



**Oklahoma Section 1332 State Innovation Waiver
Draft Application**

October 1, 2026

Submitted by the Oklahoma Insurance Department

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Section 1: Waiver Request and Overview

The Oklahoma Insurance Department (OID) is submitting this Patient Protection and Affordable Care Act (ACA) Section 1332 State Innovation Waiver application (1332 Waiver) to the U.S. Department of Health and Human Services and U.S. Department of the Treasury (the Departments) seeking approval to implement a reinsurance program.

Today, Oklahoma's market struggles to provide accessible and affordable coverage to residents due to declining enrollment, high premiums, and limited issuer participation across the State. Market dynamics are expected to continue to decline for Plan Year (PY) 2027. Low enrollment, high premiums, and limited issuer participation have created a cycle of instability in Oklahoma's individual market. As costs rise, healthier consumers are more likely to go uninsured, weakening the risk pool and driving costs even higher for people with greater healthcare needs.

Oklahoma is taking several steps to reverse this negative trend and make healthcare coverage more affordable and accessible for residents. The goals of the waiver are to improve affordability, increase competition, and expand access to healthcare coverage for residents across the State. The reinsurance program will be in effect for the full five years of the waiver from PY 2028 through 2032. The reinsurance program is designed to stabilize the market, lower premiums, and incentivize more issuers to enter and expand their offerings across the market to increase consumer choice and competition.

1.1 Market Overview

Since the inception of the ACA, Oklahoma's individual market has experienced significant instability. Between 2015 and 2017, premiums doubled, including rate increases of more than 75% for PY 2017, while the number of issuers declined. In 2019, only two issuers offered on-exchange coverage in the State, and enrollment was at 138,015 based on the CMS annual effectuated enrollment files. In 2021, the federal government provided enhanced premium tax credits (PTCs) to consumers due to the COVID-19 pandemic under the American Rescue Plan Act (ARPA) which were extended through PY 2025 under the Inflation Reduction Act. During this time, Oklahoma experienced enrollment increases and new issuers joined the market.

However, for 2026, Oklahoma's market is again facing several of the same challenges as it did prior to ARPA. Total market enrollment is estimated to have declined by 29% from December 2025 to August 2026, based on issuer provided data. Total enrollment in the individual market for August 2026 is 187,411. Two issuers are leaving the market for PY 2027. In addition, there is a large volume of uninsured adults in Oklahoma who are eligible for coverage but choose not to enroll.

Individual Market Enrollment

The following table shows enrollment in Oklahoma's market over the last five years. While enrollment grew from 2021 – 2025, it has experienced significant declines in 2026.

Average Number of Enrollees by Year							
Source	Exchange status	2021	2022	2023	2024	2025	2026
CMS	On-Exchange (OEP Plan Selections)	171,551	189,444	203,157	277,436	307,989	261,887
CMS	On-Exchange (Avg. Effectuated)	165,636	171,473	201,351	269,554	267,113	203,408*
Issuers	Off-Exchange (Avg. Reported)	9,184**	8,452**	7,586**	7,104	6,559	5,923***

Table 1: Enrollment in Oklahoma’s Individual Market 2021 – 2026

* Average of the CMS reported effectuated enrollment for Jan. and Feb. 2026.

**** Values reflect incomplete data from two issuers unable to provide data.**

*** Average of issuer actual and estimated off-exchange data for Jan. – Dec. 2026.

Enrollment is concentrated in the more urban areas of the State, within rating areas 3 (35% of consumers) and 4 (26% of consumers). Rating area 5 encompasses 60 counties in the rural areas of the State and has the second highest enrollment (34% percent of consumers). Rating areas 1 and 2 have the lowest enrollment (3% and 2% of consumers, respectively).

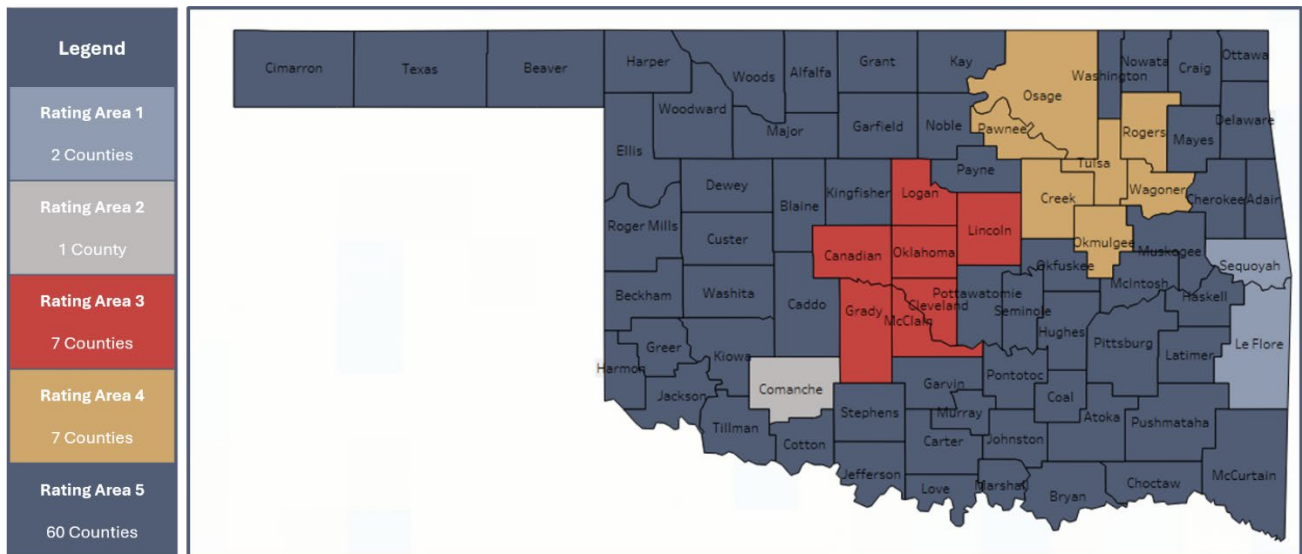


Figure 1: Oklahoma's Individual Market Rating Regions

Individual Market Premiums

The following table shows the average premium in the market for the last five years. While premiums have remained fairly consistent between 2021 and 2025, the average premium is estimated to have increased by 17% from 2025 to 2026 and is estimated to increase by an additional 16.5% from 2026 to 2027.

Average Premium by Year							
Source	Exchange Status	2021	2022	2023	2024	2025	2026
CMS	On-Exchange (Plan Selections)	\$623	\$623	\$647	\$632	\$616	\$727
CMS	On-Exchange (Avg. Effectuated)	\$623	\$612	\$633	\$620	\$608	--
Issuers	Off-Exchange (Avg. Reported)	\$562*	\$571*	\$621*	\$662	\$688	\$843**

Table 2: Average Premiums in Oklahoma's Individual Market 2021 – 2026

* Values reflect incomplete data from two issuers unable to provide data.

** Average of issuer actual and estimated off-exchange data for Jan. – Dec. 2026

Premiums are highest in rating areas 1, 2, and 5, and more moderate in rating areas 3 and 4. In general, both the average premiums and benchmark Second Lowest Cost Silver Plan (SLCSP) premiums are highest in the western and southeastern regions of the State, underscoring persistent regional disparities in the cost of coverage.

PY 2026 Average Premium Metrics			
Rating Area	Lowest Average County Premium*	Average Rating Area Premium**	Highest Average County Premium***
Rating Area 1 Counties	\$792	\$795	\$797
Rating Area 2 County	\$782	\$782	\$782
Rating Area 3 Counties	\$659	\$671	\$824
Rating Area 4 Counties	\$646	\$661	\$780
Rating Area 5 Counties	\$678	\$781	\$951
Statewide	\$646	\$711	\$951

Table 3: 2026 Average Premiums by Rating Areas

* Calculated by taking the minimum of the average premiums by county for all counties in the rating area.

** Calculated by taking the weighted average of the average premiums by county for all counties in the rating area.

*** Calculated by taking the maximum of the average premiums by county for all counties in the rating area.

Issuer Coverage

High premiums in Oklahoma are driven in part by limited market competition and high provider service costs. The market has seven issuers offering on-exchange health plans in 2026, however, that number is declining to five issuers in 2027. For 2026, 27% of counties had only one or two issuers providing plans on-exchange; that share is expected to rise to 47% in 2027. Issuer participation remains concentrated in more densely populated urban areas, where premiums are relatively more affordable, while rural counties continue to face fewer options and higher costs. As a result, many Oklahomans, particularly in the western and southeastern regions of the State, are priced out of the market, contributing to high uninsured rates.

The following graphic shows issuer on-exchange participation across the State for the last 6 years and anticipated for PY 2027.

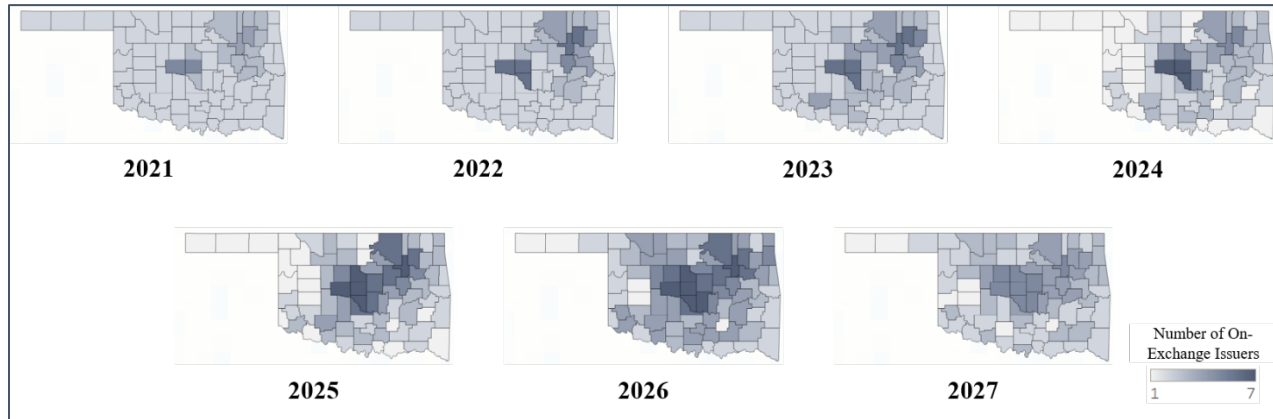


Figure 2: County Coverage in Oklahoma's On-Exchange Individual Market 2021 – 2027

Count of Counties by Number of On-Exchange Issuers and Year							
Year	2021	2022	2023	2024	2025	2026	2027
1 Issuer	0	0	0	21	19	5	7
2 Issuers	61	57	47	27	18	16	29
3 Issuers	12	10	16	19	20	14	21
4 Issuers	2	4	7	3	6	23	12
5 Issuers	2	1	2	4	3	6	8
6 Issuers	0	5	5	0	6	7	0
7 Issuers	0	0	0	3	5	6	0

Table 4: County Coverage in Oklahoma's On-Exchange Individual Market 2021-2027

Count of Counties by Number of On-Exchange Issuers and Rating Area for PY 2027							
Rating Area	1	2	3	4	5	Total	Total %
1 Issuer	0	0	0	0	7	7	9%
2 Issuers	2	1	1	0	25	29	38%
3 Issuers	0	0	0	1	20	21	27%
4 Issuers	0	0	1	5	6	12	16%
5 Issuers	0	0	5	1	2	8	10%
6 Issuers	0	0	0	0	0	0	0%
7 Issuers	0	0	0	0	0	0	0%

Table 5: County Coverage in Oklahoma's On-Exchange Individual Market 2027

Uninsured

Based on the latest available U.S. Census Bureau data for 2024, approximately 206,533 uninsured adults between the ages of 19 and 64 in Oklahoma are between 138 and 400% of the Federal Poverty Level (FPL) and are eligible for on-exchange coverage with federal subsidies; that number may be even higher given marketplace declines through 2026. An additional 62,889 adults are eligible for coverage without subsidies.

Income as % of FPL	Under 19	19-64	65+	Total
Below 100% FPL	18,977	101,472	1,812	122,261
100% - 137% FPL	9,186	43,963	317	53,466
138% - 399% FPL	41,980	206,533	2,300	250,813
Above 399% FPL	11,913	62,889	804	75,606
Total	82,056	414,857	5,233	502,146

Table 6: Estimated Uninsured Consumers in Oklahoma 2024

1.2 Reinsurance Program

The goal of the reinsurance program is to stabilize the individual market by reducing premiums and incentivizing issuers to offer plans in more regions across the State. By offsetting high claims, the reinsurance program will support stability in Oklahoma's individual market and help keep premiums more affordable. This is particularly significant in higher-cost areas of the State, where average premium rates are nearly 35% higher than the statewide average for PY 2026.

Program Description

Oklahoma's reinsurance program is a parameter-based model with an attachment point, cap, and a tiered coinsurance rate. The attachment point is where the program begins to reimburse issuers for a percentage of high-cost claimants up to the cap amount. The applied coinsurance rate is based on the rating region. The higher coinsurance rate is applied to traditionally more rural, high-cost regions to bring the premiums in line with the urban areas. Rating regions are grouped into the following tiers for the applied coinsurance rate:

- Tier 1 (higher-cost regions) includes rating regions 1, 2, 5
- Tier 2 (lower-cost regions) includes rating regions 3, 4

Oklahoma's reinsurance program will be implemented and administered by OID. The State intends to implement the following parameters.

	2028	2029	2030	2031	2032
Attachment Point	\$35,000	\$35,000	\$35,000	\$35,000	\$35,000
Coinsurance					
Rating Area 1	50%	50%	75%	75%	75%
Rating Area 2	50%	50%	75%	75%	75%
Rating Area 3	0%	0%	0%	0%	0%
Rating Area 4	0%	0%	0%	0%	0%
Rating Area 5	50%	50%	75%	75%	75%
Cap	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000

Table 7: Reinsurance Attachment Point, Cap, and Coinsurance

OID will evaluate and adjust the reinsurance parameters annually based upon claims experience, available funding, and the anticipated claims for the coming plan year. The parameters will be communicated to issuers each year prior to rate filings.

Over the 5-year waiver period, the reinsurance program is anticipated to reduce premiums in the individual market statewide by 5.4% and subsequently increase enrollment by 0.4%. Premium reductions are estimated to be 12.1% - 12.6% for Tier 1 counties.

Rating Area	2028	2029	2030	2031	2032	Average
Rating Area 1	-9.4%	-9.5%	-14.3%	-14.4%	-14.5%	-12.4%
Rating Area 2	-9.3%	-9.3%	-14.0%	-14.0%	-14.0%	-12.1%
Rating Area 3	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Rating Area 4	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Rating Area 5	-9.7%	-9.7%	-14.5%	-14.6%	-14.6%	-12.6%
Statewide	-4.1%	-4.1%	-6.2%	-6.2%	-6.2%	-5.4%

Table 8: Estimated Premium Impact by Rating Area

The lower premiums and higher enrollment will deliver the greatest out-of-pocket cost relief to individuals above 400% of the FPL, and those buying off-exchange, who are not eligible for federal subsidies and therefore bear the full cost of plans. The State also expects issuers to remain motivated to use care management strategies to control costs, since issuers will only recover part of a member's claim costs under the reinsurance program.

Section 2: Provisions of the Law the State is Seeking to Waive

Oklahoma is seeking a five-year waiver of ACA Title I, Subtitle D, Part II, Section 1312(c)(1) to support the creation of a statewide reinsurance program. That provision requires all individual market enrollees to be pooled together in a single risk pool. If waived, Oklahoma issuers may factor state reinsurance payments into the market-wide index rate, which reduces the index rate and, in turn, lowers premiums in the market compared to what they have otherwise been without the waiver, including the SLCSF.

Section 3: Summary Impact of Waiver

3.1 Impact on Guardrails

Oklahoma's proposed waiver meets the four guardrails as described in the following table. The table below provides a summary of the impact on each guardrail for the 5-year waiver period.

Guardrail	Reinsurance Program
Comprehensiveness	There is no expected impact on the comprehensiveness of benefits under the waiver.
Affordability	Premiums are estimated to be reduced by an average of 5.4% statewide over a 5-year period from PY 2028 – PY 2032. Premiums are estimated to be reduced by an average of 12.6% in Tier 1 counties.

Guardrail	Reinsurance Program
Scope of Coverage	Total enrollment in Oklahoma's individual market is estimated to increase by an average of 0.4% over the 5-year period due to the reinsurance program.
Deficit Neutrality	Net federal spending is estimated to be reduced by a total of \$395 million over the 5-year period, which the state is requesting as pass-through funding.

Table 9: Reinsurance Program Impact on Guardrails

Comprehensive Coverage

There is no difference in the comprehensiveness of coverage under the waiver compared to the without waiver scenario. The reinsurance program has no impact on covered benefits offered in the individual market absent the waiver. There is no change under the waiver in consumer access to metal level Qualified Health Plans (QHPs) and Catastrophic Plans as defined by Section 1302 of the ACA.

Affordability

The waiver increases the affordability of coverage for consumers compared to the without waiver scenario. Issuer liabilities are reduced due to the reimbursement of high-cost claims as a result of the reinsurance program. The reduction in issuer liabilities is then passed on to consumers in the form of lower premiums. The comparatively lower premiums provide the most cost relief to individuals at or above 400% of the Federal Poverty Level (FPL) who are not eligible for federal PTCs, and those buying off-exchange, who pay the full cost of premiums.

Over the course of the 5-year waiver period, the reinsurance program is estimated to lower premiums by an average of 5.4% statewide relative to the without waiver scenario. The lower premiums translate to an average annual savings of \$640 per member. Across each of the rating areas, premiums are estimated to be lower relative to the without waiver scenario by an average of 12.4% for Rating Area 1, 12.1% for Rating Area 2, 0.0% for Rating Area 3, 0.0% for Rating Area 4, and 12.6% for Rating Area 5 counties across five years of the waiver period. The following table outlines the estimated premium impact by waiver year.

Without vs. With Waiver Estimates	2028	2029	2030	2031	2032	Total
Reinsurance Parameters						
Attachment Point	\$35,000	\$35,000	\$35,000	\$35,000	\$35,000	-
Coinsurance Rate						
Rating Area 1	50%	50%	75%	75%	75%	-
Rating Area 2	50%	50%	75%	75%	75%	
Rating Area 3	0%	0%	0%	0%	0%	
Rating Area 4	0%	0%	0%	0%	0%	
Rating Area 5	50%	50%	75%	75%	75%	
Cap	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	-

Without vs. With Waiver Estimates	2028	2029	2030	2031	2032	Total
Estimated Premiums						
Average Without Waiver Premium	\$875	\$924	\$976	\$1,030	\$1,088	\$979
Average With Waiver Premium	\$839	\$886	\$915	\$966	\$1,020	\$927
Annual Statewide Member Savings	\$432	\$458	\$728	\$770	\$814	\$640
Estimated Average Premium Impacts						
Rating Area 1	-9.4%	-9.5%	-14.3%	-14.4%	-14.5%	-12.4%
Rating Area 2	-9.3%	-9.3%	-14.0%	-14.0%	-14.0%	-12.1%
Rating Area 3	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Rating Area 4	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Rating Area 5	-9.7%	-9.7%	-14.5%	-14.6%	-14.6%	-12.6%
Statewide	-4.1%	-4.1%	-6.2%	-6.2%	-6.2%	-5.4%

Table 10: Estimated Reinsurance Parameters and Premium Impact for Five Years of the Waiver 2028 - 2032

Scope of Coverage

Lower premiums in the individual market from the waiver are estimated to result in a small increase in enrollment among unsubsidized consumers and those buying off-exchange compared to the without waiver scenario. These consumers pay the full premium out-of-pocket and therefore directly experience the cost-savings.

The reinsurance program is estimated to increase enrollment by a total of 3,345 (0.4%) member-years over the five-year waiver period. The following table outlines the expected enrollment impact for each of the waiver years.

Without vs. With Waiver	2028	2029	2030	2031	2032	Total
Estimated Enrollment Increase	513	513	722	773	774	3,345
Percentage Increase	0.3%	0.3%	0.5%	0.5%	0.5%	0.4%

Table 11: Estimated Enrollment Increase Under the Waiver

Deficit Neutrality

The 1332 Waiver is expected to produce cost savings for the federal government, and the State is requesting that those savings be returned as pass-through funding to support the waiver. The reduced federal spending is due to the reinsurance program driving down market premiums compared to the without waiver scenario, including the SLCSB benchmark premiums that are used to calculate PTCs. The reinsurance program is estimated to save \$53 million to \$100 million in annual federal spending over the waiver period. In aggregate, the reinsurance program is estimated to reduce federal spending on PTCs by \$395 million over the 5-year waiver period.

3.2 Estimated Cost and Requested Pass-through

Oklahoma is requesting that the federal savings produced by the program be returned to the State each year to support the waiver. Total costs for the reinsurance program for PY 2028 are estimated to be \$77 million. Through this waiver, Oklahoma requests that the estimated net PTC savings of \$53 million to the federal government from the reduction in premiums be passed through to the State to fund the reinsurance program. The State anticipates providing the remaining funds needed to fully fund the program. The following table outlines the expected cost of the program for each of the waiver years.

Year	2028	2029	2030	2031	2032	Total
Est. Reinsurance Program Costs	\$77,240,104	\$81,815,412	\$130,416,027	\$137,897,231	\$145,720,931	\$573,089,705
Est. Pass-Through	\$53,436,805	\$56,568,170	\$89,802,762	\$94,866,001	\$100,150,134	\$394,823,872
Est. State Share	\$23,803,299	\$25,247,243	\$40,613,265	\$43,031,230	\$45,570,797	\$178,265,833

Table 12: Estimated Reinsurance Program Costs and Funding

Section 4: Authority Under State Law

Oklahoma House Bill 1512 was signed into law on May 15, 2025, and provides the Oklahoma Insurance Commissioner the authority to implement, establish, create, administer, or otherwise operate an exchange, promulgate rules, and apply to the United States Secretary of Health and Human Services for a waiver pursuant to Section 1332 of the Patient Protection and Affordable Care Act (42 U.S.C., Section 18052).

A copy of House Bill 1512 is available at

<https://www.oklegislature.gov/BillInfo.aspx?Bill=hb1512&Session=2500>. It is also included in *Appendix A: Authorizing Legislation*.

A copy of Oklahoma Statute, Title 36, Insurance, Section 36-4606, which grants the State of Oklahoma authority to submit and implement the reinsurance program described in this 1332 Waiver application, is available starting on page 1004 at

<https://www.oklegislature.gov/osstatuestitle.aspx>. It is also included in *Appendix A: Authorizing Legislation*.

Section 5: Implementation Plan and Timeline

The 1332 Waiver will be implemented and administered by OID. The State will maintain a webpage about the waiver and the reinsurance program. Oklahoma will coordinate with issuers to establish the ongoing communications process and the operational framework needed to implement and operate the reinsurance program. The reinsurance program will be implemented for PY 2028, following a similar approach as other 1332 waiver reinsurance states. Starting in PY 2028, individual issuers will be required to file two sets of rates, or one set of rates along

with a factor, to reflect estimated premiums and enrollment with and without the waiver for each of the waiver years.

5.1 Reinsurance Program Operations

The State intends to contract with the Center for Consumer Information and Insurance Oversight (CCIIO), part of the Centers for Medicare & Medicaid Services (CMS), to leverage the External Data Gathering Environment (EDGE) data to make the final determination on eligible claims costs to be paid for the reinsurance program. In addition, issuers will be required to submit monthly enrollment, premium, and claims summary data to Oklahoma to monitor the program throughout the year. The State plans to issue four payments a year to issuers for the reinsurance program.

5.2 Target Milestones

The following table outlines the key milestones to implement the reinsurance program.

Target Date	Milestone
Legal Authority	
5/15/2025	Establish State legal authority
11/11/2026	Submit waiver application
6/24/2027	Receive waiver approval
7/1/2027	Promulgate proposed rules, as needed, to operationalize the waiver program after approval
Implementation	
10/1/2026	Create a 1332 waiver webpage on the OID website and maintain ongoing updates for the reinsurance program
2/1/2027	Confirm staffing and operational needs for the waiver program
5/1/2027	Confirm reinsurance parameters with issuers for PY2028
6/1/2027	Collect PY 2028 rates with and without reinsurance
7/1/2027	Sign a contract with CCIIO to receive EDGE Server data
9/1/2027	Approve issuer rates for PY 2028
12/1/2027	Develop issuer reinsurance reporting templates
First Year Operations	
1/1/2028	Launch the reinsurance program
4/15/2028	Receive issuer claims for the first quarter and monthly thereafter.
5/15/2028	Receive final pass-through notice for PY 2028
6/1/2028	Conduct annual public forum
9/1/2028	Make interim issuer payment for PY 2028
12/1/2028	Make interim issuer payment for PY 2028
3/1/2029	Make interim issuer payment for PY 2028
5/15/2029	Receive final claims reports for PY 2028
6/1/2029	Make final issuer payment for PY 2028

Table 13: Implementation Milestones

5.3 Reporting

Oklahoma will submit all federal reports required by 45 CFR 155.1324. The reports will demonstrate Oklahoma's ongoing compliance with the sections of ACA not being waived and will provide detailed information showing financial data with and without the waiver.

As required by 45 CFR 155.1324(a), the State will submit Quarterly Reports within 60 days following the end of the quarter. The reports will include, but not be limited to, information on ongoing operational challenges and corrective action plans and/or results.

As required by 45 CFR 155.1324(b), the Annual Report will be submitted within 90 days of year-end. Within 60 days of receipt of comments from the Secretary of HHS, Oklahoma will submit to the Secretary of HHS the final Annual Report for the waiver year. The draft and final Annual Reports will be published on the State's public website within 30 days of submission and approval by the Secretary of HHS.

The annual report will include, but not be limited to:

- The current state and the progress of the 1332 Waiver to date
- Data on the State's compliance with the guardrails in ACA section 1332(b)(1)(A) - (D), 31 CFR 33.108(f)(3)(iv)(A)-(D), and 45 CFR 155.1308(f)(3)(iv)(A)-(D)
- Premiums for the Second Lowest Cost Silver Plan under the 1332 Waiver and an estimate of the premium as it would have been without the waiver for a representative consumer in each rating area
- A summary of the public forum required by 31 CFR 33.120(c) and 45 CFR 155.1320(c) and a summary of actions taken in response to public input
- Funding received and claims paid

Section 6: Additional Information

6.1 Administrative Burden

Individuals and Employers

The waiver is not expected to create any additional administrative burden for consumers. There is no impact on employers.

Issuers

Issuers may be required to develop additional reporting capabilities to provide monthly reports to the State for monitoring the reinsurance program. This is expected to be minimal, with the financial benefit of the program significantly outweighing any additional administrative burden.

State Government

The reinsurance program will result in a small increase in administrative responsibilities for OID as the department will be required to perform the following functions:

- Manage day-to-day program operations and oversight
- Collect and review issuer claims
- Make payments for eligible claims
- Monitor compliance with federal requirements
- Gather and analyze data for the waiver
- Conduct public forums to gather feedback on waiver progress
- Draft and submit required reports to the federal government

Federal Government

At the federal level, the primary responsibilities will be to calculate PTC savings and associated pass-through funding and to confirm that the waiver satisfies the statutory guardrails. These functions are expected to mirror existing federal activities for other 1332 waivers, so the incremental burden is expected to be minimal. Federal tasks will include:

- Reviewing reports submitted by the State
- Calculating and processing pass-through funding
- Providing EDGE Server data reports

6.2 Impact of ACA Provisions Not Being Waived

The reinsurance program is not projected to impact other provisions of the ACA beyond those that are being waived.

6.3 Impact on Residents Who Need to Obtain Healthcare Services Out-of-State

In Oklahoma's border counties, issuer service areas and provider networks often reach into neighboring states such as Kansas, Missouri, Arkansas, Texas, New Mexico, and Colorado, especially when the nearest major hospital system is across the State line. This waiver is not expected to affect issuer networks or service areas that already include coverage for care delivered by out-of-state providers.

6.4 Impact on Tribal Communities

Oklahoma is home to 38 federally recognized Tribal Nations. Tribal citizens are eligible for \$0 cost-sharing when buying coverage on-exchange; however, few issuers offer on-exchange coverage in many communities. The reinsurance program is expected to improve affordability and expand coverage options across the State, particularly in rural counties where many Tribal citizens and communities reside.

Increased enrollment among Tribal members may also generate more billable revenue for Tribal health systems while reducing uncompensated care and related financial pressure on Tribal providers, Urban Indian Health Programs, and Indian Health Service (IHS) facilities. More stable coverage could further strengthen referral networks and improve access to specialty services that Tribal health systems do not provide internally.

6.5 Providing the Federal Government Information to Administer the Waiver

The State will provide the federal government with all necessary information to administer the waiver as defined by the reporting requirements (refer to *Section 5.3 Reporting*). The State will also continue to notify CMS of any technical changes or updates to implementation timelines.

6.6 Protecting Against Fraud, Waste, and Abuse

Oklahoma will implement the waiver using controls and oversight measures intended to reduce the risk of fraud, waste, and abuse. Program administration will be supported by financial controls, reporting protocols, and audit procedures consistent with accepted government accounting practices.

OID will retain responsibility for regulating licensed issuers, including compliance oversight, solvency monitoring, market conduct reviews, examinations, investigations, and consumer protection functions.

6.7 Response to Additional Requests from the Departments

The Departments may request additional information as needed from Oklahoma to address public comments, resolve questions that arise during review of the State's 1332 Waiver application, or to support ongoing operations. Oklahoma will work collaboratively with the Departments to provide the necessary information to support the effective review and oversight of the State's 1332 waiver.

Appendix A: Authorizing Legislation

An Act

ENROLLED HOUSE
BILL NO. 1512

By: Tedford and Hill of the
House

and

Paxton of the Senate

An Act relating to insurance; granting the Oklahoma Insurance Commissioner certain authority related to the Patient Protection and Affordable Care Act; defining term; creating the State-based Exchange Revolving Fund; providing purpose of fund; providing for certain monies to be deposited to fund; providing for codification; providing an effective date; and declaring an emergency.

SUBJECT: Insurance

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

SECTION 1. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 4606 of Title 36, unless there is created a duplication in numbering, reads as follows:

A. The Oklahoma Insurance Commissioner shall have the authority to implement, establish, create, administer, or otherwise operate an exchange, promulgate rules, and apply to the United States Secretary of Health and Human Services for a waiver pursuant to Section 1332 of the Patient Protection and Affordable Care Act (42 U.S.C., Section 18052).

B. "Exchange" means a state, federal, or partnership exchange or marketplace operating in Oklahoma pursuant to Section 1311 of the Patient Protection and Affordable Care Act.

SECTION 2. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 4606.1 of Title 36, unless there is created a duplication in numbering, reads as follows:

A. There is hereby created in the State Treasury a revolving fund for the Insurance Department, to be designated the "State-based Exchange Revolving Fund". The fund shall be a continuing fund, not subject to fiscal year limitations, and shall consist of any monies deposited to the fund for the creation, implementation, administration, and operation of the State-based Exchange as authorized in subsection A of Section 1 of this act. All monies accruing to the credit of the fund are hereby appropriated and may be budgeted and expended by the Department for the creation, implementation, administration, and operation of the State-based Exchange. Warrants for expenditures from the revolving fund shall be drawn by the State Treasurer, based on claims signed by an authorized employee or employees of the Insurance Department, and filed with the Director of the Office of Management and Enterprise Services.

B. Notwithstanding any law to the contrary, all monies, including but not limited to user fees, paid to or collected by the Insurance Commissioner in relation to the State-based Exchange shall be deposited in the State-based Exchange Revolving Fund. Monies shall not lapse, unless otherwise specified under federal funding or federal grant, or a grant or funds from another source, or be transferred to the State Insurance Commissioner Revolving Fund or other state funds and shall not be redistributed.

SECTION 3. This act shall become effective July 1, 2025.

SECTION 4. It being immediately necessary for the preservation of the public peace, health or safety, an emergency is hereby declared to exist, by reason whereof this act shall take effect and be in full force from and after its passage and approval.

Passed the House of Representatives the 10th day of March, 2025.

Presiding Officer of the House
of Representatives

Passed the Senate the 7th day of May, 2025.

Presiding Officer of the Senate

OFFICE OF THE GOVERNOR

Received by the Office of the Governor this _____

day of _____, 20_____, at _____ o'clock _____ M.

By: _____

Approved by the Governor of the State of Oklahoma this _____

day of _____, 20_____, at _____ o'clock _____ M.

Governor of the State of Oklahoma

OFFICE OF THE SECRETARY OF STATE

Received by the Office of the Secretary of State this _____

day of _____, 20_____, at _____ o'clock _____ M.

By: _____

Oklahoma Statute, Title 35, Insurance, Section 36-4606

§36-4606. State-based Exchange – Authority to create and operate.

A. The Oklahoma Insurance Commissioner shall have the authority to implement, establish, create, administer, or otherwise operate an exchange, promulgate rules, and apply to the United States Secretary of Health and Human Services for a waiver pursuant to Section 1332 of the Patient Protection and Affordable Care Act (42 U.S.C., Section 18052).

B. "Exchange" means a state, federal, or partnership exchange or marketplace operating in Oklahoma pursuant to Section 1311 of the Patient Protection and Affordable Care Act.
Added by Laws 2025, c. 219, § 1, eff. July 1, 2025.

§36-4606.1. State-based Exchange Revolving Fund.

A. There is hereby created in the State Treasury a revolving fund for the Insurance Department, to be designated the "State-based Exchange Revolving Fund". The fund shall be a continuing fund, not

subject to fiscal year limitations, and shall consist of any monies deposited to the fund for the creation, implementation, administration, and operation of the State-based Exchange as authorized in subsection A of Section 1 of this act. All monies accruing to the credit of the fund are hereby appropriated and may be budgeted and expended by the Department for the creation, implementation, administration, and operation of the State-based Exchange. Warrants for expenditures from the revolving fund shall be drawn by the State Treasurer, based on claims signed by an authorized employee or employees of the Insurance Department, and filed with the Director of the Office of Management and Enterprise Services.

B. Notwithstanding any law to the contrary, all monies, including but not limited to user fees, paid to or collected by the Insurance Commissioner in relation to the State-based Exchange shall be deposited in the State-based Exchange Revolving Fund. Monies shall not lapse, unless otherwise specified under federal funding or federal grant, or a grant or funds from another source, or be transferred to the State Insurance Commissioner Revolving Fund or other state funds and shall not be redistributed.

Added by Laws 2025, c. 219, § 2, eff. July 1, 2025.

Appendix B: Actuarial & Economic Analysis

Deloitte.



Oklahoma 1332 Waiver Application

Actuarial & Economic Analysis

October 1, 2026

Background

The State of Oklahoma is submitting a Section 1332 Waiver Application to introduce a state reinsurance program for its individual market. The goals of the waiver are to improve affordability, increase competition, and expand access to healthcare coverage for residents across the State. The reinsurance program will begin in Plan Year (PY) 2028 and be in effect through PY 2032.

This analysis provides estimates of the waiver's impact and demonstrates compliance of the waiver with the four statutory guardrails for the 5-year waiver and 10-year projection period. The waiver is estimated to reduce premiums and result in federal savings. Oklahoma is requesting that these savings be provided to the State in the form of pass-through funding to support the ongoing operations of the waiver.

Reinsurance Program

The reinsurance program reduces premiums and improves affordability for consumers by mitigating the risk of high-cost claimants for issuers. Oklahoma's reinsurance program is a traditional parameter-based model in which the State reimburses issuers for a portion of claims paid within the specified risk corridor, between the attachment point and the cap, at a defined coinsurance rate. The coinsurance rate varies by rating area, with higher coinsurance rates applied to historically higher-cost regions of the State that have fewer issuers offering coverage. All individual market plans sold on- and off-exchange that comply with the Patient Protection and Affordable Care Act (ACA) are eligible for the reinsurance program. Pre-ACA, grandfathered plans are excluded.

The reimbursement of claims under the reinsurance program reduces issuer risk which in turn enables issuers to lower premium rates for plans offered in the market, including the benchmark Second Lowest Cost Silver Plan (SLCSP). Since the benchmark plan is used to calculate consumer premium tax credits (PTCs), federal spending on PTCs is also reduced under the waiver compared to the without waiver scenario.

For PY 2028, Oklahoma intends to set the attachment point at \$35,000 and cap at \$100,000. Rating Area 1, 2, and 5 will have a coinsurance rate of 50%; Rating Areas 3 and 4 will have a coinsurance rate of 0%. For PY 2030 and beyond, Oklahoma intends to increase the coinsurance rate for Rating Areas 1, 2, and 5 from 50% to 75%. Each year, Oklahoma will evaluate the impact of the program and estimate funding to set the reinsurance parameters ahead of the annual rate filing deadlines. Table I below shows the assumed program parameters by year.

Table I: Assumed Reinsurance Program Parameters by Year

With Waiver	2028	2029	2030	2031	2032
Attachment Point	\$35,000	\$35,000	\$35,000	\$35,000	\$35,000
Rating Area 1 Coinsurance	50%	50%	75%	75%	75%
Rating Area 2 Coinsurance	50%	50%	75%	75%	75%
Rating Area 3 Coinsurance	0%	0%	0%	0%	0%
Rating Area 4 Coinsurance	0%	0%	0%	0%	0%
Rating Area 5 Coinsurance	50%	50%	75%	75%	75%
Reinsurance Cap	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000

Modeled Approach

The analysis uses historical enrollment, premium, and claims data. In addition, assumptions to trend data into future years and to account for federal legislative and policy impacts have been developed from industry sources. Methods used to calculate program costs and funding are consistent with those prescribed by regulatory agencies and industry standards. The 5- and 10-year estimates are a direct result of the assumptions and methods applied.

Estimated 5-Year Impact on 1332 Waiver Guardrails (2028 – 2032)

The analysis demonstrates that Oklahoma’s 1332 Waiver meets the four statutory guardrails defined under the ACA during the waiver period for Comprehensive Coverage, Affordability, Scope of Coverage, and Deficit Neutrality.

Comprehensive Coverage

The proposal must provide coverage that is at least as comprehensive as coverage defined in ACA section 1302(b) and offered through Exchanges.

There is no difference in the comprehensiveness of coverage under the waiver compared to the without waiver scenario. The reinsurance program has no impact on covered benefits offered in the individual market absent the waiver. There is no change under the waiver in consumer access to metal level Qualified Health Plans (QHPs) and Catastrophic Plans as defined by Section 1302 of the ACA.

Affordability

The proposal must provide coverage and cost-sharing protections against excessive out-of-pocket spending that are at least as affordable as the provisions of Title I of the ACA.

The waiver increases the affordability of coverage for consumers compared to the without waiver scenario. Issuer liabilities are reduced due to the reimbursement of high-cost claims as a result of the reinsurance program. The reduction in issuer liabilities is then passed on to consumers in the form of lower premiums. The comparatively lower premiums provide the most cost relief to individuals at or above 400% of the Federal Poverty Level (FPL) who are not eligible for federal PTCs and those buying off-exchange who pay the full cost of premiums.

Over the course of the 5-year waiver period, the reinsurance program is estimated to lower premiums by an average of 5.4% statewide relative to the without waiver scenario. The lower premiums translate to an average annual savings of \$640 per member. Across each of the rating areas, premiums are estimated to be lower relative to the without waiver scenario by an average of 12.4% for Rating Area 1, 12.1% for Rating Area 2, 0.0% for Rating Area 3, 0.0% for Rating Area 4, and 12.6% for Rating Area 5 counties across five years of the waiver period. Table II displays the estimated premium impact for each of the waiver years.

Table II: Estimated Premium Impacts

Without Vs With Waiver	2028	2029	2030	2031	2032	Total
Reinsurance Parameters						
Attachment Point	\$35,000	\$35,000	\$35,000	\$35,000	\$35,000	-
Rating Area 1 Coinsurance Rate	50%	50%	75%	75%	75%	-
Rating Area 2 Coinsurance Rate	50%	50%	75%	75%	75%	-
Rating Area 3 Coinsurance Rate	0%	0%	0%	0%	0%	-
Rating Area 4 Coinsurance Rate	0%	0%	0%	0%	0%	-
Rating Area 5 Coinsurance Rate	50%	50%	75%	75%	75%	-
Cap	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	-
Estimated Premiums						
Estimated Average Without-Waiver Premium	\$875	\$924	\$976	\$1,030	\$1,088	\$979
Estimated Average With-Waiver Premium	\$839	\$886	\$915	\$966	\$1,020	\$925
Average Annual Statewide Member Savings	\$432	\$458	\$728	\$770	\$814	\$640
Estimated Premium Impacts						
Average Statewide Impact	-4.1%	-4.1%	-6.2%	-6.2%	-6.2%	-5.4%
Average Rating Area 1 Impact	-9.4%	-9.5%	-14.3%	-14.4%	-14.5%	-12.4%
Average Rating Area 2 Impact	-9.3%	-9.3%	-14.0%	-14.0%	-14.0%	-12.1%
Average Rating Area 3 Impact	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Average Rating Area 4 Impact	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Average Rating Area 5 Impact	-9.7%	-9.7%	-14.5%	-14.6%	-14.6%	-12.6%

Scope of Coverage

The proposal must provide coverage to at least a comparable number of residents as the provisions of Title I of the ACA would provide.

Lower premiums in the individual market from the waiver are estimated to result in a small increase in enrollment among unsubsidized consumers and those buying off exchange compared to the without waiver scenario. These consumers pay the full premium out-of-pocket and therefore directly experience the cost-savings. Table III displays the estimated increase in enrollment as a result of the waiver.

Table III: Estimated Enrollment Increase With Waiver Compared to Without Waiver Scenario

With Vs Without Waiver	2028	2029	2030	2031	2032	Total
Estimated Enrollment Increase	513	513	772	773	774	3,345
Percent Increase	0.3%	0.3%	0.5%	0.5%	0.5%	0.4%

Deficit Neutrality

The proposal must not increase the federal deficit.

The 1332 Waiver is expected to generate federal cost savings, which the State is requesting as pass-through funding to support the waiver. The reduced federal spending is due to reinsurance driving down market premiums compared to the without waiver scenario, including the SLCSB benchmark premiums that are used to calculate PTCs. The reinsurance program is estimated to save \$53 million to \$100 million in annual federal spending over the waiver period.

The reinsurance program is estimated to reduce federal spending on PTCs by a total of \$395 million over the 5-year waiver period. Table IV displays the estimated cost of the reinsurance program and federal savings (pass-through funding) over the 5-year waiver period from PY 2028 through PY 2032.

Table IV: Estimated Program Costs and Funding

With Waiver	2028	2029	2030	2031	2032	Total
Estimated Reinsurance Costs	\$77,240,104	\$81,815,412	\$130,416,027	\$137,897,231	\$145,720,931	\$573,089,705
Estimated Pass-Through	\$53,436,805	\$56,568,170	\$89,802,762	\$94,866,001	\$100,150,134	\$394,823,872
Estimated State Share	\$23,803,299	\$25,247,243	\$40,613,265	\$43,031,230	\$45,570,797	\$178,265,833

Estimated Impacts of Federal Legislative and Policy Changes

The final PY 2027 Notice of Benefit and Payment Parameters (NBPP), released May 15, 2026, requires states to defray the cost of state-mandated Essential Health Benefits (EHBs) added after 2011. Nationally, this change is estimated to reduce the EHB share of benchmark premiums used to calculate PTCs.

Oklahoma is currently conducting an analysis of the estimated cost of the defrayal. This waiver analysis assumes a 0.0% reduction in the Second Lowest Cost Silver Plan premium as a result of the final PY 2027 NBPP. However, given the uncertainty of the impacts of defrayal, sensitivity testing has been performed. The sensitivity results below in Tables IV.I – IV.III provide results similar to Table IV but with varied levels of reductions to the EHB portions of the benchmark premiums: 1.0%, 2.5%, 5.0%.

Table IV.I: Estimated Program Costs and Funding – 1.0% Reduction in EHB Portion of Benchmark Premiums

With Waiver	2028	2029	2030	2031	2032	Total
Estimated Reinsurance Costs	\$77,241,467	\$81,815,412	\$130,416,027	\$137,897,231	\$145,720,931	\$573,091,068
Estimated Pass-Through	\$53,267,885	\$56,384,496	\$89,536,151	\$94,600,567	\$99,885,007	\$393,674,106
Estimated State Share	\$23,973,582	\$25,430,916	\$40,879,876	\$43,296,664	\$45,835,924	\$179,416,962

Table IV.II: Estimated Program Costs and Funding – 2.5% Reduction in EHB Portion of Benchmark Premiums

With Waiver	2028	2029	2030	2031	2032	Total
Estimated Reinsurance Costs	\$77,241,467	\$81,816,626	\$130,416,027	\$137,897,231	\$145,720,931	\$573,092,282
Estimated Pass-Through	\$53,021,417	\$56,115,215	\$89,105,409	\$94,141,706	\$99,406,451	\$391,790,198
Estimated State Share	\$24,220,050	\$25,701,411	\$41,310,618	\$43,755,525	\$46,314,480	\$181,302,085

Table IV.III: Estimated Program Costs and Funding – 5.0% Reduction in EHB Portion of Benchmark Premiums

With Waiver	2028	2029	2030	2031	2032	Total
Estimated Reinsurance Costs	\$77,245,766	\$81,818,073	\$130,418,923	\$137,897,231	\$145,720,931	\$573,100,924
Estimated Pass-Through	\$52,533,696	\$55,593,896	\$88,285,376	\$93,278,782	\$98,493,277	\$388,185,027
Estimated State Share	\$24,712,070	\$26,224,177	\$42,133,547	\$44,618,449	\$47,227,655	\$184,915,898

Data Sources and Reliance

The following data was relied upon to develop the with and without waiver estimates:

- Census 5-year estimates of individual market enrollment and demographic - [American Community Survey 5-Year Data \(2009-2024\)](#)
- PY 2021 - 2025 issuer claims and enrollment data
- PY 2026 issuer reported enrollment and premium data as of June 9, 2026
- PY 2026 issuer reported enrollment and premium data as of September 15, 2026
- PY 2026 CMS open enrollment period Public Use Files
- PY 2027 issuer rate filing enrollment and premium data
- Congressional Budget Office (CBO) estimates of the impact of policy changes under H.R.1 - [Estimated Budgetary Effects of H.R.1, the One Big Beautiful Bill Act](#)
- [Health Insurance and Its Federal Subsidies: CBO and JCT's June 2024 Baseline Projections](#)
- CMS OACT National Health Expenditure (NHE) Projections 2024–33 - [National Health Expenditure \(NHE\) Projections 2024–33](#)
- USI 2026 Federal Poverty Guidelines - [2026 Federal Poverty Guidelines Announced](#)
- [Basic Health Program; Federal Funding Methodology for Program Year 2026 from December 10, 2025, CMCS Bulletin Post](#)
- PY 2027 NBPP - [HHS Notice of Benefit and Payment Parameters for 2027 Final Rule | CMS](#)
- Understanding Recent Developments in the Individual Health Insurance Market - [201701 individual health insurance market cea issue brief.pdf](#)
- Council of Economic Advisors in a January 2017 Issue Brief - [Economic Indicators, January 2017 | FRASER | St. Louis Fed](#)
- CMS Extract of APTC/PTC Reconciliation Factors by State - [1332-key-components-2026-pass-through-vf.xlsx](#)
- ACASignups.net Summary of Oklahoma's Requested Individual Market Rate Increases - [2027 Rate Changes - Oklahoma: +21.5% indy market; +16.2% small group market | ACA Signups](#)

The scope of the actuarial certification and the intended use of the analysis performed were considered in the determination of the data needed. All data was reviewed for appropriateness

and sufficiency. A reasonable effort was made to identify data values that were questionable or relationships that were significantly inconsistent. Additionally, the actuarial guidelines on utilizing imperfect data and considering the quality of data in the actuarial analysis as outlined in Actuarial Standard of Practice No. 23 were followed. The analysis relied on the enrollment and premium data highlighted. Based on reasonableness checks, the data has been deemed credible and reasonable to assess the impact of the waiver extension on the State's individual market population.

The actuarial guidelines related to reliance on models developed by others as outlined in Actuarial Standard of Practice No. 56 were followed. It was assumed that all data and information provided was accurate and complete; if it was not, the results of the analysis may likewise be inaccurate or incomplete.

Methodology and Assumptions

The following details the methods and assumptions used to develop estimated enrollment, premiums, federal savings, and reinsurance program costs over the 5- and 10-year horizons for the with and without waiver scenarios.

Current Law

The analysis assumes consumer eligibility and premium tax credit thresholds for PY 2026 will continue and that FPL threshold will grow with the Consumer Price Index (CPI) throughout the life of the 1332 Waiver. In addition, the analysis also takes into account the policy impacts of House Resolution 1 (H.R.1) signed on July 4, 2025, and the final PY 2027 NBPP released on May 15, 2026. Specific H.R.1 impacts include:

- Permitting PTCs only for certain individuals (71301)
- Disallowing PTCs during periods of Medicaid ineligibility due to Alien Status (71302)
- Verification of eligibility for PTCs (71303)
- Disallowing PTCs in case of certain coverage for enrollment during a SEP (71304)
- Eliminating limitations on recapturing APTCs (71305)

Specific PY 2027 NBPP impacts include:

- Defrayal of state-mandated benefits

Estimated enrollment, premiums, and federal savings reflect the collective impacts of these federal policies.

On-Exchange Enrollment

On September 15, 2026, six of the seven on-exchange issuers operating in Oklahoma's individual market provided actual and estimated enrollment data by month for PY 2026. Based on the observed monthly trends in the September 15th data, enrollment for the issuer who did not respond was estimated by applying the monthly trends to an extract of their enrollment data

provided on June 9, 2026. For August 2026, on-exchange enrollment is estimated to be 181,383. Issuers anticipated continued enrollment declines through the remainder of PY 2026. The average enrollment for the second half of PY 2026 was trended forward to PY 2027 and beyond based on policy impacts noted in the ‘Enrollment Trend’ section below. Enrollment for the second half of PY 2026 was used rather than the full year to account for the large decreases in enrollment observed in the early months of the year.

Slight changes in the distribution of subsidized and unsubsidized on-exchange enrollment year-over-year are the result of assumed premium trends outpacing assumed FPL trends, in alignment with historical experience. The result is that some individuals who were initially unsubsidized become subsidized as the price of the benchmark plan grows to a level that is greater than the expected contribution.

The waiver is expected to drive a slight increase in on-exchange, unsubsidized enrollment relative to the without waiver scenario estimates. Increases in unsubsidized on-exchange enrollment relative to the baseline are estimated for all waiver years, and are a result of the lowered premiums in the with waiver scenario compared to the without waiver scenario based on an assumed price elasticity factor of 0.4. The assumption that a 1.0% decrease in premiums is expected to result in a 0.4% increase in enrollment is based on a [January 2017 Council of Economic Advisors Issuer Brief](#). Minor shifts in the distribution of on-exchange enrollees between subsidized and un-subsidized does drive minor differences in estimated enrollment increases as a result of price elasticity.

Off-Exchange

All issuers participating in Oklahoma’s off-exchange market provided actual and estimated enrollment data by month for PY 2026 on September 15, 2026. For August 2026, off-exchange enrollment is estimated to be 6,027. Issuers anticipated slight enrollment declines through the remainder of PY 2026. The average enrollment for the second half of PY 2026 was trended forward at 0% for 2027 and beyond as noted in the ‘Enrollment Trend’ section below. Enrollment for the second half of PY 2026 was used rather than the full year to account for the decreases in enrollment observed in the early months of the year.

The waiver is expected to drive a slight increase in off-exchange enrollment relative to the without waiver scenario estimates. Increases in off-exchange enrollment relative to the baseline are estimated for all waiver years and are a result of the lowered premiums in the with waiver scenario compared to the without waiver scenario based on an assumed price elasticity factor of 0.4, consistent with the assumption for unsubsidized on-exchange enrollment.

Grandfathered Plan Enrollment

Grandfathered plans, established prior to the ACA, are not included within the 1332 Waiver, and thus, are not impacted by the waiver and not included in the appendix tables.

Enrollment Trend

Enrollment growth in the State is estimated to be impacted by federal legislative changes in the years 2027 - 2028. The policy changes outlined in Sec. 71301, 71302, 71303, 71304, and 71305 of H.R.1 are estimated to result in a reduction of on-exchange enrollment in PY 2027 and PY 2028. CBO has estimated the following enrollment reductions:

- Decrease of on-exchange enrollment of 5.3% in 2027
- Decrease of on-exchange enrollment of 3.3% in 2028

Based on the observed reductions in Oklahoma's individual market enrollment from PY 2025 to PY 2026, continued decreases throughout PY 2026, issuer enrollment estimates in the PY 2027 Unified Rate Review Templates, and requested rate increases, on-exchange enrollment is estimated to decrease by more than the CBO estimates above. This results in the following estimated enrollment reductions, which were used in the with and without waiver modeling:

- Decrease of on-exchange enrollment of 6.7% in 2027
- Decrease of on-exchange enrollment of 4.2% in 2028

Independent of the impact of policy changes, annual enrollment growth has been held flat at 0.0% based on the approximate mid-point of the following two estimates:

- Enrollment estimates in the [CMS OACT](#) assume an average and median growth rate of approximately 1.6% annual growth from 2027–2033.
- Enrollment estimates from the [CBO](#) assume an average annual decline of approximately 1.7% from 2027–2033.

On-Exchange Premiums

Average premiums by county are estimated by taking the weighted average of total on-exchange premiums and enrollment for all PY 2026 enrollees as provided by the issuers in the June 9, 2026, data extract. These average premiums are then adjusted to match the updated summary-level premium data provided by six of the seven issuers on September 15, 2026. The data for the outstanding issuer is estimated by applying trends observed in the on-exchange premium data for the responding issuers to the June 9 data for the outstanding issuer. To align with the enrollment assumption, the average on-exchange premium for the second half of PY 2026 was trended forward at 16.5% for PY 2027, 5.6% for PY 2028, and 5.6% for PY 2029 and beyond, as described in 'Premium Trend' below.

Off-Exchange Premiums

Average off-exchange premiums by county are estimated by taking the weighted average of total off-exchange premiums and enrollment for all PY 2026 enrollees as provided by the issuers in the June 9 data extract. These average premiums are then adjusted to match the updated summary-level premium data provided by issuers on September 15, 2026. To align with the enrollment assumption, the average off-exchange premium for the second half of PY 2026 was

trended forward at 16.5% for PY 2027, 5.6% for PY 2028, and 5.6% for PY 2029 and beyond, as described in ‘Premium Trend’ below.

Premium Trend

The average requested rate increase in Oklahoma's individual market for PY 2027 is +21.5%, based on the ACASignups.net blog. For PY 2027, a premium trend rate of 16.5% was applied based on the Unified Rate Review Templates filed by issuers for PY 2027 based on 2025 claims experience. The 16.5% trend was selected over the 21.5% trend to account for assumed buy-down in the market as a result of higher premiums, a trend that has been observed nationally and in Oklahoma’s market.

For PY 2028 and beyond, premiums are estimated to grow proportionally to national health expenditure spending based on CMS data from [CMS NHE](#) published June 2025, at 5.6% annually.

Claims Payment Adjustment

Oklahoma intends to contract with CMS to utilize the EDGE server to determine final payments for the reinsurance program. Based on the claims data provided from issuers, there is a portion of claims that are paid by the issuer after the close of the runout period (which ends April 30 of the year following the close of the plan year). Since these claims would not be captured in the EDGE server when Oklahoma utilizes the data to determine final payments, any resulting reinsurance claims would not be captured. It is assumed that, to the extent possible, issuers will accelerate their claims payments to maximize reinsurance reimbursements.

To account for this, issuers that were noted to have claims paid beyond the close of the runout period have had their PY 2025 claims data, which only includes payments through April 2026, increased based on their specific observed lag patterns in the prior year data provided.

Reinsurance Claims

The latest complete and available claims data provided by each issuer includes claims by individual incurred during PY 2025 and paid on or before April 30, 2026. Each enrollee’s aggregate annual claims amount is trended based on assumed annual medical trend to the respective year. The reinsurance program parameters are then applied to the adjusted claims data to estimate the portion of claims reimbursed by the State through the program. These estimated claims reimbursed amounts are summarized at the rating area level and converted to PMPMs based on PY 2025 enrollment data provided by issuers in the June 9, 2026, enrollment and premium data extract. Estimates of total reinsurance costs are estimated by applying the estimated with-waiver enrollment, inclusive of enrollment increases as a result of price elasticity, to the estimated reinsurance PMPMs.

Premium reductions as a result of reinsurance are estimated at the rating area level by calculating the percentage of claims estimated to be covered by reinsurance, and applying those reduction

percentages to the percentage of premium assumed to cover claims. The non-benefit expense portion of the premium is estimated to remain unchanged as a result of reinsurance.

Annual Medical Trend

Medical claims trend is used to trend the individual member claims forward from PY 2025 to each respective year. Medical claims were trended at 16.5% in 2026, 16.5% in 2027, 5.6% in 2028, and 5.6% in 2029 and beyond.

- The 16.5% increase for 2026 and 2027 was based on the Unified Rate Review Templates filed by issuers for PY 2027 based on 2025 claims experience.
- The 5.6% increase in medical costs in 2028 and beyond was based on the average growth in health spending by private insurance from [CMS NHE](#) of 5.6%.

Pass-Through Funding

Pass-through funding is estimated as the difference between the without waiver and with waiver PTCs assuming equivalent subsidized enrollment.

The without waiver advanced premium tax credits (APTCs) are calculated using the latest available guidance from the December 10, 2025, [CMCS Bulletin Post](#). The components of the APTC calculation include the estimated SLCSPP premiums, maximum consumer contributions, PTC/APTC reconciliation factor, and the plan premiums based on metal level, age, and geography.

- SLCSPP Premiums: The SLCSPP premiums reflect PY 2027 values by county trended forward to PY 2028 and beyond. The PY 2027 SLCSPP premiums are determined through an analysis of the latest issuer rate filing templates made available through SERFF for PY 2027, as of September 3, 2026. The annual premium trend of 5.6% for PY 2028 and beyond is applied, the same as the market-wide premium assumption.
- Maximum Consumer Contributions: Maximum contributions as a percentage of income are based on the guidance from the December 10, 2025, [CMCS Bulletin Post](#). The calculations were performed by income band and assume the enrollment across each band is uniformly distributed. The assumed annual FPL is trended from the PY 2026 level of \$15,960 by applying an annual trend of 3.0%, consistent with CPI from 2023-2025. The PY 2026 FPL is sourced from the latest guidance provided by [USI](#).
- PTC/APTC Reconciliation Factor: The PTC/APTC reconciliation factor is assumed to be 91.9% based on the observed reconciliation factor across most reinsurance states from the CMS September 10, 2026, Key Components of ACA Section 1332 Pass-through Payment Reinsurance Waivers.
- Metal Level, Age, and Geography: Enrollee distribution is based on on-exchange data provided by issuers on July 9, 2026. For the with waiver APTC estimates, the average and SLCSPP premiums assumed were decreased based on estimated premium reductions due to reinsurance as described in 'Reinsurance Claims'.

The estimated difference of the resulting estimated PTCs relative to absent the waiver is assumed to be passed on to the State to fund the reinsurance program.

State Defrayal of State-Mandated EHB Costs

As stated in the final version of the [PY 2027 NBPP](#) released on May 15, 2026, the costs of essential health benefits (EHBs) added by states after 2011 will no longer be funded by the federal government; states will be required to defray the costs of EHBs added after 2011. This rule is estimated to reduce the EHB percentage of premiums for the Second Lowest Cost Silver Plan premium used to determine APTCs and thus pass-through funding. For purposes of this analysis, a 0.0% reduction in the benchmark premiums was applied. No impact was assumed on the market-wide premiums, as the State is assumed to defray the costs to keep benefit levels constant.

Detailed Appendix Tables

The following tables provide a year-by-year analysis of the impact of the proposed 1332 Waiver Extension under current law.

Appendix Table A1 - Without Waiver - 5- and 10-Year Enrollment and Premium Estimates

Without Waiver	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	5-Year Total	10-Year Total
Unsubsidized Off-Exchange												
Enrollment	5,908	5,908	5,908	5,908	5,908	5,908	5,908	5,908	5,908	5,908	5,908	5,908
Average Premium PMPM	\$1,031	\$1,089	\$1,150	\$1,215	\$1,283	\$1,354	\$1,430	\$1,510	\$1,595	\$1,684	\$1,154	\$1,334
Unsubsidized On-Exchange												
Enrollment	29,664	29,640	29,505	28,895	28,895	28,895	28,895	28,895	28,895	28,895	29,320	29,108
Average Premium PMPM	\$855	\$903	\$956	\$1,020	\$1,077	\$1,138	\$1,202	\$1,269	\$1,340	\$1,415	\$962	\$1,116
Subsidized On-Exchange												
Enrollment	131,358	131,382	131,517	132,127	132,127	132,127	132,127	132,127	132,127	132,127	131,702	131,914
Average Premium PMPM	\$872	\$921	\$972	\$1,024	\$1,082	\$1,142	\$1,206	\$1,274	\$1,345	\$1,420	\$974	\$1,126
Average APTC PMPM	\$756	\$802	\$849	\$896	\$950	\$1,007	\$1,067	\$1,131	\$1,198	\$1,270	\$851	\$993
Average Net Premium PMPM	\$116	\$119	\$123	\$128	\$132	\$135	\$139	\$143	\$147	\$151	\$124	\$133
Average EHB SLCSP PMPM	\$940	\$993	\$1,048	\$1,104	\$1,165	\$1,231	\$1,300	\$1,372	\$1,449	\$1,530	\$1,050	\$1,213
Estimated EHB SLCSP Premium (millions)	\$123	\$130	\$138	\$146	\$154	\$163	\$172	\$181	\$191	\$202	\$691	\$1,601
Total Individual Market												
Enrollment	166,930	166,930	166,930	166,930	166,930	166,930	166,930	166,930	166,930	166,930	166,930	166,930
Average Premium PMPM	\$875	\$924	\$976	\$1,030	\$1,088	\$1,149	\$1,213	\$1,281	\$1,353	\$1,429	\$979	\$1,132
Aggregate Premium (Millions)	\$1,752	\$1,851	\$1,955	\$2,064	\$2,180	\$2,302	\$2,431	\$2,567	\$2,710	\$2,862	\$9,802	\$22,674
Estimated Federal Spend (Millions)	\$1,095	\$1,161	\$1,232	\$1,306	\$1,384	\$1,467	\$1,555	\$1,648	\$1,746	\$1,850	\$6,178	\$14,444
Estimated Net Premiums (Millions)	\$657	\$690	\$723	\$758	\$796	\$835	\$876	\$919	\$964	\$1,012	\$3,624	\$8,230

Appendix Table A2 - With Waiver 5- and 10-Year Enrollment and Premium Estimates

With Waiver	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	5-Year Total	10-Year Total
Unsubsidized Off-Exchange												
Enrollment	5,977	5,977	6,012	6,012	6,012	6,012	6,012	6,012	6,012	6,011	5,998	6,005
Average Premium PMPM	\$1,001	\$1,057	\$1,099	\$1,160	\$1,225	\$1,294	\$1,367	\$1,443	\$1,524	\$1,610	\$1,109	\$1,278
Unsubsidized On-Exchange												
Enrollment	30,108	30,084	30,174	29,565	29,565	29,566	29,566	29,565	29,564	29,563	29,899	29,732
Average Premium PMPM	\$817	\$863	\$892	\$951	\$1,005	\$1,063	\$1,123	\$1,187	\$1,253	\$1,324	\$905	\$1,047
Subsidized On-Exchange												
Enrollment	131,358	131,382	131,517	132,127	132,127	132,127	132,127	132,127	132,127	132,127	131,702	131,914
Average Premium PMPM	\$837	\$883	\$912	\$961	\$1,014	\$1,071	\$1,131	\$1,194	\$1,261	\$1,331	\$921	\$1,060
Average APTC PMPM	\$720	\$764	\$788	\$832	\$882	\$935	\$991	\$1,050	\$1,114	\$1,180	\$797	\$926
Average Net Premium PMPM	\$116	\$120	\$123	\$128	\$132	\$136	\$139	\$143	\$147	\$151	\$124	\$134
Average EHB SLCSP PMPM	\$900	\$951	\$981	\$1,033	\$1,091	\$1,152	\$1,216	\$1,284	\$1,356	\$1,432	\$991	\$1,140
Estimated EHB SLCSP Premium (millions)	\$118	\$125	\$129	\$137	\$144	\$152	\$161	\$170	\$179	\$189	\$653	\$1,504
Total Individual Market												
Enrollment	167,443	167,444	167,702	167,703	167,704	167,704	167,704	167,703	167,702	167,701	167,599	167,651
Average Premium PMPM	\$839	\$886	\$915	\$966	\$1,020	\$1,077	\$1,138	\$1,201	\$1,269	\$1,340	\$925	\$1,065
Aggregate Premium (Millions)	\$1,685	\$1,780	\$1,841	\$1,944	\$2,053	\$2,168	\$2,290	\$2,418	\$2,554	\$2,697	\$9,303	\$21,430
Estimated Federal Spend (Millions)	\$1,042	\$1,105	\$1,142	\$1,211	\$1,284	\$1,362	\$1,444	\$1,531	\$1,623	\$1,720	\$5,784	\$13,464
Estimated Net Premiums (Millions)	\$643	\$675	\$699	\$733	\$769	\$806	\$846	\$887	\$931	\$977	\$3,519	\$7,966

Appendix Table A3 – With and Without Waiver Funding Estimate Comparison

With Vs Without Waiver	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037
Without Waiver PTCs	\$1,095,144,556	\$1,161,472,449	\$1,231,581,798	\$1,305,797,942	\$1,384,318,669	\$1,467,326,843	\$1,555,168,303	\$1,648,003,894	\$1,746,252,616	\$1,850,017,923
With Waiver PTCs	\$1,041,707,751	\$1,104,904,279	\$1,141,779,036	\$1,210,931,941	\$1,284,168,535	\$1,361,649,827	\$1,443,729,573	\$1,530,580,937	\$1,622,584,436	\$1,719,820,631
Difference	\$53,436,805	\$56,568,170	\$89,802,762	\$94,866,001	\$100,150,134	\$105,677,016	\$111,438,729	\$117,422,957	\$123,668,180	\$130,197,292

Combined Totals	5-Year Total	10-Year Total
Without Waiver Federal Spend	\$6,178,315,414	\$14,445,084,993
With Waiver Federal Spend	\$5,783,491,542	\$13,461,856,946
Total Federal Savings	\$394,823,872	\$983,228,047
Requested Pass-Through	\$394,823,872	\$983,228,047
Net Federal Savings	\$0	\$0

Appendix Table A4 - Without Waiver Estimated EHB SLCSP Premiums for a 21-Year-Old by Year

Without Waiver	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037
Le Flore County	\$605	\$639	\$675	\$713	\$753	\$795	\$839	\$886	\$936	\$988
Sequoyah County	\$605	\$639	\$675	\$713	\$753	\$795	\$839	\$886	\$936	\$988
Comanche County	\$626	\$661	\$698	\$737	\$779	\$822	\$868	\$917	\$968	\$1,023
Canadian County	\$522	\$551	\$582	\$615	\$649	\$686	\$724	\$765	\$808	\$853
Cleveland County	\$521	\$550	\$581	\$613	\$648	\$684	\$722	\$763	\$805	\$850
Grady County	\$750	\$792	\$836	\$883	\$933	\$985	\$1,040	\$1,098	\$1,160	\$1,225
Lincoln County	\$521	\$550	\$581	\$613	\$648	\$684	\$722	\$763	\$805	\$850
Logan County	\$521	\$550	\$581	\$613	\$648	\$684	\$722	\$763	\$805	\$850
McClain County	\$521	\$550	\$581	\$613	\$648	\$684	\$722	\$763	\$805	\$850
Oklahoma County	\$521	\$550	\$581	\$613	\$648	\$684	\$722	\$763	\$805	\$850
Creek County	\$537	\$567	\$599	\$633	\$668	\$705	\$745	\$787	\$831	\$877
Oklmulgee County	\$537	\$567	\$599	\$633	\$668	\$705	\$745	\$787	\$831	\$877
Osage County	\$537	\$567	\$599	\$633	\$668	\$705	\$745	\$787	\$831	\$877
Pawnee County	\$537	\$567	\$599	\$633	\$668	\$705	\$745	\$787	\$831	\$877
Rogers County	\$537	\$567	\$599	\$633	\$668	\$705	\$745	\$787	\$831	\$877
Tulsa County	\$518	\$546	\$577	\$609	\$644	\$680	\$718	\$758	\$800	\$845
Wagoner County	\$537	\$567	\$599	\$633	\$668	\$705	\$745	\$787	\$831	\$877
Adair County	\$575	\$607	\$641	\$677	\$715	\$755	\$797	\$842	\$889	\$939
Alfalfa County	\$575	\$607	\$641	\$677	\$715	\$755	\$797	\$842	\$889	\$939
Atoka County	\$575	\$607	\$641	\$677	\$715	\$755	\$797	\$842	\$889	\$939
Beaver County	\$728	\$769	\$812	\$857	\$905	\$956	\$1,010	\$1,066	\$1,126	\$1,189
Beckham County	\$728	\$769	\$812	\$857	\$905	\$956	\$1,010	\$1,066	\$1,126	\$1,189
Blaine County	\$560	\$591	\$624	\$659	\$696	\$735	\$776	\$820	\$866	\$914
Bryan County	\$728	\$769	\$812	\$857	\$905	\$956	\$1,010	\$1,066	\$1,126	\$1,189
Caddo County	\$575	\$607	\$641	\$677	\$715	\$755	\$797	\$842	\$889	\$939
Carter County	\$549	\$579	\$612	\$646	\$682	\$720	\$761	\$803	\$848	\$896
Cherokee County	\$575	\$607	\$641	\$677	\$715	\$755	\$797	\$842	\$889	\$939
Choctaw County	\$575	\$607	\$641	\$677	\$715	\$755	\$797	\$842	\$889	\$939
Cimarron County	\$728	\$769	\$812	\$857	\$905	\$956	\$1,010	\$1,066	\$1,126	\$1,189
Coal County	\$728	\$769	\$812	\$857	\$905	\$956	\$1,010	\$1,066	\$1,126	\$1,189
Cotton County	\$575	\$607	\$641	\$677	\$715	\$755	\$797	\$842	\$889	\$939
Craig County	\$647	\$683	\$721	\$762	\$805	\$850	\$897	\$947	\$1,000	\$1,056
Custer County	\$728	\$769	\$812	\$857	\$905	\$956	\$1,010	\$1,066	\$1,126	\$1,189
Delaware County	\$647	\$683	\$721	\$762	\$805	\$850	\$897	\$947	\$1,000	\$1,056
Dewey County	\$575	\$607	\$641	\$677	\$715	\$755	\$797	\$842	\$889	\$939
Ellis County	\$728	\$769	\$812	\$857	\$905	\$956	\$1,010	\$1,066	\$1,126	\$1,189
Garfield County	\$728	\$769	\$812	\$857	\$905	\$956	\$1,010	\$1,066	\$1,126	\$1,189
Garvin County	\$575	\$607	\$641	\$677	\$715	\$755	\$797	\$842	\$889	\$939
Grant County	\$575	\$607	\$641	\$677	\$715	\$755	\$797	\$842	\$889	\$939

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Without Waiver	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037
Greer County	\$575	\$607	\$641	\$677	\$715	\$755	\$797	\$842	\$889	\$939
Harmon County	\$728	\$769	\$812	\$857	\$905	\$956	\$1,010	\$1,066	\$1,126	\$1,189
Harper County	\$728	\$769	\$812	\$857	\$905	\$956	\$1,010	\$1,066	\$1,126	\$1,189
Haskell County	\$575	\$607	\$641	\$677	\$715	\$755	\$797	\$842	\$889	\$939
Hughes County	\$647	\$683	\$721	\$762	\$805	\$850	\$897	\$947	\$1,000	\$1,056
Jackson County	\$728	\$769	\$812	\$857	\$905	\$956	\$1,010	\$1,066	\$1,126	\$1,189
Jefferson County	\$728	\$769	\$812	\$857	\$905	\$956	\$1,010	\$1,066	\$1,126	\$1,189
Johnston County	\$575	\$607	\$641	\$677	\$715	\$755	\$797	\$842	\$889	\$939
Kay County	\$728	\$769	\$812	\$857	\$905	\$956	\$1,010	\$1,066	\$1,126	\$1,189
Kingfisher County	\$560	\$591	\$624	\$659	\$696	\$735	\$776	\$820	\$866	\$914
Kiowa County	\$728	\$769	\$812	\$857	\$905	\$956	\$1,010	\$1,066	\$1,126	\$1,189
Latimer County	\$728	\$769	\$812	\$857	\$905	\$956	\$1,010	\$1,066	\$1,126	\$1,189
Love County	\$575	\$607	\$641	\$677	\$715	\$755	\$797	\$842	\$889	\$939
Major County	\$575	\$607	\$641	\$677	\$715	\$755	\$797	\$842	\$889	\$939
Marshall County	\$728	\$769	\$812	\$857	\$905	\$956	\$1,010	\$1,066	\$1,126	\$1,189
Mayes County	\$549	\$579	\$612	\$646	\$682	\$720	\$761	\$803	\$848	\$896
McCurtain County	\$728	\$769	\$812	\$857	\$905	\$956	\$1,010	\$1,066	\$1,126	\$1,189
McIntosh County	\$575	\$607	\$641	\$677	\$715	\$755	\$797	\$842	\$889	\$939
Murray County	\$728	\$769	\$812	\$857	\$905	\$956	\$1,010	\$1,066	\$1,126	\$1,189
Muskogee County	\$575	\$607	\$641	\$677	\$715	\$755	\$797	\$842	\$889	\$939
Noble County	\$728	\$769	\$812	\$857	\$905	\$956	\$1,010	\$1,066	\$1,126	\$1,189
Nowata County	\$588	\$621	\$656	\$692	\$731	\$772	\$815	\$861	\$909	\$960
Okfuskee County	\$560	\$591	\$624	\$659	\$696	\$735	\$776	\$820	\$866	\$914
Ottawa County	\$647	\$683	\$721	\$762	\$805	\$850	\$897	\$947	\$1,000	\$1,056
Payne County	\$575	\$607	\$641	\$677	\$715	\$755	\$797	\$842	\$889	\$939
Pittsburg County	\$647	\$683	\$721	\$762	\$804	\$849	\$897	\$947	\$1,000	\$1,056
Pontotoc County	\$549	\$579	\$612	\$646	\$682	\$720	\$761	\$803	\$848	\$896
Pottawatomie County	\$560	\$591	\$624	\$659	\$696	\$735	\$776	\$820	\$866	\$914
Pushmataha County	\$575	\$607	\$641	\$677	\$715	\$755	\$797	\$842	\$889	\$939
Roger Mills County	\$728	\$769	\$812	\$857	\$905	\$956	\$1,010	\$1,066	\$1,126	\$1,189
Seminole County	\$560	\$591	\$624	\$659	\$696	\$735	\$776	\$820	\$866	\$914
Stephens County	\$728	\$769	\$812	\$857	\$905	\$956	\$1,010	\$1,066	\$1,126	\$1,189
Texas County	\$728	\$769	\$812	\$857	\$905	\$956	\$1,010	\$1,066	\$1,126	\$1,189
Tillman County	\$728	\$769	\$812	\$857	\$905	\$956	\$1,010	\$1,066	\$1,126	\$1,189
Washington County	\$588	\$621	\$656	\$692	\$731	\$772	\$815	\$861	\$909	\$960
Washita County	\$728	\$769	\$812	\$857	\$905	\$956	\$1,010	\$1,066	\$1,126	\$1,189
Woods County	\$575	\$607	\$641	\$677	\$715	\$755	\$797	\$842	\$889	\$939
Woodward County	\$728	\$769	\$812	\$857	\$905	\$956	\$1,010	\$1,066	\$1,126	\$1,189

Appendix Table A5 - With Waiver Estimated EHB SLCSP Premiums for a 21-Year-Old by Year

With Waiver	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037
Le Flore County	\$549	\$579	\$578	\$610	\$644	\$679	\$717	\$756	\$798	\$842
Sequoyah County	\$549	\$579	\$578	\$610	\$644	\$679	\$717	\$756	\$798	\$842
Comanche County	\$568	\$600	\$601	\$634	\$670	\$707	\$747	\$789	\$833	\$879
Canadian County	\$522	\$551	\$582	\$615	\$649	\$686	\$724	\$765	\$808	\$853
Cleveland County	\$521	\$550	\$581	\$613	\$648	\$684	\$722	\$763	\$805	\$850
Grady County	\$750	\$792	\$836	\$883	\$933	\$985	\$1,040	\$1,098	\$1,160	\$1,225
Lincoln County	\$521	\$550	\$581	\$613	\$648	\$684	\$722	\$763	\$805	\$850
Logan County	\$521	\$550	\$581	\$613	\$648	\$684	\$722	\$763	\$805	\$850
McClain County	\$521	\$550	\$581	\$613	\$648	\$684	\$722	\$763	\$805	\$850
Oklahoma County	\$521	\$550	\$581	\$613	\$648	\$684	\$722	\$763	\$805	\$850
Creek County	\$537	\$567	\$599	\$633	\$668	\$705	\$745	\$787	\$831	\$877
Okmulgee County	\$537	\$567	\$599	\$633	\$668	\$705	\$745	\$787	\$831	\$877
Osage County	\$537	\$567	\$599	\$633	\$668	\$705	\$745	\$787	\$831	\$877
Pawnee County	\$537	\$567	\$599	\$633	\$668	\$705	\$745	\$787	\$831	\$877
Rogers County	\$537	\$567	\$599	\$633	\$668	\$705	\$745	\$787	\$831	\$877
Tulsa County	\$518	\$546	\$577	\$609	\$644	\$680	\$718	\$758	\$800	\$845
Wagoner County	\$537	\$567	\$599	\$633	\$668	\$705	\$745	\$787	\$831	\$877
Adair County	\$520	\$549	\$548	\$579	\$611	\$645	\$681	\$720	\$760	\$803
Alfalfa County	\$520	\$549	\$548	\$579	\$611	\$645	\$681	\$720	\$760	\$803
Atoka County	\$520	\$549	\$548	\$579	\$611	\$645	\$681	\$720	\$760	\$803
Beaver County	\$658	\$694	\$694	\$733	\$773	\$817	\$863	\$911	\$963	\$1,017
Beckham County	\$658	\$694	\$694	\$733	\$773	\$817	\$863	\$911	\$963	\$1,017
Blaine County	\$506	\$534	\$533	\$563	\$595	\$628	\$663	\$701	\$740	\$782
Bryan County	\$658	\$694	\$694	\$733	\$773	\$817	\$863	\$911	\$963	\$1,017
Caddo County	\$520	\$549	\$548	\$579	\$611	\$645	\$681	\$720	\$760	\$803
Carter County	\$496	\$523	\$523	\$552	\$583	\$616	\$650	\$687	\$725	\$766
Cherokee County	\$520	\$549	\$548	\$579	\$611	\$645	\$681	\$720	\$760	\$803
Choctaw County	\$520	\$549	\$548	\$579	\$611	\$645	\$681	\$720	\$760	\$803
Cimarron County	\$658	\$694	\$694	\$733	\$773	\$817	\$863	\$911	\$963	\$1,017
Coal County	\$658	\$694	\$694	\$733	\$773	\$817	\$863	\$911	\$963	\$1,017
Cotton County	\$520	\$549	\$548	\$579	\$611	\$645	\$681	\$720	\$760	\$803
Craig County	\$585	\$617	\$617	\$651	\$687	\$726	\$767	\$810	\$855	\$904
Custer County	\$658	\$694	\$694	\$733	\$773	\$817	\$863	\$911	\$963	\$1,017
Delaware County	\$585	\$617	\$617	\$651	\$687	\$726	\$767	\$810	\$855	\$904
Dewey County	\$520	\$549	\$548	\$579	\$611	\$645	\$681	\$720	\$760	\$803
Ellis County	\$658	\$694	\$694	\$733	\$773	\$817	\$863	\$911	\$963	\$1,017
Garfield County	\$658	\$694	\$694	\$733	\$773	\$817	\$863	\$911	\$963	\$1,017
Garvin County	\$520	\$549	\$548	\$579	\$611	\$645	\$681	\$720	\$760	\$803
Grant County	\$520	\$549	\$548	\$579	\$611	\$645	\$681	\$720	\$760	\$803

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With Waiver	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037
Greer County	\$520	\$549	\$548	\$579	\$611	\$645	\$681	\$720	\$760	\$803
Harmon County	\$658	\$694	\$694	\$733	\$773	\$817	\$863	\$911	\$963	\$1,017
Harper County	\$658	\$694	\$694	\$733	\$773	\$817	\$863	\$911	\$963	\$1,017
Haskell County	\$520	\$549	\$548	\$579	\$611	\$645	\$681	\$720	\$760	\$803
Hughes County	\$585	\$617	\$617	\$651	\$687	\$726	\$767	\$810	\$855	\$904
Jackson County	\$658	\$694	\$694	\$733	\$773	\$817	\$863	\$911	\$963	\$1,017
Jefferson County	\$658	\$694	\$694	\$733	\$773	\$817	\$863	\$911	\$963	\$1,017
Johnston County	\$520	\$549	\$548	\$579	\$611	\$645	\$681	\$720	\$760	\$803
Kay County	\$658	\$694	\$694	\$733	\$773	\$817	\$863	\$911	\$963	\$1,017
Kingfisher County	\$506	\$534	\$533	\$563	\$595	\$628	\$663	\$701	\$740	\$782
Kiowa County	\$658	\$694	\$694	\$733	\$773	\$817	\$863	\$911	\$963	\$1,017
Latimer County	\$658	\$694	\$694	\$733	\$773	\$817	\$863	\$911	\$963	\$1,017
Love County	\$520	\$549	\$548	\$579	\$611	\$645	\$681	\$720	\$760	\$803
Major County	\$520	\$549	\$548	\$579	\$611	\$645	\$681	\$720	\$760	\$803
Marshall County	\$658	\$694	\$694	\$733	\$773	\$817	\$863	\$911	\$963	\$1,017
Mayes County	\$496	\$523	\$523	\$552	\$583	\$616	\$650	\$687	\$725	\$766
McCurtain County	\$658	\$694	\$694	\$733	\$773	\$817	\$863	\$911	\$963	\$1,017
McIntosh County	\$520	\$549	\$548	\$579	\$611	\$645	\$681	\$720	\$760	\$803
Murray County	\$658	\$694	\$694	\$733	\$773	\$817	\$863	\$911	\$963	\$1,017
Muskogee County	\$520	\$549	\$548	\$579	\$611	\$645	\$681	\$720	\$760	\$803
Noble County	\$658	\$694	\$694	\$733	\$773	\$817	\$863	\$911	\$963	\$1,017
Nowata County	\$531	\$561	\$560	\$592	\$625	\$660	\$697	\$736	\$777	\$821
Okfuskee County	\$506	\$534	\$533	\$563	\$595	\$628	\$663	\$701	\$740	\$782
Ottawa County	\$585	\$617	\$617	\$651	\$687	\$726	\$767	\$810	\$855	\$904
Payne County	\$520	\$549	\$548	\$579	\$611	\$645	\$681	\$720	\$760	\$803
Pittsburg County	\$584	\$617	\$616	\$651	\$687	\$726	\$766	\$810	\$855	\$904
Pontotoc County	\$496	\$523	\$523	\$552	\$583	\$616	\$650	\$687	\$725	\$766
Pottawatomie County	\$506	\$534	\$533	\$563	\$595	\$628	\$663	\$701	\$740	\$782
Pushmataha County	\$520	\$549	\$548	\$579	\$611	\$645	\$681	\$720	\$760	\$803
Roger Mills County	\$658	\$694	\$694	\$733	\$773	\$817	\$863	\$911	\$963	\$1,017
Seminole County	\$506	\$534	\$533	\$563	\$595	\$628	\$663	\$701	\$740	\$782
Stephens County	\$658	\$694	\$694	\$733	\$773	\$817	\$863	\$911	\$963	\$1,017
Texas County	\$658	\$694	\$694	\$733	\$773	\$817	\$863	\$911	\$963	\$1,017
Tillman County	\$658	\$694	\$694	\$733	\$773	\$817	\$863	\$911	\$963	\$1,017
Washington County	\$531	\$561	\$560	\$592	\$625	\$660	\$697	\$736	\$777	\$821
Washita County	\$658	\$694	\$694	\$733	\$773	\$817	\$863	\$911	\$963	\$1,017
Woods County	\$520	\$549	\$548	\$579	\$611	\$645	\$681	\$720	\$760	\$803
Woodward County	\$658	\$694	\$694	\$733	\$773	\$817	\$863	\$911	\$963	\$1,017

Appendix Table A6 - Without Waiver Estimated Subsidized/Unsubsidized Enrollment by Metal Level and Year

Without Waiver	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	5-Year Average	10-Year Average
Total Combined Enrollment	166,930	166,930	166,930	166,930	166,930	166,930	166,930	166,930	166,930	166,930	166,930	166,930
Unsubsidized Off-Exchange												
Catastrophic	77	77	77	77	77	77	77	77	77	77	77	77
Bronze	2,853	2,853	2,853	2,853	2,853	2,853	2,853	2,853	2,853	2,853	2,853	2,853
Silver	1,380	1,380	1,380	1,380	1,380	1,380	1,380	1,380	1,380	1,380	1,380	1,380
Gold	1,598	1,598	1,598	1,598	1,598	1,598	1,598	1,598	1,598	1,598	1,598	1,598
Platinum	0	0	0	0	0	0	0	0	0	0	0	0
Unsubsidized On-Exchange												
Catastrophic	902	902	902	902	902	902	902	902	902	902	902	902
Bronze	20,396	20,377	20,277	19,842	19,842	19,842	19,842	19,842	19,842	19,842	20,147	19,994
Silver	6,149	6,145	6,120	5,983	5,983	5,983	5,983	5,983	5,983	5,983	6,076	6,029
Gold	2,217	2,215	2,206	2,169	2,169	2,169	2,169	2,169	2,169	2,169	2,195	2,182
Platinum	0	0	0	0	0	0	0	0	0	0	0	0
Subsidized On-Exchange												
Catastrophic	0	0	0	0	0	0	0	0	0	0	0	0
Bronze	93,036	93,055	93,155	93,590	93,590	93,590	93,590	93,590	93,590	93,590	93,285	93,437
Silver	28,041	28,045	28,069	28,207	28,207	28,207	28,207	28,207	28,207	28,207	28,114	28,161
Gold	10,281	10,283	10,293	10,329	10,329	10,329	10,329	10,329	10,329	10,329	10,303	10,316
Platinum	0	0	0	0	0	0	0	0	0	0	0	0

Appendix Table A7 - With Waiver Estimated Subsidized/Unsubsidized Enrollment by Metal Level and Year

With Waiver	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	5-Year Average	10-Year Average
Total Combined Enrollment	167,443	167,444	167,702	167,703	167,704	167,704	167,704	167,703	167,702	167,701	167,599	167,651
Unsubsidized Off-Exchange												
Catastrophic	78	78	78	78	78	78	78	78	78	78	78	78
Bronze	2,886	2,886	2,903	2,903	2,903	2,903	2,903	2,903	2,903	2,903	2,896	2,900
Silver	1,396	1,396	1,405	1,405	1,405	1,405	1,405	1,405	1,405	1,405	1,401	1,403
Gold	1,616	1,616	1,626	1,626	1,626	1,626	1,626	1,626	1,626	1,625	1,622	1,624
Platinum	0	0	0	0	0	0	0	0	0	0	0	0
Unsubsidized On-Exchange												
Catastrophic	910	910	916	918	918	921	921	923	923	923	914	918
Bronze	20,709	20,690	20,746	20,309	20,310	20,305	20,305	20,302	20,301	20,300	20,553	20,428
Silver	6,240	6,235	6,256	6,119	6,119	6,120	6,120	6,121	6,121	6,121	6,194	6,157
Gold	2,250	2,248	2,255	2,219	2,219	2,219	2,219	2,219	2,219	2,219	2,238	2,229
Platinum	0	0	0	0	0	0	0	0	0	0	0	0
Subsidized On-Exchange												
Catastrophic	0	0	0	0	0	0	0	0	0	0	0	0
Bronze	93,036	93,055	93,155	93,590	93,590	93,590	93,590	93,590	93,590	93,590	93,285	93,437
Silver	28,041	28,045	28,069	28,207	28,207	28,207	28,207	28,207	28,207	28,207	28,114	28,161
Gold	10,281	10,283	10,293	10,329	10,329	10,329	10,329	10,329	10,329	10,329	10,303	10,316
Platinum	0	0	0	0	0	0	0	0	0	0	0	0

Appendix Table A8 - Without Waiver Estimated Subsidized/Unsubsidized Enrollment by FPL and Year

Without Waiver	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	5-Year Average	10-Year Average
Total Combined Enrollment	166,930	166,930	166,930	166,930	166,930	166,930	166,930	166,930	166,930	166,930	166,930	166,930
Unsubsidized Off-Exchange												
0% - 99%	0	0	0	0	0	0	0	0	0	0	0	0
100% - 150%	0	0	0	0	0	0	0	0	0	0	0	0
150% - 200%	0	0	0	0	0	0	0	0	0	0	0	0
200% - 250%	0	0	0	0	0	0	0	0	0	0	0	0
250% - 300%	0	0	0	0	0	0	0	0	0	0	0	0
300% - 400%	0	0	0	0	0	0	0	0	0	0	0	0
>400%	0	0	0	0	0	0	0	0	0	0	0	0
Not Reported	5,908	5,908	5,908	5,908	5,908	5,908	5,908	5,908	5,908	5,908	5,908	5,908
Unsubsidized On-Exchange												
0% - 99%	363	363	363	363	363	363	363	363	363	363	363	363
100% - 150%	20,844	20,844	20,844	20,844	20,844	20,844	20,844	20,844	20,844	20,844	20,844	20,844
150% - 200%	193	193	193	193	193	193	193	193	193	193	193	193
200% - 250%	122	122	122	122	122	122	122	122	122	122	122	122
250% - 300%	65	65	65	65	65	65	65	65	65	65	65	65
300% - 400%	822	797	663	53	53	53	53	53	53	53	478	265
>400%	4,575	4,575	4,575	4,575	4,575	4,575	4,575	4,575	4,575	4,575	4,575	4,575
Not Reported	2,680	2,680	2,680	2,680	2,680	2,680	2,680	2,680	2,680	2,680	2,680	2,680
Subsidized On-Exchange												
0% - 99%	0	0	0	0	0	0	0	0	0	0	0	0
100% - 150%	58,486	58,486	58,486	58,486	58,486	58,486	58,486	58,486	58,486	58,486	58,486	58,486
150% - 200%	33,357	33,357	33,357	33,357	33,357	33,357	33,357	33,357	33,357	33,357	33,357	33,357
200% - 250%	20,563	20,563	20,563	20,563	20,563	20,563	20,563	20,563	20,563	20,563	20,563	20,563
250% - 300%	10,727	10,727	10,727	10,727	10,727	10,727	10,727	10,727	10,727	10,727	10,727	10,727
300% - 400%	8,224	8,249	8,383	8,993	8,993	8,993	8,993	8,993	8,993	8,993	8,568	8,781
>400%	0	0	0	0	0	0	0	0	0	0	0	0
Not Reported	0	0	0	0	0	0	0	0	0	0	0	0

Appendix Table A9 - With Waiver Estimated Subsidized/Unsubsidized Enrollment by FPL and Year

With Waiver	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	5-Year Average	10-Year Average
Total Combined Enrollment	167,443	167,444	167,702	167,703	167,704	167,704	167,704	167,703	167,702	167,701	167,599	167,651
Unsubsidized Off-Exchange												
0% - 99%	0	0	0	0	0	0	0	0	0	0	0	0
100% - 150%	0	0	0	0	0	0	0	0	0	0	0	0
150% - 200%	0	0	0	0	0	0	0	0	0	0	0	0
200% - 250%	0	0	0	0	0	0	0	0	0	0	0	0
250% - 300%	0	0	0	0	0	0	0	0	0	0	0	0
300% - 400%	0	0	0	0	0	0	0	0	0	0	0	0
>400%	0	0	0	0	0	0	0	0	0	0	0	0
Not Reported	5,977	5,977	6,012	6,012	6,012	6,012	6,012	6,012	6,012	6,011	5,998	6,005
Unsubsidized On-Exchange												
0% - 99%	366	366	368	369	369	370	370	371	371	371	368	369
100% - 150%	21,034	21,035	21,175	21,201	21,201	21,287	21,287	21,327	21,326	21,325	21,129	21,220
150% - 200%	195	195	196	196	196	197	197	197	197	197	196	196
200% - 250%	123	123	124	124	124	125	125	125	125	125	124	124
250% - 300%	66	66	67	67	67	67	67	67	67	67	66	67
300% - 400%	1,003	977	873	228	228	109	109	54	54	54	662	369
>400%	4,617	4,617	4,648	4,654	4,654	4,673	4,673	4,681	4,681	4,681	4,638	4,658
Not Reported	2,704	2,705	2,723	2,726	2,726	2,737	2,737	2,742	2,742	2,742	2,717	2,728
Subsidized On-Exchange												
0% - 99%	0	0	0	0	0	0	0	0	0	0	0	0
100% - 150%	58,486	58,486	58,486	58,486	58,486	58,486	58,486	58,486	58,486	58,486	58,486	58,486
150% - 200%	33,357	33,357	33,357	33,357	33,357	33,357	33,357	33,357	33,357	33,357	33,357	33,357
200% - 250%	20,563	20,563	20,563	20,563	20,563	20,563	20,563	20,563	20,563	20,563	20,563	20,563
250% - 300%	10,727	10,727	10,727	10,727	10,727	10,727	10,727	10,727	10,727	10,727	10,727	10,727
300% - 400%	8,224	8,249	8,383	8,993	8,993	8,993	8,993	8,993	8,993	8,993	8,568	8,781
>400%	0	0	0	0	0	0	0	0	0	0	0	0
Not Reported	0	0	0	0	0	0	0	0	0	0	0	0

Appendix Table A10 - Without Waiver Estimated Subsidized/Unsubsidized Enrollment by Age and Year

Without Waiver	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	5-Year Average	10-Year Average
Total Combined Enrollment	166,930	166,930	166,930	166,930	166,930	166,930	166,930	166,930	166,930	166,930	166,930	166,930
Unsubsidized Off-Exchange												
00 - 18 Years	988	988	988	988	988	988	988	988	988	988	988	988
19 - 25 Years	506	506	506	506	506	506	506	506	506	506	506	506
26 - 34 Years	789	789	789	789	789	789	789	789	789	789	789	789
35 - 44 Years	1,099	1,099	1,099	1,099	1,099	1,099	1,099	1,099	1,099	1,099	1,099	1,099
45 - 54 Years	1,068	1,068	1,068	1,068	1,068	1,068	1,068	1,068	1,068	1,068	1,068	1,068
55 - 64 Years	1,458	1,458	1,458	1,458	1,458	1,458	1,458	1,458	1,458	1,458	1,458	1,458
65+ Years	1	1	1	1	1	1	1	1	1	1	1	1
Unsubsidized On-Exchange												
00 - 18 Years	4,561	4,537	4,402	3,793	3,793	3,793	3,793	3,793	3,793	3,793	4,217	4,005
19 - 25 Years	2,697	2,697	2,697	2,697	2,697	2,697	2,697	2,697	2,697	2,697	2,697	2,697
26 - 34 Years	3,755	3,755	3,755	3,755	3,755	3,755	3,755	3,755	3,755	3,755	3,755	3,755
35 - 44 Years	5,537	5,537	5,537	5,537	5,537	5,537	5,537	5,537	5,537	5,537	5,537	5,537
45 - 54 Years	5,906	5,906	5,906	5,906	5,906	5,906	5,906	5,906	5,906	5,906	5,906	5,906
55 - 64 Years	7,040	7,040	7,040	7,040	7,040	7,040	7,040	7,040	7,040	7,040	7,040	7,040
65+ Years	169	169	169	169	169	169	169	169	169	169	169	169
Subsidized On-Exchange												
00 - 18 Years	16,648	16,673	16,807	17,417	17,417	17,417	17,417	17,417	17,417	17,417	16,993	17,205
19 - 25 Years	12,294	12,294	12,294	12,294	12,294	12,294	12,294	12,294	12,294	12,294	12,294	12,294
26 - 34 Years	17,215	17,215	17,215	17,215	17,215	17,215	17,215	17,215	17,215	17,215	17,215	17,215
35 - 44 Years	25,302	25,302	25,302	25,302	25,302	25,302	25,302	25,302	25,302	25,302	25,302	25,302
45 - 54 Years	26,953	26,953	26,953	26,953	26,953	26,953	26,953	26,953	26,953	26,953	26,953	26,953
55 - 64 Years	32,176	32,176	32,176	32,176	32,176	32,176	32,176	32,176	32,176	32,176	32,176	32,176
65+ Years	769	769	769	769	769	769	769	769	769	769	769	769

Appendix Table A11 - With Waiver Estimated Subsidized/Unsubsidized Enrollment by Age and Year

With Waiver	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	5-Year Average	10-Year Average
Total Combined Enrollment	167,443	167,444	167,702	167,703	167,704	167,704	167,704	167,703	167,702	167,701	167,599	167,651
Unsubsidized Off-Exchange												
00 - 18 Years	1,000	1,000	1,005	1,005	1,005	1,005	1,005	1,005	1,005	1,005	1,003	1,004
19 - 25 Years	512	512	515	515	515	515	515	515	515	515	513	514
26 - 34 Years	798	798	802	802	802	802	802	802	802	802	801	801
35 - 44 Years	1,111	1,111	1,118	1,118	1,118	1,118	1,118	1,118	1,118	1,118	1,115	1,117
45 - 54 Years	1,081	1,081	1,087	1,087	1,087	1,087	1,087	1,087	1,087	1,087	1,084	1,086
55 - 64 Years	1,475	1,475	1,484	1,484	1,484	1,484	1,484	1,484	1,484	1,484	1,480	1,482
65+ Years	1	1	1	1	1	1	1	1	1	1	1	1
Unsubsidized On-Exchange												
00 - 18 Years	4,777	4,751	4,672	4,032	4,032	3,929	3,929	3,880	3,880	3,880	4,453	4,176
19 - 25 Years	2,721	2,721	2,739	2,743	2,743	2,754	2,754	2,759	2,759	2,759	2,733	2,745
26 - 34 Years	3,789	3,789	3,815	3,819	3,819	3,835	3,835	3,842	3,842	3,842	3,806	3,823
35 - 44 Years	5,588	5,588	5,625	5,632	5,632	5,655	5,655	5,665	5,665	5,665	5,613	5,637
45 - 54 Years	5,959	5,960	5,999	6,007	6,007	6,031	6,031	6,042	6,042	6,042	5,986	6,012
55 - 64 Years	7,104	7,104	7,151	7,160	7,160	7,190	7,189	7,203	7,203	7,202	7,136	7,167
65+ Years	170	170	171	172	172	172	172	173	173	173	171	172
Subsidized On-Exchange												
00 - 18 Years	16,648	16,673	16,807	17,417	17,417	17,417	17,417	17,417	17,417	17,417	16,993	17,205
19 - 25 Years	12,294	12,294	12,294	12,294	12,294	12,294	12,294	12,294	12,294	12,294	12,294	12,294
26 - 34 Years	17,215	17,215	17,215	17,215	17,215	17,215	17,215	17,215	17,215	17,215	17,215	17,215
35 - 44 Years	25,302	25,302	25,302	25,302	25,302	25,302	25,302	25,302	25,302	25,302	25,302	25,302
45 - 54 Years	26,953	26,953	26,953	26,953	26,953	26,953	26,953	26,953	26,953	26,953	26,953	26,953
55 - 64 Years	32,176	32,176	32,176	32,176	32,176	32,176	32,176	32,176	32,176	32,176	32,176	32,176
65+ Years	769	769	769	769	769	769	769	769	769	769	769	769

Appendix Table A12 - Without Waiver Estimated Federal Subsidy Received by Metal Level and Year

Without Waiver	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	5-Year Average	10-Year Average
Subsidized On-Exchange												
Catastrophic	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Bronze	\$740	\$785	\$831	\$877	\$929	\$985	\$1,043	\$1,105	\$1,171	\$1,240	\$833	\$971
Silver	\$780	\$827	\$877	\$926	\$982	\$1,042	\$1,105	\$1,172	\$1,243	\$1,318	\$879	\$1,028
Gold	\$833	\$884	\$937	\$990	\$1,051	\$1,114	\$1,182	\$1,253	\$1,328	\$1,408	\$939	\$1,098
Platinum	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Appendix Table A13 - With Waiver Estimated Federal Subsidy Received by Metal Level and Year

With Waiver	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	5-Year Average	10-Year Average
Subsidized On-Exchange												
Catastrophic	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Bronze	\$707	\$750	\$775	\$818	\$867	\$918	\$973	\$1,031	\$1,093	\$1,158	\$784	\$909
Silver	\$741	\$787	\$812	\$858	\$910	\$965	\$1,024	\$1,086	\$1,152	\$1,222	\$822	\$956
Gold	\$777	\$825	\$843	\$891	\$945	\$1,002	\$1,064	\$1,128	\$1,197	\$1,269	\$856	\$994
Platinum	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0