	8,596	8,741	8,027	8,068	8,137	8,208
August	8,481	8,577	7,986	7,985	8,054	8,123
September	8,318	8,447	7,979	7,873	7,941	8,010
October	8,182	8,082	7,701	7,655	7,721	7,788
November	7,965	7,710	7,346	7,400	7,464	7,528
December	7,417	7,465	7,112	7,224	7,286	7,349
Member Months	104,583	105,118	95,330	97,882	98,728	99,581

Family Dental Only

	2019	2020	2021	2022	2023	2024
January	34,314	34,351	37,901	40,410	40,759	41,112
February	32,441	34,481	37,940	39,553	39,895	40,240
March	31,567	33,105	36,343	37,845	38,172	38,502
April	30,980	33,045	35,965	36,712	37,030	37,350
May	30,253	33,143	36,065	35,982	36,293	36,607
June	29,668	33,089	36,521	35,605	35,913	36,224
July	29,169	32,865	35,848	35,214	35,519	35,826
August	28,674	32,554	35,149	34,726	35,026	35,328
September	28,064	32,242	34,481	34,178	34,474	34,772
October	27,580	31,143	33,063	33,199	33,486	33,775
November	26,902	29,744	31,528	32,156	32,434	32,714
December	25,018	28,828	30,536	31,338	31,609	31,882
Member Months	354,630	388,591	421,341	426,920	430,610	434,332

Appendix B Low Scenario 2019-2024 Medical Membership

	2019	2020	2021	2022	2023	2024
January	202,879	193,581	192,281	195,264	195,264	195,264
February	199,603	194,700	191,965	189,677	187,724	185,772
March	197,384	193,067	188,409	184,736	181,003	177,308
April	194,816	194,781	186,720	178,249	172,926	167,713
May	191,840	194,899	186,026	172,427	165,663	159,107
June	189,269	194,211	187,451	168,986	160,853	153,051
July	186,831	192,509	183,153	164,894	155,526	146,629
August	184,342	191,021	179,236	160,942	150,443	140,572
September	182,127	189,807	175,646	157,194	145,645	134,896
October	179,853	188,209	171,948	153,693	141,199	129,686
November	176,825	185,713	167,650	150,015	136,656	124,466
December	170,177	181,209	161,756	144,807	130,771	118,087
Member Months	2,255,946	2,293,707	2,172,243	2,020,883	1,923,671	1,832,552

Low Scenario 2019-2024 Dental Membership Pediatric Dental Only

	2019	2020	2021	2022	2023	2024
January	10,005	9,844	8,349	8,725	8,550	8,379
February	9,527	9,780	8,216	8,425	8,171	7,923
March	9,300	9,377	7,834	7,921	7,603	7,296
April	9,132	9,187	7,623	7,538	7,164	6,806
May	8,915	9,020	7,527	7,246	6,820	6,417
June	8,745	8,889	7,512	7,042	6,567	6,121
July	8,596	8,741	7,442	6,839	6,320	5,838
August	8,481	8,577	7,342	6,652	6,095	5,583
September	8,318	8,447	7,279	6,445	5,854	5,315
October	8,182	8,082	6,963	6,165	5,555	5,005
November	7,965	7,710	6,574	5,851	5,224	4,665
December	7,417	7,465	6,300	5,605	4,958	4,386

Member Months	104,583	105,118	88,961	84,453	78,881	73,735
----------------------	---------	---------	--------	--------	--------	--------

Family Dental Only

	2019	2020	2021	2022	2023	2024
January	34,314	34,351	37,137	38,473	37,704	36,949
February	32,441	34,481	36,805	36,888	35,773	34,688
March	31,567	33,105	34,896	34,576	33,182	31,838
April	30,980	33,045	34,218	32,888	31,251	29,687
May	30,253	33,143	34,019	31,624	29,761	27,997
June	29,668	33,089	34,170	30,720	28,643	26,696
July	29,169	32,865	33,225	29,841	27,574	25,469
August	28,674	32,554	32,277	28,907	26,474	24,238
September	28,064	32,242	31,374	27,945	25,366	23,018
October	27,580	31,143	29,805	26,700	24,041	21,643
November	26,902	29,744	28,128	25,401	22,669	20,229
December	25,018	28,828	26,966	24,283	21,464	18,970

Member Months	354,630	388,591	393,022	368,246	343,902	321,422
----------------------	---------	---------	---------	---------	---------	---------

Appendix C High Scenario 2019-2024 Medical Membership

	2019	2020	2021	2022	2023	2024
January	202,879	193,581	211,907	242,386	246,452	250,630
February	199,603	194,700	221,617	245,134	251,522	256,537
March	197,384	193,067	228,051	248,326	256,592	262,255
April	194,816	194,781	229,862	249,092	259,769	267,089
May	191,840	194,899	230,939	250,324	263,409	271,914
June	189,269	194,211	231,162	254,517	268,351	277,099
July	186,831	192,509	230,605	257,483	272,791	281,877
August	184,342	191,021	230,230	260,476	277,005	286,455
September	182,127	189,807	230,247	263,625	280,839	290,670
October	179,853	188,209	229,814	266,794	285,029	295,260
November	176,825	185,713	228,508	269,584	288,702	299,341
December	170,177	181,209	224,794	269,623	290,664	302,504
Member Months	2,255,946	2,293,707	2,727,736	3,077,365	3,241,123	3,341,629

High Scenario 2019-2024 Dental Membership Pediatric Dental Only

	2019	2020	2021	2022	2023	2024
January	10,005	9,844	8,880	10,882	11,663	12,501
February	9,527	9,780	9,294	10,942	11,845	12,821
March	9,300	9,377	9,307	10,715	11,714	12,803
April	9,132	9,187	9,273	10,601	11,700	12,910
May	8,915	9,020	9,271	10,585	11,793	13,134
June	8,745	8,889	9,195	10,671	11,997	13,391
July	8,596	8,741	9,319	10,743	12,186	13,636
August	8,481	8,577	9,394	10,818	12,379	13,895
September	8,318	8,447	9,503	10,858	12,535	14,081
October	8,182	8,082	9,265	10,735	12,498	14,165
November	7,965	7,710	8,927	10,570	12,420	14,209
December	7,417	7,465	8,727	10,515	12,472	14,293
Member Months	104,583	105,118	110,354	128,635	145,202	161,839

Family Dental Only

	2019	2020	2021	2022	2023	2024
January	34,314	34,351	39,499	47,976	51,421	55,114
February	32,441	34,481	41,801	47,918	51,873	56,149
March	31,567	33,105	42,173	46,784	51,152	55,918
April	30,980	33,045	42,235	46,269	51,074	56,363
May	30,253	33,143	42,376	46,213	51,492	57,355
June	29,668	33,089	42,093	46,574	52,368	58,459
July	29,169	32,865	41,813	46,896	53,202	59,536
August	28,674	32,554	41,458	47,077	53,886	60,488
September	28,064	32,242	41,104	47,176	54,487	61,208
October	27,580	31,143	39,761	46,604	54,287	61,535
November	26,902	29,744	38,290	45,965	54,033	61,820
December	25,018	28,828	37,443	45,663	54,192	62,103
Member Months	354,630	388,591	490,046	561,113	633,467	706,047

Appendix D Estimated Renewals 2016-2024

Renewal Percent		
Year	Percent	Members
2019	87.7%	156,331
2020	88.5%	150,630
2021	86.1%	156,032
2022	86.1%	157,227
2023	86.1%	160,212
2024	86.1%	162,981

Appendix E

Premium PMPMs – Under Base Scenario 2019-2020

Month	Member Months	Total Premiums	Premium PMPM
Jan-19	202,879	\$113,871,705	\$561.28
Feb-19	199,603	\$112,221,131	\$562.22
Mar-19	197,384	\$111,043,168	\$562.57
Apr-19	194,816	\$109,697,322	\$563.08
May-19	191,840	\$108,062,324	\$563.29
Jun-19	189,269	\$106,599,877	\$563.22
Jul-19	186,831	\$105,227,239	\$563.22
Aug-19	184,342	\$103,694,210	\$562.51
Sep-19	182,127	\$102,453,318	\$562.54
Oct-19	179,853	\$101,194,730	\$562.65
Nov-19	176,825	\$99,567,780	\$563.09
Dec-19	170,177	\$96,168,722	\$565.11
Jan-20	193,581	\$102,223,498	\$528.07
Feb-20	194,700	\$102,533,926	\$526.63
Mar-20	193,067	\$101,572,946	\$526.10
Apr-20	194,781	\$102,199,730	\$524.69
May-20	194,899	\$102,067,302	\$523.69
Jun-20	194,211	\$101,557,973	\$522.93
Jul-20	192,509	\$100,494,711	\$522.03
Aug-20	191,021	\$99,609,991	\$521.46
Sep-20	189,807	\$98,884,121	\$520.97
Oct-20	188,209	\$98,030,400	\$520.86
Nov-20	185,713	\$96,680,802	\$520.59
Dec-20	181,209	\$94,377,397	\$520.82

Premium PMPMs – Under Base Scenario 2021-2022

Month	Member Months	Total Premiums	Premium PMPM
Jan-21	195,751	\$100,517,443	\$513.50
Feb-21	197,404	\$101,090,093	\$512.10
Mar-21	195,690	\$100,112,773	\$511.59
Apr-21	195,754	\$99,876,462	\$510.22
May-21	196,771	\$100,204,893	\$509.25
Jun-21	199,965	\$101,682,139	\$508.50
Jul-21	197,262	\$100,134,741	\$507.62
Aug-21	194,864	\$98,810,404	\$507.07
Sep-21	192,738	\$97,640,961	\$506.60
Oct-21	190,419	\$96,445,401	\$506.49
Nov-21	187,424	\$94,879,557	\$506.23
Dec-21	182,597	\$92,476,616	\$506.45
Jan-22	204,710	\$107,941,141	\$527.29
Feb-22	202,942	\$106,716,700	\$525.85
Mar-22	201,618	\$105,915,230	\$525.33
Apr-22	198,384	\$103,936,629	\$523.92
May-22	195,625	\$102,296,643	\$522.92
Jun-22	195,296	\$101,974,712	\$522.16
Jul-22	194,083	\$101,167,088	\$521.26
Aug-22	192,865	\$100,423,133	\$520.69
Sep-22	191,750	\$99,749,202	\$520.20
Oct-22	190,720	\$99,191,980	\$520.09
Nov-22	189,386	\$98,447,549	\$519.83
Dec-22	186,064	\$96,762,931	\$520.05

Premium PMPMs – Under Base Scenario 2023 - 2024 & Summary

Month	Member Months	Total Premiums	Premium PMPM
Jan-23	208,245	\$112,753,802	\$541.45
Feb-23	206,435	\$111,468,643	\$539.97
Mar-23	205,088	\$110,631,430	\$539.43
Apr-23	201,803	\$108,567,256	\$537.99
May-23	198,997	\$106,854,354	\$536.96
Jun-23	198,659	\$106,516,310	\$536.18
Jul-23	197,429	\$105,675,031	\$535.26
Aug-23	196,194	\$104,900,009	\$534.68
Sep-23	195,061	\$104,196,575	\$534.17
Oct-23	194,013	\$103,614,430	\$534.06
Nov-23	192,654	\$102,835,878	\$533.79
Dec-23	189,279	\$101,078,638	\$534.02
Jan-24	211,780	\$117,747,107	\$555.99
Feb-24	209,927	\$116,398,850	\$554.47
Mar-24	208,558	\$115,524,554	\$553.92
Apr-24	205,222	\$113,371,636	\$552.43
May-24	202,369	\$111,583,086	\$551.38
Jun-24	202,021	\$111,228,295	\$550.58
Jul-24	200,775	\$110,352,137	\$549.63
Aug-24	199,523	\$109,544,916	\$549.03
Sep-24	198,372	\$108,810,878	\$548.52
Oct-24	197,306	\$108,202,875	\$548.40
Nov-24	195,922	\$107,388,906	\$548.12
Dec-24	192,494	\$105,556,358	\$548.36
Total			
Month	Member Months	Total Premiums	Premium PMPM
2019	2,255,946	\$1,269,801,525	\$562.87
2020	2,293,707	\$1,200,232,796	\$523.27
2021	2,326,639	\$1,183,871,483	\$508.83
2022	2,343,442	\$1,224,522,937	\$522.53
2023	2,383,856	\$1,279,092,356	\$536.56
2024	2,424,270	\$1,335,709,597	\$550.97