



**New York Section 1332 Innovation Waiver  
Essential Plan Expansion  
Draft Amendment**

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*Submitted by the New York State Department of Health*

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## **Section 1: Waiver Amendment Request and Overview**

On March 1, 2024, the State of New York received approval for its Section 1332 State Innovation Waiver. One of the primary goals of the waiver is to expand access and affordability of healthcare coverage for New Yorkers. The approved waiver expanded eligibility of the State's Essential Plan to consumers up to 250% of the Federal Poverty Level (FPL). The State is seeking an amendment for the approved use of passthrough funding to build upon these critical goals by reducing the cost-sharing burden for New Yorkers buying Qualified Health Plans (QHP) starting January 1, 2025 through the end of the waiver period on December 31, 2028. The amendment does not seek to waive additional provisions of the Affordable Care Act, change the approved waiver, or affect compliance with the section 1332 waiver guardrails. The authority for this request is in the New York State Fiscal Year 2025 budget, section 268-c(26) of the New York Public Health Law (HMH SFY 25 Part J).

The State is proposing to implement three new initiatives on the Exchange: 1) Provision of a Cost Sharing Reduction (CSR) wrap to broadly reduce cost-sharing for individuals with incomes up to 400% of the FPL; 2) Provision of a CSR wrap for individuals seeking services to manage their Diabetes; and 3) Provision of a CSR wrap for individuals who are pregnant or postpartum. The State will use passthrough funding to reimburse insurers for the portion of the cost-sharing based on information about actual claims that consumers would have otherwise been responsible for absent the CSRs. As such, the CSR proposals are not estimated to have an impact on individual market premiums, do not impact the benefits of the plans, and do not impact the actuarial values of the underlying plans.

### ***Reduction in Cost Sharing for Individuals Up to 400% of the FPL***

The State is proposing to provide a CSR wrap to individuals with incomes up to 400% of FPL who are not Essential Plan eligible, by expanding eligibility for existing Silver CSR 87 variants to consumers eligible for Advance Premium Tax Credit (APTC) with incomes up to 350% of the FPL and eligibility for existing Silver CSR 73 variants to consumers with incomes above 350% up to 400% of the FPL. These changes are being proposed for several reasons. Cost-sharing reductions will help increase access to care, address consumer complaints about high out-of-pocket costs and reduce provider uncompensated care.

To negate potential premium impacts in the individual market, the State will use surplus passthrough funding to reimburse insurers' actual claims cost for reducing cost-sharing in CSR Silver variants relative to the standard Silver 70 plans for the newly eligible population following a similar methodology used for federal cost-sharing reduction payments prior to 2017.

### ***Reduction in Cost-Sharing for Diabetes Services***

The State is proposing to create a cost-sharing wrap that reimburses insurers to reduce cost-sharing for non-hospital-based diabetes-related services, supplies and prescription drugs, for all QHP consumers in all metal levels. Consumers will be able to receive this cost sharing reduction while remaining in the plan of their choice. There will be no change to plan premiums, benefits, or actuarial values.

Consumers will have \$0 out-of-pocket costs for diabetes-related services. To negate potential premium impacts in the individual market, the State will use passthrough funding to reimburse insurers for the cost sharing they would have otherwise received from their consumers based on claims.

### ***Reduction in Cost-Sharing for Pregnancy and Postpartum Care***

The State is proposing to create a cost-sharing wrap that reimburses insurers to reduce cost-sharing for outpatient pregnancy and postpartum care, inclusive of mental health services, for all QHP members in all metal levels. Consumers will be able to receive this cost sharing reduction while remaining in the plan of their choice. There will be no change to plan premiums, benefits, or actuarial values.

Currently, there is already limited cost-sharing permitted for maternal health services in QHPs. There is no cost sharing for services defined by the United States Preventive Services Task Force (USPSTF), which defines preventive pregnancy services broadly to include office visits, prenatal vitamins, breast pumps, pre-eclampsia, and supplies. Examples of maternal health services that do still have cost-sharing include prescription drugs and postpartum mental health benefits.

Consumers will have \$0 out-of-pocket costs for all outpatient covered services, supplies, and prescription drugs during pregnancy and postpartum. To negate potential premium impacts in the individual market, the State will use passthrough funding to reimburse insurers for the cost sharing they would have otherwise received from their consumers based on actual claims information. Cost-sharing will continue to apply for delivery and hospital stays.

### ***Approach and Timeline for Implementation***

The CSRs will be implemented beginning January 1, 2025. Implementation is focused on the system changes, consumer notification, and coordination with insurers for cost-sharing payments. The State has been in conversations with the insurers on the approach for the three CSRs and included instructions in the [2025 Plan Invitation](#). There are no associated impacts on 2025 plan and rate filings.

For consumers with incomes up to 400% of the FPL enrolled in Silver plans without CSR for 2024, the State will auto renew eligible consumers into the respective Silver CSR 87 and Silver CSR 73 variants which will be effective January 1, 2025. Consumers will receive a notice and will be able to change plans during Open Enrollment. For consumers with incomes up to 400% of the FPL enrolled in other metal level plans for 2024, the State will auto renew eligible consumers into their same plans for 2025. These consumers will receive email and text messages from NY State of Health about their eligibility for Silver CSR 87 and Silver CSR 73 variants and will need to take action to select to enroll in these plans for 2025. Beginning January 2025, the State intends to issue monthly advance CSR payments to health plans for their enrollees in these variants, with a reconciliation based on actuals following the claims run out period.

For defined diabetes and maternity services, insurers will not charge consumers the portion of their cost-sharing obligations under their enrolled QHPs. Insurers are currently in the process

of updating their billing systems and will provide semi-annual reports to the State on the owed cost sharing payments along with justification on claims paid. The State intends to issue semi-annual payments to health plans for the diabetes and maternity CSRs based on these reports.

### **CSR and Waiver Amendment Implementation Key Milestones**

<b>Activity</b>	<b>Target Date</b>
<b>Issue instructions in the 2025 Plan Invitation for the CSRs</b>	May 3, 2024 (completed)
<b>Finalize methodology and reporting approach for CSR payments with QHP insures</b>	September 2024
<b>Finalize system changes for Silver 87 and 73 plan eligibility</b>	September 2024
<b>Implement training for assisters and customer service staff on CSRs</b>	October 2024
<b>Launch consumer communications (email/text) for CSR</b>	November 2024
<b>Auto-enroll consumers into plans for Open Enrollment 2025</b>	November 2024
<b>Issue monthly CSR payment to insurers for 2025 Silver Plan variants (to continue monthly)</b>	January 2025
<b>Receive reports from insurers on Diabetes and Maternal health claims paid (to continue semi-annually)</b>	July 2025

## **Section 2: Analysis of Proposed Waiver Amendment**

### ***Impact of the CSRs on Consumers***

The CSRs are estimated to improve affordability for an average of 117,687 consumers annually 2025 – 2028. The CSRs are estimated to result in a total of \$307 million in consumer savings in 2025 and a total of \$1.3 billion from 2025 – 2028.

- Expanding eligibility for the Silver CSR 87 Plan variants to consumers up to 350% of the FPL is estimated to improve affordability for an average of 79,117 consumers annually for 2025 – 2028 with an average annual savings of \$3,456 per consumer.
- Expanding eligibility for the Silver CSR 73 Plan variants to consumers up to 400% of the FPL is estimated to improve affordability for an average of 20,224 consumers annually for 2025 – 2028 with an average annual savings of \$734 per consumer.

- The reduction in cost sharing for diabetes services is estimated to improve affordability for an average of 16,737 consumers annually for 2025 – 2028 with an average annual savings of \$1,648 per consumer.
- The reduction in cost sharing for pregnancy and post-partum care is estimated to improve affordability for an average of 1,610 consumers annually for 2025 – 2028 with an average annual savings of \$2,819 per consumer.

### ***Impact of the Amendment on 1332 Statutory Guardrails***

The 1332 Waiver with the proposed amendment to use passthrough funding for the state CSRs is estimated to continue to meet the 1332 waiver statutory guardrails. The following outlines how the Amended With Waiver (with CSRs) are estimated to impact the guardrails compared to the Approved Waiver.

1. Comprehensiveness (1332(b)(1)(A)):

There are no estimated changes with the CSRs.

2. Affordability (1332(b)(1)(B)):

There is an estimated improvement in affordability with the CSRs for an average of 117,687 consumers annually 2025 – 2028, resulting in a total of \$307 million in consumer savings in 2025 and a total of \$1.3 billion from 2025 – 2028. Consumers are estimated to experience a 20.1% increase in affordability in 2025 and an average annual increase in affordability of 20.4%.

3. Scope of Coverage (1332(b)(1)(C)):

There is an estimated increased in enrollment in the individual market by 3,160 (0.2%) for PY 2025, 2,974 (0.2%) for PY 2026, 3,004 (0.2%) for PY 2027, and 3,034 (0.2%) for PY 2028.

4. Deficit Neutrality (1332(b)(1)(D)):

Compared to the Approved Waiver, the Amended With Waiver is estimated to increase spend in PTCs by \$0 million in 2024, \$24 million (3.2%) for 2025, \$96 million (2.9%) 2024 – 2028, and \$248 million (3.5%) 2024 – 2033 due to the CSR for consumers up to 400% of the FPL. This increase is assumed to be deducted from passthrough funding.

The estimated costs of the CSRs to the State are \$0 in 2024, \$307 million (2.6% waiver program increase) in 2025, \$1.3 billion (2.1%) 2024-2028, and \$3.4 billion (2.4%) over the ten years 2024 - 2033. It is estimated the Amended Waiver will be fully funded by passthrough.

## Summary of 1332 Waiver Guardrail Compliance with Amendment

Guardrail	Estimated Impact of Amended With Waiver Compared to Baseline Without Waiver
<b>Comprehensiveness</b>	<p>The Amended Waiver is projected to meet the comprehensiveness guardrail as consumers have access to more comprehensive coverage compared to the Baseline Without-Waiver Scenario.</p> <ul style="list-style-type: none"> <li>• Consumers with incomes between 200–250% of the FPL will receive more comprehensive coverage.</li> <li>• There are no expected impacts for other consumers in the individual market.</li> <li>• There are no expected impacts for other consumers in the Essential Plan.</li> </ul>
<b>Affordability</b>	<p>The Amended With Waiver is projected to meet the affordability guardrail as the affordability across the market is improved compared to the Baseline Without-Waiver Scenario.</p> <ul style="list-style-type: none"> <li>• Affordability for current Essential Plan consumers is not expected to change.</li> <li>• Affordability for consumers with incomes between 200–250% of the FPL is expected to improve under the Waiver for an aggregate savings of \$2.3 billion over the 5 years. <ul style="list-style-type: none"> <li>○ This is an average annual savings of \$6,091 under the Waiver (\$3,540 in premiums and \$2,551 in out-of-pocket spend), which is approximately 15% of income for consumers 200 – 250% of the FPL.</li> </ul> </li> <li>• Affordability of premiums for on- and off-Exchange consumers is not estimated to change under the Waiver due to the IRIP/</li> <li>• Affordability of cost-sharing for on-Exchange consumers is estimated to improve with the CSRs for an average of 117,687 consumers annually 2025 – 2028. The CSRs are estimated to result in a total of \$1.3 billion savings from 2025 – 2028. <ul style="list-style-type: none"> <li>○ This is an average annual savings of \$1,376 per on-exchange consumer for 2025 – 2028.</li> </ul> </li> </ul>
<b>Coverage</b>	<p>The Amended With Waiver is projected to meet the coverage guardrail as more consumers are expected to enroll in coverage compared to the Baseline, Without-Waiver Scenario.</p> <ul style="list-style-type: none"> <li>• Overall enrollment for the Essential Plan and individual market is expected to increase by a combined 2.4% for PY 2024, 3.9% for PY 2025, 4.1% for PY 2026 – 2028.</li> </ul>
<b>Deficit Neutrality</b>	<p>The Amended With Waiver is projected to meet the deficit neutrality guardrail and generate savings for the federal government.</p> <ul style="list-style-type: none"> <li>• The federal spend is estimated to decrease by \$9.1 billion in PY 2024 and \$64.3 billion over the 5-year Waiver period, before passthrough funding.</li> <li>• The estimated passthrough to the State is estimated to be \$9.1 billion in PY 2024 and \$63.8 billion over the 5-years.</li> <li>• The net federal spend is estimated to decrease by \$30.4 million in PY 2024 and \$471.1 million over the 5-year Waiver period, after accounting for passthrough funding.</li> </ul>

### ***Impact on Health Equity***

New York has centered efforts to advance health equity for more than a decade, and the proposed waiver amendment is a key strategy to continue that effort. In fact, as part of its New York State Prevention Agenda: 2019-2024, New York has defined its overarching strategy to “implement public health approaches that improve the health and well-being of entire populations and achieve health equity.”<sup>1</sup>

With this waiver amendment, New York seeks to lower costs and increase benefits for consumers on the exchange. The intent of these initiatives is to reduce consumer out-of-pocket costs for QHP coverage to increase their affordability and improve access to care, which disproportionately pose a barrier to lower income communities of color.

In addition to generally lowering cost-sharing for members with incomes at or below 400% of FPL, this waiver amendment proposes removes cost barriers for diabetes-related care for QHP enrollees in the individual market. Reducing consumers’ out-of-pocket costs is expected to improve consumers’ ability to manage diabetes by improving access to recommended care, reducing the likelihood of unnecessary hospitalizations, and improving overall health. Leveraging the experience of state-based marketplaces, including Washington, D.C., by pursuing health equity focused plan designs, the objective is to address health inequities by focusing on conditions that disproportionately impact lower-income communities, including communities of color.

Finally, New York proposes eliminating pregnancy and postpartum cost sharing for QHP enrollees in the individual market. New York is committed to reducing racial and ethnic disparities in infant and maternal mortality and associated health outcomes. Eliminating cost-sharing for this group reduces barriers to accessing the full suite of prenatal and postnatal healthcare. New York sees this opportunity to address coverage disparities, and through coverage, advance health equity in the state as a key success factor for the waiver amendment.

### **Section 3: Authority Under State Law**

Authority for the State’s CSRs was established in the State Fiscal Year (SFY) 2025 budget. Signed on April 20, 2024 by Governor Hochul, SYF 2025 budget included legislative authority in section 268-c(26) of the New York Public Health Law to permit subsidies to be extended to low- and moderate-income New Yorkers through cost-sharing for QHPs through the Marketplace (HMH SFY 25 Part J) starting January 1, 2025.

*Subject to federal approval if required, the use of state funds and the availability of funds in the 1332 state innovation program fund established pursuant to section ninety-eight-d of the state finance law, the commissioner shall have the authority to establish a program to provide subsidies for the payment of premium or cost sharing or both to assist individuals who are eligible to purchase qualified health plans through the marketplace, or take such other action as appropriate to reduce or eliminate qualified health plan premiums or cost-sharing or both.*

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<sup>1</sup> [https://www.health.ny.gov/prevention/prevention\\_agenda/2019-2024/docs/ship/overview.pdf](https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/docs/ship/overview.pdf)



## **Section 4: Evidence of Public and Tribal Consultation and Comment**

[To be completed after the Public Comment Period]

## **Section 5: Additional Information**

### ***Administrative Burden Baseline Without Waiver, Approved Waiver, and Amended Waiver***

The proposed amendment will result in no additional administrative burden for the federal government. The CSR proposals will result in minimal administrative burden for the State for implementation and operations. New York has the staff and resources necessary to absorb the necessary administrative tasks. QHP insurers will experience minimal administrative burden to implement the necessary technology and reporting changes for the CSRs. New York provides regular, timely notice of changes to insurers in order to minimize operational burdens on insurers.

### ***Implementation of Non-Waived ACA Provisions***

The implementation of the waiver amendment does not have any impact on the implementation of those provisions of the ACA that are not being waived.

### ***Impact on Residents Who Need to Obtain Health Care Services Out-of-State***

The implementation of the waiver amendment does not impact residents obtaining health care services out-of-state.

### ***Compliance, Waste, Fraud, and Abuse***

The New York State Department of Health is responsible for regulatory and contractual compliance for Essential Plan carriers, eligibility and enrollment program integrity and providing consumer outreach. The New York State Department of Financial Services (DFS) is responsible for regulating, licensing, and ensuring regulatory compliance and monitoring the solvency of all health insurance companies and performing market conduct analysis, examinations, and investigations. DFS investigates complaints that fall within its regulatory authority.

### ***State Reporting Requirements and Targets***

With this amendment, the State will include CSR payments within passthrough funding reporting in the requirement 1332 Waiver quarterly and annual reports as specified in 45 CFR 155.1324.



## **Section 6: Actuarial and Economic Analysis of Waiver**

### **1332 Waiver Amendment Actuarial & Economic Analysis**

#### **Background**

The State of New York submitted a final Section 1332 State Innovation Waiver Application to the U.S. Department of Health & Human Services (HHS) and Department of Treasury on December 18, 2023. The State received approval for its waiver on March 1, 2024. The waiver expanded eligibility of the State’s Essential Plan (EP) to consumers with incomes up to 250% of the Federal Poverty Level (FPL) beginning April 1, 2024 and to eligible Deferred Action for Childhood Arrivals (DACA) recipients beginning August 1, 2024.

The State is submitting an amendment to its 1332 Waiver Application seeking approval to expand the allowable use of passthrough dollars to fund state initiatives that increase the affordability and reduce the cost sharing burden for New Yorkers buying Qualified Health Plans (QHPs) on the NY State of Health Marketplace (on-Exchange).

The State plans to implement three Cost Sharing Reduction (CSR) wrap services for consumers buying on-Exchange beginning January 1, 2025:

1. Reduction in Cost-Sharing for Consumers up to 400% of the FPL.
2. Reduction in Cost-Sharing for Diabetes-related Services.
3. Reduction in Cost-Sharing for Pregnancy and Postpartum Care.

The State will reimburse insurers the portion of the cost-sharing consumers would have otherwise been responsible for absent the CSRs. As such, the CSR proposals are not estimated to impact individual market premiums, benefits of the plans, nor plan actuarial values.

#### **Approach**

This actuarial and economic analysis includes estimates for the impact of the CSRs on consumer affordability and enrollment and the estimated cost of the programs to the State. It also includes estimates for the impact of the CSRs on the 1332 Waiver, the four guardrails, and passthrough funding.

*Appendix D: Scenario D Detailed 10-Year Estimates (Current Law, Pregnancy, Choice, Inclusion of DACA Recipients & Insurer Reimbursement)* from the December 18, 2023 waiver application reflects the approved waiver scenario. The baseline **Without Waiver** and **With Waiver** tables from *Appendix D* have been updated for this amendment, where applicable, with the latest data and assumptions in *Appendix E: Amendment Detailed 10-Year Waiver Estimates with CSRs* of this amendment. The **Baseline Without Waiver** and **Approved Waiver** tables have also been updated to reflect the final federal rule published on May 8, 2024 modifying the definition of “lawfully present” granting DACA recipients eligibility to enroll in Basic Health

Programs beginning November 2024 and Qualified Health Plans (QHPS) with Premium Tax Credits (PTCs) beginning December 2024. New tables have also been added to *Appendix E* to include the estimated impact of the ***Amended With Waiver*** with the proposed 1332 Waiver amendment.

### Summary Impact of CSRs on the 1332 Waiver (2025 – 2028)

The reduction in cost-sharing for medical services is expected to improve management of chronic conditions, improve pregnancy and postpartum care, and mitigate the increasing out of pocket costs for consumers when the enhanced premium tax credits under the Inflation Reduction Act expire at the end of 2025. The CSRs are estimated to increase affordability for consumers in the QHP market and result in an increase in on-Exchange enrollment.

Urban Institute estimated that the CSRs will drive a total enrollment increase of 5,283 in on-Exchange enrollment for 2025; 3,160 new consumers are estimated to join the market that were previously uninsured or in employer sponsored coverage and 2,123 consumers are estimated to transition from off- to on-Exchange coverage. Urban Institute also estimated that the CSRs will drive a total average enrollment increase 5,190 over the four remaining years of the waiver (2025 – 2028), with 3,043 from uninsured or employer coverage and 2,147 migrating from off-exchange.

The CSRs are estimated to improve affordability for an average of 117,687 consumers annually 2025 – 2028. The CSRs are estimated to result in a total of \$307 million in consumer savings in 2025 and a total of \$1.3 billion from 2025 – 2028. An individual consumer could be impacted by more than one of these CSR wraps, for example, CSR 87 and CSR wrap for diabetes service); estimates for the annual average savings per consumer adjusts for this assumed overlap. To the extent there are consumers impacted by multiple CSRs, the cost savings was attributed hierarchically consistent with the order below. For example, for the consumers who are within the 250 – 350% of the FPL band and also have diabetes, the CSR 87 cost savings estimate below would account for the full estimated consumer savings as a result of the CSR 87 shift, and the diabetes cost savings accounts only for incremental cost savings for these consumers above and beyond the CSR 87 savings. Note, the sum of the average consumers by CSR below differs from the average consumers impacted by the CSRs in aggregate due to rounding.

- Expanding eligibility for the Silver CSR 87 Plan variants to consumers up to 350% of the FPL is estimated to improve affordability for an average of 79,117 consumers annually for 2025 – 2028 with an average annual savings of \$3,456 per consumer.
- Expanding eligibility for the Silver CSR 73 Plan variants to consumers up to 400% of the FPL is estimated to improve affordability for an average of 20,224 consumers annually for 2025 – 2028 with an average annual savings of \$734 per consumer.
- The reduction in cost sharing for diabetes services is estimated to improve affordability for an average of 16,737 consumers annually for 2025 – 2028 with an average annual savings of \$1,648 per consumer.

- The reduction in cost sharing for pregnancy and post-partum care is estimated to improve affordability for an average of 1,610 consumers annually for 2025 – 2028 with an average annual savings of \$2,819 per consumer.

## Estimated 10-year Impact of CSRs on 1332 Waiver Guardrails (2025 – 2033)

### Comprehensiveness

The proposed CSRs have no estimated impact on the comprehensiveness of coverage.

### Affordability

The proposed CSRs are estimated to improve affordability for eligible consumers buying on-exchange by \$307 million in 2025, \$1.3 billion from 2025 – 2028, and \$3.4 billion from 2025 – 2033. The CSRs are not estimated to have any impact on individual market premiums nor impact the affordability of consumers not eligible for the CSRs.

The table below displays Urban Institute’s 10-year annual estimated enrollment on-Exchange and the estimated per consumer cost savings with the three CSRs. The cost savings accounts for an assumed increase in enrollment and utilization with the CSRs. The per member per year cost savings was calculated by aggregating the total estimated savings for each of the CSRs, averaged over total on-Exchange enrollment, and trended forward from 2024 using the QHP Premium Annual Trend assumption of 5.2%. Please note, the analysis is consistent with current law and assumes that when the enhanced PTC available through the Inflation Reduction Act expire in 2025, overall enrollment will decline in 2026.

**Table 1: Estimated Consumer Cost Savings from CSR Wrap**

Amendment With Waiver With CSR	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	Average 2025-2028	Average 2025-2033
<b>On-Exchange CSR Enrollment</b>	<b>250,496</b>	<b>241,672</b>	<b>213,660</b>	<b>229,793</b>	<b>246,229</b>	<b>262,969</b>	<b>280,021</b>	<b>297,387</b>	<b>315,073</b>	<b>333,082</b>	<b>232,838</b>	<b>268,876</b>
CSR 87 250-350% FPL	0	82,160	77,333	78,100	78,874	79,655	80,445	81,242	82,048	82,861	79,117	80,302
CSR 73 350-400% FPL	0	21,000	19,769	19,964	20,162	20,362	20,563	20,767	20,973	21,181	20,224	20,527
Diabetes	0	16,534	16,638	16,804	16,973	17,142	17,314	17,487	17,662	17,838	16,737	17,155
Maternity Care	0	1,650	1,507	1,595	1,686	1,777	1,870	1,965	2,062	2,161	1,610	1,808
<b>Aggregate Cost Savings (millions)</b>	<b>\$0</b>	<b>\$307</b>	<b>\$305</b>	<b>\$325</b>	<b>\$345</b>	<b>\$367</b>	<b>\$389</b>	<b>\$414</b>	<b>\$439</b>	<b>\$467</b>	<b>\$1,282</b>	<b>\$3,357</b>
CSR 87 250-350% FPL (millions)	\$0	\$263	\$260	\$277	\$294	\$312	\$332	\$352	\$374	\$398	\$1,094	\$2,862
CSR 73 350-400% FPL (millions)	\$0	\$14	\$14	\$15	\$16	\$17	\$18	\$19	\$20	\$22	\$59	\$155
Diabetes (millions)	\$0	\$25	\$27	\$28	\$30	\$32	\$33	\$35	\$37	\$39	\$110	\$286
Maternity Care (millions)	\$0	\$4	\$4	\$5	\$5	\$6	\$6	\$7	\$8	\$8	\$18	\$53
<b>Per CSR Member Per Year Cost Saving</b>	<b>\$0</b>	<b>\$1,269</b>	<b>\$1,428</b>	<b>\$1,412</b>	<b>\$1,402</b>	<b>\$1,394</b>	<b>\$1,390</b>	<b>\$1,390</b>	<b>\$1,394</b>	<b>\$1,401</b>	<b>\$1,376</b>	<b>\$1,387</b>
CSR 87 250-350% FPL	\$0	\$3,200	\$3,366	\$3,542	\$3,726	\$3,919	\$4,123	\$4,338	\$4,563	\$4,801	\$3,456	\$3,960
CSR 73 350-400% FPL	\$0	\$681	\$713	\$751	\$794	\$835	\$875	\$920	\$968	\$1,020	\$734	\$841
Diabetes	\$0	\$1,524	\$1,603	\$1,687	\$1,775	\$1,848	\$1,925	\$2,005	\$2,089	\$2,175	\$1,648	\$1,853
Maternity Care	\$0	\$2,606	\$2,742	\$2,884	\$3,034	\$3,192	\$3,358	\$3,532	\$3,716	\$3,909	\$2,819	\$3,266

\*The decline in enrollment from 2024 to 2025 for On-Exchange is due to the migration of some consumers out of the market to the EP starting April 1, 2024. 2024 On-Exchange Enrollment with Waiver includes Q1 2024 QHP enrollment.

### Coverage

Urban Institute estimates the proposed CSRs to increase enrollment in the individual market by 3,160 in 2025, 3,043 from 2025 – 2028, and 3,088 from 2025 – 2033. In addition, 2,123 are estimated by Urban Institute to migrate from off to on-exchange for 2025, and average of 2,147 from 2025 – 2028, and an average of 2,206 from 2025 – 2033.

The table below displays Urban Institute’s estimated enrollment increase on-Exchange from the CSRs.

**Table 2: Estimated Enrollment Increase From CSRs**

Amendment With Waiver With CSR	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	Average 2025-2028	Average 2025-2033
<b>Total On-Exchange Enrollment</b>	<b>250,496</b>	<b>241,672</b>	<b>213,660</b>	<b>229,793</b>	<b>246,229</b>	<b>262,969</b>	<b>280,021</b>	<b>297,387</b>	<b>315,073</b>	<b>333,082</b>	<b>232,838</b>	<b>268,876</b>
On-Exchange Enrollment with Waiver	250,496	236,389	208,554	224,634	241,016	257,703	274,699	292,010	309,640	327,593	227,648	263,582
Additional Enrollment with CSRs	0	5,283	5,106	5,159	5,213	5,267	5,321	5,377	5,433	5,489	5,190	5,294
CSR 87 250-350% FPL	0	2,160	2,033	2,053	2,074	2,094	2,115	2,136	2,157	2,178	2,080	2,111
CSR 73 350-400% FPL	0	1,000	941	951	960	970	979	989	999	1,009	963	977
Diabetes	0	2,073	2,086	2,107	2,128	2,149	2,171	2,192	2,214	2,236	2,098	2,151
Maternity Care	0	50	46	48	51	54	57	60	62	65	49	55
<b>Aggregate Cost Savings</b>	<b>\$0</b>	<b>\$307</b>	<b>\$305</b>	<b>\$325</b>	<b>\$345</b>	<b>\$367</b>	<b>\$389</b>	<b>\$414</b>	<b>\$439</b>	<b>\$467</b>	<b>\$320</b>	<b>\$373</b>
<b>Per Member Per Year Cost Savings</b>	<b>\$0</b>	<b>\$1,269</b>	<b>\$1,428</b>	<b>\$1,412</b>	<b>\$1,402</b>	<b>\$1,394</b>	<b>\$1,390</b>	<b>\$1,390</b>	<b>\$1,394</b>	<b>\$1,401</b>	<b>\$1,376</b>	<b>\$1,387</b>

\*The decline in enrollment from 2024 to 2025 for On-Exchange is due to the migration of some consumers out of the market to the EP starting April 1, 2024. 2024 On-Exchange Enrollment with Waiver includes Q1 2024 QHP enrollment.

**Deficit Neutrality**

Federal passthrough from the waiver is estimated to fully fund the cost of the CSR proposals while maintaining compliance with the federal deficit neutrality guardrail.

After accounting for the cost of the EP Expansion and CSRs, the resulting passthrough surplus is estimated to be \$4.0 billion for the five years of the waiver (2024 – 2028) and \$14.1 billion over ten years (2024 – 2033).

The table below displays the estimated cost of the CSRs.

**Table 3: Estimated CSRs Impact on Passthrough Funding**

Amendment With Waiver With CSR	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	Total 2024-2028	Total 2024-2033
<i>Reduction in Cost Sharing</i>												
<b>Proposed Costs of CSRs (millions)</b>	<b>\$0</b>	<b>\$307</b>	<b>\$305</b>	<b>\$325</b>	<b>\$345</b>	<b>\$367</b>	<b>\$389</b>	<b>\$414</b>	<b>\$439</b>	<b>\$467</b>	<b>\$1,282</b>	<b>\$3,357</b>
CSR 87 250-350% FPL (millions)	\$0	\$263	\$260	\$277	\$294	\$312	\$332	\$352	\$374	\$398	\$1,094	\$2,862
CSR 73 350-400% FPL (millions)	\$0	\$14	\$14	\$15	\$16	\$17	\$18	\$19	\$20	\$22	\$59	\$155
Diabetic Care Proposed (millions)	\$0	\$25	\$27	\$28	\$30	\$32	\$33	\$35	\$37	\$39	\$110	\$286
Maternity Care Proposed (millions)	\$0	\$4	\$4	\$5	\$5	\$6	\$6	\$7	\$8	\$8	\$18	\$53
<b>Deduction for Increased APTCs (millions)</b>	<b>\$0</b>	<b>\$24</b>	<b>\$22</b>	<b>\$24</b>	<b>\$25</b>	<b>\$27</b>	<b>\$29</b>	<b>\$30</b>	<b>\$32</b>	<b>\$34</b>	<b>\$96</b>	<b>\$248</b>

**Data Sources and Reliance**

Unless otherwise noted, Appendix E tables use the same data as outlined in the 1332 Waiver Actuarial and Economic Analysis Appendix D submitted December 18, 2023. In addition, the following data was collected for this amendment:

- Updated estimated monthly enrollment for 2024 – 2033 from the Urban Institute Health Policy Simulation Model (HIPSM) for the EP population based on actual enrollment through 2024, the 200 - 250% of the FPL EP expansion population, and for the pregnancy provision population.
- EP estimated enrollment by county and FPL for Q1 of 2024, provided by NY State of Health.
- Actual distribution of enrollment by EP cohort, provided by NY State of Health.
- Approved 2024 EP premium rates (capitation rates) and non-claim/administrative amounts from NY State of Health.
- QHP enrollment by county and plan as of March 7, 2024 from NY State of Health.

- Estimated DACA recipients in New York by FPL and health coverage status with and without the waiver for 2024 – 2028 from the Urban Institute, which is based on state administrative data as well as available survey data.
- Estimated APTC to PTC reconciliation factor based on the latest available APTC, net PTC, and Excess APTC Repayment from the 2021 IRS Statistics of Income (SOI) Table.
- Estimated per member per month (PMPM) APTC amount for subsidized on-Exchange consumers.

The additional data received from NY State of Health and the Urban Institute for the amendment were reviewed for reasonableness and consistency during the work; however, it was not audited by the team conducting the actuarial and economic analysis. NY State of Health conducts a third-party audit on its program; Urban Institute likewise has validation mechanisms for its economic microsimulation model.

All data was reviewed for appropriateness, sufficiency, and a reasonable effort was made to identify data values that were questionable or relationships that were significantly inconsistent. 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.

The scope of the actuarial certification and the intended use of the analysis being performed to determine the nature of the data needed was considered. 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 team relied on the NY State of Health enrollment and premium data highlighted. Based on reasonableness checks, the team believes it is a credible and reasonable data source to assess the impact of the Waiver on the State's individual market population.

## Methodology and Assumptions

Unless otherwise noted, *Appendix E* tables use the same methodology and assumptions as outlined in the *1332 Waiver Actuarial and Economic Analysis Appendix D* submitted December 18, 2023. The following adjustments were made for this amendment.

### ***EP (BHP) Population Enrollment (< 200% of the FPL)***

The estimated enrollment and distribution of the EP population up to 200% of the FPL in both the with and without waiver scenarios was updated using data provided as of April 2024. Estimated enrollment growth was provided by Urban Institute and reflects the experience of the State since the COVID-19 Public Health Emergency (PHE) ended, and the emerging experience throughout 2023 and 2024. Enrollment estimates also reflect the impact of several state policy changes, including the State's ex parte system and mitigation strategy, and the impact of Section 1902(e)(14) waivers.

### ***EP 200 – 250% of the FPL Enrollment***

The estimated enrollment for consumers 200 – 250% of the FPL in the Essential Plan was updated by Urban Institute based on actuals provided as of April 2024. Ramp up of the programs has occurred faster than initially estimated in the December 18, 2023 waiver application. A total of 120,290 consumers between 200 – 250% of the FPL were enrolled in EP coverage in April 2024. This includes an estimated 78,000 consumers previously enrolled in QHPs on-Exchange between 200 – 250% of FPL who transitioned to EP coverage.

Through the rest of 2024, the estimated increase of consumers 200 – 250% of the FPL into the EP is due to the transition of individuals from Medicaid due to the PHE unwind, with limited estimated growth from the uninsured or from employer sponsored coverage given the high initial take-up rate of consumers enrolling in EP coverage in April 2024.

### ***On-Exchange Enrollment***

The estimated enrollment for consumers buying on-exchange was updated by Urban Institute as of April 2024. The overall enrollment of on-Exchange consumers was higher than estimated in the December 2023 waiver application. The difference is primarily driven by higher unsubsidized enrollment on-exchange after Open Enrollment 2024, including consumers 200 – 250% of the FPL who migrated to the EP. Enrollment growth and distribution was updated by Urban Institute to account for the remaining PHE unwind cohorts and monthly enrollment trend. New York requires pure community rating, and age and tobacco status are not factored into premiums on the individual market.

### ***Off-Exchange Enrollment***

The estimated enrollment for consumers buying off-exchange was updated by Urban Institute based on actuals as of February 2024. The overall enrollment of off-Exchange consumers was lower than estimated in the December 18, 2023 waiver application. Adjustments were made to estimated enrollment growth and distribution by Urban Institute to account for the remaining PHE unwind cohorts and monthly enrollment trend.

### ***Administrative Funding***

The administrative costs for the Essential Plan Expansion are added to the ***Approved Waiver*** and ***Amended With Waiver*** appendix tables for 2024 and beyond, consistent with the State's payment schedule submitted to CMS in March 2024.

### ***SDOH/BH Grants***

Additional funding was added to SDOH ***Approved Waiver*** and ***Amended With Waiver*** tables in the appendix based on current proposals for 2025 and beyond.

### ***BHP Funding***

The baseline without waiver BHP funding is based on the Per Member Per Month (PMPM) CMS paid New York for Q1 of 2024 in December 2023, updated for actual BHP enrollment in Q1 as of March 2024. The BHP PMPM was trended by 5.2% for each year 2024 – 2033. In alignment

with the methodology from the December 18, 2023 waiver application, this amount was adjusted in the *Baseline Without Waiver*, *Approved Waiver*, and *Amended With Waiver* scenarios to account for the change in Income Reconciliation Factor (IRF) for 2024.

### ***Second Lowest Cost Silver Premiums (SLCSP)***

The SLCSPs shown in *Appendix E* have been updated to reflect actual values for 2024. This was based on the 2024 SLCSPs for individual adults reflected in the State's system for the 2024 Open Enrollment Period. Estimated enrollment for Q1 of 2024 was used to calculate weighted average SLCSPs by Rating Area for 2024.

### ***DACA Final Rule***

Enrollment was adjusted by Urban Institute to reflect the final federal rule published May 8, 2024 expanding eligibility for BHP and QHPs with PTCs to DACA recipients. Starting in November 2024, the *Baseline, Without Waiver* tables include estimated enrollment of DACA recipients provided by Urban Institute 0 – 200% of the FPL within the BHP. Starting December 2024, the *Approved Waiver* and *Amended With Waiver* include estimated enrollment on-Exchange of DACA recipients provided by Urban Institute over 200% of the FPL with PTCs. There was no change in estimated enrollment for DACA recipients up to 250% of the FPL within the EP in the *Approved Waiver* and *Amended With Waiver* tables.

### ***Reduction in Cost Sharing for Consumers up to 400% of FPL***

The impact of expanding eligibility of the Silver CSR 87 Plan variants to consumers up to 350% of the FPL and Silver CSR 73 Plan variants to consumers up to 400% of the FPL beginning in 2025 uses estimates provided by Urban Institute for consumer savings, new enrollment, and adjusted plan selections with the CSR. The analysis assumes eligible consumers enrolled in Silver plans for 2024 would be automatically enrolled into the new variant for 2025 and eligible consumers enrolled in non-Silver plans would need to take action to enroll in the Silver CSR 87 and 73 Plan during Open Enrollment. Urban Institute estimated the levels of take-up in CSR plans for eligible consumers enrolled in non-Silver plans. The expected impact of the expiration of the enhanced subsidies under the Inflation Reduction Act (IRA) is consistent with the impact on the overall QHP enrollment starting in 2026.

### ***Reduction in Cost Sharing for Diabetes Services***

The estimates for the impact of covering out-of-pocket costs for diabetic care for on-Exchange consumers is based on utilization and cost of services data from the State's All-Payer Database for 2019 for claims with primary diagnosis codes "Diabetes" and "Diabetic Retinopathy." 2019 data was the most recent complete data available which avoided COVID-19 distortions. Costs and enrollment were trended to estimate PY 2025 total costs. No changes were assumed in diabetes prevalence for 2025 compared to 2019. Consumer out-of-pocket costs were estimated using the claims data and actuarial values of the State Standard Plans by metal level. Metal level enrollment distribution among diabetic consumers is assumed to remain the same as 2019.

The analysis estimates 2,073 off-exchange consumers with diabetes will migrate to on-exchange plans for 2025 with the CSR. This was estimated by assuming the same prevalence of diabetes



for on-exchange and off-exchange consumers. The consumers migrating from off-exchange plans are assumed to be ineligible for premium tax credits.

The reduction in consumer out-of-pocket costs is estimated to increase utilization of preventive diabetic services, as well as result in a shift in enrollment from higher to lower metal plans. An increase in utilization was applied to account for the change. Bronze plans are expected to have the largest increase in utilization due to the largest reduction in cost-sharing experienced, while Platinum plans are expected to have the lowest increase in utilization.

The expiration of the enhanced subsidies under the Inflation Reduction Act (IRA) are expected to reduce overall QHP enrollment, but the analysis assumes consumers with diabetes are less likely to exit the QHP market. To conservatively estimate the cost of the CSR, the analysis assumes no decrease in QHP consumers with diabetes with the expiration of the enhanced subsidies under the IRA at the end of 2025.

The estimated cost of the reduction in cost sharing for diabetes assumes implementation of the *CSR for Consumers up 400% FPL* to avoid double-counting for consumers impacted by both benefits.

### ***Reduction in Cost Sharing for Pregnancy and Postpartum Care***

The estimates for the impact of covering out-of-pocket costs for pregnancy and postpartum care are based upon data provided by the State. The metal levels of on-exchange pregnant consumers were estimated using an enrollment extract from the state by age, gender, and metal level. The analysis applied the same prevalence of pregnancy to the off-Exchange population, to estimate a small number (50) migrating from off to on-Exchange with the reduction in cost sharing. Consumers migrating from off-Exchange are assumed to be ineligible for PTCs. The expected impact of the expiration of the enhanced subsidies under the Inflation Reduction Act (IRA) is consistent with the impact on the overall QHP enrollment starting in 2026.

Data summaries from the New York All Payer Database for 2023 were used to estimate the out-of-pocket costs for pregnancy and postpartum services in addition to the cost of services for a pregnant consumer under the Summary of Benefits and Coverage (SBC) for each metal level.

The estimated cost of the pregnancy and postpartum reduction in cost sharing assumes implementation of the *CSR for Consumers up to 400% FPL and Reduction in Cost Sharing for Diabetic Services* to avoid double-counting for consumers impacted by all benefits. The overlapping impact of the *CSR for Individuals with incomes up to 400% FPL* was estimated by scaling the expected out-of-pocket consumer cost-sharing from the SBC examples based on the change in AV for consumers up to 400% FPL expected to enroll in their respective CSR plan.

### ***2024 Results in the Appendix E Tables***

Throughout the Appendix tables, the ***Approved Waiver*** Summary of Enrollment, Premium, and Cost Estimates (Appendix Table E3) display 2024 Approved With Waiver enrollment, premium, and APTC amounts as 12-month averages for consumers 200 – 250% of FPL spending the first three months of the year in the individual market and last nine months in the Essential Plan.

The aggregated premiums under the Essential Plan reflect the capitation rate paid by the State to insurers. The implementation of the CSRs on January 1, 2025 will not impact the estimates provided for 2024.

2024 **Baseline, Without Waiver** DACA estimates were modified to account for the final federal rule allowing DACA enrollment beginning November 1, 2024, for the Basic Health Plan and December 1, 2024 for QHPs with PTCs.

The following table depicts how the enrollment and premium estimates were calculated for the year 2024 accounting for the following:

- April 1, 2024, implementation date of the 1332 Waiver,
- August 1, 2024, implementation date for EP coverage of DACA recipients, and
- November 1, 2024 implementation date for expanded eligibility and PTCs for DACA recipients in BHP.
- December 1, 2024, implementation date for expanded eligibility of QHPs and PTCs for DACA recipients on-Exchange.

Please note, the aggregated premiums under the Essential Plan reflect the capitation rate paid by the State to insurers.

### Approved Waiver Summary of Enrollment, Premium, and Cost Estimates, PY 2024

Approved Waiver - Scenario E	200-250% FPL			200-250% FPL			200-250% FPL			200-250% FPL		
	DACA Recipients	All Other FPL		DACA Recipients	All Other FPL		DACA Recipients	All Other FPL		DACA Recipients	All Other FPL	
	1/1/24-3/31/24			4/1/24-7/31/24			8/1/24-11/30/24			12/1/24-12/31/24		
<b>Unsubsidized On/Off-Exchange</b>												
Enrollment	0	132	120,877	0	132	128,084	0	0	130,236	0	0	
Average Premium PMPM	\$0	\$741	\$741	\$0	\$741	\$741	\$0	\$741	\$741	\$0	\$741	
<b>Subsidized On-Exchange</b>												
Enrollment	63,477	0	124,131	410	0	148,490	410	0	153,524	410	621	
Average Premium PMPM	\$713	\$0	\$702	\$713	\$0	\$702	\$713	\$0	\$702	\$713	\$0	
Average APTC PMPM	\$406	\$0	\$425	\$406	\$0	\$425	\$406	\$0	\$425	\$406	\$0	
<b>Total Individual Market</b>												
Enrollment	63,477	132	245,007	410	132	276,575	410	0	283,759	410	621	
Average Premium PMPM	\$713	\$741	\$721	\$713	\$741	\$720	\$713	\$0	\$720	\$713	\$0	
Aggregate Premiums (millions)	\$136	\$0	\$530	\$1	\$0	\$797	\$1	\$0	\$613	\$0	\$0	
Projected Federal Spend (millions)	\$74	\$0	\$151	\$1	\$0	\$241	\$0	\$0	\$187	\$0	\$0	
<b>Essential Plan</b>												
Enrollment	0	0	1,252,738	121,860	0	1,245,002	123,196	14,196	1,258,621	123,108	14,196	
Average Premium PMPM	\$0	\$0	\$617	\$718	\$0	\$617	\$718	\$587	\$617	\$718	\$587	
Aggregate Premiums (millions)	\$0	\$0	\$2,320	\$350	\$0	\$3,075	\$354	\$33	\$3,109	\$88	\$6	
Quality Incentive Pool Costs (millions)		\$56		\$75		\$75		\$75		\$19		
LTSS Coverage (millions)		\$0		\$0		\$0		\$0		\$0		
SDoHBH Grant Program (millions)		\$6		\$8		\$8		\$8		\$2		
IRIP Payment (millions)		\$0		\$23		\$23		\$23		\$6		
Approved Waiver EP Admin Costs (millions)		\$0		\$37		\$37		\$37		\$9		
Total Program Costs (millions)		\$2,383		\$3,568		\$3,639		\$3,639		\$999		
Projected Federal Spend (millions)		\$2,939		\$0		\$0		\$0		\$0		

Note: \$22M in State Funded BHP Administrative Costs from 1/1/2024 – 3/31/2024.

## Appendix E: Scenario E Waiver Amendment Detailed 10-Year Estimates (Current Law, Pregnancy Choice, DACA Recipients, Insurer Reimbursement, & Cost-Sharing Reductions)

The following provides updated estimates for the approved 1332 Waiver inclusive of *Baseline Without Waiver* and *Approved Waiver* tables for 2024 – 2033. The analysis includes updated tables from the December 18, 2023 1332 Waiver Application Appendix D based on actual enrollment experience through 2024, impact of the waiver implementation, and continued unwinding of the PHE. The tables also include the estimated impacts of the change in federal policy to modify the definition of lawfully present to expand eligibility of the Basic Health Program and PTCs to include DACA recipients.

The following also includes new *Amended With Waiver* tables to illustrate the impact of the following cost-sharing reductions proposals on the 1332 waiver guardrails:

1. Reduction in Cost-Sharing for Consumers up to 400% of the FPL.
2. Reduction in Cost-Sharing for Diabetes Services.
3. Reduction in Cost-Sharing for Pregnancy and Postpartum Care.

The Amended With Waiver, inclusive of the CSRs, is estimated to continue to meet the four guardrails for the five years of the waiver and 10-year analysis.

**Table E1. Scenario E High-Level Guardrail Compliance of 1332 Waiver**

The summary table below reflects the estimated impact of the existing waiver on the four guardrails and the impact of the proposed amended waiver.

- **Updated Estimated Impact of Approved Waiver:** This column reflects the estimated summary impact of the approved waiver on the four guardrails relative to the without waiver scenario. This column from the December 2023 Waiver application, has been updated based on data and assumptions as of April 2024 which are described in the data and methodology section.
- **Estimated Incremental Impact of CSRs:** This column identifies the impact of the CSRs on each of the guardrails relative to approved waiver estimate.
- **Estimated Impact of Amended With Waiver:** This column reflects the aggregated impact of the approved waiver and CSRs compared with the without waiver scenario.

Guardrail	Updated Estimated Impact of Approved Waiver Compared to Baseline Without Waiver	Estimated Incremental Impact of CSRs (Amended With Waiver Compared to Approved Waiver)	Estimated Impact of Amended With Waiver Compared to Baseline Without Waiver
Comprehensiveness	<p>The Approved Waiver is projected to meet the comprehensiveness guardrail as consumers have access to more comprehensive coverage compared to the Baseline Without-Waiver Scenario.</p> <ul style="list-style-type: none"> <li>• Consumers with incomes between 200–250% of the FPL will receive more comprehensive coverage.</li> <li>• There are no expected impacts for other consumers in the individual market.</li> <li>• There are no expected impacts for other consumers in the Essential Plan.</li> </ul>	<p>There are no estimated changes.</p>	<p>The Amended With Waiver is projected to meet the comprehensiveness guardrail as consumers have access to more comprehensive coverage compared to the Baseline Without-Waiver Scenario.</p> <ul style="list-style-type: none"> <li>• Consumers with incomes between 200–250% of the FPL will receive more comprehensive coverage.</li> <li>• There are no expected impacts for other consumers in the individual market.</li> <li>• There are no expected impacts for other consumers in the Essential Plan</li> </ul>
Affordability	<p>The Approved Waiver is projected to meet the affordability guardrail as the affordability across the market is improved compared to the Baseline Without-Waiver Scenario.</p> <ul style="list-style-type: none"> <li>• Affordability for current Essential Plan consumers is not expected to change.</li> <li>• Affordability for consumers with incomes between 200–250% of the FPL is expected to improve under the Waiver for an aggregate savings of \$2.3 billion over the 5 years.</li> </ul>	<p>There is an estimated improvement in affordability for an average of 117,687 consumers annually 2025 – 2028, resulting in a total of \$307 million in consumer savings in 2025 and a total of \$1.3 billion from 2025 – 2028. Consumers are estimated to experience a 20.1% increase in affordability in 2025 and an average annual increase in affordability of 20.4%.</p>	<p>The Amended With Waiver is projected to meet the affordability guardrail as the affordability across the market is improved compared to the Baseline Without-Waiver Scenario.</p> <ul style="list-style-type: none"> <li>• Affordability for current Essential Plan consumers is not expected to change.</li> <li>• Affordability for consumers with incomes between 200–250% of the FPL is expected to improve under the Waiver for an aggregate savings of \$2.3 billion over the 5 years.</li> </ul>

Guardrail	Updated Estimated Impact of Approved Waiver Compared to Baseline Without Waiver	Estimated Incremental Impact of CSRs (Amended With Waiver Compared to Approved Waiver)	Estimated Impact of Amended With Waiver Compared to Baseline Without Waiver
	<ul style="list-style-type: none"> <li>○ This is an average annual savings of \$6,091 under the Waiver (\$3,540 in premiums and \$2,551 in out-of-pocket spend), which is approximately 15% of income for consumers 200 – 250% of the FPL.</li> <li>• Affordability for subsidized On-Exchange consumers is not expected to change under the Waiver.</li> <li>• Affordability for subsidy-ineligible On-Exchange consumers and Off-Exchange consumers is also not expected to change under the Waiver, as premiums will be calculated at without-waiver levels as part of the insurer reimbursement program.</li> </ul>	<p style="font-size: 48px; opacity: 0.1; transform: rotate(-30deg);">DRAFT</p>	<ul style="list-style-type: none"> <li>○ This is an average annual savings of \$6,091 under the Waiver (\$3,540 in premiums and \$2,551 in out-of-pocket spend), which is approximately 15% of income for consumers 200 – 250% of the FPL.</li> <li>• Affordability of premiums for on- and off-Exchange consumers is not estimated to change under the Waiver due to the IRIP.</li> <li>• Affordability of cost-sharing for on-Exchange consumers is estimated to improve with the CSRs for an average of 117,687 consumers annually 2025 – 2028. The CSRs are estimated to result in a total of \$1.3 billion savings from 2025 – 2028. <ul style="list-style-type: none"> <li>○ This is an average annual savings of \$1,376 per member per year across all on-exchange consumers for 2025-2028.</li> </ul> </li> </ul>
Coverage	<p>The Approved Waiver is projected to meet the coverage guardrail as more consumers are expected to enroll in coverage compared to the Baseline Without-Waiver Scenario.</p> <ul style="list-style-type: none"> <li>• Overall enrollment for the Essential Plan and individual market is expected to increase by a combined 2.4% for PY 2024, 3.7% for PY 2025, 3.9% for PY 2026, 3.9% for PY 2027, and 3.9% for PY 2028.</li> </ul>	<p>There is an estimated increased in enrollment in the individual market by 3,160 (0.2%) for PY 2025, 2,974 (0.2%) for PY 2026, 3,004 (0.2%) for PY 2027, and 3,034 (0.2%) for PY 2028.</p>	<p>The Amended With Waiver is projected to meet the coverage guardrail as more consumers are expected to enroll in coverage compared to the Baseline, Without-Waiver Scenario.</p> <ul style="list-style-type: none"> <li>• Overall enrollment for the Essential Plan and individual market is expected to increase by a combined 2.4% for PY 2024, 3.9% for PY 2025, 4.1% for PY 2026 – 2028.</li> </ul>

Guardrail	Updated Estimated Impact of Approved Waiver Compared to Baseline Without Waiver	Estimated Incremental Impact of CSRs (Amended With Waiver Compared to Approved Waiver)	Estimated Impact of Amended With Waiver Compared to Baseline Without Waiver
	<ul style="list-style-type: none"> <li>Individuals who become pregnant may opt to remain in the Essential Plan, this is estimated to increase enrollment by 4,118 (average monthly enrollment over the 9 months of implementation) for 2024, 12,098 for 2025, 14,245 for 2026, 14,530 for 2027, and 14,820 for 2028.</li> <li>The expansion of the Essential Plan to DACA recipients starting August 1, 2024 is estimated to increase enrollment by 3,678 for 2024, 1,788 for 2025, 2,025 for 2026, 1,804 for 2027 and 1,793 for 2028.</li> </ul>		
Deficit Neutrality	<p>The Approved Waiver is projected to meet the deficit neutrality guardrail and generate savings for the federal government.</p> <ul style="list-style-type: none"> <li>The federal spend under the Waiver is estimated to decrease by \$9.1 billion in PY 2024 (which reflects the impact of the April 1, 2023 implementation date) and \$64.4 billion over the 5-year Waiver period, before passthrough funding.</li> <li>The estimated passthrough to the State is estimated to be \$9.1 billion in PY 2024 and \$63.9 billion over the 5-years.</li> <li>The net federal spend under the waiver is estimated to decrease by \$30.4 million in PY 2024 and \$471.1 million over the 5-year waiver period, after accounting for passthrough funding.</li> </ul>	<p>Compared to the Approved Waiver, the Amended With Waiver is estimated to increase spend in PTCs by \$0 million in 2024, \$24 million (3.2%) for 2025, \$96 million (2.9%) 2024 – 2028, and \$248 million (3.5%) 2024 – 2033 due to the CSR for consumers up to 400% of the FPL. This increase is assumed to be deducted from passthrough funding.</p> <p>The estimated costs of the CSRs to the State are \$0 in 2024, \$307 million (2.6% waiver program increase) in 2025, \$1.3 billion (2.1%) 2024-2028, and \$3.4 billion (2.4%) over the ten years 2024 – 2033. It is estimated the Amended Waiver will be fully funded by passthrough.</p>	<p>The Amended With Waiver is projected to meet the deficit neutrality guardrail and generate savings for the federal government.</p> <ul style="list-style-type: none"> <li>The federal spend under the Waiver is estimated to decrease by \$9.1 billion in PY 2024 and \$64.3 billion over the 5-year waiver period, before passthrough funding.</li> <li>The estimated passthrough to the State is estimated to be \$9.1 billion in PY 2024 and \$63.8 billion over the 5-years.</li> <li>The net federal spend under the waiver is estimated to decrease by \$30.4 million in PY 2024 and \$471.1 million over the 5-year waiver period, after accounting for passthrough funding.</li> </ul>

**Table E2. Baseline Without-Waiver Summary of Enrollment, Premium, and Cost Estimates, PY 2024-2033**

<b>Baseline Without Waiver - Scenario E</b>	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	5-Year Total	10-Year Total
<b>Unsubsidized On/Off-Exchange</b>												
Enrollment <sup>1</sup>	127,311	127,646	142,641	158,071	173,797	189,821	206,148	222,782	239,729	256,992	145,893	184,494
Average Premium PMPM	\$741	\$779	\$818	\$859	\$902	\$948	\$996	\$1,047	\$1,101	\$1,157	\$827	\$966
<b>Subsidized On-Exchange</b>												
Enrollment <sup>1</sup>	222,570	224,760	182,740	184,551	186,381	188,228	190,095	191,980	193,883	195,806	200,200	196,099
Average Premium PMPM	\$706	\$743	\$778	\$818	\$861	\$906	\$953	\$1,002	\$1,054	\$1,109	\$777	\$889
Average APTC PMPM	\$430	\$452	\$477	\$502	\$528	\$555	\$584	\$615	\$647	\$680	\$475	\$544
<b>Total Individual Market</b>												
Enrollment <sup>1</sup>	349,881	352,406	325,380	342,623	360,177	378,049	396,242	414,762	433,612	452,799	346,093	380,593
Average Premium PMPM	\$719	\$756	\$795	\$837	\$881	\$927	\$975	\$1,026	\$1,080	\$1,136	\$798	\$926
Aggregate Premiums (millions)	\$3,018	\$3,197	\$3,105	\$3,441	\$3,807	\$4,205	\$4,637	\$5,108	\$5,619	\$6,174	\$16,568	\$42,311
Projected Federal Spend (millions)	\$1,096	\$1,164	\$999	\$1,062	\$1,128	\$1,199	\$1,273	\$1,353	\$1,437	\$1,527	\$5,450	\$12,239
<b>Essential Plan</b>												
Enrollment <sup>1</sup>	1,250,807	1,290,634	1,306,011	1,327,110	1,348,632	1,370,058	1,391,828	1,413,947	1,436,422	1,459,257	1,304,639	1,359,470
Average Premium PMPM	\$616	\$632	\$654	\$677	\$701	\$726	\$751	\$778	\$806	\$835	\$657	\$721
Aggregate Premiums (millions)	\$9,267	\$9,787	\$10,239	\$10,771	\$11,332	\$11,920	\$12,541	\$13,196	\$13,888	\$14,618	\$51,396	\$117,558
Quality Incentive Pool Costs (millions)	\$225	\$225	\$225	\$225	\$225	\$225	\$225	\$225	\$225	\$225	\$1,125	\$2,250
LTSS Coverage (millions)	\$0	\$0	\$135	\$137	\$139	\$141	\$143	\$146	\$148	\$150	\$411	\$1,140
SDoH/BH Grant Program (millions)	\$25	\$71	\$71	\$71	\$71	\$71	\$71	\$71	\$71	\$71	\$308	\$661
Total Program Costs (millions)	\$9,517	\$10,083	\$10,670	\$11,203	\$11,766	\$12,357	\$12,980	\$13,638	\$14,331	\$15,064	\$53,239	\$121,609
Projected Federal Spend (millions)	\$11,757	\$12,445	\$12,604	\$13,476	\$14,409	\$15,402	\$16,463	\$17,597	\$18,810	\$20,105	\$64,691	\$153,068
<b>Other Federal Spend/Revenue</b>												
Pregnancy Medicaid Spend <sup>2</sup> (millions)	\$33	\$97	\$110	\$118	\$126	\$135	\$145	\$155	\$166	\$180	\$484	\$1,265
DACA Medicaid Spend (millions)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
ESRP Revenue (millions)	(\$3)	(\$3)	(\$3)	(\$3)	(\$3)	(\$3)	(\$3)	(\$3)	(\$3)	(\$3)	(\$13)	(\$27)
<b>Combined Totals</b>												
Enrollment <sup>1</sup>	1,600,688	1,643,040	1,631,391	1,669,733	1,708,809	1,748,107	1,788,070	1,828,709	1,870,034	1,912,056	1,650,732	1,740,064
Projected Federal Spend (millions)	\$12,883	\$13,704	\$13,711	\$14,653	\$15,661	\$16,733	\$17,879	\$19,102	\$20,410	\$21,809	\$70,612	\$166,546

<sup>1</sup> 5- and 10-year totals are straight averages.

<sup>2</sup> Pregnancy Medicaid Spend accounts for individuals 200-250% FPL who would receive APTCs on the individual market under current law or are within the State's Aliessa population.

**Table E3. Approved Waiver Summary of Enrollment, Premium, and Cost Estimates, PY 2024-2033**

Approved Waiver - Scenario E	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	5-Year Total	10-Year Total
<b>Unsubsidized On/Off-Exchange</b>												
Enrollment <sup>1</sup>	127,256	127,513	142,507	157,936	173,660	189,683	206,008	222,642	239,587	256,849	145,774	184,364
Average Premium PMPM	\$741	\$779	\$818	\$859	\$902	\$948	\$996	\$1,047	\$1,101	\$1,157	\$827	\$966
<b>Subsidized On-Exchange</b>												
Enrollment <sup>1</sup>	160,726	146,383	103,790	104,819	105,858	106,907	107,967	109,037	110,119	111,210	124,315	116,682
Average Premium PMPM	\$703	\$739	\$769	\$809	\$851	\$896	\$942	\$991	\$1,043	\$1,097	\$766	\$873
Average APTC PMPM	\$423	\$447	\$471	\$496	\$521	\$549	\$577	\$607	\$639	\$672	\$466	\$533
<b>Total Individual Market</b>												
Enrollment <sup>1</sup>	287,982	273,896	246,297	262,755	279,518	296,590	313,975	331,679	349,706	368,060	270,090	301,046
Average Premium PMPM	\$720	\$758	\$797	\$839	\$883	\$929	\$978	\$1,029	\$1,082	\$1,139	\$799	\$930
Aggregate Premiums (millions)	\$2,079	\$2,490	\$2,357	\$2,646	\$2,962	\$3,307	\$3,683	\$4,094	\$4,542	\$5,030	\$12,533	\$33,189
Projected Federal Spend (millions)	\$783	\$750	\$561	\$596	\$633	\$672	\$714	\$759	\$806	\$856	\$3,322	\$7,130
<b>Essential Plan</b>												
Enrollment <sup>1</sup>	1,350,395	1,429,674	1,448,713	1,472,119	1,495,985	1,519,749	1,543,863	1,568,379	1,593,291	1,618,631	1,439,377	1,504,080
Average Premium PMPM	\$624	\$649	\$672	\$696	\$720	\$746	\$773	\$800	\$829	\$859	\$674	\$741
Aggregate Premiums (millions)	\$10,115	\$11,143	\$11,687	\$12,293	\$12,934	\$13,606	\$14,314	\$15,062	\$15,851	\$16,684	\$58,171	\$133,688
Quality Incentive Pool Costs (millions)	\$225	\$225	\$225	\$225	\$225	\$225	\$225	\$225	\$225	\$225	\$1,125	\$2,250
LTSS Coverage (millions)	\$0	\$0	\$137	\$144	\$152	\$160	\$168	\$177	\$186	\$196	\$434	\$1,321
SDoH/BH Grant Program (millions)	\$25	\$71	\$71	\$71	\$71	\$71	\$71	\$71	\$71	\$71	\$308	\$661
IRIP Payment (millions)	\$51	\$68	\$64	\$72	\$81	\$90	\$100	\$111	\$124	\$137	\$336	\$898
Approved Waiver EP Admin Costs (millions)	\$84	\$108	\$107	\$104	\$104	\$105	\$107	\$109	\$111	\$112	\$506	\$1,050
Total Program Costs (millions)	\$10,500	\$11,614	\$12,291	\$12,909	\$13,566	\$14,257	\$14,985	\$15,755	\$16,567	\$17,425	\$60,880	\$139,870
Projected Federal Spend (millions)	\$2,939	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,939	\$2,939
<b>Other Federal Spend/Revenue</b>												
Pregnancy Medicaid Spend <sup>2</sup> (millions)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
DACA Medicaid Spend (millions)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
ESRP Revenue (millions)	(\$1)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$1)	(\$1)
<b>Combined Totals</b>												
Enrollment <sup>1</sup>	1,638,376	1,703,570	1,695,010	1,734,874	1,775,503	1,816,339	1,857,839	1,900,058	1,942,997	1,986,690	1,709,467	1,805,126
Projected Federal Spend (millions)	\$3,722	\$750	\$561	\$596	\$633	\$672	\$714	\$759	\$806	\$856	\$6,261	\$10,068

<sup>1</sup> 5- and 10-year totals are straight averages. 2024 enrollment, premium, and APTC amounts reflect the average monthly enrollment for the 12-month period. 2024 amounts in other With Waiver enrollment tables reflect a 9-month average after waiver implementation.

<sup>2</sup> Pregnancy Medicaid Spend accounts for individuals 200-250% FPL who would receive APTCs on the individual market under current law or are within the State's Aliessa population.

Note: The program investments for Quality Incentive Pool and SDoH/BH Grant Program for 2024 are displayed as total costs over all 12 months. The first 3 months of these amounts would be incurred under the BHP and the last 9 months would be incurred under the 1332 Waiver.



**Table E3. Approved Waiver PY 2024 Break-Out**

	200-250% FPL	DACA Recipients	All Other FPL	200-250% FPL	DACA Recipients	All Other FPL	200-250% FPL	DACA Recipients	All Other FPL	200-250% FPL	DACA Recipients	All Other FPL
<b>Approved Waiver - Scenario E</b>	1/1/24-3/31/24			4/1/24-7/31/24			8/1/24-11/30/24			12/1/24-12/31/24		
<b>Unsubsidized On/Off-Exchange</b>												
Enrollment	0	132	120,877	0	132	128,084	0	0	130,236	0	0	130,236
Average Premium PMPM	\$0	\$741	\$741	\$0	\$741	\$741	\$0	\$741	\$741	\$0	\$741	\$741
<b>Subsidized On-Exchange</b>												
Enrollment	63,477	0	124,131	410	0	148,490	410	0	153,524	410	621	153,524
Average Premium PMPM	\$713	\$0	\$702	\$713	\$0	\$702	\$713	\$0	\$702	\$713	\$0	\$813
Average APTC PMPM	\$406	\$0	\$425	\$406	\$0	\$425	\$406	\$0	\$425	\$406	\$0	\$498
<b>Total Individual Market</b>												
Enrollment	63,477	132	245,007	410	132	276,575	410	0	283,759	410	621	283,759
Average Premium PMPM	\$713	\$741	\$721	\$713	\$741	\$720	\$713	\$0	\$720	\$713	\$0	\$780
Aggregate Premiums (millions)	\$136	\$0	\$530	\$1	\$0	\$797	\$1	\$0	\$613	\$0	\$0	\$221
Projected Federal Spend (millions)	\$74	\$0	\$151	\$1	\$0	\$241	\$0	\$0	\$187	\$0	\$0	\$73
<b>Essential Plan</b>												
Enrollment	0	0	1,252,738	121,860	0	1,245,002	123,196	14,196	1,258,621	123,108	14,196	1,257,717
Average Premium PMPM	\$0	\$0	\$617	\$718	\$0	\$617	\$718	\$587	\$617	\$718	\$587	\$617
Aggregate Premiums (millions)	\$0	\$0	\$2,320	\$350	\$0	\$3,075	\$354	\$33	\$3,109	\$88	\$8	\$777
Quality Incentive Pool Costs (millions)		\$56			\$75			\$75			\$19	
LTSS Coverage (millions)		\$0			\$0			\$0			\$0	
SDoH/BH Grant Program (millions)		\$6			\$8			\$8			\$2	
IRIP Payment (millions)		\$0			\$23			\$23			\$6	
Approved Waiver EP Admin Costs (millions)		\$0			\$37			\$37			\$9	
Total Program Costs (millions)		\$2,383			\$3,568			\$3,639			\$909	
Projected Federal Spend (millions)		\$2,939			\$0			\$0			\$0	

**Table E4. Amended With-Waiver Summary of Enrollment, Premium, and Cost Estimates, PY 2024-2033**

Amended Waiver - Scenario E	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	5-Year Total	10-Year Total
<b>Unsubsidized On/Off-Exchange</b>												
Enrollment <sup>1</sup>	127,256	127,513	142,507	157,936	173,660	189,683	206,008	222,642	239,587	256,849	145,774	184,364
Average Premium PMPM	\$741	\$779	\$818	\$859	\$902	\$948	\$996	\$1,047	\$1,101	\$1,157	\$827	\$966
<b>Subsidized On-Exchange</b>												
Enrollment <sup>1</sup>	160,726	149,543	106,765	107,823	108,891	109,971	111,061	112,162	113,274	114,397	126,750	119,461
Average Premium PMPM	\$702	\$778	\$827	\$870	\$915	\$963	\$1,013	\$1,065	\$1,121	\$1,179	\$806	\$930
Average APTC PMPM	\$425	\$452	\$476	\$501	\$527	\$555	\$583	\$614	\$646	\$679	\$470	\$539
<b>Total Individual Market</b>												
Enrollment <sup>1</sup>	287,982	277,056	249,272	265,759	282,552	299,654	317,070	334,804	352,861	371,247	272,524	303,826
Average Premium PMPM	\$719	\$778	\$822	\$863	\$907	\$953	\$1,002	\$1,053	\$1,107	\$1,164	\$817	\$952
Aggregate Premiums (millions)	\$2,486	\$2,588	\$2,458	\$2,753	\$3,076	\$3,428	\$3,812	\$4,231	\$4,687	\$5,184	\$13,360	\$34,702
Projected Federal Spend (millions)	\$783	\$774	\$583	\$619	\$658	\$699	\$743	\$789	\$838	\$891	\$3,418	\$7,377
<b>Essential Plan Expansion Program Costs</b>												
Enrollment <sup>1</sup>	1,350,395	1,429,674	1,448,713	1,472,119	1,495,985	1,519,749	1,543,863	1,568,379	1,593,291	1,618,631	1,439,377	1,504,080
Average Premium PMPM	\$624	\$649	\$672	\$696	\$720	\$746	\$773	\$800	\$829	\$859	\$674	\$741
Aggregate Premiums (millions)	\$10,115	\$11,143	\$11,687	\$12,293	\$12,934	\$13,606	\$14,314	\$15,062	\$15,851	\$16,684	\$58,171	\$133,688
Quality Incentive Pool Costs (millions)	\$225	\$225	\$225	\$225	\$225	\$225	\$225	\$225	\$225	\$225	\$1,125	\$2,250
LTSS Coverage (millions)	\$0	\$0	\$137	\$144	\$152	\$160	\$168	\$177	\$186	\$196	\$434	\$1,321
SDoH/BH Grant Program (millions)	\$25	\$71	\$71	\$71	\$71	\$71	\$71	\$71	\$71	\$71	\$308	\$661
IRIP Payment (millions)	\$51	\$71	\$67	\$75	\$84	\$94	\$104	\$115	\$128	\$141	\$348	\$931
Approved Waiver EP Admin Costs (millions)	\$84	\$108	\$107	\$104	\$104	\$105	\$107	\$109	\$111	\$112	\$506	\$1,050
CSR 87 250-350% FPL (millions)	\$0	\$263	\$260	\$277	\$294	\$312	\$332	\$352	\$374	\$398	\$1,094	\$2,862
CSR 73 350-400% FPL (millions)	\$0	\$14	\$14	\$15	\$16	\$17	\$18	\$19	\$20	\$22	\$59	\$155
Diabetes (millions)	\$0	\$25	\$27	\$28	\$30	\$32	\$33	\$35	\$37	\$39	\$110	\$286
Maternity Care (millions)	\$0	\$4	\$4	\$5	\$5	\$6	\$6	\$7	\$8	\$8	\$18	\$53
Total Program Costs (millions)	\$10,500	\$11,923	\$12,599	\$13,237	\$13,914	\$14,627	\$15,379	\$16,173	\$17,011	\$17,897	\$62,174	\$143,259
Projected Federal Spend (millions)	\$2,939	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,939	\$2,939
<b>Other Federal Spend/Revenue</b>												
Pregnancy Medicaid Spend <sup>2</sup> (millions)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
DACA Medicaid Spend (millions)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
ESRP Revenue (millions)	(\$1)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$1)	(\$1)
<b>Combined Totals</b>												
Enrollment <sup>1</sup>	1,638,376	1,706,730	1,697,985	1,737,878	1,778,537	1,819,403	1,860,933	1,903,183	1,946,152	1,989,877	1,711,901	1,807,905
Projected Federal Spend (millions)	\$3,722	\$774	\$583	\$619	\$658	\$699	\$743	\$789	\$838	\$891	\$6,356	\$10,316

<sup>1</sup> 5- and 10-year totals are straight averages. 2024 enrollment, premium, and APTC amounts reflect the average monthly enrollment for the 12-month period. 2024 amounts in other With Waiver enrollment tables reflect a 9-month average after waiver implementation.

<sup>2</sup> Pregnancy Medicaid Spend accounts for individuals 200-250% FPL who would receive APTCs on the individual market under current law or are within the State's Aliessa population.

Note: The program investments for Quality Incentive Pool and SDoH/BH Grant Program for 2024 are displayed as total costs over all 12 months. The first 3 months of these amounts would be incurred under the BHP and the last 9 months would be incurred under the 1332 Waiver.

**Table E5. Baseline Without Waiver and Approved Waiver Annual Funding Estimates, PY 2024-2033**

Scenario E	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033
<b>Individual Market</b>										
Without Waiver PTCs	\$1,096,127,678	\$1,164,471,071	\$999,461,412	\$1,061,856,027	\$1,128,146,783	\$1,198,577,021	\$1,273,405,279	\$1,352,906,247	\$1,437,371,775	\$1,527,111,943
With Waiver PTCs	\$783,022,373	\$750,288,326	\$560,522,563	\$595,513,444	\$632,689,199	\$672,186,284	\$714,149,677	\$758,733,413	\$806,101,150	\$856,426,767
Difference	\$313,105,305	\$414,182,745	\$438,938,849	\$466,342,583	\$495,457,584	\$526,390,737	\$559,255,602	\$594,172,834	\$631,270,625	\$670,685,176
<b>Essential Plan</b>										
Without Waiver BHP Funding	\$11,756,762,973	\$12,444,846,543	\$12,604,114,297	\$13,476,116,145	\$14,409,279,829	\$15,401,969,008	\$16,463,046,880	\$17,597,224,901	\$18,809,539,114	\$20,105,372,505
With Waiver BHP Funding	\$2,939,190,743	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Difference	\$8,817,572,230	\$12,444,846,543	\$12,604,114,297	\$13,476,116,145	\$14,409,279,829	\$15,401,969,008	\$16,463,046,880	\$17,597,224,901	\$18,809,539,114	\$20,105,372,505
<b>Other Federal Spend/Savings</b>										
Pregnancy Medicaid Total Enrollment	4,118	12,098	14,245	14,530	14,820	15,117	15,419	15,728	16,042	16,363
Pregnancy Medicaid Reduction	\$33,004,003	\$97,109,932	\$110,245,599	\$117,849,718	\$125,984,280	\$135,185,437	\$144,883,812	\$154,889,254	\$165,799,409	\$179,818,071
DACA Medicaid Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Employer Penalty Loss	(\$2,592,000)	(\$2,598,818)	(\$2,615,230)	(\$2,641,383)	(\$2,667,797)	(\$2,694,475)	(\$2,721,419)	(\$2,748,633)	(\$2,776,120)	(\$2,803,881)
<b>Combined Totals</b>										
Without Waiver Federal Spend	\$12,883,302,654	\$13,703,828,727	\$13,711,206,078	\$14,653,180,507	\$15,660,743,096	\$16,733,036,992	\$17,878,614,551	\$19,102,271,769	\$20,409,934,178	\$21,809,498,638
With Waiver Federal Spend	\$3,722,213,116	\$750,288,326	\$560,522,563	\$595,513,444	\$632,689,199	\$672,186,284	\$714,149,677	\$758,733,413	\$806,101,150	\$856,426,767
<b>Total Federal Savings</b>	<b>\$9,161,089,538</b>	<b>\$12,953,540,402</b>	<b>\$13,150,683,515</b>	<b>\$14,057,667,063</b>	<b>\$15,028,053,897</b>	<b>\$16,060,850,707</b>	<b>\$17,164,464,874</b>	<b>\$18,343,538,355</b>	<b>\$19,603,833,028</b>	<b>\$20,953,071,871</b>
Requested Pass-through	\$9,130,677,535	\$12,859,029,288	\$13,043,053,146	\$13,942,458,728	\$14,904,737,413	\$15,928,359,745	\$17,022,302,481	\$18,191,397,735	\$19,440,809,740	\$20,776,057,681
<b>Net Federal Savings</b>	<b>\$30,412,003</b>	<b>\$94,511,113</b>	<b>\$107,630,369</b>	<b>\$115,208,335</b>	<b>\$123,316,484</b>	<b>\$132,490,963</b>	<b>\$142,162,392</b>	<b>\$152,140,620</b>	<b>\$163,023,289</b>	<b>\$177,014,190</b>
<b>Combined Totals</b>										
	5-Year Total	10-Year Total								
Without Waiver Federal Spend	\$70,612,261,063	\$166,545,617,190								
With Waiver Federal Spend	\$6,261,226,648	\$10,068,823,939								
<b>Total Federal Savings</b>	<b>\$64,351,034,414</b>	<b>\$156,476,793,250</b>								
Requested Pass-through	\$63,879,956,111	\$155,238,883,493								
<b>Net Federal Savings</b>	<b>\$471,078,304</b>	<b>\$1,237,909,758</b>								

Note: For 2024 due to the April 1 implementation date, there will still be 1 quarter of BHP funding compared to the other years of the Waiver.

**Table E6. Baseline Without Waiver and Amended With-Waiver Annual Funding Estimates, PY 2024-2033**

Scenario E	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033
<b>Individual Market</b>										
Without Waiver PTCs	\$1,096,127,678	\$1,164,471,071	\$999,461,412	\$1,061,856,027	\$1,128,146,783	\$1,198,577,021	\$1,273,405,279	\$1,352,906,247	\$1,437,371,775	\$1,527,111,943
With Waiver & CSRs PTCs	\$783,022,373	\$774,288,326	\$582,931,057	\$619,320,667	\$657,982,484	\$699,058,416	\$742,699,236	\$789,065,135	\$838,326,313	\$890,663,598
Difference	\$313,105,305	\$390,182,745	\$416,530,356	\$442,535,359	\$470,164,299	\$499,518,605	\$530,706,043	\$563,841,112	\$599,045,462	\$636,448,344
<b>Essential Plan</b>										
Without Waiver BHP Funding	\$11,756,762,973	\$12,444,846,543	\$12,604,114,297	\$13,476,116,145	\$14,409,279,829	\$15,401,969,008	\$16,463,046,880	\$17,597,224,901	\$18,809,539,114	\$20,105,372,505
With Waiver & CSRs BHP Funding	\$2,939,190,743	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Difference	\$8,817,572,230	\$12,444,846,543	\$12,604,114,297	\$13,476,116,145	\$14,409,279,829	\$15,401,969,008	\$16,463,046,880	\$17,597,224,901	\$18,809,539,114	\$20,105,372,505
<b>Other Federal Spend/Savings</b>										
Pregnancy Medicaid Total Enrollment	4,118	12,098	14,245	14,530	14,820	15,117	15,419	15,728	16,042	16,363
Pregnancy Medicaid Reduction	\$33,004,003	\$97,109,932	\$110,245,599	\$117,849,718	\$125,984,280	\$135,185,437	\$144,883,812	\$154,889,254	\$165,799,409	\$179,818,071
DACA Medicaid Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Employer Penalty Loss	(\$2,592,000)	(\$2,598,818)	(\$2,615,230)	(\$2,641,383)	(\$2,667,797)	(\$2,694,475)	(\$2,721,419)	(\$2,748,633)	(\$2,776,120)	(\$2,803,881)
<b>Combined Totals</b>										
Without Waiver Federal Spend	\$12,883,302,654	\$13,703,828,727	\$13,711,206,078	\$14,653,180,507	\$15,660,743,096	\$16,733,036,992	\$17,878,614,551	\$19,102,271,769	\$20,409,934,178	\$21,809,498,638
With Waiver & CSRs Federal Spend	\$3,722,213,116	\$774,288,326	\$582,931,057	\$619,320,667	\$657,982,484	\$699,058,416	\$742,699,236	\$789,065,135	\$838,326,313	\$890,663,598
<b>Total Federal Savings</b>	<b>\$9,161,089,538</b>	<b>\$12,929,540,402</b>	<b>\$13,128,275,021</b>	<b>\$14,033,859,839</b>	<b>\$15,002,760,612</b>	<b>\$16,033,978,576</b>	<b>\$17,135,915,315</b>	<b>\$18,313,206,633</b>	<b>\$19,571,607,865</b>	<b>\$20,918,835,040</b>
Requested Pass-through	\$9,130,677,535	\$12,835,029,288	\$13,020,644,653	\$13,918,651,505	\$14,879,444,128	\$15,901,487,613	\$16,993,752,923	\$18,161,066,013	\$19,408,584,576	\$20,741,820,849
<b>Net Federal Savings</b>	<b>\$30,412,003</b>	<b>\$94,511,113</b>	<b>\$107,630,369</b>	<b>\$115,208,335</b>	<b>\$123,316,484</b>	<b>\$132,490,963</b>	<b>\$142,162,392</b>	<b>\$152,140,620</b>	<b>\$163,023,289</b>	<b>\$177,014,190</b>
<b>Combined Totals</b>										
	5-Year Total	10-Year Total								
Without Waiver Federal Spend	\$70,612,261,063	\$166,545,617,190								
With Waiver & CSRs Federal Spend	\$6,356,735,650	\$10,316,548,348								
<b>Total Federal Savings</b>	<b>\$64,255,525,413</b>	<b>\$156,229,068,842</b>								
Requested Pass-through	\$63,784,447,109	\$154,991,159,085								
<b>Net Federal Savings</b>	<b>\$471,078,304</b>	<b>\$1,237,909,758</b>								

Note: For 2024 due to the April 1 implementation date, there will still be 1 quarter of BHP funding compared to the other years of the Waiver.

**Table E7. Difference Table Annual Funding Estimates, PY 2024-2033: Baseline Without Waiver and Approved Waiver Compared with Baseline, Without Waiver and Amended With Waiver**

Scenario E	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033
<b>Individual Market</b>										
Without Waiver PTCs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
With Waiver & CSRs PTCs	\$0	\$24,000,000	\$22,408,494	\$23,807,223	\$25,293,285	\$26,872,132	\$28,549,559	\$30,331,722	\$32,225,163	\$34,236,832
Difference	\$0	(\$24,000,000)	(\$22,408,494)	(\$23,807,223)	(\$25,293,285)	(\$26,872,132)	(\$28,549,559)	(\$30,331,722)	(\$32,225,163)	(\$34,236,832)
<b>Essential Plan</b>										
Without Waiver BHP Funding	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
With Waiver & CSRs BHP Funding	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Difference	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Other Federal Spend/Savings</b>										
Pregnancy Medicaid Total Enrollment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pregnancy Medicaid Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
DACA Medicaid Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Employer Penalty Loss	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Combined Totals</b>										
Without Waiver Federal Spend	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
With Waiver & CSRs Federal Spend	\$0	\$24,000,000	\$22,408,494	\$23,807,223	\$25,293,285	\$26,872,132	\$28,549,559	\$30,331,722	\$32,225,163	\$34,236,832
<b>Total Federal Savings</b>	<b>\$0</b>	<b>(\$24,000,000)</b>	<b>(\$22,408,494)</b>	<b>(\$23,807,223)</b>	<b>(\$25,293,285)</b>	<b>(\$26,872,132)</b>	<b>(\$28,549,559)</b>	<b>(\$30,331,722)</b>	<b>(\$32,225,163)</b>	<b>(\$34,236,832)</b>
Requested Pass-through	\$0	(\$24,000,000)	(\$22,408,494)	(\$23,807,223)	(\$25,293,285)	(\$26,872,132)	(\$28,549,559)	(\$30,331,722)	(\$32,225,163)	(\$34,236,832)
<b>Net Federal Savings</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Combined Totals</b>										
Without Waiver Federal Spend	\$0	\$0								
With Waiver & CSRs Federal Spend	\$95,509,001	\$247,724,408								
<b>Total Federal Savings</b>	<b>(\$95,509,001)</b>	<b>(\$247,724,408)</b>								
Requested Pass-through	(\$95,509,001)	(\$247,724,408)								
<b>Net Federal Savings</b>	<b>\$0</b>	<b>(\$0)</b>								

**Table E8. SLCSP Premium Baseline Without Waiver, Approved Waiver, and Amended With Waiver by Rating Area, PY 2024 – 2033**

<b>Baseline Witout Waiver - Scenario E</b>	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033
<i>Second Lowest Cost Silver Plans (SLCSP) Monthly Premiums</i>										
Rating Area 1	\$600	\$631	\$664	\$698	\$734	\$773	\$813	\$855	\$900	\$946
Rating Area 2	\$512	\$539	\$567	\$596	\$627	\$660	\$694	\$731	\$769	\$808
Rating Area 3	\$744	\$782	\$823	\$866	\$911	\$958	\$1,008	\$1,061	\$1,116	\$1,174
Rating Area 4	\$808	\$850	\$894	\$941	\$990	\$1,041	\$1,095	\$1,152	\$1,212	\$1,275
Rating Area 5	\$598	\$629	\$662	\$696	\$732	\$770	\$810	\$853	\$897	\$944
Rating Area 6	\$617	\$649	\$682	\$718	\$755	\$794	\$836	\$879	\$925	\$973
Rating Area 7	\$612	\$644	\$677	\$712	\$749	\$788	\$829	\$872	\$918	\$966
Rating Area 8	\$775	\$815	\$857	\$902	\$949	\$998	\$1,050	\$1,105	\$1,162	\$1,222
<b>Approved Waiver - Scenario E</b>	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033
<i>Second Lowest Cost Silver Plans (SLCSP) Monthly Premiums</i>										
Rating Area 1	\$600	\$631	\$664	\$698	\$734	\$773	\$813	\$855	\$900	\$946
Rating Area 2	\$512	\$539	\$567	\$596	\$627	\$660	\$694	\$731	\$769	\$808
Rating Area 3	\$744	\$782	\$823	\$866	\$911	\$958	\$1,008	\$1,061	\$1,116	\$1,174
Rating Area 4	\$808	\$850	\$894	\$941	\$990	\$1,041	\$1,095	\$1,152	\$1,212	\$1,275
Rating Area 5	\$598	\$629	\$662	\$696	\$732	\$770	\$810	\$853	\$897	\$944
Rating Area 6	\$617	\$649	\$682	\$718	\$755	\$794	\$836	\$879	\$925	\$973
Rating Area 7	\$612	\$644	\$677	\$712	\$749	\$788	\$829	\$872	\$918	\$966
Rating Area 8	\$775	\$815	\$857	\$902	\$949	\$998	\$1,050	\$1,105	\$1,162	\$1,222
<b>Amended Waiver - Scenario E</b>	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033
<i>Second Lowest Cost Silver Plans (SLCSP) Monthly Premiums</i>										
Rating Area 1	\$600	\$631	\$664	\$698	\$734	\$773	\$813	\$855	\$900	\$946
Rating Area 2	\$512	\$539	\$567	\$596	\$627	\$660	\$694	\$731	\$769	\$808
Rating Area 3	\$744	\$782	\$823	\$866	\$911	\$958	\$1,008	\$1,061	\$1,116	\$1,174
Rating Area 4	\$808	\$850	\$894	\$941	\$990	\$1,041	\$1,095	\$1,152	\$1,212	\$1,275
Rating Area 5	\$598	\$629	\$662	\$696	\$732	\$770	\$810	\$853	\$897	\$944
Rating Area 6	\$617	\$649	\$682	\$718	\$755	\$794	\$836	\$879	\$925	\$973
Rating Area 7	\$612	\$644	\$677	\$712	\$749	\$788	\$829	\$872	\$918	\$966
Rating Area 8	\$775	\$815	\$857	\$902	\$949	\$998	\$1,050	\$1,105	\$1,162	\$1,222

**Table E9. Baseline Without Waiver Average Annual Enrollment by Metal Level, PY 2024 – 2033**

<b>Baseline Without Waiver - Scenario E</b>	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033
<b>Total Combined Enrollment</b>	<b>1,598,452</b>	<b>1,629,181</b>	<b>1,617,093</b>	<b>1,655,434</b>	<b>1,694,510</b>	<b>1,733,808</b>	<b>1,773,771</b>	<b>1,814,410</b>	<b>1,855,735</b>	<b>1,897,757</b>
<i>Unsubsidized On/Off-Exchange Enrollment</i>	127,311	127,646	142,641	158,071	173,797	189,821	206,148	222,782	239,729	256,992
Catastrophic	872	875	880	889	898	907	916	925	934	944
Bronze	57,630	57,782	65,384	73,188	81,142	89,247	97,507	105,923	114,498	123,233
Silver	47,142	47,266	52,140	57,151	62,258	67,460	72,761	78,161	83,662	89,265
Gold	12,946	12,980	14,689	16,454	18,253	20,087	21,955	23,858	25,798	27,773
Platinum	8,721	8,744	9,548	10,389	11,246	12,119	13,009	13,915	14,838	15,778
<i>Subsidized On-Exchange Enrollment</i>	222,570	224,760	182,740	184,551	186,381	188,228	190,095	191,980	193,883	195,806
Catastrophic	0	0	0	0	0	0	0	0	0	0
Bronze	108,402	109,468	87,972	88,844	89,725	90,614	91,512	92,420	93,336	94,262
Silver	89,338	90,217	76,890	77,653	78,423	79,201	79,986	80,780	81,581	82,390
Gold	17,438	17,610	12,688	12,813	12,940	13,068	13,198	13,329	13,461	13,594
Platinum	7,392	7,465	5,190	5,241	5,293	5,345	5,398	5,452	5,506	5,560
<b>Essential Plan Enrollment</b>	<b>1,250,807</b>	<b>1,290,634</b>	<b>1,306,011</b>	<b>1,327,110</b>	<b>1,348,632</b>	<b>1,370,058</b>	<b>1,391,828</b>	<b>1,413,947</b>	<b>1,436,422</b>	<b>1,459,257</b>
EP1	614,074	627,946	635,293	645,670	656,254	666,792	677,499	688,378	699,431	710,662
EP2	171,947	175,831	177,888	180,794	183,758	186,708	189,706	192,752	195,848	198,992
EP3	78,400	80,171	81,109	82,434	83,785	85,131	86,498	87,887	89,298	90,732
EP4	384,149	392,827	397,422	403,914	410,536	417,128	423,826	430,631	437,546	444,572
DACA Recipients	2,236	13,859	14,299	14,299	14,299	14,299	14,299	14,299	14,299	14,299

**Table E10. Approved Waiver Average Annual Enrollment by Metal Level, PY 2024 – 2033**

<b>Approved Waiver - Scenario E</b>	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033
<b>Total Combined Enrollment</b>	<b>1,638,376</b>	<b>1,703,570</b>	<b>1,695,010</b>	<b>1,734,874</b>	<b>1,775,503</b>	<b>1,816,339</b>	<b>1,857,839</b>	<b>1,900,058</b>	<b>1,942,997</b>	<b>1,986,690</b>
<i>Unsubsidized On/Off-Exchange Enrollment</i>	127,256	127,513	142,507	157,936	173,660	189,683	206,008	222,642	239,587	256,849
Catastrophic	871	872	877	886	895	904	913	922	931	940
Bronze	57,610	57,732	65,334	73,138	81,091	89,196	97,456	105,871	114,445	123,180
Silver	47,126	47,227	52,100	57,111	62,217	67,420	72,720	78,119	83,620	89,222
Gold	12,937	12,959	14,668	16,433	18,232	20,065	21,933	23,836	25,775	27,751
Platinum	8,712	8,723	9,528	10,369	11,225	12,098	12,988	13,893	14,816	15,756
<i>Subsidized On-Exchange Enrollment</i>	160,726	146,383	103,790	104,819	105,858	106,907	107,967	109,037	110,119	111,210
Catastrophic	0	0	0	0	0	0	0	0	0	0
Bronze	87,024	79,201	57,478	58,048	58,624	59,206	59,793	60,387	60,986	61,591
Silver	53,147	48,478	34,815	35,159	35,507	35,858	36,213	36,572	36,934	37,299
Gold	14,417	13,118	8,188	8,269	8,351	8,434	8,517	8,602	8,687	8,773
Platinum	6,138	5,585	3,310	3,343	3,376	3,410	3,444	3,478	3,512	3,547
<b>Essential Plan Enrollment</b>	<b>1,350,395</b>	<b>1,429,674</b>	<b>1,448,713</b>	<b>1,472,119</b>	<b>1,495,985</b>	<b>1,519,749</b>	<b>1,543,863</b>	<b>1,568,379</b>	<b>1,593,291</b>	<b>1,618,631</b>
EP1	616,296	635,932	644,827	655,395	666,174	676,910	687,819	698,904	710,168	721,614
EP2	172,569	178,067	180,558	183,517	186,535	189,541	192,596	195,700	198,854	202,059
EP3	78,590	80,365	81,307	82,636	83,991	85,341	86,712	88,105	89,521	90,959
EP4	385,081	393,777	398,392	404,903	411,544	418,156	424,875	431,701	438,638	445,685
DACA Recipients <sup>1</sup>	5,915	15,647	16,138	16,091	16,036	15,977	15,886	15,805	15,725	15,670
200%-250% FPL Population	91,944	125,886	127,492	129,578	131,705	133,823	135,976	138,163	140,385	142,644

<sup>1</sup> The DACA Recipient EP enrollment amounts are displayed as 5-month averages for 2024, since EP coverage for DACA recipients will begin 8/1/2024 during the first year of the waiver.

Note: This table displays the With Waiver amounts as 9-month averages for 2024, since the first year of the waiver will only contain 9 months. There is an increase from the WoW scenario (~0.6% in total) for the on-exchange Unsubsidized and Subsidized population with incomes above 250% of the FPL. This is due to increased awareness, concentrated advertisement, and outreach activities with the implementation of the waiver.



**Table E11. Amended With-Waiver Average Annual Enrollment by Metal Level, PY 2024 – 2033**

<b>Amended Waiver - Scenario E</b>	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033
<b>Total Combined Enrollment</b>	<b>1,638,376</b>	<b>1,706,730</b>	<b>1,697,985</b>	<b>1,737,878</b>	<b>1,778,537</b>	<b>1,819,403</b>	<b>1,860,933</b>	<b>1,903,183</b>	<b>1,946,152</b>	<b>1,989,877</b>
<i>Unsubsidized On/Off-Exchange Enrollment</i>	127,256	127,513	142,507	157,936	173,660	189,683	206,008	222,642	239,587	256,849
Catastrophic	871	872	877	886	895	904	913	922	931	940
Bronze	57,610	57,732	65,334	73,138	81,091	89,196	97,456	105,871	114,445	123,180
Silver	47,126	47,227	52,100	57,111	62,217	67,420	72,720	78,119	83,620	89,222
Gold	12,937	12,959	14,668	16,433	18,232	20,065	21,933	23,836	25,775	27,751
Platinum	8,712	8,723	9,528	10,369	11,225	12,098	12,988	13,893	14,816	15,756
<i>Subsidized On-Exchange Enrollment</i>	160,726	149,543	106,765	107,823	108,891	109,971	111,061	112,162	113,274	114,397
Catastrophic	0	0	0	0	0	0	0	0	0	0
Bronze	87,024	25,838	3,677	3,710	3,742	3,775	3,808	3,841	3,875	3,909
Silver	53,147	115,429	102,106	103,123	104,151	105,188	106,236	107,295	108,364	109,444
Gold	14,417	5,676	682	688	694	701	707	713	719	726
Platinum	6,138	2,600	299	302	304	307	310	313	316	318
<b>Essential Plan Enrollment</b>	<b>1,350,395</b>	<b>1,429,674</b>	<b>1,448,713</b>	<b>1,472,119</b>	<b>1,495,985</b>	<b>1,519,749</b>	<b>1,543,863</b>	<b>1,568,379</b>	<b>1,593,291</b>	<b>1,618,631</b>
EP1	616,296	635,932	644,827	655,395	666,174	676,910	687,819	698,904	710,168	721,614
EP2	172,569	178,067	180,558	183,517	186,535	189,541	192,596	195,700	198,854	202,059
EP3	78,590	80,365	81,307	82,636	83,991	85,341	86,712	88,105	89,521	90,959
EP4	385,081	393,777	398,392	404,903	411,544	418,156	424,875	431,701	438,638	445,685
DACA Recipients <sup>1</sup>	5,915	15,647	16,138	16,091	16,036	15,977	15,886	15,805	15,725	15,670
200%-250% FPL Population	91,944	125,886	127,492	129,578	131,705	133,823	135,976	138,163	140,385	142,644

<sup>1</sup> The DACA Recipient EP enrollment amounts are displayed as 5-month averages for 2024, since EP coverage for DACA recipients will begin 8/1/2024 during the first year of the waiver.

Note: This table displays the With Waiver amounts as 9-month averages for 2024, since the first year of the waiver will only contain 9 months. There is an increase from the WoW scenario (~0.6% in total) for the on-exchange Unsubsidized and Subsidized population with incomes above 250% of the FPL. This is due to increased awareness, concentrated advertisement, and outreach activities with the implementation of the waiver.

**Table E12. Baseline Without Waiver Average Annual Enrollment by FPL, PY 2024 – 2033**

<b>Baseline, Without Waiver - Scenario E</b>	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033
<b>Total Combined Enrollment</b>	<b>1,600,688</b>	<b>1,643,040</b>	<b>1,631,391</b>	<b>1,669,733</b>	<b>1,708,809</b>	<b>1,748,107</b>	<b>1,788,070</b>	<b>1,828,709</b>	<b>1,870,034</b>	<b>1,912,056</b>
<i>Unsubsidized On/Off-Exchange Enrollment</i>	127,311	127,646	142,641	158,071	173,797	189,821	206,148	222,782	239,729	256,992
Below 400%	0	0	0	0	0	0	0	0	0	0
401% - 500%	0	0	9,627	19,284	29,132	39,176	49,418	59,860	70,507	81,361
501% - 600%	0	0	4,562	9,051	13,631	18,300	23,062	27,918	32,868	37,914
Over 600%	26,263	26,333	26,499	26,764	27,031	27,302	27,575	27,851	28,129	28,410
Do Not Report	101,047	101,313	101,953	102,972	104,002	105,042	106,093	107,154	108,225	109,307
<i>Subsidized On-Exchange Enrollment</i>	222,570	224,760	182,740	184,551	186,381	188,228	190,095	191,980	193,883	195,806
Below 139%	889	891	837	846	854	863	871	880	889	898
139% - 150%	248	249	234	236	239	241	244	246	249	251
151% - 200%	2,043	2,048	1,925	1,944	1,964	1,983	2,003	2,023	2,043	2,064
201% - 250%	78,021	78,788	79,363	80,150	80,945	81,748	82,558	83,377	84,204	85,039
251% - 300%	44,209	44,740	42,131	42,548	42,968	43,393	43,822	44,255	44,693	45,135
301% - 350%	38,328	38,607	36,318	36,680	37,044	37,413	37,784	38,160	38,540	38,923
351% - 400%	23,058	23,296	21,930	22,147	22,367	22,588	22,812	23,038	23,266	23,497
401% - 500%	24,422	24,619	0	0	0	0	0	0	0	0
501% - 600%	11,352	11,522	0	0	0	0	0	0	0	0
Over 600%	0	0	0	0	0	0	0	0	0	0
Do Not Report	0	0	0	0	0	0	0	0	0	0
<i>Essential Plan Enrollment</i>	1,250,807	1,290,634	1,306,011	1,327,110	1,348,632	1,370,058	1,391,828	1,413,947	1,436,422	1,459,257
Below 150%	636,360	660,328	668,233	678,955	689,892	700,780	711,843	723,083	734,505	746,109
Over 151%	614,447	630,306	637,778	648,155	658,740	669,278	679,985	690,863	701,917	713,148

**Table E13. Approved Waiver PY Average Annual Enrollment by FPL, PY 2024 – 2033**

<b>Approved Waiver - Scenario E</b>	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033
<b>Total Combined Enrollment</b>	<b>1,638,376</b>	<b>1,703,570</b>	<b>1,695,010</b>	<b>1,734,874</b>	<b>1,775,503</b>	<b>1,816,339</b>	<b>1,857,839</b>	<b>1,900,058</b>	<b>1,942,997</b>	<b>1,986,690</b>
<b>Unsubsidized On/Off-Exchange Enrollment</b>	<b>127,256</b>	<b>127,513</b>	<b>142,507</b>	<b>157,936</b>	<b>173,660</b>	<b>189,683</b>	<b>206,008</b>	<b>222,642</b>	<b>239,587</b>	<b>256,849</b>
Below 400% <sup>2</sup>	0	0	0	0	0	0	0	0	0	0
401% - 500% <sup>2</sup>	0	0	9,627	19,284	29,132	39,176	49,418	59,860	70,507	81,361
501% - 600% <sup>2</sup>	0	0	4,562	9,051	13,631	18,300	23,062	27,918	32,868	37,914
Over 600% <sup>2</sup>	26,263	26,333	26,499	26,764	27,031	27,302	27,575	27,851	28,129	28,410
Do Not Report <sup>2</sup>	100,992	101,180	101,819	102,837	103,866	104,904	105,954	107,013	108,083	109,164
<b>Subsidized On-Exchange Enrollment</b>	<b>160,726</b>	<b>146,383</b>	<b>103,790</b>	<b>104,819</b>	<b>105,858</b>	<b>106,907</b>	<b>107,967</b>	<b>109,037</b>	<b>110,119</b>	<b>111,210</b>
Below 139% <sup>1</sup>	889	891	837	846	854	863	871	880	889	898
139% - 150% <sup>1</sup>	248	249	234	236	239	241	244	246	249	251
151% - 200% <sup>1</sup>	2,043	2,048	1,925	1,944	1,964	1,983	2,003	2,023	2,043	2,064
201% - 250%	16,177	411	414	418	422	426	430	435	439	444
251% - 300% <sup>2</sup>	44,209	44,740	42,131	42,548	42,968	43,393	43,822	44,255	44,693	45,135
301% - 350% <sup>2</sup>	38,328	38,607	36,318	36,680	37,044	37,413	37,784	38,160	38,540	38,923
351% - 400% <sup>2</sup>	23,058	23,296	21,930	22,147	22,367	22,588	22,812	23,038	23,266	23,497
401% - 500% <sup>2</sup>	24,422	24,619	0	0	0	0	0	0	0	0
501% - 600% <sup>2</sup>	11,352	11,522	0	0	0	0	0	0	0	0
Over 600% <sup>2</sup>	0	0	0	0	0	0	0	0	0	0
Do Not Report	0	0	0	0	0	0	0	0	0	0
<b>Essential Plan Enrollment</b>	<b>1,350,395</b>	<b>1,429,674</b>	<b>1,448,713</b>	<b>1,472,119</b>	<b>1,495,985</b>	<b>1,519,749</b>	<b>1,543,863</b>	<b>1,568,379</b>	<b>1,593,291</b>	<b>1,618,631</b>
Below 150%	640,982	664,754	673,195	683,957	694,927	705,848	716,919	728,178	739,620	751,266
151% - 200%	617,243	638,438	647,412	657,972	668,743	679,469	690,364	701,436	712,687	724,124
Over 201%	92,170	126,481	128,106	130,190	132,315	134,432	136,581	138,765	140,984	143,240

<sup>1</sup> The decrease in enrollment from the WoW scenario (~0.4% in total) is due to the methodology for allocating estimated enrollment by income and does not reflect any changes in eligibility for this population that would cause consumers below 200% of FPL to lose coverage.

<sup>2</sup> There is an increase from the WoW scenario (~0.6% in total) for the on-exchange Unsubsidized and Subsidized population with incomes above 250% of the FPL. This is due to increased awareness, concentrated advertisement, and outreach activities with the implementation of the waiver.

Note: This table displays the With Waiver amounts as 9-month averages for 2024, since the first year of the waiver will only contain 9 months.

**Table E14. Amended With-Waiver PY Average Annual Enrollment by FPL, PY 2024 – 2033**

<b>Amended Waiver - Scenario E</b>	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033
<b>Total Combined Enrollment</b>	<b>1,638,376</b>	<b>1,706,730</b>	<b>1,697,985</b>	<b>1,737,878</b>	<b>1,778,537</b>	<b>1,819,403</b>	<b>1,860,933</b>	<b>1,903,183</b>	<b>1,946,152</b>	<b>1,989,877</b>
<b>Unsubsidized On/Off-Exchange Enrollment</b>	127,256	127,513	142,507	157,936	173,660	189,683	206,008	222,642	239,587	256,849
Below 400% <sup>2</sup>	0	0	0	0	0	0	0	0	0	0
401% - 500% <sup>2</sup>	0	0	9,627	19,427	29,397	39,544	49,877	60,400	71,118	82,037
501% - 600% <sup>2</sup>	0	0	4,562	9,118	13,754	18,472	23,276	28,168	33,152	38,229
Over 600% <sup>2</sup>	26,263	26,771	26,939	27,165	27,401	27,645	27,896	28,152	28,414	28,681
Do Not Report <sup>2</sup>	100,992	100,742	101,379	102,226	103,109	104,022	104,960	105,921	106,902	107,902
<b>Subsidized On-Exchange Enrollment</b>	160,726	149,543	106,765	107,823	108,891	109,971	111,061	112,162	113,274	114,397
Below 139% <sup>1</sup>	889	891	837	846	854	863	871	880	889	898
139% - 150% <sup>1</sup>	248	249	234	236	239	241	244	246	249	251
151% - 200% <sup>1</sup>	2,043	2,048	1,925	1,944	1,964	1,983	2,003	2,023	2,043	2,064
201% - 250%	16,177	411	414	418	422	426	430	435	439	444
251% - 300% <sup>2</sup>	44,209	45,896	43,220	43,647	44,079	44,514	44,955	45,399	45,848	46,301
301% - 350% <sup>2</sup>	38,328	39,610	37,263	37,633	38,007	38,385	38,767	39,152	39,541	39,935
351% - 400% <sup>2</sup>	23,058	24,296	22,871	23,098	23,327	23,558	23,791	24,027	24,265	24,505
401% - 500% <sup>2</sup>	24,422	24,619	0	0	0	0	0	0	0	0
501% - 600% <sup>2</sup>	11,352	11,522	0	0	0	0	0	0	0	0
Over 600% <sup>2</sup>	0	0	0	0	0	0	0	0	0	0
Do Not Report	0	0	0	0	0	0	0	0	0	0
<b>Essential Plan Enrollment</b>	<b>1,350,395</b>	<b>1,429,674</b>	<b>1,448,713</b>	<b>1,472,119</b>	<b>1,495,985</b>	<b>1,519,749</b>	<b>1,543,863</b>	<b>1,568,379</b>	<b>1,593,291</b>	<b>1,618,631</b>
Below 150%	640,982	664,754	673,195	683,957	694,927	705,848	716,919	728,178	739,620	751,266
151% - 200%	617,243	638,438	647,412	657,972	668,743	679,469	690,364	701,436	712,687	724,124
Over 201%	92,170	126,481	128,106	130,190	132,315	134,432	136,581	138,765	140,984	143,240

<sup>1</sup> The decrease in enrollment from the WoW scenario (~0.4% in total) is due to the methodology for allocating estimated enrollment by income and does not reflect any changes in eligibility for this population that would cause consumers below 200% of FPL to lose coverage.

<sup>2</sup> There is an increase from the WoW scenario (~0.6% in total) for the on-exchange Unsubsidized and Subsidized population with incomes above 250% of the FPL. This is due to increased awareness, concentrated advertisement, and outreach activities with the implementation of the waiver.

Note: This table displays the With Waiver amounts as 9-month averages for 2024, since the first year of the waiver will only contain 9 months.

**Table E15. Baseline Without Waiver, Approved Waiver, and Amended With-Waiver Monthly Federal Funding PMPM by Metal Level and Rate Cohort, PY 2024 – 2033**

<b>Baseline Without Waiver - Scenario E</b>	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033
<i>Exchange Subsidized APTCs</i>	\$430	\$452	\$477	\$502	\$528	\$555	\$584	\$615	\$647	\$680
Catastrophic	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Bronze	\$408	\$429	\$451	\$475	\$499	\$525	\$553	\$582	\$612	\$644
Silver	\$468	\$493	\$518	\$545	\$573	\$603	\$635	\$668	\$702	\$739
Gold	\$397	\$418	\$440	\$463	\$487	\$512	\$538	\$566	\$596	\$627
Platinum	\$360	\$379	\$398	\$419	\$441	\$464	\$488	\$513	\$540	\$568
<b>Essential Plan BHP Funding</b>	<b>\$783</b>	<b>\$804</b>	<b>\$804</b>	<b>\$846</b>	<b>\$890</b>	<b>\$937</b>	<b>\$986</b>	<b>\$1,037</b>	<b>\$1,091</b>	<b>\$1,148</b>
EP1	\$706	\$743	\$713	\$750	\$789	\$830	\$873	\$918	\$966	\$1,016
EP2	\$773	\$813	\$811	\$854	\$898	\$945	\$994	\$1,046	\$1,100	\$1,157
EP3	\$837	\$880	\$917	\$965	\$1,015	\$1,068	\$1,123	\$1,181	\$1,243	\$1,308
EP4	\$864	\$909	\$954	\$1,003	\$1,055	\$1,110	\$1,168	\$1,229	\$1,292	\$1,360
<b>Approved Waiver - Scenario E</b>	<b>2024</b>	<b>2025</b>	<b>2026</b>	<b>2027</b>	<b>2028</b>	<b>2029</b>	<b>2030</b>	<b>2031</b>	<b>2032</b>	<b>2033</b>
<i>Exchange Subsidized APTCs</i>	\$425	\$447	\$471	\$496	\$521	\$549	\$577	\$607	\$639	\$672
Catastrophic	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Bronze	\$408	\$429	\$451	\$475	\$499	\$525	\$553	\$582	\$612	\$644
Silver	\$468	\$493	\$518	\$545	\$573	\$603	\$635	\$668	\$702	\$739
Gold	\$397	\$418	\$440	\$463	\$487	\$512	\$538	\$566	\$596	\$627
Platinum	\$360	\$379	\$398	\$419	\$441	\$464	\$488	\$513	\$540	\$568
<b>Essential Plan BHP Funding</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
EP1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EP2	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EP3	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EP4	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Amended Waiver - Scenario E</b>	<b>2024</b>	<b>2025</b>	<b>2026</b>	<b>2027</b>	<b>2028</b>	<b>2029</b>	<b>2030</b>	<b>2031</b>	<b>2032</b>	<b>2033</b>
<i>Exchange Subsidized APTCs</i>	\$425	\$452	\$476	\$501	\$527	\$555	\$583	\$614	\$646	\$679
Catastrophic	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Bronze	\$408	\$429	\$451	\$475	\$499	\$525	\$553	\$582	\$612	\$644
Silver	\$468	\$503	\$529	\$557	\$586	\$616	\$648	\$682	\$717	\$754
Gold	\$397	\$418	\$440	\$463	\$487	\$512	\$538	\$566	\$596	\$627
Platinum	\$360	\$379	\$398	\$419	\$441	\$464	\$488	\$513	\$540	\$568
<b>Essential Plan BHP Funding</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
EP1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EP2	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EP3	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EP4	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

**Table E16. Baseline Without Waiver, Approved Waiver, and Amended Waiver 5-Year Enrollment, Premium, and Federal Deficit Estimates, PY 2024 – 2033**

<b>Baseline Without Waiver - Scenario E</b>	<b>2024</b>	<b>2025</b>	<b>2026</b>	<b>2027</b>	<b>2028</b>	<b>2029</b>	<b>2030</b>	<b>2031</b>	<b>2032</b>	<b>2033</b>
<i>Unsubsidized On-exchange &amp; Off-exchange Enrollment</i>	127,311	127,646	142,641	158,071	173,797	189,821	206,148	222,782	239,729	256,992
Below 400%	0	0	0	0	0	0	0	0	0	0
401% - 500%	0	0	9,627	19,284	29,132	39,176	49,418	59,860	70,507	81,361
501% - 600%	0	0	4,562	9,051	13,631	18,300	23,062	27,918	32,868	37,914
Over 600%	26,263	26,333	26,499	26,764	27,031	27,302	27,575	27,851	28,129	28,410
Do Not Report	101,047	101,313	101,953	102,972	104,002	105,042	106,093	107,154	108,225	109,307
<i>Unsubsidized On-exchange Enrollment</i>	89,770	90,006	104,763	119,815	135,158	150,796	166,732	182,973	199,522	216,383
<i>Off-exchange Enrollment</i>	37,541	37,640	37,877	38,256	38,639	39,025	39,415	39,809	40,207	40,610
<b>Approved Waiver - Scenario E</b>	<b>2024</b>	<b>2025</b>	<b>2026</b>	<b>2027</b>	<b>2028</b>	<b>2029</b>	<b>2030</b>	<b>2031</b>	<b>2032</b>	<b>2033</b>
<i>Unsubsidized On-exchange &amp; Off-exchange Enrollment</i>	127,256	127,513	142,507	157,936	173,660	189,683	206,008	222,642	239,587	256,849
Below 400%	0	0	0	0	0	0	0	0	0	0
401% - 500%	0	0	9,627	19,284	29,132	39,176	49,418	59,860	70,507	81,361
501% - 600%	0	0	4,562	9,051	13,631	18,300	23,062	27,918	32,868	37,914
Over 600%	26,263	26,333	26,499	26,764	27,031	27,302	27,575	27,851	28,129	28,410
Do Not Report	100,992	101,180	101,819	102,837	103,866	104,904	105,954	107,013	108,083	109,164
<i>Unsubsidized On-exchange &amp; Off-exchange Premium Increase (Annual)</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<i>Unsubsidized On-exchange Enrollment</i>	89,770	90,006	104,763	119,815	135,158	150,796	166,732	182,973	199,522	216,383
<i>Unsubsidized On-exchange Premium Increase (Annual)</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<i>Off-exchange Enrollment</i>	37,486	37,507	37,744	38,121	38,502	38,887	39,276	39,669	40,066	40,466
<i>Off-exchange Premium Increase (Annual)</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Amended Waiver - Scenario E</b>	<b>2024</b>	<b>2025</b>	<b>2026</b>	<b>2027</b>	<b>2028</b>	<b>2029</b>	<b>2030</b>	<b>2031</b>	<b>2032</b>	<b>2033</b>
<i>Unsubsidized On-exchange &amp; Off-exchange Enrollment</i>	127,256	127,513	142,507	157,936	173,660	189,683	206,008	222,642	239,587	256,849
Below 400%	0	0	0	0	0	0	0	0	0	0
401% - 500%	0	0	9,627	19,427	29,397	39,544	49,877	60,400	71,118	82,037
501% - 600%	0	0	4,562	9,118	13,754	18,472	23,276	28,168	33,152	38,229
Over 600%	26,263	26,771	26,939	27,165	27,401	27,645	27,896	28,152	28,414	28,681
Do Not Report	100,992	100,742	101,379	102,226	103,109	104,022	104,960	105,921	106,902	107,902
<i>Unsubsidized On-exchange &amp; Off-exchange Premium Increase (Annual)</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<i>Unsubsidized On-exchange Enrollment</i>	89,770	92,129	106,895	121,971	137,337	152,999	168,960	185,225	201,798	218,685
<i>Unsubsidized On-exchange Premium Increase (Annual)</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<i>Off-exchange Enrollment</i>	37,486	35,384	35,612	35,966	36,323	36,684	37,049	37,417	37,789	38,164
<i>Off-exchange Premium Increase (Annual)</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Note: Due to IRIP, there are no expected increases of premiums for consumers that remain in the individual market compared to Without Waiver.

Note: There is an increase from the WoW scenario (~0.6% in total) for the on-exchange Unsubsidized and Subsidized population with incomes above 250% of the FPL. This is due to increased awareness, concentrated advertisement, and outreach activities with the implementation of the Waiver.

**Table E17. Baseline Without, Approved Waiver, and Amended Waiver Annual Out-of-Pocket Expenses by FPL, PY 2024 – 2033**

<b>Baseline Without Waiver - Scenario E - FPL</b>	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	5 Year	10 Year
<i>Exchange - Annual Out-of-Pocket Expenses - FPL</i>												
Below 250%	\$2,609	\$2,745	\$2,888	\$3,038	\$3,196	\$3,362	\$3,537	\$3,721	\$3,914	\$4,118	\$2,898	\$3,326
251% - 300%	\$2,505	\$2,636	\$2,773	\$2,917	\$3,068	\$3,228	\$3,396	\$3,572	\$3,758	\$3,954	\$2,777	\$3,185
301% - 350%	\$2,522	\$2,654	\$2,792	\$2,937	\$3,089	\$3,250	\$3,419	\$3,597	\$3,784	\$3,981	\$2,795	\$3,207
351% - 400%	\$2,541	\$2,673	\$2,812	\$2,959	\$3,112	\$3,274	\$3,444	\$3,624	\$3,812	\$4,010	\$2,816	\$3,231
401% - 500%	\$2,558	\$2,691	\$2,831	\$2,978	\$3,133	\$3,296	\$3,467	\$3,647	\$3,837	\$4,037	\$2,845	\$3,491
501% - 600%	\$2,584	\$2,718	\$2,860	\$3,008	\$3,165	\$3,329	\$3,502	\$3,685	\$3,876	\$4,078	\$2,875	\$3,526
Over 600%/Do Not Report	\$2,684	\$2,824	\$2,971	\$3,125	\$3,288	\$3,459	\$3,639	\$3,828	\$4,027	\$4,236	\$2,981	\$3,421
<i>Essential Plan - Annual Out-of-Pocket Expenses - FPL</i>												
Below 150%	\$8	\$8	\$9	\$9	\$9	\$10	\$10	\$10	\$11	\$11	\$9	\$10
Over 151%	\$136	\$142	\$147	\$153	\$159	\$166	\$172	\$179	\$186	\$194	\$148	\$164
<b>Approved Waiver - Scenario E - FPL</b>												
<i>Exchange - Annual Out-of-Pocket Expenses - FPL</i>												
Below 250%	\$2,656	\$2,794	\$2,939	\$3,092	\$3,253	\$3,422	\$3,600	\$3,787	\$3,984	\$4,191	\$2,807	\$3,155
251% - 300%	\$2,505	\$2,636	\$2,773	\$2,917	\$3,068	\$3,228	\$3,396	\$3,572	\$3,758	\$3,954	\$2,777	\$3,185
301% - 350%	\$2,522	\$2,654	\$2,792	\$2,937	\$3,089	\$3,250	\$3,419	\$3,597	\$3,784	\$3,981	\$2,795	\$3,207
351% - 400%	\$2,541	\$2,673	\$2,812	\$2,959	\$3,112	\$3,274	\$3,444	\$3,624	\$3,812	\$4,010	\$2,816	\$3,231
401% - 500%	\$2,558	\$2,691	\$2,831	\$2,978	\$3,133	\$3,296	\$3,467	\$3,647	\$3,837	\$4,037	\$2,845	\$3,491
501% - 600%	\$2,584	\$2,718	\$2,860	\$3,008	\$3,165	\$3,329	\$3,502	\$3,685	\$3,876	\$4,078	\$2,875	\$3,526
Over 600%/Do Not Report	\$2,684	\$2,824	\$2,971	\$3,125	\$3,288	\$3,459	\$3,639	\$3,828	\$4,027	\$4,236	\$2,981	\$3,421
<i>Essential Plan - Annual Out-of-Pocket Expenses - FPL</i>												
Below 150%	\$8	\$8	\$9	\$9	\$9	\$10	\$10	\$10	\$11	\$11	\$9	\$10
151% - 200%	\$136	\$142	\$147	\$153	\$159	\$166	\$172	\$179	\$186	\$194	\$148	\$164
Over 201%	\$238	\$247	\$257	\$267	\$278	\$289	\$301	\$313	\$325	\$338	\$259	\$288

**Table E17 continued. Baseline Without, Approved Waiver, and Amended Waiver Annual Out-of-Pocket Expenses by FPL, PY 2024 – 2033**

<b>Amended Waiver - Scenario E - FPL</b>	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	5 Year	10 Year
<i>Exchange - Annual Out-of-Pocket Expenses - FPL</i>												
Below 250%	\$2,656	\$2,751	\$2,894	\$3,045	\$3,203	\$3,370	\$3,545	\$3,729	\$3,923	\$4,127	\$2,788	\$3,122
251% - 300%	\$2,505	\$1,007	\$1,059	\$1,114	\$1,172	\$1,233	\$1,297	\$1,365	\$1,436	\$1,511	\$1,371	\$1,370
301% - 350%	\$2,522	\$1,014	\$1,066	\$1,122	\$1,180	\$1,242	\$1,306	\$1,374	\$1,445	\$1,521	\$1,381	\$1,380
351% - 400%	\$2,541	\$2,693	\$2,833	\$2,980	\$3,135	\$3,298	\$3,469	\$3,650	\$3,839	\$4,039	\$2,835	\$3,255
401% - 500%	\$2,558	\$2,542	\$2,674	\$2,814	\$2,960	\$3,114	\$3,276	\$3,446	\$3,625	\$3,814	\$2,550	\$2,550
501% - 600%	\$2,584	\$2,573	\$2,706	\$2,847	\$2,995	\$3,151	\$3,315	\$3,487	\$3,669	\$3,859	\$2,578	\$2,578
Over 600%/Do Not Report	\$2,684	\$2,631	\$2,768	\$2,911	\$3,063	\$3,222	\$3,390	\$3,566	\$3,751	\$3,946	\$2,813	\$3,204
<i>Essential Plan - Annual Out-of-Pocket Expenses - FPL</i>												
Below 150%	\$8	\$8	\$9	\$9	\$9	\$10	\$10	\$10	\$11	\$11	\$9	\$10
151% - 200%	\$136	\$142	\$147	\$153	\$159	\$166	\$172	\$179	\$186	\$194	\$148	\$164
Over 201%	\$238	\$247	\$257	\$267	\$278	\$289	\$301	\$313	\$325	\$338	\$259	\$288



**Table E18. Baseline Without and Amended Waiver Annual Out-of-Pocket Expenses by Age, PY 2024 – 2033**

<b>Baseline Without Waiver - Scenario E - Age</b>	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	5 Year	10 Year
<i>Exchange - Annual Out-of-Pocket Expenses - Age</i>												
00 - 20 Years	\$1,041	\$1,095	\$1,152	\$1,212	\$1,275	\$1,342	\$1,412	\$1,485	\$1,562	\$1,643	\$1,156	\$1,343
21 - 25 Years	\$1,038	\$1,092	\$1,149	\$1,209	\$1,272	\$1,338	\$1,407	\$1,480	\$1,557	\$1,638	\$1,152	\$1,338
26 - 30 Years	\$1,380	\$1,452	\$1,528	\$1,607	\$1,691	\$1,779	\$1,871	\$1,969	\$2,071	\$2,179	\$1,532	\$1,779
31 - 35 Years	\$1,658	\$1,744	\$1,835	\$1,930	\$2,031	\$2,136	\$2,247	\$2,364	\$2,487	\$2,616	\$1,841	\$2,138
36 - 40 Years	\$1,811	\$1,906	\$2,005	\$2,109	\$2,219	\$2,334	\$2,455	\$2,583	\$2,717	\$2,859	\$2,011	\$2,337
41 - 45 Years	\$2,028	\$2,133	\$2,244	\$2,361	\$2,484	\$2,613	\$2,749	\$2,892	\$3,042	\$3,200	\$2,251	\$2,616
46 - 50 Years	\$2,388	\$2,512	\$2,642	\$2,780	\$2,924	\$3,076	\$3,236	\$3,405	\$3,582	\$3,768	\$2,650	\$3,079
51 - 55 Years	\$2,940	\$3,093	\$3,254	\$3,423	\$3,601	\$3,789	\$3,986	\$4,193	\$4,411	\$4,640	\$3,263	\$3,791
56 - 60 Years	\$3,597	\$3,784	\$3,981	\$4,188	\$4,406	\$4,635	\$4,876	\$5,130	\$5,396	\$5,677	\$3,992	\$4,638
61 - 65 Years	\$4,424	\$4,654	\$4,896	\$5,150	\$5,418	\$5,700	\$5,996	\$6,308	\$6,636	\$6,981	\$4,909	\$5,704
<i>Essential Plan - Annual Out-of-Pocket Expenses - Age</i>												
00 - 20 Years	\$35	\$36	\$38	\$39	\$41	\$42	\$44	\$46	\$48	\$49	\$38	\$42
21 - 25 Years	\$35	\$36	\$37	\$39	\$41	\$42	\$44	\$46	\$47	\$49	\$38	\$42
26 - 30 Years	\$46	\$48	\$50	\$52	\$54	\$56	\$58	\$61	\$63	\$66	\$50	\$56
31 - 35 Years	\$55	\$58	\$60	\$62	\$65	\$67	\$70	\$73	\$76	\$79	\$60	\$67
36 - 40 Years	\$60	\$63	\$65	\$68	\$71	\$74	\$77	\$80	\$83	\$86	\$66	\$73
41 - 45 Years	\$68	\$70	\$73	\$76	\$79	\$82	\$86	\$89	\$93	\$96	\$73	\$82
46 - 50 Years	\$80	\$83	\$86	\$90	\$93	\$97	\$101	\$105	\$109	\$113	\$86	\$96
51 - 55 Years	\$98	\$102	\$106	\$110	\$115	\$119	\$124	\$129	\$134	\$140	\$106	\$118
56 - 60 Years	\$120	\$125	\$130	\$135	\$140	\$146	\$152	\$158	\$164	\$171	\$130	\$145
61 - 65 Years	\$148	\$154	\$160	\$166	\$173	\$180	\$187	\$194	\$202	\$210	\$160	\$178

**Table E18 continued. Baseline Without and Amended With Waiver Annual Out-of-Pocket Expenses by Age, PY 2024 – 2033**

<b>Amended Waiver - Scenario E - Age</b>	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	5 Year	10 Year
<b>Exchange - Annual Out-of-Pocket Expenses - Age</b>												
00 - 20 Years	\$1,037	\$1,091	\$1,148	\$1,208	\$1,271	\$1,337	\$1,406	\$1,479	\$1,556	\$1,637	\$1,151	\$1,338
21 - 25 Years	\$1,034	\$1,088	\$1,145	\$1,204	\$1,267	\$1,333	\$1,402	\$1,475	\$1,552	\$1,632	\$1,145	\$1,338
26 - 30 Years	\$1,375	\$1,447	\$1,522	\$1,601	\$1,684	\$1,772	\$1,864	\$1,961	\$2,063	\$2,170	\$1,524	\$1,777
31 - 35 Years	\$1,652	\$1,738	\$1,828	\$1,923	\$2,023	\$2,128	\$2,239	\$2,355	\$2,478	\$2,606	\$1,831	\$2,134
36 - 40 Years	\$1,805	\$1,898	\$1,997	\$2,101	\$2,210	\$2,325	\$2,446	\$2,573	\$2,707	\$2,848	\$2,001	\$2,333
41 - 45 Years	\$2,020	\$2,125	\$2,236	\$2,352	\$2,474	\$2,603	\$2,738	\$2,881	\$3,031	\$3,188	\$2,240	\$2,612
46 - 50 Years	\$2,378	\$2,502	\$2,632	\$2,769	\$2,913	\$3,065	\$3,224	\$3,392	\$3,568	\$3,753	\$2,636	\$3,075
51 - 55 Years	\$2,929	\$3,081	\$3,242	\$3,410	\$3,587	\$3,774	\$3,970	\$4,177	\$4,394	\$4,622	\$3,247	\$3,785
56 - 60 Years	\$3,584	\$3,770	\$3,966	\$4,172	\$4,389	\$4,617	\$4,858	\$5,110	\$5,376	\$5,655	\$3,973	\$4,631
61 - 65 Years	\$4,407	\$4,636	\$4,877	\$5,131	\$5,398	\$5,678	\$5,974	\$6,284	\$6,611	\$6,955	\$4,886	\$5,694
<b>Essential Plan - Annual Out-of-Pocket Expenses - Age</b>												
00 - 20 Years	\$40	\$41	\$43	\$45	\$47	\$48	\$50	\$52	\$55	\$57	\$43	\$48
21 - 25 Years	\$40	\$41	\$43	\$45	\$46	\$48	\$50	\$52	\$54	\$57	\$43	\$48
26 - 30 Years	\$53	\$55	\$57	\$59	\$62	\$64	\$67	\$69	\$72	\$75	\$57	\$64
31 - 35 Years	\$63	\$66	\$69	\$71	\$74	\$77	\$80	\$83	\$87	\$90	\$69	\$77
36 - 40 Years	\$69	\$72	\$75	\$78	\$81	\$84	\$88	\$91	\$95	\$99	\$75	\$84
41 - 45 Years	\$78	\$81	\$84	\$87	\$91	\$94	\$98	\$102	\$106	\$110	\$84	\$94
46 - 50 Years	\$91	\$95	\$99	\$103	\$107	\$111	\$116	\$120	\$125	\$130	\$99	\$110
51 - 55 Years	\$112	\$117	\$122	\$127	\$132	\$137	\$142	\$148	\$154	\$160	\$122	\$136
56 - 60 Years	\$138	\$143	\$149	\$155	\$161	\$167	\$174	\$181	\$188	\$196	\$149	\$166
61 - 65 Years	\$169	\$176	\$183	\$190	\$198	\$206	\$214	\$223	\$232	\$241	\$184	\$204

**Table E19. Baseline Without and Amended With Waiver Annual Enrollment by Age, PY 2024 – 2033**

<b>Baseline Without Waiver - Scenario E - Age</b>	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	5 Year	10 Year
<b>Exchange - Enrollment - Age</b>												
Total Enrollment	349,881	352,406	325,380	342,623	360,177	378,049	396,242	414,762	433,612	452,799	346,093	380,593
00 - 20 Years	18,574	18,627	17,374	18,197	19,034	19,887	20,754	21,637	22,536	23,450	18,361	20,007
21 - 25 Years	19,408	19,648	18,084	18,923	19,881	20,856	21,849	22,860	23,895	24,948	19,189	21,035
26 - 30 Years	31,235	31,812	29,290	30,862	32,389	33,946	35,533	37,151	38,794	40,570	31,117	34,158
31 - 35 Years	32,380	32,962	30,397	32,108	33,779	35,480	37,213	38,978	40,774	42,531	32,325	35,660
36 - 40 Years	30,383	30,770	28,383	29,981	31,603	33,253	34,932	36,640	38,378	40,075	30,224	33,440
41 - 45 Years	29,565	29,754	27,415	28,961	30,538	32,143	33,777	35,438	37,129	38,843	29,247	32,356
46 - 50 Years	30,298	30,378	27,944	29,471	31,070	32,698	34,353	36,038	37,752	39,501	29,832	32,950
51 - 55 Years	36,921	37,018	34,115	35,947	37,812	39,711	41,644	43,612	45,615	47,698	36,363	40,009
56 - 60 Years	46,849	46,972	43,407	45,676	47,987	50,339	52,734	55,171	57,652	60,177	46,178	50,697
61 - 65 Years	69,097	69,279	64,170	67,448	70,785	74,182	77,640	81,159	84,742	88,388	68,156	74,689
65+ Years	5,172	5,186	4,803	5,049	5,299	5,553	5,813	6,077	6,345	6,618	5,102	5,591
<b>Essential Plan - Enrollment - Age</b>												
Total Enrollment	1,250,807	1,290,634	1,306,011	1,327,110	1,348,632	1,370,058	1,391,828	1,413,947	1,436,422	1,459,257	1,304,639	1,359,470
00 - 20 Years	87,297	89,296	90,300	91,775	93,280	94,778	96,300	97,846	99,417	101,013	90,390	94,130
21 - 25 Years	145,862	150,429	151,465	153,125	155,591	158,046	160,541	163,076	165,695	168,356	151,294	157,219
26 - 30 Years	146,198	153,043	154,707	156,953	158,703	160,442	162,221	164,041	165,861	168,480	153,921	159,065
31 - 35 Years	146,847	153,787	155,993	158,785	161,093	163,390	165,727	168,105	170,524	172,441	155,301	161,669
36 - 40 Years	149,510	155,149	157,380	160,264	163,156	166,036	168,957	171,921	174,926	177,442	157,092	164,474
41 - 45 Years	144,627	148,740	150,826	153,595	156,449	159,293	162,176	165,099	168,064	171,028	150,848	157,990
46 - 50 Years	126,063	128,910	130,418	132,549	135,048	137,538	140,063	142,623	145,219	147,888	130,598	136,632
51 - 55 Years	121,205	123,943	125,393	127,442	129,531	131,611	133,724	135,871	138,053	140,597	125,503	130,737
56 - 60 Years	101,776	104,075	105,293	107,013	108,767	110,514	112,288	114,091	115,923	117,785	105,385	109,753
61 - 65 Years	81,421	83,260	84,234	85,610	87,014	88,411	89,831	91,273	92,739	94,228	84,308	87,802
65+ Years	-	-	-	-	-	-	-	-	-	-	-	-

**Table E19 continued. Baseline Without and Amended With Waiver Annual Enrollment by Age, PY 2024 – 2033**

<b>Amended Waiver - Scenario E - Age</b>	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	5 Year	10 Year
<b>Exchange - Enrollment - Age</b>												
Total Enrollment	287,982	277,056	249,272	265,759	282,552	299,654	317,070	334,804	352,861	371,247	272,524	303,826
00 - 20 Years	17,747	17,732	16,466	17,279	18,108	18,951	19,809	20,683	21,572	22,476	17,466	19,082
21 - 25 Years	14,557	13,647	12,067	12,892	13,792	14,709	15,643	16,594	17,566	18,556	13,391	15,002
26 - 30 Years	23,989	22,800	20,191	21,685	23,166	24,675	26,214	27,783	29,378	31,062	22,366	25,094
31 - 35 Years	26,091	25,164	22,488	24,104	25,709	27,344	29,010	30,707	32,435	34,153	24,711	27,721
36 - 40 Years	24,619	23,684	21,198	22,705	24,237	25,797	27,385	29,002	30,648	32,282	23,289	26,156
41 - 45 Years	23,779	22,706	20,281	21,737	23,222	24,734	26,274	27,841	29,436	31,057	22,345	25,107
46 - 50 Years	24,508	23,373	20,876	22,333	23,842	25,379	26,943	28,536	30,157	31,810	22,987	25,776
51 - 55 Years	30,304	29,028	26,053	27,805	29,588	31,405	33,255	35,139	37,057	39,035	28,556	31,867
56 - 60 Years	39,054	37,578	33,926	36,101	38,316	40,571	42,868	45,207	47,588	50,012	36,995	41,122
61 - 65 Years	58,161	56,112	50,881	54,026	57,229	60,491	63,812	67,193	70,635	74,140	55,282	61,268
65+ Years	5,172	5,231	4,845	5,091	5,342	5,597	5,856	6,121	6,390	6,663	5,136	5,631
<b>Essential Plan - Enrollment - Age</b>												
Total Enrollment	1,350,395	1,429,674	1,448,713	1,472,119	1,495,985	1,519,749	1,543,863	1,568,379	1,593,291	1,618,631	1,439,377	1,504,080
00 - 20 Years	88,858	91,894	93,075	94,599	96,154	97,703	99,276	100,875	102,499	104,150	92,916	96,908
21 - 25 Years	154,495	162,826	164,310	166,084	168,767	171,439	174,156	176,917	179,770	182,669	163,296	170,143
26 - 30 Years	159,279	171,650	174,084	176,613	178,585	180,551	182,565	184,637	186,718	189,685	172,042	178,437
31 - 35 Years	158,338	170,358	173,362	176,467	179,023	181,570	184,153	186,789	189,473	191,617	171,509	179,115
36 - 40 Years	159,215	168,778	171,494	174,644	177,797	180,935	184,106	187,322	190,581	193,308	170,385	178,818
41 - 45 Years	153,497	160,909	163,238	166,245	169,342	172,425	175,541	178,699	181,897	185,098	162,646	170,689
46 - 50 Years	134,669	140,657	142,306	144,631	147,368	150,093	152,850	155,643	158,471	161,378	141,926	148,807
51 - 55 Years	131,031	137,342	138,949	141,219	143,534	145,839	148,181	150,560	152,978	155,792	138,415	144,543
56 - 60 Years	113,351	119,857	121,259	123,240	125,260	127,272	129,315	131,392	133,502	135,645	120,594	126,009
61 - 65 Years	97,661	105,402	106,636	108,377	110,154	111,923	113,720	115,546	117,401	119,287	105,646	110,611
65+ Years	-	-	-	-	-	-	-	-	-	-	-	-

**Section 7: Attached Materials**

***Appendix A – Authorizing Legislation***

1 necessary", for a multiple source drug for which a specific upper limit  
2 of reimbursement has been established by the federal agency, in addition  
3 to writing "d a w" in the box provided for such purpose on the  
4 prescription form, payment under this title for such drug must be made  
5 under the provisions of subparagraph (ii) of such paragraph.

6 § 7. This act shall take effect October 1, 2024; provided that  
7 the amendments to paragraph (e) of subdivision 7 of section 367-a of the  
8 social services law made by section five of this act shall not affect  
9 the repeal of such paragraph and shall be deemed repealed therewith; and  
10 provided further, that the amendments to subdivision 9 of section 367-a  
11 of the social services law made by section six of this act shall not  
12 affect the expiration of such subdivision pursuant to section 4 of chap-  
13 ter 19 of the laws of 1998, as amended, and shall expire therewith.

14

## PART J

15 Section 1. The title heading of title 11-D of article 5 of the social  
16 services law, as amended by section 1 of part H of chapter 57 of the  
17 laws of 2021, is amended to read as follows:

[BASIC HEALTH PROGRAM] ESSENTIAL PLAN

19 § 2. Section 3 of part H of chapter 57 of the laws of 2021, amending  
20 the social services law relating to eliminating consumer-paid premium  
21 payments in the basic health program, is amended to read as follows:

22 § 3. This act shall take effect June 1, 2021 [and]; provided, however,  
23 section two of this act shall expire and be deemed repealed should  
24 federal approval be withdrawn or 42 U.S.C. 18051 be repealed; provided  
25 that the commissioner of health shall notify the legislative bill draft-  
26 ing commission upon the withdrawal of federal approval or the repeal of  
27 42 U.S.C. 18051 in order that the commission may maintain an accurate  
28 and timely effective data base of the official text of the laws of the  
29 state of New York in furtherance of effectuating the provisions of  
30 section 44 of the legislative law and section 70-b of the public offi-  
31 cers law.

32 § 3. Subdivisions (b) and (c) of section 8 of part BBB of chapter 56  
33 of the laws of 2022, amending the public health law and other laws  
34 relating to permitting the commissioner of health to submit a waiver  
35 that expands eligibility for New York's basic health program and  
36 increases the federal poverty limit cap for basic health program eligi-  
37 bility from two hundred to two hundred fifty percent, are amended to  
38 read as follows:

39 (b) section four of this act shall expire and be deemed repealed  
40 December 31, [2024] 2025; provided, however, the amendments to paragraph  
41 (c) of subdivision 1 of section 369-gg of the social services law made  
42 by such section of this act shall be subject to the expiration and  
43 reversion of such paragraph pursuant to section 2 of part H of chapter  
44 57 of the laws of 2021 when upon such date, the provisions of section  
45 five of this act shall take effect; provided, however, the amendments to  
46 such paragraph made by section five of this act shall expire and be  
47 deemed repealed December 31, [2024] 2025;

48 (c) section six of this act shall take effect January 1, [2025] 2026;  
49 provided, however, the amendments to paragraph (c) of subdivision 1 of  
50 section 369-gg of the social services law made by such section of this  
51 act shall be subject to the expiration and reversion of such paragraph  
52 pursuant to section 2 of part H of chapter 57 of the laws of 2021 when  
53 upon such date, the provisions of section seven of this act shall take  
54 effect; and



1 § 4. Paragraph (a) of subdivision 1 of section 268-c of the public  
2 health law, as added by section 2 of part T of chapter 57 of the laws of  
3 2019, is amended to read as follows:

4 (a) Perform eligibility determinations for federal and state insurance  
5 affordability programs including medical assistance in accordance with  
6 section three hundred sixty-six of the social services law, child health  
7 plus in accordance with section twenty-five hundred eleven of this chap-  
8 ter, the basic health program in accordance with section three hundred  
9 sixty-nine-gg of the social services law, the 1332 state innovation  
10 program in accordance with section three hundred sixty-nine-ii of the  
11 social services law, premium tax credits and cost-sharing reductions and  
12 qualified health plans in accordance with applicable law and other  
13 health insurance programs as determined by the commissioner;

14 § 5. Subdivision 16 of section 268-c of the public health law, as  
15 added by section 2 of part T of chapter 57 of the laws of 2019, is  
16 amended to read as follows:

17 16. In accordance with applicable federal and state law, inform indi-  
18 viduals of eligibility requirements for the Medicaid program under title  
19 XIX of the social security act and the social services law, the chil-  
20 dren's health insurance program (CHIP) under title XXI of the social  
21 security act and this chapter, the basic health program under section  
22 three hundred sixty-nine-gg of the social services law, the 1332 state  
23 innovation program in accordance with section three hundred sixty-nine-  
24 ii of the social services law, or any applicable state or local public  
25 health insurance program and if, through screening of the application by  
26 the Marketplace, the Marketplace determines that such individuals are  
27 eligible for any such program, enroll such individuals in such program.

28 § 6. Section 268-c of the public health law is amended by adding a new  
29 subdivision 26 to read as follows:

30 26. Subject to federal approval if required, the use of state funds  
31 and the availability of funds in the 1332 state innovation program fund  
32 established pursuant to section ninety-eight-d of the state finance law,  
33 the commissioner shall have the authority to establish a program to  
34 provide subsidies for the payment of premium or cost sharing or both to  
35 assist individuals who are eligible to purchase qualified health plans  
36 through the marketplace, or take such other action as appropriate to  
37 reduce or eliminate qualified health plan premiums or cost-sharing or  
38 both.

39 § 7. Subparagraph (i) of paragraph (a) of subdivision 4 of section  
40 268-e of the public health law, as added by section 2 of part T of chap-  
41 ter 57 of the laws of 2019, is amended to read as follows:

- 42 (i) An initial determination of eligibility, including:
  - 43 (A) eligibility to enroll in a qualified health plan;
  - 44 (B) eligibility for Medicaid;
  - 45 (C) eligibility for Child Health Plus;
  - 46 (D) eligibility for the Basic Health Program;
  - 47 (E) eligibility for the 1332 state innovation program;
  - 48 (F) the amount of advance payments of the premium tax credit and level
  - 49 of cost-sharing reductions;
  - 50 [(F)] (G) the amount of any other subsidy that may be available under
  - 51 law; and
  - 52 [(G)] (H) eligibility for such other health insurance programs as
  - 53 determined by the commissioner; and

54 § 8. Section 268 of the public health law, as added by section 2 of  
55 part T of chapter 57 of the laws of 2019, is amended to read as follows:

1 § 268. Statement of policy and purposes. The purpose of this title is  
2 to codify the establishment of the health benefit exchange in New York,  
3 known as NY State of Health, The Official Health Plan Marketplace  
4 (Marketplace), in conformance with Executive Order 42 (Cuomo) issued  
5 April 12, 2012. The Marketplace shall continue to perform eligibility  
6 determinations for federal and state insurance affordability programs  
7 including medical assistance in accordance with section three hundred  
8 sixty-six of the social services law, child health plus in accordance  
9 with section twenty-five hundred eleven of this chapter, the basic  
10 health program in accordance with section three hundred sixty-nine-gg of  
11 the social services law, the 1332 state innovation program in accordance  
12 with section three hundred sixty-nine-ii of the social service law, and  
13 premium tax credits and cost-sharing reductions, together with perform-  
14 ing eligibility determinations for qualified health plans and such other  
15 health insurance programs as determined by the commissioner. The Market-  
16 place shall also facilitate enrollment in insurance affordability  
17 programs, qualified health plans and other health insurance programs as  
18 determined by the commissioner, the purchase and sale of qualified  
19 health plans and/or other or additional health plans certified by the  
20 Marketplace pursuant to this title, and shall continue to have the  
21 authority to operate a small business health options program ("SHOP") to  
22 assist eligible small employers in selecting qualified health plans  
23 and/or other or additional health plans certified by the Marketplace and  
24 to determine small employer eligibility for purposes of small employer  
25 tax credits. It is the intent of the legislature, by codifying the  
26 Marketplace in state statute, to continue to promote quality and afford-  
27 able health coverage and care, reduce the number of uninsured persons,  
28 provide a transparent marketplace, educate consumers and assist individ-  
29 uals with access to coverage, premium assistance tax credits and cost-  
30 sharing reductions. In addition, the legislature declares the intent  
31 that the Marketplace continue to be properly integrated with insurance  
32 affordability programs, including Medicaid, child health plus and the  
33 basic health program, the 1332 state innovation program, and such other  
34 health insurance programs as determined by the commissioner.

35 § 9. Subdivision 8 of section 268-a of the public health law, as added  
36 by section 1 of part PP of chapter 57 of the laws of 2021, is amended to  
37 read as follows:

38 8. "Insurance affordability program" means Medicaid, child health  
39 plus, the basic health program, the 1332 state innovation program, post-  
40 partum extended coverage and any other health insurance subsidy program  
41 designated as such by the commissioner.

42 § 10. This act shall take effect immediately and shall be deemed to  
43 have been in full force and effect on and after April 1, 2024; provided,  
44 however, that section six of this act shall only take effect upon the  
45 commissioner of health obtaining and maintaining all necessary approvals  
46 from the secretary of health and human services and the secretary of the  
47 treasury based on an amended application for a waiver for state inno-  
48 vation pursuant to section 1332 of the patient protection and affordable  
49 care act (P.L. 111-148) and subdivision 25 of section 268-c of the  
50 public health law; and provided, further, that the commissioner of  
51 health shall notify the legislative bill drafting commission upon the  
52 occurrence of the enactment of the legislation provided for in section  
53 six of this act in order that the commission may maintain an accurate  
54 and timely effective data base of the official text of the laws of the  
55 state of New York in furtherance of effectuating the provisions of



1 section 44 of the legislative law and section 70-b of the public offi-  
2 cers law.

3

## PART K

4 Section 1. Paragraph (a) of subdivision 1 of section 18 of chapter 266  
5 of the laws of 1986, amending the civil practice law and rules and other  
6 laws relating to malpractice and professional medical conduct, as  
7 amended by section 1 of part F of chapter 57 of the laws of 2023, is  
8 amended to read as follows:

9 (a) The superintendent of financial services and the commissioner of  
10 health or their designee shall, from funds available in the hospital  
11 excess liability pool created pursuant to subdivision 5 of this section,  
12 purchase a policy or policies for excess insurance coverage, as author-  
13 ized by paragraph 1 of subsection (e) of section 5502 of the insurance  
14 law; or from an insurer, other than an insurer described in section 5502  
15 of the insurance law, duly authorized to write such coverage and actual-  
16 ly writing medical malpractice insurance in this state; or shall  
17 purchase equivalent excess coverage in a form previously approved by the  
18 superintendent of financial services for purposes of providing equiv-  
19 alent excess coverage in accordance with section 19 of chapter 294 of  
20 the laws of 1985, for medical or dental malpractice occurrences between  
21 July 1, 1986 and June 30, 1987, between July 1, 1987 and June 30, 1988,  
22 between July 1, 1988 and June 30, 1989, between July 1, 1989 and June  
23 30, 1990, between July 1, 1990 and June 30, 1991, between July 1, 1991  
24 and June 30, 1992, between July 1, 1992 and June 30, 1993, between July  
25 1, 1993 and June 30, 1994, between July 1, 1994 and June 30, 1995,  
26 between July 1, 1995 and June 30, 1996, between July 1, 1996 and June  
27 30, 1997, between July 1, 1997 and June 30, 1998, between July 1, 1998  
28 and June 30, 1999, between July 1, 1999 and June 30, 2000, between July  
29 1, 2000 and June 30, 2001, between July 1, 2001 and June 30, 2002,  
30 between July 1, 2002 and June 30, 2003, between July 1, 2003 and June  
31 30, 2004, between July 1, 2004 and June 30, 2005, between July 1, 2005  
32 and June 30, 2006, between July 1, 2006 and June 30, 2007, between July  
33 1, 2007 and June 30, 2008, between July 1, 2008 and June 30, 2009,  
34 between July 1, 2009 and June 30, 2010, between July 1, 2010 and June  
35 30, 2011, between July 1, 2011 and June 30, 2012, between July 1, 2012  
36 and June 30, 2013, between July 1, 2013 and June 30, 2014, between July  
37 1, 2014 and June 30, 2015, between July 1, 2015 and June 30, 2016,  
38 between July 1, 2016 and June 30, 2017, between July 1, 2017 and June  
39 30, 2018, between July 1, 2018 and June 30, 2019, between July 1, 2019  
40 and June 30, 2020, between July 1, 2020 and June 30, 2021, between July  
41 1, 2021 and June 30, 2022, between July 1, 2022 and June 30, 2023, [and]  
42 between July 1, 2023 and June 30, 2024, and between July 1, 2024 and  
43 June 30, 2025 or reimburse the hospital where the hospital purchases  
44 equivalent excess coverage as defined in subparagraph (i) of paragraph  
45 (a) of subdivision 1-a of this section for medical or dental malpractice  
46 occurrences between July 1, 1987 and June 30, 1988, between July 1, 1988  
47 and June 30, 1989, between July 1, 1989 and June 30, 1990, between July  
48 1, 1990 and June 30, 1991, between July 1, 1991 and June 30, 1992,  
49 between July 1, 1992 and June 30, 1993, between July 1, 1993 and June  
50 30, 1994, between July 1, 1994 and June 30, 1995, between July 1, 1995  
51 and June 30, 1996, between July 1, 1996 and June 30, 1997, between July  
52 1, 1997 and June 30, 1998, between July 1, 1998 and June 30, 1999,  
53 between July 1, 1999 and June 30, 2000, between July 1, 2000 and June  
54 30, 2001, between July 1, 2001 and June 30, 2002, between July 1, 2002

