

**JOINT ATTESTATION TEMPLATE REGARDING [CARRIER NAME ]'S AND  
[MATERIAL PROVIDER NAME]'S PY2027 REIMBURSEMENT RATE REDUCTIONS**

[ Carrier Name ] and [ Material Provider Name ] (together, the "Parties") agree to aggregate reimbursement rates (as a percentage of Medicare) for [Carrier Name]'s Colorado Option Standardized plans in the [individual/small group] market for [ networks ] in effect as of [effective date] (the "Negotiated Reimbursement Rates") that reflects the reduction specified below that the Commissioner of the Colorado Division of Insurance is able to set pursuant to C.R.S. § 10-16-1306(5) or (7).

Date of Filing:

March 2 (Maximum Allowable Reduction(s) pursuant to Colorado Insurance Regulation 4-2-92 Section 4.V. Only)  
Post-March 2 (at the request of the Division only)

Amount of Reduction:

20% reduction from Plan Year 2026 Negotiated Reimbursement Rate  
Reduction to Plan Year 2027 Reimbursement Rate Floor  
Other: \_\_\_\_\_% Reduction

[Material Provider 1 Name]

Plan Year 2027 Negotiated Reimbursement Rate: [\_\_\_\_\_] % of Medicare  
Plan Year 2026 Negotiated Reimbursement Rate: [\_\_\_\_\_] % of Medicare

[If Applicable: Material Provider 2 Name]

Plan Year 2027 Negotiated Reimbursement Rate: [\_\_\_\_\_] % of Medicare  
Plan Year 2026 Negotiated Reimbursement Rate: [\_\_\_\_\_] % of Medicare

Notes (as needed)

[Notes as needed]

The Parties have caused this Joint Agreement to be executed by the signatures of the following authorized Officers to bind the Parties.

**[Carrier Name]**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**[Material Provider Name]**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**CONFIDENTIAL**